

This fact sheet summarizes the evaluation and recommendations regarding breast cancer screening from the Task Force on Community Preventive Services (Task Force) in the Community Guide. The Community Guide addresses the effectiveness of client-oriented interventions to address barriers to and promote increased use of mammography. State health agencies, particularly in collaboration with their state cancer coalitions, have great potential to diminish the incidence, morbidity, and mortality of breast cancer by supporting evidence-based interventions to promote screenings for breast cancer.

State health agencies can foster collaboration at the federal, state, and local levels, and support the integration of cancer screening promotion efforts into other programs.

Background Information

- Breast cancer is the second most common cancer diagnosis and the second leading cause of death of women.
- Screening procedures such as mammography are effective at detecting breast cancer at early stages and can, when combined with appropriate treatment, reduce mortality.
- Individuals without a regular source of health care, those lacking health insurance, and recent immigrants have the lowest rates of breast cancer screening in the United States.

Interventions recommended with strong evidence

- Client reminders
 - Review included 12 studies that measured the effect of reminders to people in communities or healthcare systems that they were due or late for mammography screening.
 - Median increase in use of mammography by individuals who received reminders was 14.7 percent.
 - Reminders may be in the form of letters, postcards, or telephone calls; their content may be modified to fit relevant client characteristics.
- Multi-component using media, education, and enhanced access
 - Review included nine studies that measured the impact of ten multi-component interventions on use of breast cancer screening.
 - Median increase in screenings for breast cancer was 10.8 percent.
 - Providing information about benefits and availability, in conjunction with making services more easily accessible, increases demand for breast cancer screening and promote higher screening rates.
- Reducing structural barriers
 - Review included three studies that examined the impact of reduced structural barriers on demand for and use of breast cancer screening services.
 - Median increase in breast cancer screening was 15 percentage points after reducing structural barriers such as location, hours of operation and availability of child care.
- Client incentives with reminders
 - Review included two studies that measured increases in breast cancer screening after providing non-coercive incentives such as small amounts of money or retail coupons.
 - Median percentage point increase in breast cancer screening when client incentives were provided with reminders to advise clients that they were due or late for screening was 18.5.
- Small media
 - Review included nine studies that evaluated the effect of small media, such as brochures, flyers or videos, on breast cancer screening by mammography.
 - Median increase in screening among individuals receiving small media was 7.1 percentage points.
 - Because of the predominantly urban or white population settings identified in the qualifying studies, the effectiveness of small media among broader audiences cannot be assumed.

- One-on-one education
 - Review included 15 studies that measured the impact of both tailored and non-tailored counseling interventions on breast cancer screening.
 - Thirteen of the reviewed studies showed an improvement in screening. The median improvement in screening was 8.2 percentage points.
 - One-on-one education can be provided by either health professionals or lay health advisors in a variety of settings, and may be tailored to address risks, questions or barriers relevant to the client.

Interventions recommended with sufficient evidence

- Reducing out-of-pocket expense
 - Review included eight studies focused on mammography which examined changes to the rate of breast cancer screening following interventions to reduce client costs associated with mammography.
 - Median increase in breast cancer screening by mammography after out-of-pocket expenses were reduced was 12.5 percent.
 - Ways in which screening costs can be reduced include providing insurance coverage for screening services, reducing co-payments for screenings, and reimbursements to either the client or screening site for services rendered.

Interventions with insufficient evidence to determine effectiveness

- Group education
- Client incentives (alone)
- Mass media (alone)

Resources

- The Guide to Community Preventive Services: www.thecommunityguide.org
- ASTHO Chronic Disease Prevention and Health Promotion Project: <http://www.astho.org/?template=prevention.html>
- Centers for Disease Control and Prevention's Cancer Prevention and Control website: <http://www.cdc.gov/cancer/>
- Centers for Disease Control and Prevention's National Breast and Cervical Cancer Early Detection Program: <http://www.cdc.gov/cancer/nbccedp/index.htm>
- American Cancer Society: <http://www.cancer.org/docroot/home/index.asp>
- National Cancer Institute's Breast Cancer website: <http://www.nci.nih.gov/cancertopics/types/breast>
- Cancer Control Planet: <http://cancercontrolplanet.cancer.gov/index.html>

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