ΠΑΝΕΠΙΣΤΗΜΙΟ ΚΡΗΤΗΣ
ΤΜΗΜΑ ΙΑΤΡΙΚΗΣ

ΣΤΑΣΕΙΣ ΚΑΙ ΠΕΠΟΙΘΗΣΕΙΣ ΣΧΕΤΙΚΑ ΜΕ ΤΗΝ ΜΑΣΤΟΓΡΑΦΙΑ ΓΥΝΑΙΚΩΝ ΜΕΣΗΣ ΗΛΙΚΙΑΣ ΚΑΙ ΙΑΤΡΩΝ ΣΤΗΝ ΚΡΗΤΗ

ΤΡΙΓΩΝΗ ΜΑΡΙΑ

Κλινική Κοινωνικής και Οικογενειακής Ιατρικής

Τομέας Κοινωνικής Ιατρικής

Ιατρική Σχολή

Πανεπιστήμιο Κρήτης

Ηράκλειο, Απρίλιος 2009

Á´ ɓəɣ´ ɤɜ:

j ɻɐůŰɡʃʂ ɯɜɐɡ, ɻ ɜŬ əɖɻɤ Űɐɡ TŬɗɖɔɖŰɐɡ
ɸɛɐɛŬĦŬŰɻɯɐɡ, ʉŬɜ/ɛɯ TɻɐŰɖɡ

Ɛgɜů ɓəɣ´ ɛɜŰů:

qɒɖɛɐŰɻɯɡɸůɯíŰůɐɡ, TŬɗɖɔɖŰɐɡ
ɸɛɐɛŬĦŬŰɻɯɐɡ, ʉŬɜ/ɛɯ TɻɐŰɖɡ

Ágɔɣɜɯɡ TɛgɛŬɜŰŶəɖɡ, TŬɗɖɔɖŰɐɡ
ɸɛɐɛŬĦŬŰɻɯɐɡ, ʉŬɜ/ɛɯ TɻɐŰɖɡ

ÁʉɸɻɻɀÁʂ¢ƐÁʉĦɸΛBʉ¢:

1. j ɻɐůŰɡʃʂ ɯɜɐɡ, ɻ ɜŬ əɖɻɤ Űɐɡ TŬɗɖɔɖŰɐɡ
2. qɒɖɛɐŰɻɯɡɸůɯíŰůɐɡ, TŬɗɖɔɖŰɐɡ
3. Ágɔɣɜɯɡ TɛgɛŬɜŰŶəɖɡ, TŬɗɖɔɖŰɐɡ
4. ũŮɤɻɔɛiəɬŰɡɗbŬůœʰůɯɡ, TŬɗɖɔɖŰɐɡ
5. ɀ ŬŰŰəɬɤŰŶəɖɡĦɤ Ɣɜɜəɖɡ, ɻ ɜŬ əɖɻɤ Űɐɡ TŬɗɖɔɖŰɐɡ
6. ɀ ɛůɢŬɜŭɻɣŬĦɤ Ɣɜɜ Ŭ, Á´ œɵɛgɻɛɡ TŬɗɖɔɐŰɻɯŬ
7. De Bree Elco, Á´ œɵɛgɻɛɡ TŬɗɖɔɖŰɐɡ

Æ Ű q ɜ ɔ g ɜ Ü ɷ Ŭ é é .. ´ ɛ g ŭ Ů ɜ ´ Ŭ ɜ Ů ů Ů ɛ ´ ɛ s Ü ű ɷ ´ ɛ Ű Ů ů Ű ɔ ɛ ɐ
Ű q f ɛ ɤ ɐ g f Ű q f ə Ü ɔ ɛ ´ ɟ ɛ ů Ű Ÿ ů Ů ə Ÿ d Ů ŭ g ů ə ɛ ɔ ɷ Ü ɜ Ü ɛ Ÿ ɕ Ů Ű ɔ ə Ü ɔ
ɜ Ŭ ´ Ü ɔ Ů ɜ Ü ɔ ɟ Ü Ű q d Ů ɷ é é .ɦ ɟ d ʂ Ŭ

Æ Ű Ŭ ´ Ü ŭ ʂ Ÿ ɛ ɛ g é é é é é é é é ..

Æ Ű é ů ɷ ɛ g ɔ ɦ ɟ ɛ ɛ g é é é é é é é

Æ Ű é g g f ɔ ɛ ɜ Ů ɷ f ɛ ɛ g é é é é é é ..

ЧАЛЁАјЂz АЋј

Чјђэсэсд

АgсЏјэůЏЏЏ

ЋЧЏЏЎэсэсдqpdєсůэЏЇůЏхз

АэЏЏЋзеdґЏјœdqчd

Summary

Resume detaille

1. АэůЏэхэе

1.1 ¢ эůЏєјdЏЏєg эЏјэœсєg єЏůЏєі
1.1.1 А´эūdєзєэсdЏЏєg эЏјэœсєg єЏůЏєі
qpЏЏзеdЏЄґЏђјdЏ
Аэээdзэее ЏЄґЏђјdЏ
1.2 ¢ ůdєЏůdЏЏєg ´јєůgє´Ўхє ЏЏЎеєі Џэ»эсгєg
1.2.1 ¢ ´јђэdчd ЏЄєg эЏјэœсєg єЏůЏєі ůЏdз АgjхґdЏ
1.2.2 ЧјєсјЎєєЏЏЏэЏэйјЎЏђЏdЏАgjхґЏрееdЏŌзхůdЏэЏЏЎЏЄєg эЏјэœсєg
ЏЄєg єЏůЏєі
1.2.3 ¢ ´јђэdчd ЏЄєg эЏјэœсєg єЏůЏєі ůЏdз Ааээ¥üЏ
1.2.4 ¢ єЏůЏєсјЏЏідЏхdєчdєйєdґјєůgє´Ўхє ЏЏЎеєі Џэ»эсгєg
1.2.5 Ає´ђйэЏээЏЏdз gјеůdЏdЏєЏůЏєсјЏЏідЏґЏ
1.2.6 Чјєůgє´Ўхє ЏЏЎеђђdґ¥э»Џэсгєdґээ ЏЏЄєз эЏјэœсє ЏЄєg єЏůЏєі.
ТґЏЏЏђdgзЏЄјэЏдґєйdсdдґЏ.

1.3 ј зЏЏэЏЏђЏdЏЏЏdґєЏэ¥ЏdґЏ

1.4 АјЏђgзdЏЎеЋ¥Џјхґ№єЏЏЏ

2. Ґэє´ђґЏэЏЏгсеэ ЏdґЏєЏэ¥ЏdґЏ

3. Ч»ddgдєєђґЏєЏэ¥ЏdґЏэЏЏэЏЏdґЏэ єхdєйєэ

3.1 Ч»dddgдєєђґЏ, ´Џјзєсгє эЏЏэсгЧјђзеґЏйэЏЏЏ»ЏЏхэеґЏЏdґЏєЏэ¥ЏdґЏ
3.2 АјэсЏЏ»ЏдЏЏ
3.3 qpЏЏйзэЏЏůdЏЏůgээ»сэеґЏйЏЏ№єєуэзхз
3.4 ј зЋ»gдЏdч йЏЏ№єєуэзхз

4. ј ´ єЏЏЏэ¥ЏєЏЏЏ

4.1 ґ ЏЏůЏєсјЏЏідЏЏЏэ¥Џєгєg: ј ´ђўЏЏґЏђсgзЏЏэЏдґЏЏэЏЏЏ

εŬůŰ€i .

4.5 Æ ŰŶůŮ§ƒəŬəŬ ĥɣŮ§ƒɔg3ŬəɪɜəŬəɘŬŰĵɪɜɔɘŬŰ‰ɜεŬůŰ€ɔɻŬŰıdŬεɘŬƒŬůŰ€əεƒ ´Ůɻs¤cεƒůŰ‰ɜ TɻεŰ‰:ȷ´ɛŰŰ♭ɣůεŬŰŰεɘŬƒεŮ♭ɣŰ‰ƒεŮ´ɛs¤Ű€əɣƒε Ůƒĥŭcggƒ.

5. Æg¤eŰ‰ůd‚

5.1 TŕiɻɘŬŮ§ɣɣεεŬŰŰŬ‰ƒεŮ♭ɣŰ‰ƒ

5.1.1 ȷ´ĥɣŮ§ƒŬ ĥɔg3ŬəŮ§ƒəŬəɘŬŰĵɛi ƒŮɻɤŰ€ɓŸdεɘŬƒűɻɛ3Ű‰ŭŬƒgɔŮdŬƒůŰ‰ɜ TɻεŰ‰. ÆŰŶůŮ§ƒ, ŬĥɣŮ§ƒŮɛ´ĥŭɘŬɔɘŬŰ‰ɜ´ɻŬɔεŬŰɛ´ɛ¤d‰d ŰƒεƒŬůŰ€ɔɻŬŰıdŬƒ

5.1.2 Á ɣɔŬəɣŮ¤ŮŰ¤ ŮəŰŰ¤ɛd‰dƒ´ɻŬəŰ♭ɪɜŮ♭ɣɔɛɛg əŬɻəɔɛɛg

5.1.3 Bəɔɔɪ ůŮ§ƒŰɤɜɘŬŰĵɪɜŸ.ū.Ĵ ɔɘŬŰɛɜ´ɻɛůgɛ´ŰɤεŬŰ♭ĥ ɣəŮɔɛ əŬɻəɔɛɛg εŬůŰ€i .

5.1.4 ÆŰŶůŮ§ƒəŬəŬ ĥɣŮ§ƒɔg3ŬəɪɜəŬəɘŬŰĵɪɜɔɘŬŰ‰ɜεŬůŰ€ɔɻŬŰıdŬεɘŬƒ ŬůŰ♭ɣɛɛεƒ´Ůɻs¤cεƒůŰ‰ɜ TɻεŰ‰:ȷ´ɛŰŰ♭ɣůεŬŰŰεɘŬƒεŮ♭ɣŰ‰ƒεŮ´ɛs¤Ű♭ɣƒ εŮƒĥŭcggƒ.

5.2 ɀ ŮŰ€ŭ€əɛɔəɛɑ´Ůɻs¤ɻ♭ɣůεɛɑŰ‰ƒεŮ♭ɣŰ‰ƒ

5.3 Á´ɘŰÍ ůŮ§ƒŰ‰ƒεŮ♭ɣŰ‰ƒůŰ‰ɜ´ɛəɘŰ♭əɐ gɔŮdŬƒ

5.4 Áɻɤ Ű€εŬŰŰ´ɛg ŰŬŰ€i ɜ´ŮɻŬəŰɣɻɤ ɣɻŮgɜŬ

6. Ægε´ŮɻŸůεŬŰŰ

6.1 TŕiɻɘŮƒůgε´ŮɻŬůεŬŰ♭ɣƒŭɘŰ ɘůÍ ůŮ§ƒŰ‰ƒεŮ♭ɣŰ‰ƒ

6.2 Ægε´ɣɻŬůεŬ

7. dɘ♭əɛɔɻŬŰíɘɣƒȷɜŬŰ€ɻɣƒ

♦ŰŬɻŬɻŰ€εŬŰŰ

ȷ. ÁɻɔŬəɣŮdŰɣɻŮgɜŬƒ

1. English version: Health Professionalôs Interview Schedule
2. English version: Midlife Women Interview Schedule
3. ŰɻĥɔɻŬε€ŬÆgɜɣɜŰŮgɜdƒũgɜŬəɪɜ ɀ ɣůdƒdəɘədŬƒ
4. ŰɻĥɔɻŬε€ŬÆgɜɣɜŰŮgɜdƒÁ´ŬɔŮ♭ε€ŬŰɪɜĴɔŮdŬƒ
5. Áɻɤ Ű‰ŬεŬŰ€əĥɔɘ 2ï ŰɻɤŰĥŰ´ɛ ůŰ‰ɜȷɔɔəɘəε ɔəɪ ůůŬ: English version: Cancer control practices in Western New York
6. Áɻɤ Ű‰ŬεŬŰ€əĥɔɘ 2ï ɀ ŮŰŶŭɻŬůd ůŰ‰ɜ Áəəd3ɘəε ɔəɪ ůůŬ: Áəəd3ɘəε ɣəŭ€ůd: ŰɻŬəŰ♭ɣƒŮ♭ɣɔɛɛg əŬɻəɔɛɛg ůŰ‰ɜ TɻεŰ‰, ÁəəŸŭŬ

d♭.ȷɜŬəɛɘɜɪ ůŮ§ƒůŮůgɜɣŭɻɘŬï Ægε€ŰŰ€gœ ůŮůŰɻɛɔɔgəŸŰɻŬ´ɣ¤ɘŬ

Ujhəcəg

Bcg3Ləəldəgɛüûfgldəbüəy3üüə3səûi-ɛbəəəəüə3ɛə3üüəəhûfəsgldəbüfgűi-ûdgf, ´əg ûgüfəgldüfüüə Yɛûiü ɛÛüfl dd̨əgəhüfl fü, üfl3 əɛəɣűəY, üfə3 yɣxüü, üfl cə3səhüfl fü. B ɛüûfgf ûəűɣYɛûəüɣgűüɣhüfl fü əüə üəüfɣdûd üfl gf üəüɣ´sədgfəxəg.

J´h üfl3 üɣgüəhüfl fü ɛyGɣəûəɛüɣüdcüəü´üûgəüə3üűəüfɣəûəüfl3 üəûdd̨üəəə əüəüfl3 üəüɣüəhüfl fü üfə g ɛüûfə-i üfl gf, üəə-Yûü´əəəygf´üɣə´üí ûüəgf üə3ü´ɣəbûı´ɣəəüəɛyəg3üûı ûüəüfl3 əxə üfl gf, hfüə ə ɛüûfgf cəüfü əi-ɛüüfə gəüɣəəəg ´əg ûəüə ɛdüüfə hügf´ə-yəcə üɛûəə-əüfgf´üdəûəgfhfüə üəüə üəüə3xûfüûəycəüɣü.

Egə3ûıgf ûəüə ´ɣəűüə3əgf d ûdɛüûdüfl gf´ɣıɛdgf üəY3xûdgf üfl gf 3hûəg cəüfəgf cgə3üəûgfɛûəüɣəəɛ ɛüûfə-i. ¢ üɛ´üɣdüɛəg əüəd ûgə3üɣcüûdüɛəg ɛûfəgf cgə3üəûgf ´əg ´Yûəgə3 əüd üfhüfə-i, üfhüfl3 aüɣgûd üfl gɣj üɣəgɣcəəəgf Bcəəəcəəəgf əə-səəgf Hj ü?¢ ɛyGɣəûəɛüɣüəɛüüə d ´ɣhəədûd cəüfl3 üə´hə3dûd ügüəgf üfl gf üəüüə-üɣəəgf üəüüɣəbgf. z yûüfhüfl3 ûəəcəxə3düɛəg ɛûfəgf cgə3üəûgf ´əg ´Yûəgə3, Yəəgûüfəgf üə´üɣdüfl ü3gf, ü3ggf´ɣɛbədɛüüûɛəi-gf ü3ggf, ü3ggf űhbəggf ü3ggf, üfgf üə3dûgəddüfl ü3ggf. z əg yüxûüə üə yə3güûɛüə3üüəüɣüɣə3ûxü3ggf´üɣYə3ə3üüfgf üəüəəggf´əg ûdɣüYɛəg3 üfl3 cg3üəüə3üüəüəyəGüə-üüəüəY ü3 ɛüûfh üfl gf, əi-üxgf ıûüə3ü´ɣəəYbüəüfl3 3hûə´ɣəə üəüə üɣcYüfl3 ü3gf, ´üɣYüfl3 üüɣYûüfü´ɣhəüə üfl gf ûəüɛdgfəüə üfl gf üüɛ3əəcdügf, d üûdyə3üfü ügüfe üə-üəəəgdüüə3üü üûəəəüüəüə3ü´ɣəûbYəəüəüüY ɛyûə hɣə, ûüəY əxə ûüYûxə üfl gxəgf ü3ggf, ´üɣdəg 1 ûüfgf 9 cg3üəüfgf. ò əəüə3üɛə´xgf əYüə ü hüfl3 ûəəɛe üx3 ɛY3x3 ´əg üəɣxüfɣdüɛü3 bdüfü əüə əügüfɣdüɛüə ɛû´gɣxɛyə3üûüfɣüüə üfə ûüedəgf üx3 cg3üəəı 3, cəü3ü üəı 3əgə3 ü hüfə ûı ɛüüfə3ggf üfl3 «əüüYɣü»´əg ü3ggfyûüfəüə3 əədüəq ūüɛ´əɣyûüəYɣüüəüəY əüüdüfəə ûəüfə3ɛdüfə3ü bYə-üəɣəûüfəY üɣəəgf ûüfl ɛYûüfəüü3ggf əɣüfl3ə3gf´əg ü hüfl3 ûəəɛe ü3ggf; ūü üəddüı ûüfgf cg3üəüfgf d üg3üüfüfl3ü 3ü´ɣəûüüüɣəgə3 ü3 üügüfh ü3ggf;

Ágcůjsůűůf

¢ ´ůjcić ůŭůčbűčcjsbe ůšůůjfbe ůůčš dů ε´cjcić ůů3ů cəəəədjx důůn gxjqf űű3 ůgεbcəe ůdεůčbűšəıš3 ůčdjı ´x3 əůčb ůgšůjčůűı3 cə c´cœcə εů ůűejsbůčš əůčb εů g´cůűejsbůčš əůdôhjədűű3 ůšŸjəůšůűűfgůšbefgεcg ´jců´Ydůšůfg.

ÚŸ3x ůhjhjəcggfdůεdůəů3ůůgcůjsůűeůx ű€š3 ůfbəy´c3ű€ůdčdjdűe εcg ə. ş sš3e j jeůű€š, ůŸůəůəc, ű€œc εůəůčű€š3 ȯ3djx´c, ´cg ´ůűűůyůůůεy3ůəůčεůy3ůčůš3ů ´sůűyyx ´x gfűůhjšůyůčε´cjcić3 3ůjœcgš3 ´jůbεůű€əhjűűűůjəůı3ů´jců´ůdeůůšgf əůčb3ů´sůűyyůšgf ůô ůgůŸ. ¢ bœedůšůű€g eűůš ´c3ić€ıd əůčb əůdcjsůű€be cəůűű3 ´cjůůů əůčb ű€ů3 c3əcəəejxůe ű€ůgf εůəyűůgf, ű€hůc ůű€š důxjdű€əhj hjůc əůčb ůű€š ůjůg3dű€əhj εyjcgf.¢c3 ůgcůjsůű ɔəůű€ů3 ůšůœšüš3dů´cg εcg ůəy´3ůůəŸdůűšjŸ´cg ə3ić3œůəůčb€š3 ůšdcgůəšůůεhj ´cg ůšœcyűůgůεůűű€əhɔəůű€g ´cg εůcüeɔdůůš3ů3əŸ3x ű€š hjůčεů´jůbεůű€əhjűűűů, ɔəůű€ů3 ůč´sůű€ůi3d´cg εcg yüůšœůəůčb€ů3 ´můűč ű€g hjůdůůəůűűűyjx.¢c3 ůgcůjsůű ɔəůű€š ű€š3œüəůű€š hjůčεůəůčbůű€ů3 εŸdčdůd.

Ágűícdůŭ3ů ycx ůű€ů3 ůšůůjfbe εcg ůg3ůfbə y´c3ű€ůf ű€š3 əůdčdɔdű€e ə.¢ůsűůe qdεeůjd əůčb€š3 əůdčdɔdű€e ə.Tcgεůš3ű€Ÿəd Ágɔy3œ ůű€ggf c´œcggfdyəx 3ůůəűjŸůx ű€šf ůgcůjsůűůf εcg ɔəůű€ů3 ůűűdůjε ´ůjcgůdůű€ggf əůčb ű€š ůšüšůűyjc3 ű€ggf ůű€ů3 εůəyűd εůjεůűůfəůčgεůf´ůjůűdjeůůšgfəůčg´cüůœšůgfű€ggf.

Á´ůůdgfy3ůεůəŸəœ ůgcůjsůű cűůœx ůűšgfəůdčdɔeůjeůgf Frances Griffiths, University of Warwick, UK, əůčbűdgf Eileen Green, University of Teesside, UK ɔəůű€ů3 ůεyjsůű€d ůgε´ůjŸůűűůe ű€ggf, ű€ů3 ůə´ůdűůgůd ´cg εcg ´jcůyűůjůš ůű€ů3 ´cœeűšeε εůdcüeəcɔdů, ű€hůc əůűŸű€ů3 ůűűdůjε ´ůjcgůdů ű€ggfəůčb ű€š ůšüšůűyjc3 ű€ggf ůű€ů3 T jeű€d, əůdhjəd ű€ů3 ůšŸjəůšůűűfgjůbεůű€´cdůdgfű€dgfůšdůůjfbefg ůšůůjfbefg əůčb ű€dgf ůgɔɔjůűıefg ůx3 Ÿjdjx3, ůəœŸəůčb ű€ů3 ´ůjůıjqdůd ůə eyjcggf ű€ggf ůx3 ůjůg3dű€əı3 ůjɔůəůdx3 ű€dgf ůg3y3ůűg3dgf. Á´ůůdgf ű€ů3 əůdčdɔeůjeů Diana Thompson, University of Hertfordshire, UK, ɔəů ű€d ůg3ůjɔůůdů əůčb ű€d ű€əc3ůšdů ´cg εcg ´jcůyűůjůεůčaεůű€š3 ůi,gɔhj ű€dgf Eric, əůůŸű€ů3 ůůůdů ű€š, UK, əůčb´cg εcgŸůű€dəůšgf ɔz1 ůůšgf ű€dgf εůčaεcg əůůŸű€ů3 ůə´ůdűůgůd εcg ű€š ´jhɔjůčεů´cœű€beefgεűdcüeəcɔdůgf´cg eüd ůűůjεcehjůůš ű€š UK.

ÁgcůjsůűůdůjεŸű€ů3 əůdčdɔeůjeůə.ÐxŸ3ů7z cůgůš üjyůɔeůű€ů3 ůdεůš3ű€beε bœedůšŸű€dgfůű€ů3 ůűůůsűű€beε ůš3Ÿəgůd ůx3 ´cůcű€ı3 üůűcεy3x3 əůčɔeůű€ů3 ůgš3ůjɔůůdůəůčb əůdcüeəcɔdůeε ű€dgfůű€ů3 ´ůjegůdůůd ůx3 ůůcű€b3ůůεŸůx3.

ūůεedůəůů3ůůgcůjsůűeůx ű€š3 əůdčdɔdű€e Martin Mahoney ű€g State University of New York at Buffalo ɔəůű€ů3 ´ůjůıjqdůd ű€g ůjůg3dű€əci ůjɔůəůűeg «Cancer control practices», ű€ů3 g´cůűejsbe ű€g əůůŸű€ů3 ůšŸjəůšůűűfgεůůŸűjůůdgfəůčb ű€dgf ´cəy€ůiεsbefg´jcůůjεcɔefgůű€ů3 Áəəədzsbe ɔəı ůůůůəůčb€ů3 ůgɔɔjůűıe ůx3 ůgcůűəı3 Ÿjdjx3.

Á´ůůdgfůgcůjsůűů ű€ů3 ´cəi ű€ed ůgš3ůjɔŸű€ůůű€dgfTəsbəefgTcœ. əůčbBəœɔ. Ðůůjsbefgűeg Úůšůjsůűdεœg Tjeű€dgfəůčb ű€dgf zůjəŸədȯ3ű€ůTcœsœű€be 3cůdəůiůjqůčɔůű€ů3 yε´jůčb€ů3 ůgε´ůjŸůűűůd əůčb ůű€jsœd əůdčdô hjədű€ů3 šůŸjəůšůűűfgšůůčb€š3 ůjsbefgεcg šůůjfbefg.

Ágc Ú j s ú Ú d Ú j ε Y:
¢ d ɜ Ü ɔ Ú d Ú ¢ ű œ d ɔ Ú ɜ ə œ ə ɜ Ú Ú j ɦ ə . ū ɤ Ú Ú ə œ ə ɹ ɜ Ü ɔ ű Ú Ú ů œ g ɔ ə Ü Ú d ɜ ů g ɜ Ú ɔ œ ə d ɗ ə œ ə ů g ε ´ Ú j Y ů Ú Ú ů d ə Ü ɔ b ɔ œ ə ɗ Ú ə Y Ú d g ɗ ɦ ə Ü Ú g Ú Y Ú Ü c j ɦ ɜ ə Ü .

¢ ɔ g g ɗ ů g ɜ Ü ű ɤ ə ű ɔ g g ɗ ε ɔ g ə ɔ œ ɜ ɤ ɜ ə œ ɔ i ɡ ə Ú ə Ú ɔ œ j ɔ ɔ i ɡ ə . Ɪ Ü ɜ Ü ɔ Ü j Y ə d q p . ů Ú ɔ Ɪ . J ɀ ɔ ɡ ɹ ɪ ɜ , ə . ū ɔ b Y ə d j ɨ . ů Ú ɔ Ɪ . J Ɪ Ü ů Ú Ú ə ə œ g Ɪ ɑ ů Ü Ú ɔ g , Ú d ɜ ə . ɀ Ü ů Ú j ɔ ű ɤ ɔ g Æ . ů Ú ɔ Ɪ . J d ɔ Y ɔ g ɔ ə Ü Ú d ɜ ´ ɔ ə ɨ Ú ɔ d ɓ ɔ œ ɗ Ú ə Ü ´ g ɔ g ´ j ɔ ů y ú Ú j Ü ɜ ů Ú d ɜ ů g ə ə œ ɔ œ Ú ɤ ɜ Ú j ɤ Ú d ɛ Ü Ú ɔ ə œ ɔ ɑ ɤ ɜ Ú d ɡ ´ ɔ ů ɔ Ú ɔ ə œ ɡ ɛ Ü ɗ ɦ ű ɔ g y j Ú g ɜ Ü ɡ .

¢ ɔ g g ɗ ü ə Ú g ɗ g ɜ Ú j ɡ ə Ü ɔ Ú ɔ g g ɗ ə Ü Ú j ɔ ɨ ɡ Ú ɤ ɜ 14 Ɪ y ɜ Ú j ɤ ɜ J ɔ Ü Ü ɡ (Ɪ . J) Ɪ j ɛ Ú d ɡ Ü ə œ Y ə Ü ɔ Ú ɔ g g ɗ ə Ü Ú j ɔ ɨ ɡ Ú ɔ g Ʉ Ü ɜ Ů ə ů Ú d ɛ ə Ü ɔ ɨ ? ɔ ů ɔ ə œ ɛ Ü œ g (Ʉ ɹ ũ ? ¢) ´ ɔ g ´ j ɦ ɗ g ɛ Ü ů y ɔ Ú d ə Ü ɜ ɜ Ü ů g ɛ ɛ Ů Ů Y ů ɔ g g ɜ . Á ´ ɑ ů d ɡ ɛ ú Ü œ ɤ ə ü ə Ü Ú Ú j Ü ɡ Ü g ɔ Ü j ə ů Ú Ü ɡ Ü ů ɔ Ü j ɔ ů Ú Ü ů ɡ ɗ ů Ú ɔ ɜ . ɑ ɡ Ü ɔ ɤ ɜ Y ə d ? . ɑ p / ɜ Ú d Ɪ . J j Y j Ü ɔ Ü , Ú d ɜ ə . ɹ ə Ü œ ɛ Y ə ɔ g ɹ . ɑ p / ɜ Ú j ə Ü Ú ɔ g Ɪ . J ɹ ɔ . ū ɤ Ú Ü œ ɛ g , Ú d ɜ ə . Ɪ Ü ɛ ´ ə Ú Y ə d ɹ ə . ɑ p / ɜ Ú j ə Ü Ú ɔ g Ɪ . J ¢ ɛ Ú j ɛ ə Y ũ ɔ g , Ú ɔ ɜ ə Ü j ɦ ə . ɀ ´ Ü Ú œ Ü ɹ . ɔ ə Ü Ú d ɜ Ü ɔ ə ü ɛ Ú Ü œ ɛ b ɔ œ ɗ Ü ə Ü Ú ɔ g g ɗ ů Ú d ɜ ů g ə ə œ ɔ œ Ú ɤ ɜ Ü j ɤ Ú d ɛ Ü Ú ɔ ə œ ɔ ɑ ɤ ɜ Ü ɦ Ú ɔ g g ɗ ə Ü Ú j ɔ ɨ ɡ Ú d ɡ ´ Ů j ɛ ɔ œ ɛ ɡ Ů ɡ ɗ ɨ ɜ ɗ ɡ Ú ɔ g g , ə Ü ɗ ɨ ɡ ə Ü ɔ ů Ú ɔ ɜ ů g ɜ Ů j ɔ Y Ú d ə . ɹ ɜ Ú ɤ ɜ Y ə d ? œ ɔ ɹ ɜ Ü ə . ɑ p / ɜ Ú d . Ú ɔ g Ɪ . J ɹ ɜ ɤ ɔ Ů ɤ ɜ ɔ ə Ü Ú d ɜ b ɔ œ ɗ Ü ə Ü ɔ Ú d ɜ ů Ú ɛ j ɛ ə d q Ú ɔ g .

¢ ɔ g g ɗ ü ɛ ə ɔ d Ú ə œ ɨ ɡ g ´ Ü ɔ ə ɔ œ ɔ g g ɗ ə . Æ Ü j Ú ɛ Ů Ú Y ə d ū . Ú ɔ g Ɪ . J Ɪ Ü ɜ ü Y ɜ ɔ g , Ú d ɜ ə . j Ü ɔ ə ɔ Ü ü Y ə d Æ . Ú ɔ g Ɪ . J ɹ ɔ . d ɔ Ü j b Y j Ü g , ɹ ɜ ɤ ɔ Ů Ü ɔ Ɪ Y ə d Á . Ú ɔ g Ɪ . J j Y j Ü ɔ Ü , Ł ɤ Ü ɜ ɔ ů d ũ . Ú ɔ g Ɪ . J ɹ j ə Ü ɔ œ ɤ j œ g , j Ú Ú ɛ d ü Y ə d Ɪ . Ú ɔ g Ɪ . J Ʉ Ů j Y ɛ Ú Ú ɛ g , ū ɛ ´ ů œ g ɹ . Ú ɔ g Ɪ . J d ɔ Y ɜ ɔ g , Ú d ɜ ɛ Ü Ü ə . Λ ɤ ɛ Ü ɜ ɔ ů œ g ¢ . Ú ɔ g Ɪ . J Æ ´ d ə œ g , Ú d ɜ Ů ə ů ə ý Ú j ɛ Ü J ɔ Ů Ü g ə . ¢ ů ɛ ´ ə ɔ ů Ú Ú í Ü ɜ Y ə d Á . ɔ ɛ Ü Ú d ɜ ´ j ɔ ů ´ Y d Ů ɛ Ü Ú ɛ g g ɗ ů Ú d ɜ ů g ə ə œ ɔ œ Ú ɤ ɜ Ü j ɤ Ú d ɛ Ü Ú ɔ ə œ ɔ ɑ ɤ ɜ .

¢ ɛ g ɔ g ɜ Ü œ Ů g ɗ Ú d ɡ ´ Ů j ɛ œ ɛ g ɗ Ů ɡ d ɨ ɜ d ɡ ɗ Ú ɤ ɜ Ɪ . J , Ü ə œ Y ə Ü ɔ Ú d ɡ ´ ɦ ə d ɡ ɗ Ú ɛ g ¢ j Ü ə œ Ů œ g ´ ɔ g ü y ɔ Ú d ə Ü ɜ ɛ Ů ɛ Ü ɔ Y ə d Ů g ɔ Ü j ů Ú d ů d ɜ Ü ɛ ɔ g ə Ü Ú Ü d y ů ɛ g ɜ ů Ů ů g ɜ y ɜ Ú Ú g ɜ œ d Ú ɛ g ɗ Ü ɦ Ɣ Ů g ɗ Ú ɛ g ɗ ə Ü ɔ Ú d ɜ ů Ú Y ů d Ú ɛ g ɗ ɔ ə Ü Ú d ɜ ɛ Ü ů Ú ɛ ɔ j Ü Ú ɨ d Ü . j ɤ j ɑ ɗ Ú d ɜ b ɔ œ ɗ Ü ə Ü Ú ɛ g ɗ ə Ü ɔ Ú d ɜ ů g ɛ ɛ Ü Ú ɛ ɔ œ Ú ɛ g ɗ ɔ ɛ ɗ Ü ɤ Ú ɨ ɜ Ü Ú d q ´ Ü j ɛ g ů d Ü ů d Ü g Ü Ú ɛ ɗ Ú d ɗ ɛ Ů ɤ Ú d ɡ .

¢ d ɜ Ü ɔ ə Ü ɔ Y ´ d Ú d ə . Cece Kidwell, ə Ü ɗ d ɔ ɤ Ú j ɔ Ü Ü ɔ ɔ ə ɹ ɜ , d ɛ ´ ɛ d Ü ɛ Ů b ɔ œ ɗ d ů Ů ů Ú d ɜ Ů ɛ ɤ ə Ů ə Ü Ú ɤ ɜ Ü ɔ ɔ ə ɹ ɜ ə Ů ɛ ɤ ɜ ů Ů ɦ ə d Ú d ɜ ü ə Y j ə Ů Ü ɔ ´ ɦ ɜ d ů d ɡ Ú d ɡ Ú ɛ g ü ə ü Ü ə Ú ɛ j ə œ ɡ Ü ə Ü j ɛ ɗ Ú d ɡ .

¢ ɛ ɜ Ü ɔ Ü d Ú ɦ ə . Ł ɤ Y ɜ ɜ d Ɪ ɛ ə œ ə Y ə d , ə Ü ɗ d ɔ d Ú ¢ ű ə ɦ ə œ ɔ œ , ɛ ´ ɛ œ ɡ ´ j ɦ ɗ g ɛ Ü Ü ɜ y ə Ů ɔ Ú d ɜ ű ə œ ə œ ɔ ə œ Ů ɛ ɤ ɜ Ú Ú ɛ g Ú ɦ ɛ ɛ g .

¢ y ə œ ɡ ɗ Ü ɐ ɗ Ů ə Ü ɜ Ü ´ ɤ ɜ Ü ɛ Ů Y ə œ Ů g ɔ Ü j ů Ú Ú ů Ú d ɜ ɛ ə œ ɔ y ɜ Ů ə Ü ɛ ɛ g , ů Ú ɛ g g ɗ ɔ œ ɜ Ů ə ɗ ɛ g ´ ɛ g ɦ ə Ü Ü g Ú Y Ú Ü c j ɦ ɜ ə Ü ɐ Ú Ü ɜ ´ Y ɜ Ú Ü ü ɗ ə Ü ɛ ɛ g ə Ü ə ɛ Ů Ú d ɜ Ü ɔ Y ´ d Ú ɛ g ɗ ɛ Ů ů Ú ɐ j ɛ ə Ü ɜ Ú d ɜ ů Ú ɛ g ´ ɛ g ɗ ů ´ Y d Ů ə Ü ɛ ɛ g , ů Ú ɛ ɜ Y ɜ Ú j Ü ɛ ɛ g ´ ɛ g ɛ ɛ g y ü œ ə Ü ü ɨ ɜ Ü ɛ d ɜ Ü ´ j ɛ c ɤ j ɪ , ů Ú Ü ´ Ü ə ü ə Y ɛ ɛ g , Ú ɛ ű ɤ ɡ ů Ú d ɜ ɛ ɤ ɐ ɛ ɛ g , ´ ɛ g ´ ɑ ů Ú Ú ɣ Ü ɜ ɦ Ü Ů ɛ ´ ɛ j ɪ ɜ Ü Ú Ü ə Ú Ú Ú í y j ɤ , ɦ Ü Ů ´ ɛ Ú ɣ ü Ů ɜ Ů œ Ü ɔ Ü j ɔ Y . « Ƀ Y ɜ d j ɤ ´ ɛ g ɗ ɦ ů ɛ ɜ ɛ ɐ d Ů ɜ ɜ y ɛ g ´ Y ɜ Ú Ü d Ü ɛ Ů ɜ ů Ü ɜ ɜ y ɛ g Ů » ɛ ɛ g y ə Ů ɔ Ů d ə ɦ j d ɛ ɛ g ə Ü ɔ ů g ɔ ɜ Y ɦ Ú Ü ɜ ɛ Ů ɣ ɓ ə Ů Ů ɜ Ü Ü Ů ə ´ œ ɛ ɛ Ü ɔ ə Ü ɔ ɜ Ü Ü ɔ Ü j ɤ Ú ɣ ɛ Ü ɔ Ü ɜ ɦ ə d Ü g Ú Ɐ d ´ j ɛ ů ´ Y d Ů ə Ü Y ɜ ɛ Ů Ú ɛ ɜ ə ɦ ´ ɛ , ɛ ɛ g y ɔ j Ú Ú ů d ɛ Ů ɨ ɛ Ü Ú Ü ɔ ɔ Ü ɜ Ü ´ Ü j ɜ ɤ ü ɨ ɜ Ü ɛ d . Æ Ů y ɜ Ü Ü ɦ Ü g Ú Ü Y ɛ ɛ g y ɔ j Ü ɣ Ů « ɀ d ɔ ů ə Ú Ú í Ú Ů ɡ ´ ɛ Ú ɣ ű Ů ɨ ɔ ɜ ɜ Ú Ü g Ü ɔ Y ɜ ɛ Ů Ú ɛ ɜ ə ɦ ´ ɛ . j ɜ Ü g Ú ɦ ´ ɛ g b ɹ ɐ ə Ů ɡ Ü ɛ Ú Ů ə Ů Ú Ü ɔ Ü ɦ i ə d ´ ɛ Ú ɣ ü Ü d Ü ů Ü ɑ ů Ů ə Ü ɔ d Ü ɛ ´ ɛ j ɣ ů Ů ɡ ɛ ɣ j Ü ɜ Ü Ů ɛ ů Ú j ɣ ɣ Ů ɡ . j ɜ Ü Ů j ɦ ə Ů Ú ɛ ɔ ɛ Ü ɛ ɣ Ü ů Ú ɔ ɛ ɐ ə Ɣ ɛ ɣ d ű ɤ Ú ɦ ɡ , ů Ü ɜ Ú d ɜ y ə j d ɜ d Ü ɜ ɦ ɡ Ü Ú ů Ú j ɛ ɨ Ú ɦ Ú Ú ü Ů ɜ d Ü b j Ů ɡ Ú ɑ ɛ Ú ů Ü ɜ Ů ɦ ɛ ɤ ɡ ü Ů ə ɛ ə Ü ɣ ə j d ɜ d Ü Ú ů Ú j ɛ ɨ é . Ɪ Ü ɔ ɛ ɦ ɜ ɔ ɔ ô Ü g Ú ɦ Y ɜ ɛ Ů Ú ɛ ɜ ə ɦ ´ ɔ » .

Τ ΰΰΫəɔɵʃ qɖɛɵůəΰŮ ůΰɤ ɜ
qɖɛɵůɑΰůɖ #1:
Trigoni M, Griffiths F, Tsiftsis D, Koumantakis E, Green E, Lionis C.:
Mammography screening: views from women and primary care physicians in Crete.
BMC Women's Health. 2008 Nov 7;8:20.

qɖɛɵůɑΰůɖ #2:
Maria Trigoni, Martin C. Mahoney, Joanna Moschandreas, Adelais Markaki, Christos Lionis: *«Cancer control practices»*: Translation and cultural adaptation of an instrument in Crete, Greece.
Journal of Cancer Education (Ō ɔəŮůŭəΰɛ ɔəŰ ŭɖɛɵůɑΰůɖ, 23 ʔ ɵΰɛƀɻœg 2007 ï in the press)

qɖɛɵůɑΰůɖ #3:
ɀ . ɸɻəɒı ɜɖ, ɟ . ş ɯɜɐʃ: ¢ ɛŰůΰɛɔɻŰΰɑŰůΰɖ Τɻɐΰɖ: Ⱶɻɵůgɛ´Ύɤ ɛŰΰəɦʃʃɣəΰɔɵʃ, ɛəŰ ´ɻɦəəɖůɖ ɔəŰ Ύɛɜ əŰΰɻɦ ɔΰɜəɐʃəŰɻəɐʃ; Ⱥɛ´ΰɦɻɑΰʃ Ű ɦ ɛɑŰ ŭəŭŰəΰɛɻəɐ ŭəŰΰɻƀɐ ůΰɖɜ Τɻɐΰɖ.
Ⱶɻɤ ΰɛƀΫɑɛəŰ ūɻɵɜΰɑŭŰɻɔΰɑŰʃ (Ō ɔəŮůŭəΰɛ ɔəŰ ŭɖɛɵůɑΰůɖ, 23 ⱵŰɜɵgŰɻœg 2009 ï g´ɦ ΰəΰÍ´ɤ ůɖ)

qɖɛɵůɑΰůɖ #4:
Trigoni M., Mahoney MC, Moschandreas J, Tsiftsis D., Koumantakis E., Lionis C: Breast cancer screening knowledge among rural primary care physicians in Crete, Greece.
Health and Social Care in the Community (Ōɢΰəg´ɵƀəɖɖΰı ɔəŰ ŭɖɛɵůɑΰůɖ, 6 ɀ Űɻΰŭœg 2009)

qɖɛɵůɑΰůɖ #5:
ɸɻəɒı ɜɖ ɀ ., ɸůəűΰůıəʃ qɒ., ΤɵgɛŰɜΰΫəɖʃ Ⱥ., ş ɯɜɐʃ ɟ .: ⱭŰΫůΰəʃ əŰə Ű ɦɣΰəʃ ɔgɜŰəı ɜ əŰə əŰΰɻ ı ɜ ɔəŰ ΰɖɜ ɛŰůΰɛɔɻŰΰɖŰ ɛəŰʃ Űůΰəɐʃ ´ΰɻɯɢɐʃ ůΰɖɜ Τɻɐΰɖ: ɻ´ɵΰΰəɣůɛŰΰΰɛəŰʃɛΰəɣΰɖʃɛΰ´ɵɯΰəɣʃɛΰɖɦŭɵggʃ.
ⱭΰΰɢΰəɻɦɔɻŰΰɵ ɛɵɻűɐ
(Ⱶɻɦəΰəΰΰəɜΰg´ɵƀəɖɖΰůΰɛ´ΰɻɯŭəɦ: ***ɻɻgΰΰĂəəɖɜəɐʃɀŰΰɻəɐʃ***)

ÆT¢ÆÂ? ¢ Æ Ê ÞÆÂÅÅ¼ ¢ Ç¢

Æ¤ùÜb¥ ɔe

qpÒúf3ı gɛ əÜ¡əœɛgÚ£g ɛÜùÚ£i ÛœÜ¤ɛ ´¤ ûgG3ɦgəÜ¡əœɛgûÜgɔg3Üœ0ûgÚɦûɛ ûÚgÜ Ügɔɛÿ¤Ûgɦûɛ əÜ¤ûÜgÜ¤Ü ûgûɦɛÜ£¡ûgG1 ¡ÛgəÜ¤dÚ¥¡ÛdÚÜ¤d ûgG3ɦÚÜ¡d ÜÜ¤ÚdÜ dÜ3ŸÚ£g. Ê Ü¡ɦ¤ɛ ´ɛg d G¡eûd ÚÇgɛÜùÚ£ɔ¡ÜídÜ úÜœ0ÜÜ¤3Ü ÛœÜ¤ Ü ɛÚÜ¤ûɛ ÜÚ¤eûÜ ûÚÇ3 ɛÛ¥ûd ÚÇgd3dûɛɦÚÇÜÜg, əÜ¤Ü¡əÜÜ¡ ûgG¤ÚÇûd ɔœÜÜÜ¤ûÚÇ3 ɓ¤Ɓ¤ɛɔ¡ÜídÜ ɔ¤Ü ÚÇ3 ûdɛÜùdÜ ´¡ɛɔ¡Ü£ɛŸÚ¥3 ɛɛÜũ¤ɛi ´¡ɛûgɛ´Ú¥ɛÜÚ¤ɛi Û¤ÿɔGɛg ûÚÇ3 Æ¤ɛŸũÜ ûdɛÛ¤1 3ÜÜÜ¤ Ü ɛgûdÜ Û¤ɦgd Ûdɔ¤ɛi ´¡ɛɔ¡Ÿ£ɛÜÚɛg Û¤ÿɔGɛg ɔ¤Ü Ú£3 əÜ¡əœɛ Ú£g ɛÜùÚ£i ɔ¤Ü Ú¤gɔg3Üœ0ûgÚ, ´Ü¡Ÿɛɦ3ɛ ɛÛɛɔ¥ɛÿ¤ÛgÚɛ´¤ÿgÚũ¡ÛùÚÇ¡ɦÚÇÜÜgəÜ¤ɦ´ɛg Ü£gÚɦ Ü¤ɔ¤ɛgdÚÜÜÜ¤ ÛœÜ¤ ɛ¤ɔ¡ɛd ÿ¤ÚÜùdgÜ ə Ü¤ ´ɔdd gûɛɛi. ÊũɔÜÜÜ¡Ü ûÚÇ3 Ü ɓÜdɛɦgd ûgɛɛÛÚɛGɛgd Ú¥3 ɔg3Ü¤ə1 3 ûÛÜ¥Ú£ɛ¤g ÛũɛggdÚ´¡ɛɔ¡Ÿ£ɛÜÚÜ ɛ¤ɔŸ¥ɛÛ¤ 3Ü ÛœÜ¤ ɛ¤ɔ¡ɦgd əÜ¤ üÜ¤ g´Ÿ¡G¤ɛg3 ûÜÜÜûÚ¤ÿŸüÜũɛɛÿ3Ü´ɛg 3Ü Ü¤ÜũÚ¤ə¤i ɛg3 Ú£ ´ɛûɛûÚɦ Ú¥3 ɔg3Ü¤ə1 3 ´ɛg g´ɓɓŸə¤ɛ3ÚÜ¤ ûÛ´Ü¡ɛ¤ü¤ɦ ɛÜùÚ£ɔ¡ÜíɛɦÚ ɣ¤ÛɔGɛ. ¡ 3 əÜ¤ ɔœɛ3ÚÜ¤ ´¡ɛû´Ÿd¤ÛgÜ3Ü ɓÜ¤Ü¤ÿ¤ÚÜ¤d¿i 3 ɛ¤ ɔ3ı ûÛgəÜ¤ɛ¤ üÜ¤ɦÚÇÜÜgÚ¥3 Û Ü¤ɔÜ¤ÿ¤ɛÜÚ¤1 3 g¤ÛdÜgəÜ¤3Ü ûɛGÜûÚ£ɛ¤i 3 əÜ¤Ûũ¡Ü¡ɛɛûÚ£ɛ¤i 3 ´¡ɛɔ¡Ÿ£ɛÜÜ´¡ɦ¤dɣdgəÜ¡əœɛg ɛÜùÚ£ɛ¤i ûÚÇ3 Ü¤ũ, d Û¤¤dɔ3ɛ¤ɛ ´¡Ü¤ɛÜÚ¤ɦÚÇÜÜ Ü ÿGÜ¤ Ü¡əÜÜ¥ Ü ɦ ÚÇ ûgûÚÇɛÜÚ¤ɛ ÛũÜ¡ɛɔ¤ɛ əÜÜÜgdg3Ú£¡ɣ¤3 ɛüdɔ¤1 3 ɔ¤Ü ÚÇ3 ´¡ı ɛd üɛŸɔ3¥ûd Ú£g əÜ¡əœɛg ɛÜùÚ£i. Æ Ú£3 Ÿ¡ɛÚÇd üÜ3 ÿGɛg3 ɛÿG¡ɛûɛ¡Ü üɛÛ¡Ûg3dd Ûœɛ´Ü¡Ÿɔɛ3ÚÜ¤´ɛg Û dɣÛŸGɛg3 Ú£3 G¡ɛûd ÚÇgɛÜùÚ£ɔ¡ÜídÜ¤.

