

### **BreastCheck**

Market research 2021

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## HE Breast screening

- Breast screening involves having a mammogram of your breasts. A mammogram is an x-ray of the breast used to find breast cancer when it is too small to see or feel.
- BreastCheck invites women aged 50-69 for screening every 2 years\*. The programme is
  delivered nationally by four static sites (two in Dublin, one in Cork and Galway) and 21 mobile
  units.
- BreastCheck will detect approximately 1,200 women with breast cancer per year.
- Screening increases the survival rates for breast cancer, because it means cancer is detected and treated earlier.
- Population-based breast cancer screening aims to reduce deaths from breast cancer by 20%.



#### Research results



# **Research aim:** Identify and explore peoples' perceptions of screening services in Ireland and what drives and inhibits them to attend screening.

- Gain insights into awareness, knowledge and understanding of screening in Ireland.
- Understand public sentiment and trust of screening services.
- Explore what drives and inhibits attendance at screening appointments.
- Identify knowledge gaps about screening services, limitations of screening and interval cancers.
- Measure awareness and impact of communications campaigns and explore preferred communications channels for engaging with target audiences.



#### Research approach



#### **HCW Interviews**

8 interviews were conducted with healthcare workers to understand their experience on the ground



#### **Online Survey**

2,000 nationally representative interviews were completed to effectively measure and quantify findings



#### **Focus Groups**

11 focus groups were carried out to delve deeper into findings and to understand the 'why' behind the results

**July-August** 

**Sept-Oct** 

December

### HE BreastCheck research overview

- Core Research carried out the research on behalf of the HSE's National Screening Service.
- National survey was among 348 eligible for breast screening.
- 2 focus groups, broken down by age group (50-59, 60-69) and socioeconomic background, mix of urban and rural.
- Where there was a difference in knowledge, results are provided for different socioeconomic backgrounds.
- Some results are from research conducted by Kantar in 2021, as part of a project co-funded by NSS and the Irish Cancer Society. The BreastCheck survey results presented in blue were among 292 women aged 50-69.

# High levels of awareness

- 98% are aware of 'BreastCheck'.
- 95% know it's extremely/ very important to attend regular screening.
- 91% are very/ quite likely to attend their next breast screening appointment.
- 92% feel positive towards BreastCheck.
- 94% know that all women aged between 50 and 69 are eligible for BreastCheck.
- 87% agree that BreastCheck provides high quality and safe health care.
- GPs are most cited information source (82%).

All of my experiences have been great.

## Low levels of knowledge

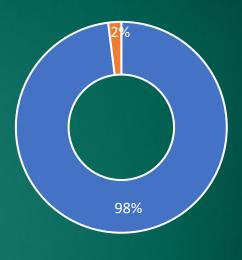
- 21% know very little/ nothing about breast cancer.
- 41% are not confident in spotting symptoms of breast cancer.
- 16% know very little/ nothing about breast screening.
- 22% don't know why it's important for women to attend breast screening.
- 17% disagreed that breast screening is for healthy women.
- 17% don't think they need to worry about developing breast cancer if they go for regular screenings.
- 51% don't know alcohol is a cause of 1 in 8 breast cancers in Ireland.
- 50% think breast screening can prevent breast cancer.



### **Sentiment towards BreastCheck**

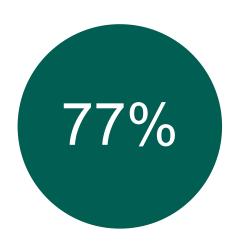
- 98% are aware of 'BreastCheck'.
- 92% feel positive towards BreastCheck; over half feel 'very positive'.
- 34% feel positive because it's a good service.
- Those who don't feel positive mentioned inaccurate results as a reason.
- HCWs' body language and tone play a big role in terms of patients' confidence.
- HCWs feel that the sentiment doesn't always reflect the important role the service may play in preventing illness and deaths.

