

1574P The cognitive, affective, social and environmental drivers of inappropriate ovarian cancer screening: A survey of women and their clinicians using the theoretical domains framework

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Background: Ovarian cancer (OC) screening does not improve survival, thus most guidelines do not recommend it. This study examined why women and doctors screen for ovarian cancer contrary to guidelines.

Methods: Surveys, based on the Theoretical Domains Framework (TDF), were sent to women in the Kathleen Cuninghame Foundation Consortium for Research into Familial Breast Cancer (kConFab) cohort, and family doctors (FDs) and gynaecologists who organised their screening.

Results: 832 of 1,264 (66%) kConFab women responded. 80 (9.6%) had objectively elevated OC risk and 210 (25%) had elevated perceived risk. The majority of women (680, 82%) thought screening could detect early stage OC and 42% (348) disagreed that screening can lead to unnecessary tests/surgery. 126 (15%) had screened in the last two years. Most of these (101, 80%) would continue to screen even if their doctor told them it is ineffective. 48% of women that had screened did not have elevated perceived OC risk. For women, key OC screening motivators operated in the domains of social role and goals (staying healthy for family, 94%), emotion and reinforcement (peace of mind, 93%) and beliefs about capabilities (tests are easy to have, 92%). 252 of 531 (47%) clinicians responded; a minority (FDs 46%, gynaecologists 16%) thought OC screening was useful. 122 (64%) FDs and 30 (50%) gynaecologists had ordered screening in the last two years. For gynaecologists, the main motivators of OC screening operated in the domains of environmental context (lack of other screening options, 28%), and emotion (patient peace of mind, 17%, difficulty discontinuing screening, 14%). For FDs, the strongest motivators were in the domains of social influence (women ask for these tests, 21%), goals (a chance these tests will detect cancer early, 16%), emotion (patient peace of mind, 14%) and environmental context (no other OC screening options, 11%).

Conclusions: Reasons for OC screening are patient driven. Clinician knowledge and practice are discordant. Motivators of OC screening encompass several behavioural domains, which need to be targeted in interventions to reduce inappropriate ovarian cancer screening.

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