

Only a third of women take up all offered cancer screenings, new research finds

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In a paper published today in the *Journal of Medical Screening*, researchers from King's College London and Queen Mary University of London have found that despite free cancer screening programmes, only 35% take part in all offered programmes.

In England, [women](#) are invited for screening for three types of cancer concurrently in their sixties; for the last cervical screen before they exit the programme, for breast screening every three years, and for bowel screening every two years. This means that an average woman aged 60 can expect to receive five or six cancer screening invitations by the time she turns 65. In England, cancer screening is provided by the NHS free of charge.

In this study, researchers categorised a sample of just over three thousand eligible women in their sixties according to the last screening round. They looked into women's participation in all three programmes.

Results showed that:

- 35% took part in all three screening programmes;
- 27% participated in two programmes;
- 17% accessed one type of screening; and
- 10% were not screened at all.

They also found that [general practices](#) with a higher proportion of unemployed patients and a higher number of smokers had a lower rate of take-up of all three screening programmes. Conversely, take-up was more frequent among practices in areas of less deprivation, with a higher proportion of women with caring duties, those with long-term health conditions, and those with a high level of patient satisfaction with the practice itself.

"To lower the chances of dying from certain cancers, it is important for the population to attend all offered screening programmes," said lead author Dr. Matejka Rebolj from King's College London.

"We know from the official statistics that the majority of women are up to date with breast screening, but this drops to just over 50% when it

comes to bowel screening. It is worrying that only a third of women are up to date with all offered cancer screenings and that 10% remained completely unscreened in the last round. Indeed, similar patterns have been reported from other countries too.

"It is crucial for us to look at the take-up rates in certain areas and in certain practices and address women's preferences for future screening programmes. We need to understand and target specifically those women who obtain some screening, but decide not to take up all the life-saving screening that is offered to them by the NHS. It is important that [policy makers](#) now look at these findings to inform what can be done in the future to reduce the significant number of deaths in the over 60-year olds."

Senior author Professor Stephen Duffy from Queen Mary University of London said: "These results demonstrate the inequalities in cancer screening participation, with the lowest levels of participation in the areas of highest deprivation.

"Since most women had at least one form of screening, we know that there isn't an objection to screening as a whole. However, individuals find some screening procedures less acceptable than others, so the key to improving participation is making the screening experience better.

"We've seen this work with a new and less burdensome test in bowel [cancer screening](#), which was considerably more acceptable and resulted in a substantial increase in uptake. Most encouragingly, the greatest improvements in uptake were seen in those who previously had the lowest participation levels."

Provided by King's College London

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