### Awareness of BreastCheck

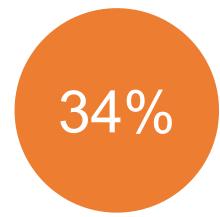


■ Yes ■ No

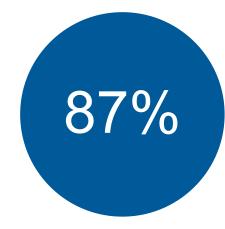




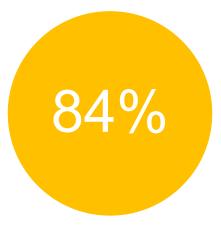
Puts the interests of people first



Admits responsibility when things go wrong



Provides high quality and safe health care



Communicates in a way that's easy & straightforward for me to understand

# HE Breast cancer

- Breast cancer is the second most common cancer diagnosed among Irish women, with
   1 in every 8 likely to get breast cancer in her lifetime.
- Only 37% have a good level of knowledge of breast cancer; the rate differs significantly based on socioeconomic background:

• ABC1: 47%

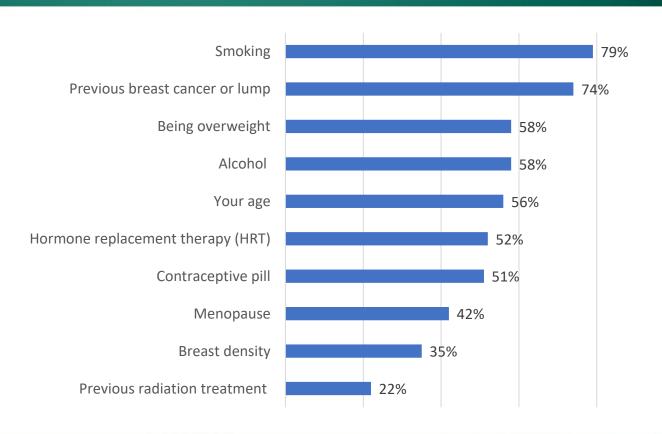
• C2DE: 32%

• 57% think that women of any age are most at risk of developing breast cancer; only 23% correctly identified the age group.



#### Risk of developing breast cancer

- C2DE females (versus ABC1) perceive less risk across a number of factors including age, overweight, breast density and previous radiation therapy.
- When asked what factors can reduce the likelihood of developing breast cancer:
  - Maintain a healthy diet: 67%
  - Stop smoking: 66%
  - Maintain a healthy weight: 54%
  - Reduce alcohol consumption: 57%
  - Take more exercise: 45%



## HE Breast cancer – symptoms

- Screening is for people who seem to be healthy; they do not have any symptoms of breast cancer.
- 84% look out for symptoms of breast cancer.
- 58% are confident in spotting symptoms of breast cancer.
  - ABC1: 35% are not confident
  - C2DE: 46% are not confident
- Those that don't look for symptoms are unsure of what to look out for, are worried of finding something or don't feel confident in medical matters.
- 76% know that breast screening is for healthy women 17% disagree. HCWs highlighted the need to clarify that screening is for a healthy population.

### HE Breast cancer – symptoms

- There are high levels of awareness of some symptoms of breast cancer: lump in breast (99%), lump or swelling in armpit (95%), discharge from nipple (93%), change in shape or size of breast (89%), change in appearance of nipple (86%).
- However, there is low awareness and uncertainty around some symptoms:
  - Dimpling on the skin of your breasts (80% are aware)
  - Unexplained persistent back pain (28% are aware; 54% unsure)
  - An ache down either arm starting at the armpit (55% are aware; 35% unsure)
  - A rash on or around your nipple (53% are aware; 32% unsure)

# h Interval cancer

- 73% of general population are aware that cancer can occur between screening appointments (called an interval cancer).
- 88% are aware that it's possible to develop breast cancer between breast screenings.
- However, people are not aware of the term 'interval cancer' and would like more information.
- When asked why cancer may develop after a negative mammogram:
  - 80% said because cancer can develop between screenings.
  - 55% said cancer may develop as it was not picked up on the mammogram.
  - 47% said due to a false negative.

You'd be aware of it but it's not something you think about. I'd go and get screening and forget about it.

