Cancer Prevention: the Breast Screening in Italy

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Aim of this paper is to investigate the geographical and socio-demographic differences in the participation at the breast screening programmes in Italy, and give some indications to the local institutions.

Overview

Cancer is one of the most common causes of death in women in Europe: it is estimated by Eurostat, that in 2004 standardised death rate (SDR) for cancer in females was 132.1 per 100,000 inhabitants, second only after death for diseases of the circulatory system. Between cancer, breast cancer is the most frequent cancer in women.
Early detection and treatment can prevent the development of breast cancer in 75% of cases and reduce 30% of breast cancer mortality. The WHO recommends all women between the ages of 50 and 69 to have breast screening every two years. (WHO, 2005)
In Italy each year there is 32,000 new cases of breast cancer and 11,000 women died for this cause. (Istat, 2005; Ministero della Salute, 2005)
In the past few years, the administrative regions and the local health care units (ASL) have planned breast screening programmes according to the national and international guidelines and recommendations (European Commission, 2006; WHO, 2005; Piano Nazionale della prevenzione, 2005-2007). These programmes are still non uniformly implemented in the whole country in terms of North-South differences, cover, participation, and quality. (Osservatorio Nazionale Screening, 2006)

Research questions and Hypothesis

What is the adherence of breast screening programmes respect to guidelines/recommendations in the different administrative regions and ASL?

- ✓ What are the main factors determining the timing of first cancer prevention?
- ✓ Who are the women who not respecting the frequency recommended (every 2 years)?
- ✓ Who are the women in recommended age (50-69) who never have been breast screening?

I expect that the determinants of this adherence in terms of timing, frequency, and absence of breast screening are dissimilar in the different administrative regions and ASL. Particularly, I expect that in the regions of the South, where programmes are recent or underdeveloped, high socio-economical status and young age favour to have breast screening in accordance with guidelines/recommendations. On the contrary, in the regions of the North, where programme are stable and well-established, the same women's characteristics favour an excess of breast screening (too early, too often).

Data & Methods

To answer at these questions, methods of event history analysis (Life Table Method and Piecewise Exponential Model) are used: the dependent variable is the first breast screening and covariates are socio-demographic, geographical and temporal variables.
Data are from PASSI 2005, a retrospective survey directed by the Italian National Institute of Health. This survey collects representative data on health behaviors at ASL level.

References

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Breast Cancer, Prevention, Screening, Local Policy, Inequality of access.