



Examining Older Adults' Attitudes and Perceptions Towards Cancer Screening and Overscreening

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Introduction

Background

- U.S. Preventive Services Task Force (USPSTF) guidelines recommend patients stop screening for breast, cervical, and colorectal cancers based on age or health status
- Understanding how older adults perceive cancer screening will help facilitate screening decisions for these cancers and reduce overscreening

Purpose

- To examine attitudes and perceptions of older adults regarding cancer screening, specifically related to breast, cervical, and colorectal cancers

Methods

Recruitment

- Study flyers and one-page descriptions were used to recruit participants at community and senior centers

Eligibility

- Inclusion criteria: 1) 65 years of age and older; 2) Not currently being treated for a cancer diagnosis; 3) Not diagnosed with cancer in the past 5 years; 4) Able to speak, read, and write English; 5) Living independently or in assisted living facility

Data Collection

- Four focus groups (N=39) were conducted in two community, urban settings in southeastern Pennsylvania

Data Analysis

- Inductive thematic analysis was used to analyze focus group data using NVivo qualitative data software

Results

Themes

Theme 1: Importance of tailored and targeted education/information

- Older individuals desire additional information to make a screening decision
- Information should be tailored to each individual based on health record, environmental factors, etc.

"Doctors will need to be clear with specifics about my health situation when explaining why they say not to have more cancer screenings."

Theme 2: Impact of physician/patient communication

- Important for the physician to communicate clearly and justify any recommendations that are made to the patient (especially if recommending stopping screening)
- Participants have a lot of trust in providers' recommendation to screen but less trust in providers' recommendation to stop screening

"I have a good relationship with my doctor. Whatever she recommends to do, I do it. She said I didn't need PAP smears because every time I had it, the results were good."

"I think even though the doctor suggest to stop cancer screening, I will still do them."

"I had a mammogram done about 2 years ago and my daughter recommended me to do it."

"I had a mammogram done and they squeezed my breast so bad that I almost lost my breath and was about to faint. Since that day, I don't want to do any more mammograms."

Theme 3: Impact of internal and external influences on cancer screening decision

- Barriers to screening – pain, fear, stress, time, fatalism, cost
- Facilitators for screening – social influence, family history, knowledge of benefits of screening

Theme 4: Awareness of importance of screening

- Older individuals are aware of benefits of screening
- However, participants did not seem to realize that benefits of screening diminish with age

"Even if you are elderly, you should still have them because cancer doesn't care about age. It could happen to children, older or younger people. It could happen at any age."

"People are afraid of this test but it is important to do them."

Results

Participant Demographics

| Characteristic | Participants (N=39) |
|---|---------------------|
| Language | |
| English | 14 (36%) |
| Spanish | 25 (64%) |
| Gender | |
| Male | 10 (26%) |
| Female | 29 (74%) |
| Age (mean) | 74 |
| Ethnicity | |
| Hispanic | 27 (69%) |
| Non-Hispanic | 12 (31%) |
| Race | |
| White | 22 (56%) |
| Black | 6 (15%) |
| Unsure | 1 (3%) |
| Other | 10 (26%) |
| Education | |
| Never attended school or only kindergarten | 1 (3%) |
| Grades 1 through 8 | 17 (43%) |
| Grades 9 through 11 | 9 (23%) |
| Grade 12 or GED | 9 (23%) |
| College 1 year to 3 years (or technical school) | 3 (8%) |
| College 4 years or more (college graduate) | 0 |

Conclusions

- Multiple factors contribute to a decision by older adults to stop or continue periodic cancer screening
- Stopping cancer screening requires giving older adults individualized information on the benefits and risks from screening and how these change with age and health status
- Future research should further examine the content, method, and timing of patient/provider communication in cancer screening decisions among older adults