# HE Breast screening

49% have a good understanding of breast screening.
 However, this varies by socioeconomic background:

• ABC1: 63%

• C2DE: 41%

- 97% know that breast screening involves having a mammogram (x-ray) of a woman's breasts.
- 22% don't know why it's important to attend breast screening.
- Some confusion over BreastCheck screening and referral to symptomatic service.

# Importance of attending breast screening



36%

**Early** detection



34%

Preventative Measure



- High levels of awareness of the importance and benefits of regular screening.
- Motivations for attending breast screening include:
  - peace of mind (59%)
  - receiving an invitation to attend (54%)
  - part of normal healthcare routine (51%)
  - afraid of developing breast cancer in the future (39%)
- Calling out the benefits specifically,
  - early detection (45%)
  - detect changes/ abnormalities (19%)
  - detect cancer (16%)

95%

Know it's extremely/ very important to attend regular screening

89%

Know breast screening is a way of detecting breast cancer that's too small to see or feel

91%

Plan to attend their next breast screening appointment



### Misconceptions and knowledge gaps



Don't know alcohol is responsible for one in eight breast cancers in Ireland.



Are not aware the menopause and being overweight may make you more at risk of developing breast cancer.



Think they don't need to worry about developing breast cancer if they go for regular screenings.



Think breast screening can prevent breast cancer.

### Limitations of screening

- 66% don't know what the limitations of screening are.
  - 45% mentioned misdiagnosis
  - 20% that something might be missed
  - only 4% said that cancer can develop between screenings.
- However, 88% agreed with the statement "It is possible to develop breast cancer between breast screenings". This indicates possible lack of understanding of the word 'limitations', as confirmed by the focus groups.
- 65% agreed with the statement that "Screening can lead to treatment for issues that turn out to be harmless".



- 4% of those who have been invited don't attend at all. Reasons given were: fear/ anxiety of finding something wrong, too busy, missed appointment, no symptoms.
- Not understanding the importance of attending screening was mentioned as being a barrier (but 95% know it's extremely/ very important to attend regular screening).
- HCWs report poor attendance by lower socioeconomic and some minority groups for screening generally.

46%

Fear of finding something wrong

45%
Uncomfortable process

39%

Delayed appointment due to COVID-19

# HE What to communicate

- Call out success rates and the positive stories people who found something and were OK.
- Explain statistics as to how many screened/ cancers caught.
- Talk about reality of process and real life experiences. Further information is required on the below topics:
  - why breast screening is just for women 50-69 (48%)
  - how to reduce their risk of breast cancer (47%)
  - the symptoms of breast cancer (40%)
  - risk factors for developing breast cancer (38%)
  - limitations of screening (32%)
- Address barriers to attending screening.



### How to communicate – language

- Need to be mindful of language, e.g. 'limitations', 'detect'.
- People are not aware of the term 'interval cancer'.
- Research showed that:
  - 82% think the purpose of breast screening is to diagnose breast cancer.
  - 16% said a benefit of breast screening is to detect cancer.
- This reflects lack of clarity as to what breast screening does and perhaps confusion with diagnosis of cancer/ detecting abnormalities, which may lead to cancer.
- There is a lack of understanding of the word 'limitations'.

# How to communicate – communications channels

- 69% would prefer to receive the invitation by letter but emails also have a role to play.
- Registration process is simple and easy with all receiving an invitation in the post and attending as a result. The leaflet received with the invitation is helpful and informative.
- HCWs/ GPs could play a more active role in providing info and should be reminded to ask
  patients when about their last screening date or whether they are due one.
- Ask people to share their stories/ experiences. The profile of the service has increased over the years due to public figures acting as advocates.
  - People who had a good experience as "that's the experience most of us have" they can talk positively, even about pain of process.
  - Those who had abnormalities found from screening and their journey.
  - · People from different communities.



#### Performance of communications campaigns

- Radio ad and VOD ran in October 2020, when BreastCheck resumed screening. VOD continued at different bursts throughout the year.
- 32% have heard the radio ad.
  - 90% felt confident COVID-19 measures were in place.
  - 86% said it would encourage them to attend their BreastCheck appointment.
- 29% recall seeing the VOD.
  - 92% felt confident COVID-19 measures were in place.
  - 87% said it would encourage them to attend their BreastCheck appointment.