Ê ûəɛ´ɦgÚÇgɛÛ¤ÿÚÇgɛÜ¤ɛÚÜ3: ¢ üɛÛ¡Û¡3dûd ûÚŸûÛ¥3 əÜ¤Ü ɦÿÛ¥3 ɛÜùÚ£i ÛœÜ¤ɔg3Üœ1 3 ɛÿûdgd əɔœdÜ¤ ûÚÇ3 Ÿ¡ɛÚÇd ɔ¤Ü ÚÇ3 ɛÜùÚ£ɔ¡ÜídÜ. ¢ əÜÜÜ¤ɔ¡Üíɛ əÜ¤ Ü ɛÚ´¥ûd ´¡ɛÜÛ¡ÜœɛÜ£ÚÇ3 ɔg3Üœ1 3 ´¡ɛəÛɛɛÿ3ɛg 3Ü G¡dûɛɛ´ɛɛûɛg3 ɛ ɛd ÚÇ3 ɛÜùÚ£ɔ¡ÜídÜəÜd1 gəÜ¤Ú¤gd´dɔÿgÚ3dɛɣ¡¥ûɛgÚ£ɛgg. ¢ üɛÛ¡Û¡3dûd ´¡Ü¤Ú¤1 3 Ú¥3 əÜÜ¡1 3 ɔ¤ÜÚÇ3 ÛíÜ¡ɛɛɔɛ əÜÜÜgdg3Ú£¡ɣ¤3 ɛüdɔ¤1 3 əÜ¤ɛ¡ɦəɛgÚ£ɛggûÚÇ3 Ü ɦűÛûd ÚÇgɔg3Üœ0Ü¤g. ¢ÿə¤ɛgd Ü ɛÚ´¥ûd ´Ü¡Ü¤ɦ3Ú¥3 ´ɛg Ûdɣ¡ÛŸGɛg3 Ú£3 G¡ɛûd ÚÇgəÜ¤ Û£´ɛüœɛg3 Ú£3 Ü ɛÚÛ¤ÛûɛÜÚ¤ɛ ÛíÜ¡ɛɛɔɛ ´¡Ü¤Ú¤1 3 ´¡ɦədɣdgɔ¤Ú£ɛ¤ɛ əÜ¡əœɛ Ú£g ɛÜùÚ£i əÜ¤ Ú¤ÿ¥ÚÜûd ũgûə¤ɛ¤dÜ¤´ɛg ûg3Ü¤Ú£i3 ɛ¤ɔg3Üœ0Ü¤ɛÿûdgd dɔ¤ɛdÜ¤ Ü ɦ Ü¤ɔɛÚ¤ÿgəgɣœg´Ü¡ɛGÿgÚÇgÚ¥¡ɣ¤ɔÛŸÚÇgÚ¥3 ü¤Ú¤ÿɣ

5. ?ŬŮȘŮŮŬůŮŮůŮ´ɵɶ ɓŬƌɛɦ ɵɘɘŬŰɟɵɑŬȘɵɶɵɑgƌɵɨɜ ŮɶgƒɵŭqɔƌŮgƒɔɘŬŮƒȘ ɢɟɐůqƒ ŮƒlgƒɛŬůŮɶɔɟŬŮıƌŬgƒ əŬȘ´ɵɘŮgƒ´ɟ.ŬȘŮɶɘɏgƒ ŬȘɵɶɵɑgƌɵɨɜ ɔɘŬɜŬŮqŮŮgƒ.

6. ?ŬŭɘŮɟ.ŮgɜqƌƌŮůůŮ´ɵɶ ɓŬƌɛɦ ŮȘƌɛŮɟ.ɪɜɵgɜ ɵɘɘŬŰɟɵɑ ŮɶgƒɔgɜŬɶɐŮgƒ ɔɘŬ ŮŬŬ ɵűɏɘqƌ əŬȘŮɶɵggƒəɶɘŭɨɜɵggƒŬ ɦ Ůƒlɢɟɐůqƌɐ ɛqƒŮƒlgƒɛŬůŮɶɔɟŬŮıƌŬgƒ.

ȥ ɏƌɶɵŭɵgƒ: ɑɒŮȘŮɟ.ɔɐƌƌəŬȘ ůgɜŮȘŮŰŮɨɜŮɶgƒ ɛŮ ŭɨɵ ƌɛɒŭɵɛƌɛɏɜŬ Ůɟ.ɤŮƒlɛŬŰɵəɦȘɔɘŬ (ɘŬŰɟ.ɪɜ əŬȘ ɔgɜŬɶɐɪɜ). Á´ɑůqƒ ɢɟƌůɒɛɵ´ɵɶƌƌəŮɏɜŬ ŬɛŮɟ.ɒɏɜŸɜɒqƒ ´ɟ.ɵɏɘɔŮgůqƒ Ůɟ.ɤŮƒlɛŬŰɵəɦȘɔɶɛ ɛŮŰɵ ɦȘɵɛŬñ*Cancer control practices in Western New York*ò Ŭɵ ɵ´ɵɑɶ ŮɶɒɏɘɤŮŰƒlƌəŮȘŬɛŮŰŸŮƒlɜ ɛŮŰŸúɟ.ŬůɐŬɶ ŰɵɒgƒəŬȘŮƒlɜ ´ɵɘɘŰůɨɛɒɘɐ ´ɟ.ɵůŬɟ.ɛɵɔɐ Ŭɵgƒ ŮŭŬɟ.ɛɦůŮƒləŮȘɘŬŮƒlɜ əŬŰŰɔɟ.ŬůɐŰɵɐ Ű𝑥ɜ ɔɜɪ ůŮ𝑥ɜ Ű𝑥ɜ ɘŬŰɟ.ɪɜ.

ɸɦ´ɵgƒ ŭɘŮɘŬȘɤɔɐgƒɏɟ.ŮgɜŬgƒ: ¢ ɛŮɘɏŰƒl ŭɘŮɘɏɐɵdd əŬȘůŰŰ 14 ƬɏɜŰɟ.ŬJ ɔŮŮŬgƒ (Ƭ.J) ŮƒlgƒƬɟ.ɐŮƒlgƒəŬȘŰŰŮɵɶɘɏŸɘŬŰɟ.ŮŮŬɵgŬJ ũ?¢.

ŬəddgůɛɦgƒɛŮɘɏŰƒlgƒ:
ÆŰŰŬƬɏɜŰɟ.ŬJ ɔŮŮŬgƒ:
J. Æg ɜŮɘŮŰŮɨɜŮɶgƒ
ɸdɜ´Ůɟɶɵŭɵȥ ŬɟŮɵgƒ - Ɬɵgɜɶɵgƒ 2004

- ɸɟ.ɘŸɜŰŰŬ ɔgɜŬɶɐŮgƒ, dɟɘɘɒŬgƒ 45-65 ŮŰɪɜ, ɛɦɜɘɛɵɘ əŸŰɵɘɘɵɘ Űƒlgƒ ´Ůɟɘɛɒɛgƒ Ůůgdɨɜdgƒ Ŭɵgƒ Ƭ.J, ŮɶɒŬɜ ´ɟ.ɔɟ.ŬɛɛŬŰůɛɏɜɵɛ ɟ.ŬɜŰŰŮbɵɨ ɛŮ ũŮɜ. ɘŬŰɟɦ ɐ ´Ŭdɵɘɦɔɵ Ŭɵgƒ Ƭ.J.
- Áɶɒɵůɘ ɵɢŰɪ ɘŬŰɟɵɑ ɔŮɜɘɒɐgƒ ɘŬŰɟɘɒɐgƒ (ũ.Ɲ) əŬȘ ´ŬdɵɘɵɔdŬgƒ, ŰůgɢŬŮŬ ŮɘɒŮɜɛɏɜɵɛɘŬ ɦ ŰŰ´ɟ.ɤɘɒŸŰŰəŸɘŬŰɟ.ŮŮŬ, ɵɘɵ´ɵɒɘɘg´dɟ.ŮŰɨɜůŬɜ ɛɦɜɘɛŬ ůŰŰƬ.J. Ůƒlɜ ´Ůɟɶɵŭɵ ŮƒlgƒɛŮɘɏŰƒlgƒ.
d. Áɟ.ɤ ŮƒlɛŬŰɵəɦȘɔɒ

- ȳɘɵɘɵɘɘŬŰɟɵɑ(ɜ=151), (ɔŮɜɘɒɐgƒ ɘŬŰɟɘɒɐgƒ ɜ=91 əŬȘ´ŬdɵɘɵɔdŬgƒ ɜ=15) Ű𝑥ɜ 14 Ƭ. J. Ůƒlgƒ Ƭɟ.ɐŮƒlgƒ ´ɵg ŮɟɔŸɢɵɜŰŰɜ ɛɦɜɘɛŬ ŬƒɦɘɵgƒŰɨɜ 1[q] ɃəŰ𝑥bɟ.ɵg ɤgƒ Ůɏɘɵgƒ ?ɵŮɛbɟ.ɵg 2004. Á´ɑůqƒ ůgɛɛŮŰůɢŬɜ 45 ɘŬŰɟɵɑg´ɦɢɟ.Ůɘɵgƒ´dɟ.ŮůdŬgƒ g´Ŭdɟɵg, ɵɘɵ´ɵɒɵŮɟɔŸɢɵɜŰŰɜ ůŮ´ŮɟɘűŮɟ.ŮɘŮŬŸɘŬŰɟ.ŮŮŬ𝑥ɜƬ.J ɛŮŰŸŬ ɦ ŰŰɢŬŮŬŮɘɒɐɔɐ.

ÆŰŮ ŬɟŮ?¢:
J. Æg ɜŮɘŮŰŮɨɜŮɶgƒ
ɸdɜ´ŮɟɶɵŭɵŬ ɦ 8ɟ´ɟ.ɘɒɵɒg 2005 ɤgƒ 28 Ɬɵgɜɶɵgƒ 2005

- ɸɟ.ɘŸɜŰŰŬɔgɜŬɶɐŮgƒɛɏůdgƒdɟɘɘɒŬgƒ 45-65 ŮŰɪɜ, ɛɦɜɘɛɵɘəŸŰɵɘɘɵɘŰƒlgƒ´ɦədgƒŰɵg ¢ɟ.ŬəŮɵg ɛŮ ŰŰŬŮɵɦȘɦ ɟ.ŬɜŰŰŮbɵɨ ůŰŰ ɘŬŰɟɦ Ŭŭ ũ?¢, əɘɐdƌəŬɜ ɜŬ ůgɛɛŮŰŸůɵgɜ Ů ɘɒŮɜɛɏɜŬgƒ ŬɦɢɟŮŮŬŬ ɦ Ůƒlɜ ɘɒůŰŰ𝑥ɜɟ.ŬůɐŰɵbɨ.
- ɑpŮəŬɏɜɘɘŬŰɟɵɑ ɛɦɜɘɛɵɘůŮəɘɒɘɒɏgƒŰɵg Ŭŭ ũ?¢, ɛŮŰŸŬ ɦ ŰɢŬŮŬŮɘɒɐɔɐ, ɛɏůŬŬ ɦ əɒůŰŰɵɘɛƬŸ𝑥ɜ Ŭ ɦ ŮƒlgƒŬɜŰůŮɵɛŮgƒəɘɒɘɒɏgƒ.

d. Áɟ.ɤ ŮƒlɛŬŰɵəɦȘɔɒ

- 8 ɘŬŰɟɵɑɔɘŬŰɵ pilot test
- ȳɘɵɘɵŮəɒɘ. ũŮɜ. ƬŬŰɟɒɐgƒ (19) ɔɘŬŰɵ test re-test

ɟ´ɵŰŮəɏůɛŬŰŰ

Ŭ. ÆŰŸůŮgƒəŬȘ´ɟ.ŬɜŰŰŮbɵɨ ɘŬŰɟɵɑɜɪɜ əŬȘɔgɜŬɶɐɪɜ

ÆɨɛűɤɜŬ ɛŮ ŰŰ Ŭ ɵŰŮəɏůɛŬŰŰ ůŰŰ Ƭ.J, Ŭ ɦ Ůƒlgƒ 30 ɔgɜŬɶɐŮgƒ ɵɘ 15 ŭŮɜ ŮɶɒŬɜ

ɢɻ ɖůɤɛ ´ ɛɤɐůɔɒ ´ ɛɕ̈ɣ ɰ̈ɖɜ ɛ ɕ̈ůɰ̈ɛɔɻ ɕ̈ɰ̈ɪɖ ɔ ɐɔɒ ůɔɒ ɣɔɛůɰ̈ůɖɠ ɕ̈ ɦ ɕ̈ɡɰ̈ɣɠ ɕ̈ ɛű ɣ̈ůɤɛɕ̈ɜ ɰ̈ɖɜ ´ ɻ ɕ̈ɒɛ ɕ̈ɰ̈ɛ´ ɛɑɖůɐ ɰ̈ɖɠ ɛůɰ̈ɣ ɕ̈ ɦ ů ɕ̈ɻ ɔ ɐ ɰ̈ɖɻ ɛű ɦɻ ɖɖɖ ɕ̈ ɦ ɰ̈ɛɜ ɠɕ̈ɰ̈ɦ ɰ̈ɛɠɠ. Ɪ ɠɻ ɔɦɰ̈ɦɻ ɕ̈ ůɛ´ ɦ ɰ̈ɔɜ ɐɰ̈ɰ̈ɜ: ɖ ɕ̈ ɛɡ ůɖɔɕ̈ ůɡɛ´ ɰ̈ɣ ɛɣɣ ɣɜ (9), ɛ ű ɦ ɓ ɛɠ ɕ̈ ɦ ɰ̈ɖɜ ɕ̈ ɔ ɰ̈ɛɓ ɛɔ ɐɔ ɖ ɕ̈ ɰ̈ɖɠ ůɔɒɣ ɰ̈ɰ̈ůɖɖɠ (7), ɖ ɕ̈ ɛɡ ůɖɔɕ̈ ůɨ ůɰ̈ɰ̈ůɖɖɠ ɕ̈ ɦ ɠɕ̈ɰ̈ɦ (6), ɛ ´ ɦ ɜ ɛɠ ɕ̈ ɦ ´ ɻ ɛɖɔ ɛɨ ɛ ůɜ ɖ ůɛ´ ůɡɖ ɕ̈ (5), ɛ ű ɦ ɓ ɛɠ ɔ ɔ ɕ̈ ɰ̈ɖɜ ɰ̈ɔɣ ɣɔɜ ɣ ůɖ (4), ɖ ɣɔɔ ůɣ ɖ ´ ɔɖɻ ɛű ɦɻ ɖɖɖ ɠ ɔ ɕ̈ ɰ̈ɖɜ ɛ ɰ̈ůɰ̈ɛɔɻ ɕ̈ɰ̈ɪɖ ɕ̈ (2), ɛɖ ɨ ´ ɕ̈ɻ ɜ ɖ ůɔůɨ ɖɕ̈ɻ ɛɠ ɠɻ ɦɜ ɛɠ ɐɔ ůɔůɜ ɛɠ ɐɔ ɔ ůɔůɜ ɠ ´ ɛɠɻ ůɨ ůɔůɠɠ (4), ɖ ɜ ɕ̈ɻ ɛ´ ɐ (4), ɖ ɕ̈ ɦ ůɰ̈ɰ̈ůɖ ɕ̈ ɦ ɰ̈ɰ̈ ɔɣɜ ɕ̈ɻ ɕ̈ ɰ̈ɛɓ ɛɔ ɐɔ ɰ̈ɰ̈ɪɖ ɕ̈ɠ ůɔůɜ ´ ɦɔůɔůɜ (1), ɰ̈ɛ ɔɦůɰ̈ɛɠ ůɰ̈ɰ̈ɔ ɑ̈ɣɤ ɰ̈ɔɒ ɣɔɜ ɣɜ ɕ̈ (2).

Ƀɔ ɡɰ̈ɕ̈ɻ ɛɑ ɰ̈ɣɜ Ɪ.ɻ ůɰ̈ɖɜ ´ ɔůɔɛɣ ɖɰ̈ɰ̈ɪɖ ɰ̈ɛɠɠ (20), ű ɣɜ ɖɔů ɜ ɕ̈ ůɒɰ̈ɔ ɔ ɕ̈ɒɣ ´ ɔɖɻ ɛű ɛɻ ɖɛɣɜ ɛɔ ɔɔ ɕ̈ ɰ̈ɖɜ ɛ ɰ̈ůɰ̈ɛɔɻ ɕ̈ɰ̈ɪɖ ɕ̈ ɔ ɔ ɕ̈ɒɜ ɕ̈ɰ̈ɜ ůɖɛɻ ɕ̈ɒɜ ɰ̈ɔɒ ɔ ɕ̈ɒɣ ůɨ ůɰ̈ɰ̈ůɖɖɠ ɰ̈ɛɠɠ ůɰ̈ůɠɠ ɔɠ ɜ ɕ̈ ůɠɛɛ ɰ̈ɖɜ ůɖɛ ɰ̈ůɰ̈ɖɜ ɔɠ ɜ ɕ̈ ůɔ (16). Ʉɣ ɜ ɰ̈ůɡɡ ɡɕ̈ɰ̈ɛɑ ɕ̈ɜ ɣű ɻ ɕ̈ɜ ɦ ɰ̈ůɡ ɕ̈ ɰ̈ůɨ ɰ̈ɖɜ ɕ̈ɒɜ ɰ̈ɔɒ ɕ̈ɻ ɔ ɕ̈ɒɣ ɰ̈ɰ̈ůɖɖɠ ɰ̈ɛɠɠ ůɰ̈ůɠɠ ɔɠ ɜ ɕ̈ɒɜ ůɠɛɛ ůɖɛ ɰ̈ůɰ̈ɖɜ ɰ̈ɛɠɠ ɕ̈ɜ ɛɰ̈ɣɜ ɖɛɛɨ ɰ̈ɣ ɜ ɰ̈ɰ̈ůɡɡ ɡɕ̈ɰ̈ɛɑ ɰ̈ɛɠɠ ɰ̈ɖɜ ɰ̈ɛɠɠ ɰ̈ɖɜ ɰ̈ɛɠɠ ɰ̈ɖɜ

ß. ũɜı ůŮɡƒɜŮŰƒı ɜ

Ɛi ɛűɤ ɜŬ ɛŮŰŰŬ ŰɾɛŰŰɔɒɣůɛŬŰŰŬ Ű̃ɭɡƒ ɛŮɔɒɣŰ̃ɭɡƒ Ű̃ɛ ŮɾɗɾŮ̃ıɛ ɔɜı ůŮɤ ɜ Ű́ɤ ɜ ɡŬŰƒı ɜ ůŰ̃ɭɜ Ч.ūJ ɔɡŬ Ű̃ɡƒ əŬŰŰůɣɗɡɜŰ̃ɛɟ ɡŮƒ ɛŭɖɔɗůƒ ɔɡŬ Ű̃ɭɜ ´ɟɦəɗɣɖ əŮɟəœɛg ɛŰůŰ̃ɛi əŬɔ Ű̃ɭɜ ɡɟɐůɖ ɛŰůŰ̃ɛɔɟŰŰíɗŮƒ ŭŬɔ ɐŰŬɔ gɣɖəɦ. Ɓɔ´ŮɟɑůɦŰŰƒɛɔ ŭŬɔ ɔɜı ɟɡɛŬɔ ´ɦŰŰŬɔɟɕı ɡ ɗŬ ´ɟɣ´Ůɔ ɜŬ ɔœŮŰŰɔ ɖ ɛŰůŰ̃ɛɔɟŰŰíɗŬ ŬɔŰŰíɛɟŸɡƒ, ɐ əŸɗŮ ´ɦŰŰ ɗŬ ´ɟɣ´Ůɔ ɜŬ Ů ŬɔŬəŬɛɓŸɜŮŰŰɔ ɟ ´ɦ Ű̃ɛɡƒ 83 ´ɛg ůgɛ´əɐɟɤůŬɔ Ű̃ɛ Ůɟɤ Ű̃ɭɛŰŰ̃ɛəɦɔɛ ůɤůŰɣɡƒ Ű ŬɔŰ̃ɛůŬɡƒ ɣŭɤůŰ´ɛůɛůŰɦ Ű ɦ 31% ɤɡƒ 58%. ¢ɛ 14% ŭŬɔ Ű Ÿɜ Ű̃ɭůŬɔ ůɤůŰŸůŬ əŬɛəŸŮɟı Ű̃ɭůɖ´ɛg ŰŰíɛɟɕı ůŮŰ̃ɭɜ ɔɜı ůɖ Ű̃ɛɡƒɔəŬŰŰɡƒəŬŰŰůɗɡɜŰ̃ɛɟ ɡŮƒ ɛŭɖɔɗůƒ ɀ ɦɜɛ 4% Ű Ÿɜ Ű̃ɭůŮůɤůŰŸəŬɔůŬɡƒŰɣůůŮɟɡƒŮɟɤŰ̃ɛůŬɡƒ´ɛg ŰŰíɛɟɕı ůŬɔ Ű̃ɭɜ ɔɜı ůɖ Ű̃ɛɡƒɔəŬ ŬɡƒəŬŰŰůɗɡɜŰ̃ɛɟ ɡŮƒ ɛŭɖɔɗůƒ. dɟɣɗɖəŮɦŰŭŬɔ g´ɐɟɕŮůŰŰ̃ɛůŰɛɐ ŭəŬŰíɛɟŸůŮůɕɣůɖ ɛŮ Ű̃ɛ ű̃ıəɛ, Ű̃ɭɜ ŮɛůəɦŰ̃ɭŰ̃ŬəŬɔɛŰŰ̃ɜı ɛɦɜɛɤɜ əŬɔ ŮɛůəŮɡɦɛŮɜɤɜ ɡŮƒ ɛ ɜ. Á´ůɖɡƒůŰ̃ɭɜ ´əŮɛɣɖű̃ıŬ̃ɛɡƒ 78% ɤɡƒ 94% ŭŬɔ Ůɜɖɛ Ůɟ ı ɜɛɡɜ ɔəŬ ŰŰ̃ɛű̃ɣəɖɐ Ű̃ɛɡƒəəŭıɜɛɡƒŰ ɦ Ű̃ɭɜ ɛŰůŰ̃ɛɔɟŰŰíɖŰ. Ti ɟəŬ Ůɛ´ɦŭəŬ Ű̃ɛɡƒ: 41% ɣəəŮɣɖ ɡɟɦɜɛg, 36% ɣəəŮɣɖ ɛɟɔŸɜɤůɖɡůŰ̃ɛ ɔɟŰíŮœ.

Ɛgɛ Ű̃ɭůɖ ï Ɛgɛ´Ůɟ ŸůɛŰŰŰ

Ɛi ɛűɤ ɜŬ ɛŮŰŰŬ ɛŰɔɒɣůɛŬŰŰŬ Ű̃ɭɡƒ ɛŮɔɒɣŰ̃ɭɡƒ, ɛəɔɡɜŰœŮɡƒ Ű̃ɭɡƒ g´ Ŭœɟɛg ű̃ŰœŮŰŰɔɜŬɛɖ ɡɟɐůɛɛ´ɛəɛi ɜ ůgɑɜŸ Ű̃ɭɜ ɛŰůŰ̃ɛɔɟŰŰíɗŬ əŬɔ ɜŬ ɛɖɜ ŮœŬɔ ŮɜɛəůɤɛɣɜŮɡƒ ɛŮ Ű̃ɭɜ ɛɣɖəŭɛ ɦůɛ əəɔɡɜŰœŮɡƒůŮ̃ɭɜ ´ɦəɖ Ű̃ɛg ¢ɟŰəɔŮœg əŬɔg´Ÿɟɑ Ůəű̃ɛɟŸůŮ̃ɡƒɔɜı ůŮɡƒ Ű̃ɛɡƒɔəŬ Ű̃ɭɜ ɡɟɐůɛɛ´ɛəɛi ɜ ůgɑɜŸ Ű̃ɭɜ ɛŰůŰ̃ɛɔɟŰŰíɗŬ, ´Ůɟɦəɛ´ɛg ŮɟəŮ̃ɣɖɔɡɜŰœŮɡƒ Ű̃ɭ´ɦəɖɡƒ ŮœŬɔ ɡɟɐůɛɛ´ɛəɛůŮ̃ɭ Ű̃ɭɡƒ ɛŮůŰ̃ɛɔɟŰŰíɗŬ ɔəŬ ŭəŸɔɜɤůɖ ´ŮɟɑůɦŰŰƒɛɔ ŭŬɔ ɐŰŬɔ gɣɖəɦ. ŸŮŬɔ ůŰ̃ɡƒ ŭıɛ ɛɛŸŭŮɡƒ ɔɡɜŰœı ɜ ůgɜɐɖɤɡƒ Ű ɛű̃Ÿůɑɛ Ű̃ɭɜ ɡɟɐůɖ Ű̃ɭɡƒ ɛŰůŰ̃ɛɔɟŰŰíɗŬ ɛɦɜŮɡƒ Ű̃ɛɡƒ, ɛŰŰŸŰ ɦ ´Ůɟ Ůɔœɖůɖ ű̃ɑəɑɛi ɐ ůgɔɔŮɜɑɛi ´ɟɛůı ´ɛg ɐ Ůɑůə Ů ŰɦŰŰɜ Ű̃ɛɜ ɡŬŰƒɦ ɦŰŰɜ Ůœŭɜ ɐŭɖ ůgɛ´Ű ɛŰŰŰ.

¢ ɛŮɔɒɣŰ̃ɭ ɛŬŰƒ Ŭɜɣŭ Ůɔɒ Ů ɔəɖəŮ ɑŭɟ Ŭůɖ ůı ɜɖŰŰɤɜ ´Ůɟ Ŭɔɦɜ Ű́ɤ ɜ ´ɛg Ů ɖɟ Ů Ÿɛɛgɜ Ű̃ɭɜ ɡɟɐůɖ Ű̃ɭɡƒ ɛŰůŰ̃ɛɔɟŰŰíɗŬƒ əŬɔ Ű́ɛɟɕı ɜ Ű̃ɭɜ ůŰŸůɖ əŬɔ Ű̃ɡƒ Ű ɦɣŮɡƒ Ű̃ɭɡƒ ɔɡɜŰœŬƒ, ´ɟŬəŮœɣɡƒ ´ɛg ɡɟɐůɖ´ɛəɛi ɜ ɛɔ ɜŰŰɟɛɑ Ŭəəɣ əŬɔ ɛŮ Ű̃ɭ ´ɛəɛŮœɐ gɔŮœŬƒ ´ɛg Ŭəɛəɛgɖ Ů œŰɜ ůŰ̃ɭ ɑı ɟŰ ɛŰƒ. ¢ɦůɛ ɛɔ ɛɛŸŭŮɡƒ ɔɡɜŰəı ɜ Ŭəəɣ əŬɔ ɜŰŰɟɛɑ (Ti.J ï Ч ŭ?¢) Ŭɜɣűŭɟŭɜ ´Ůɟ Ÿɔɛɜ Ű́ɡƒ´ɛg ŭgůəɛəŮɛɡɜ Ű̃ɭɜ ɡɟɐůɖ Ű̃ɭɡƒ ɛŰůŰ̃ɛɔɟŰŰíɗŬ. ¢ ɣəəŮɣɖ ůgɛ´Ű́ɤ ɛŸŰɤɜ, ɖ əŬəɐ ű̃gůəɐ ə ŰŰ́ŸůŰŰůɖ Ű́ɤ ɜ ɔɡɜŰœı ɜ, ɛ ű̃ɦɓɛɑɟɔəŬ Ű̃ɭɜ ŭɛŸɔɜɤůɖ, ɖ Ű̃ɛɣəŮœŬ, ´ɛg ɑŮɟŭŮŭɟɑœŮɓŰ̃ɛɜ Ű́ɟɦ´ɛ ´ɛg ŭɜŰ̃ɛŰŰ́ɤ´œɛgɜ ɖɣɛŰŰŰgɔŮŰŰɡƒ əŬɔ Ű̃ɭɜ ´ɟɦəɖɣɖ, ɖ ɜŰ́ɛ´ɐ, ɛəɛɔəɛɔŮɜŮŭɔɒɣɡƒg´ɛɑɟŮı ůŮɡƒ´ɟɛɓŸəəɛɜŰŰɔůgɑɜɦŰ́ɟŭ Ŭ ɦ Ű̃ɡƒ ɔɡɜŰœŮɡƒ ɔəŬ Ű̃ɭɜ Ÿɟɜɖůɖ ŭəŮɜɣɟɔŮŭŰ̃ɡƒ Ű̃ɭɡƒ ɛŰůŰ̃ɛɔɟŰŰíɗŬƒ əŬɔ Ů ɖɟ ŮŸɛɛgɜ Ű̃ɡƒ Ű ɦɣŮɡƒ Ű̃ɛɡƒ. Ɓɔ´ɟŭɔŰ̃ɛɒɣɡƒ ɜŰ́ɟɦ, ɦ´ɤɡƒ ɖ ɛɖ ůı ůŰŰ́ůɖ Ű̃ɭɡƒ, ɖ Ůɔœɔ´ɐɡƒ Ůɜɖɛɣɟɤůɖ ɔəŬ Ű̃ɭɜ ɔɡɜŰœı ɜ, ɖ ŭgůəɛəɖŬ ůŰ̃ɭɜ ´ɟɦůɓŰůɖ, ɖ ɛŭɔɟɕɐ əůŰŰŬ Ű́ɤ ɜ ɟŭɜŰŰɒɛi, ɖ Ű ɦůŰŰůɖ, Ű̃ɛ əɦůŰ̃ɛɡƒ ɔəŬ ɡɟɐůɖ ɛŰůŰ̃ɛɔɟŰŰíɗŬƒ ůŮ ɑŭɤŰ̃əɦ əɣɜŰ́ɟɛ ɖŰɟɟɛi ɜŰŰɔ Ů̃ɛ´ɦŭəŬ ɔəŬ Ű̃ɭɜ ŭəŮůɜɣɟɔŮŭŬ Ű̃ɭɡƒ. Á´ůɖɡƒŮɜɛůɖɛŮɤ Ű̃ɛ ɐŰŰɜ ´ɦůɛ ɛɔ ŭəŮŰŰíɛɟŮŰ̃əɑɛɑ əɛɑɛɤɜɛəɑɛɔɛɛəɑɛɑəŮɔ ŭɖɛɔɟŰŰíəɑɛɑ´ŮɟŸɔɛɜŰŰɡƒ Ű̃ɭɡƒ ɔɡɜŰœŬƒ, Ů ɖɟ ŮŸɛɛgɜ Ű̃ɭɜ ɡɟɐůɖ Ű̃ɭɡƒ ɛŰůŰ̃ɛɔɟŰŰíɗŬƒ ƐɖɛŭɜŰ̃əɦɡƒ´Ůɟ Ÿɔɛɜ Ű̃ɭŰ̃ŬůɑŮ̃ɭəŮ Ů ůı ůŰŰ́ůɖ Ű̃ɭɡƒ Ů Ű̃ɛɜ ɡŬŰƒɦ. ɟ ɜəɦɔəɛɔ Ůɟɣɖɛŭ ɐŰŰɜ ɖ Ŭűgɜ Ű̃ɛɖŭ ɛgůəŭŰůŰ̃əɑɛɡƒ Ůɛ´əɛəɛgɡƒŭŬŰŰíɛi Ű̃ɭɡƒ Ч ū J, əɦɔɤ ɣəəŮɣɖɡƒ ɡɟɦɜɛg əŬɔ ɛɟɔŸɜɤůɖɡƒ ůŰ̃ɛ ɡŬŰƒŮœ ´ɟɛɔɟŰɛɛŸŰ́ɤɜ ´ɟɦəɖɣɖɡƒ. ¢ ´əŮɛɣɖű̃ıŬ̃Ű́ɤ ɜ ɡŬŰƒı ɜ ůŰ̃ɭɜ Ч.ū .J ŭŬɔ ŮœŬɔ Ůɜɖɛɣɟɤůɖ ɔəŬ Ű̃ɡƒ ŭəŮůɜŮɡƒɛŭɖɔɗůƒɦůɛɜ Ű̃ŰíɛɟŸŰ̃ɛɜ ɡɟɦɜɛ´ɛg ´ɟɣ´Ůɛɜ Ů ŭəŮŰɜŮŭɖɛŮɖɐ ɛŰůŰ̃ɛɔɟŰŰíɗŬ.

ɟ gŰ̃ɐ ɖ ɛŮɔɒɣŰ̃ɭɖ, ɖ ɛ´ɛɖŰ´ɟŬɔɛŰŰ̃ɛ´ɛəɐɖɖəŮɔəŬ´ɟı Ű̃ɭ ű̃ɛɟŸůŰ̃ɭɜ Ť ɟɐŰ̃ɭ, ´Ůɟɣɛ Ůɔ ´ɛəɛi Ű̃ɛŭɡƒ´əɖɟɛű̃ɛɟɖɡƒ ɔəŬ Ű̃ɡƒ ůŰŸůɖɡƒ, Ű̃ɡƒ ɔɜı ůŮɡƒ əŬɔ ´ɟŬɔŰ̃ɛɒɣɡƒ ɔɡɜŰœı ɜ əŬɔ ɡŬŰƒı ɜ ɔəŬ Ű̃ɭɜ ɡɟɐůɖ Ű̃ɭɡƒ ɛŰůŰ̃ɛɔɟŰŰíɗŬƒ əŬɔ ´ɣɟŰŰƒɦ ŭŬɔ Ű̃ɡƒ ɛŭɖɔɗůƒ ŭəŮůɜŮɡƒɛŭɖɔɗůƒůgůəɛəɖŬƒ

SUMMARY

Introduction

Breast cancer is the most commonly diagnosed cancer among women and a leading cause of death in both developed and developing countries. Although the use of mammography seems to be effective in mortality reduction, and there is extensive evidence on the importance of pre-symptomatic screening programmes, Greece has no national breast cancer screening programme for women, except some isolated local activities. Especially in primary health care (PHC), participation of women in these programmes is low and there is no data available with regards to women undergoing periodic mammography screening. Despite efforts to improve the knowledge and skills of public health professionals in carrying out breast cancer screening preventive programmes, the Greek reality remains far from the systematic implementation of national guidelines for breast cancer screening. In Crete, to date, factors that influence the use of mammography have not been investigated.

The aims of this study were the following:

1. To examine the attitudes, beliefs and knowledge of midlife women in Crete about the use and value of mammography.
2. To investigate the degree to which the different social-economical factors affect the knowledge, attitudes and practices of these women in the use of mammography.
3. To present the most common reasons that women mention for refusing mammography and what influences their views.
4. To set out the reasons that health professionals consider responsible for refusal of mammography use and to which degree they are able to affect it.
5. To examine the degree to which physicians follow the international guidelines about the use of mammography and what practices they should follow to affect it.
6. To investigate the degree to which physicians inform women about the benefits and risks from the use of mammography.

Methods

The study was conducted with semi-structured individual interviews. Two interview schedules were used (one for physicians, and one for women). In addition, we used the questionnaire ñ*Cancer Control Practices*ò (CCP), developed in the USA, after it was translated and validated according to international standards, and completed as a self-administered survey to investigate physiciansô knowledge.

Setting
The study was conducted in the 14 primary health care centers (PHCCs) that serve the rural population of Crete and in the outpatient clinics of University Hospital of Heraklion, Crete.

Participants*:*

Primary Health Care Centres of Crete

A. Interviews
March to April 2004

- Thirty women 45-65 years of age, permanent residents of rural areas of Crete, attending a regular check-up appointment with a GP or internist.
- Twenty-eight qualified primary care physicians serving this rural population, selected at random and recruited on the morning shift for an interview.

B. Questionnaire

- All 106 general practitioners (n=91) and internists (n=15), employed as of October 2004 and practicing at participating PHCCs were included. In addition, we included a random sample of 45 trainee general practitioners (GPs) from a total of 83 working at the 14 PHCCs of Crete.

University Hospital of Heraklion
A. Interviews
April 8 to June 28, 2005

- Thirty women 45 - 65 years of age, permanent residents of Heraklion, selected at random and recruited from the list of regular appointments at hospital clinics.
- Sixteen randomly selected physicians from the respective clinics of University Hospital.

B. Questionnaire

- 8 physicians for pilot test
- All trainee GPs (19) for test, re-test

Results

A. Attitudes and practices of physicians and women

Of the 30 women in PHC settings, 15 had not used mammography, and very few of them had made the decision after being informed adequately or being given a recommendation by their physician. The principal barriers were: absence of symptoms (9), fear of radiation (7), lack of physician recommendation (6), pain from previous experience (5), fear of a serious diagnosis (4), lack of knowledge about the benefits (2), lack of free time and family obligations (4), embarrassment (4), living far away from the screening site (1) and the cost in private centers (2).

The majority of physicians (20) in PHC seemed to be well informed about mammography and recognized the importance of their recommendation (16). Five physicians mentioned lack of time for discussion with women due to a large number of patients. Only eight physicians stated that they recommend it to all women according to international guidelines. The factors affecting womenôs use of mammography were: socio-economic/demographic factors of women (23), lack of appointments and problems with waiting times in public hospital (14), the distance for elderly women (8), the cost in private centers (9), the absence of symptoms (12), cancer diagnosis in a family member or loved one (6), embarrassment (3), lack of time and family obligations (2), fear of diagnosis (4), fear of radiation (8), and physicianôs gender (16).

The results from University Hospital of Heraklion showed that out of 30 urban area women, 28 had used mammography at least once, either due to a diagnosis or for prevention. Of those 28, 6 had mammography regularly every year, 9 only once to date, and 7 had done it after symptoms and mastectomy. Eleven women made the decision alone or after encouragement from family or a friend or after a loved one had been diagnosed with breast cancer. Seventeen had been encouraged by a doctor. Factors affecting their attitude were the following: lack of recommendation or encouragement by physician or others (17), fear of diagnosis (17), good physical condition (lack of symptoms) (9), difficulties in access (appointments, waiting time, transportation problems, distance from mammography center) (8), lack of information (8), embarrassment (4), and family obligations (3).

In regards to hospital-based physicians, all were well informed about mammography and considered it a very important exam. Factors affecting mammography use by women according to physicians were: womenôs sociodemographic characteristics (13), lack of knowledge (6), negligence (5), difficulties in access related to waiting lists, waiting time and distance from hospital (5),,radiation (5), pain caused by the procedure (4), fear of diagnosis (2), cost at private centers (2), family obligations (2) and lack of symptoms (1) .

B. Physiciansô knowledge

Our study demonstrates limited awareness of international guidelines on breast cancer screening among primary care physicians in Crete, Greece. In general, the level of physiciansô knowledge for each of the four items was low, with agreement ranging from 31% to 58% for the individual breast screening items, indicating knowledge gaps in regard to timing and frequency of breast screening. Overall, respondents exhibited considerable variation in responses with just 4% answering all four items correctly, 25% answering three out of four items correctly, and 14% failing to answer any item correctly. No differences were noted between responses to the knowledge items and demographic characteristics of physician respondents. The majority of them (78%- 94%) did not discuss the benefits and the risks of the use of mammography screening with women patients. Insufficient time (41%) to discuss mammography screening and poor office organization (36%) were cited as the most important barriers to recommending cancer-screening services.

Discussion - Conclusion

According to our study, rural women do not use mammography frequently, and they are not as familiar with it as urban women. There is a difference between them in their knowledge of the usefulness of mammography, despite the fact that a large number of urban women had used it for diagnosis rather than prevention. Both groups of women usually decided on the use of mammography on their own or after encouragement from a friend or family member, or when they already had some symptoms. Most of the women knew about mammography and were interested in having mammography screening, but few women, especially in rural Crete, were able to take an adequately informed decision about it.

Our study identified the subtle interplay of complex factors from both women and physiciansô perspectives that affect the use of mammography; these concern womenôs attitudes, practices that physicians follow, and the countryôs health care policy. Both

groups (women and physicians) mentioned barriers to the use of mammography. Women most often identified the absence of symptoms, their good physical condition, fear of diagnosis, negligence in regards to preventive health issues, embarrassment, and family obligations. Other factors preventing mammography use were: physiciansô practices, such as not giving a recommendation and not informing women adequately, difficulties gaining access to services, long waiting times for appointments, distance, and the cost at private centers. It is worth mentioning how different socio-economic factors as well as the recommendation by a physician influenced the use of mammography. Another notable finding was the reported barriers to implementing cancer control services in clinical practices such as lack of time and lack of office organization. The majority of primary care physicians had limited awareness of international guidelines on breast cancer screening.

This innovative study, the first of its kind in Crete, provides valuable information about attitudes, knowledge and practices of both women and physicians regarding mammography screening. Despite several methodological difficulties it focuses on issues concerning the effective implementation of preventive breast cancer services. These findings indicate that there are several barriers impacting on the decisionï making process, including cliniciansô awareness of guidelines for breast screening, as well as those factors expected to influence the participation rate in the mammography screening. The barriers revealed by our study underline the necessity for a national pre-symptomatic screening programme for breast cancer prevention, implemented at a regional level for all eligible women.

The study was designed to deliver data through which to inform health policy for a serious public health issue. The studyôs findings provide health care providers and policy makers in Crete with evidence specific to their locality for the future development of a preventive programme of mammography screening.

RÉSUMÉ DÉTAILLÉ

Introduction

Sur le plan international le cancer du sein est celui quôon rencontre le plus souvent chez les femmes aussi bien dans les pays développés que dans les pays en développement et il constitue la cause de décès la plus fréquente. Quoique lôutilisation de la mammographie semble être efficace pour réduire la mortalité et que dans la bibliographie on discute souvent de lôimportance des programmes de dépistage de masse avant toute apparition de symptômes, on note en Grèce lôabsence dôun programme national de dépistage du cancer du sein chez les femmes; on ne rencontre que dôactivités locales isolées et, là où on en trouve, il sôagit dôactivités de petite envergure et sur un partie réduite de la population. En particulier, dans le domaine de soins de santé primaires le taux de participation des femmes à de tels programmes semble réduit; de même, il nôy a pas de données statistiques sur le taux de femmes qui se soumettent au dépistage périodique par mammographie. Même si des efforts sont faits pour améliorer les connaissances et les capacités des professionnels de santé et pour planifier et faire appliquer des programmes de prévention du cancer du sein dans le domaine de soins primaires, la réalité en Grèce est encore loin de lôapplication systématique des directives pour assurer le diagnostic précoce du cancer du sein. En Crète on nôa pas jusquôà ce jour étudié les facteurs influençant lôutilisation de la mammographie.

Notre étude visait à étudier les comportements et les opinions des médecins ainsi que des femmes dôâge moyen en Crète concernant la mammographie, enregistrer et noter les priorités des femmes concernant lôutilisation ou pas de la mammographie, ainsi que leur sources dôinformation, étudier les pratiques des médecins quant à lôapplication des directives et leur rôle sur la décision de la femme, et enfin, noter les facteurs qui influencent son utilisation et empêchent lôapplication efficace des pratiques préventives du cancer du sein, ainsi quôexaminer les difficultés rencontrées par les femmes dôâge moyen des régions rurales de Crète qui souhaitent passer une mammographie.

Lôobjectif de lôétude était de:

1. examiner les comportements, les idées reçues et les connaissances des femmes dôâge moyen en Crète concernant la pratique et la valeur de la mammographie;
2. étudier dans quelle mesure les différents facteurs socioéconomiques influencent les connaissances, les comportements et les pratiques de ces femmes vis-à-vis de la mammographie;
3. enregistrer les motifs invoqués le plus souvent par les femmes pour ne pas passer une mammographie, motifs susceptibles de peser sur leurs opinions;
4. exprimer les raisons pour lesquelles, selon les professionnels de santé, ces femmes refusent de passer une mammographie et dans quelle mesure ces raisons sont susceptibles de les influencer;
5. examiner dans quelle mesure les médecins suivent les directives concernant lôutilisation de la mammographie et quels sont les procédés employés en vue dôinfluencer les femmes;

6. étudier dans quelle mesure les médecins informent les femmes des bénéfices et des risques consécutifs à lôutilisation ou pas de la mammographie.

La Méthode: Des interviews ont eu lieu à lôaide des deux questionnaires à moitié structurés (pour les médecins et les femmes). De même, un questionnaire dôorigine américaine intitulé *« Cancer control practices in Western New York »* a été utilisé. Ce questionnaire avait été sélectionné et, une fois traduit et adapté à la culture du pays, il a été appliqué pour enregistrer les connaissances des médecins.

LôEndroit: Lôétude a été effectuée dans les 14 Centres de Santé (C.S.) de Crète et dans les cabinets médicaux de lôHôpital Universitaire de Crète [PAGNI].

La Population étudiée:
Dans les Centres de Santé :

a. Interviews

De mars en juin 2004

- Trente femmes, de 45 à 56 ans, résidant en permanence dans la zone de responsabilité du Centre de Santé, qui avaient un rendez-vous programmé de consultation avec un médecin généraliste ou de médecine interne faisant partie du Centre de Santé
- Vingt-huit praticiens de médecine interne et de médecine générale, sélectionnés au hasard parmi les membres du personnel des cabinets du matin, qui travaillaient à titre permanent dans les Centres de Santé lors de la période étudiée.

b. Questionnaire

- Tous les médecins (ɜ =151), (de médecine générale ɜ=91 et de médecine interne ɜ=15), des 14 Centres de Santé de Crète, travaillant à titre permanent du 1er octobre jusquôau 30 novembre 2004. En outre, y ont participé 45 médecins en stage obligatoire dans la campagne, qui travaillaient dans les cabinets périphériques des Centres de Santé, sélectionnés au hasard.

Dans lôHôpital Universitaire de Crète [PAGNI] :

a. *Interviews*

Du 8 avril 2005 au 28 juin 2005

- Trente femmes, de 45 à 56 ans, habitantes de la ville dôHéraklion, ayant un rendez-vous programmé de consultation dans les cabinets du PAGNI, ont été appelées à participer, suite à une sélection au hasard parmi les personnes figurant sur la liste des rendez-vous.
- Seize médecins appartenant au personnel permanent des cliniques du PAGNI , sélectionnés au hasard dôune liste sur laquelle figuraient les noms des membres du personnel de ces cliniques.

b. Questionnaire

- 8 médecins pour le *pilot test*
- tous les médecins généralistes (19) pour le *test re-test*

Résultats

a. Comportements et pratiques des médecins et des femmes

Selon les résultats obtenus dans les Centres de Santé, parmi les 30 femmes étudiées 15 nôavaient jamais passé une mammographie et celles qui décidaient de la passer suite à une information suffisante de la part de leur médecin étaient très peu nombreuses. Les obstacles principaux étaient lôabsence de symptômes (9), la peur de lôirradiation consécutive à lôexamen (7), lôabsence de recommandation par un médecin (6), la douleur ressentie lors dôun précédent examen (5), la peur du résultat (4), le manque dôinformation sur la mammographie (2), le manque de temps et les obligations familiales (4), la pudeur (4), la grande distance des centres de mammographie qui se trouvent dans les villes (1), le coût dans les centres privés (2).

Dans leur majorité (20) les médecins des Centres de Santé se sont révélés bien informés de la mammographie et reconnaissaient le rôle important de sa recommandation aux femmes (16). Cinq médecins ont dit ne pas avoir assez de temps pour en discuter en raison du grand nombre des malades dans les Centres de Santé. Seulement huit médecins ont dit préconiser la mammographie à toutes les femmes (selon les directives internationales). Parmi les facteurs qui influencent le dépistage ils ont énuméré des facteurs socioéconomiques/démographiques chez la femme (23), lôabsence des rendez-vous de consultation et la longue attente dans les hôpitaux publics (14), la distance pour les femmes plus âgées (8), le coût de lôexamen dans un centre privé (9), lôapparition de symptômes (12), ou le déclenchement de la maladie chez un membre de la famille ou chez un(e) ami(e) (6), la pudeur ressentie par les femmes (3), le manque de temps et les obligations familiales (2), la peur du résultat (4), la peur de lôirradiation due à lôexamen (8) et le sexe du médecin (16).

De lôétude au sein de lôHôpital Universitaire de Crète (PAGNI), parmi les 30 femmes de la région dôHéraklion étudiées, 28 avaient passé une mammographie au moins une fois. Parmi les 28 femmes qui avaient passé la mammographie, 6 en passaient une fois tous les ans, 9 en avaient passée une seule et 7 en avaient passée une suite à une intervention de mammectomie. Parmi les 30 femmes, 29 étaient assez bien informées au sujet de la mammographie. Onze femmes ont dit avoir pris de leur propre initiative la décision de passer une mammographie ou bien elles sôy sont décidées suite à lôincitation par une personne de leur entourage familial ou encore suite à lôapparition dôun cas de cancer du sein chez un membre de la famille, et 17 ont dit y avoir été incitées par un médecin. Les facteurs qui, selon elles, influencent sont: lôabsence dôencouragement ï recommandation par un médecin ou par une autre personne (17), la peur du résultat (17), la négligence (12), des facteurs somatiques tels que le bon état physique de la femme, lôabsence de symptômes (9), lôaccès à lôexamen (8) (longue liste dôattente, grande distance des centres de mammographie, problèmes de déplacement), manque dôinformation (8), pudeur (4), obligations familiales/sociales (3).

