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Breast cancer screening practices in southwestern Ontario: an evaluation of adherence to evidence-based guidelines

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Disclosure statement

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Background

• 2011 Canadian Task Force on Preventive Health Care (CTFPHC) recommendations on breast cancer screening
• Focus: asymptomatic, average-risk women
• Update to 2001 recommendations
Background

- No routine mammography in women 40-49
- Mammography q2-3 years in women 50-74
- No routine breast self-examination
- No routine clinical breast examination
Background

- Pilot study to assess uptake of 2011 CTFPHC recommendations
- Four previous studies assessing uptake of 2001 CTFPHC recommendations
- No previous studies of 2011 recommendations to our knowledge
Background

- Previous studies find low rates of compliance with mammography recommendations
- 2005 study: low uptake of recommendation against breast self-exam
- 2012 study: higher rates of uptake
Objectives

• To assess uptake of the 2011 CTFPHC recommendations on breast cancer screening among a subgroup of family physicians in London, Ontario

• To identify physician and practice characteristics associated with uptake
Methods

- Survey adapted from National Cancer Institute (NCI) survey
- Distributed electronically to London Citywide Department of Family Medicine
- Reminder e-mails sent
Methods

- Survey questions re: demographics
  - Age
  - Gender
  - Number of years in practice
  - Academic affiliation
  - Type of practice setting
  - Typical patient volume
  - Proportion of female patients
  - Proportion of low-income patients
Methods

• Survey questions re: promoting factors and barriers to screening
  – Reminder system for screening
  – Self-reported uptake of guidelines
  – Inadequate time for screening
  – Inadequate skills for screening
  – Patient non-compliance with screening
Methods

- Four parameters of adherence to CTFPHC recommendations
  1. Screening mammography ages 40-49 – do not routinely recommend
  2. Screening mammography ages 50-74 – q2-3 years
  3. Routine clinical breast examination - No
  4. Breast self-examination - No
Methods

• Compliance with recommendations for 1 or 2 screening maneuvers = low compliance
• Compliance with recommendations for 3 or 4 screening maneuvers = high compliance
Methods

- Descriptive analysis: all variables converted into binary variables due to low N
- Chi-square analyses to identify significant associations between categorical variables and overall compliance
- Repeated for individual screening parameters
Results

• 36 questionnaires returned (response rate of 24%)
• Majority of respondents (69%) female
• Most (85%) disclosed an affiliation with Western University
• Almost all (94%) self-reported uptake of the CTFPHC guidelines
Results

- Not enough time for screening – 17%
- Inadequate skills or supports – 0
- Over half (58%) felt that patient non-compliance with screening played a significant role
Results

• >90% of respondents compliant with current recommendations for mammography

• 57% compliant with recommendation against teaching breast self-examination

• 14% compliant with recommendation against routine clinical breast examination
Results

• No significant associations between demographic characteristics and overall compliance

• Male physicians more likely to omit routine clinical breast examination (p=0.029)
Discussion

- High rates of compliance with mammography recommendations
- Compliance with breast self-examination recommendations 57% vs 74% in literature
- Low rate of compliance with recommendation against routine clinical breast examination
Discussion

• No associations identified between perceived barriers to screening and uptake of recommendations

• Male physicians more likely to discontinue clinical breast examination
Limitations

- Low response rate and small sample size
- Subgroup selection
- Breast self-exam vs. breast awareness
Conclusions

• High rates of uptake of mammography screening recommendations, lower rates for self-examination and clinical breast exam

• Future studies could clarify physicians’ rationale for screening practices

• Validation of results in larger populations
References


