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**Combined Effect of Health Status and Primary Care Use on Participation in Cancer Screening: The CONSTANCES Cohort**

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**ABSTRACT**

**BACKGROUND** - The combined association between primary care utilization and health status with breast cancer screening (BCS) and cervical cancer screening (CCS) remains unclear. Our aim was to identify women's profiles based on their health status and primary care utilization and study their associated adherence to BCS and CCS recommendations. **METHODS** - Using data from the cohort of people visiting health screening centers (CONSTANCES) in France (2012–2015), we first identified women's profiles based on their health status (self-perceived health, physical, and mental health) and primary care utilization (visit to the General Practitioner [GP], uptake of blood tests) using a multiple correspondence analysis and a hierarchical cluster analysis. We then investigated the association of these profiles to BCS and CCS using logistic regression models adjusted for age, smoking status, sociodemo-graphic and socioeconomic characteristics, and the regularity of gynecologist consultation. **RESULTS** - We identified five distinct profiles of women with contrasted participation in BCS (n = 14,122) and CCS (n = 27,120). In multivariate analyses, cancer screening participation increased from women with very good health and poor primary care utilization, to those with poor health and frequent visits to the GP, and those with very good health and average primary care utilization. The most favorable profiles regarding cancer screening rates were women with average-to-poor health and regular visits to the GP and uptake of blood tests. **CONCLUSIONS** - Our results suggest that policies aiming at increasing cancer screening participation should simultaneously account for women's use of primary care and health and consider more specific subgroups than what is usually done. Further research should investigate factors motivating cancer screening practice, such as women's beliefs regarding cancer screening and women's psychological characteristics.

**KEYWORDS:** Breast cancer screening; Cervical cancer screening; Health status; Primary care utilization

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