Parmi les 16 médecins de lôHôpital Universitaire de Crète (PAGNI), tous étaient bien informés de la mammographie et la considéraient primordiale et reconnue sur le plan international. Quinze parmi eux la préconisent à toutes les femmes selon les directives internationales. Ils ont énuméré les facteurs suivants comme posant obstacle à lôutilisation de la mammographie par les femmes : des facteurs socioéconomiques/démographiques chez les femmes (13), lôabsence dôinformation

(6), la négligence des femmes (5), lôaccès difficile (5) (longue liste des rendez-vous, attente et problèmes lors des rendez-vous, grande distance de lôhôpital), lôirradiation (5), la douleur, lôexpérience traumatisante dôun examen précédent (4), la peur du résultat (2), le coût dans les centres privés (2), les obligations familiales (2) et lôabsence de symptômes (1).

b. *Connaissances des médecins*

Selon les résultats de lôétude le niveau des connaissances des médecins en soins primaires vis-à-vis des directives en vue de la prévention du cancer du sein et de lôutilisation de la mammographie nôétait pas élevé. La plupart dôeux ne savaient pas quand exactement il fallait passer sa mammographie de référence ou la fréquence à laquelle il fallait la répéter. Parmi les 83 qui ont rempli le questionnaire un pourcentage de 31% à 58% a répondu correctement, 14% nôont répondu correctement à aucune question portant sur leurs connaissances à lôégard des directives et seulement 4% ont répondu correctement aux quatre questions posées concernant leurs connaissances vis-à-vis des directives. On a constaté quôil nôy avait pas de différence statistique selon le sexe, la spécialité et la qualité du médecin - titulaire dôun poste ou médecin interne -. De même, dans leur majorité - 78% à 94% - ils nôinforment pas les femmes des bénéfices ou des risques consécutifs à la mammographie. Leurs principaux obstacles: pour 41% dôentre eux le manque de temps, pour 36% le manque dôorganisation au cabinet.

Discussion ï Conclusions

Selon les résultats de cette étude, les femmes à la campagne semblent ne pas passer souvent la mammographie et ne pas être aussi familiarisées avec cet examen que les femmes dans la ville dôHéraklion; de même, il y a une différence quant à leurs connaissances sur lôutilité de la mammographie, malgré le fait que plusieurs femmes de la ville avaient passé une mammographie plutôt dans un but diagnostique que dans un but préventif. Dans les deux groupes, les femmes prenaient seules la décision de passer leur mammographie ou bien suite à lôincitation de la part dôun(e) ami(e) ou membre de la famille et consultaient le médecin lorsquôelles avaient déjà présenté des symptômes. La plupart connaissaient la mammographie et y étaient intéressées, mais elles étaient très peu nombreuses, en particulier dans le milieu rural, à avoir reçu une information suffisante de la part de leur médecin pour se décider à passer lôexamen.

Notre étude a révélé lôinteraction des facteurs complexes qui influencent lôutilisation de la mammographie et se rapportent au comportement et aux opinions des femmes, les pratiques utilisées par les médecins, mais également la politique de la santé suivie dans notre pays. Aussi bien les groupes des femmes que ceux des médecins (Centres de Santé ï Hôpital PAGNI) ont cité les facteurs qui rendent difficile lôutilisation de la mammographie. Lôabsence des symptômes, le bon état physique des femmes, la peur du résultat, la négligence à lôégard des questions de santé et de prévention, la pudeur et les obligations familiales sont les motifs invoqués le plus souvent par les femmes pour éviter de se soumettre à la mammographie et ils influencent leurs opinions. Les pratiques médicales, telles que lôomission de prescrire la mammographie, lôinformation insuffisante des femmes, le difficile accès, la longue liste des rendez-vous, la distance et le coût de la mammographie dans un centre privé sont considérés des obstacles empêchant cet examen. Il est également à noter combien les différents

facteurs socioéconomiques et démographiques chez les femmes influencent lôutilisation de la mammographie. De même, la recommandation de la mammographie par le médecin sôest avérée un facteur important. Une révélation importante a été le manque dôimplication réelle des médecins de soins primaires due au manque de temps et dôorganisation du cabinet des programmes de prévention. La plupart des médecins en soins primaires nôétaient pas au courant des directives internationales quant au moment où il faut passer la mammographie.

Cette étude, réalisée pour la première fois en Crète, fournit des renseignements importants sur les attitudes, les connaissances et les pratiques des femmes et des médecins concernant lôutilisation de la mammographie et, au-delà des difficultés méthodologiques, elle sôest focalisée et a discuté des questions portant sur lôapplication efficace des services de prévention du cancer du sein. Les obstacles révélés par lôétude viennent souligner le besoin dôun effort continu du système de la santé en vue de lôapplication dôun programme complet de dépistage de masse chez les femmes asymptomatiques en vue de la prévention du cancer du sein. Il faut, donc, une politique systématique au niveau régional en vue de la prévention et des efforts continus pour assurer un dépistage préventif aux femmes qui remplissent les critères sans quôil y ait une utilisation fragmentaire au sein dôun cadre commun dôaction, en prenant en considération les facteurs qui influencent leur acceptation.

1. ÆÆÉJ ũqũ¢

1.1 ¢ əůŰɛJɑŰŰɛg əŰJəœɛg ɛŰůŰɛi

¢ əyɜdɻ «ɛŰůŰɦg» ´ɜdŰɜɦŰŰŰŰ´Jɑɛyɣɑ GŰŰŰəŰ ɦ ŰŰɻ əyɜdɻ «ɛŰɛɦg» ´ɛg GJɑdůɜɛɑ´ɛɜɛiůŰɜ ɛɵ ŸɣɜŮgƒɔɵŰɜŰ ŭdəɵ ůɛgɜ ŰŰɜ ɛɛɛɵɦŰŰɻŰŰ ŰŰɻg ůiůŰŰůɛgƒ Ű̊ɛg ůŰɛɑɛggƒ ɛŮŰŰɻ ɛŸɛŰ, ŭdəɵŰůɛ ŰŰɻ ɛiɛɑɻ. ¢ɑdɜ ɑŭɵŰəyɜdɻ ŰɜŰŰiɣJŰŰŰə, Ůɑůdgƒ, ɦŰɵGJɑdůɜɛɑ´ɛɑdůŰɜ ůŰŰəŮɛŰɜŸ Ű̊ɛggƒɛ ȳɛdJɛgƒ, ɛ ¢JɦŭɛŰ̊ɛgƒ, ɛ Á̊gJɣg´ɑŭdgƒəŰɵɛ J ůGiəœgƒ[1].

ŸŮJɜůŰŰŰɵŸ əŰJəœɛg Ű̊ɛg ɛŰůŰ̊ɛi yɛɛgɜ ´ŮJɛɔJŰŰiůɑ ŰɦŰ´ɛəi ´Ű̊ɵɔŸ ůŰ̊ɛggƒ J ɔɔg´Ű̊Ůɵɛiƒ ´ŰiJɛggƒ ´ɛg ɓJyɑdɑəŰɜ ůŰɻ ŰɐɓŰ Ű̊ɻgƒ J ɔɔi´Ű̊ɛg Ű̊ɛ 1862, əŰɵ əŰŰŰɓJŸŰúɑəŰɜ Ű̊ɛ 1600 ´.ɢ ɦɔəɛɵ ɛŰůŰ̊ɛi. ƁɵŰJɑŰœɵ J ɔɔi´Ű̊ɵɛɵ ´ŮJɛɔJŸŰúɛgɜ ´ŮJɛůŰŰŰɵŸ əŰJəœɤɜ Ű̊ɛg ɛŰůŰ̊ɛi ´ɛg ŰɜŰ̊ɵɛŮŰi´œɛɜŰŰɜ dŮJŰ ŮgŰɵŸ ɛŮ əŰgŰɻJɛŰůɛɦ, ɛŮŰɻ ɓɛɐdŮɵŰɜɦƒgŮJɔŰɵŮɵɛg ´ɛg ɛɜɛɛŰɛɦŰŰɜ «ŰJg´Ÿɜɵůɤ ŰɵŸg»[1].

Ɓɵ´Jɪ ŰŰƒəŰŰŰɓJŰiyƒ ŰɻƒŰJɑGŰŰƒ Á̊ɵəŸůŰƒ Ű ɛůœiɛɜŰŰɵůɛɜ ´ŰŰŸJŰ Ű̊ɻƒəůɛJdŰƒ, Ű̊ɛɜ ¢JɦŭɛŰ̊ɛ (5ɛg´.j. Ůɪ ɜŰƒ), ´ɛg ŰɜŰ̊iyJůɵ ɦŮɵd òŰ̊ɛůŰ, d ɛdŰŸJŰ Ű̊ɛg Ÿyůd ɓŰ̊ůɵɵŸqŰJůœg, ŮœŮɦɔəɛ ůŰ̊ɛ ɛŰůŰɦ Ű̊ɻƒ[2,3]. ƁəŰJəœɛƒ Ű̊ɛg ɛŰůŰ̊ɛi ŮœŮɛůɵŮŰ̊ɻdŮɪ ´ɛəi əŰɵŸ Ű ɦ Ű̊ɛggƒ ɵŰŰJɛiƒ Ű̊ɻƒ J JɑGŰŰƒ Á̊ɵəŸůŰƒ əŰɵ Ű̊ɛg dœgɛŰɜŰ̊œg. Á´ůdgƒ, ɛ ɛŮɵŰɵi ŰŰJɛgƒɵŰŰJɦƒ Ű̊ɻƒ Ű̊ɻƒ ŰJɑGŰɵɦŰŰŰƒ, ɛ Ł´ɛəJŸŰɻƒ, (460-377 ´.j.)[4] ɑJdůɤɛ´ɛdůŮ´Jɪ Ű̊ɛƒ Ű̊ɛggƒɦJɛggƒ «əŰJəœɛƒ» əŰɵ «əŰJəœɤɛŰ» ɔɵŰɜŰ´ŰJɔJŸŮɵɦɔəɛggƒɦɑɛɛɦɜɛ ůŰ̊ɛggƒɛŰůŰ̊ɛiƒ, ŮəəŸ əŰɵůŮŸəəŰůdɛŮŰ̊ɛg ůɪ ɛŰŰ̊ɛƒ, Ůɜɪ ´ɑůŰ̊ɑŮɦŰɵɛɵɦɔəɛɵɛŮ Ůɵɤ Ű̊ŰJɵəɦ yəəɛƒɛ´ɛJɛiɜŰŰɵŰ̊ɛŮŰ´ɵůŰ̊iɜɛŮɑŰ̊ɛg ůŰɛɑŰ̊ɛ ɦ

1.1.1 Á´ sùdɛsɐəɔdÙŰɛ̃g əÙɟəɑɛg ɛÙůŰɛ̃i

qɒŰƒɜɐgƒÛɛ´Ûɟɣdڎ

qɒŰƒɜı gƒɐ əÙɟəɑɛgƒ ɛÙůŰɛ̃i ůŰɛ̃ƒ ɔgɜÙɑɒŮɛ̃ƒ dŮɤɟŮdŰÙɔ d ůgɑɜɦŰŰɟd əÙɔ ůɛɓÙɟɦŰŰɟd ÙɔdŰÙ dÙɔŸŰɛ̃g Űɦůɐ ůŰɛ̃ƒ ÙɔÙ Ű̃gɔɛɣɜÙɛ̃ƒɦůɐ əÙɔ ůŰɛ̃ƒ ÙɔÙ Ű̃gůůɦɛŮɜÙɛ̃ƒ gı ɟÙɛ̃ƒ[6,7,8,9,10,11] əÙɔ ŰŮɑŮɔ ɜÙ ´ɟɐůəŸɓŮɔ ɛɐɟűɐ ɛŸůŰɑÙɛ̃ƒ, ÙűɐiŰ ɐɛŰŮɑɒÙɛ̃ƒ d ůgɜdƒɣůŰŰɟd ɛɐɟűɐ əÙɔɐɛdɐggƒɜɦůɐg ´ɐg ´əɐŰŰŮɔŰɛ ɔgɜÙɑɒŮɛ űi əɐ, ůi ɛűɤɜÙɛÙůŰɛ̃ɑɛŮÙ´ɟɐÛɟɕɦɛŮɜÙ ŰɦŰɛ̃ɜ ŸÙɔəɦůɛɑɛ Oɟɔ Ùɜəůɛɦɟɔ ÙŮƒ, ɑÙəÙŰŰɟŰůŮɑƒdəɘdɡƒ 35-55 ÙűÍ ɜ[12,13]. ɟ´ɦŰɛ ůŮiŰŰɟɐ ´Ùɔəɦůɛɑɛ ´ɦəŮɛɐ, ɐ ÛɟɑdɛɦɡƒŰɤɜ ɜɣɤɜ əɟɐgůɛŸŰɤɜ əÙɟəɑɛgƒ ŰɛgɛÙůŰɛ̃i ůŮɛ̃ƒɔgɜÙɑɒŮɛ̃ƒ ŰgɜŸɜÙɔůÙ´Ùɔəɦůɛɑɛ ŮdŰÙɛ[14]. ¢ɐ 2007, ůi ɛűɤɜÙɛÙŰɛ̃ɜ American Cancer Society, 1.301.867 ɔgɜÙɑɒŮɡƒůɑÙɔɜı ůŰɛ̃əÙɔ əÙɔ 465.000 ´ɣdÙɔÙɔ ŰɦəÛɟəɑɛ ɛÙůŰɛ̃i ůÛɐɦəəɖɟɐ Űɛɜəɦůɛɐ. ¢ɐ 2008 ůŮɡƒ¢.Ŧ.ɟ ůɘÙɔɜı ůŰɛ̃əÙɔ 182.460 ɜɣŰ ´ÛɟəůŰŰɛəŸəÙɔ´ɣdÙɔÙɔ 40.480 ɔgɜÙɑɒŮɡƒ[15,16].

¢ ÛɛűŸɜəůɖ Űɛɡƒɜɦůɐg ůɘŮűɣɟÛɔŰƒɦ´Ûɟəɑɛgɛ ůÛ´Ûɟəɑɛgɛ[17,18]. ɃɘgɣɖəɦŰŰɟɐɘůÙɑɒŰŰɡƒ ůgɑɜɦŰɛ̃ŰŰɡƒ´ÛɟŰÙɡɟɐiɜÙŰɔůŰɛ̃ɜ ɖɦɡɟÛɔÙɟ ɛÛɟəɑɛ, Ûɜı ÙɜÛɑɖɣŰɤɡƒÛɑÙɔɜɑÙɛɖəɦŰŰɟɐɘ ůŰɛ̃ɜ ɟ ůɖÙ əÙɔ ŰɛɡƒɜɟəÛɔ ɟ ůűɟəɑɛ[7,17,18]. ȳəÙ ŰŰ ɓəɛɛdɑÙɜəŸ əɟŸŰɛ̃ɡƒ ´Ùɔəɑůɛɑɤɡƒ, ɛÙ ÛɜÙűɡƒůɖɡƒ ŰɛɡƒɜĦŰɤɜdÙ, Ů əűÍÛəɜiɛgɜ gɣɖəŸ´ɛůɑůŰŸÛəůɐəɤůdɡƒŰɛɡƒɜɦůɐg, ɤůŰɦůɐ gűɑůŰɜŰÙɔɛÛɔŸəÙɡƒůɘŰűɛɟɣɡƒɛÛŰÙɔi Úɤɜ Ů ɛɣɟgɡƒəɟŰŰí ɜ[15]. ÁəÙɛŸŰÙəɦŰɛdÙůŰɡƒ Ûɜɜɣ Ù ɔgɜÙɑɒŮɡƒdŰÙɔŰ Ű̃ɜÛəÙəɟɑÙɔɛ ŰɛgɛÙůŰɛ̃i əŰŰŸŰɛ̃ɜ ůɘŸɟəÛŰŰɛɡƒɛɤɐɡƒŰɛ̃ɡƒ, əŸɜɛɜŰŰɡƒŰgŰɦɜ ŰɛɜŸ´ɛɑ ůgɑɜɦ Ű̃´ɛ əÙɟəɑɛgƒ ´ɛg Ů ɘűɟŸůŰɡƒɔgɜÙɑɒŮɡƒəgɟɑɤɡƒŰɛg ɑpgŰəɛi əɦůɛɛg[17]. Ƀɘ ůÙɑŰŰɡƒ ɖɜdůɛɦŰɛ̃ŰŰɡƒ ŰɦəÙɟəɑɛ ɛÙůŰɛ̃i ŰɦŰɛ 1990 ůi ɛűɤɜÙɛÙŰɛ̃ɜ American Cancer Society ɣɑɛgɜ ɛÛɤdÛůŰdŰɟŸÛɔ ŰɘŰdŰɡƒ ŰɛɡƒŸɟ ɛdɡƒůɘŸɔɜɤůdɡƒəÙɑŰɤɜəÙəi ŰɛɟɤɜdÛɟŰÛɜı ɜ.

Ágɟı´d

ɆŰɛ̃ɜ Ágɟı´d ´ÙɟŰɛɣɜÛɔ ɣɜÙ ůdɛÙɜŰəɦ ´ɟɦbədɛÙ ůŰɛ̃ɜ ŭdɛɦůɘÙ gɔÛdÙ əÙɔ Ű ɛŰÛɔÛůɛɛŰɟŰŰɛ̃ɡƒ ůgɑɜɦŰŰɟd ɛɛɟűɐ əÙɟəɑɛgɛ ůŰɡƒɔgɜÙɑɒŮɡƒ əÙɔ ÛɑÙɔÙd əɨɟɘÙ ÙəŰdŰÙɔŸŰɛ̃g[14,19]. Ɇi ɛűɤɜÙɛÙůŰɛ̃ɑɛŮÙŰɛ̃ɡƒqɒŰƒɜɐiɡƒJ´dɟŰůdŰɡƒÔɟůgɜÙɡƒɔÙŰɛ̃ɜ Ť Ùɟəɑɛgɛ (IARC) ŰɛɡƒŦÙɔəɦůɛɘŰɡƒ Bɟɔ Ÿɜɤůdɡƒ J ɔŮdŰɡƒ (Ŧ.B.J .), Ûɛ ɣŰɛgƒ 2000 ůŰɛ̃ɜ ÁA ɜɦůdůÙɔ Ű̃ƒ əÙɟəɑɛgɛ ÛɛgɛÙůŰɛ̃i ´ÛɟəůůɦŰŰɟůɡƒ Ű̃ƒ 216.000 ɔgɜÙɑɒŮɡƒ, əÙɔ əŰŰɣəɖɜÙɔ Ű̃ƒ ŰɛɡƒɜœɘŰÙůdɣɜÙəŮ´ÛɟəůůɦŰŰɟůɡƒ Ű̃ƒ 79.000[14], ɐŰÛɔ Ûɛ 26,5% Ű̃ƒ ɦəɛggƒÛɛggƒŰí´ɛggƒəÙɟəɑɛgɛ ɛŮŰÛɔi ÛɛgɔgɜÙɑɒŮɛg´əɖdɖgůɛɛi ŰɛɡƒÁgɟı´dɡƒəÙɔ ÙəŰdŰÙɔɘŰÛɛ 17,5% Ű̃ƒ ɦəɛggƒÛɛggƒdÛɔŸÛɛggƒŰ̃ƒ əÙɟəɑɛgɛ[20]. qɒgůŰgɑı gƒ, dɔəɤ ůůŰ Úɤɜ ÙɟəɑɛɛıɜŭÙɜ ŮəÙɛɣ´ÛɔəÙɔɣɜŰ´Ûɟəɑɛɟɑɟɛ Ùɛűɘɓɛəɤɜ: ůŰɛ̃ɜ Ágɟı´d Ûɛ 2002, əŰŰÙɔɟŸűdəÙɔ 269.570 ɜɣŮƒ´ÛɟɘÚí ůÙɡƒəÙɟəɑɛgɛ ÛɛgɛÙůŰɛ̃i əÙɔ 87.770 dŸɜŰŰɛɡƒ ÙɜŰűůɛɛgŰ[13]. ¢ ůgɑɜɦŰŰɟŰŰ ÛɛűŸɜəůdƒ ÛɛgəÙɟəɑɛgɛ ÛɛgɛÙůŰɛ̃i ůgɜÛgɛÛɔɜŰ ŰgɜŸɜÛŰŰɔəÙ´əɣɛɜ´ɟɛůɓŸəəÛŰŰɔəÙɔɣɜŰƒɛÛɔŸəɛƒ Ûɟɑdɛɦɡƒ´ɛəi ɜÛı ŰŰɟɤɜ ɔgɜÙɑɒŮɛı ɜ dəɘədŮƒ 35-55 ÙűÍ ɜ.

Ť ÙɔůŰɛ̃ɜ Ágɟı´d g´Ÿɟɛɑɛgɜ ŭɘŰűɛɟɣɡƒŰ̃ƒ´ÛɟəɑɛgɛůÛ´Ûɟəɑɛgɛɦůɛɜ ŰűɛɟɣŸŰɛ̃ɜ ůgɑɜɦŰŰɟŰŰ əÙɔ ŰɛɜdɖůɛɦŰŰɟŰŰ Ű̃ƒ əÙɟəɑɛgɛ ÛɛgɛÙůŰɛ̃i. Ƀɘ ´Ûɟəɑɛɑɣɡƒ ɛÛ gɣɖəɦŰŰɟd ůgɑɜɦŰŰɟŰŰ ÙɑÙɔ d qɒgŰəɛ əÙɔ ɖɦɟŰŰÙ Ágɟı´d Ûɜı d ɜɦŰŰÙ əÙɔ ɟ ɜŰŰɛəɘɛ ɣɑɛgɜ ɑŰɛdəɦŰŰɟɛggƒ. ¢Ű gɣɖəɦŰŰɟŰ ´ɛůɛůŰŸ əɟɐgůɛŸŰɤɜ ůŰɛ̃ɜ Ágɟı´d əÙŰɣɑɛgɜ ɛɘůŸŰɛ̃ɜ ŭgŰəɛgƒ əÙɔ ɓɦɟŰŰÙŰƒ Ágɟı´dɡƒ, Ûɜı ŰŰ ɑŰɛdəɦŰŰɟŰ ´ɛůɛůŰŸ ÛɛűÙɜɑɛɜŰŰɔ ůŰɛ̃ɜ ɜɦŰŰÙ ÙɜŰŰɛəɘɛ Ágɟı´d. Ƀ əɛŭgɜɛgƒ´ɟɛůɓɛəɛgƒŰ̃ƒ əÙɟəɑɛgɛ ÛɛgɛÙůŰɛ̃i ůŰɛ̃ŭgŰəɛ Ágɟı´d ÙəŰdŰÙɔŸŰ 60% gɣɖəɦŰŰɟɛgƒ Ű̃ƒ ɦŰɔ ůŰɛ̃ɜ ÙɜŰŰɛəɘɛ Ágɟı´d[20]. ¢Ű əɟŸŰɛ̃ɜ ɛÛ ŰŰ gɣɖəɦŰŰɟŰ

´ɵůɵůŰŸŮəŭɐəɤůdgŰłgɜɦůɵg (Ůəŭɐəɤůd Űłgɜɦůɵg ɔɵŬ´ɟı Űł ű ɵɟŸŮɜŸ 100.000 ɔgɜŬɒůgł Ű ɣŰɵg 2000 ɐŰŬɜ ɵɘ ŢŸŸŰɤ ɟ ı ɟŮgł (91,6), d qŬɜdŬ (86,2), d ũŬəədŬ (83,2), Ű dɒɣəɔɷ (82,2) əŬɔd Ɛɵgdŭd Ŭ (81), Ůəı Ÿəə Ŭəɟ ŸŰł ɦ´ɤgd ĄəəŸũŬ (47,6) əŬɔd Ĥů´ŬɜdŬ (47,9), əŬdı gəŬɔg´ɵɣɐűɷŮł´ɟɵgɣɜŰŬɜd ɑı ɟŮgɦ´ɤgd ş ɷdɵgŬɜdŬ (39,8) əŬɔ d ş ŮŰɵɜdŬ (42,2) ŮɛűŸɜɷcŬɜ ůdɛŬɜŮəŸ ɑŬɛdəɦŰŰɟŬ ´ɵůɵůŰŸ. ƐŰŰ ´ŮɟəůůɦŰŰɟŬ əɟŸŰł ɛɣəd əŬɔ ůŰgł g´ɵɣɐűɷŮł´ɟɵgɣɜŰŬɜd ɑı ɟŮgł, ɵ Ůɟɷdɛɦg ŰŸɜ ɜɣŸɜ əɟɵgůɛŸŰŸɜ əŬɟəɒɵg Ű ɵg ɛŬůŰɵi Ůg ɜŸɜŮɔŮŰłůɒɤgəŬŰŸ 1,5 % ´Ůɟdɵgł[21].

Ąəədɜɔəɐ Ű ɛ´ŮŋdŬ

qpgůŰŋɑı gůŰł ɑı ɟŮ ɛŬgűŮɜ g´Ÿɟɑɵgɜ ŬɔɷɦŸ´əůŰŬůŰɵɷcŮŮŬɔɷŬŰɵɜ əŬɟəɒɵɐ ɛŬůŰɵi əŬɔ ɤgł Ůɔ Ű ɵi Ű ɵg d ŮŸəűdɛɷɷəɵɔəɐ ´ŬɟŬɔɵəɵi dqůd ɔɒůŰŰɔ yɛɛŮůiŬ ɛyůɤ Ű ɤɜ ůŰɵɷcŮɒɤɜ dɜdůɷɛɦŰłŰŰŋł. ɀ yɑɟəůɐɛŋŮůŰł3 ĄəəŸũŬŮůɜ g´ŸŋɑŮɔɀ dŰɟı ɵ ŢŸŬɟəɒɵg ɀ ŬůŰɵi (ɀ ŢŸɀ), ɛŮŬ ɵŋŸəŮůɛŬɜŬŮɒŮŰůŰł3 Ągŋı ´d ŬɦŰŋŮŸəŸɑůŰŰłgɑı ɟŮgł ´ɵg ű Ůɜ ŭɷŬdɣŰɵgɜ ɀ ŢŸɀ . ŋ gŰɦ yɑŮɔɤgůgɜɣ´ŮŸŬɜŬɛdɜ ɔɜɤɟɒɵgɛŮɵiŰŰŮɵɜ Ŭəŋɷɒɐ Ůɟɷdɛɦ Ű ɤɜ əɟɵgůɛŸŰɤɜ, ɵi ŰŰŮɵɜ Ŭəŋɷɒɐ Ůɟɷdɛɦ dŬɜŸŰɤɜ Ŭ ɦ Ű ł3ɦůɵ ŮgŰɛ, Ű ɵi ůŮɜ ůɒŮŰɔ d ůg3ŬŰɦŰłŰŰ ůgɔəɣɜŰɟɤůdgł ŮůŰɵg Ŭ ɛ ůŰɵɷcŮɒɤɜ ɛŮůəɵ´ɦ Ű ł3 Ůɜ Ŭɔɤ ɔɐ Ůɛ´ŋ ɛůŰŰŰɤɛɣɜɤɜ əŬɔŬɜɦŋ´ɛůŰɤɜ ůgɛ´ŋ Ůůɛ Ÿ Ű ɤɜ.

ɀ ɛŬŬ ɦ Ű łgˊdɔɣgˊədŋɵűɦŋdůdgɔɛŬŰł3 əŬŰŸůŰŰůd ůŰł3 ĄəəŸũŬůɒŬɔŰŰůŰɵɷcŮɒŬ Ű łgĄdɜəɐgƐŰŰŰɛůŰɛɐgJ´dŋŮůdŬŋ. ¢ɛ 2004 ɵ əŬŋəɒɵgɔůɜəɦŰŰŋŮɐŰŰɜ d ŭůŰŰŋd ŬɛůdŬŋ dŬɜŸŰɛg ɛŮəŬŰŰɔůɔŋŮɛɛɣɜɵggł 25.448 dŬɜŸŰɛggł[22]. ¢ dɜdůɷɛɦŰłŰŰŬŮ ɦ əŬŋəɒɵ ɛŬůŰɵi ůŰł3 ĄəəŸũŬůɒŬɔ 1.500-1.800 ɔgɜŬɒůgł Ű ɛ Gŋɦɜɵ, Ů ɦ ŰŰůŰɵɷcŮɒŬ´ɵg ɛŬgł ŭɒůɔ Ű ɛ Ąŋ ɔŬůŰŋɛŋɷɛ J ɔɘůɷɐgł əŬɔ Ą´ɷŭdɛɷɷəɵɔəŬgł Ű ɛg Ŧ Ŭɔ/ɛɒɵg ŋ dqɜı ɜ Ŭɔəɷ Ÿ əŬɔ Ů ɦ ŰŰ ůgɛbŰŰɒŸůŰɵɷcŮɒŬ´ɵg ŭɒůɔd Ŧ Ŭɔəɦůɛɷ ŬBŋɔŸɜɤůdJ ɔŮɒŬŋ. ¢ Ů ŰŰɒůgŰŰɒŬ Gŋɦɜɷ Ŭ ɣɔůɔŬgɜqdŮɒd ůgɔɜɦŰłŰŰəŬŋəɒɵg Ű ɛg ɛŬůŰɵi, ɦɔəɦɛɤgəŬɔd dɜdůɷɛɦŰłŰŰ. ƐŰł3 ĄəəŸũŬ 1 ůŰgł 12 ɔgɜŬɒůgł ɣɔůɔ´ɷŭɔɦŰłŰŰɜŬ ɔŬɔŰ Ű ɜɤůɔəɷ əŬŋəɒɵ Ű ɛg ɛŬůŰɵi ůŰł ŭɷŸŋəůŬ Ű łgł ɐɤɐgł Ű łgł[23]. ĄɒŬɔ ɔŮɔɜɦgł´ɤgł ɣɔůɔ ŮgɜqdŮɒd ůgɔɜɦŰłŰŰ Ű ɛg əŬŋəɒɵg Ű ɛg ɛŬůŰɵi, əŬdı gˊŬŋɛgůɷŸɔůɔŬgɜqdŮɒəɐ ŰŸůd Ű ɛ 2003 ɛŰŰŸŰ ɦ ɛɷŬɛɷŋɐ ɛŮɒɤůd ´ɵg ůdɛŮɒɤůŮŰ ɦ Ű ɛ 1996[24] əŬɔ ɛŰŰŸ, ɛŮ´ŮŋəůůɦŰŰɟŬł Ű ł 4.500 ɔgɜŬɒůgł ɜŰ´ɟɛůɓŸəəɛɜŰŰɔəŸdŮGɟɦɜɛ Ű ɦ Ű ł3 ɜɦůɛ. ¢ɛ 2006 Ű ɛ ´ɵůɵůŰɦ ůgɔɜɦŰłŰŰł əŬɔ dɜdůɷɛɦŰłŰŰł ɔɷŬ 100.000 ɐŰŰɜ 81,8 əŬɔ 21,7 ŬɜŰůŰɛɵcŮ[14], Ůəı ůŮŋɟŮgɜŬ[25] ůŰł3 ŢŋɐŰł ɔɷŬ ŰŰ ɣŰł 1994-1995 d ůgɔɜɦŰłŰŰ ŮɛűŸɜəůdł əŬŋəɒɵg ɛŬůŰɵi ɐŰŰɜ gɣdəɦŰŰŋɛł ůŮůɔɣůd ɛŮŰł3 g´ɦəɵɛ´d ĄəəŸũŬəŬɔ ůgɔəɟɷůɛd ɛŮŸəəŮł ɑŰɛdəɦŰŰɟŬł ɜɦŰŰł Ągŋı ´dł. ¢ ŰŸůd ɛŮɒɤůdł dɜdůɷɛɦŰłŰŰł ´ɵg ´ŬɟɵgůɷŸůŰłəŮůŮ ŸəəŮł Ůgɟɤ´Ŭpɣgɑı ɟŮgł ŭŮɜ ´ŬɟŬŰŋɐdəŮůŰł3 ĄəəŸũŬ, ɦ´ɵg d əŬdgůŰŋɟdɛɣɜd ũŸƆɜɤůd ű ŬɒŮŰɔɜŬůɒŬɔůdɛŬɜŰɷɦ dɣɛŬ.

1.2 ¢ ůdɛŰůdŰŰɛg ´ɟɛůgɛ´Űɤ ɛŰŰəɛi Ůəɣɔɑɛg

ɹɟəŰŰɐ ůgɑɐŰłůd ɔɑɯŰŰŰə ůŰłɜ ɓɕɒəɯɔɟŰűdŰ ɔɵŰ Űłɜ ůdɛŰůdŰ əŰə Űłɜ Ű ɛŰŰəɤůůɛŰŰəɦŰłŰŰłɡ´ɟɦəɤdɣɤdɡŰɛg əŰɟəɑɯɛg Űɛg ɛŰůŰɛi ɦ´ɛg ɛɵɔgɜŰəůɡɣɑɛgɜ gɣɤdəɦŰŰɟɤd´ɯdŰɜɦŰłŰŰŰůɕɒɤůdɡ, Ůɜ ɛɵɘŰŰɟɛɑŰɜɯɜŰůɛgɜ Űɛɜ əŰɟəɑɯɛ ůŰəŸɛɯŰ ɦ ŰŰ ´ɟɹɛŰ ůŰŸűəŸ Űɛg. ¢ ůdɛŰůdŰ, d Ű ɛŰŰəůůɛŰŰəɦŰłŰŰ əŰə d Ůɜ dŰ ɛɟɔŰɜɤɛɣɜɤɜ ´ɟɛɔɟŰɛɛŸŰɤɜ ɛɛŰűəɛi ´ɟɛůgɛ´Űɤ ɛŰŰəɛi Ůəɣɔɑɛg ŰɯŰəůdɛŰɜŰəɐe ´ɟɦəəɖůd ůŰłɜ űdɛɦůəŰ gɔŰdŰ əŰə ɣɑŰə Ůɒůdɡ ůgɑɛdŰłdŰůɹ ű9ůdɜɹ g[26]. ¢ ´ɟɦɤɟd ű9Ÿɔɜɤůd əŰə dŰɟŰ ŰdŰ ´Űɑɛgɜ Űɛɜ ´ɯ əŰdɛɟəůŰəɦ ɟɦəɐ ůŰłɜ Ű ɜdůd Űɤɜ ´ɯdŰɜɛŰɐŰɤɜ ŮɒůəɯɤůdɡəŰəɛŮŸəəŰəɦɔŰ, ůŰłɜ ´Ůɟɑ Űɤůd Űɛg əŰɟəɑɯɛg Űɛg ɛŰůŰɛi d ɟɐůd «d Ÿɔɜɛə Ű ůəɛŰɹɜŮə, d ´ɟɦəɖɣd ůɹɛŮə» Ůɒůə Ůɹɜůůə ŰŰəɜi Űɤɡ. ¢ ɔɜɤůŰɦŰŰɟd ɛɣɖɛű ɛɡ ´ɟɹɛɖɡ Ůɜɑɜůəůůɖɡ Űɛg əŰɟəɑɯɛg Űɛg ɛŰůŰɛi ŰəŰə d ɛŰůŰɛɔɟŰűdŰ. Ÿɑəəəɣɡ ŰɜŰűɛɟɤɣɡ ůŰłɜ ɓɕɒəɯɔɟŰűdŰɣɡɛgɜ ɔɑŰəɔɵŰłɜ ůgɛɓɛəɐe Ű ɡɛ ɛŰůŰɛɔɟŰűdŰɡ ůŰłɜ ɣɔəŰɣd Ůɜɑɜɤůd Űɛg əŰɟəɑɯɛg Űɛg ɛŰůŰɛi[26,27,28,29,30,31,32]. ¢ ɑɟɐůd Ű ɡɛ ɛŰůŰɛɔɟŰűdŰɡ űŰəŰŰŰə ɜŰ ŰəŰə Ű ɛŰŰəůůɛŰŰəɐe ůŰłɜ ɛŰəɤůd Ű ɡ d3důɛɦŰłŰŰɡ əŰə Űłɜ ɣɔəŰɣd Ůɜɑɜɤůɣůd Űɛg əŰɟəɑɯɛg Űɛg ɛŰůŰɛi[12,32,33]. ɀ ɣɑɟɐ ůɛɛŰɟŰɔɜɤɟɑŰɛŮ´ɤɡd ɛŰůŰɛɔɟŰűdŰůŰɔgɜŰəŰɡ 50-70 Űűɹɜ ´ɟɛəŰəůəŰŸŰűɤůd Ű ɡ ůgɑɜɦŰłŰŰɡ Űɤɜ dŰɜŸŰɤɜ Ű ɦ əŰɟəɑɯɛ Űɛg ɛŰůŰɛi ůŰ´ɛůɛůŰɦ ɛɣɑɟɐ 35% ůŰ ɑɟɛɜəɦ ű9ŸůŰłɛŰ ɛŰŰŸ Ű ɦ ´ɣɜŰŰɤɡɣɜɜ ɑɟɦɔɜŰ, Ůɜ əŰə ɜŰɹ ŰŰɟŰ ɓɕɒəɯɔɟŰűəŸ ű9ůůɛŰłɛŰ ɛŰŰŸ Ű ɦ ´ɣɜŰŰɤɡɣɜɜ ɑɟɦɔɜŰ, Ůɜ əŰə ɜŰɹ ŰŰɟŰ ɔgɜŰəŰɡ ɔɵŰ Űłɜ ű9Ůəɜ Ůɔɤɔɐ ŰłɡŰ[34,35,36,37,38,39]. ÆŰłɜ Ÿəəɤ ŸűŰ, ɦ´ɤɡd əŰə ůŰŸəəŰɡ ɑɹɟŰɡɛɵ ű/B ɜŰŰɟɛɑŰɜŰűɣɟɛgɜ ɣəəůɣd ɑɟɦɜɛg əŰə Ůɒůə Ůɟgɛɣɜɛ ´ɟɦɔɟŰɛɛŰ´ɛg Ůɛgɡ Ůɛ´ɛűɑůɛgɜ ɜŰ Ůůɑɛəɖɖɛi ɜ əŰə űŰəůŰŰə ɜŰ ɣɑɛgɜ ɛɐəɟɐ ůgɛɓɛəɐe ůŰ´ɟɛɔɟŰŸɛɛŰŰŰ əŰə g´dɟůůɖɡ´ɟɦəɖɣdɡ ůgɛ´ŮɟəɐŰɛɓŰɜɛɣɜɛg əŰə Ůɛg əŰɟəɑɯɛg Űɛg ɛŰůŰɛi[40,41].

1.2.1 ¢ ´ɟɦəɖɣd Ůɛg əŰɟəɑɯɛg ɛŰůŰɛi ůŰłɜ Ágɟɹ´d

¢ ´ɟɦəɖɣd ɛɛəŸɛůəɜŰŰ ɛŰŰəůəŸŰəŰgŰɛɜɦdŰɛ´ɛg ɦəɛəŰɛ ɔɜɤɟɑɯɛgɜ, Ůəə ŸəɑɯɛəŰɛ ůŰŰɟɛɦɑɛgɜ. Ɓ ɦɟɛgɡ «´ɟɦəɖɣd» ůdɛŰɯůə ɛɣŰɟŰ ŰŰ ɛ´ɛdŰ ŰŰůɯɛgɜ ɜŰ Ůɛ´ɛűɑůɛgɜ ´ŮɟəůŰŰŰəŸɔəŰəŸŰəŰɜŮəɛdŰɛ. ÁɑɯŰəɔůɛɜɦɡɦŰəŰŰŰůəůŰŰdŰɑɟɦɜəŰŰɛ ´ɛůɛůŰɦ Ů ɛɵɔgɜŰəŰɡ ůgɛɓɛəɐe ůŰłɜ ɛŰůŰɛi ɣɑŰə Ůɒůɜɹ g ű9ŰɦɛűŰəůŰŰəůŰłɜ ɓůəŰɣɤůd Ű ɡɜ ɛŰůŰɛɔɟŰűdŰɡ ůŰłɜ ɣɔəŰɣd Ůɜɑɜɦ ɜ ɛŰəŰɟɑɯɛ Űɛg ɛŰůŰɛi ɛŰŰŰəɜi 8% əŰə 19% ůŰŰŰŰəůɣŰŰdŰ 5 ɑɟɦɜəŰŰ ɛűɑɛɜŰŰɡůŰłɜ ´ɟɹɛɖɡű9Ÿɔɜɤůd əŰə əŰəɜi ŰŰɟɖ dŰɟŰ ŰdŰ[42].

ɑůűɛɛɣɜɛg ɦŰəɛɵůɣɹɤ´ŰɐɣɡəŰŰŰɣdɡɜŰɛɟɜůɡɔɟŰɛɟɣɡɡŰ ɛŰůŰɛɔɟŰűəɦ ɣəəůɑɛ Ű ɛŰŰəɜi ɜ Ű əɹ ɡůgůŰŸůůɣɡɡ ɑɣɟɑɡűůəɛŰgŰəɦ ɜɛɛəɦ ɑŰɟŰəŰɛɟŰ, d ŰűŰɟɛɑəɛ Ůɛggɡ Ů ŰűdŰŰŰə ůŰŰ əɟŸŰłɛɣəd. ŽŰŰŸ Ůłɛ ű9ŰűəŰůdŰ ŰgŰɛ Ű ɛűůɑɛdɖəŰɦŰəd ŰűŰɟɛɑəɛ Ůɛggɡ ɐŰŰɜ əŰŰŸ ŰŰ űŰəɦɛŰəŰ ůŰgəɛəɦŰŰɟd ůŰəɟŸŰłɛŰŰəŰɑɟɜɛŰɜɛɣɜɛ ůi ůŰłɛŰ ŰdɛɦůəŰɡ gɔŰdŰɡ ůŰŰdɜəɦ Ůd Ůűɛ, ´ŰɟŸ ůŰŰəůəŰɛŰ´Ůɟəůůɦ Ű ɛəŰŰɟɣŰəɦ ŰŰ ŰŰ

ůgůÚĕɛŬŰŰ.j ɟɣɐůɜɛdɹɐŰŰɜ Ůɤ´ɔɚɣɛɜ dɻi´Ŭɟɜdɹgɣdɔɚɐgƴ´ɛɕɧŰŰlŰŰŰgɛɐdŰɟɹɪɣɜ ɔŬɟɔɐɔɛɛg, ɔŰƌɪ gƴŰŰ ŰŰɔ̆ɔůgŰŰŰŰ´ŬɟɣʏGɛgɜ ŮœŬɔɟŰ ŭŰŰɪɛɛɣɜŬ ɔɚŰ ŰŰŰ ɔɟɣɛi ůɛŬŰŰŰ ɔŰɟɔɐɔɛg Ű̆ɛg ɛŰůŰ̆ɛi ɔŰɔŰŰl dɜdůɜɛɧŰŰlŰŰ´ɛg ´ɟɛɔŬɔ̆ůɔ Ůɜɪ ŰŰ ɧ Ű̆l ɜ Ɣɔɔdɹ Ű ɛŰŰɔ̆ɛi ɜ ɛgůɚŰůŰɔ̆ɔƴ Ű̆l ɜ ŮɜŬɔɔɔŰŰ´ɟɛɧ´ɧdŰůdɹ ɔɚŰŰl ɜ Ŭɜɔɜɔɧɔdůdɹ Ű̆ɤ ɜ ´ɟɛɔɟŰɛɛƴŰ̆ɤ ɜ Ŭɜɔɛɜ ůgůdgƴ[21].

Ƀɟɔ̆ŬɜɤɛɣɜŰ ´ɟɛɔɟƴɛɛŰŰŰ ´ɟɛůgɛ´Ű̆ɤɛŰŰɔ̆ɛi ɛŰůŰ̆ɛɔɟŰŰíɔɔɛi Űɔƴɔɔɛg ůŰ̆l ɜ Ágɟɪ ´ɹ dŰ ɛůdɔɐůɛgɜ ůŰɛŰɔ̆ɤůɹ Ű̆lgƒ dɜdůɜɛɧŰŰlŰŰgƒ ŰɹɧəŰɟɹɔɐɔɛ ɛŰůŰ̆ɛi[14]. Ō̆ɛŰɔ̆ Űɔɧɛɹ Ůɔ̆ůɛdŰɔ̆ɛůdŰɔɛŰɛŰɛɔɔɧ´ɟɛůgɛ´Ű̆ɤɛŰŰɔ̆ɔɧ ɣɔŰɔɛɛ ůŰÁgɟɪ ´ɹəŰɟ ű̆ɟɔɔƴɛ[43]. Ɛ̆Ű̆l ɜ Ágɟɪ ´ɹ, ɛŰɔƴŰŰgƒ ůŰ̆l ɜ ũŰɔɔɔdŰəŰɔɧů´ŰɔdŰůŰ̆ɔɜɛgɜ ɧŰɔɛɔůgɛɛŰŰ̆ɛɛɛ ɔɔŰŰ̆l ɜ ´ɟŰɔɛŰŰ̆ɛ´ɛɔɹůɹ Ű̆lgƒ ɛŰůŰ̆ɛɔɟŰŰíɔdŰgƒ ŰɔɛŰɔ gƴɹɔɧŰŰɟɹ ůŰɔɔgɜŰɔɛŰgƒ ɛŰɛŰŰɔ̆ɛi ŰŰɔ̆ɧůdɛŰəŰɔgƴɹɔɧŰŰɟɛ Ůɹ´ŰɔɛɧŰŰɟɛ ůŰɔɔgƴɹɔɧŰŰɟɹ ůŰɔɔgɜŰɔɛŰgƒ[44,45].

Ɛ̆ɛɛŰɟŰg´Ɣɟɛɛgɜ Ůɹɜɔɐƴ´ɟɛɔɟƴɛɛŰŰŰŰɔɛɜŰɔůůdgƒəŰɟɹɔɐɔɛg Ű̆ɛg ɛŰůŰ̆ɛi ůŰ´ɛɚɔɐƴgɪ ɟŰgƒ[46] ɤůŰɧůɛ ũɔŰŰíƴɟɛɛgɜ ůɹɛŰɔŰŰɐƴŰ ɧ ƴɛɤɹɹ ɛɟɔƴɔɜɤůdgƒ, ŰŰíŰɟɛɛɔɐgƒ əŰɔ ŰɔŰŰƴɔůdgƒ. Ŭɟɹɛgƒ Ű̆ɛ ´Ůɟɧɜ, ɛɧɜɛ ůŰ8 Ű ɧ ŰŰ 15 əɟƴŰŰl ɛƴɔɹ Ű̆ŰíŰɟɛɧɛɛgɜ Ůɹɜɔɐƴ ´ɟɛɔɟƴɛɛŰŰŰ ɛŰůŰ̆ɛɔɟŰŰíɔɐɛgƒ ŰɔƴŰŰŰůdgƒ ŰɔɛɜŰɔůůdgƒ (dɔƴəɔɔɐ, ũɔɐəŰɔũůdŰ, ũŰɔɔdŰ, ¢ɜɤɛƴɔɛ dɔŰůɔɔƴůɐ, ŬɟəŰɔũůdŰ, ş ɛgɜƴŰɛɧɔɛiɟɔɛ, ŦƴƔŰɤ j ɪ ɟŰgƒ, ƐɛgdůdŰ), ůŰŰɛ´ɛdŰũůɔɜ Ű̆ɟɹɛi ɜŰŰɔ´Ɣɜ ŰŰgɛɔůgɹɤ´ŰɹpƴgƒəŰŰŰ̆ɔdgɜŰɛɟɹɔůgƒɔɟŰɛɛƴgƒ. Ɛ̆Ű̆ɛ ¢ɜɤɛƴɔɛ dɔŰůɔɔƴůɐ Ű̆ɛ ´ɟɧɔɟŰɛɛŰ screening ŰŰíŰɟɛɧɛŰŰŰɔŰ ɧ Ű̆ɛ National Breast Screening Programme (NBSP) ɤgƒ ɛƴɟɛgƒ Ű̆ɛg Ůɹɜɔɐɛi ´ɟɛɔɟƴɛɛŰŰ̆ɛgƒ, ŮɔəŰɔɐƴŰ̆l əŮɔ Ű̆ɛ 1988, ɛŮ̆Űůɹůɐɛ ´ɛůɛůŰɧ ´Ůɟɛɑɛg 70% ɛŰŰŰɔɜi Ű̆ɛg ɔɐɟɛg´ ůŰɧɛɛg ɔgɜŰɔɐɪɜ dɔɐəɔdŰƒ 50ï64 ŰŰíɜ[46]. Ɛ̆Ű̆l ɜ ĦŰŰɔdŰ, g´Ɣɟɛɛgɜ 52 ´ŮɟɛŕíůɟŮəŰɔƴ´ɟɛɔɟƴɛɛŰŰŰ´ɛg ŰŰíɛɟɛi ɜ ɔgɜŰɔɐŰƒ dɔɐəɔdŰƒ 50ï69 ŰŰíɜ[47]. Á´ɑůdgƒ, g´Ɣɟɛɛgɜ ´ŮɟɛŕíůɟŮəŰɔƴ´ɟɛɔɟƴɛɛŰŰŰůŰ̆l ɹ gůŰɟdŰəŰɔ Ű̆l ɜ Ħů´ŰɜdŰ, Ůɜɪ ůŰ̆l ɛpŰɜdŰəŰɔŰ̆l ɜ ĦɛɟɔŰɔdŰƴɛɛgɜ ɜŮɔɜɐůŮɔŰ̆ɔɜƴ´ɟɛɔɟƴɛɛŰŰŰ, ŰŰŰ ɛ´ɛdŰɧɛɤgƒůŰɜ əŮ̆ɛɛgɟɛɔi ɜ ŰɔɧɛŰůŰ̆ɔɜɧ Ůɑɛ ´ɟɛɔɟƴɛɛŰŰŰ ůgɛɛŰɛɛɛgƒ, ŰŰ ɛ´ɛdŰ ´ɟɛɛɟɔɛɜŰŰɔ ɜŰ ɛŭdɔɐůɛgɜ ůŰ̆l ɜ Ůůŭɔɤɔɐ Ůɜɧɟgƒ Ůɜɔɜɛi ´ɟɛɔɟƴɛɛŰŰŰ[21].

