Background

Many recent guidelines and 'best practice' advice statements in the past 5 yrs have introduced age limits to cancer screening

- Prostate cancer, colon cancer, breast cancer, cervical cancer
- NHS: age based ca screening limits: <64 cervical, <70 mammograms), <75 colon
- "opt-in" for continued screening (q3 yrs for mammograms, FOB for colon ca, none for cervical)

BUT, opt in requests are very low (<5%). No standard notification procedures.

Goals of this study: 1) what are patient attitudes towards age-based stoppage policies

2) What are patients preferences for communication about opt in programs, and

3) Do patients intend to opt in?

Methods

Data base: population based survey by NHS. Set adjusted for location, age, gender, and social grade.

Technique: “home-based, computer-assisted personal interviewing”

Likert scale to 3 question set (1-6)

Demographic data, history of participation. ‘Social grade’ based on occupation history

Analysis: standard univariate, multivariate analyses for predictors of attitudes and opting-in

Results

Table 1: 927 subjects, aged 60-74. Female 55%, fewer living alone. Over 75% had participated in their last screening

- 78% felt patient should NOT have to ask to opt in
- 83% wanted a strong recommendation from the NHS to opt in

Patients who had participated in recent screenings felt even stronger FOR continuation
Table 2: Preferred source of communication
   Letter from GP – they could continue screening after they had reached age cut off

Table 3 Prediction of attempt to opt in
   27% very likely, 33% quite likely, 35% neutral or unlikely
   Higher rates among recent participants.

Author’s conclusions:
   Older patients wish to have the option to continue cancer screening
   Fewer actually plan to continue
   BUT MANY FEWER actually ARE participating in ongoing screening
   ? Cohort effect? Individual choice?

NHS may need to plan for increased level of demand, or better education.

My comments
- There was a higher demand for access than I would have predicted
- ? Due to overvaluation of benefits of screening
- These were community dwelling 60-75 yr old patients. Would patients over 80 be different?

Performance measures for ‘overuse’ of screening in older populations may be more controversial than their authors suspect.