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### Access to Mammography among Spanish Women in Provinces with Breast Cancer Screening Programs

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#### Abstract

**Objective:** To identify factors associated with access to mammography among Spanish women residing in provinces with breast cancer screening programs.

**Method:** A cross-sectional survey was conducted in April 1994 in a nationally representative sample of 3,218 Spanish women aged 40-70. Selected from this sample were women aged 45 to 65 years (336 women) who lived in provinces with complete coverage by breast cancer screening programs. These screening programs invite all women aged 45-65 to receive a mammogram every two years. Data were collected by personal interview on the dependent variable (access to mammography) and the independent variables (women's characteristics potentially related with access to the test). Women were considered to have access to mammography if they had received at least one mammogram in the last two years. Information on the characteristics of breast cancer screening programs was collected from official institutions or existing publications. Logistic regression models were constructed to identify the factors associated with access to mammography.

**Results:** Three Autonomous Communities (AC) had breast cancer screening programs covering 11 provinces: Castilla Y León (6 provinces) Castilla-La Mancha (4 provinces) y Navarra (1 province). In these provinces, 55.4% [95% Confidence Interval (CI) 50.1-60.7] of the women had access to mammography. Access was 41% in Castilla Y León, 42% in Castilla-La Mancha and 88% in Navarra. The program in Navarra began in 1990 while the programs in the other two ACs began in 1992. Women in Castilla-La Mancha and Navarra received appointments for mammography, whereas in Castilla Y León they were invited to contact their physician to request the test. The multivariate analysis revealed an association between access to mammography and the following factors: a woman's intention to have a mammogram (Odds ratio (OR)=5.52; CI=3.17-9.63), not rejecting the test for fear of being diagnosed with cancer (OR=4.23; CI=1.64-10.9), and physician recommendation of the test (OR=3.43; CI=1.88-6.24). Other less strongly associated factors were gynecologist visits, personal history of breast disease, and having completed studies above primary level. We did not find a statistically significant association between access to mammography and age, employment status, the belief that mammography is necessary even though feeling well, or family history of breast cancer.

**Conclusions:** Almost half of the women between 45 and 65 years of age who live in provinces with breast cancer screening programs have not been tested. Access is likely to increase as programs become more established. The factors most strongly associated with access to mammography are a woman's intention to receive a mammogram, not rejecting the test for fear of being diagnosed with cancer, and a physician's recommendation to have the test. To increase access to the test, programs should include interventions aimed at motivating women to participate in mammography screening programs and educational campaigns targeting both women and health professionals.

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