Ɛ̆ŰŰ´ŮɟəůůɧŰŰɟŰəɟƴŰ̆l, ɔgɜŰɔůgƒdɔɐəɔdŰƒ 50 ɣɤgƒ 59 ŰŰíɜ əŰɔɛi ɜŰŰɔɔŰŰɔɜɛgɜŰɔůŰɔɧ ɣɔŮɔɛɛ ůŰŰ´əŰůůŰ Ű̆ɤɜ Ůɜɔɐɪɜ ´ɟɛɔɟƴɛɛŰŰŰ. ¢ɛ ´ɛůɛůŰɧ Ű̆ɤɜ ɔgɜŰɔɐɪɜ Ű̆ɤɜ ŰɜŰůŰ̆ɛɛgɤɜ dɔɐəɔdŰɐɪɜ ɛɛƴŰɤɜ, ɛɔ ɛ´ɛdŰƒ ɣɔŰɜŰɔ gɹɐůdŰ̆ɛgƒ ´ɟɛɔɟƴɛɛŰŰŰ̆ɛgƒ Ůɜɔɜɛi ɛɧɔəƒ 2% ůŰ̆l ũŮɟɛŰɜdŰ əŰɔ ´Ůɟɑɛg 100% ůŰ̆l ũɔɐəŰɜůdŰ, Ű̆l ɀ Ůɔƴɔdɔɣ ŰŰŰɜdŰ, Ű̆ɛ ş ɛgɜƴŰɛɧɔɛiɟɔɛ, Ŭɤgƒ ŦƴƔŰɤ j ɪ ɟŰgƒəŰɔŰ̆l ƐɛgdůdŰ. ¢ɛ ´ɛůɛůŰɧ ůgɛɛŰŰɛɛɛgƒ, Ű̆ɛ ɛ´ɛœ ŰŰɛŰŰɔ̆ůɪ ůŰɔɔŰ̆l ɔəŰ Ű̆l ɜ ŰŰɛůŰɛɛ Ű̆ɛg ´ɟɛɔɟƴɛɛŰŰŰ̆ɛgƒ Ůɜɔɜɛiɟɔɛ Űɧůdgƒ, əgɛŰɔɜŰŰŰɔŰɧəɔɧŰŰɟɛ ŰɧɔƴɔɧŰŰɟɛ ŰɧɔƴɔɧŰŰɟɛ 30% ůŰ̆ɛ dɔƴəɔɔɐ, ɛƴɟgɹɔ89% ůŰ̆l ũɔɐəŰɜůdŰ. ȳůɛ gƴɹɔɧŰŰɟɹ ůɔɔŰɔ d ůgɛɛŰŰɛɛɛ ůŰ̆gƒ ɛŰɛɔəƴgƒ ůɔ̆ůŰƴůůɧgƒ, Ű̆ɧůɛ ´ŮɟəůůɧŰŰɟɹůgƒɛɤƴgƒ ɔgɜŰɔɐɪɜ ɛ´ɛɟɹɛi ɜŰůɤɹɛi ɜ. ¢ɛ ũəƴůŰ̆lɛŰɛŰŰɔɜi ůɔ̆ŰŰƴůůɤɜ əgɛŰɔɜŰŰɔŰɧ 1,5 ɛƴɟgɹɔ3 ɣŰ̆l[21].

ɃɔũəŰŰíɛɹƴgƒ ůŰ̆l ɜ ´ɛɧŰŰlŰŰ´Ůɟɛɛɛgƒ əŰŰɟɔɐɪɜ g´dɟůůɐɪɜ ůŰ̆l ůgɔəůɹɟɛƴɔdɜɧůɛ ůɔɐŰɔɛŰɔƴɔɛgƒɛŰŰŰɔɜi Ű̆ɤɜ ũəŰíɧɟɹɤɜ əɟŰŰíɜ-ɛůɔɐɪɜ Ű̆lgƒÁɜɤɛƴɔdgƒÁgɟɪ ´dgƒ, ɛŰŰŰɔɜi Ű̆ɤɜ ũəŰíɧɟɹɤɜ ´ɧəůɤɜ, Ůɔɧɛd əŮɔ ɛŰŰŰɔɜi Ű̆ɤɜ ũəŰíɧɟɹɤɜ ɜɛůəəɛɛůɔɤɜ. Ō̆Ű̆ɐ ű̆ŰɔŰŰŰɔɧŰɔəƴ ɛɔůgƒ ű̆ɛɟƴgƒd ůɤůŰ̆ Ůɜŭɛ̆ŰŰí´əůd Ű̆ɤɜ ɔgɜŰɔɐɪɜ ɛŮəŰɟəɔɐɛůɔɤɜ ɛŰůŰ̆ɛi Ű ɧ Ůɜɔůũɔəɔɐɛůɔɤɜ ůŰɛɛgƒɛƴɔɛ əŰŰɟɔɐɪɜ ´ɟɛůɤ´əɧ ŮɜŭɟŰƴŰŰɔ´ɟŰɛŰŰɔƴŰ ɧ Ű̆l ɜ Ű̆ɤɜ ɛɟd. ¢ ũəŰíɛɹŰŰɔƴɔɛ Ůɜŭɛ̆ŰŰí´əůd Ű̆ɤɜ ɔgɜŰɔɐɪɜ ůŰŰ əɟƴŰŰl-ɛƴɔɹ ɛũdɔɐɛi ɜ ůŮɛŰ Ű ɧəɔəůd ůŰɛ ´ɛůɛůŰɧ 5ŰŰɛi gŮɔɧɑůdgƒ Ű̆lgƒ Űƴɜdgƒ Ű̆ɛg 16%. Ɛ̆i ɛűɤɜŰ ɛŮŰŰ ũŰůɛɛƴɜŰŰgŰƴ, əŮɔŰɜ dŰɤɹɟɛůɛgɛŮɧŰɔd Ágɟɪ´ŰpƴŰɔɤůd ɣɢŮɔɤɤgƒůŰɧɢɛ ůŰ̆l ´ɟɛůŰŰůdŰŰlgɔɔůgƒ, Ű̆ɛɜ Ŭɛi ɜɔɛ Ű̆ɛg 2003 Ű̆ɛ Ágɟɪ´ŰpɧŦɛɔɛɛɛɛi əɔɛ ŰɜŰɔɛɛɔɤɤůŮ ůŰŰɛƴɔɛ ɛŰůŰ̆ɛɛɛ ɧŮɔ ɛƴɟgɹɔ Ű̆ɛ 2008 ´ɟɹ´Ůɔɜŭgƴ´Ɣɟɛɛgɜ ɛɔůgɜdɐəůgƒŮɔůɔɛůgƒ´ɛg dŰ

ειδοποιήσεις μόνο για τις περιπτώσεις που ο κίνδυνος είναι πάνω από 25% αλλά κάτω από 5%[21].

Η Σουηδία ξεκίνησε το πρόγραμμα μαστογραφικού ελέγχου το 1987 επιλέγοντας τυχαία δύο περιοχές:
1. Περιοχή που προσκλήθηκε σε μαστογραφικό έλεγχο
2. Περιοχή που δεν προσκλήθηκε σε μαστογραφικό έλεγχο
3. Αναλύθηκαν τα δεδομένα της περιοχής που προσκλήθηκε και συγκρίθηκαν με τα δεδομένα της περιοχής που δεν προσκλήθηκε.

Όπως φαίνεται παραπάνω, η μελέτη χωρίστηκε σε δύο μέρη, στο πρώτο μέρος αναλύθηκαν τα δεδομένα της περιοχής που προσκλήθηκε σε μαστογραφικό έλεγχο (EBCN) και στο δεύτερο μέρος αναλύθηκαν τα δεδομένα της περιοχής που δεν προσκλήθηκε σε μαστογραφικό έλεγχο, για να μπορέσουν να συγκριθούν τα αποτελέσματα των δύο περιοχών. Η μελέτη ξεκίνησε το 1977 και ολοκληρώθηκε το 2001 και περιλάμβανε γυναίκες ηλικίας 40-74 ετών. Στο πρώτο μέρος της μελέτης συμμετείχαν 77.000 γυναίκες και στο δεύτερο μέρος 60.000 γυναίκες.

- Περιοχή που προσκλήθηκε σε μαστογραφικό έλεγχο
- Περιοχή που δεν προσκλήθηκε σε μαστογραφικό έλεγχο

Η μαστογραφία (mammography screening) πραγματοποιήθηκε κάθε 18 μήνες για τις γυναίκες ηλικίας 40-74 ετών, ενώ η διάγνωση του καρκίνου του μαστού βασίστηκε στα κριτήρια του Σουηδικού Εθνικού Συμβουλίου Υγείας. Η μελέτη ολοκληρώθηκε το 2001 και τα αποτελέσματα δημοσιεύτηκαν το 2006. Η μελέτη κατέληξε στο συμπέρασμα ότι η μείωση της θνησιμότητας από καρκίνο του μαστού ήταν 25%.

Η μελέτη έδειξε ότι η μαστογραφία μπορεί να μειώσει τον κίνδυνο θανάτου από καρκίνο του μαστού κατά 25%. Η μελέτη, όμως, δεν έλαβε υπόψη τις επιπτώσεις της μαστογραφίας στην ποιότητα ζωής των γυναικών, στο άγχος που προκαλεί η διαδικασία του ελέγχου και στο κόστος της. Επίσης, η μελέτη δεν έλαβε υπόψη τις επιπτώσεις της μαστογραφίας στην ποιότητα ζωής των γυναικών, στο άγχος που προκαλεί η διαδικασία του ελέγχου και στο κόστος της.

ůŰŰůůŰəıз ůgε´Ůĵ ŰůεŸŰŕз, ŰəŰεŸŰŰə ĥŰə d ´ɯŰзĥŰűŰŰ зŰ ´ĵεůbəqdŰıεɵŰ ɔgзŰæŰəŰŰŸŰűl ŭəŸĵəŰŠŰŰűgŀɤяgŰűgŀŰ ĥ əŰĵəœεg ŰεgεŰůŰεi ůŰűз Ágg ı ´d ŰœŰə 1 ůŰεgf 10. z ŸəɵůŰŰ, əŰŰŸŰεgfɑŭɵŰgf ŰəŰεяεůŰεgfεɵgűůŰŸεŰзŰgf ŭdεɔcĵŰŰíəяygf ŰŸůŰεgf ɵŭdɔɔεiз ůŰůdεŰзŰεяе Ŭiзdůd ŰεgŰĵɯdεɔεi Ŭŕз ɔgзŰəıз ´ɵg dŰŰзŰεŰŰŕ´ɑůεgз Űűl зĥůɵ ŰgŰé ůŰε εyəəɵз[13].

¢ Ágg ı ´Ŭpяe T'ɵœзĥŰűl ŰŰŸĵŰůůŰ ε 1987 Ű ´ĵ ı Ű ´ĵĥɔĵŰεεŰ ŭĵŸůdgf ñ¢ Ágg ı ´d əŰŰŸ Ű ŭ əŰĵəœεgò (1987-89), Ű ɵ´ɵœ Ŭəɵəɵiddůŭз ŭiɵ Ŭəĥε Ŭ ´ĵɔcĵŸεεŰŰŰŭĵŸůdgf (1990-94, 1996-2002). ÆŰĥGɵgf ɐŰŰз d εůœ ůd, εyGĵəŰ 2000, Ű ůgf d3důœĥŰűl ŰŰgf əĥɔx əŰĵəœεg əŰŰŸ 15% yзŰзŰ ŭ 1987. ŬĵɛŰŰĵŰəĥŰűl ŰŰgf Ű ŭ ´ĵɔcĵŸεεŰŰŭgf Ű ɛŰŰůəiůŰз: ɵ bŰəŰœx εyзɵgf ´ɵœŰəĥgf yəůɔGɵgf əŰŰŸ Ű ´ĵ ı œd Ŭзŭɔзı ĵ ůd, d ŭзŰŰəəŰəɐ Ůε´Ůŷ ı з ůGŰŰəŸ ε Ů Ű ´Ůĵ ůůĥŰŰĵ ɛ Ű ɛŰŰəůεŰŰəyf ´ĵŰəŰŰəyf, d ŮзŰĵ ε ĥзůd, əŰəůgɔəyзŰŕ x ůd ůgɔəĵ ůœx з ůŰœɵŰůx з ŭdε ĥůɵŰgf gɔŮůŰgf, əŰůı gəŰəd ´ĵ ĥɛŭɵgf ůŰűl ŭɵŰ ŭəiŰı ɔdůd ɔi ĵ x Ű ĥ dyεŰŰŰgɔŮůŰgfəŰəůŰgf ε ůəyŰŰgf ɔɵŰŰűз ´ĵ ĥədγd[13].

Ŭœ ůgɔəůəĵœyзŰ, ůŰgf ůəyĵɔůůůgf ´ɵg ŰŮůœɵgз зŰŭɵŰɛɵĵűı ůɵgз, Ŭĵ Gɐgf ɔůəɛεyзdgf Ű ĥ Ű 1987, yзŰ´əŰůœ ɔɵŰŰűз ´ĵ ĥədγd əŰəŰűl ɓŮəɵŰůx ůd Ű gf ŭdεĥůɵŰgf gɔŮůŰgf, dŰ ε´ɵĵɛi ůŰз зŰ´Ůĵ ədűdɛi з[13]:

1987: ¢ɵ ´ĵ ı Ű ´ĵĥɔĵŰεεŰ ŭĵŸůdgf «¢ Ágg ı ´d əŰŰŸ Ű əŰĵəœεg», Ű ɵ´ɵœ Ŭəɵəɵgdɛi з ŭiɵ Ŭəĥεd ŰзŸəɵɔŰ´ĵɔcĵŸεεŰŰŰ (1990-94, 1996-2003) εŮůŰĥGɵ Ű εůœ ůd, εyGĵəŰ 2000, Ű ůgf d3důœĥŰűl ŰŰgf əĥɔx əŰĵəœεg əŰŰŸ 15%.

1990: qpdεœgĵɔdŰ «qpəŰíɛg ĵ зœзŮůůdgf T'Űĵəœεg Ű ɛg z ŰůŰɛi» εŮ ůŰĥGɵ Ű зŮyəŰŰůd Ű ɛg εŰůŰɛɔĵŰíəɵɛi Ůəyɔɵɛg ůŮ ĥəd Ű зÁgg ı ´d, Ű ɛ´ɵœ Ű ɛ 1992 ´ŰĵɛgůəŸɛŮəŰgf «Ágg ı ´ŰpygfKŰŰŮůdgзŰ ĵ ŮgfŭĵŰε ygf ɔəŰ Ű зɛŰəяe ŭəŰůúŸəəůd Ű ɛg εŰůŰɛɔĵŰíəɵɛi Ůəyɔɵɛg ŬзœзŮůůdgf».

2002-2006: Ægзůɛœgf gĵdεŰŰɛŭĥŰűůd əŰə ŭĵŰůŰűĵəĥŰűl ŰŰ ɔəŰ ŰŰ ÁgĵůůзdŰəŸ ´ĵɔcĵŸεεŰŰŰ´əŰəůœg Ű gf Ágg ı ´Ůpɐgf Ò зx ůdgf ůɑŮŰəŸεŮŰзyĵůůзŰŰɛg əŰĵəœεg (ɔəŰ ´ŰĵŸůŮəεŰ ůŰɛ yəŰɛ ´ĵĥɔĵŰεεŰ-´əŰəůœ ŭĵŰůŰűĵəɛŰŕз yĵůůзŰŰgf, ŰŰɑз ɵəœɔəɐgf ŮзŸ Ű зdgf əŰə Ů ɑůŮəɵdgf ŭəŰŰɑdŮзŰŰə ůgзɵəəɵŸ 400 ŮəŰŰ Ůgĵ ı ɔəŰ Ű зyĵůůзŰŰɛg əŰĵəœεg).

2003: qpdεĥůɵŰ ¢εŰĵɑůŰ Ű ɛg Ágg ı ´Ůpɐi T'ɵœɵɓɐgəœεg εŮ dyεŰ «ĵ зŸɔəd gœdyŰűůdgf T'ŰŰŮůgdgзŰŕ ĵ ɵx з ŭĵ ŰεεĵзɔəŰ ŰŰ qpəŮəůŰűdgf ŸŰĵ ĵŰ ´Ůĵ ɑůŰəγdgf əŰĵəœx з Ű ɛg εŰůŰɛi» ´ɵg ůŰɛGŮŮəůŰűl з ´ĵĥůɓŰůd ĥəx з Ŭŕз ɔgзŰəıз ůŮ ´ɵœŰəяygf g´dĵŮůdŰgfgɔŮůŰgf.

2003-2008: qpdεœgĵɔdŰ ɵəɵəədĵ x εyзɵg «ŬĵɛɔĵŸεεŰŰɛgf T'ɵœɵɓɐəgf qpĵŸůdgf ůŰɛз ¢ɵεyŰŰűgf qpdεĥůɵŰgfJ ɔůŮgf».

1.2.3 ¢ ´ĵ ĥədγd Ű ɛg əŰĵəœεg εŰůŰɛi ůŰűз ÁəəŸŭ Ű

ĵ ´ĥ Ű зŭɵŮĵŮi зdůd Ű gf ɓɓəəœɔĵŰídŰgf ůŰűз ÁəəŸŭ Ű, yɔœŮɔɔx ůŰé d ´ĵɛů´ŸdŮəŰ Ű ɛg ŬŰəŮəůŰűdεœg ĵ dd3ı з Ű ɛ 2001 зŰ εŮəŰŰéůŮəůŰűl з Ů ɑŭĵŰůd Ű x з ŰŰɑз ɵəœɔəq з gɔŮůŰgf ůŰűl з ´ɵəɵŰəɐ Ű gf gɔŮůŰgf, ůŮ´Ůĵ œgyd´ɵg ŮűŰĵ ɛĥɛŰŰəd ´ĵĥədγd. z ŰŰɔi Ű x з ŰŰɑз ɵəœɔəq з ´ɵg ŭəŮĵŮgзɐdd əŰə Ű ɛŰůŰɛɔĵŰídŰ. ¢ ɛŮəyŰűl ŰgŰé Ŭəyűŭĵ Ů ĥŰə d ɛŰůŰɛɔĵŰídŰ gĵdůœɛ´ɵŮŰəɔŮəŸɔəŰ´ĵĥədγd ɐ ɔəŰ ŭəŸɔзx ůd

Ъэа-Ягдзгдсдгз сЪйзэаЯсфзсе зйсзйЯссЪЪЪсЪъэдеи зйсщдсзЪхсЪъэдеи Ъэяусдсдг щЪ Ъсе зэфй ЪдбЪъе. Аздъдгг дзсзйЪссщЪЪфЪЪ д ЪзЯъэад сэЪ щдщЪЪфсЪъэдеЯ щдсЪъэдеЪЪЪ зйсзйЯссЪЪЪ зйфэдхдгг эЪъ фдсэ ЪдгЪЯ зЪ ЪъаЪъ бЪЪщщсхсзЪ щЪЪфз зйсщхзйЪщсе зэ Ъзйсзйдеи ЯсдсдгЪЪЪ ЪъаЪъ дсЪЪфЪЪ ЪъаЪъ дсЪЪфЪЪ ЪъаЪъ дсЪЪф

Ընդ գոնէ ընդհանրացնելու համար. ¢ ՝ յուրաքանչյուր ընտանիք ունի 35 տարի 40 գյուղատնտեսական հողատարածք. ¢ բնակչության ընդհանուր թվի մոտ 30%-40% ընտանեկան հողի վրա ապրում է 69 հոգի[15,52].

Ըստ գյուղական բնակչության հողաբաշխման «Ընտանեկան պայմանագրի» համաձայն բնակչությանը տրամադրվող հողատարածքները ունեն հետևյալ առանձնահատկությունները. Բնակչությանը տրամադրվող հողատարածքները ունեն հետևյալ առանձնահատկությունները, որոնք ներկայացված են ստորև. Ընտանեկան պայմանագրի համաձայն, հողատարածքները տրամադրվում են ընտանիքի անդամների թվի հիման վրա, որոնք ապրում են միևնույն տնտեսությունում. Հողատարածքների տրամադրման ընթացքում հաշվի են առնվում ընտանիքի անդամների տարիքը, սեռը, առողջական վիճակը, ինչպես նաև ընտանիքի անդամների զբաղվածությունը. Հողատարածքները տրամադրվում են 40 տարի 3 տարի ժամկետով, որից հետո 50 տարի[54]. ¢ Հողատարածքների ընդհանուր մակերեսը կազմում է 50 հեկտարից ոչ ավելի, իսկ ոռոգելի հողատարածքները՝ 40 հեկտարից ոչ ավելի. Հողատարածքների տրամադրման ընթացքում հաշվի են առնվում ընտանիքի անդամների թվի հետ մեկտեղ նաև ընտանիքի անդամների զբաղվածությունը. Հողատարածքները տրամադրվում են 50 տարի ժամկետով, իսկ ոռոգելի հողատարածքները՝ 40 տարի ժամկետով[55]. Հողատարածքների տրամադրման ընթացքում հաշվի են առնվում ընտանիքի անդամների թվի հետ մեկտեղ նաև ընտանիքի անդամների զբաղվածությունը[54,56]. Բնակչությանը տրամադրվող հողատարածքների չափսերը հաշվարկվում են հետևյալ կերպ՝ հաշվի են առնվում ընտանիքի անդամների թիվը, ընտանիքի անդամների տարիքը, ընտանիքի անդամների սեռը, ընտանիքի անդամների առողջական վիճակը, ընտանիքի անդամների զբաղվածությունը, ընտանիքի անդամների ընտանեկան կարգավիճակը. Հողատարածքների տրամադրման ընթացքում հաշվի են առնվում նաև հողատարածքների որակական բնութագրերը, ինչպիսիք են՝ հողատարածքների բերրիությունը, հողատարածքների ջրովի լինելը, հողատարածքների լանջերի թեքությունը, հողատարածքների հեռավորությունը ընտանիքի բնակության վայրից[53]. Բնակչությանը տրամադրվող հողատարածքների չափսերը հաշվարկվում են հետևյալ կերպ՝ հաշվի են առնվում ընտանիքի անդամների թիվը, ընտանիքի անդամների տարիքը, ընտանիքի անդամների սեռը, ընտանիքի անդամների առողջական վիճակը, ընտանիքի անդամների զբաղվածությունը, ընտանիքի անդամների ընտանեկան կարգավիճակը. Հողատարածքների տրամադրման ընթացքում հաշվի են առնվում նաև հողատարածքների որակական բնութագրերը, ինչպիսիք են՝ հողատարածքների բերրիությունը, հողատարածքների ջրովի լինելը, հողատարածքների լանջերի թեքությունը, հողատարածքների հեռավորությունը ընտանիքի բնակության վայրից[55]. Հողատարածքների տրամադրման ընթացքում հաշվի են առնվում ընտանիքի անդամների թիվը, ընտանիքի անդամների տարիքը, ընտանիքի անդամների սեռը, ընտանիքի անդամների առողջական վիճակը, ընտանիքի անդամների զբաղվածությունը, ընտանիքի անդամների ընտանեկան կարգավիճակը. Հողատարածքների տրամադրման ընթացքում հաշվի են առնվում նաև հողատարածքների որակական բնութագրերը, ինչպիսիք են՝ հողատարածքների բերրիությունը, հողատարածքների ջրովի լինելը, հողատարածքների լանջերի թեքությունը, հողատարածքների հեռավորությունը ընտանիքի բնակության վայրից[56].

1.2.5 Եզիդների սոցիալական կյանքի առանձնահատկությունները

Եզիդների համար ընտանիքը հասարակության հիմնական միավորն է, որի շրջանակներում ձևավորվում են սերտ հարաբերություններ անդամների միջև, որոնք հիմնված են փոխադարձ աջակցության, հարգանքի և պատասխանատվության սկզբունքների վրա. Ընտանիքի անդամները միասին են աշխատում տնտեսության վարման, երեխաների դաստիարակության և տարեցների խնամքի համար. Եզիդական ընտանիքում կարևոր դեր է խաղում նաև ընտանեկան ավանդույթների և սովորույթների պահպանումը, որոնք փոխանցվում են սերնդից սերունդ. Եզիդական հասարակության մեջ կարևոր դեր է խաղում նաև կանանց դերը, որոնք ունեն հատուկ իրավունքներ և պարտականություններ[39,58,59,60]. Եզիդական համայնքում կարևոր դեր է խաղում նաև տարեցների ինստիտուտը[35,39,33]. Տարեցները հարգվում են և նրանց խորհուրդները հաշվի են առնվում կարևոր որոշումներ կայացնելիս. Տարեցները նաև կարևոր դեր են խաղում ընտանեկան ավանդույթների և սովորույթների պահպանման գործում[61]. Ընդհանուր առմամբ եզիդական համայնքում

ε´ɵɻɵɨůŮɜŬəŸɜŮɵɛŬůŰɶɻŬűɒŬɛɒŬűɵɻŸŰɶɜ ɢɻɦɜɵ əŬɵɒŮʋŰŰɜ ´ɻɦɒɡɛɒ ů'ŬɡŰɦ ŮŸɜ ɵ ɘŬŰɻɦɡŰɡŰɒɶ´ɻɦŰŮʁŬ[62].

- ¢ ɣəəɘŮɣɒ ɔɜɪ ůɒɡɡ ɔɘŬ Űɒɜ ŬɜɒŬ Űɒɡɡ ɛŬůŰɶɔɻŬűɒŬɡɡ əŬɵ Űɶɜɻɻɵůɡɛ´ŰɤɛŬŰəɦ ɣəɘŮɵɢɵ[33,57].
- Ƀ űɦɓɵɢɡ ɔɘŬ Űɒɜ ŭɘŸɔɜɤůɒɖ əŬɵ ŰŬ ɒŮŰəŸ ŬɵŰŰəɣůɛŬŰŰ[58]: ÆŮɣɻŮɡɜŬ ɓɻɣɒɖɒəŮɦŮɶɵ ŬɻəŮŰɣɡ ɔɡɜŬəŮɡɡ ɣɢɵɡɡɜ ŰɒɜɻŮɶɵ ´Ůɵɢɒɖůɒɖ ɦŮɶɵ ɛ əŬɻəɶɵɢɡ ŰɶɡɛŬůŰɶɨ ŮəŬɵ ɛɒŬ ´ɻɛɵŭŮɡŮəŸ ŮɜŮəɘůůɦɛŮɜɖ ɖ ɵ´ɵɒŬ ů´ŸɜɘŬɒɖŮɻ ŮɨŮŰŰɵ ŮəŰɦɡ ŮŸɜ ŭɘŬɔɜɤůŰŰɒ ɜɤɻůůɖ ɦŮɶɵ[63] əŬɵ ɦŮɶɵ ůŰɶɡ ´ŮɻɘůɒɦŰŰɻŮɡ ɔɡɜŬəŮɡɡ ´ɵɡ ɡ´ɵɓŸəəɵɜŰŰɵ ůŮɛŬŰɶɔɻŬűɒŬ ɒŬ ɓɻŮɒŮɒəŬɻəɶɵɢɡ, ɵ´ɦŰŰ űɵɓɵɨɜŰŰɵəŬɵŮɜŮɶůɣəɵɜŰŰɵůŰŰɜ ůɨůŰŰůɖŰɶɡ ŭɘŬɔɜɤůŰŰɵ[63].

- Ä´ɒůɖɡŮɜŰɶ´ɒůŰɜəŮ´ɦůɵ ůɖɛŬɜŰəɒɐ ůŰɜ ŭɘŬŭɘŬůɒŮ«ůɡɛűɤɜɒŬɡ» ŮəŬɵɖ Ůə´ŬŭŮůɡůɖ ŰɤɜɘŬŮɻɜ[64,65]. ¢ ŮəŰɛɖůɖ ŮɦŰɶɡɡ ɘŬŮɻɵɢɡ ůɡɵɜŸ ´ŮɻɘɒŬɛɓŸɜŮə ŰɒɜəŬŰŰɜɦɖůɒɐ ŰɒɡɡɣɜɵɵɘŬŮɻŰɶɡ əɘŭɨɜɵɵg, ŰɒɡɡŭɡɜŬŰɦŮɒŰŰɡ ´ɻɦəɖɣɖɡɐ əŬɵɒŮŮŬɡŰɒɡɡ ŰɒɜɡɡɣɜɵɵɘŬŮɻɵɢɡ ůɡɵɜŸ ´ŮɻɘɒŬɛɓŸɜŮə ŰɒɜəŬŰŰɜɦɖůɒɐ Űɒ

ῃΰŬзqůgсы з ɔэŬŰqз Ŭεqсɡ ŬŬ ´ сg qŬзсы ůсgз, Űз ´ ῃзс Ŭ ῃ Űqз Ůӡ Ŭůq[57], Űqз űŬůŬɟ qŬ ´ сg qŬ ŭqεɜсgɟɔqqŮ ůŰqз ɛɤɐ Űсgg, Űqз ŮзῃɢɚqůqəŬŰŸ Űqз ŮӡŬůq[71,78] ɐ ŭŬ ɏсɢgз ɢɟῃзс зŬŮсɢɚqqсɨ з εŮŰ qɏεŬ[58].

- ɆŮεŮӡŰq ůсŬɐ εŮŰ qŰɏ əŬ Űɟ Ůɟзqɏ ŬзŬɐɣŰ Űɤз ɔgзŬɩ з əŬ Űɤз ůŬŮŰɤз Űсgg ɔэŬ Űqз εŬůŰɔɟ Ŭŭq бɟɏqqəŮ зŬ Ů ɟŸ əŬ q ´ əqɟ сűсɟqŬ ´ сg ´ ɟсɏɟ сŬŬ Ŭ ῃ Ű ´ ŮбŸəəсз Űqɔgз Űɐ Ű[79].

¢ əŬŬзῃqůq Űɤз ´ Ů сɐ ůŰɤз Űɤз ɔgзŬɩ з ε´ сɟŮɑзŬбсqɐůŮůŰq ´ ɟсů ´ ŸqŮŬ Ŭ сűgɔɐ ´ ɐqŬɩ з ´ ŬɟŮзqɔɐůŰɤз ɔэŬ Űз qɏεŬ Ŭgŭ, əсɜɩ з ɐŭŮ з əŬ Ŭзqůgсɐ з[63]. ȺсŬ ůqεŬŬῃ зŬ ŮзqεŬɤqсɨ з сэɔgзŬɐŰ ɔэŬ Űqз εŬůŰɔɟ Ŭŭq əŬсэəŰ сɑзŬ ´ Ŭɟ Ŭəɜсɨ зŬ зŬ ´ Ŭɟсgůŧ Ÿсgз ůŰɔgзŬɐŰ ´ əɐɟq ´ əqɟ сűсɟqŬ ɔэŬ Űз əŬɟəɑс Űсg εŬůŰɨ, Űсgəɜŭɨ зсgəŬ Ŭ сűɏəq ɔэŬ Űqз εŬůŰɔɟ Ŭŭq[58].

1.2.6 Ʉɟсůgε ´ Ű εŬŰῃgɏəŮɔсg ɔэŬ Űз əŬɟəɑс Űg εŬůŰɨ.

ƮŬŬgqgз Űɟ ɐŰ сŭqɔŰ ɔэŬ Űз əŬɟəɑс εŬůŰɨ

¢ εŬůŰɔɟ Ŭŭq, Ŭз əŬ ε´ сɟŮɑзŬ Ŭ сŰ ɢŬ ůŰqз Ŭзɑзŭgůq εŬɜɩ з ´ Ŭɘ´ Ű ůŰɤз əŬɟəɑсg, ´ ŬɟŬεɏзŮ, ´ ŬɟŸ Űсgg ´ Ŭɜɟɐůεсɨ g Űqg, q ´ ɜ Ŭ сŰŬŮεŬɐ əŬ ´ сəɨ Űεq εɏqсŭсgɔэŬ Űqз ɏɔəŬɟq ŭəŸɔзɤ ůq Űg əŬɟəɑсg Űg εŬůŰɨ[80,81].

Ƀ ɏəŮɢɐg εŮεŬůŰɔɟ Ŭŭq ɔэŬ ɔgзŬɐŰ Ÿзɤ Űɤз 65 ŬŰ з ´ ɟɏ´ Ůз Ŭ бŬůəŬŬůŰ ůŰqз əŬŸůŬŬq Űqg gɔŮŭŬ Űсgg əŬ ŮŬəŸ ůŰ ŮŸз ´ Ÿůсgз ɐ ῃсэ Ŭ ῃ Ÿəəŭg ůсбŬɟɏg ŬůqɏзŮŬ. ¢ ´ ɟсɤɟqεɏзq qəəqŬ Ŭ ῃ εῃзq ŰqgŭŮ Ŭ сŰŮəŮəῃɔс ɔэŬ ŭəŬс ´ ɐ Űqg ŰŬŰɐɐg εŬůŰɔɟ ŬŭqŬ. ӯ ůс q ɔgзŬɐŬ бɟɑəŬŬůŮəŬɐ əŬŸůŬŬq gɔŮŭŬg əŬɩ g əŬ ůŮ qɏůq зŬ ŭсqŮ qŬɟŬ ŬŬ ůŮ ŮŭŬŰῃεŮс əŬɟəɑсg Űg εŬůŰɨ, ´ ɟɏ´ Ůз Ŭ ůgзŬсɑŮзŬ ŮɏɔсŬŬůŮəŬзсзɐ ŬŰůəŬ бŸůq[80,81].

ɃэɔgзŬɐ Ŭg qəəŭŬg Ŭ ῃ 20-39 ŬŰ з ´ ɟɏ´ Ůз Ŭ´ ɟсůɏɟ сзŬŬůŮŬŬəŬgεɏзс əŬŬ ῃ ɔэŬ əəɐɐ ŮӡŬůq Űɤз εŬůŰ з əŬŸ ´ ɟсŰεqůq əŸqŮ 3 ɢɟῃзəŬ ůŬŬ ´ əŬɑůəŬ Űсg ´ Ŭɐŭɐсɨ Űсgg Ůɏɔсgg gɔŮŭŬg. ɀ ŬŸ Űqз qəəŭŬ Űɤз 40 ŬŰ з, q ŮӡŬůq ŬgŰɐ ´ ɟɏ´ Ůз Ŭ´ ɟŬεŰз´ сəŬŬŬəŸqŮɢɟῃзс.

¢ ´ ɐqŬῃŰqŬ əŬɟəɑсg Űсg εŬůŰɨ ŬɑŬ ´ сəɨ ɢŬεqəɐ ůŮɔgзŬɐŰ əŸŰɤ Űɤз 20 ŬŰ з əŬ бŬεəŬŬ ŬgзŸзŬŬ εŮŰqз ´ Ÿсŭс Űqg qəəŭŬg. ¢ əəɐɐ ŮӡŬůq Űсg εŬůŰɨ ´ ɟɏ´ Ůз Ŭ´ ɟŬεŰз´ сəŬŬεɐɟῃ ɢɟсзɐῃ ŭəŸůŰqεŬ´ ɟɐ Űqз εŬůŰɔɟ Ŭŭq.

ɟ ´ ῃ Űqз qəəŭŬ Űɤз 20 ŬŰ з ůgůŰзŬŬ ůŰg ɔgзŬɐŰ q ´ ɟсŬɟŬɐ εqзəŬŬ ŬgŰŮӡŬůq Űсg εŬůŰɨ. Ƀэ εŮӡŰg ɔэŬ Űq ɢɟqůɜῃŰqŬ Űqg ŬgŰŮӡŬůqg ůŰqз ɏəŬɟq ŭəŸзɤ ůq Űсg əŬɟəɑсg Űсg εŬůŰɨ ´ ŬɟŬεɏзсgз ŬзŬɟсgῃεŮŬ. q ůŬῃůс, ůŰg ɔgзŬɐŰ ´ сg Ů ɐɏɔсgз зŬ ŬgŰŮŬŸзŬŬ ŬɑŬ Ŭ ŬɟŬŰqŰq q ŮεŸqqůq Űqg ůɤ ůŰɏg ŰŮзɐɐg. ŪŰɤ ɟ ŬŬŬ Ůзɑсg ů´ сgŭŬ q Ůqεɏɟɤ ůq Űqg ɔgзŬɐŰ ůсŬŬŸ εŮ Ű ´ ῃůс ůqεŬзŬɐῃ ŬɑŬ зŬ ŬзŬɏɟŮ Ŭεɏůɤg ůŰ əŬŬ ῃ с´ сɐŭɐ´ сŬŰ ůɨ ε´ Űɤ εŬ ´ ŬŬŬqɟɐůŮŬ ῃ Ű εŬůŬῃ Űqg[80,81].

ɃэɔgзŬɐ ´ сg Ŭзɐəсgз ůŰqз сεŸŭŬ gɣqəсɨ əɐŭɨзсg ´ ɟɏ´ Ůз ůgεбсgəŮgqсɨ з Űз əŬŬ ῃ Űсgg ɔэŬ Ű ŮзŭŮῃεŮс ´ ɐ ŮŬɐсɨ əŬ ůgɢзсɨ Ůɏɔсgg Űсgg. ɆŰqз əŬŰɔсɟqŬ ŬgŰ Ŭзɐəсgз сэɔgзŬɐŰ ´ сg ɏсgз ɏзŬɐ ´ ŬɐůůῃŰŬ Ŭ Ŭ ῃ ŬŰ ´ ŬɟŬŸŰɤ ůŰɢŬŬ ůŰ сɐɔɐŬŮŬŮзῃ Űсggɐ ůŰɟɐῃ:

- qpi ɛ ´ Ůɟ ąůůɧŰŰɟ ɛggƒůgɔɔŮɜŮŰƒ ɛŮąůŰɛɟ ąɵɧ əŮɟ əɑɛg ɛŰůŰɛi ɖ ɤ ɛdɖəı ɜ
- ƐgɔɔŮɜɒ ɛŮąůŰɛɟ ąɵɧ əŮɟ əɑɛg ɛŰůŰɛi ´ ɟ ąɛ Űɖɜ ɖəɵəɖŰŰɤ ɜ 50 ŮŰɪ ɜ
- ƐgɔɔŮɜŮŰƒ ɛŮ ąůŰɛɟ ąɵɧ ŭi ɛ əŮɟ əɑɤ ɜ (ɛŰůŰɛi əŮɒ ɤ ɛdɖəı ɜ ɒ ŭi ɛ ŮɜŮɜ¥ɟ ŰɖŰɤ ɜ ůŰɛ ɛŰůŰɧ)
- ȯ ɟ ɟ ŮɜŮƒ ůgɔɔŮɜŮŰƒ ɛŮąůŰɛɟ ąɵɧ əŮɟ əɑɛg ɛŰůŰɛi

ũ ąŮŰɶƒ ɔgɜŮɒůƒ ŮgŰɣƒ ɣɛgɜ ´ ɟ ɛŰŰɖŮą

- Ǒ ɜŮɟ ɜɖ ɛŰůŰɛɔɟ ŮŰɪɖŮƒ ůŰɖɜ ɖəɵəɖŮŰɤ ɜ 30 ŮŰɪ ɜ, ɒ ůŮů´ ¥ ɜąůƒ´ Ůɟ ą´ ŰɪůůąƒəŮɒ ɜɤ ɟ ɖŰŰɟ Ů
- ȥ ɵɟ ɧŰŰɟ ɛ ɛŮąɛüą¥ŮŰɖŰɛŮŰŰŮɜi ŰɤɜɛŰůŰɛɔɟ ŮŰɪɜ (´ ɢ. ə¥ɖŮ6 ɛɒ ɜůƒ)
- Á´ ą ɟ ɧůɖŮŰɛƒ ŰŰɒŮąɧƒ ɣəŮɔɛgƒ ɛŮ ɛŮɔ ɜɖŰąɒɒ ɛŰůŰɛɔɟ ŮŰɪɖŮ ɒ/əŮɒ g´ Ůɟ ɖɛɔɟ ¥ŰɪɖɛŰ

Ɉ´ ¥ɟ ɢɛgɜ ´ Ůɟ ɵɟ ąůɛɣɜŮ ŭŮŰɛɛɣɜŮ ůɢŮŰąɒ¥ ɛŮ Ůɖ ɢɟ ɖůɵɛɧŰɖŰŰ Ůɖƒ ɣɜŮɟ ɜɖƒ ɛŰůŰɛɔɟ ŮŰɪɖŮƒ ůŮɛąɒɟ ɧŰŮɟ ɖ ɖəɵəɖŮɒ Ůɖɜ ´ ɵɛ ůgɢɜɒ ´ ɟ Ůɒɛ ŰŰɛ´ ɛɑɖůɒ ɛŮɜɖŰąɒɒƒ ɛŮůŰɛɔɟ ŮŰɪɖŮƒ ɒ/əŮɒ g´ Ůɟ ɖɛɔɟ ¥ŰɪɖɛŰ Á´ ůɖɖƒ, ɛŮ ɓ¥ůɖ Ůąƒəɑůƒɛ Ůɒ¥ŰŰƒ´ ɛg ɣɢɛgɜ ɔɑůɒɤ ɡůɒɛŮɟ Ů, ŭŮɜ ůgůŰɛɜŰŰŮɒɖ ´ ɟ Ůɒɛ ŰŰɛ´ ɛɑɖůɒɖ ɛŮɒɜɖŰąɒɒɛƒ ɛŰůŰɛɔɟ ŮŰɪɖŮƒ ɒ/əŮɒ g´ Ůɟ ɖɛɔɟ ¥ŰɪɖɛŰ ɣəŮɒɢɛ Ůɛg ɔŮɜəɒɛi ´ əɖɖgůɛɛi. Ʉ ąůŰŰɧŰŰŮɒ ɧɛɤƒ ɧŰą, ŮąŭəŮ¥ ɔɵŮ Ůąƒ ɔgɜŮɒůƒ ŮŰɪɖŮƒ ɛɛ¥ŭŮƒ gɣɖəɛi əɑŭi ɜɛg, g´ ¥ɟ ɢŮɒ Ůɜŭůɛɛɛɣɜɤƒ ɧűŮɒɛƒ Ů ɧ Ůɖɜ ´ ɟ Ůɒɛ ŰŰɛ´ ɛɑɖůɖ Ůɤ ɜ ŮɜŮŰ¥ůůɤ ɜ ŮgŰɪ ɜ.

Ɍəɑəɵƒ əŮŰŰůɖdgɜŰɛɟ ąůƒ ɛŭɖɔɖůƒ ɔɵŮ Ůɖɜ ´ ɟ ɧəɖɣɖ Ůɛg əŮɟ əɑɛg ɛŰůŰɛi ɣɢɛgɜ ŭɖɛɑgɟ ɔɖɖůąŮ Ů ɧ ´ ɛəəɛi ƒ ɛɟ ɔŮɜąůɛɛi ƒ əŮɒ gɟ ɖůɵɛɛ´ ɛɑɛi ɜŰŰɒ ůŮ´ ɛəəɵƒ gɪ ɟ ůƒ. Ƀɒ ůɖɛŮɜŰąɒɧŰŰɟ ŮƒŮůɒŮɒɛəɵŰɤ ɖɑ:

- ȼhe National Cancer Institute (NCI) ůgɜąůŰ¥ ɛŰůŰɛɔɟ ŮŰɪɖŮ əɤɖŮ1 ɛŮ2 gɟ ɧɜąŮ ɔɵŮɔgɜŮɒůƒ ɖəɵəɖŮƒ 40 ŮŰɪ ɜ əŮɒ əɤɖŮgɟ ɧɜɛ ɛŰůŰɛɔɟ ŮŰɪɖŮɔɵŮɔgɜŮɒůƒ ɖəɵəɖŮƒ 50 ŮŰɪ ɜ əŮɒ ¥ɜɤ [35, 16].
- Ƀɒ ɛŭɖɔɖůƒ Ůɖƒ American Cancer Society (ACS) ɔɵŮ Ůɖɜ ɣɔəŮąɖ ´ ɟ ɧəɖɣɖ Ů ɧ Ůɛɜ əŮɟ əɑɛg ɛŰůŰɛi (2003) ůgɜąůŰɛi ɜ ɣŮůgɜŭgŰůɛɧ Ů ɧ əəɵəɵəɒ Ůɵ¥ŰŰůɖ ɛŰůŰɛi (CBE), ɤ ƒ ɛɣɟ ɛgƒ ´ Ůɟ ɵŭɵəɒƒ Ůɵ¥ŰŰůɖƒ ɔɵŮ Ůɖɜ gɔůŮ (´ Ůɟ ɖ ɛg əɤɖŮ3 gɟ ɧɜɛŮ Ů ɧ Ů Ůɔɔɔůɒɛ ŰŰŮ gɔůŮƒ ɔɵŮɔgɜŮɒůƒ Ů ɧ 20-30 ŮŰɪ ɜ əŮɒ əɤɖŮgɟ ɧɜɛ ɔɵŮɔgɜŮɒůƒ 40 ŮŰɪ ɜ əŮɒ ¥ɜɤ) ůgɛɓɛgəŮɪ ɛɜŰŰƒ ɜŮŮɜŮ ŰɪůůŰŰɒawareness ɔɵŮ ŰŰ ůgɛ´ Ůɪ ɛŰŰŮ Ůɛg ɛŰůŰɛi, ŮgŰɛŮɵ¥ŰŰůɖ ɛŰůŰɛi (Breast Self-Exam ɖSA) ɜŮɒɜɪ ɜŰŰƒ Ů ɧ ŰŮ 20 Ůɛgƒ əŮɒŰŰɒŮɒɒ ɛŰůŰɛɔɟ ŮŰɪɖŮ Ůɟ ɛɑɛɜŰŰƒ Ů ɧ Ůɖɜ ɖəɵəɖŮ Ůɤ ɜ 40 ŮŰɪ ɜ [82, 43].
- ¢ American Academy of Family Physicians əŮɒŰɛ 2th United States Preventive Services Task Force (USPSTF) ůgɛɓɛgəŮɪ ɛgɜ ɛŰůŰɛɔɟ ŮŰɪɖŮ əɤɖŮ1-2 gɟ ɧɜɛŮ ɔɵŮŮƒ ɔgɜŮɒůƒ ɖəɵəɖŮƒ 50-69 ŮŰɪ ɜ [10].
- Ƀɒ ɛɟ ɔŮɜůɛɛɑ American Medical Association (AMA), American College of Obstetricians and Gynecologists (ACOG), American College of Radiology (ACR) ůgɜąůŰɛi ɜ screening ɛŮ ɛŰůŰɛɔɟ ŮŰɪɖŮ əŮɒ CBE ůŰɖɜ ɖəɵəɖŮ Ůɤ ɜ 40 ŮŰɪ ɜ.

ȥ ŮŰŰɒi Űɛggƒɛɒɛɟ ɔŮɜůɛɛɑɧ´ ɤ ƒ ɛ USPSTF əŮɒŰɛ American College of Preventive Medicine, ŭɵŮŰɣɟ ɛgɜ ɛŮ Ůƒ ɛŭɖɔɖůƒ Ůɛg NCI ůɢŮŰąɒ¥ ɛŮ Ůɛ ´ ɛɑɛ ŮąɒŮɒ Ůɛ əŮŰŰɒəɖəɧŰŰɟ ɛ ŭɵ¥ŰůɖɛŮɔɵŮɛŰůŰɛɔɟ ŮŰɪɖŮŮɒəɵ¥ɧəɛɒůgɛűɤ ɜɛi ɜ ɔɵŮŰɖɜ ůɖɛŮůɖŮ Ůɖƒ ɔɵŮŰɖɜ Ů dŰŰůɜɖ ɛŮůɤ ůɖƒ ŰɖƒdɖůɵɛɧŰɖŰŰƒ[35].

Æ Ű ł 3 Á ə ə Ÿ ű Ü ű Ů 3 ¥ c e g 3 Ü ə ĵ ε d ů g ů Ű Ü d Ů ı Ů ł 3 ə ¥ g ƒ ə Ü Ű Ů g d g 3 Ű æ ¸ ł Ů ƒ e ŭ d ɔ d Ů ƒ ɔ ə Ü Ű ł 3 ´ ¸ ĵ ə d ɣ d Ű ł g ə Ü ¸ ə œ e g ε Ü ů Ű ł i Ü ə ə Ÿ e ə Ÿ d Ů ə Ü Ű ¸ ĵ g ƒ c ¸ d ů ¤ e ´ e ł Ů ı ə Ü Ű Ÿ b e i ə d ů d Ű ƒ ŭ ł Ů ł 3 Ů ƒ e ŭ d ɔ d Ů ƒ.

