We read with interest the recent study on women's knowledge of breast cancer screening.1 Despite the attention that breast cancer receives in the media, most women still have an inaccurate perception of their lifetime risk. We congratulate the authors on their consideration of confounding variables associated with this knowledge, although other potentially important factors such as ethnicity were not investigated. In the context of a multicultural society, this issue of ethnicity and the fact that 33% of women did not respond suggest there may be sectors of the community where particular needs are overlooked.

We question whether education level attained is an independent variable or whether it is linked to awareness about relevant sources of information and the ability to seek them out. It is not clear from the study whether women were required to choose from a list of pre-determined options on knowledge of screening or provide an open, written response. This distinction is important when interpreting the fact that 94% believe breast screening is to allow the earlier detection of cancer and 45% believe screening is to prevent cancer developing. Women participating in the NHS screening programme receive a leaflet2 along with their invitation for mammography, and it clearly states screening does not prevent breast cancer; a fact which the above would suggest is not retained or other sources of information are being used. Therefore, this study highlights deficits in understanding of the purposes of screening which could guide further research.

References

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Response to: Understanding women’s knowledge of breast cancer screening

Sirs,

In response to the comment on investigating the issue of ethnicity, the number of respondents from ethnic minority groups was too small to undertake any meaningful analysis. An analysis of the non-responders did not show a higher proportion of women from ethnic minorities. As pointed out in the article, the preponderance of white, home-owning women in the sample reflects the population profile of Oxfordshire in this age group. Ethnicity is an important factor, and it is essential that research be done to identify the particular needs of ethnic minority women.

Education, as the correspondents have pointed out, is linked to awareness about relevant sources of information and the ability to seek them out. The women were required to choose from a list of pre-determined options on knowledge of screening. This questionnaire was sent out before the NHS breast-screening leaflets were introduced. However, a follow-up study was done on a sub-group of the respondents to this study who were sent the NHS leaflet to identify whether knowledge about breast cancer risk and screening had changed following the leaflet. It was interesting to note in this study that although the leaflet states that breast screening does not prevent cancer, while 32% who previously thought screening prevented breast cancer responded correctly after reading the leaflet, 20% who previously thought that screening does not prevent cancer responded that screening does prevent cancer.

This follow-up study further highlighted issues of how information provided on breast screening is perceived and