Women with diabetes less likely to have a mammogram: study

TORONTO, April 11, 2014 – Women with diabetes are 14 per cent less likely to be screened for breast cancer compared to women without diabetes, according to a study by researchers at the Institute for Clinical Evaluative Sciences (ICES) and Women’s College Hospital.

The study, published today in the journal Diabetic Medicine, is the first to examine the influence of socioeconomic status on the gap in mammogram screening among women with diabetes.

“Managing the demands of a chronic condition such as diabetes is challenging for many women, leaving other preventative actions, like screening for cancer, to fall by the wayside,” said Dr. Lorraine Lipscombe, a staff physician at Women’s College Hospital and an adjunct scientist at ICES. “Our study found having diabetes posed a significant barrier to breast cancer screening even after considering a woman’s socioeconomic status, a known contributor to disparities in care among women.”

In the study, researchers examined women aged 50 to 69 years with diabetes between 1999 and 2010. The study found women with diabetes were 14 per cent less likely to receive a mammogram during the recommended screening period compared to those without diabetes. What’s more, the researchers found low socioeconomic status is an additional obstacle to preventive care in an already disadvantaged population. This is of particular importance as women with diabetes are at higher risk of breast cancer and of poorer survival once diagnosed.

“Given the increasing demands on family doctors today who are seeing more patients than ever before, preventative issues like cancer screening are often overlooked,” Dr. Lipscombe added. “Programs that offer incentives and reminders for cancer screening or allow for self-referral may help ensure all women are getting their mammograms when they need them most.”

Ensuring equal access to care is particularly important in health care settings such as Canada, where breast cancer screening is universally subsidized by provincial health plans either via physician referrals or self-referral in Ontario through the Ontario Breast Cancer Screening Program, the authors note.

To improve cancer screening in diabetes patients, initiatives should focus on support and incentives for diabetes care providers and greater education for more socially disadvantaged populations, they added.

Authors: Chan W, Yun L, Austin PC, Jaakkimainen RL, Booth GL, Rochon PA and Lipscombe LL.
and is widely used by government, hospitals, planners, and practitioners to make decisions about care delivery and to develop policy.

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