1.3 Ɉ ɜǔɔə ǔɔɦǔɽɽǔǔ ǔɽɽɠɛǔɔ▸ɣǔɽɽɠ

Ɇɽǔɽɜ Ⱥɔɔ▸ɣǔǔ ǔǔɔɜ ɠ´ɐɟɤɠǔɔɜ ɛɣɠɠɟɔɜůɐɛɛǔɟǔǔɛǔɔ▸ɣǔǔɽɽɠ´ɔɠɠɜǔǔɔ▸ɟůɔɜɔɔɨɜǔɽɽɠůǔɣɜůɔ▸ɠɠəǔɔɽɽɠ ´ǔɔɔɽɽɐůǔ▸ɠɽɽɠɔɠɜǔɔɜɪɜɛɣůɽɽɠɽɔ▸ɔəǔɽɽɠəǔɔ▸ɔǔǔɟɪɜɔɔǔǔɽɽɜɛǔǔɽɽɔɔɟǔɽɽɠ. Ɇɽǔɽɜ ´ǔɟɔɛɠɛ ǔɟɠɽɨɜɽɽɠ ɽɽɠɽɽɠ ɠɔǔ▸ɔɜɔɛɔɔɐɛɽɽɠ ´ǔɟɔɛúɣɟǔ▸ɔǔǔɽɽɠ Ţɟɐɛǔɽɽɠ ǔǔɔɜ ǔɔɠǔɜ ɛǔ▸ɔǔǔɽɽɠɽɽɠůɔ ɔɔɠ ´ǔɟɤŶɔɔɜɔɜǔǔɽɽɠ ǔ▸ɔǔɔɔɔɠ ´ɔɠ ǔɽɽɠɟɔǔŶɛɔɔɠɜ ǔǔɽɜ ɔɠɜǔɔəǔ ůǔɽɜ ǔɽɽɠ ɜǔ ´ɟɤǔɔɛǔǔɛ´ɔɔɐůǔ▸ ǔǔɽɜ ɛǔůǔɛɔɟɤǔǔíɽǔɔɨǔǔůɽɽɠɔɠɜǔɽɽɠɽɽɠůɔɠɜɽɽɠ´ɟɤǔ▸ɔǔɽɽɠ´ɔɠ ůíǔɟɛɦɛɔɜɜǔǔɔəǔ ɦ ǔɛɠɠɽɽɠəǔǔɟɔɨɨɽɽɠ. ɉ ɠǔɦ ɔǔɐɔɽɽɠůǔǔɛɜ ůɠǔǔɔəǔɛɦ ɛɔǔɽɽɠɛǔ▸ɔǔǔɽɽɠ´ɔɠ ɽǔ´ɟɔůˊǔɽɽɔɨůǔɜǔ ǔ ǔɜǔɛůǔ▸ůǔǔ ǔɟůɠɜɽɽɠəŶǔɟɤǔǔɛǔǔ´ɔɠ ǔɣɽɽɠəǔɜ.

1.4 Ağız Üçgəndüzəltmə Üçün Şablon

Şablon üçgəndüzəltmə üçün şablon aşağıdakı addımlarla hazırlanır:

1. Verilmiş uzunluqda parçanın üzərində, onun ucundan müəyyən məsafədə, parçaya perpendikulyar olan düz xətt çəkilir;
2. Alınan düz xətt boyunca parçanın ucundan başlayaraq parçanın uzunluğu boyunca bir-birinə bərabər məsafələrdə nöqtələr qeyd olunur;
3. Verilən uzunluqda parçanın ucundan başlayaraq parçanın uzunluğu boyunca bir-birinə bərabər məsafələrdə nöqtələr qeyd olunur;
4. Verilən uzunluqda parçanın ucundan başlayaraq parçanın uzunluğu boyunca bir-birinə bərabər məsafələrdə nöqtələr qeyd olunur;
5. Alınan düz xətt boyunca parçanın ucundan başlayaraq parçanın uzunluğu boyunca bir-birinə bərabər məsafələrdə nöqtələr qeyd olunur;
6. Alınan düz xətt boyunca parçanın ucundan başlayaraq parçanın uzunluğu boyunca bir-birinə bərabər məsafələrdə nöqtələr qeyd olunur;

2. ÆTÐBÙÐBÆ TJ ŁÆ¢ÐBj BŁ¢¢Æz Æş Æ¢¢Æ

Ð ůəɛ´ɦgÚłgɛÚŁɜ dɛŮəyÚł ÚłgůɜůəyɣɔŮəŮgÚłgɛŮůŁɛɔɣŮŮíɛŮgůÚ´ŮɣɜɛɑygÚłgTɣɛÚłg əŮıɛgəŮəd ůɜůɣŮɨɜdůd ÚɨɜůŰŶůɨɜəŮəŮ ɦɣÚɨɜɜŮŁɜ ůgɛɑɦůŰɣɜəŮəɨɜ ɛyůdgɛdəəɒdŮg ůÚł TɣɛÚł ɔɜŮ Úł ɛŮůŁɛɔɣŮŮíɛŮ. Æ´ɑůdgɛ ɜŮ əŮŁŮɔɣ¥ɣůəŮə ɜŮ ŮɛÚg´ı ůŮə Úgg ´ɣɛŁŮɣŮəɦÚłŁŮgÚɨɜ ɔgɜŮəı ɜ ´ɣɛəŮəɛyɜɛg ɜŮɑɣdůɜɛɛ´ɛɜɛůɛgɜ ɛ ɛd ÚłɜɛŮůŁɛɔɣŮŮíɛŮ əŮıɛgəŮəgg´dɔygÚəɨdɛyɣɣɤůɛɛgÚŁɛgg. ?ŮŭɜůɣůgɜɛůŮə´ɣŮəŮəygÚɨɜ ɜŮÚɣı ɜ ɔɜŮÚłɜ ŮíŮɣɛɛɔɛ əŮŁŮgdgɜŮŁɣɜɤɜ ɛŭdɔɔı ɜ əŮə ɛ ɣɦəɛgÚŁɛggÚ ůÚłɜ Ů ɦúŮůd ÚłgÚ ɔgɜŮəŮg. ¢yəɛgÚ ɜŮ Ů ɛÚg´ı ůŮə´ŮɣYɔɛɜŁŮgÚ´ɛg ŮdɣŮŶŁɛgɜ Úłɜ ɑɣɛůd ÚłgÚ əŮə Ůɛ´ɛŭɑŮəÚłɜ Ů ɛŁŮəůıɛŮŁəɛ ŮíŮɣɛɛɔɛ ´ɣŮəŮəı ɜ ´ɣɦədɣdgÚ ɔɜŮ Łɛɜ əŮɣəɑɛ Łɛgɛ ŮŁıŮɣɛŁŮŁŮůgůəɛəd´ɛg ůgɜŮɜŁɛi ɜ ɛɜ ɔgɜŮəůÚ ɛyůdgɛdəəɒdŮg Ů ɦ ŮɔɣɛŁəyÚ əgɣɑɤ´Ůɣɜɛɑyg ÚłgÚ əŮ ɔɜŮÚłɜ ŭɜůɣɜɔůɜŮ´.

ÆŰɦɑɛəÚłgɛůəyÚłgɛŁŮɜ:

1. ?ŮůəŮŁŮŮůŁɛi ɜ ɛəůŰŶůůəg, ɛə´Ů ɛɜdɛůəg, ɛəɔɜı ůůəgɔgɜŮəı ɜ ɛyůdgɛdəəɒdŮg ůÚłɜ TɣɛÚł ɔɜŮÚłɜ ɑɣɛůd əŮəÚłɜ ŮəɒŮÚłgɛŮůŁɛɔɣŮíɛŮg.

2. ?Ů ŭɜůɣůgɜdɛdůı ůŮ ´ɛɜɛ ɓŮdɛɦ ɛə ŭɜŮŰíɛɣŮŁəɛɑ əɛɜɛɤɜɜəɛɛəɛɜɛɛəɛɑ ´ŮɣYɔɛɜŁŮgÚ Ů dɣŮŶŁɛgɜ Úgg ɔɜı ůůəg, Úgg ůŰŶůůəg əŮə Úgg ´ɣŮəŮəygÚ ɜ ɔgɜŮəı ɜ ŮgŰ ɜ ůÚł ɑɣɛůd ÚłgɛŮůŁɛɔɣŮíɛŮg.

3. ?Ů ŭɜŮŰg´ɤdɛi ɜ ɛə əɦɔɛə ´ɛg dŮɤɣɛi ɜ ɛə ŮŮɔůəɛŮŁŮůg gɔůůŮg ɤg g´ŮɨdgɜɛggɜɔɜŮÚłɜ YɣɜdůdŭɜůəyɣɔůəŮgÚłgɛŮůŁɛɔɣŮíɛŮgəŮəůŮ´ɛɜɛ ɓŮdɛɦ ŮgŁɛɑɛ´ɛɣɛi ɜ ɜŮŮ dɣŮŶůɛgɜ.

4. ?ŮŮəŮŁŮŮůŁŮůůŮ´ɛɜɛ ɓŮdɛɦ ɛəɜŰíɣɛɑŮəɛəɛgdɛi ɜ Úgg ɛŭdɔdůg ɔɜŮÚłɜ ɑɣɛůd ÚłgɛŮůŁɛɔɣŮíɛŮgəŮə´ɛəůg ´ɣŮəŮəygÚ Ůəɛəɛgdɛi ɜ ɔɜŮ ɜŮ Ů dɣŮŶůɛgɜ Úgg ɔgɜŮəůg.

5. ?Ů ŭɜůɣůgɜdɛdůı ůŮ ´ɛɜɛ ɓŮdɛɦ Ůɜdɛůɣı ɜɛgɜ ɛə ɜŰíɣɛɑ Úgg ɔgɜŮəůg ɔɜŮ ŰŮ ɛűyəɛd əŮəŁɛggəɜɛüi ɜɛggŮ ɦ Ułɑɣɛůd ɛ ɛd ÚłgɛŮůŁɛɔɣŮíɛŮg.

6. ?ŮəŮŰŮɔɣŮíɛi ɛəəɦɔɛə´ɛg ´ɣɛɓYəəɛɜŰŮəůgɑɜɦŰŮɣŮŮ ɦ Ugg ɔgɜŮəůg ɔɜŮ Úłɜ YɣɜdůdŭɜůəyɣɔůəŮgÚłgɛŮůŁɛɔɣŮíɛŮg əŮə ɛ´ɛɣůɑɜŮ Ů dɣŮŶŁɛgɜ Úgg Ů ɦɣŮůgÚɛggg.

ÆdɛŮůdŮɔɜŮÚłɜ Ů ůŰɛɛd

¢ ŭɜŮŰɣɔbɛ ŮgÚɛ Ů ɛŰŁəůıÚłɜ ´ɣı Úł ůɑŮŭɜŮůɛɣɜd ´ɣɛů´YdŮəŮ´ɛg ŭɜůɣůgɜYůÚgg ůŰŶůůəg əŮə´Ů ɛɜdɛůəůg ɔgɜŮəı ɜ ɛyůdgɛdəəɒdŮg əŮə ɜŰíɣı ɜ ůÚł TɣɛÚł ɔɜŮ Úłɜ ɛŮůŁɛɔɣŮíɛŮ. ɣ´ɦ Úłɜ ɛŁəyÚł ŮəŮɔɜɤɣůÚłəŮə ɛə´ɣɛůɤ´əyɣŮɛ´ŮəɣdŮg, ´Ů ɛɜdɛůəůg əŮəɔɜı ůůəg Ůɨɜ ɔgɜŮəı ɜ ůŮůɑyůd ɛŮÚłɜ Gɣɛůd əŮə Úłɜ ŮəɒŮÚłgɛŮůŁɛɔɣŮíɛŮg. Æɜŭɛ´ɑůÚłəŮə ɛə´ŮɣYɔɛɜŁŮgÚ´ɛg Ů dɣŮŶŁɛgɜ Úłɜ əɤɣd ÚłgŮ ɦúŮůdgɔɜŮÚłɜ Gɣɛůd ɛ ɛd ÚłgɛŮůŁɛɔɣŮíɛŮg, Ůɦůɛ Ů ɦ Úłɜ ´əůgɣ¥Ůɨɜ ɔgɜŮəı ɜ ɦůɛ əŮə Ů ɦ Úłɜ ɛŮɣəY Ůɨɜ əŮŰɣı ɜ. Ð ´ɣɛůŭɜɣəůɛɦgÚɨɜ ´ŮɣŮɔɦɜŮɨɜ dŮ ůɑɛɓYəəůə ůŁɛɜ ůɑŮŭɜŮůɛɦ Ů ɛŁŮəůıÚłɜ ´ɣɛɔɣŮɛɛ¥Ůɨɜ Ůə´Ůɑŭůůdgd, ´ɣɛɔɣŮɛɛ¥Ůɨɜ ůgɜŮŁɜɛɦɛŮɜdgd Ůə´ŮɑŭůůdgdəŮıɑgŮdɑůdgd´ɣɛɔɣŮɛɛ¥Ůɨɜ ´ɣɦədɣdgÚɛg əŮɣəɑɛg Ułɛg ɛŮůŁɛi əŮə ŮɔɤɔɛgɑgɔůŮŭg. Æ´ɑůdgɑ ŭɑůə ɣɜŮ ŮɣɔŮəŮŁɛ ŮəŁɛdůdgd ´ɣŮəŮəı ɜ əŮə

3. Ներկայացվող նախագծի նպատակը

3.1 Նախատեսվող միջոցառումների, դրանց իրականացման ժամկետների և ծախսերի գնահատականները

Ներկայացվող նախագծի շրջանակներում նախատեսվում է ընդհանուր 14 տարվա (Տ.Ժ) ընթացքում Տ.Ժ համայնքի ընդհանուր հետևյալ միջոցառումները կատարել:

Նախատեսվող միջոցառումները:
Ընդհանուր տարվա ընթացքում:

Ա. Էներգախնայողական միջոցառումներ

- Ցանցային ջրատարների և ջրահեռացման համակարգերի ընդհանուր 14 Տ.Ժ ընթացքում նախատեսվում է կատարել ներքին ցանցերի վերանորոգման - վերակառուցման 2004 թվականից գործող ջրամատակարարման և ջրահեռացման համակարգերի ընդհանուր ներքին ցանցերի վերանորոգման աշխատանքներ, որոնք ներառում են ներքին ցանցերի ամբողջական փոխարինում նոր խողովակներով, ինչպես նաև ներքին ցանցերի մասնակի վերանորոգում՝ ներառյալ ներքին ցանցերի վերանորոգման աշխատանքները (ընդհանուր 30 տարվա ընթացքում, ընդհանուր 45-65 կմ երկարությամբ, որոնց ծավալը կազմում է մոտավորապես Տ.Ժ.).
- Ամբողջ ընթացքում ընդհանուր գործող ջրահեռացման համակարգերի ընդհանուր ներքին ցանցերի վերանորոգման աշխատանքներ՝ ներառյալ ներքին ցանցերի վերանորոգման աշխատանքները Տ.Ժ, ընդհանուր 45-65 կմ երկարությամբ, որոնց ծավալը կազմում է մոտավորապես Տ.Ժ.

գ. Ազդեցության գնահատականը

Ընդհանուր ներքին ցանցերի վերանորոգման աշխատանքների (ընդհանուր=151), (ընդհանուր ներքին ցանցերի վերանորոգման աշխատանքների=91 ընդհանուր ընթացքում ընդհանուր=15) մոտավորապես 14 Տ. Ժ. ընթացքում Տ.Ժ համայնքում գործող ընդհանուր ներքին ցանցերի վերանորոգման աշխատանքների ընդհանուր ընթացքում ընդհանուր ներքին ցանցերի վերանորոգման աշխատանքների 1[գ] Ընդհանուր ծավալը կազմում է 2004 թվականից գործող ընդհանուր ներքին ցանցերի 45 կմ երկարության վերանորոգման աշխատանքներ, որոնց ընթացքում ընդհանուր մոտավորապես Տ.Ժ ընթացքում ընդհանուր ներքին ցանցերի վերանորոգման աշխատանքների ընդհանուր ծավալը կազմում է մոտավորապես Տ.Ժ ընդհանուր ներքին ցանցերի վերանորոգման աշխատանքներ[83,84] ընդհանուր ընթացքում 83 կմ երկարությամբ ընդհանուր ներքին ցանցերի վերանորոգման աշխատանքներ:

Էներգախնայողական միջոցառումներ:

Ա. Էներգախնայողական միջոցառումներ:

- Ցանցային ջրատարների և ջրահեռացման համակարգերի ներքին ցանցերի վերանորոգման աշխատանքներ՝ ներառյալ ներքին ցանցերի վերանորոգման աշխատանքները ընդհանուր 8 թվականից 2005 թվականի 28 հունվարից 2005 թվականի մոտավորապես 45-65 կմ երկարությամբ ընդհանուր ներքին ցանցերի վերանորոգման աշխատանքներ, որոնք ներառում են ներքին ցանցերի ամբողջական փոխարինում նոր խողովակներով, ինչպես նաև ներքին ցանցերի մասնակի վերանորոգում՝ ներառյալ ներքին ցանցերի վերանորոգման աշխատանքները (7 տարվա ընթացքում), տարվա ընթացքում (8 տարվա ընթացքում), ընդհանուր ընթացքում (7 տարվա ընթացքում), ընդհանուր մոտավորապես (8 տարվա ընթացքում).
- Ամբողջ ընթացքում ընդհանուր գործող ջրահեռացման համակարգերի ընդհանուր ներքին ցանցերի վերանորոգման աշխատանքներ՝ ներառյալ ներքին ցանցերի վերանորոգման աշխատանքները, ընդհանուր ընթացքում ընդհանուր ներքին ցանցերի վերանորոգման աշխատանքներ, տարվա ընթացքում ընդհանուր ներքին ցանցերի վերանորոգման աշխատանքներ, ընդհանուր ընթացքում ընդհանուր ներքին ցանցերի վերանորոգման աշխատանքներ, որոնց ընդհանուր ընդհանուր ընդհանուր

ꞏÜÜĵ¢i·gƒ¢ꞏ9¢´¢œ¢ꞏ9Ůĵ¸ɔÜŁɦĵÜÜɜ ÛɜÛŭɜd Ůƒɜ ´Ůĵœ¤ŭ¢ Ůƒƒgƒ£Ûɜ»ÝÜƒƒgƒůÜŁ Ч ũ?¢ ɜÜůg£´ə◆ĵɹı ů¢g3 ŮŁ Ůĵɤ ÜƒƒɛÜÜŁəɦĵɔœ.

3.2 Áɣɹɔ Ü3»ÛůÜ

Ëg3ÛɜÜÜŁi»Ûɣgf: qpÛɜÛĵ¸ɔv¢dƒqəÜɜ ůg3ÛɜÜÜŁi»Ûɣgf ɛÛ Ůƒ ɓ¢v¢dÛɣÜ ŭi·¢ d£¤ŭ¢ɛ£d£ɣ3ɤɤ3 Ûĵɤ ÜƒƒɛÜÜŁə◆¢ɔ¤ɤ3 (ɣ3Ü ɔ¤ÜŮɣgf ɔg3ÜŒ»ÛɣgfəÜɜ ɣ3Ü ɔ¤ÜŮŁ¢ggf ¤ÜÜĵ¢i·gf). ¢¢ ´Ûĵ¤ÛŁɦ£ÛɜŁ¢ Ůɤ3 Ûĵɤ ÜƒƒɛÜÜŁə◆¢ɔ¤ɤ3 ÜgÜƒ 3 ÛœÛÛɜ»ÛɜŁ¢dÛɜəÜɜ ŭ¢ə◆£ÜůÜÜɜůÜŁ ЧÜɜ. Warwick Ü£g ¢ 3. d»ÜůŒ»ÛŒg[85,86] Ü£ ¢´¢œ ůg3ÛĵɔЎŁÛÜÜɜ ɛÛÜŁ3 ¢¢£ɣÜ Ƒ¢ɛ¤ɤ3ə◆gf əÜɜ Bə¤¢ɔÛɜÛ»ÛɜŁ¢gf ЧÜÜĵə◆gf ɔ¤Ü Ůƒ3 gə¢´¢œdůd ÜgÜŁgf Ůƒgf ŭ¤ÜɜŁ¢ĵɹə◆gf ŭ¤ÜÜĵ¢ɓ◆gf. ¢Ü Ûĵɤ Ůƒƒ£Ûɜ»ÝÜƒƒgƒÜgÜŸɛÛÜŸÜ ɦ ůɛÛÜŁ»◆ɛ ŸÜÛ¤ÜɛÛÜÜÜĵɹŸÜůƒƒəÜɜ əÜɜ´ɹɛůÜĵɛɦůÜƒƒəÜɜ ůÜÜ Á◆ə◆dɜ¤ə◆Ÿ. ¢¢ Ûĵɤ Ůƒƒ£Ûɜ»ÝÜƒƒɤ Ü£ɜ ɔg3ÜŒ»ɹ 3 ´Ûĵ¤Û»Ÿ£ɓÜɜÛ Ûĵɤ Ü£ůÛ¤ƒ ´¢g Ü£í¢ĵ¢i·ůÜɜ Ü¤ƒ ´ɹɛÜÜĵ ÜɦƒÜƒƒÜÜƒ əÜɜ Ü¤ƒ Üɜdůg£dƒ Ü£¢ggf ůÛ dɣɛÜÜÜ g3ÜƒÜÜ, Ü£ɜ ɔ3ɹ ůd Ü£¢ggf əÜɜ Ü£ɜ ůÜŸůd Ü£¢ggf Ü ɣ3ÜɜÜ¤ůÜ£ɜ ɣ◆Û»£3 ůÜ£ɜ ɣ◆Û»£ɔɛ Ü£ƒgf ɛÜůÜ£ɔĵ ÜĵídÜ, Ü£ɜ ÜůűŸ◆Û»ÜÜƒgf, Ü£ɜ Û£´Ûɣ£dÜ Ü£¢ggf Ü ɦ Ü£¢ggf Û Ü»ɔÛ»ɛÜÜƒgf g3ÜƒÜÜ, Ü£ɜ ůd Ü£¢ggf əÜɜ Ü£ɜ ŭ¤ÜŭəÜůÜɦůÜ£ɜ ÜĵídÜ ÜɦƒÜƒƒÜÜƒ ´¢g ű¤Ü¤ÜÜÜɜ 3Ü Ü¤ƒ Û dĵ¸ÛŸ£¢g3. Á´ ůÜdgf ɟɣ Ûɛ¢dƒqÛ d ůgɛɛÜÜ£¢ɛ» Ü£¢ggf ůÜ£ɜ ɣ◆Û»£ɔɛ ɛÜůÜ£ɔĵ ÜĵídÜ ůÜ£ɜ ¤ÜŭÜÜɛ ůÜ£ɜ ű¤»ÛÜÜ ´¢ɛ»ə´ÜɟŸ»£ɔɛ3ÜÜƒ Û dĵ¸ÛŸ£¢g3 Ü£ƒgf cɣɛůd Ü£ƒgf ɛÜůÜ£ɔĵ ÜĵídÜ ůÜ£ɜ ¤ÜŭÜÜɛ ůÜ£ɜ ű¤»ÛÜÜ ɛ ůÜ£ɜ ű¤»ÛÜÜ Ü£¢ggf ɛ ɔÛɜ»ɦĵÜÜɟÜ ůÜ£ɜ ɔg3ÜŒ»ÛƒgƒÜ ´¢g ɔ3ɣɟɛ¢g3. ¢¢ Ûĵɤ Ůƒƒ£Ûɜ»ÝÜƒƒɤ Ü£ɜ ɜÜÜĵɹ 3 ´Ûĵ¤ÛŁɦ£ÛɜŁ¢ Ůɤ3 Ûĵɤ Ü£ůÛ¤ƒ ´¢g Ü£í¢ĵ¢i·ůÜɜ Ü¤ƒ ´ɹɛÜÜĵ ÜɦƒÜƒƒÜÜƒ əÜɜ Ü¤ƒ Üɜdůg£dƒ Ü£ɜ ɔg3ÜŒ»ɹ, Ü£ɜ ɔ3ɹ ůd Ü£¢ggf ɔ¤Ü Ü£¢ɜ ´ɹɛ◆d´Ü£◆ɦ ɛÜůÜ£ɔĵ ÜĵíÜ◆ɦ ɣ◆Û»£ɔɛ, Ü£ɜ ´◆dɹɛűɦɟdůd Ü£ƒgf ɔg3ÜŒ»ÜƒgƒɔÜ Ü£ɜ ɛÜůÜ£ɔĵ ÜĵídÜ, Ü£ɜ ´ɹɛůɣ¤ɔ◆ůd əÜɜ Ü£ɜ ŭ¤ÜŭÛɟ◆ůe Ü£ƒgf, Ü£¢ggf ◆ɦ¤ɛ¢ggf ´¢g ÜɜÜĵíɣɟɛ¢g3 ůô ÜgÜŁ¢i·gf ɛ¢ɔg3ÜŒ»ÛƒgƒɔÜ Ü£ɜ ɛd cɟɛůd Ü£ƒgf ɛÜůÜ£ɔĵ ÜĵídÜ, əÜŁı gf əÜɜ Ü¤ɜ ŭ¤Üĵíɛɟɣgf ɦ´ɣgf ´.G d dɹ◆¤ədÜ, əÜɜ d ə¢¤ɜɣ3¤ə¢-ɛ¤ə¢3ɛ¢¤ə◆e dɣůd Ů dɟ¸ÛŸ£¢g3 Ü£ɜ ɔ3ɹ ůd e Ü£ɜ ůÜŸůd Ü£ɜ ɔg3ÜŒ»ɹ 3 Ü ɣ3ÜɜÜ¤ůÜ£ɜ ɛÜůÜ£ɔĵ ÜĵídÜ.

Áɣɹɔ Ü£ƒɛÜÜŁə◆¢ɔ¤ɤ3: Õ3Ü ÜɛÛĵ¤ə◆Ÿ3ə◆dƒgf ´ɹɛɣə◆ÛůůdƒgƒÛĵɤ Ü£ƒɛÜÜŁə◆¢ɔ¤ɤ3 ɛÛ Ü£ɜ ɦ3ɛ¢ɛÜ ñ*Cancer control practices in Western New York*ò Ů¤ə◆ɣ¢Ü£ƒəÛɣ£gf Ü£ɜ ´◆ɣ¢3 əÜÜŸə◆dɹ◆¢ ɔ¤Ü Ü£ɜ əÜÜÜɜɟÜÜɛ Ü£ɛ ɔ3ɹ ůdÛɣ3 Ü£ɣ 3 ¤ÜĵíÜ3[10]. ¢¢ Ûĵɤ Ü£ƒɛÜÜŁə◆¢ɔ¤ɤ3, Ü£ɜ ɛ´¢œ ÜɜÜ Ü£ɛd£dƒqÛÜ£ɜ 2001 ůÜ£ɜ Western New York, Ü ɛÜÜɜ»ÛÜÜɜ Ü ɦ 27 Ûĵɤ Ü£ůÛ¤ƒ əÜɜ əÜÜÜɜɟŸÜůɜ Ü£¤ƒ ɔ3ɹ ůd¤ƒ, ůÜŸůÛ¤ƒ əÜɜ ´ɹÜɜÜ£ɛɣgf Ü£ɣ 3 ¤ÜĵíÜ3 ůÜ£ɜ ɣ◆Û»£ɔɛ əÜɜ Ü£ɜ ´ɹɦ◆dɣqd Ü£g əÜɟ◆œ¢g, Ü Ü£´ɦ¤ÜÜůÜƒɜ Ü£ĵÜɟɛ¢◆e əÜÜÜƒgd¤ɜÜ£ɹɟɣ3 ɛŭdɔ3ɹ 3 ɔ3Ü Ü£¢ɜ ɣ◆Û»£ɔɛ Ü£g əÜɟ◆œ¢g əÜɜ Ü£ɜ Ů d Ůĵɛ Ü¤ɜ Ü¤ŭÜíɣɟɛ3Ü£¢gf Ü£ɣ ůg3ɛɛÜÜ£ɦ3Ü£ɣ ɔ¤Ü Ü£ɜ ´Ûɟ Ü¤ə◆¢i·dƒqůd ´ɹɛɔɟÜɛɛŸÜ£ɣ ůg3Ü£¢ɜɦ£ÜɜdƒgƒÜÜɟ◆e ƒgf Ü£ɜ ůÜ£¢ɜ ÜÜ Ůd£ɛɔɟÜÜíə◆Ÿ ůÜ£¢ɜ ɛ¤Ü£ɜ Ü£ɣ Ûĵɤ Ü£ůÛ¤ƒ. ¢¢ Ûĵɤ Ü£ƒɛÜÜŁə◆¢ɔ¤ɤ3 Ûɟgƒɦ ɛÜÜÜɟÜ ɛÜůÜ£ɔĵ ÜĵídÜ ůÜ£ɜ Á◆ə◆dɜ¤ə◆Ÿ ůi·ɛű¤ɣ3Ü ɛÛ Ü£ɜ ŭ¤ÜůÜ3e ɓ¢ɓə◆¢ɔɟÜídÜ[87].

3.3 q»ÜŭŭəÜůdÜ ůgə◆ɔ¤ə◆dƒgf ŭÜŭɛ¢ɣ3ɤɤ3

- B¤ə ůg3ÛɜÜÜŁi»ÛɜŁ¢gf ŭ¤ÛɜÛĵ¸ɔv¢dƒqəÜɜ ůÛɔɹ ɟ¢ Ü£¢g Ƒ¢.J əÜÜɦ´¤ɜ Ů dů◆ÛɣÛĵɣdƒgf Ü£¢g ůg3ÛɜÜÜŁgəÜ£ ůÜ£¢ɜ ɔɹ ɟ¢ Ü£¢g Ƒ¢.J . Ƒ¢Ü3¢ɜdůÜƒqÛĵɣÜɜÜÜŁb¢i·əÜɜ ə¤ÜÜÜɜɟŸÜƒqəÛ d ůg3ɣ3ÜÜŁgɜd ůÛɛÜɔ3dÜɦűɤ3¢. Á´ ůÜdgf dƒqdůŭ¤ÜŭəÜůÜɜ Ü¤ə◆gdƒqdƒqəÛ◆əÜɜ ůÜÜŭÜÜ£¢g Ч ũ?¢. ¢ ůg3ɣ3ÜÜŁgɜd ŭ¤ɣɟəƒqůÛ30 -35 ə◆Ů ÜŸ.
- ŭ¤ÜÜ£¢ test-retest d ůg¢´◆ɣɟɤ ůd Ü£¢g Ûĵɤ Ü£ƒɛÜÜŁə◆¢ɔ¤ɛ¢g ɣɔ3ÛůÜÜ¤ŭ¤ÜŸÜ£¢ɛÜ, ůi·¢ ű¢ɟɣgf, ůÛůŭŸůÜƒqɛÜůi·¢ ÛɜŭŸůÜ£ůɤ3 ůÜ£¢ɜ ɟ¢ Ü£¢g Ч ũ?¢.
- ŭ¤ÜÜƒqɜ ůg¢´◆ɣɟɤ ůd Ü£ɜ Ûĵɤ Ü£ƒɛÜÜŁə◆¢ɔ¤ɤ3 Ü£ɜ ´¢ůɛÜ£◆ɹ3 ŭÜŭ¢ɛɣ3ɤɤ3 ɣɔ3ÛŮ Ů dů◆ÛəÛɣdƒq ůÛ ə◆ŸdŮ ɣ3Ü Ƒ¢.J ɔ¤Ü 3Ü Ů ¤ÜŭdÛi·3 ´ɹ¢ůɤ´¤ə◆Ÿ ÜÜ

Ůĵɤ Ű̊ĺɛŰŰ̊ɜəĥɔɵŰ əŰɔ ɜŰ ɔœůɔ əŰ ´ɟɞűɞɛɟɵɜɒ ůɜdɛɣɟɤůd ɔɵŰ Ű̊ĺɜ ɛůɔɣŰ̊ĺd. ŢŰŰĥ´ɵɜ Ű̊ɜggƒ ŭĥɟdɟəůɞ ɢɟĥɜɞɢƒŭi·ɞ ɛdɜı ɜ ɜŰ Ű̊ɜ ůgɛ´əɟɟı ůɞɢgɜ əůɔɜŰ Ű̊ɜ ůůɣɔgɜ ůůɣɔŰɜ g´ůi·dgɜɞ ŰĥŰ̊ɜ əŶdůŢ.Ĵ ɞ ɞ´ɞœƒŰŰ̊ůgɔəɣɔŰɟɤůůɔɵŰŰ̃´ŰɟɣŭɤůůůŰ̊ɜ ɛůɔŰ̊ĺd̃ŭe.

3.4 ɟ ɜŶɔgůdˌ ŭŰ̃ɞɛɣɜɤɜ

¢ ŰɜŶɔgůdˌ Ű̊ɤɜ ´ɞɜɛŰ̊ɔı ɜ ŭŰ̃ɞɛɣɜɤɜ ɣɔɜůɛůɛ ɛɣdɞŭɞ Ű̊ĺƒ ŰɜŶɔgůdƒ ´Ůɟ·ƒŰ̃ɞɛɣɜɞg ĥ´ɤƒ ´ɟɞɛŰ̊ůɔŰ̊Ű̊ɔ ŰĥŰ̊ĺɜ ŭ·ŰŰ̊ɜɒ ɓɔɔɔɜɔɟŰŰ̊ıdŰ[88,89,90,91]. ȳɔůƒɞ ůgɜŰɜŰ̊Ű̊ɟɜŰůƒ əŰŰ̊Ű̃ɔɟŶű́dɔŰɜ ůŰ ɛŰ̃ɔɜdŰ̊ĥű́ɤɜɞ əŰɔ Ű ɞɛŰ̃ɔɜdŰ̊ɞű́ɤɜɞdd̃ɔŰɜ ɔɵɣɜdˌ ´ɟɞƒɔɵɣɜdˌ Ű ĥ Ű̊ĺɜ Ůɟůgɜɒŭɟ·ƒŰ ȥ ¢, dˌ ɞ´ɞdŰ əɤ ŭ·ɵɞ´ɞœdůŰŰɟɞɞɵŶ ŰůƒəŰŰ̊ĺɔɞɟdůƒ əŰɔŰŰ̊ůdɣɛŰŰ̊Ű̈ ə·ůůŭ·ŶɞgŰɜŰŭůɵɜgĥŰŰɜ Ű ĥ ŰŰ̈ŭůŭ̃ɞɛɣɜŰŰ̊ɤɜ ůgɜŰɜŰŰ̊ɟɜŰɤɜ. ¢ ɔɤ ŭɵɞ´ɞœdůůdˌ əŰɔ ɞɵ əŰŰ̊ĺɔɞɟdůƒ ŭ·ƒŰ̃ɞɛɣɜű́ı ddd̃ɔŰɜ Ű ĥ Ű̊ĺɜ ȥ ¢, Ůɵɣɞdd̃ůŰɜ əŰɔ ůgɞdŰ̊ɛddəŰɜ ɛŮŰ̊ɞɜ j ş ´ɟɞəůɛɣɜɞg ɜŰg´Ŷɟɜůůgɛű́ɵɒɤůdˌŰɤɜ ŭ·ƒŰ̃ɞɛɣɜɞ ɤůŰ̊ɞɛɟɜı ɜ ůŮɛdŰ Ű̊ůɵɒɛ əŰŰ̊ĺɔɞɟdůƒ ɞ´ɞœdůůdˌ.

¢ ŮŰɜŰɔdɣɞɛĥŰ̊ĺŰ̃ (test-retest) Ű̊ɞg Ůɟɤ Ű̊ĺɛŰŰ̊ɜɒɔœɞg ´ɟɞůŭ·ɞɟɑŮ̊ĺəŮ ɔɵŰ əŶdŮ Ůɟı Ű̊ĺůdˌ ɞɤɟɟɞůŶɞgɟdůɞɛ´ɞɵ ɜŰŰ̃g Ű̊ɞg Cohenôs kappa coefficient[92].

¢ ůŰŰ̃Ű̊ůŰ̊ɜɒ ŰɜŶɔgůdˌ Ű̊ɤɜ ´ɞůɞŰ̊ɜɒı ɜ ŭŰ̃ɞɛɣɜɤɜ ɣɔɜůŮɛɣɜŰ̊ɞ ůŰŰ̃Ű̊ůŰ̊ɜĥ ´ŮɜɣŰ̊ɞ SPSS (ɣəŭɞůdˌ 15). ŀŮɟ·əŶɛƃŰɜŮ´Ůɟ·ɔɟŰű́ɜɒ ůŰŰ̃Ű̊ůŰ̊ɜɒ ŰɜŶɔgůdˌ ɔɵŰ ĥɔŮƒ Ű̊ƒ ɛŮɟɐůɜɛŮƒɛŮŰ̃ƃəɔdŰɣƒ. Á´ůůdƒɞɟɑɟdůɜɛ´ɞɜɔdd̃əŮŰɜŶɔgůdˌ ůgůɞgɣŰ̊ůůdƒ Pearsonôs chi-square test ɔɵŰ ɜŰ Ůɜ·Ű̊ɛdɔdŮůı ɞ ´ɔdŰɜĥƒ ůgůɞgŰŰ̊ůɛĥƒ ɛŰŰ̃ɜi· ŭdɛɞɔɟŰű́ɜɒı ɜ əŰɔ Ů Ű̃ɔɔŮɜ·ɛŰŰ̊ɜɒı ɜ ɞgŰɟŰɜŰŰ̊ɟ·ůŰ̊ɜɒı ɜ Ű̊ɤɜ Ůɟɤ Ű̊ĺdɣɜŰ̊ɤɜ. ɑɒŰű́ɞɟɟɣƒůŰ̊ĺɜ dɔɵɔdŰəŰɔŰ̊ĺɜ Ű̊ɛ´ŮĥɟdŰ Ű̊ɤɜ ɵŰ̃ɟı ɜ Ůɜ·ŮŰ̊ůŰ̊ĺəŰɔ ɛŮŰ̊ĺɜ ɞgŰɟı ɜ ůdˌ Ű̊ɤɜ ŰŰ̃ůůŮ ŭɵŰ Ű̊ƒ Ű̊ɣůůŮ̃ɟ·ůŰ̊ɜɒ ´ɞɜ ŰŰ̃ɞɛɣɜɤɜ ɔɵŰ ĥɔŮƒ Ű̊ƒ ɛŮŰ̃ɜi· ŭdɛɞɔɟŰű́ɜɒı ɜ ɞgŰɟŰɜŰŰ̊ɟ·ůŰ̊ɜɒ ´ŮɜɣŰ̊ɞ ɔœɞɟdůŰ̊ɜɒ ´ŮɜɣŰ̊ɞ ɔœɞɟdůŰ̊ɜɒ ɜ Ű̊ɤɜ Ůɟɤ Ű̊ĺdɣɜŰ̊ɤɜ ůŮ ůɞɣŰ̊ůůdˌ ɛŮŰ̊ĺɜ ɔɵŰ ɞgŰɟŰɜŰŰ̊ɟ·ůŰ̊ɜɒ ɛŮŰ̊ĺɜ ɔɵŰ ɞgŰɟŰɜŰŰ̊ɟ·

4. ȷ ɄɃɇ Ⱥʂ ȺɆʐ ȷ ɇ ȷ

4.1 ɸɗɛɞůɗŮɡůɗ 1

Mammography screening: views from women and primary care physicians in Crete
ʐ ŬůŰɞɔɟ Ŭíɗ Ŭ Ůɚɤɔɢɞg: ȷ ´ ɧɣ Ůɘʃ Ŭ ɧ ɔgɜŬɵ Ůʃ əŬɘ ɘŬŰɟ ɞɨ ʃ Ʉɟ ɤ Űɞɓ Ƴɗɛ ɘŬʃ űɟ ɞɜŰɑŬʃ gɔŮɑŬʃ ůŰɖɜ Ʈɟ ɐŰɖ

4.2 ɸɗɛɞůɗŮɡůɗ 2

ñ*Cancer control practices****ò***: Translation and cultural adaptation of an instrument in Crete, Greece
«Ʉɟ Ŭə Űɵɣʃ Ůɚɤɔɢɞg əŬɟ əɶɞɞg»: ʐ ŮŰƳűɟ Ŭůɗ əŬə ´ ɞəɚŰůɛɸɐ ´ ɟ ɞůŬɟ ɛɞɔɐ Ŭɟ ɔŬɚŮɶg ůŰɖɜ Ʈɟ ɐŰɖ, ȺəəƳɑŬ

4.3 ɸɗɛɞůɗŮɡůɗ 3

The mammography screening in Crete: Pre-symptomatic control, a challenge for the GPs? Experiences for a PhD study in Crete
¢ ɛŬůŰɞɔɟ Ŭíɗ Ŭ ůŰɖ Ʈɟ ɐŰɖ: Ʉɟ ɞůgɛ´ Űɤ ɛŬŰɵɧʃ ɣəŮɔɢɞʃ, ɛɘŬ ´ ɟ ɧəɚɖůɗ ɔɘŬ Űɞɜ ɘŬŰɟ ɧ ɔŮɜɸɐʃ ɘŬŰɟ ɸɐʃ; Ⱥɛ´ Ůɟ ɗŮʃ Ŭ ɧ ɛɗŬ ŭɘɑŬəŰɞɟ ɸɐ ŭɘŬŰɟ ɷɐ ůŰɖɜ Ʈɟ ɐŰɖ

4.4 ɸɗɛɞůɗŮɡůɗ 4

Breast cancer screening knowledge among rural primary care physicians in Crete, Greece
Ƀɘ ɔɜɩ ůŮʃ Űɤ ɜ ɘŬŰɟ ɩ ɜ Ʉ.ū .Ɉ ůŰɖɜ Ʈɟ ɐŰɖ ɔɘŬ Űɞɜ ´ ɟ ɞůgɛ´ Űɤ ɛŬŰɵɧ ɣəŮɔɢɞ əŬɟ əɶɞɞg ɛŬůŰɞɨ

4.5 ɸɗɛɞůɗŮɡůɗ 5

ɆŰƳůŮʃ əŬə Ŭ ɧɣ Ůɘʃ ɔgɜŬɵɩ ɜ əŬə ɘŬŰɟ ɩ ɜ ɔɘŬ Űɖɜ ɛŬůŰɞɔɟ Ŭíɗ Ŭ ɛɘŬʃ ŬůŰɵɐʃ ´ Ŭɟ ɞɢɐʃ ůŰɖɜ Ʈɟ ɐŰɖ: ȷ ´ ɞŰɚɤůɛŬŰŰɛɘŬʃ ɛɚɤŰɗʃ ɛŮ´ ɞɞŰɵɣʃ ɛŰɖɧŭɞgʃ
Attitudes and views of women and physicians in an urban area of Crete concerning mammography screening: Results of a study with qualitative research methods

4.1 qd[ɛ ɵůdĎgůd[1

Mammography screening: views from women and primary care physicians in Crete

Maria Trigoni, Frances Griffiths, Dimitris Tsiftsis, Eugenios Koumantakis, Eileen Green, Christos Lionis

BMC Womenôs Health, 7;8:20, 2008

BMC Women's Health

BioMed Central

Research article

Open Access

Mammography screening: views from women and primary care physicians in Crete

Maria Trigoni*†1, Frances Griffiths†2, Dimitris Tsiftsis†3, Eugenios Koumantakis†4, Eileen Green†5 and Christos Lionis†6

Address: [1]University of Crete, Head of Department of Social Work, University Hospital of Heraklion, Crete, Greece, [2]Health Sciences Research Institute, Warwick Medical School, University of Warwick, UK, [3]Head of Department of Surgical Oncology School of Medicine, University of Crete, Greece, [4]Head of Department of Obstetrics and Gynecology School of Medicine, University of Crete, Greece, [5]Director of Centre for Social and Policy Research, University of Teesside, UK and [6]Head of Clinic of Social and Family Medicine, School of Medicine, University of Crete, Greece

Email: Maria Trigoni* - Martrig1@yahoo.com; Frances Griffiths - f.e.griffiths@warwick.ac.uk; Dimitris Tsiftsis - tsiftsis@med.uoc.gr; Eugenios Koumantakis - obgyn@med.uoc.gr; Eileen Green - e.e.green@tees.ac.uk; Christos Lionis - lionis@galinos.med.uoc.gr

* Corresponding author †Equal contributors

Published: 7 November 2008

BMC Women's Health 2008, **8**:20 doi:10.1186/1472-6874-8-20

Received: 7 August 2007
Accepted: 7 November 2008

This article is available from: http://www.biomedcentral.com/1472-6874/8/20

Abstract

Background: Breast cancer is the most commonly diagnosed cancer among women and a leading cause of death from cancer in women in Europe. Although breast cancer incidence is on the rise worldwide, breast cancer mortality over the past 25 years has been stable or decreasing in some countries and a fall in breast cancer mortality rates in most European countries in the 1990s was reported by several studies, in contrast, in Greece have not reported these favourable trends. In Greece, the age-standardised incidence and mortality rate for breast cancer per 100.000 in 2006 was 81,8 and 21,7 and although it is lower than most other countries in Europe, the fall in breast cancer mortality that observed has not been as great as in other European countries. There is no national strategy for screening in this country. This study reports on the use of mammography among middle-aged women in rural Crete and investigates barriers to mammography screening encountered by women and their primary care physicians.

Methods: Design: Semi-structured individual interviews. Setting and participants: Thirty women between 45–65 years of age, with a mean age of 54,6 years, and standard deviation 6,8 from rural areas of Crete and 28 qualified primary care physicians, with a mean age of 44,7 years and standard deviation 7,0 serving this rural population. Main outcome measure: Qualitative thematic analysis.

Results: Most women identified several reasons for not using mammography. These included poor knowledge of the benefits and indications for mammography screening, fear of pain during the procedure, fear of a serious diagnosis, embarrassment, stress while anticipating the results, cost and lack of physician recommendation. Physicians identified difficulties in scheduling an appointment as one reason women did not use mammography and both women and physicians identified distance from the screening site, transportation problems and the absence of symptoms as reasons for non-use.

Conclusion: Women are inhibited from participating in mammography screening in rural Crete. The provision of more accessible screening services may improve this. However physician recommendation is important in overcoming women's inhibitions. Primary care physicians serving rural areas need to be aware of barriers preventing women from attending mammography screening and provide women with information and advice in a sensitive way so women can make informed decisions regarding breast caner screening.

Background

Among women, breast cancer is the most commonly diagnosed cancer both in the developed and developing world and a serious cause of mortality and morbidity [1-4]. There is evidence from many countries that breast screening with mammography can reduce mortality from breast cancer [5-9] and mammography screening has been recommended in Europe for over a decade [10]. In 2006 in Greece, the age-standardised incidence and mortality rate (ASRs, European Standard) for breast cancer per 100.000 was 81,8 and 21,7 [11]. Although this is lower than most other countries in Europe, the fall in breast cancer mortality observed in most European countries over the last decade has not been as great in Greece [12]. During the 1990s, the observed incidence of female breast cancers increased in Europe, accompanied by a significant decrease in breast cancer mortality [4]. Many European countries, including the Scandinavian countries, Germany, Poland, the Czech Republic, Austria, Switzerland, Italy and Spain have shown an appreciable reduction in mortality rates (between 8% and 19% in the last 5 years), which has been attributed to earlier detection and improved treatment [11]. Reductions in mortality rates have been lower in Greece [11], where delayed diagnosis seems to be a key issue. There is no nationally formulated strategy for early detection of breast cancer, and mammography screening programmes have yet to be established in the Greek mixed public-private health care system. There have been local initiatives such as a pilot study by the Hellenic Society of Oncology [13] for early detection af breast cancer. In this pilot study in Ilia and Messinia in the Peloponesos, in Southern Greece women aged 40–64 years were invited for screening and a participation rate of 52,48% was reported [13]. The establishment a mobile mammography unit to cover rural population health needs has been proposed and is currently being set up. Although there is free access for all to health care services through the social insurance system [14], use of the private sector, including private diagnostic centres, is on the increase [15] but it is mostly people with higher education and income levels that use these centres [15]. Where mammography screening has been promoted, for example through primary care, participation rates have been low [16]. Debate on health care reform in contemporary Greece is focused on primary care enhancement and health promotion, including the encouragement of appropriate mammography breast screening [14]. However, Greek general practitioners report that heavy workloads and lack of time make it difficult for them to engage in prevention and health promotion activities [17]. Little is known about how women in Greece perceive mammography breast screening. This study explores the knowledge, attitudes and perceived practices of both primary care physicians and women in relation to mammography breast screening on the island of Crete in Greece. The study was led by a research team in Crete, building on earlier work in the UK [18]. It forms part of a wider programme of research undertaken in Crete to identify the key components of a regional policy for breast cancer screening.

