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Most Recent Mammography Recommendations Confuse Public

When the U.S. Preventive Services Task Force (USPSTF), an independent panel of experts in primary care and prevention, released its recommendations on mammography screenings for US women on November 16, 2009, there was immediate and considerable controversy. In a study published in the May 2011 issue of the American Journal of Preventive Medicine, investigators report that these new recommendations confused women (30.0%) more than they helped them understand when to get a mammogram (6.2%). Confusion was greatest among women aged 40-49 years and women who had never had a mammogram or who had one more than 2 years ago.

The USPSTF announcement included three sets of recommendations for women aged 40-49, 50-74 and 75 and over. Investigators from RTI International (Bethesda, MD, and Research Triangle Park, NC) assessed the volume and framing of the public discourse around the mammography recommendations to determine if women were knowledgeable about the new recommendations.

According to Linda B. Squiers, PhD, Senior Health Communication Analyst, RTI, Bethesda, MD, and her Co-authors, results from this study will allow public health professionals to understand how the USPSTF's 2009 mammography screening recommendations were discussed in the media and whether women understood the reason for the debate and the new recommendations approximately one month after their release. Media coverage of the new recommendations peaked immediately following their release and was unbalanced. The majority of news articles and social media posts were unsupportive of the recommendations. The new recommendations were released during the heated debate about healthcare reform legislation, so it is not surprising that they were portrayed by some as an example of how the Obama administration planned to ration health care if the legislation passed.

RTI researchers analyzed news reports and social media posts around the time of the announcement, both of which shape public perceptions of and opinions about new information and topics. In addition, they surveyed 1,221 women for two months beginning one month after the announcement.

From 233 newspaper articles, blog posts, and tweets analyzed, 51.9% were unsupportive, and only 17.6% were supportive. Most newspaper articles and blog posts expressed negative sentiment (55.0% and 66.2%, respectively), whereas tweets were predominantly neutral (48.8%). The most common reasons mentioned for being unsupportive of the new recommendations were the belief that delaying screening would lead to later detection of more advanced breast cancer and subsequently more breast cancer-related deaths (22.5%) and the belief that the recommendations reflected government rationing of healthcare (21.9%).

In the web-based survey, the majority of respondents reported paying attention to the recommendations and those who paid more attention understood better the reasons for the controversy. However, despite the media flurry, only 20.3% of women aged 40-49 years and 23.4% of all women in the sample correctly identified the mammography recommendation for women aged 40-49 years. Overall, the new recommendations confused women more than they helped them understand when to get a mammogram. Women aged 40-49 years were significantly more likely to be confused about when they should get a mammogram than the older age group.

"The USPSTF plays a vital role in reviewing the latest scientific evidence and advising providers and consumers about prevention," concluded Squiers and her co-investigators. "For recommendations to be accepted by both groups, they first must be understood. In the field of health

communication, message testing with individuals is frequently used to ensure that messages are understandable, credible, and use language that resonates with the target audience. Using message testing in the future may help identify specific components or words (e.g., routine, against) within the recommendations that could cause providers, consumers, and advocacy agencies to be confused or concerned”

In an accompanying commentary, Diana B. Petitti, MD, MPH, from Arizona State University and Ned Calonge, MD, MPH, from the Colorado Trust, note that while the USPSTF has played a leadership role in the evidence-based medicine movement, there seems to be “a media bias in favor of mammography screening” which may be due to vested

interests in the women’s health and breast cancer advocacy groups. They suggest that “further application of qualitative research methods to the data on media coverage of the mammography screening guidelines might yield insights into the kinds of interests that underlay the most negative media accounts about the mammography recommendations. This information might contribute to a better understanding of the sources of negative media responses to evidence and evidence-based recommendations.”

Journal Reference: 1.Linda B. Squiers et al. The Public’s Response to the U.S. Preventive Services Task Force’s 2009 Recommendations on Mammography Screening. *American Journal of Preventive Medicine*, Volume 40, Issue 5 DOI: 10.1016/j.amepre.2011.02.009