A randomly selected half of 4000 first screening mammography invitations in the East of Scotland area over the next 6 months will be accompanied by a one-page information sheet and half will have prepared and piloted amongst 20 women who had normal assessments at recall.

The main outcome measure will be a change in knowledge, attitude and behaviour in women invited to mammography. This will be measured by attendance rates and overall satisfaction with the screening process.

The knowledge and attitude of all the women returning the first questionnaire (appendix A) will be compared between those groups and given the information sheet.

**Behavior:** We expect that 28% of those will be recalled for further tests. At this time, they will be approached, consented and requested to complete the second questionnaire (see appendix A for key points on consent and interview technique).

**Power calculations:** With indication of incidence in other studies (Brett et al., 2005), we will estimate that the study is powered to a satisfactory level. The sample size required to detect this difference is 204, to expect to recruit at least 206 of the 207 recalled patients.

**Ethics:** Approval for the study has been obtained from the local Ethics Committee.

**Sample size calculation:**

- **Sample size:** We estimate that the number of women returning the questionnaires will be 126, 63 from the intervention arm and 63 from the control arm.

- **Effect size:** From previous studies, we expect that those in the intervention arm will have a 1 in 15 chance of being recalled.

- **Power:** The study is powered at 80% with an alpha of 0.05.

**Justification of requested support:**

We have asked for a research nurse who can identify the 4000 women who have been invited for screening, send out the information sheets, consent and administer the 207 questionnaires, and for the statistician and data processing.

**Timescale and potential problems:**

We expect to accrue 4000 patients over 1 year during the screening programme.

We have already had informal discussions with the regional screening unit concerning the logistics of sending the leaflets. After the information sheets have been sent with the invitations, we expect few problems in collecting the information from women coming for recall.

We may have some drop-outs among the 4000 women sent the postal questionnaire, but we expect that this will be minimized by the appeal of the programme and the goals of the intervention will be valid and for attitude.

**References:**


Carstair's index of deprivation. Data on deprivation will be provided by the local government office.


**Appendix A (Information Sheet)**

**Understanding Mammograms**

We have prepared this leaflet to help you understand mammograms better. Mammograms are used to pick up breast cancer at an early stage.

What is the chance of getting breast cancer? Between the ages of 50 and 64 the chance of getting breast cancer is about 1 in 36 and of dying from breast cancer about 1 in 200.

Does screening mammography save lives? Yes it does. Mammograms in women with no symptoms of breast cancer can find breast cancer earlier, thereby offering better chances of cure. So, it’s worth getting screened.

What can mammograms detect? Mammograms can detect lumps. Although mammograms are not perfect, they can detect breast cancer if you have symptoms of breast cancer.

Would I know about mammograms? Although mammograms can detect lumps, they may miss a few. On the other hand, they also detect false alarms. We are trying to avoid these false alarms on the side of safety and would rather not miss a cancer. We can only order more tests.

Every mammogram you have, you have a 1 in 20 chance of being recalled for further tests. The picture to the right shows the chance of being called back for further tests every time you have a mammogram.

We have prepared this leaflet to help you understand mammograms better. Mammograms are used to pick up breast cancer at an early stage.

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