DECISIONAL BALANCE, STAGES OF ADOPTION, AND SCREENING MAMMOGRAPHY AMONG WOMEN AT RISK OF BREAST CANCER FOLLOWING A PEDIATRIC MALIGNANCY: A REPORT FROM THE CHILDHOOD CANCER SURVIVOR STUDY (CCSS)

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Background: Decisional Balance (DB), based on the Pros and Cons of Mammography, is a simple and clinically useful predictor of mammogram screening practices. In general, the more positive the DB (pros outweigh cons) the more likely a woman will have a screening mammogram. In the Transtheoretical Model (TTM), women in the precontemplation and contemplation stages of mammography adoption generally have a negative DB (cons outweigh pros) while those in the action and maintenance stages generally have a positive DB. However, subgroups of women within each stage can have unexpected (incongruous) DB that diverge from those expected patterns. For example, some women in the precontemplation or contemplation stage may have a very positive DB. **Objective**: Among a cohort of women at risk for breast cancer at a young age following chest radiation for a pediatric malignancy, identify factors associated with women: (a) in precontemplation/contemplation stages with neutral or positive DB and (b) in action stage with neutral or negative DB. Methods: A 114-item questionnaire was administered to a sample of 657 women in the Childhood Cancer Survivor Study cohort who were treated with chest radiation. Of the 583 women (88%) who responded, 552 had complete information to determine DB and stage of adoption. Three classifications of DB were calculated using the overall sample mean and standard deviation: very negative, neutral, and very positive. Based upon reporting a screening mammogram within the preceding two years and future plans for mammography, women were classified into one of the five stages of adoption from the TTM. Results: Note: analysis in process. Among women in precontemplation/contemplation, 39.0% (n=105) had neutral/positive DB. Among women in action, 38.2% (n=108) had neutral/ negative DB. Within each stage, women with unexpected and predicted DB will be compared on demographic, health-related, and psychosocial variables. Recursive partitioning analysis will supplement bivariate and multivariate models, and investigate multi-variable classifications of women with unexpected DB. Conclusions: Factors associated with unexpected DB may be employed in conjunction with pros and cons counseling to more successfully target and tailor interventions aimed at increasing screening mammography among a high risk group of women.