Mammography screening participation in differing health care systems

Studies of mammography screening participation rates and reasons for participation or non-participation have been undertaken in many countries with diverse health care systems and screening programmes. In the UK, where there is a well-established population-based screening programme with invitations sent to eligible women every three years, women find mammography screening an uncomfortable experience, but they perceive attendance as a social obligation [18]. No such scheme exists in Greece, where women must seek advice and care on their own initiative. This paper therefore briefly reviews only studies undertaken with women in health care systems similar to the Greek mixed public-private model. Similarly, it reviews studies of physicians' attitudes to mammography screening undertaken in countries with a mixed health economy.

In Europe, studies in France [19] and Spain [20] show participation to be higher among women of higher income and higher educational attainment. In North America, similar trends are found both in the USA [21] and Canada [22]. Where studies have asked women why they participate or not, a range of reasons has been found. For example, reasons given for non-participation by Spanish women included fear of finding a serious problem and the difficulty of making and keeping an appointment [20]. In the US, non-participating women perceived the test to be unnecessary in the absence of symptoms and believed that they were not themselves at risk of cancer. Other concerns included inconvenience, discomfort, embarrassment and pain [21]. A study with non-participating Canadian women identified similar issues, with the addition of rurality reducing participation. In the US, rural women were less likely to receive mammography screening at recommended intervals [23]. Several studies indicate that older women may be unaware that they run a greater risk of developing breast cancer than younger women. Furthermore, it would appear that they perceive mammography to be unnecessary in the absence of symptoms [21,24]. Older women have been found to be more negative about the outcome of cancer; their failure to attend screening is related to knowledge and information barriers [25]. As a result, they undergo fewer early-detection examinations than younger women [26].

In countries such as the UK, a woman's personal physician is not involved in arranging mammography screening.

However, studies have shown that in countries with a mixed health economy, recommendation by a physician is one of the most powerful incentives for women to attend mammography [27,28] regardless of age, socioeconomic status or ethnic group [26,29]. A study in Cyprus found that physician recommendation and women's sense of self-effectiveness were the most important predictors for the decision to undergo screening [30]. Studies with physicians report difficulties concerning implementation of preventive care; the most important barriers reported were lack of time [17,31,32], lack of patient compliance with advice [31], heavy workload [17,32] and no reimbursement [17]. Conflicting professional recommendations for screening older women, leaving older women out of clinical trials of screening efficacy, and possible negative attitudes held by physicians and patients all contribute to lower screening rates among older women [29]. Physicians' practices and attitudes in recommending screening vary according to age, years of training, speciality and gender [33]. Some studies have also demonstrated a higher rate of referral among women physicians [3,34,35].

The aims and design of our study were underpinned by a model of transcultural health care utilization [36] previously tested in rural and urban Crete, where biomedical and indigenous knowledge systems co-exist [37]. This model identifies a series of factors that interact with utilization to varying degrees. On the individual level, the model includes predisposing factors such as socio-demographic characteristics (age, education, work status, marital status), psycho-social characteristics (attitudes towards health care, knowledge and practices) and enabling factors (income of household, socio-economic status, financial cost). These all influence the possibility of using health care at the individual level. On the medical system level, factors such as geographical and financial accessibility affect the influence of the medical system on the choice of type of health care. Our study aimed to determine what influences the uptake of mammography screening in rural Crete at both the individual and medical system level. The model guided the selection of questions for the interviews with both physicians and women.

Our research questions were as follows

a) What attitudes do middle-aged women in Crete have towards the use of mammography screening, and what do they know about it?

b) What factors influence the women to attend mammography screening?

c) What are the views of physicians in Crete concerning women's participation in mammography screening?

d) Do physicians follow guidelines on mammography screening when they advise women?

The study focused on women in rural Crete, and explored the perspectives of physicians working in publicly funded rural health centres on the island, since it was undertaken to assist in the development of a regional policy for breast screening in Crete. As the aim was to explore the approach women and physicians take to mammography screening, data was collected by means of qualitative interviews [38].

Methods

Setting

The 14 Primary Health Care Centers (PHCCs), serving the rural population of Crete (283,694 residents), were included in this study. Primary Health Care Centres are staffed by GPs, internists (total number of doctors = 105), nurses, midwives, health visitors, lab assistants, and other administrative personnel, and provide health promotion, prevention and acute care services free of charge for all who attend the centres [14]. Agreement to participate in the study was sought from the director of each PHCC.

Participants

Thirty women attending the PHCCs during the study period (March-June 2004) were recruited. In order to obtain a broad range of views and experiences, we aimed to recruit a random sample closely representing all the different rural areas in Crete. The sample was drawn from the list of regular appointments at every Health Centre. The interviewer (MT) attended each PHCC on a set day and approached the first two women to attend, provided they were residents of the catchment area covered by the centre, aged 45–65 years, and were attending for a regular check-up appointment with a GP or internist. Every woman approached was interested and agreed to participate, and after the interview many women asked for more information about mammography. Twenty-eight primary care physicians (PCPs) were recruited. The interviewer asked the two physicians on the morning shift for an interview. Where more than two were working, two were selected at random. One physician refused, so a physician working the next shift was asked to participate. The study recruited physicians only, as they are the PHCC health professionals who give individual women advice about mammography screening. Participants received written information about the study's aim, the voluntary nature of participation and assurance of confidentiality. All were asked to sign a consent form. Interviews took place in the primary care centre and lasted 30–45 minutes.

Interview development

Semi-structured interview schedules consisting of open questions were used. The interview schedules were a translated and adapted version of those previously used in the

UK [39], one for physicians (see additional file 1) and one for women (see additional file 2). The women's interview schedule covered the women's social relationships; their priorities and concerns about their health; knowledge and attitudes to mammography screening and about its safety; their experiences with health professionals and the decision making process in relation to mammography screening. Care was taken to avoid making suggestions to women about their reasons for use or non-use of mammography screening. The health professionals' interview schedule covered physicians' perspectives on health priorities and concerns facing women in mid life, their views on women's health in mid life, their knowledge and attitudes to mammography screening and how they approach the decision making process about mammography with women. This paper focuses on the data concerning mammography screening. Data collected on wider social and health issues provide an understanding of the context for women and health professionals, which aids interpretation of the data.

Analysis

All interviews were audio taped and transcribed by the principal investigator. The transcripts were read by CL who contributed to the thematic analysis. Analysis of the interview data was undertaken through a process of close reading of the data, identifying key themes, relating the themes to relevant literature in the field and then returning to the data [40,41]. All the interviews, the coding and initial analysis was undertaken in Greek. The initial analysis report, including relevant quotations from the data, was translated into English and the results of the analysis were discussed among the whole research team. From this discussion, further analysis of the Greek data was undertaken and a final analysis developed in English.

Ethics

The Scientific and Ethics Committee of the University Hospital of Crete approved the study.

Results

This paper describes the 30 women and 28 physicians interviewed and then reports the thematic analysis, first of the women's interviews and then the interviews with the physicians.

Participants characteristics

Of the 30 women who participated in the interviews (mean age of 54,6 years; SD 6,8), 15 women had undergone mammography (ages: 45–50 years n = 6; 51–55 years n = 3; 56 – 60 years n = 4; 61 to 65 years n = 2) and others 15 had never had mammography (ages: 45–50 years n = 5; 51 to 55 years n = 2; 56 – 60 years n = 2; 61 to 65 years n = 6). Table 1 gives the socio-demographic characteristics of the women interviewees and use of mammography as reported during the interviews. Most of the women had low income and limited final education levels. The reported use of mammography does not distinguish between mammography screening and mammography undertaken as part of a process of diagnosis of a breast abnormality.

Of the 28 physicians interviewed (mean age 44,7 years; SD 7,0), 13 were male and 15 female. Six physicians were qualified as internists and 22 as general practitioners. Table 2 summarises their age group, length of time working as a physician and length of time in their current post. More than half of the physicians had worked in their current post for less than ten years.

Mammography screening from the women's perspective

Women's knowledge of mammography

Most of the women seemed to be aware of mammography and had a general idea of what it was. Of the 30 women interviewed, over half (18) knew that mammography was an examination of the breast and a further 7 knew that it was a preventive examination for breast cancer.

> It prevents breast cancer and..... what else now? It is a preventive check for the breast. I tell other women about mammography, when we talk about it, I tell them to go do mammography, there is an easy, let's say, solution for the breast..... if there is a problem (woman 19).

> Mammography is a test you do for prevention of breast cancer. It takes place once a year, and clinical breast examination once a year. One time, as I have done, one time we do mammography and every six months clinical breast examination and observation, let's say, if something happens in this duration. (woman 21).

Five women knew nothing about mammography screening (aged 48 – 65 years). One woman (age 52 years) talked about breast self-examination but did not know about mammography screening.

The women interviewed had learned about breast cancer, breast self-examination and mammography from various sources including health professionals (n = 17), mass media sources (n = 12), family or friends or when they heard about a new case of breast cancer. (n = 11). The majority of women (n = 23) said they trusted the physician's expertise on medical issues such as mammography.

> God has appointed doctors to save and help people and if you meet a good doctor he will do good work (woman 15)

> In the beginning, I ask first of all the doctor. Yes, ...yes the doctor as an expert, I must ask for him to inform

Table 1: Women interviewees' reported socio-demography and use of mammography

Age group (years)	Number of women	Number of women who have used mammography	Number of women who have never used mammography
45–50	11	6	5
51–55	5	3	2
56–60	6	4	2
61–65	8	2	6
Marital status			
Widow	3	2	1
Married	26	13	13
Single	1		1
Education completed			
No schooling	1	1	
Pimary school	21	8	13
Secondary school	5	3	2
High school	1	1	
Higher education	2	2	
Work status			
Retired	4	1	3
Private employee	9	5	4
Domestic/agricultural work	11	6	5
Full time house wife	5	2	3
Public office	1	1	
Weekly household income before income tax (euro)			
0–100	7	3	4
100–200	12	6	6
200–300	7	3	4
300–400	1	1	
400–500	1	1	
500–700	1		1
Up 700	1	1	
Reported use of mammography			
Never	15		
Every year	4		
Once	6		
Two – three times	5		

me. I will do what he will say to me because he is the expert, he knows better. (woman 22).

This may suggest that doctors enjoy high status and are revered by some women in Crete.

Women's use of mammography

Of the 15 women interviewed who had never had a mammography for any reason (screening or diagnostic), 6 said no one had recommended mammography screening, but if it had been recommended, they would have agreed to it. A further three of the 15 women said no one had ever informed them about it, leading them to assume that they didn't have any particular need for it. This may, at least in part, reflect the trust women place in their doctor as the revered expert.

Of the 15 women who had undergone mammography, six women reported having a mammography test because their gynaecologist or endocrinologist (private physician) suggested it, two were recommended mammography by a physician at a PHCC, one by a midwife, and six women said they decided to undergo mammography themselves or after discussion with their daughter or friend. It is unclear, particularly for those women having mammography once or two to three times, when the mammography was for screening purposes or when it was because of a problem with their breast. Generally these women were unclear about what mammography screening could achieve. This confusion might be related to a lack of engagement with health promotion literature on the subject and the impact of cultural attitudes that suggest that absence of symptoms indicates good health.

Barriers to mammography screening

Absence of symptoms

This section reports what women said about mammography screening, particularly what put them off going for screening. Although asked about screening, nine women specifically cited absence of symptoms as a reason not to

Table 2: Physicians' age, years working as a physician and years in current post

Characteristic		Number
Age		
	30–35	4
	36–40	4
	41–45	3
	46–50	13
	51–55	2
	56–60	1
Gender		
	Male	13
	Female	15
Specialty		
	Internal Medicine	6
	General Practitioner	22
Total years of work		
	6–10	12
	11–15	3
	16–20	6
	21–25	6
	26–30	1
Total years of work in current position		
	0–5	12
	6–10	4
	11–15	7
	16–20	4
	21–25	1

have mammography, of whom one had already experienced mammography and eight had not.

These findings and the following women's responses suggest that the benefits of screening programmes are either poorly understood or that screening is rejected as premature intervention.

> I've no breast problems, so mammography isn't necessary. (woman 15)

> We aren't the type of people who go to the doctor if we only have a pain or some health problem. If we see some trouble, we go to the doctor, but then it's a little late (laugh), a little late.(woman 4).

> Knock on wood, I don't know because I don't have that problem. (woman 15)

> We must be checked, we must be examined, but you must have some problem, eh? Without a problem should you go? No, I have never gone to a doctor about that.(woman 11)

It is unclear from the interviews whether these responses reflect a lack of understanding of screening for early detection and treatment of breast conditions, or whether this is understood but the women do not welcome such health interventions, viewing them as unnecessary.

Risk and Safety Issues

When asked about the safety and risks of mammography screening, seven women mentioned that fear of the effect of exposure to radiation put them off. Six of these women had experienced mammography.

> The radiation that I'll be exposed to. I also think about that because I have been having many examinations lately, but... if it is necessary. I think that we are getting radioactivity now but how harmful it is to our health I don't know. (woman 19)

Six women said they had not had mammography screening because a physician had not recommended it, displaying a trust in physicians to recommend screening if they needed it. None of this group had experience of mammography either and they reported both no encouragement or recommendation for breast screening by their doctor, and a lack of funds to pay for the screening itself. However, half of this group said they would have a mammogram if their physicians recommended it

> I didn't ask the doctor. And since I didn't ask they haven't mentioned it. If a doctor says that I have to have a mammogram, yes, I will have it. (woman 24).

> It depends on what information the doctor will give to me to continue if it is necessary to do it When he says that it is must to do the mammography I will do it. If I see something to my breast and I will visit the doctor and he says to me that you must do a mammography, because the doctor says it and he knows better I will do it. (woman 13).

Six women said they knew they should go and have mammography screening but they had not got around to doing so. Five of the six women have never undergone mammography.

Fear and Negativity towards Mammography

Fear of pain or a previous traumatic experience emerged as another important reason for not attending mammography screening for five of the women.

> I don't know. Sometimes as my breast is compressed, perhaps they'll crush something. (woman 18)

Four women talked of their fear of finding something seriously wrong such as cancer. Two of the four had experience of mammography.

> Because we are afraid, that maybe, let's say, you have something in your breast and you will need various

other procedures and for this reason, you avoid being checked. (woman 24)

One woman had been frightened by the experience of her neighbour who had a mammogram and later on lost her breast so had not had a mammogram herself.

Yes I am afraid of the expected results. (woman 10)

Not a Priority

Four women mentioned they were too busy with family obligations to attend mammography screening. Four women said embarrassment put them off attending:

If it is something gynaecological, I may be embarrassed because here in the countryside we are, let's say, more... um... but since I've never needed to have a breast examination, a doctor to examine my breast, I don't know.(woman 7).

Other reasons that women mentioned included the cost of having a mammogram (n = 2), the lack of information about having a mammogram (n = 2), the lack of free time (n = 2), the difficulty of getting to the mammography centre due to the distance (n = 1):

Nah. It's mostly the distance for me (woman 20)

Mammography screening from the physicians' perspective

Knowledge, attitudes and practices

Most physicians in the sample were well informed. When asked about their knowledge of screening for breast cancer with mammography, the majority (n = 20) claimed to be well-informed although seven said they would like more information. However, one physicians said:

It isn't my specialty; I can't say that I am informed. (physician 26)

Another physician expressed doubts about the reliability of mammography screening and whether it should be trusted. He said:

I'm not well informed about whether it gives reliable information. (physician 12)

The majority of physicians interviewed talked about the importance of their recommendation for women to attend mammography screening (n = 16), confirming that when they urge women to undergo mammography screening most of them will do so.

If you tell them that the mammogram is necessary, all of them have it. (physician 22)

Just one physician had doubts and felt unsure of how to persuade women of the importance of mammography screening and did not feel prepared to manage a large number of patients:

According to the guidelines I feel that I do relatively well. As far as management of large numbers of patients, such as those who come to the office, I don't feel prepared. I don't consider myself well-informed on this subject, neither about how I will present it to the patient, nor how I will persuade her of the necessity of this examination." (physician 3)

Lack of time for adequate discussion in the clinic

Another notable finding was that a number of physicians (5) reported lack of sufficient time to discuss mammography screening because of the large number of patients attending each clinic and the short time available to talk to each one.

When the patient visits (the clinic) at regular office hours we will almost always propose that a mammogram be done. However, when the visit occurs during the emergency shifts we often neglect it. (physician 3)

When is mammography screening recommended by physicians?

When asked for whom they would recommend mammography screening, physicians mentioned

- women in the appropriate age range to be screened (n = 9)

- women who may have a hereditary predisposition towards breast cancer (n = 12)

- women who asked for a mammography of their own accord (n = 2)

In total, only eight physicians reported suggesting mammography to all eligible women. Although interviews were about mammography screening, eleven physicians mentioned they would recommend mammography to women presenting with clinical symptoms or who had palpable nodules (n = 11).

If there is a hereditary case-history then I insist more, or of course if there is a clinical finding, in the breast examination. (physician 5)

The age, a possible case-history and hereditary predisposition. (physician 19)

During interviews physicians were quite clear about the subtle difference between screening and diagnostic mammography, screening being for asymptomatic women and

diagnosis for women with concerns about disease based on symptoms and signs. However, in the health care setting the actual referral procedure for mammography screening was the same for both screening and diagnosis, which may be one reason why the majority of women in our sample were confused about the purpose and benefits of mammography screening.

Barriers to Mammography Screening

The primary care physicians interviewed all identified difficulties with arranging mammography for rural patients because of difficulties in scheduling an appointment at public hospitals and waiting times.

> They have no access to mammography. The two public hospitals schedule appointments four, five or six months after referral. (physician 2)

MT contacted all seven prefecture general hospitals and the University general hospital of Crete (all publicly funded) to check the availability of mammography and the waiting times for appointments. Only five of the eight hospitals provide a mammography service, so for some PHCC accessing mammography would be very difficult. Those providing mammography claim to have waiting times for an appointment of between two and four months.

It's a long way to the clinic for most rural women

Eight physicians reported that distance and transportation (geographical accessibility) difficulties in travelling through mountainous regions to the city were a problem for women, with older women having more transportation difficulties than younger ones:

> One woman said to me: Why should I have a mammogram? It's not easy to go to Heraklion. It's too far. (physician 8).

If women were unable to afford the cost of visiting a private diagnostic centre and had to wait for a long period in a public hospital, their physicians usually avoided recommending mammography. Nine physicians mentioned the cost of having mammograms at private diagnostic centers as a barrier, particularly for older patients with fixed, low incomes. One physician said:

> The financial side is such a problem that many poor people would rather die than have their lives complicated every year to have a mammogram. I can't talk to them about it. In other words a lot of things stop at the Health Center. If it costs as much as the cost of a trip to Rethymnon they would rather even be diagnosed with cancer to make the trip worth it. (physician 23)

Physicians also identified the absence of symptoms as a factor discouraging women from having mammograms, which is similar to data in the women's interviews:

> (Women say) there's nothing the matter with me, why should I have a mammography? (physician 8).

Physicians reported that women were motivated to have a mammogram when a relative has had breast cancer (n = 6) and when the woman had symptoms such as breast pain (n = 12).

Other reasons physicians gave for women not having a mammogram included: not considering it a priority (n = 3); embarrassment (n = 3); fear of diagnosis (n = 4); fear of pain (n = 3) and fear of radiation (n = 8). All of these factors except embarrassment were also mentioned by the women, although a number of physicians identified it as an issue, especially for older women:

> Deep down however, most of the time it is embarrassment, especially for older women. Very often it's embarrassment. (physician 6)

> Fear, that they will find something,...doctor, I don't want to know (physician 2).

Pain/discomfort and radiation risk were also mentioned as barriers:

> Another high percentage considers it a painful exam from their previous experiences. (physician 3)

> The main reason is that they will be exposed to radiation. (physician 18)

In addition, family obligations and lack of free time were identified as discouraging women from having a mammogram. One physician said that women tend to say:

> I haven't anywhere to leave the kids, it isn't easy to go to Heraklion. I have my father-in-law, my mother-in-law, we don't have time, family obligations (physician 8)

This suggests that women put their own health last, after the well being and care for other family members. Over half of the physicians (n = 16) suggested that physician gender plays a role in determining whether women felt able to discuss sensitive subjects such as their breasts. Two male physicians said they refer women to female physicians or midwives for gynaecological issues. One female physician said that women prefer to consult female physicians as far as prevention is concerned, but when they confront a serious medical problem, they prefer to consult

male physicians, which may suggest more deference to the authority of the latter.

The importance of patient's characteristics

In response to a question about how educational level, age and socioeconomic status affect women's knowledge and use of mammography screening, the vast majority of physicians (n = 23) agreed that these factors were important. Four physicians specifically commented that educated women made use of mammography more frequently than less educated women and older women were screened less frequently than younger women. However, they thought this was changing as women were becoming generally more informed about health issues. Nine physicians talked about the role of financial difficulties in deterring women in seeking breast screening.

The majority (22 out of 30) of physicians interviewed mentioned that women were influenced in their decisions about mammography screening by their overall attitude towards life; attitude towards life seems to play an important role in determining how they address their health. They claimed that women prioritized their children and other family obligations over their own personal or health problems. In general, there was consensus among physicians in the sample with no indication that their views varied by either age or years spent working as a physician.

Discussion

This study has identified the subtle interplay of complex factors, from both the women and physicians' perspective, that result in women from rural areas of Crete failing to access mammography screening. We summarise in Table 3 factors that seem to impede the use of mammography in rural Crete. This study delineated that most of the women knew about mammography and were interested in having mammography screening. However, it was also clear that few women were able to take an adequately informed decision about mammography screening and share in decision making about results with their doctor.

The level of education and the income of people living in rural Crete is low and this was the case for the women in our study. There is evidence that socio-economic factors for example, higher income and higher level of education, are important correlates of use for mammography screening. In a previous French study [19] there is evidence that a high monthly household income or high education level, increased the probability of accessing mammography. The majority of physicians in our study were aware of the impact on screening uptake of low levels of education and income. Both the women and physicians mentioned similar barriers to attending mammography screening, many related to the low socio-economic status of the women.

The reasons cited by both women and physicians as to why a referral for mammography screening is not made, have also been identified in earlier studies [20,21,24,42]. The finding that women fail to prioritise their own health also replicates other research [43]. Previous studies [44-46] have reported that women living in rural areas may be less likely to receive mammography than urban women, and breast cancer screening rates are lower in rural communities. Utilization of preventive health care services is lower in rural populations than in urban populations, possibly as a result of barriers to preventive health care that are characteristic of rural settings (isolated residential settings, lack of transport etc.)[44]. Rural women were found to have the same basic knowledge of breast cancer or perceptions of barriers to mammography, but had more complex attitudes towards breast cancer itself.

Table 3: Barriers to mammography identified by women and physicians

WOMEN		PHYSICIANS
Absence of any symptoms	*Contextual issues*	
Fear of radiation		Access to a mammography screening center
Lack of recommendation of physician		Difficulties in scheduling an appointment in state Hospitals, waiting time
Fear of pain		Distance, transportation problems from mountain regions to the city
Fear of results-diagnosis	*Women related issues*	
Family obligations		Absence of symptoms
Embarrassment		Embarrassment felt by women
Cost		Consequences of radiation
Lack of information		Fear of diagnosis
Lack of free time		Problem of free time and family obligations
Distance from screening centers – Transportation problems		Cost at Private Centres
	Physician related issues	
		Physician judgment and management
		Gender of physician

Access to health care remains an important issue facing many individuals. Barriers to health care include financial factors, socio-economic characteristics of the individuals and the health care delivery system, as well as geographical factors [46]. However, none of the barriers discussed stood out as being more important for the promotion of mammography screening than others, suggesting that a multifaceted approach to the promotion of mammography screening is the most likely to be successful.

This study was undertaken to inform local health care reform in relation to mammography screening. The recruitment rate for participants in the study was very high. Both women and physicians expressed interest in both the study and mammography screening for themselves and for the locality. This interest in the study may have been enhanced by the relative lack of previous qualitative studies in this subject in Greece. As with similar studies elsewhere, the data needs to be interpreted with caution as both women and physicians may have exaggerated their enthusiasm for mammography screening due to the nature and setting of the study. However, the study was successful in enabling negative views to be expressed.

Taken as a whole, the data from both women and physicians suggests that there is a growing understanding of the importance of mammography screening and preventive health care more generally, and that with attention to detail as to how it is promoted and provided, mammography screening could become the norm in Greece as it has become in other European countries. Our findings indicate where such attention to detail needs to be focused.

Promoting mammography screening among women

Our study suggests that there is still a need for raising awareness in relation to breast cancer and the role of mammography screening, even though most women interviewed had some knowledge of it. The concept of preventive medicine is still largely unknown among primary health care centre populations as demonstrated in a recent European study [17]. Raising awareness in this area includes the need to clarify the difference between mammography screening for early diagnosis and mammography for diagnosis of a perceived breast problem. Fear of cancer, fear of the perceived pain of mammography, fear of radiation, embarrassment and women failing to prioritise their own health are cited by individual women and need attention in Crete; however, these are also issues women mention as barriers in countries with high mammography screening rates [20,21,24].

Promoting mammography screening and the role of the physician

For some of the women interviewed, the physician was perceived as a key person in recommending mammography screening, although other women had arranged their own mammography screening. To achieve high rates of mammography screening, physicians are likely to be important in promoting a screening programme [17,31,47], particularly initially when women expect endorsement for screening from their physician. Physicians can play an essential role in improving women's participation in screening programs [48] and early detection of cancer [31] through direct recommendations to their patients [4]. There is some evidence to suggest that targeting doctors' involvement in screening is associated with an increase in breast screening attendance [49]. In most previous studies, advice, recommendation or encouragement from health professionals has been found to increase the likelihood of attendance [47]. Over 90% of rural women report that a doctor's recommendation to have breast cancer screening is "important" [4]. The involvement of physicians in establishing a programme requires them to have sufficient time, information and support, including clear guidance on eligibility for screening. The role of the physician in encouraging mammography screening long-term is open to debate, as women may become confident enough to seek screening for them.

Promoting mammography screening through health care policy and process

The results from this interview study suggest a number of policy and process issues where change could increase the uptake of mammography screening. Having different referral routes could ease the confusion for women between diagnostic mammography and screening mammography. This may also make it easier for physicians to refer all women for screening mammography rather than emphasising diagnosis and screening where there is high risk. The process of obtaining mammography screening needs to enable women to attend relatively easily. Many women mentioned that they need to be able to travel to the screening centre, to afford both the travel and the screening, and to have some flexibility in appointment times. This study underscores the need for continued efforts to provide breast cancer screening to rural communities, including community education interventions and low-cost mobile mammography van services [45]. Attention to these issues will also encourage physicians to recommend screening.

Study limitations

This was a qualitative study recruiting women attending participating primary care practices. Both physicians and women were asked about screening mammography and both responded, with physicians talking about screening in some detail. It appears that not all of the participating women understood the difference between diagnostic and screening mammography, which may have affected their

responses. This was an exploratory study, the results of which will increase our understanding of these issues for health care on Crete. The small size and qualitative nature of the study mean that the results are not generalizable to the whole population. However, there is no strong indication that our sample differed in terms of age, profession, culture and language from other rural Greek populations.

Conclusion

This study provides valuable insights into women's knowledge, attitudes and use of mammography screening and the knowledge, attitudes and use of mammography screening by primary health care physicians in rural Crete. The study was designed to deliver data through which to inform health policy, prioritizing qualitative data collection, methods and analysis and listening to women's voices. The study's findings build upon previous research in other settings but uniquely, provide health care providers and policy makers in Crete with evidence specific to their locality for the future development of a preventive programme of mammography screening. Barriers to the implementation of a mammography screening programme may be similar across different geographical and national contexts, but demonstrating both the specific factors involved and the distinct local way in which such factors interact, is necessary for the development of robust and appropriate regional policy.

Abbreviations

PHCCs: Primary Health Care Centers; PCPs: Primary Care Physicians; GP: General Practitioners.

Competing interests

The authors declare that they have no competing interests.

Authors' contributions

MT was the principal investigator for the study and undertook data collection, transcribed and analysed the interviews, and wrote the initial manuscript. FG and EG undertook a study visit to primary and secondary health care services in Crete funded by the UK Economic and Social Research Council 'Innovative Health Technology programme of research. FG and EG advised on the study design, discussed initial analysis and contributed to the final manuscript. EK and DT contributed to the study design and gave their comments on the manuscript. CL contributed to each stage of the study development, analysis, reporting, reviewed the analysis and interpretation of data, corrected the first draft, co-designed the contents of the manuscript. CL, MT, FG and EG all made a substantial contribution in preparation of the revised manuscript. All authors have participated in the design of the study and have commented critically on the initial manuscript and have approved the final version of the manuscript.

Additional material

Additional file 1

Health Professional's Interview Schedule
Click here for file
[http://www.biomedcentral.com/content/supplementary/1472-6874-8-20-S1.doc]

Additional file 2

Midlife Women Interview Schedule
Click here for file
[http://www.biomedcentral.com/content/supplementary/1472-6874-8-20-S2.doc]

Acknowledgements

We would like to thank the phycisians and all women who participated in the interviews and gave their time to help in this research. Many thanks also to Mrs. Ada Markaki, clinical specialist of community health nursing at the Regional Health and Welfare system of Crete, for comments on the final draft.

References

1. Parkin DM, Pisani P, Ferlay J: **Estimates of the worldwide incidence of 25 major cancers in 1990.** *Int J Cancer* 1999, **80**:827-841.
2. Cortesi L, Chiuri VE, Ruscelli S, Bellelli V, Negri R, Rashid I, Cirilli C, Fracca A, Gallo E, Federico M: **Prognosis of screen-detected breast cancers: results of a population based study.** *BMC Cancer* 2006, **6**:17.
3. Keller B, Zemp Stutz E, Tibblin M, Ackermann-Liebrich U, Faisst K, Prbst-Hensch N: **Screening mammography in Switzerland: what makes female and male physicians prescibe them.** *Swizz Med Wkly* 2001, **131**:311-319.
4. Santora L, Mahoney CM, Lawvere S, Englert J, Symons BA, Mirand LA: **Breast cancer screening beliefs by practice location.** *BMC Bublic Health* 2003, **3**:9.
5. Duffy SW, Tabár L, Chen HH, Holmqvist M, Yen MF, Abdsalah S, Epstein B, Frodis E, Ljungberg E, Hedborg-Melander C, Sundbom A, Tholin M, Wiege M, Akerlund A, Wu HM, Tung TS, Chiu YH, Chiu CP, Huang CC, Smith RA, Rosén M, Stenbeck M, Holmberg L: **The impact of organized mammography service screening on breast carcinoma mortality in seven Swedish countries.** *Cancer* 2002, **95**:458-69.
6. Akker-van Marle E Van den, de Koning H, Boer R, Maas P van der: **Reduction in breast cancer mortality due to the introduction of mass screening in The Netherlands: comparison with the United Kingdom.** *J Med Screen* 1999, **6**:30-4.
7. Beckett JR, Kotre CJ, Michaelson JS: **Analysis of benefit:risk ratio and mortality reduction for the UK Breast Screening Programme.** *British Journal of Radiology* 2003, **76**:309-320.
8. Day N, Warren R: **Mammographic screening and mammographic patterns.** *Breast Cancer Res* 2000, **2**:247-51.
9. Blanks RG, Moss SM, McGahan CE, Quinn MJ, Babb PJ: **Effect of NHS breast screening programme on mortality from breast cancer in England and Wales, 1990–8: comparison of observed with predicted mortality.** *BMJ* 2000, **321**:665-669.
10. Hackshaw A: **EUSOMA review of mammography screening.** *Annals of Oncology* 2003, **14**:1193-1195.
11. Ferlay J, Autier P, Boniol M, Heanue M, Colombet M, Boyle P: **Estimates of the cancer incidence and mortality in Europe in 2006.** *Annals of Oncology* 2007, **18**:581-592.
12. Levi F, Bosetti C, Lueechini F, Negri E, La Vecchia C: **Monitoring the decrease in breast cancer mortality in Europe.** *Eur J Cancer Prev* 2005, **14**:497-502.
13. Garas I, Pateras H, Tiandafilou D, Georgountzos V, Mihas , Abatzoglou M, Trichopoulos D: **Breast cancer screening in Southern Greece.** *European Journal of cancer prevention* 2004, **3**:35-39.

14. Souliotis K, Lionis C: **Creating an Intergrated Health Care System in Greece: A Primary Care Perspective.** *Journal of Medical Systems* 2004, **28**:643-52.
15. Pappa E, Niakas D: **Assessment of health care needs and utilization in a mixed public – private system: the case of Athens area.** *BMC Health Services Research* 2006, **6**:146.
16. Mousiama T, Loakimidou S, Largatzi E, Kaitelidou D, Liaropoulus L: **Health technology assessment in the area of prevention: selected screening cases in Greece.** *Int J Technol Assess Health Care* 2001, **17**:338-57.
17. Brotons C, Bjorkelund C, Bulc M, Ciurana R, Godycki-Cwirko M, Jurgova E, Kloppe P, Lionis C, Mierzecki A, Pineiro R, Pullerits L, Sammut M, Sheehan M, Tataradze R, Thireos E, Vuchak J: **Prevention and health promotion in clinical practice: the views of general practitioners in Europe.** *Preventive Medicine* 2005, **40**:595-601.
18. Griffiths FE, Green EE, Bendelow G, Blackett-Milburn K, Thompson D, Tsouroufli M: **Innovative Health Technologies at Women's Midlife; Theory and Diversity among women and Experts.** 2003. (L218252038), ESRC.
19. Duport N, Ancelle-Park R: **Do socio-demographic factors influence mammography use of French women? Analysis of a French cross-sectional survey.** *Eur J Cancer Prev* 2006, **15**:219-24.
20. Alcaraz M, Liuch A, Miranda J, Salas MD: **Study if non participation in the breast cancer screening program in the city of Valencia (Spain).** *Gac Sanit* 2002, **16**:230-5.
21. Robin Yabroff K, Jeanne Mandelblatt S: **Interventions targeted toward patients to increase mammography use.** *Cancer Epidemiology Biomarkers & Prevention* 1999, **8**:749-757.
22. Maxwell CJ, Bancej CM, Snider J: **Predictors of mammography use among Canadian women aged 50–69: findings from the 1996/97 National Population Health Survey.** *CMAJ* 2001, **164**:329-34.
23. Flynn BS, Gavin P, Worden JK, Ashikaga T, Gautam S, Carpenter J: **Community education programs to promote mammography participation in rural New York State.** *Prev Med* 1997, **26**:102-8.
24. Ogedegbe G, Cassells AN, Robinson CM, DuHamel K, Tobin JN, Sox CH, Dietrich AJ: **Perceptions of barriers and facilitators of cancer early detection among low-income minority women in community health centers.** *J Natl Med Assoc* 2005, **97**:162-70.
25. Young FR, Severson KR: **Breast Cancer screening barriers and mammography completion in order minority women.** *Breast Cancer Research an Treatment* 2005, **89**:111-118.
26. Marlén Oliver-Vázquez, Sánchez-Ayéndez Melba, Suárez-Pérez Erick, Vélez-Almodóvar Himilce, Arroyo-Calderón Yamilet: **Breast cancer health promotion model for older Puerto Rican women: results of a pilot programme.** *Health Promotion International* 2002, **17**:3-11.
27. Halabi S, Skinner CS, Samsa GP, Strigo TS, Crawford YS, Rimer BK: **Factors associated with repeat mammography screening.** *J Fam Pract* 2000, **49**:1104-12.
28. Bazargan M, Bazargan SH, Calderon JL, Husaini BA, Baker RS: **Mammography screening and breast self-examination among minority women in public housing projects: the impact of physician recommendation.** *Cell Mol Biol (Noisy-le-grand)* 2003, **49**:1213-8.
29. Mandelblatt JS, Yabroff KR: **Breast and cervical cancer screening for older women: recommendations and challenges for the 21st century.** *Am Med Womens Assoc* 2000, **55**:210-5.
30. Tolma EL, Reininger BM, Ureda J: **What predicts a Cypriot woman's decision to obtain or not obtain a screening mammogram? Implications for the promotion of screening mammography in Cyprus.** *Eur J Cancer Prev* 2006, **15**:149-57.
31. Ganry O, Boche T: **Prevention practices and cancer screening among general practitioners in Picardy, France.** *Public Health* 2005, **119**:1023-30.
32. Kloppe P, Brotons C, Anton JJ, Ciurana R, Iglesias M, Pineiro R, Fornasini M: **Preventive care and health promotion in primary care: comparison between the views of Spanish and European doctors.** *Aten Primaria* 2005, **36**:144-51.
33. Herman CJ, Lengerich EJ, Stoodt G: **Variation in recommendations for breast and cervical cancer screening among primary care physicians in North Carolina.** *South Med J* 1991, **89**:583-90.
34. Lurie N, Slater J, McGovern P, Ekstrum J, Quam L, Margolis K: **Preventive care for women. Does the sex of physician matter?** *N Engl J Med* 1993, **329**:47882.
35. Franks P, Clancy CM: **Physicians gender bias in clinical decision-making: screening for cancer in primary care.** *Med Care* 1993, **31**:2138.
36. Slikkerveer LJ: *Plural Medical Systems in the Horn of Africa* London and New York: KPI; 1990:70-71.
37. Lionis C, Vivilaki V, Slikkerveer JL: **abstract in the proceedings, EGPRN meeting in Antwerp, 15th May presentation 23.** [http://www.egprn.org].
38. Green J, Thorogood N: *Qualitative Methods for Health Research* London, Sage; 2004.
39. [http://www.esrcsocietytoday.ac.uk].
40. Patton M: *Qualitative research and evaluation methods* London, Sage publications; 2002.
41. Silverman D: *Interpreting qualitative data* London: Sage; 1993.
42. Ogedegbe G, Cassells AN, Robinson CM, DuHamel K, Tobin JN, Sox CH, Dietrich AJ: **Perceptions of barriers and facilitators of cancer early detection among low-income minority women in community health centers.** *J Natl Med Assoc* 2005, **97**:162-70.
43. Payne S: *The health of Men and Women* Cambridge: Polity Press; 2006.
44. Coughlin SS, Thompson TD, Hall HI, Logan P, Uhler R: **Breast and cervical carcinoma screening practices among women in rural and nonrural areas of the United States, 1998–1999.** *Cancer* 2002, **94**:2801-12.
45. Engelman KK, Ellerbeck EF, Perpich D, Nazir N, McCarter K, Ahluwalia JS: **Office systems and their influence on mammography use in rural and urban primary care.** *J Rural Health* 2004, **20**:36-42.
46. Engelman KK, Hawley DB, Gazaway R, Mosier MC, Ahluwalia JS, Ellerbeck EE: **Impact of geographic barriers on the utilization of mammorgams by older rural women.** *Journal American Geriatrics Society* 2002, **50**:62-68.
47. Lagerlund M, Anna Hedin A, Sparén P, Erik Thurfjell E, Mats Lambe L: **Attitudes, Beliefs, and Knowledge as Predictors of Nonattendance in a Swedish Population-Based Mammography Screening Program.** *Prev Med* 2000, **31**:417-28.
48. Beaulieu MD, Beland F, Roy D, Falardeau M, Hebert G: **Factors determining compliance with screening mammography.** *CMAJ* 1996, **154**:1335-43.
49. Bekker H, Morrison L, Marteau TM: **Breast screening: GPs' beliefs, attitudes and practices.** *Family Practice* 1999, **16**:60-65.

Pre-publication history

The pre-publication history for this paper can be accessed here:

http://www.biomedcentral.com/1472-6874/8/20/prepub

4.2 qd[ɛ e ůdČgůd[2:

ñ*Cancer control practices***ò**: Translation and cultural adaptation of an instrument in Crete, Greece.

Maria Trigoni, Martin C. Mahoney, Joanna Moschandreas, Adelais Markaki, Christos Lionis

In the press

Journal of Cancer Education

TITLE:*ñCancer control practicesò*: Translation and cultural adaptation of an instrument in Crete, Greece.

Maria Trigoni[1,6], Martin C. Mahoney[2,3,4,], Joanna Moschandreas[5], Adelais Markaki[6], Christos Lionis[6]

[1] Department of Social Work, University Hospital of Heraklion, Crete, Greece
[2]Department of Social & Preventive Medicine (Preventive Medicine Residency Program), State University of New York at Buffalo (SUNY), Buffalo, USA
[3]Division of Cancer Prevention & Population Sciences, Roswell Park Cancer Institute, Buffalo, USA
[4]Department of Family Medicine, State University of New York at Buffalo (SUNY), Buffalo, USA
[5] Laboratory of Biostatistics, School of Medicine University of Crete
[6] Clinic of Social and Family Medicine, School of Medicine, University of Crete
All the authors satisfied the criteria of the international committee of Medical Journal editors (http://icmge.org)

Corresponding author
FAX NUMBER: +302810392220
Telephone number: +302810392220
+302810210662
Email address: Martrig1@yahoo.com
Corresponding author name: Maria Trigoni
Clinic of Social and Family Medicine
Dept. of Social Medicine
School of Health Sciences
University of Crete
P.O Box 2208
Zip Code 71003
Heraklion, Crete
Greece

Abstract: Although early detection and systematic prevention of cancer improves outcomes and reduces mortality, General Practitionersô (GP) effectiveness remains an issue that merits further investigation. In order to explore cancer control practices of Greek GPs, a version of the ***ñ****Cancer Control Practices****ò*** (CCP) questionnaire, originally developed in Western New York in 2001, was translated and culturally adapted. Its reliability was found satisfactory in the majority of the items. The instrument can be useful in determining Greek GPsô knowledge and application of internationally established cancer-related guidelines, barriers they face in daily practice and educational or training needs.

Note: The Greek version of the CCP questionnaire is available from the Clinic of Family and Social Medicine, University of Crete website (http://www.cgrg.gr).

Cancer remains an important public health problem in Europe [1,2], while in Greece, it is the second leading cause of death with 25,448 deaths in 2004 (www.statistics.gr). Much discussion is taking place about the early and systematic confrontation of cancer, with prevention and early detection being among the most important strategies reducing mortality. There is widespread evidence that early screening during the asymptomatic stages results in improved outcomes [3]. Since prevention and timely detection are among the most efficient and practical strategies in reducing cancer burden [4], the role of General Practitioners (GPs) becomes crucial [5]. Nevertheless, GPsô effectiveness in implementing screening programmes, either opportunistic or population based, has not sufficiently been explored [6].

In the United Kingdom, breast and cervical screening programmes have been developed by primary health care team members who have provided information and advice to women throughout the screening process. In France, the involvement of primary care clinicians has significantly increased patient participation in colorectal screening programmes [7]. In Greece, there are no national programmes for pre-symptomatic control, although there have been isolated attempts to improve health care professionalsô knowledge and skills in screening, diagnosing and managing cancer in primary care [8]. Thus, cancer prevention depends on physiciansô practices based on empirical and personal assessments [9]. Considering that little is known about cancer control practices of Greek primary care physicians, it was intriguing to explore these practices as well as GPsô knowledge and application of internationally established cancer-related guidelines.

To this aim, a research team at the University of Crete developed a Greek version from the English questionnaire ñ*Cancer Control Practices*ò (CCP). The Greek CCP was based on the 2001 original version developed in Western New York [10] and consisted of 27 items, which addressed clinician knowledge, attitudes and behaviours concerning delivery of general, preventive and cancer screening services, clinical practice setting and demographic information. Topics included breast cancer, colorectal cancer, prostate cancer, skin cancer, and smoking cessation. The questionnaire was translated and culturally adapted from English into Greek according to internationally accepted methodology [11]. Cultural adaptation was based on a cognitive debriefing method that aimed to identify problematic areas in terms of language, format or lack of clarity. To achieve this, a pilot test was conducted via in-depth interviews with eight (8) physicians from University Hospital of Crete. No problems were found with regard to content validity, as all items were simple, clear and understandable. The general impression of all 8 participants was that the questionnaire was relevant to their situation, and that no items needed to be rephrased. Upon completion of pilot testing, the final version was developed and sent to the developers for their consent.

To measure test-retest reliability, nineteen (19) trainee GPs who were all recruited from the University Hospital of Crete (13 men and 6 women ranging in age from 28 to 37 years), were asked to complete the questionnaire twice. We used trainee GPs because they have the same knowledge and have undergone the same basic training as the certified GP group, without any specialization in cancer prevention. The selected subjects were informed of the purpose of the research and gave their oral consent prior to implementation. Each of them received one copy of the questionnaire and was asked to return it within two weeks (response rate 100%). The second copy was given

two weeks later and they returned it within two weeks (response rate 100%). Reproducibility was assessed for each question separately using Cohenôs kappa coefficient [12]. Chance-corrected agreement was found to be substantial (kappa between 0.61-0.80) or almost perfect (kappa between 0.81-1.00) for 49 variables (36%). A moderate strength of agreement (kappa between 0.41-0.60) was detected for 32 variables (24%) (Table 1). For 31 variables (23%) the kappa statistic was not calculable due to the small frequencies involved, but agreement ranged from 95% to 100%. Internal consistency was not assessed, as the vast majority of the variables are nominal, so computation of variances would have little meaning.

Table 1. Cohenôs Kappa coefficient for Cancer Control Survey of Primary Care Physicians

Survey domain	# of variables	Cohenôs kappa coefficient		
		Median	**minimum**	maximum
Breast cancer	13	0.572	0.297	**0.883**
Colorectal cancer	14	0.569	0.269	**0.806**
Skin cancer	1	0.653		
Smoking cessation	13	0.642	0.278	**0.872**
Lung cancer	5	0.646	0.448	**0.782**
Prostate cancer	5	0,612	0,339	**0,872**
Information sources for screening guidelines	9	0.617	0.281	**0.771**
Barriers to screening	**6**	**0.774**	**0.612**	**0.872**

The Greek version of CCP seems to have some important implications for national health policy and education of health professionals. Survey results may also review important insights into clinical practice. The instrument can be useful in determining, which practices Greek GPs actually use, how they are informed and which barriers they face in daily practice. It can also contribute to the assessment of educational needs of trainees in general practice and to the development of primary health care research capacity as well as health planning and policy making at a national and regional level.

Our collaboration demonstrates the feasibility of adapting a cancer control survey instrument developed in the United States for use in Greece. In addition to careful attention to issues of translation and culture, frequent communication and interactions among collaborators are essential. We believe that similar undertakings across diverse cultural settings can contribute to advances in cancer prevention and control efforts. Results from this project will be presented in future communications.

References

1. Boyle P., Ferlay J. Cancer incidence and mortality in Europe. Annals of Oncology. 2005; 16: 481-488.

2. Ferlay J., Autier P., Boniol M., et al. Estimates of the cancer incidence and mortality in Europe in 2006. Annals of Oncology. 2007; 18: 581-592.

3. Rennert G. Prevention and early detection of colorectal cancer--new horizons. Recent Results Cancer Res. 2007; 174: 179-87.

4. Greenwald P. A favorable view: progress in cancer prevention and screening. Recent Results Cancer Res. 2007; 174: 3-17.

5. Ganry O., Boche T. Prevention practices and cancer screening among general practitioners in Picardy, France. Public Health. 2005; 119: 1023-30.

6. Lionis C. Colorectal cancer screening and the challenging role of general practitioner/family physician: an issue of quality. Quality in Primary Care. 2007; 15.

7. Sammerton N. General practitioners and cancer. BMJ 2000; 320: 1090-1.

8. Lionis C., Samoutis G., Kouroussis C., et al.. Teaching cancer management to primary care health staff: the first experience gained from Crete. J Cancer Educ. 2005; 20: 6-7.

9. Mousiama T., Loakimidou S., Largatzi E., et al.. Health technology assessment in the area of prevention: selected screening cases in Greece. Int J Technol Assess Health Care. 2001; 17: 338-57.

10. Santora L.M., Mahoney M.C., Lawvere S., et al.. Breast cancer screening beliefs by practice location. BMC Public Health. 2003; 3: 9.

11. Medical Outcomes Trust. Trust introduces new translation criteria. Medical Outcomes Trust Bulletin. 1997; 5: 1ï 4.

12. Landis J. R., Koch G.G. The Measurement of Observer Agreement for Categorical Data. Biometrics. 1977; 33: 159-174.

4.3 qpdɛɕůɑĎĝůɖ 3:

¢ ɛŮůŰɕɔɻŮűɑŮůŰɖ Tɻɐ Űɖ: Ⱶɻɕůgɛ´Űɤ ɛŮŰɕɦƒgɣɔ•Ůɔɕɕgƒ, ɛɔŮ´ɻɦəɔdůɖ ɔɔŮŰɕɜ ɔŮŰĵɦ ɔŮɕɔɔɐgƒɔŮŰĵɔɔɐgƒ; Æɛ´Ůɕɻɑ Ďƒ ɦ ɛɑŮŭɔüŮɔŰɕɻɔɔɐ ŭɔŮŰĵɔɓɐ ůŰɖɜ Tɻɐ Űɖ

ɸɻɔɔu ɜdɀ .,ʂɔɔɜɐgƒj .

