

Older women's views and experiences of mammography screening in relation to aging, health status, and healthcare overuse

Laura E. Brotzman, Rachel C. Shelton, Mariangela Agovino, Carmen B. Rodriguez, Nathalie Moise, Jessica D. Austin, Parisa Tehranifar

"I feel like I'm doing something for my health"

PURPOSE

Breast cancer screening guidelines recommend shared decision-making and cessation of screening in women ≥75 years with limited life expectancy or poor health. Yet, despite insufficient evidence of long-term clinical benefit and concerns of overtreatment, over half of women ≥75 years undergo mammography screening.

We examined older women's experiences, beliefs, and opinions about breast cancer screening in relation to aging and health and their perceptions of unnecessary healthcare.

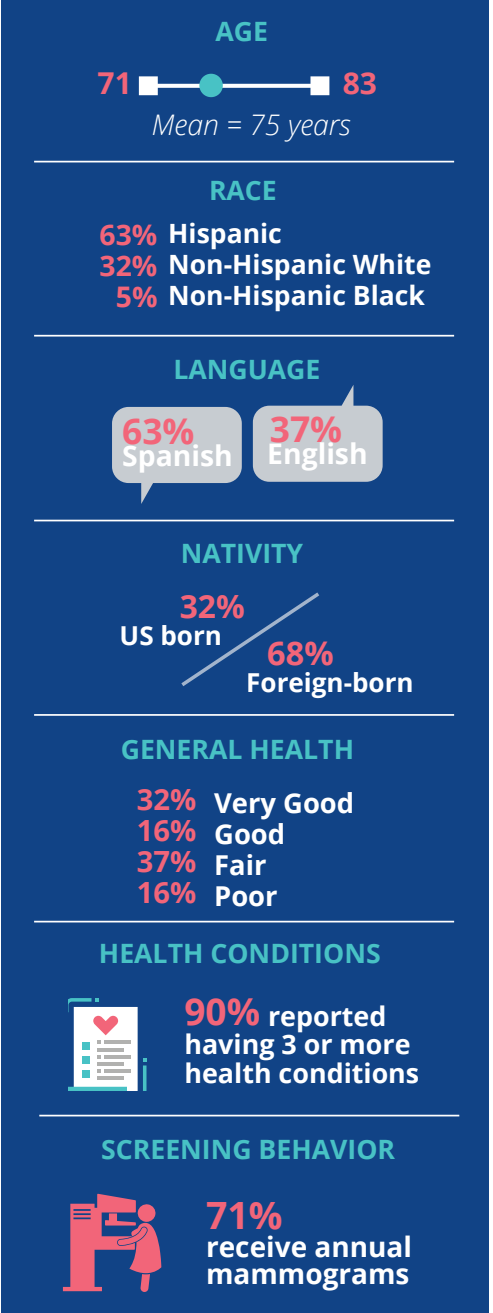
METHODS

Using purposeful sampling, older women (n=19) with a recent screening mammogram were recruited from a breast imaging clinic and completed a semi-structured interview. Transcribed interviews were coded using a thematic analytic approach.

CONTACT

le2199@cumc.columbia.edu
@BrotzmanLaura

SAMPLE CHARACTERISTICS



KEY FINDINGS & QUOTES

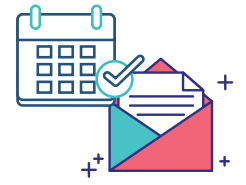
Reported motivation for obtaining mammogram:

- Agency over their health
- Peace of mind from normal results
- Ease, accessibility and insurance coverage of mammography
- Mammography being a personal habit
- Family history of breast cancer
- Encouragement from family and friends



Reported prompts for screening:

- Their own calendar reminder
- Provider referrals
- Healthcare system reminder letters/calls



Mammography attitudes and beliefs:

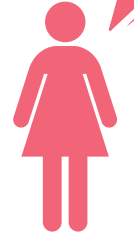
- All women deemed the benefits of early detection and peace of mind to outweigh the only perceived screening harm: *temporary discomfort*
- Women did not feel older age or medical conditions should keep them from receiving mammography - most felt *growing older meant they needed mammograms more than ever*
- No one perceived screening as overuse or unnecessary care

"As long as the doctors let me do it, I'll keep doing it"

"It's something I'll do until I die"

Mammography communication with provider:

- None of the women reported discussing mammography cessation or harms with their providers
- Some expressed they would insist on receiving mammograms even if not recommended by their provider



CONCLUSIONS

Older women stated strong intentions for continued breast cancer screening and did not endorse reducing or stopping screening with increasing age or poor health. Their opinions and behaviors were supported by providers and system-level prompts. Focusing on both patient and provider/systems level factors may be needed to improve guideline implementation.