A Community Peer-Volunteer Telephone Reminder Call to Increase Breast Cancer–Screening Attendance

Guido Goelen, MD, PhD, Gerlinde De Clercq, RN, MS, and Sophie Hanssens, RN, MSN

One in eight women develops invasive breast cancer, and more than half are aged 40–69 years at diagnosis (Jemal et al., 2008). Mammography screening has been shown to reduce breast cancer mortality in women aged 50–69 years by about 30%, but its benefit for women aged 40–49 years is less clear (Armstrong, Moye, Williams, Berlin, & Reynolds, 2007; de Koning, 2003; Elmore, Armstrong, Lehman, & Fletcher, 2005; Gotzsche, & Nielsen, 2006). Population-based screening mammography programs as well as efforts to increase participation in the programs have been established in many countries (Klabunde & Ballard-Barbash, 2007).

Several interventions to increase mammography-screening rates have demonstrated value. Meta-analyses are available on the effect of individual-directed, physician-directed, access-enhancing, social networking, and multistrategy interventions (Denhaerynck et al., 2003; Legler et al., 2002; Mandelblatt & Yabroff, 1999, Miller, Livingstone, & Herbison, 2008; Ratner, Bottorff, Johnson, Cook, & Lovato, 2001; Sohl & Moyer, 2007; Stoddard et al., 2002; Yabroff & Mandelblatt, 1999; Yabroff, O’Malley, Mangan, & Mandelblatt, 2001). However, most of the published studies are from the United States, and, as Denhaerynck et al. (2003) cautioned in the case of direct-contact interventions, the mammography-screening rates realized by the strategies may differ depending on the healthcare system. Therefore, the results of U.S. studies cannot be generalized confidently to countries that have other healthcare systems, such as those used in Europe.

Nurses have contributed to the ongoing research related to interventions to improve breast cancer screening, such as in African American and Hispanic women (Fowler, Rodney, Roberts, & Broadus, 2005; Grindel, Brown, Caplan, & Blumenthal, 2004; Hall et al., 2005; Hall, Hall, Pfriemer, Wimberley, & Jones, 2007). However, the nursing literature lacks evidence from randomized, controlled trials to support these contributions, and the need to determine the effectiveness of reminder telephone calls for mammography screening has been suggested (Fowler et al., 2005).