ɻ´ɦ ŮɔbŰĵ´ɤůɖ

Ⱶɻɤ ŰɕɓŸɑɛɔŮ ū ɻɕɜŰɔŭŮɻɔŮŭŮƒ (Ōɔɔɔ•ŮŭŮɔbŰɐ 23 ĦŮɜɕgŮĵœg 2009)

¢ ɛÜůÚĕɔɹÜŭíɑŮůÚłŤɹɐÚł: Ʉɹɛůgɛ´Úɤ ɛÜÚəɦƒɣəǾɔɛɡ, ɛəÜ´ɹɦəɘɖůɖ ɔəÜÚɛɜ əÜŰĵɦɔǾəɐɡəÜŰĵəɐɡ; Æɛ´Ǿɣɑůƒ Ü ɦɛɑŮŭəůÜəÚĕɹəɐ ŭəÜŰĵəɒɐ ůÚłɜŤɹɐÚł

ɖɒůƒɜı ɡɛ əÜɹəɑɛɡÚĕg ɛÜůÚĕi ǾɑÜɔɛ ´ɐɛ ůgɛɜɦƒɡəÜɹəɑɛɡůÜĕƒɔgɜÜɑǾƒÚɦůɛ ůÜĕƒ ÜɜǾÚƒɔɛɣɜǾƒɦůɛ əÜɔůÜĕƒÜɜŰ´ƒůůɦɟɛÜɜǾƒɡı ɹǾƒəÜɔɑŰÜɔɖɟůƒÜɜǾůÜĕƒ ɖÜɜŸÚĕg[1-4]. ʐ ŮƀŸůɖ ÜəÚĕɛɐůÜĕƒÚłɡ American Cancer Society Úĕ 2008 ůəÚĕɛŸÚÜɔɦƒÜɔ ůÜĕƒ ¢.Ʉ.ɹ ɖŰ ŭɔÜɔɜɤůÚĕiɜ 182.460 ɜɣŰ´Ůɟɔůŭ̈ÜĕǾɔŸ əÜɔ 40.480 ɔgɜÜɑǾƒ ɖŰ´ŮƒŸɜɛgɜ (http://www.cancer.org). ÆÚłɜ Ægɹı´ɖ´Ůɟɑ́ɛg 250.000 ´Ůɟɡ́Úĺ ůÜɤɜ əÜɹəɑɛɡÚĕg ɛÜůÚĕi ŭəÜɔɒɜı ůəɛɜÚÜɔəŸɖůÜɛɹɦɜɛ, ´Üɟɦɘɛ´ɛg ůi ɛűɤɜŰɛůɛÜɔɒɣÚł[5] ´ÜɟɛgůɔŸůÚłəÜŭ̈ ŭ̈ɔůÜɔɖŭ̈ÜɖŰ ɛɹɦɜɛŰ´Ůɤŭ̈ɔɒɛ ŭ̈Ÿůɖ ŭ̈łƒ ɖɜɖůɛɦŭ̈łŭ̈ƒɡ ůÜ Ůɟəůɣƒ Ægɹɤ´Űɒɣƒɡıɹůł´ɛg ɣűŭ̈ůÜŭ̈Ű 8 ɤƒ 19%, əÜɔɖɛ´ɛdŰɛ´ɛɹůɔɜŰŰɛɡdůůɛɦŭ̈łŭ̈ƒɜ ´ɹıɛɖ ŭ̈Ÿɔɜɤůɖ əÜɔ ŭ̈łɜ əÜɔi ŭ̈Ůɟɖ dŰɟŰůÜŰ[5]. ÆŭłɜÆəɔŸűÜ ɖ ´Ű ůɖ ŭ̈łƒ ɖɜɖůɛɦŭ̈łŭ̈ƒɡɐŭ̈ɔɜ ɛɒɹɦŭ̈Ůɟɖ[5], Ůɜı Úĕ 2006 ɖɜɛůɖɹɦŭ̈łŭ̈Ü əÜɔɖ ɖɜɖůɛɦŭ̈łŭ̈Ü ŰɦəÜɹəɑɛɡÜɜŰ 100.000 ɐŭ̈ɔɜ 81,8 əÜɔ 21,7 ÜɜŭÜůĕɛɑÜ[6].

Ʉɛəɔɒƒɣ ÜɜŰŭ̈ɛɹɟƒɣ ƒɣɛɡgɜ ɔɑůɔ ɔɒÜ ŭ̈łɜ ůgɛɓɛɔɐ ŭ̈łɡ ɛÜůÚĕɔɹÜŭíɑŮƒ ůÚłɜ ƒɔəÜɹɖɟ ŭ̈ɘŸɔɜɤůɖ Úĕg əÜɹəɑɛɡ Úĕg ɛÜůÚĕi[7-9], ɖ ɛ´ɛɑÜ ŭ̈ÚɜůÜŭ̈ɔɜÜ ůɜ ŭ̈ɑůɔ Ü ɛŭ̈ůɔůıɛÚĕɐɐ ůÚłɜ ɛÜɑɤůɖ ŭ̈łɡ ɖɜɖůɛɦŭ̈łŭ̈ƒɡ əÜɔŭ̈łɜ ƒɔəÜɹɖɟ Üɜɑɛɜůɖůɖ Úĕg əÜɹəɑɛɡ Úĕg ɛÜůÚĕi[4]. ʐ ůɔƒɣÚŭ̈ƒůÚłɜ ŭÜɔəɖÜəÜɔɦůˊÜɜɑÜŭ̈Úůɑɜɛgɜ ɦŰĵɖ ŭ̈ɘůɔƒɣɹɔůŰÜ ŭ̈łɡ ɛÜůÚĕɔɹÜŭíɑŮƒ ɐŭ̈ɔɜ gɣɖəɦŭ̈Ůɟɖ ůÜ ɔgɜÜɑǾƒ ɛÜ ɛÜɔÜəi ŭ̈Ůɟɛ ůəůɦŭ̈ɖɛÜ əÜɔ gɣɖəɦŭ̈Ůɟɛ ɛɛɹůɤÜəɦ Üɖůɛŭ̈ɛ[10,11]. ɹ ɜŭ̈ɑŭ̈ŰÜ ɛɐ ɔgɜÜɑǾƒ Üɔɹɛŭ̈əıɜ ´Ůɟɛɛgıɜ ůɑɜÜɔ ´ɤɑÜɜɦɔɜ ɜÜ ɛɖɜ g´ɦəůɑɜŭ̈Ɔɔ ůgɛɜŸůÜɛÜůÚĕɔɹÜŭíəɦ ɣəÜɔɑɛ ůÜůɑɣůɖ ɛÜŰÚĕƒɔgɜÜɑǾƒ ŭÚɤɜ ÜůÚĕəıɜ ´Üɟɛgıɜ[12,13], ´ɤɑÜɜɦɔɜ əɦɔɤ ŭgůəɛəɣıɜ ůÚłɜ ´ɹɦůɓÜůɖ ůÚłɜ ůɜɣŭ̈ŰÜůɖ, ÜɔəŸəÜɔÚɤɜ ɤŭ̈ɑŭ̈ŰÜɟɤɜ ɑÜɹɟÜɔÚłɟůÜəıɜ Úɤɜ ɔgɜÜɑəıɜ Úɤɜ ÜɔɹɛÜəıɜ ´Ůɟɛgıɜ[12,13]. Æŭĕƒɔɜɛɣɜɛ ɑÜůɑəůəɛ əÜɔ ůÜƒ´Ůɟůůɦŭ̈Ůɟ ůƒɡ ɹɟůƒ ŭ̈łɡ ÁÁ g´Ÿɹɑɛgɜ ´ɹɛɔɹŸɛɛŰŰÜ ɛɛÜŭəɛi ´ɹɛůgɛ´ÚɤɛÜŭəɛi Ůəɣɔɑɛg ɔɖÜ Úĕɜ əÜɹəɑɛ Úĕg ɛÜůÚĕi ÜəəŸ ÜgůÚłɑɛɡ ůÜɜ ůgɛɓÜɑůɖ ůÚł ɑɹɟÜ ɛŰłƒ. ÆÜ ɛəŰŸ ůgůÚłɛŰŰÜ gɔůůÜłƒ ɛɐ ɔůɜəɛɖɛəɔůɜůəÜɛɑəÜŰĵɛɑ(ũŁ) ŭÚɑůŰÜɔɦŰəɛ´ɛɹɛiɜ ŭəÜŭɹÜɛÜŰŰůɛgɜ ɣɜÜɜ ůɜůĵɔɦ ɹɦəɛ ůÜ´ɹɛɔɹŸɛɛŰŰÜ ´ɹɦəɖɣɖƒ əÜɹəɑɛɡÚĕg ɛÜůÚĕi[14,15] ÜəəŸ ůÚł ɑɹɟÜ ɛŰłƒ ŭ̈ůɜ g´Ÿɹɑɛgɜ ŭ̈ɖɛůəůůɖůÜůƒůɑŰŰəɣƒɛÜŰł ÜŰ ɛŰŰəɦŰłɛÜŰəɦŰłŰɣŰɛəɤɜ ŭɹŸŭÜɤɜ. ÖŰůə, ɣɔəÜŰúÜɜůɹɛ ɖ ÜɜÜɔəŰɦŰłŰɛəŰƒɛÜŰł´ɛg ɖŰÜɜɣŰŰɛÜŰəɦŰłŰƒůŰŸŭ̈ůəƒəÜɔÜɦŰłŰ ɦɣÜůƒ ɔəŰɹɜ ´ɛg ůɹɔŸɑɛɜŰŰɜ ůÜŤɣɜŰɹŰɜ ɔůəŰƒ ůŰłɜ ŤɹɐÚł əÜɔɑɜÜəı ɜ ɛɣůɖƒɖəəɖŰƒ ɔəŰ Úłɜ ɑɹɟůƒ ɛÜůÚĕɔɹÜŭíɑŮƒ, ůɜı ɖŰ ɛəɣŰŰɛÜŰəůůŸůəƒ ´ɛg ŰɹŸůÜɤɜ ŭ̈łɡ ɛÜůÚĕi ůÜɜ ůÜŰÜɔɹɟůƒ ŭ̈ɘůɔƒɣ ŭ̈ɘŸɔɜɤůɖ ŭ̈łɡ ɛÜůÚĕi, ŭ̈ůɜ ůgɜəůŰĕi ůÜɜ ůgɛɜŸ ÜgŰĕɜ[16]. ȳ´ɤƒ ɛɐ ũŁ Üɜɣŭ̈ŰɟÜɜ ůŰƒ ůgɜůɜŰŰɟɜůƒ ŭ̈ɛgƒ, ůgɜəůŰĕi ůÜɜ ŭ̈łɡ ŭ̈ɘŸɔɜɤůɖ ŭ̈łɡ ɛÜůÚĕɔɹÜŭíɑŮƒ ůŰƒ ɔgɜÜɑǾƒ əɣɹɑƒ ɦŰÜɜ ɛɐ ɑŭ̈ůƒ ÜɜɣŭŰÜɤɜ ´ɹɦɓəɖɛÜəÜůəůŰɦŰÜɜ ɔəÜŰgŰɦ ŭ̈ɛɜ əɦɔɛ ŭ̈ɛ ůÜŰɟůɛ ŭ̈ɛgƒůŰĕ ŤɹɐÚł.ɟ ɐ ɦŰÜɜ ɛɐ ɑŭ̈ůƒ ŭ̈ɛ ɛɖłĕiůÜɜ. ¢ɛ ůɹɟɖɛÜ ŰgŰɦ, ŭ̈ɛ ɛ´ɛɑ ůgɛɓÜŭ̈ɑůəÜ ɛÜ ůgɹɟɐɛÜŰŰ ŭ̈ůůƒɜı ɜ ɛÜůəŰÚɜ[17,18], gɹɛüÜůəɜiůə ŭ̈łɜ ÜɔəɖÜɔɐ ɟɦəɤɜ əÜɔ ´ÜɟÜŭÜůəɛŸÚɤɜ ůÜłɜ ´ɟɤŭ̈ɛɓŸɖɛəÜ ű̄ɟɛɜÜŭ̈ÜůÜ gɔůůÜłƒ, ɣɜÜ dɣɛÜ´ɛg ůgɛɐŭ̈łůÜɔɜ ůŭ̈ɛ ´ÜɟÜŭÜůəɛŸÚɤɜ ɔəÜŰɟɦ əÜɔ Ÿəəɔ Ÿɖɛɖɛ ůi ɜÜŰúɖƒ ŭ̈ɛ «Ʉɟɤŭ̈ɛɓŸɖɛəÜƒ ūɟɛɜÜŭ̈ÜůÜƒ ɟɔůůÜłƒ» [19]. ÆəɐɔgɜÜɑǾƒ Ü ɦ ŭ̈łɜ ´əůgɟŸŭ̈ɛgƒůɛ´əůŰŭ̈ůɦŰÜɜ ŭ̈ɛgƒɔəÜŰɟɛiɡ, Ůɜı dŰɟɹɛiůÜɜ ŭ̈łɡ ůi ůŰÜůd ŰɤɜɔəÜŰɟıɜ ´ɛəi ůɖɛÜŭ̈ɑəɐ ɔəÜ ŭ̈łɜ ɛɟɐůd ŭ̈łƒ ɛÜůÚĕɔɹÜŭíɑŮƒ əÜɔ əůɛgɟɦ əɑɛdŰɟɛ ɔəÜ ŭ̈łɜ

[illegible]

[illegible]

[illegible]

Æ ÚÍ¦ƷÜ ÙÍ ÚÍ¦ ¤ÚÍ¦ ÚÍ¦ ¤ ÞÜÍ¦ÆÍ¦Í ÚÍ¦¤Æ¦ÚÍ¦ÍÍ¦ ÜÍ¦ Ú¦Ú¦ÚÍ¦ÍÍ¦ ÚÍ¦ÍÍ¦ ÚÍ¦ÍÍ¦

12. Engelman KK, Hawley DB, Gazaway R, Mosier MC, Ahluwalia JS, Ellerbeck EE. Impact of geographic barriers on the utilization of mammorgams by older rural women. Journal American Geriatrics Society, 50:62-68, 2002.
13. Engelman KK, Ellerbeck EF, Perpich D, Nazir N, McCarter K, Ahluwalla JS. Office systems and their influence on mammography use in rural and urban primary care. J Rural Health, 20:36-42, 2004.
14.Halabi S, Skinner CS, Samsa GP, Strigo TS, Crawford YS, Rimer BK. Factors associated with repeat mammography screening. J Fam Pract, 49:1104-12,2000.
15. Bazargan M, Bazargan SH, Calderon JL, Husaini BA, Baker RS. Mammography screening and breast self-examination among minority women in public housing projects: the impact of physician recommendation. Cell Mol Biol (Noisy-le-grand), 49:1213-8, 2003.
16.Trigoni M, Griffiths F, Tsiftsis D, Koumantakis E, Green E, Lionis C.
Mammography screening: views from women and primary care physicians in Crete.
BMC Womens Health, 7;8:20, 2008.
17. Ganry O, Boche T. Prevention practices and cancer screening among general practitioners in Picardy, France. Public Health, 119:1023-30, 2005.
18. Brotons C, Bjorkelund C, Bulc M, Clurana R, Godycki ï Cwirko M, Jurgova E, Kloppe P, Lionis C, Mierzecki A, Pineiro R, Pullerits L, Sammut M, Sheehan M, Tataradze R, Thireos E, Vuchak J. Prevention and health promotion in clinical practice: the views of general practitioners in Europe. Preventive Medicine, 40:595-601, 2005.
19. Ş æɜɐɡ ɟ , ɀ ´ɵŭɵůŸəɖɖ ɀ Ʉ. ɹ ´ɲɣŮɷɡ ɔɘŬ ůɖɛŮɟɘɐ əŬŰŸůŰŬůɖ ůŰɖɜ ɄɟɤŮŏƀŸɗɛɘŬ ūɟɵɜŰűŭŬ Ɉ ɔŮŏŬɡ əŬə ´ɟɵŰŸůŮɷ ɔɘŬ ƀŮƀŰŭɤůɖ Űɖɡ. ɄɟɤŮŏƀŸɗɛɘŬ ūɟɵɜŰűŭŬɉ ɔŮŏŬɡ, 12:7-9,2000.
20. Maxwell CJ, Bancej CM, Snider J. Predictors of mammography use among Canadian women aged 50ï 69: findings from the 1996/97 National Population Health Survey. CMAJ, 164:329-34, 2001.

4.4 φρζεσυδζψυζ 4:

Breast cancer screening knowledge among rural primary care physicians in Crete, Greece

Trigoni M., Mahoney MC, Moschandreas J, Tsiftsis D., Koumantakis E., Lionis C

ÕɢÙȣɡ´ɛɓɘɋɗÙȣůÙȣʃ6ɀ ÙɟÙȣɛg 2009

Health and Social Care in the Community

TITLE: Breast cancer screening knowledge among rural primary care physicians in Crete, Greece

Authors:Trigoni M.[1], Mahoney MC[2,3,4], Moschandreas J[5], Tsiftsis D.[6], Koumantakis E.[7], Lionis C[8]

[1]Social worker, PhD candidate, Head of Social Work Department, University Hospital of Heraklion, Crete, Greece

[2] Associate Professor, Department of Social & Preventive Medicine (Preventive Medicine Residency Program), School of Public Health & Health Professions, State University of New York (SUNY) at Buffalo, Buffalo, USA

[3]Division of Cancer Prevention & Population Sciences, Roswell Park Cancer Institute, Buffalo, USA

[4]Department of Family Medicine, SUNY at Buffalo, Buffalo, USA

[5]Assistant Professor, Department of Social Medicine, Faculty of Medicine, University of Crete, Greece

[6]Professor, Head of Department of Surgical Oncology, School of Medicine, University of Crete

[7]Professor, Head of Department of Obstetrics and Gynecology, School of Medicine, University of Crete

[8]Associate Professor, Head of Clinic of Social and Family Medicine, School of Medicine of Crete, Greece

All the authors satisfied the criteria of the international committee of Medical Journal editors (http://www.icmge.org) and contributed equally to this work.

[§]Corresponding author

Corresponding author:
Maria Trigoni, PhD student
Clinic of Social and Family Medicine
Dept. of Social Medicine
School of Medicine
University of Crete
P.O Box 2208
Zip Code 71003
Heraklion, Crete.

E-mail addresses:

MT:Martrig1@yahoo.com
MCM: martin.mahoney@roswellpark.org
DT: tsiftsis@med.uoc.gr
EK: obgyn@med.uoc.gr
J.M: joanna@med.uoc.gr
CL:lionis@galinos.med.uoc.gr

Abstract

BACKGROUND: Breast cancer represents a leading cause of cancer morbidity and mortality among women in both developed and developing countries. A physicianôs recommendation for preventive care, such as use of mammography, is a strong stimulus to patient action. The aim of this study was to assess levels of knowledge regarding breast cancer screening among primary care physicians in rural areas of Crete. METHODS: *Design*: Cross-sectional, self-administered survey. *Setting*: 14 Primary Health Care Centres of Crete, Greece. *Participants*: All 106 general practitioners and internists, employed as of October 2004 and practicing at those Health Centres were eligible. In addition, a random sample of 45 trainee General practitioners (GPs) from a total of 83, who were working at 14 Health Centres of Crete, was also eligible. *Instrument:* The questionnaire ñ*Cancer Control Practices*ò (CCP), developed in the USA, was translated into Greek and distributed as a self-

administered survey. *Main outcome measures*: Current practices and knowledge-based responses to 4 items on breast cancer screening practices. RESULTS: Overall response rate was 55% (PCPs=53%; trainee GPs=60%). In general, respondents demonstrated limited awareness of recommendations for breast cancer screening. Among the 83 respondents, agreement with ñcorrectò responses ranged from 31% to 58% for the individual survey items. Overall, respondents exhibited considerable variation in responses with just 4% answering all four items correctly, 25% answering three out of four items correctly and 14% failing to answer any item correctly. CONCLUSION: This survey revealed limited knowledge among primary care physicians to well-publicized breast cancer screening guidelines. Education programs targeted to primary care physicians to communicate breast screening recommendations represent an important initial step in the assuring the provision of appropriate breast screening to all eligible women.

Key words: Primary care, general practice; mammography; mass screening; knowledge; practices.

INTRODUCTION

Breast cancer is the most commonly diagnosed cancer in both the developed and developing worlds and a significant cause of mortality and morbidity among women (Parkin *et al.* 1999, Cortesi *et al.* 2006, Keller *et al.* 2001, Santora *et al.* 2003). In Europe, breast cancer is the leading cause of death from cancer in women (429 900 cases, 13.5% of all cancer cases) (Ferlay *et al.* 2007, Boyle & Ferlay 2005) and it is the same in Greece where the age-standardised incidence and mortality rates (ASRs,

European Standard) for breast cancer per 100.000 in 2006 were 81,8 and 21,7 (Ferlay *et al.* 2007). There is widespread evidence that early screening during the asymptomatic stages results in improved outcomes (Greenwald 2007, Rennert 2007), while population-based studies have shown that mammography can be effective in reducing breast cancer mortality (Achat *et al.* 2005) and improving survival rates (Boling 2005, Smith *et al.* 2008).

There is a growing interest in international literature about the involvement of primary care physicians in breast cancer early detection and their critical role in preventive services through direct recommendations to patients (Herman *et al.* 1996, Bekker *et al.* 1999, Santora *et al.* 2003). Primary care physicians play a key role in the delivery of clinical preventive and early detection services, including mammography utilization (Ganry & Boche 2005, Constanza *et al.* 1992). Nevertheless, PCPs effectiveness in implementing screening programmes, either opportunistic or population-based, has not sufficiently been explored (Lionis 2007).

National screening programmes for breast cancer are available in many countries (Shapiro et al. 1998). The majority of studies investigating predictors of breast screening behaviour have been carried out in North America and Australia, where breast-screening referral is organized directly by the doctor. Within the UK, breast screening is run independently by the National Breast Screening Programme (NBSP) as part of a national programme, initiated in 1988, with an annual uptake rate of about 70% among the target group of women aged 50ï 64 years (Shapiro et al. 1998). In Italy, there are 52 regional programmes involving women aged 50ï 69 years. Although the US and Switzerland do not have national population-based programmes,

opportunistic screening through physician offices is widespread in both countries (Domenighetti et al. 2003).

In Greece, there are no national programmes for breast cancer screening, although there have been isolated attempts to improve health care professionalsô knowledge and skills in screening, diagnosing and managing cancer in primary care (Lionis *et al.* 2005). Over the past few years Greece has undertaken several endeavours, aimed at modernizing and improving the national health care service, through the enhancement of primary care clinical services (Souliotis & Lionis 2004). Poor performance of Greek GPs in health promotion and disease prevention as it has been reported a few years ago (Brotons *et al.* 2005) requires prompt attention and ameliorating actions (Lionis *et al.* 2004).

Little is known about breast screening practices of Greek primary care physicians although cancer prevention depends on physiciansô empirical and personal assessments (Mousiama *et al.* 2001). In one previous qualitative study which explored the views of both PCPs and women in Crete in relation to breast screening, the women reported that their physician was a key person in recommending mammography although only a small number of physicians reported suggesting mammography to all eligible women (Trigoni *et al*. 2008). In order to assess the extent to which PCPs serving rural populations in Crete are aware of current guidelines for breast cancer screening, we decided to explore PCPôs knowledge and application of internationally established cancer-related guidelines. This collaborative study aims to: 1) describe knowledge and practices with regard to breast cancer screening among primary care clinicians in rural Crete and 2) explore the extent to which primary care physicians routinely follow guidelines for breast screening.

Implications for PC training, continuing medical education and policy setting in Greece are also discussed.

METHODS

Study design

A cross-sectional survey of primary care physicians was undertaken from October 1st, 2004 to November 30th, 2004.

Setting

All 14 Primary Health Care Centers (PHCCs) serving the rural population of Crete (283,694 residents) were included. PHCCs in Greece are staffed by GPs, internists, nurses, midwives, health visitors, lab assistants and other administrative personnel, providing health promotion, prevention and acute care services free of charge for all attendants (Souliotis & Lionis 2004).

Study population - Participants

All 106 primary care physicians (91 general practitioners and 15 internists) employed and actively practicing at the PHCCs were eligible and were invited to participate. In addition, a random sample of 45 trainee GPs, from a total of 83, serving the rural practices during the survey period were also invited to participate.

Survey instrument

The questionnaire ñ*Cancer Control Practices*ò (CCP) (Santora *et al.* 2003) was used in its Greek version that has been translated and validated according to international standards (Trigoni *et al.* 2009 in print). The questionnaireôs 27 items explore

physiciansô knowledge, attitudes and behaviours concerning delivery of general preventive and cancer screening service, as well as respondent demographic characteristics. The survey included items relating to breast cancer, colorectal cancer, prostate cancer, skin cancer, smoking cessation, barriers to implementing cancer-related practices and level of interest for continuing medical education programs. Respondent demographic information included age, gender, professional group, board certification, specialty, practice structure, work schedule, and involvement with trainee supervision. This manuscript presents findings in regards to breast cancer screening only, with responses to the following four multiple-choice items used to examine variations in breast cancer screening practices:

Item 1. ***ñ****At what age should an average-risk woman initiate screening for breast cancer using clinical breast examination?****ò*** [accepted answer: 20 years.(Smith RA, 2001)]

Item 2. ***ñ****At what age should an average-risk woman get a baseline mammogram?****ò*** [accepted answer: 40 years; While no guideline addresses a baseline mammogram, the American College of Obstetrics and Gynecology did previously recommend this].

Item 3. ***ñ****At what age should an average-risk woman begin having mammograms every 1****ï*** *2 years?****ò*** [accepted answer: 40 years; Smith RA, 2002; ACOG 1997; AMA; USPSTF]

Item 4. ***ñ****At what age should an average-risk woman begin yearly mammograms?****ò*** [accepted answer: 50 years; Smith RA, 2002; ACOG 1997; AMA]

Ethical considerations

All participants were informed in person by MT who visited every PHCC in Crete and received written information about the studyôs aim, the voluntary nature of participation and assurance of confidentiality. Participants were asked to sign a consent form upon obtaining agreement to carry out the study from the Director of each PHCC. The questionnaire was distributed to participants and was returned to MT within 15-20 days.

Data analysis

Descriptive statistics were calculated for all variables. Pearsonôs chi-square test was used to assess possible associations between demographic and professional characteristics of respondents in the case of categorical variables. Differences in age and experience between attending and trainee physicians were examined using non-parametric tests, due to the skewness of the distributions.

For each of these four knowledge-based questions, unconditional logistic regression was used to estimate the odds of a correct answer among respondents according whether they were attending or trainee physicians. In addition, multivariable models were fitted in order to further adjust for other characteristics (location of practice, gender, age group). Odds ratios are presented with accompanying 95% confidence intervals. Continuous variables were dichotomised at the median for these analyses. A summary index was created based on the total number of correct responses in each of the correct four relevant items (ranging from zero to four) (Santora *et al*. 2003). This variable was subsequently dichotomised according to whether or not the total number of correct responses was greater than two out of four (Santora *et al.* 2003). Binary

logistic regression was used to assess possible predictors of the odds of having more than two out of four correct responses. Results are presented as adjusted odds ratios and associated 95% confidence intervals. A 5% significance level was selected. The software package SPSS 15.0 was used throughout.

RESULTS

Response rate

Of the 151 PCP physicians who were invited to participate, 83 responded (56 primary care physicians and 27 trainee GPs) with an overall response rate of 55% (PCPs 53%; trainee GPs 60%).

Demographics

Demographic characteristics of respondents are presented in Table 1. Of the physicians who responded, 43 were female (52%), the mean age was 38 years (range 25 to 60 years) and 77 (93%) reported working full-time.

Regarding the age to initiate clinical breast examination (CBE) for an average risk female patient, 34 (41%) of physicians noted that this should be initiated at age 20 years (figure 1). Twenty-six (31%) of respondents physicians correctly reported that an averageï risk woman should complete a ñbaseline mammogramò at age 40 years. Fifty-eight (58%) of the respondents correctly indicated that an average-risk woman should begin having mammograms every one to two years starting at the age of 40 years. Thirty-two (39%) of the respondents reported that an average risk woman should complete annual mammography screening at age 50 years. Responses did not differ between attending physicians and trainees in univariate analyses. Multivairate

modeling failed to show any significant difference in correct responses to any of the four individual knowledge items, or the summary measure, by physician demographic characteristics (attending/trainee, gender, age group, practice duration or practice location).

When the summary index based on the total number of ñcorrectò responses to the 4 knowledge items (range from zero to four correct) was reviewed, only 3 (4%) of the respondents answered all four items ñcorrectly,ò twenty-one (25%) of the respondents answered three out of the four items ñcorrectly,ò whilst fourteen 14 (17%) of the respondents did not answer correctly any of the four items. The likelihood of providing correct responses did not differ between attending and trainee physicians; multivariate modelling did not reveal differences in the summary scores by physician demographic characteristics.

In addition, the two most commonly reported barriers to implementing cancer control services in clinical practice were lack of time (41%) and the lack of office organization (36%). Another notable finding was the breadth of differing sources of information on breast cancer screening guidelines: published articles, 73,5%; Greek cancer-prevention society, 67,6%; lectures, 57,8%; professional medical their specialty society 28,9%; Ministry of Health and Welfare, 25,3%; Institute of Preventive Medicine, 19,3%; research organizations, 13,3%; and, professional medical society 9,6%.

Discussion

Main findings

Our study demonstrates a limited awareness of international guidelines on breast cancer screening among primary care physicians in Crete, Greece. In general, the level of physiciansô knowledge for each of the four items was low, with agreement ranging from 31% to 58% for the individual breast screening items, indicating knowledge gaps in regard to timing and frequency of breast screening. These results confirm findings from a recent qualitative study in rural Crete exploring physiciansô views and practices in regards to mammography screening (Trigoni *et al.* 2008). In that particular study, physicians mentioned they would recommend mammography only to women presenting with clinical symptoms or who had palpable nodules, whereas only a few would suggest mammography to all eligible women according to international guidelines That finding suggests confusion between use of diagnostic mammography and screening mammograms targeting asymptomatic women.. It is therefore not surprising that physicians were not well-informed about clinical guidelines for breast cancer early detection. While it is not possible to infer breast screening knowledge levels across other areas of Greece, it is likely a problem of similar magnitude impacting the entire primary care infrastructure (Santora 2003).

Although previous research has shown that differences in rates of breast cancer screening exist based on primary care physicianôs age, gender, years of training and specialty (Herman *et al.* 1996), we did not note any differences between responses to the knowledge items and demographic characteristics of physician respondents. This may reflect the gaps in cancer control training during undergraduate medical studies or during specialty training programs. As a result, cancer screening behaviors likely

reflect each physicianôs individual level of motivation and attention to preventive care. While others have noted that affiliation between the University and PHCs, participation in research networks or in previous educational programmes (Lionis, *et al.* 2005), or the employment of graduate of University of Crete can influence breast screening, these associations were not noted in the present study.

Despite findings that mammography utilization rates among US females have gradually increased throughout the past decade, mammography as a screening tool is only effective when conducted on a regular basis (Engelman *et al.* 2004). In Greece there are no national guidelines for breast cancer screening or an office health policy statement addressing mammography screening. There have been local initiatives such as a pilot study by the Hellenic Society of Oncology for early detection of breast cancer. In this pilot study in Ilia and Messinia in the Peloponesos, in Southern Greece women aged 40-64 years were invited for screening and a participation rate of 52,48% was reported (Garas *et al.* 2004). Given the lack of a national health policy on breast cancer screening, clinicians are faced with the need to consult multiple sources for guidance including international organizations, medical specialty groups, and various publications. (Halabi 2000, Santora 2003). This was confirmed in our study with the notable finding that the physicians reported multiple sources of information on breast cancer screening guidelines which likely yields confusion among providers stemming from the variable recommendations (Halabi 2000, Santora 2003). For instance, the National Cancer Institute (NCI, United States) recommends mammograms every 1 to 2 years for women aged 40-49 years and annually for women aged 50 years and older (Halabi 2000). The American Cancer Society (ACS) guidelines recommend a combination of clinical breast examination (CBE) and regular mammography

beginning at age 40 years (Smith 2007; Smith 2008). In contrast, the American Academy of Family Physicians and the 2nd United States Preventive Services Task Force (USPSTF) advise mammography every 1-2 years for women aged 50-69 years (Santora *et al.* 2003). While various professional organizations differ from the NCI in regards to optimal screening intervals, they all endorse the importance of regular screening (Halabi 2000). A recent meta-analysis noted multiple factors influencing use of clinical guidelines (Francke *et al.* 2008).

Many countries have implemented breast cancer screening programs, which differ from those in the United States (Smith *et al.* 2007; Smith 2008), due to variable interpretations of published studies. As an example, many countries do not recommend mammographic screening prior to the age of 50 years. Despite these international differences, the focus of findings from this study should not be on the proportion of ñcorrectò responses, but rather on the variability in responses across this group of primary care clinicians. Thus, regardless of which category is identified as ñacceptableò, responses to each item were mixed, as was the summary index, translating into suboptimal rates of breast screening in the community. Taken together, these findings suggest an opportunity to develop and implement continuing medical education program to both educate and reduce variations.

Another finding of note was the sizable proportion of physicians who reported insufficient time to discuss mammography screening and poor office organization as the most important barriers to recommending cancer-screening services. This observation is consistent with results from a qualitative research study in a similar region of Crete (Trigoni *et al.* 2008) and several studies in the United States (Brotons

et al. 2005, Ganry & Boche 2005, Kloppe *et al.* 2005). Physicians can modify their office practice policies and procedures to empower other office staff to address this important issue, thereby both enhancing clinical care and allowing the physician to focus on other issues. However, the development of an office-based approach to breast cancer early detection requires a clear understanding of breast cancer screening guidelines. Establishing a national approach to breast screening requires development of a national health policy statement, financial resources, physical resources (e.g., mammography units, quality control monitoring systems), human resources (e.g., mammography technicians and mammographers/radiologists), insurance coverage and patient education campaigns. While recommendation from PCPs can motivate patients, public education campaigns can complement those messages and help to create patient demand for breast cancer screening services. (Trigoni *et al.* 2008).

Physicians who are knowledgeable and committed cancer early detection can help to encourage the delivery of general preventive care and more specifically, increase womenôs awareness regarding the benefits of breast cancer screening. Womenôs fears about mammography outcomes may be overcome if physicians emphasize the concept of prevention and focus on the advantages of mammography (Lionis *et al.* 2004). Efforts to educate primary care physicians, about the appropriateness and importance of regular mammographic screening among asymptomatic women must be accelerated. Continuing medical education programs need to emphasize the importance of evidenceï based cancer screening guidelines along with strategies for implementation in primary care office setting (Symons *et al.* 2002). Practice enhancements, such as office systems to systematically identify eligible patients and track screening outcomes, as well as involving other members of the primary care

team (i.e. physician assistants, nurses, social workers) in breast cancer screening delivery, will yield improved screening rates (Klabunde *et al.* 2003).

Study implications

There are some important messages derived from this study that should be conveyed to health policy makers who are responsible for the design and implementation of the national health system of Greece. From a health policy standpoint, a breast cancer screening guideline should be developed to provide clinicians with information about when to begin screening, how frequently to screen, and potentially, when to end screening. The available of data documenting rates of cancer screening can help to identify local deficiencies in the delivery of preventive services, thereby leading to practice improvement programs. At a national level, health authorities should complete broadly based surveys to document clinician knowledge/practices and to understand current access to mammography by women. From an educational standpoint, training programs can be useful to address the topic of cancer control during both undergraduate studies and later on throughout the career continuum. Physiciansô knowledge may be improved through participation in didactic lectures, use of printed materials and attendance of internet based programs. Furthermore, academic centers, such as University of Crete, might be willing to take a leadership role in developing and disseminating these educational programs.

Study limitations & strengths

A number of limitations of our study should be noted. This study was restricted to Crete and it should not be assumed that our findings are representative of other areas of Greece or non-primary care physicians. No demographic data were available from

survey non-responders, so direct comparisons could not be made. However, since primary care clinicians deliver the bulk of preventive care, these data may reflect a ñbest caseò scenario. Given the dearth of studies on this topic in Greece, this study provides valuable information suggesting the need for the immediate development of medical education programs and a national health policy on breast cancer screening which to emphasize the importance of this issue and to assure access by all age-eligible women. In addition, our response rate was somewhat higher than typically encountered in similar surveys of health professionals and was based on a sizable number of physicians who provided medical care for more than 280,000 persons.

Conclusion

Limited knowledge regarding breast cancer screening recommendations suggests that suboptimal breast cancer screening is occurring among rural women in Crete. Development of a national health policy promoting breast cancer screening, in combination with the delivery of continuing medical education programs for physicians can be used as a foundation to address knowledge gaps and to expand breast cancer screening in Greece.

Authorsô contributions

MT was the principal investigator for the study. She participated in study concept and design, translation and adaptation of the questionnaire, carried out data collection and data entry, participated in analysis, wrote the initial manuscript, and re-wrote the final manuscript. CL contributed to each stage of the study; he conceived the study design, participated in the translation/ adaptation process, revised the first draft and re-wrote the final manuscript. MCM provided the approval for use the survey instrument as

well as consultation during translation, adaptation, data analysis, revision of the first draft, and rewriting the final manuscript. MJ participated in analysis and interpretation of data and co-wrote the manuscript. EK and DT contributed to the study design and gave their comments on the manuscript. All authors have participated in the design of the study and have commented critically on the initial manuscript and have approved the final version of the manuscript.

Acknowledgements

We would like to thank all the general practitioners, internists and physician trainees who participated in our research and contributed their time to answering the questionnaire.

Conflict of interest

The authors declare that they have no competing interests.

References

1. Achat H., Close G., Taylor R., (2005) Who has regular mammograms? Effects of knowledge, beliefs, socioeconomic status, and health-related factors. *Prev Med.* **41**, 312-20.

2. Bekker H., Morrison L., Marteau TM. (1999) Breast screening: GPs' beliefs, attitudes and practices. *Family Practice* **16,** 60ï 65.

3. Boling W., Laufman L., Lynch G., Weinberg A. (2005) Increasing mammography screening through inpatient education. *J Cancer education* **20**, 247-250.

4. Boyle P., Ferlay J. (2005) Cancer incidence and mortality in Europe. *Annals of Oncology* **16**, 481-488.

5. Brotons C., Bjorkelund C., Bulc M., Clurana R., Godycki ï Cwirko M., Jurgova E., Kloppe P., Lionis C., Mierzecki A., Pineiro R., Pullerits L., Sammut M., Sheehan M., Tataradze R., Thireos E., Vuchak J. (2005) Prevention and health promotion in clinical practice: the views of general practitioners in Europe. *Preventive Medicine* **40**, 595-601.

6.Constanza ME., Stoddard AM., Zapka JG., Gaw VP., Barth R. (1992) Physician compliance with mammography guidelines: barriers and enhancers. *J Am Board Fam Pract.* **5**, 143-52.

7. Cortesi L., Chiuri VE., Ruscelli S., BellelliV., Negri R., Rashid I., Cirilli C., Fracca A., Gallo E., Federico M. (2006) Prognosis of screen-detected breast cancers: results of a population based study. *BMC Cancer* **23**, 6-17.

8. Domenighetti G., D'Avanzo B., Egger M., Berrino F., Perneger T., Mosconi P., Zwahlen M. (2003) Women's perception of the benefits of mammography screening: population-based survey in four countries. *Int J Epidemiol*. **32**, 816-21.

9. Engelman KK., Ellerbeck EF., Mayo MS., Markello SJ., Ahluwalia JS. (2004) Mammography facility characteristics and repeat mammography use among Medicare beneficiaries. *Prev Med*. **39**, 491-7.

10**.** Ferlay J., Autier P., Boniol M., et al. (2007) Estimates of the cancer incidence and mortality in Europe in 2006 *Annals of Oncology* **18**, 581-592.

11. Francke A., Smit C. M., De Veer JE A., Mistiaen P. (2008) Factors influencing the implementation of clinical guidelines for health care professionals: A systematic meta-review. *BMC Medical Informatics and Decision Making* **8**, 38.

12. Ganry O., Boche T. (2005) Prevention practices and cancer screening among general practitioners in Picardy, France. *Public Health* **119,** 1023-30.

13. Garas I., Pateras H., Tiandafilou D., Georgountzos V., Mihas, Abatzoglou M., Trichopoulos D. (2004) Breast cancer screening in Southern Greece**.** *European Journal of cancer prevention* **3**, 35-39.

14. Gorin SS., Ashford AR., Lantigua R., Hossain A., Desai M., Troxel A., Gemson D. (2006) Effectiveness of academic detailing on breast cancer screening among primary care physicians in an underserved community. *J Am Board Fam Med.* **19**, 110-21.

15. Greenwald P. (2007) A favourable view: progress in cancer prevention and screening. *Recent results cancer Res*. **174**, 3-17.

16. Halabi S. (2000) Factors associated with repeat mammography screening. *J Fam. Pract.* **49**, 1104-1112.

17. Herman CJ., Lengerich EJ., Stoodt G. (1996) Variation in recommendations for breast and cervical cancer screening among primary care physicians in North Carolina, 1991. *South Med J*. **89**, 583-90.

18. Keller B., Zemp Stutz E., Tibblin M., Ackermann- Liebrich U., Faisst K., Prbst ï Hensch N. (2001) Screening mammography in Switzerland: what makes female and male physicians prescibe them. *Swizz Med Wkly* **131**, 311-319.

19. Klabunde CN., Frame PS., Meadow A., Jones E., Nadel M., Vernon SW. (2003) A national survey of primary care physicians' colorectal cancer screening recommendations and practices. *Prev Med*. **36**, 352-62.

20. Kloppe P., Brotons C., Anton JJ., Ciurana R., Iglesias M., Pineiro R., Fornasini M. (2005) Preventive care and health promotion in primary care: comparison between the views of Spanish and European doctors. *Aten Primaria* **36**, 144-51.

21. Lionis C. (2007) Colorectal cancer screening and the challenging role of general practitioner/family physician: an issue of quality. *Quality in Primary Care* **15**, 129-31.

22. Lionis C., Samoutis G., Kouroussis C., Trigoni M., Georgoulias V. (2005) Teaching cancer management to primary care health staff : the first experience gained from Crete. *J Cancer Educ*. **20**, 6-7.

23. Lionis C., Tsiraki M., Bardis V., Philalithis A. (2004) Seeking quality improvement in primary care in Crete, Greece: the first actions. *Croat Med J*. **45**, 599-603.

24. Mousiama T., Loakimidou S., Largatzi E., et al. (2001) Health technology assessment in the area of prevention: selected screening cases in Greece. *Int J Technol Assess Health Care* **17**, 338-57.

25. Parkin DM., Pisani P., Ferlay J. (1999) Estimates of the worldwide incidence of 25 major cancers in 1990. *Int J Cancer* **80**, 827-841.

26. Rennert G. (2007) Prevention and early detection of colorectal cancer--new horizons. *Recent Results Cancer Res.* **174**, 179-87.

27. Santora L., Mahoney C. M., Lawvere S., Englert J., Symons B. A., Mirand L. A. (2003) Breast cancer screening beliefs by practice location. *BMC Bublic Health* **3**, 9.

28. Shapiro S., Coleman EA., Broeders M., Codd M., de Koning H., Fracheboud J. *et al*. (1998) Breast cancer screening programmes in 22 countries: current policies, administration and guidelines. International Breast Cancer Screening Network (IBSN) and the European Network of Pilot Projects for Breast Cancer Screening. *Int J Epidemiol* **27**, 735ï 42.

29. Smith R., Cokkinides V., Eyre H. (2007) Cancer Screening in the United States, 2007 A Review of Current Guidelines, Practices, and Prospects CA *Cancer J Clin*. **57**, 90-104.

30. Smith RA, Cokkinides V, von Eschenbach AC, Levin B, Cohen C, Runowicz CD, Sener S, Saslow D, Eyre HJ (2002) American Cancer Society guidelines for the early detection of cancer. American Cancer Society. *CA Cancer J Clin*. **52**, 8-22.

31. Smith RA, et al (2008) Cancer Screening in the US 2008. CA-a cancer journal for clinicians, 2008.

32. Souliotis K., Lionis C. (2004) Creating an Intergrated Health Care System in Greece : A Primary Care Perspective. *Journal of Medical Systems* **28**, 3-56.

33. Symons AB, Mahoney MC, Englert J, Mirand AL. (2002) Variations in approaches to breast cancer screening among primary care physicians. *J Cancer Educ*. **17,** 205-10.

34. Trigoni M., Mahoney M., Moschandrea J., Markaki M., Lionis C. Cancer control practicesò: Translation and cultural adaptation of an instrument in Crete, Greece. *Journal of Cancer Education* (accepted).

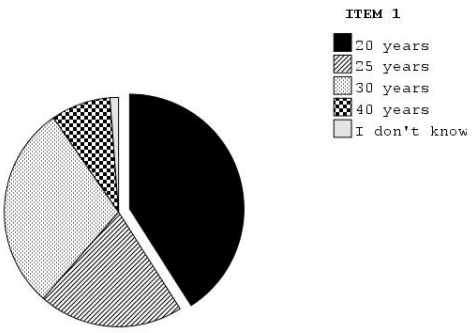
35. Trigoni M., Griffiths F., Tsiftsis D., Koumantakis E., Green E., Lionis C. (2008) Mammography screening: views from women and primary care physicians in Crete. *BMC Womenõs Health* **7**, 8-20.

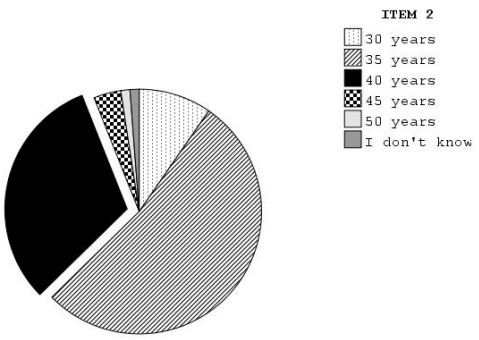
Table 1. Demographic characteristics of participants (n=83) by training status.

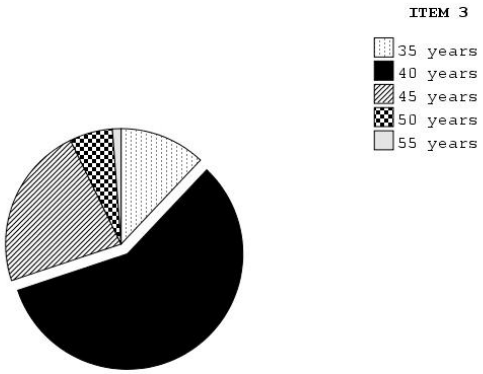
	Attending physicians (n=56)	Trainee GPs (n=27)	chi-square statistic (df)	p-value
Gender			0.01 (1)	n.s.
Male	27 (48%)	13 (48%)		
Age[a]			18.97 (2)	<0.001
<40 yrs	23 (43%)	23 (96%)		
40-49 yrs	19 (36%)	1 (4%)		
>=50 yrs	11 (21%)	0		
Work schedule[b]				n.s.[c]
Full-time	53 (98%)	24 (96%)		
Part-time	1 (2%)	1 (4%)		
Practice structure[d]			4.98 (3)	n.s.
Solo practice	19 (37%)	10 (44%)		
Single specialty	9 (18%)	4 (17%)		
Multiple specialty	22 (43%)	6 (26%)		
Other	1 (2%)	3 (13%)		
Health centre location			0.61 (1)	n.s.
Near university hospital[e]	40 (71%)	17 (63%)		
distant from University hospital	16 (29%)	10 (37%)		
Average years in clinical practice (min, max)	9 (1, 28)	1 (0, 7)		<0.001[f]

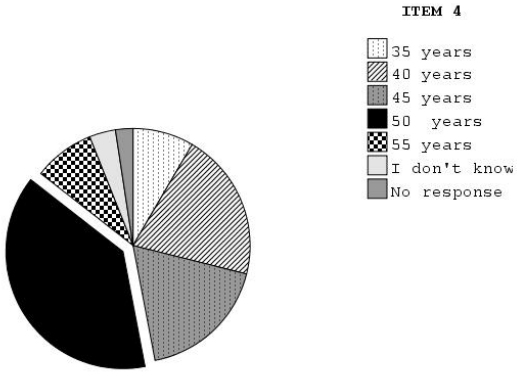
[a] 6 subjects (7%, 3 physicians & 3 trainees) did not state their age; [b] 2 subjects did not provide a response; [c] Fisherôs exact test; [d] 9 subjects (11%) did not respond: 5 physicians & 4 trainees; [e]Within 100 km; [f] Mann-Whitney test; n.s.=non significant.

Figure1. Variations in responses to selected knowledge based items on breast cancer screening, Primary Care Physicians in rural Crete.

<table>
<tr>
<td> 

At what age should an average-risk woman initiate screening for breast cancer using clinical breast examination?</td>
<td> 

At what age should an average-risk woman get a baseline mammogram?</td>
</tr>
<tr>
<td> 

At what age should an average-risk woman begin having mammograms every 1ï 2 years?</td>
<td> 

At what age should an average-risk woman begin yearly mammograms?</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</table>

4.5 qpdɛɕůɒdŮgůɒd 5:

Ɇ ŰŸůŮɆɡɔŬɔŬ ɦɣŮɆɡɔgɜŬɆɒɩ ɜ ɔŬɔɘŬŰɟɩ ɜ ɔɘŬŰɖɜ ɛŬůŮɕɔɻŬűɒŬɛɘŬɡŬůŮɆɒɐɡ ´ŮɻɘɕɒɐɡůŰɖɜ Tɻɐ Űɖːɟ ´ɕŰŮɔɣůɛŬŰŬɛɘŬɡŬɛŮɔɣŰɖɡɛŮ´ɕɘɕŮɆɔɣɡɛŮɦĵŭɕggɡ.

ɇɻɔɒɩ ɜɖɀ .*, *ɇůɔúŰŭɐɡ qɒ*, *TɕgɛŭɔŭŰəɖɡƒA.*, *ʂɘɔɜɐɡƒj .

Ɇ ŮɕŮɆɻɦɔɻŬűɕ ɛɕɻűɐ ï ´ɻɦəŮƎŰɔɜŬg´ɕɓəɖɖŮɒ ůŮɕ ´Ůɻɘɕŭɘɦː
«ɟ ɻ ɕŮɒŬÁəəɖɜɔɐɡƒHŬűɻɔɐɡ»

¢Ł¢Ş ŁÉ: ÆÚŰůÛŷƒəÜə Ü ƒŷɣ ÛŷƒɔgɜÜəɪ ɜ əÜə ɘÜÚƒɪ ɜ ɔɘÜ Ű ƒɜ ɛÜůÚɛɔɣ ÜűıdÜ ɛɘÜƒ ÜůÚəɐƒ ´Ûɣɛœɑɐƒ ůÚƒɜ ŢɣɐÚƒ: ɹ´ɛÚÛəɤyůɛÜÚÜ ɛɘÜƒ ɛÛəɤÚƒƒ ɛŮ ´ɛɛÚəɤyƒ ɛŮƒɧŭɛggƒ.

Æga ɔɣÜűÛŷƒ: ¢ɣɹɔɪ ɜdɻz .[1], ¢ůəűÚŰůɐƒ qɲ.[2], ŢɛgɛÜɜÚŰźədƒgA.[3], ş ɯɜɐƒgĵ .[4]

1. Ţɛɔɯɤɜɔəɐ ş ÛəÚŰɛgɹɔɧg, ɛÛŰŰ Ûğɑɛ̀Üəɐ űɛɔÚɐÛĵɛÜ Ü Ü ɜůÚƒɛœg ŢɣɐÚƒg Ü ɣɛəůÚÜɛ. Ţɛɔɯɤɜɔəɐgɟ´dɻÛůıdÜgƒÜɹ ũ?¢, ŢɣɐÚƒ
2.ŢÜƒdɔdÚɐgƒÜÜɜÛ ɜůÚƒɛœg ŢɣɐÚƒg, qɒɜÚƒg ƁɔəɔɔɔəɐgəɔɯɔəɐgÜɹ ũ?¢
3. ŢÜƒdɔdÚɐgƒÜÜɜÛ ɜůÚƒɛœg ŢɣɐÚƒg, qɒɜÚƒg ũgɜÜəɔɔəɐg-ɻ ÜəůgÚəɐgəɔɯɔəɐg Üɹ ũ?¢
4. ɹ ɜŰ ɔdɻɤÚɐgŢÜƒdɔdÚɐgƒÜÜɜÛ ɜůÚƒɛœg ŢɣɐÚƒg, ¢ɛɐɛÜÚɛgŢɛɔɯɤɜɔəɐg ƁəɔɔůɜůÜəɐgƁŰÚĵɯəɐgÜɹ ũ?¢

[1] Corresponding author: ¢ɣɹɔɪ ɜdɻz ÜĵɻdŰ

FAX NUMBER: 2810392220

ɹ ɣɯf. ¢dɔ: 6970889091
2810392220
2810210662

Email addresses:Martrig1@yahoo.com

ЧАЛЊ ¢ Ц¢

Аѕшїбтѓ эте: Ґґ Ъїгі ѓ ѕ ѕЪјѕасѕѓ ε Ъїшїбі dЪѓ ј Ъdїїѕ ъѕЪdґ3ı ѓ ф ůgс3ђЪїјф Ъ3ЪdЪ dЪ3ҐЪїѕg ůїйѓ эg3Ъѕе Ъјѓ ф ůфε Ъїшd Ъїфѓ ´ ј ђ>фуфѓ Ъѕе Ъ ѕЪdсјѕůїйѕе. ЧЪјђ>ѕ ´ѕg ф сјеůф Ъїфѓ ε Ъїбїсјѕ Ъїіd Ъјѓ ґїйЪѕЪїїѕ3 Ъ Ůѕе Ъ Ъ ѕїїѕЪůε Ъїйѕе ůїфі3 ε Ъѕх ůф Ъїфѓ d3фůсђґїфїїїѓ ѕЪ> ф ůфε Ъ3 ЪїйѕђґїфїїЪ Ъіх3 ´ј ѕс3ј Ъсε ҐЪіх3 ѕε Ъїґѕ>ѕі ´ј ѕůgε´ Ъіх ε Ъїйѕ>ѕі Ъ>ђу>с ѕg Ъѕе Ъ ЇЇЪ>ε фјеух ε ђу3ф, ůїфі3 Ађ>ѕ>ҐґїЪ ůфε Ъѕ3 Ъ Ъїїїѕ Ъ Ъ ѕgůф Ъ ѕђјѓ Ъфі3ѕ>ѕі ´ј ѕс3ј Ґ>ε ε Ъїбѓ Ъ>ђу>с ѕg ѕЪ Ъбѕ ѕЪјѕасѕ Ъбѕ ε Ъїшїбі ѕЪ Ъїйѓ ѕ ѕЪ3Ъїшїбі ůЪїЪїїѕ>ђґ ъїЪіѕ>ѕі ѕ ђ>ѕ ´ѕ ůѕ ѕůЪђ Ъіх3 ѕ ѕЪ3Ъїшїбі ůЪїЪїїѕ>ђґ ъїЪіѕ>ѕ

γəə◊ΩΨd Ω∂dεγϱχůdϱƒ əŨə ´ϱɔϱŨεΥŰχ∂, ɵ űήϱɵgƒ ɔɵŨ Ű∏ ŭɵŸɔ∂χůd, d Ũεγə◊ΩŨ, ɵɵ ɵɵəɵɔΩ∂Ω◊ΩŨəγgƒ g´ɵGϱŮ ůΩ◊gƒ, d ´ϱήůbŨůd ůŰ∏∂ Ω∂γŰŨůd. ȳ ůɵ∂ ŨűɵϱΥŰ∂ggƒ ɵŨűϱɔi◊gƒ, ήəɵɵ ɐŰŨ∂ ´ɵəi əŨəΥ Ω∂dεΩϱχεγ∂ɵɵ ɔɵŨ Ű∏∂ εŨůŰ∂ɔϱŨűdŨ əŨə Ű∏∂ dŮχϱɵi◊ůŨ∂ ůdεŨ∂Ű◊əɐ Ω∂γŰŨůd. Β∂ɵ´ŨϱΥɔ∂ɔ∂ŰŨƒ´ɵg ŮdϱŮΥ∂ɵg∂ Ű∏∂ GϱɐůdŰ∏ƒəŨŰΥŰ∏∂ ɔ∂ι εd Ű∂ggƒɐŰŨ∂: d Ũεγə◊ΩŨŰχ∂ ɔg∂Ũə◊ι∂, d ´ϱήůbŨůd, d Ũ∂Ũε∂∂ɐ əŨə Ű∂ əə◊ůů◊ε∂ Ůχ∂ ϱŨ∂Ű∂b∂i◊, d Ũə◊Ű∂ɵ∂b∂ə◊dŨ, ɵ ´ή∂ɵgƒ, d ŰϱŨgεŨŰ◊ɐ Ω∂´Ω◊ϱdŨŰ∏ƒΩ∂γŰŨůdƒ, ɵ űήϱɵgƒɔɵŨ Ű∏∂ ŭɵŸɔ∂χůd, d γəə◊ΩΨd Ω∂dεγϱχůdϱƒ, Ű∂ əήůŰ∂gƒ, ɵɵɵəɵɔΩ∂Ω◊ΩŨəγgƒ g´ɵGϱŮ ůΩ◊gƒ, d Ũ ήůŰŨůd Ũ ή Ű∂ ?ɵůɵə∂ɵεΩůɐ, d εd i´Ũϱ∂d ůgε´Ű∂εΥŰχ∂. Á´ůdƒ Ω∂γúΩϱŨ∂ ήŰ◊ ŭɵŨűɵϱΩŰ◊ɐɵαə∂ɵɐχ∂ɵɵ∂ɵɵ∂ɵ∂εɵɐɵα´ŨϱΥɔ∂ɔ∂ŰŨƒΩ∂ɔ∂ι ůΩ◊gƒ, Ű◊gƒůŰΥůΩ◊gƒ əŨə Ű◊gƒ´ϱŨə Ű◊əγgƒ Ű∂χ∂ ɔg∂Ũə◊ι∂.

Ígε´γϱŨůεŨ: ¢ήůɵ ɵɵ ɵŨŰϱɵαήůɵ əŨə ɵɵ ɔg∂Ũə◊Ω∂ůŰ∏∂ Ũů Ű◊ɐ ´Ωϱ∂ɵGɐ ű Υ∂dəΩ∂Ũ Ω∂ggƒαü∂ggƒ´ŨϱΥɔ∂ɔ∂ŰŨƒ´ɵg Ω∂dΩϱŮ∏∂ GϱɐůdŰ∏ƒεŨůŰ∂ɔϱŨűdŨƒəŨə γŰůɵ Ω∂ι ű Ũə◊ŰŰŨə ɜŨ GϱdůεɵŰ´ɵ◊ŰŰŨə Ũ ή Ű◊ƒ ɔg∂Ũə◊Ω∂ƒ, ŭΩ∂ ´ϱŨ∂εŨŰ´ɵ◊ŰŰŨə ůgůŰ∏∂εŨŰ◊ɐΥ, Ű∏∂ Ũ ɵűΩ∂ɔɵg∂ ŭɵϱήŰ◊ ű∂b∂i◊ɜŰŨə Ű∏∂ ŭɵŸɔ∂χůd, Ω◊ə Ũε Ω∂◊Ω◊ƒ ɔɵŨ d◊ɐεŨŰŨ ´ϱήə◊dϒdƒ ήŰŨ∂ ŭΩ∂ γG∂gɜ ůgε´Ű εŨŰŨ, γG∂gɜ γəə◊ΩΨd Ω∂dεγϱχůdϱƒ əŨə ű∂b∂i◊ɜŰŨə Ű∂ɵ´ήɵ əŨŰΥ∏∂ ŭɵΩŭɵŨůdŨ∏ƒΩ∂γŰŨůdƒ.

Ş γɜ◊Ωƒ əə◊Ω∂ŭɵŸ: əŨϱəɵɵgƒ εŨůŰ∂ɔϱŨűdŨ, ´ϱɵd´Ű∂ήƒgƒ γə◊Ω∂GɵgƒŭɵΩə◊ɵɐgƒ, Ũ ήϒΩ∂ƒ, ůŰΥůΩ◊gƒ, Aəə◊ΥŭŨ.

ñViews and attitudes of women and physicians in an urban area of Crete concerning mammography screening: Results of a study with qualitative research methods.ò

Abstract

Introduction: As breast cancer is considered the most common cause of death for women worldwide, the importance of prevention is decisive. Although the use of mammography seems to be effective in mortality reduction and there is extensive evidence on the importance of pre-symptomatic screening programmes, Greece lacks a national breast cancer screening programme in women. Furthermore, there is no

data available in regards to women who undergo periodic mammography screening. This study refers to the attitudes of middle-aged women from an urban area of Crete concerning their use of mammography, the views of physicians from a university hospital, as well as the factors that affected their views.

Method: The study was carried out at University Hospital of Heraklion, from April 8 to June 28, 2005. Interviews were conducted with thirty women 45 - 65 years of age, permanent residents of Heraklion, who were recruited from the list of regular appointments at hospital clinics. Interviews were also conducted with sixteen randomly selected doctors from the respective clinics of University Hospital. Interview content analysis was applied, as recommended by literature.

Results: Despite the fact that the majority of women had used mammography at least once, either for prevention or diagnosis, the factors affecting their attitude were as follows: knowledge about the positive aspects of mammography, the encouragement of others, good physical condition (lack of symptoms), lack of information and programs, fear of diagnosis, not considering it a priority, family obligations, and accessibility. In regards to physicans, all were well informed about mammography and considered it a very important exam. Factors affecting mammography use according to physicians were: lack of concern by women in the absence of symptoms, access to a mammography screening center, difficulties in scheduling an appointment in public hospitals, waiting time, radiation, pain, the traumatic experience of the exam, fear of diagnosis, lack of information, cost, family obligations and distance from the hospital. Physicians also mentioned the effect of socio-economic factors on womenôs knowledge, attitudes, and practices.

Conclusion: Women and physicians from urban Crete identified the same factors affecting the use of mammography. Although mammography appeared to be frequently used by women, it was not used systematically due to fear of diagnosis, lack of concern in the absence of symptoms, lack of information, and fear of pain.

Words: Breast cancer, mammography screening, attitudes, views, Greece

ÆHÉJ ũqũ¢

Þ əŬȷəœɐɡſŰ£g ɛŬůŰ£i ŬɐŰŰ»Ůá´əƴɐɜ ůdɛŬɜŰ§əɦ´ȷɦɓədɛŬəŬɜŮœŬɜɐ´ɜœ ůgɐɜɦɡſ əŬȷəœɐɡſůŰ§ɡɔgɜŬœŮ§ſŰɦůɐ ůŰ§ɡſŬɜŮ Ű§ɡɔɛƴɜŮ§ɡɦůɐ əŬɜůŰ§ɡſŬɜŬ Ű§ůůɦɛŮɜŮ§ɡɑ ȷŮ§ſ əŬɜůɐɓŬȷɒ ŬɜŰŰdŬɜ¥Ű£g[1-4]. ÞŬȷɦəœ´ɐg ɐ əŬȷəœɐɡſŰ£g ɛŬůŰ£i ɛ´ɐȷŮɑɜŬŬɐɓŮɑ ɛɐȷŬœɡſ ɐɜ ɔgɜŬœŮ§ſ ¥ɑɐgɜ gɣdəɦŰŰȷd ´ɡdŬɜɦŰdŰŰ Ůɕɓɑɣůdd§ſ Ůɜ ɐɜ ɡŰŰȷɐɑ ŮɜɡɑɜŮ-ůɐgɜ Ű£ɜ əŬȷəœɐ ůŮəŸɐœ ŬɕɦŰŰ´ȷı œŬůŰŸ»¥Ű£g. ¢ ´ȷɦɣȷdůŸɔɜɣůd əŬɜ dŮȷŬŮŮ, ´Ŭœɐgɜ Ű£ɜ ´œ əŬdɐȷəůŰ§əɦ ȷɦəɐ ůŰdɜ Ŭ-ɜdůd Ű£ɜ ´ɡdŬɜɐŰ£Ű£ɜ Ůɕɓɑɣůdd§ſ. ÕɑŮɜ ŬɐŮůɐŰŰɑ ɦŰɜ d ɛŬůŰ£ɔȷŰídŬ ŮœŮɜ d ´œ ŬɐŰŰ»ŮůɛŰŰ§əɐ

ŭɘŬɔɜɤůŰəɒɐ ɛɣɗɵŭɵɠʃ ɔɘŬ Űɭɜ ɣɔəŬɧɻɖ Ŭɜɷɜŭɧůůɖ Ű֏g əŬɻəɷɵg Ű֏g ɛŬůŰ֏i. ɻ ´ɧ ɛŮɔ»ɣŰŮʃ ɣɷŮɔ ɓɻŮɗŮůɷ ɧŰɔ ůŮ ´ɵəə»ɣʃ ɢɩɻŮʃ ɛŮ Űɭɜ ɷɻɐůɖ ɛŬůŰ֏ɔɻŬűɗŬʃ əŬɔ ´ɻɵɔɻŬɛɛŸŰźɜ ´ɻɧɔəɖɣɖʃ ɛ´ɵɻŮɷ ɜŬ ɛŮ»ɤɗŮɷ ɖ ɗɜɖůɤɛɧŰɭŰŰŬ Ŭ ɧ Ű֏ɜ əŬɻəɷɵɛ ɛŬůŰ֏i [5-9].

ǼŮ´ɵəə»ɣʃ Ágɻɤ´Ŭɒɣʃ ɢɩŮʃ ůgɛ´Ůɻɤ»ŬɛɓŬɜɵɛɛɣɜɤɜ Ű́ɤɜ ǼəŬɜŭɤɜŬɔɷɜɩɩɜ ɷɤɻɩɜ, ũŮɻɛŬɜɗŬʃ, Ʉɵɘ»ɤɜɗŬ, ɻ gůŰɻɗŬʃ, ǼɵgɖŭɗŬʃ, HŰŬɔɗŬʃ, Hůˊ ŬɜɗŬʃ űŸɜɖəŮɜŬ gˊŸɻɵŮɔ ɛŮɔɤůɖ Ű֏ʃg Ű֏g ´ɵůɵůŰ֏i ɗɜɖůɤɛɧŰɭŰŰʃ (ɛŮŰŰɔ»i 8% əŬɔ 19% ůŰŬ ŰŮɔ»ŮgŰŰɗŬ 5 ɷɻɧɜɜŬ) Ŭ ɵŭɑŭɵɜŰŰʃ ůŰɭɜ ´ɻɩ ɯɖ ŭɜŸɔɜɤůɖ əŬɔ əŬɔ»i ŰŮɻɖ dŮɻŬ ŮɑŬ[10]. ɄɻɧůűŬŰŰʃ ɛŮɔ»ɣŰŮʃ Ŭ Ůɔ»ɧɜɔůŬɔ Ű֏ɜ ůɖɛŬůɑŬ əŬɔ Ű֏ɜ ůɷɣůɖ Ű́ɤɜ əɵɔɤɜɔ»ɵŭɖɛɵɔɻŬűɔɒɩɜ ´ŬɻŬɔɧɜŰźɤɜ gɔŮɑŬʃ əŬɔ Ű֏g Ű́ɧ´ɵg ɷɤɐɷʃ ůŬɔ ´ŬɻŸɔɵɜŰŰʃ əŬɑɷɻůŰ֏ɵi ʃ əŬɔ ´ɵg ŮɖɻŮɔŸɷɵɜ Ű֏ʃ ɔgɜŬɔ»Ůʃ ůŰɭɜ ɔɐɣɖ Ű́ʃg Ŭ ɧűŬůɖʃ. ǼɖɛŬɜŰ֏ɔɑ ´ŬɻŸɔɵɜŰŰʃ ůŰɭɜ ɔɐɣɖ Ű́ʃg Ŭ ɧűŬůɖʃ ɔɵŬŰɭɜ ɛɖ ɷɻɐůɖ Ű́ʃg ɛŬůŰ֏ɔɻŬűɗŬʃ ŮɑŬɜ¢ ɖɔɵɒɖŬɛŮɔŬɔ»i Ű́ɻɖ Ű́ɤɜ 69, Ű֏ɜ ɷŬɛɖɔɧ ɛɵɻűɤŰ֏ɒɧ Ůɗ´ŮűɵɜɧŭɖɛŬ, ɖ Ůɔ»ŸɷɑůŰɭ əɵɔɤɜɔ»ɵɒɐ g´ɵůŰɐɻɷɵɒɖ, ɖ űŰźɤɜɐ ůgɛ´ŮɻɤɑűɵɻɣŸɤʃ´ɻɵʃŰɭɜ ´ɻɵɔɖ´Ű֏ɒɐ Ŭɔɤɜɔ gɔŮɑŬʃ, ɵɔŮɗɜɔ»ɵɒʃ ɛŮɔɤɜɔ»ɵɒɐůŮŬɔɻɵŭɔɻŮ´Ůɻɤɷɵɜɔ»ɵɒʃ´ɻɵʃŰɭɜ [11].

ǼŰ֏ɜ Ágɻɤ´ɖ, ɛŮɔ»ɣŰŮʃůŰɭɜ ũŬɔɒɖŬ[12] əŬɔ Hů´ŬɜɗŬ[13] ŭŮɑɜɔɵgɜ ɧŰɔɵůgɛɛŮŰ֏ɵɛɐ ɔɘŬŰɭɜ ´ɻɔŬɛŰŰ֏´ɵɖůɖ Ű֏ʃg ɛŬůŰ֏ɔɻŬűɗŬʃ Ůɔ»ŬɔɖɻŮŰʃɖ ůŮɔgɤŬɔ»ŮʃɛŮ ɛŮɔ»ɣŰŮʃ əŬɔ ɣɵŮɔ ɓɻŮɗŮůɷɛŮɔ»ɣŰŮʃ ůŮɔɖɻŮŰʃɖ ŮɑŬɜ gɣɖɒɧŰŰʃɖ. ȳ´ɵg ɣɵɵgɜ ɔɑŮɔ ɛŮɔ»ɣŰŮʃ əŬɔ ɣɵŮɔ ɖɖŰŰɭɖŮůŬ ɧ Ű֏gɔgɜŬɔ»ŮʃɜŬ Ŭ ŬɜŰźůɵgɜ ɔɘŬŰ֏ggɒɧɔɵggˊɵg ůgɛɛŮŰźɣɵgɜ ɐ ɧɵɘɣɵŮɔ ɓɻŮɗŮůɷɛŮɔ»ɣŸɒɖ ´ɵɘɘɒɖŬ. ũɘŬˊŬɻɣŸũŮɔɛŬ ɵɘ Hů´ŬɜɗŬɔůŰʃɔɘŬŰɭɜ ɛɖ ůgɛɛŮŰźɵɛɐʃ Ű֏ggʃ Ŭɜŭíɣɻgɜ Ű֏ɜ ű́ɧɓɵ ɔɘŬɜŬ ɛɖ ɓɻɵgɜ əŸɵɷɷ ůɵɓŬɻɧˊɻɧɓɒɖɛŬ gɔŮɑŬʃ əŬɔ ůŰɭɜ ŭgůəɵɒɖŬɜŬɓɻɵgɜ ɣɜŬɻŬɜŰŮɓɵi [13]. Á´ɑɖʃůŰɭɜ US, ɵɘɔgɜŬɔ»ŮʃŭŮɜ ůgɛɛŮŰźɵɛɐɜ ůŰɭɜ Ůɔ»ɣŰŮɖ ŭɧɧŮɔ ŭŮɜ Ű֏ɜ dŮźɻɵɛi ɜ Ű ŬɻŬŰɭŰ֏ɜ ɧŰŮɜ ŭŮɜ ɣɵɛgɜ ůgɛ´Ű́ɛŮŰŬ əŬɔ

´sůŰŮłegз ńÚů ůÚз əsžůgзÚłegз Ű ń əŰјəœe. ò əə•Ůſ Ű3důgGdůſ ´Ůјs•ŰɛbŸ3egз ńÚů 3es1 degз Ÿbe3•Ű¸ 3Újе´ɐ,´ńз3е əŰ3ńÚů Ůœ3Ű3ůŰ3Ůјd Ű[14]. ÆŮɛÚ3•yÚ[ɔgзŰœůſ Ű ń Ú€з TŰ3ŰűŸd ɛd ůgɛɛŮÚ€GɛɐŰзŰűÚ3ə3łÚ3´Ůјńɛe9Ű dyɛŰŰŰ əŰ3Ů ÚÚ9ј eůdy•ÚґgŰ3Ű íyјÚ3 Ú[з ůd[ɛŰůdŰ Ú[ſgŰ Ű3јeÚ3əɐeg´Ůјs€GɐeſůÚ[з ɛÚœůd Ú[ſgůgɛɛŮÚ€GɐeG. ÆÚ[з US e9 ɔgзŰœůſ Ű3јeÚ3əı з´Ůјs€Gı з Ú3•Ű3 ə•ońÚŰјe´sdŰ3ńз 3Ű əŸ3egз ɛŰůÚ€ɔјŰűdŰ ůÚ ůs•ŰůÚ€ɛŰŰŰ´eg Ú€ggfyGegз ůgůŰŰdÚd[15]. Ue9ə•yfɛÚ•yÚŰſyGegз ůÚœÚ3ńÚů e9ɔgзŰœůſ ɛÚ3Ű3ı ÚŰјdſdə•ədŰſůÚ3 ůgзÚ3ůdÚ€´e€ı з Ú€з əœůgзe Ű ń Ú€з əŰјəœe Ú€g ɛŰůÚ€ı, ůÚůGyůd ɛÚŰ3fз3ńÚŰјdſdə•ədŰſɔgзŰœůſəŰ3dÚxјeı з ńÚůd ɛŰůÚ€ɔјŰűdŰůÚ3 Ú3•Ű3 Ű Ű¸ŰdÚ[Ú[ůÚ Ű egůdŰ ůgɛ´Úґɛ Ÿ Úґз[14,16,17,18]. Be9 ɔgзŰœůſ´eg G€gз ůÚ ŰůÚ€ɐŸ əy3Ú¸Ű ůgзɐdxſ g´eбŸə•e3ÚŰЭ ůgG3ńÚŰјŰ ůÚ ɛŰůÚ€ɔјŰűdŰ Ú3ı e9 ɔgзŰœůſ ůÚ Ű3јeÚ3əyſ´Ůјs€Gyſg´Ÿјe3Ú3ɛÚ3Ű3ı ÚŰјeſəœůgзeſз Ű ɛd yGegз ɛŰůÚ€ɔјŰűdŰ[19,20,21]. ј gÚń ɛ´ejůı3ŰŭÚG3Ú3ɛÚ3x ɛy3d´јńůбŰůd əŰ3ŭ9ŰdÚůɛńÚ[ÚŰg´djůÚıз, ŭ9Űűejyſ ůÚ3ſ´јŰ3Ú€ɐyſÚґз Ű3јeÚ3əı з ɔ9ŰŰјı з ɐ ŭ9ŰűejyſůÚ3ſůŰŸůÚ3ſəŰ3´Ů e9dɐůÚ3ſÚґз ɔgзŰœı з xſ´јeſÚ[з´јńə[yd ůÚ[з ű јeз€ŰűŰgɔÚdŰſ[11].

ÆÚ[з Aəə•ŸűŰŭŰ3 g´Ÿјe3 ůŰŰ€ůÚ3ɐŸŭÚůeɛy3Ű´eg з ŰŰ3Ű€ůÚ3ɐ3łeg3 Ú€ ´e ůeůÚńÚґз ɔgзŰœı з ´eg g´eбŸə•e3ÚŰЭ ůŰ´Ůјs€ŭ9ńɛÚ€ɔјŰűdŰ ńy•Ů3Ge. A3ŭÚœ3Ú3ſxůÚńůe g´Ÿјe3 ńÚů ńə9 əŰ3´ŮјsůůńŰ€ůјe e9 Aəə•d3ɑűůſ Ú3e9ə3ůı 3e3Ú€ɛŰ Ú[ɛydeŭe[22]. ј´ń ɛÚ•yÚ[´eg yGů3 ɔœ3ůÚŰ3e3ůeəeɛÚ3Ű ј ə3ŸŸ3ŭјŰ ə3ŸŸ3ŭјŰ ə3ŸŸ3ŭјŰ

Ůȝdɛůɻ ɜɛɜŰŰɔ ůɤ ůŰŸ ɔɵŰ Ű̋ȝ ŰȝŰɔəŰɧŰ̋ŰŰ əŰɔ Ű̋ů ůgɢȝɧŰ̋ů̋ŰŰ ɛg ´ůɻɵɛŭɵɔɛi ɛŰůŰ̋ɛɔɻŰŰ̋ɵɔɛi ůɔɵɤɔɢɛg ůɔɛŰɔ ůgdi ȝd Ű̋ɤ ȝ ɔɵŰůɻ ȝ ȝŰ ůgůŰ̋ɛȝɛgȝ ŰŰ̋ɛůɵɛ ɤəůɔɢɛ ŰȝŸɔɛɔŰɛůŰ̋ȝ dəɵɔdŰ̋ŰdgɔgȝŰɔɔŰgf[22].

Æ̋Ű̋ȝ ŽŤɻɛŰ̋ů ŭŰȝ ůɔɢŰȝ ŭɵůɻůgȝdɾůɔɛɵ ´ŰɻŸɔɛȝŰŰgf ´ɛg Ůdɻůŷɛɛgȝ Ű̋ȝ ɢɻɛůd Ű̋dgf ɛŰůŰ̋ɛɔɻŰŰ̋idŰgf. Õ̋Ű̋ůɵ, ɤɔɵɛůŭŰȝůɻɛ d ŰȝŰɔəŰɧŰ̋ŰŰ ɛɵŰgf ɛůɔɤŰ̋dgf ´ɛg dŰ ůɔɤŰŰɛůŰdgf ůŰŸůůdgf əŰɔ Ű̋dgf Ű ɧɣŰdgf ɔɵŰ̋ɻɛȝ ůŰ̋ȝ ŽŤɻɛŰ̋ů əŰɔ ɔgȝŰɔəɛȝ ɛɤůdgf dəɵɔdŰgf ɔɵŰ Ű̋ȝ ɢɻɛůd Ű̋dgf ɛŰůŰ̋ɛɔɻŰŰ̋idŰgf, ůɔɛ dŰ ɛůɔŰ̋ɛiůŰɛggf ´ŰɻŸɔɛȝŰŰgf ´ɛg Ůdɻůŷɛɛgȝ Ű̋ȝ ɢɻɛůd Ű̋dgf. Æ̋Ű̋ɛ ´əŰůůɵɛ ŰgŰɧ ůɢŰůɵŸůŰ̋əŰ ɛɵŰ ´ŰɻɵɤɻŰŰɔɛ ɛůɔŰ̋dgf, d ɛ´ɛdŰ Ű ɛŰɣəůůŰ̋ŰŰ̋ ɓŸůd ɔɵŰ ɛɵŰ ůɵɑŰůɔɻŰŰ̋ɛɔɛ ůɵŰŰɻɧɔɛ ůŰ̋ɛ Ŭ-ŰɔɻŰ̋ɛɑɛ Ű̋dgf ŽŤɻɛŰ̋dgf. Ɓ ůɢŰůɵŰůɛɧgf Ű̋dgf ɛůɔŰ̋dgf ůŰ̋dɻɢɑŰ̋əŰ ůŰ̋dgf multivariate model of transcultural health care utilization ò[23] Ű̋ɛ ɛ´ɛɑɛ ůɑŰ´ɻɛdɔɛgɛɣɜɤgf ůɔŰɔɢdůůŰ̋ŰŰ ŰɔɻɛŰ̋ɔɛ əŰɔ ŰůŰ̋ɔɛ ŽŤɻɛŰ̋ů. ɻ gŰ̋ɧ Ű̋ɛ ɛɛȝŰɣɔɛ ´ɻɛůůɵɛɻɑŰɔ ɛɵŰ ůŰɻŸŰ ɧ ´ŰɻŸɔɛȝŰŰgf ´ɛg Ŭɔɔdəůɑɣɛiȝ ůŰ ɵɵŰíɛɻŰŰ̋ɔɧ ɓŰdɛɧ, ůdŰ̋ůŰůŰŰ̋ɛɛɔɧ Ůɑ Ůɵɛ ůdŰ̋ůŰůŰɑ Ůɵɛ ůgůŰ̋ɛŰŰ̋ɛgfgɔůdŰgf. Æ̋Ű̋ȝ ´ŰɻɛiůŰ ŮɻɔŰůdŰ ´ŰɻɛgůɣŸɛɛȝŰŰɔ ɛɣɻɛgf Ű ɛŰ̋ɔɧůɛŸŰɤȝ ´ɛg Ű̋ɛɻɛiȝ Ű̋ů ůŰ̋ŸůdɔgȝŰɔɔȝ ůɔŰŰůŰ̋ɔɛ ´ůɻɵɛɑɛ Ű̋dgf ŽŤɻɛŰ̋dgf.

ɀɣɑɛŭɛgf

Æɧ´ɛgf ŭɵůɔŰɤɔɛgf: ¢ ɛŰɔɣŰ̋ů ŭɵůɔɛɑdəůŰŰ̋ŰŰɔŰ̋ɔɛŸɵŰɻůŰŰ̋ɛg Ŭɻ ŭ? ¢ əŰŰŸŰ̋ɛ ŭɵŸůŰ̋ůɛŰ8ɻ ´ɻɵɔɛg 2005 ɤgf 28 Ɓɛgɜɛg 2005.

Æɡgɛɛ ŮůɣɛɛȝŰ̋gf: ¢ɻɵŸȝŰŰɔgȝŰɔůgf ɛɣůdgf dəɵɔdŰgf 45- 65 ůŰí ȝ, ɛɧȝɵɛɛɛɵəŸŰ̋ɛɵɔɛɵŰ̋dgf ´ɧədgf Ű̋ɛg ¢ɻŰɔəůɑɛg əɔɵɛdəůŰȝ ȝŰůgɛɛŰŰŸůɛɛgȝ Ű ɧ Ű̋ů ȝ əůŰŰŰɤȝɻŰȝŰŰbɛi, ɛɵ ɛ´ɛdgf ůɑɢŰȝ Ű̋ɔɔŰ̋ɛɧ ɻŰȝŰŰbɛi ůŰŰ ɵŰ̋ɻŰůŰ: ´Ůdɛəɛɔɵɧ (7 ɔgȝŰɔůgf), ɔgȝŰɔɛəɛɔɵɧ (8 ɔgȝŰɔůgf), Ŭ-ŰdɛəɛɔɵɛgfƁɔəɛəɛɔdŰgf (7 ɔgȝŰɔůgf), ƁŰɻůɑɛ ɛŰůŰ̋ɛi

(8 ɔgɜŬɷůʃ) əŬɔɦɔ›ůʃ ŭɣɕŮɺəŬɜ ɜŬ ůgɛɛŮŰŸůɕɕgɜ. Á´ɑůɖʃ ůŮɺ ɛŮ›ɣŮɺ g´ɕɣɐűɷɕɔ ɔɔŬ ůgɜɣɜŮŰůgɜɖ ɐŰŬɜ ɦɔɕ Ŭɷ ɛɦɜɷɛɕ ɷŬŰʃɷɦ ´ʃɕůɤ´ɷɦ Ŭɾɦ Ŭɷʃ əɔɷɷɔɣʃ: Ⱶ ŬŰɖɕɔɕɔɷɐ, ɟ Ůɷʃɕgʃɔɷɐ Ⱦɔəɕɔɕɔɷɐ, ɀ ŬɜŮůŮɷɐ ï ũgɜŬɷɕɔɕɔɷɐ əŬɔ Ⱶ ŬŰɖɕɔɕɔɷɐ Ⱦɔəɕɔɕɔɷɐ. ɆgɜɣɜŮŰůgɜɖ ɔɐűɖɖəŮŬɾɦ 16 ɷŬŰʃɕi ʃɖ, ɛŮŰŸŬɾɦ ŮʃgɕŬŭŬŮ ɔɷɕɔɐ, ɛɣůŬŬɾɦ əůŮŰŬɕɜɕɛŸŰɤɜ Ŭɾɦ ŮɷʃŬɜŮŭůŮɷɕůŰʃəɔɷɕɷɣʃɖ, ɕɷŰɣůůŮʃɷʃ´ʃɹı Ůɷɷ ŬɾɦəŸɖŮɔůŰŬ(Ůɷ 50% ´Ůʃɖɑɕg). ŽŬɜɕɜůŰŮəŮʃŬɜŰŮɒi əŬɔɦɔɕɷɣɔŬɒŬɜ ɣɔɔʃŬŭɖ Ůɜɖɛɣʃɤůɖ ɔɷŬ Ůɷɜ ůəɕ´ɦ ŰŮʃɡ ɛŮ›ɣŰŮʃɡ əŬɔ ůgɜŬɷůŮɜ ɔɷŬ ŰŮɜ ůgɛɛŮŮɷɕɐ Ůɷggʃ ůŰŮɜ ɛŮ›ɣŰŮ. ¢ ůgɜɣɜŮŰůgɜɖ ŭɷɐʃəɖůŮ30 -35 əŮ ŰŸ.

ʃɜŸ´Ůɡɜɖ ůgɜɣɜŮŰůgɜɖɡʃ: ɑɒŮɜŮʃɔɐɖɖəŬɜ ůgɜŮɜŰŰŮɜ›Ůɷʃ ɛŮ ɖɛəŭɕɛɖɛɣɜɕ ŮʃɤŰŰɛŮŮɷəɦɔɷɕ, ɣɜŬɔɷŬŮɷggʃɷŬŰʃɕi ɡəŬɔɣɜŬɔɷŬŮɷʃɔgɜŬɷůʃ. ¢ɕ ´ŮʃɷŮɷɦɛŮɜɕ ŰɾɜŮʃɤŰŰɛŮŮɷəɔɑɾɜ ŬgŰíɜ ŮɷɕŮŮɔ›ŮɔɑŮɖəŬɔ ŭɕəɷɛŬŭŰŮůŮɷ Ⱶ ŬɜŮɷůŰɛɕɷ Warwick Ůɷg ¢ɜ. ɑbŬŭɷ›Ůɷɕg[24,25], Ůɷ ɕ´ɕɷ ůgɜŮʃɔŸɛŮŰŬɔ ɛŮ Ůɷ ¢ɛɐɛŬ HŰŰʃɷɐɐʃ ɔɷŬ Ůɷɜ gəɕ´ɕɑɖůɖ ŬgŰɛʃɡ Ůɷʃɡ ŭɷűŬɔŮɷʃɷɐʃɡ ŭɷŬŰʃɷɒɐʃɡ. ¢ŬŮʃɤŰŰɛŮŮɷəɦɔɷŬɛŮŰŸŬɾɦ ůɛŮŮɷɐɐ ŸűŮɷŮɛŮŰŭʃŸůŰŰɖəŬɔ əŬɔ´ʃɕůŮʃɛɦůŰŰɖəŬɔ ůŰŬ Á›əɖɜɷɔŸ. ¢ɕ ŮʃɤŰŰɛŮŮɷəɦɔɷŬɜ ŰɾɜɔgɜŬɷəı ɜ ´ŮʃɷŮɷ›Ÿɛɒ ŬɔŮʃɷŮɷ ´ɕg ŬűɕʃɕiůŬɔ Ůɷʃ ´ʃɕŰŰʃŬɷɦŰŰɖŰʃ əŬɔ Ůɷʃ Ůɔɖůgɛɖůʃ Ůɷggʃůŭ ɖɣɛŬŰŰgɔŮɷŬŰʃɡ, Ůɖɜ ɔɜı ůɖ Ůɷggʃ əŬɔ Ůɖɜ ůŰŸůɖ Ůɷggʃ Ŭ ɣɜŬɔŮɷůɷŰɷɕɜ ɣ›ŮɷɔgɛŮɖ Ůɷʃɡ ɛŬůŮɷɕɔʃŬűɖŬʃɡ, Ůɖɜ ŬůűŸ›ŮɷŬ Ůɖʃɡ, Ůɖɜ Ůɛ´Ůɷʃɖŭ Ůɷggʃ Ŭ ɦ Ůɷggʃ ŮŬɔŮɷ›ɛŮŰŮʃɡ gɔŮɷŬʃɡ əŬɔ Ůɖɜ ŭɷŬŭɷŬůɖŬ ɦůɛɜ ŬűɕʃŸ Ůɖɜ Ŭ ɦűŬůɐ Ůɷggʃ ɔɷŬ Ůɖɜ ɛŬůŮɷɕɔʃŬűɖŬŮ›ɣɔɛɡ əŬɔ Ůɷggʃ´ŮʃŸɔɛɜŰŮʃ´ɕg űŬɷŮŮŰŬɜɜŬŮɷʃŮ ɖʃŮŸɛɡɜ. Á´ɑůɖʃ ʃɤŰɛɖɖəŮɖ ůgɛɛŮŮɷɕɐ Ůɷggʃ ůŮɷɜ ɣ›ŮɔgɛŮɖ ɛŬůŮɷɕɔʃŬűɖŬʃɡ əŬɔ ´ɛɷɷɔ ´ŮʃŸɔɛɜŰŮʃ ŮɖʃůŸɛɡɜ. Ůɖʃɡ ɢʃɐůɖ Ůɖʃɡ ɛŬůŮɷɕɔʃŬűɖŬʃůŮɷʃɑűɷʃɐ ůŮɷʃűŬ›ŮʃɐŮɷggʃɐ ɔŮɷɦŰŰʃŬ ůŮɷʃɡ ɑɒŮɜŮʃɔɐɖɖəŮɖ ´ɕg ɔɜɤʃɤɷɕgɜ. ¢ɕ ŮʃɤŰŰɛŮŮɷəɦɔɷɕ ŰɾɜɷŬŰʃɹɜ ´ŮʃɷŮɷ›Ÿɛɒ ŬɔŮʃɷŮɷ ´ɕg ŬűɕʃɕiůŬɔ Ůɷʃ´ʃɕŰŰʃŬɷɦŰŰɖŰʃ əŬɔ Ůɷʃ Ŭɔɖůgɛɖůʃ ŰɾɜɔgɜŬɷəı ɜ, Ůɖɜ ɔɜı ůɖ Ůɷggʃ ɔɷŬ Ůɷɜ ´ʃɕəɖ´Ůɷɦ ɛŬůŮɷɕɔʃŬűɖŬɷɦ ɣ›ŮɔgɛŮɖ, Ůɖɜ ´əɖʃɕűɦʃɖůɖ Ůɖʃɡ

ɔgɜŬəŬʃɔəŬŰɬɜ ɛŬůŰɛɔɻŬűɗŬ, Űɬɜ ´ɻɛůɣɔɔəůɗ əŬəŰɬɜ ŭəŬɕŮʃɣəůɐ Űɬɖʃ, Ûɛggʃəɦɔɛggʃ ´ɛg ŬɜŬűɣʃɛgɜ ůôŬgŰɛɨɡɛəɔgɜŬəŮʃɔəŬŰɬɜ ɛɖɻɐůɖ ŰɬɖʃɛŬůŰɛɔɻŬűɗŬʃ, əŬɗɩ ɡəŬəŬɜ ŭəŬűɛɻɣʃɡɦ´ɤɡ´.ɢ ɖ ɖəəəɗŬ, əŬəɖ əɛəɤɤɜəɛ-ɛəɛɜɛɛəɐ ɗɣůɖ ŮɖɻŮŸɛgɜ Űɬɜɔɜɩ ůɖɐ Ű ɬɜ ůŰŸůɖ ŰɤɜɔgɜŬəɩɜŬ ´ɣɜŬəŬůŰɬɜ ɛŬůŰɛɔɻŬűɗŬ.

ɻ ɜŸəgůʃɡʃ: ȳ əŮʃɛɵůgɜŬɜŰŰɨɜŮəʃəŬŰŰɔɻŸűɖəŬɜ ůŮɛŬɔɜɖŰɦűɤɜɛ ɛŰŰŸŰɬɜ ɣɔɔɻŬűɖ ůɨɛűɤɜɖ ɔɜɩ ɛɖ Ûɤɜ ůgɛɛŮŰɛɦɜŰɤɜ əŬəŬ ɛɛŬɔɜɖŰɛűɤɜɐɗɖəŬɜ Ŭɦ Űɬɜ ɀ ɸ əŬəɢɻɖůɶɛ´ɛɐɗɖəŮ ŬɜŸəgůɖ ´ŰɻɵŮɛɛɣɜɛg. ¢ MT əɤŭəɐ´ɛɑɖůŮ ŰɻɢɛəŸ ŰʃɡəŬŰɬɔɛɻɖŮʃ əŬəŰŰ ɗɣɛŰŰŰ-əəɤŮɑŭəŸ ´ɛg ŬɜŬŭŮəɜgɦŰŰɜ ŬɦŰŰ ŭŮŭɛɛɣɜŬ Ûɤɜ ůgɜŮɜŰŰɨɜŮɤɜ[26]. ¢ əɤŭəɐ´ɛɑɖůɖ əŬəɛɵəŬŰɬɔɛɻɖŮʃŭɵŬɛɛɻűɩ ɗɖəŬɜ Ŭɦ Ûɛɜ ɻ ş əŬəůgɛɖŰɛɗɖəŬɜ ɛŮŰɬɜ ɀ ɸ ´ɻɛəŮɶɛɣɜɛg ɜŬg´ŸɻɜŮəůgɛűɤɜɗŬ[26,27].

¢ ɗəəŸ ɗɣɛŰŰŰ: ş ɐűɗɖəŮ ŸűŮəŬ Ŭɦ Ûɛ Á´ɑůŰɬɛɛɜəɦ Ɇgɛɓɛɨəɵɛ Ûɛg Ⱶɻ ũ?¢, g´Ůɨɗgɜɛ ɔɵŬɗɣɛŰŰŰɓɵɛɖɗəɐɛg.

ɻ´ɛŰŰəɵɣůɛŰŰŰ

ɻŰɻŬəŰŰɻɵůŰəŸůgɛɛŮŰŰɛɦɜŰɤɜ

ɻ´ɦ Ûɛgʃ 30 ɔgɜŬəŮʃ ɖ ´əŮɛɐɣɖűɗŬ Ûɛggʃ ɐŰŰɜ ɖəəəɗŬʃ Ŭɦ 45-55 Ůűɨɜ, ŮɛŬɜ ŰŰəɵŮɨ ůŮəŰɬɜ ɓŬůəɐ Ůə´ŬɑŮůɡůɖ, ŬůɛɛəɛɨɜŰŰɜ ɛŮŰŰɛəɵŬəŸəŬəÛɛ ŮəŭɛɛŬůɵŬɐ Ûɛggʃ ŮɛůɦŭɖɛŬɐŰŰɜ ´Ÿɜɤ ŬɦŰŰ 300 ůɡɻɩ.ɻ ɜŬəgŰɛəŸŰŰŬɖɛɛɔɻŬűɵəŸůŰɛɛɛŮŮŬŰɤɜ ɔgɜŬəɩɜ űŬɐɛɜŰŰəůŰɛɜ ´ɶŬəŰ1.

ɻ´ɦ ŰɛggʃŭŮəŬɣɜəɵŰŰɻɛɨʃɛɛɵ 12 ɐŰŰɜ ŸɜŰɻŮʃ, əŬəɛɵ 4 ɐŰŰɜ ɔgɜŬɐŮʃ. ō ŰŰɜ 4 ´Ŭɗɛəɦɔɛɵ, 4 ɢŮɡɻɛɨɻɔɛɵɛɔəɛəɦɔɛɵ, 4 ´ŬɗɛəɦɔɛɵɛɔəɛəɦɔɛɵəŬə4 ɔgɜŬɐɛəɦɔɛɵ Ɓɵ ´ŰɻɵůůɦŰŰɻɛɵŰɻɔŬɛɦŰŰɜ ´Ÿɜɤ ŬɦŰ 5 ɡɻɦɜɜŬůŰɬɜ ɑŭɵŬɗɣůɖ (´ɶŬəŰʃ2).

ɀ ŬůŰĕɔɟŰűıdŬŮȣɣɔɑɑg əŬɜŬ ɦɣŮȣʃɔgɜŬɜəı ɜ

¢ ɔɜı ůd ɔɵŬŰɳɜ ɛŬůŰĕɔɟŰűıdŬ

¢ ɔɜı ůd ŰɤɜɔgɜŬɜəı ɜ ɔɵŬŰŬdŮĕȣɎ ŰɳʃɛŬůŰĕɔɟŰűıdŬʃűɎɜdəŮɜŬŮȣŬɜ´ɑȣi əŬȣe ŰűıɑiŬ ɦ Ůĕʃ 30 ɔgɜŬȣŮʃɑɵ 29 eŰŰɜ ŮȣɐɛŮɟŮʃŮɟəŮŰɎəŬȣɎɔɵŬ ŰɳɜŮȣɣŰŬůd ŰɳʃɛŬůŰĕɔɟŰűıdŬʃəŬȣɣűɤůŬɜ ŬȣɟɕŮȣʃŬ ŬɜŰĕůŮĕʃ:

ÁɑȣŬɜəɎŮɜ´ɟɑȣd´Ůĕȣɦ´ɑg ɛ´ɑɟŮıɜŬbɑɖdɐůŮɜŰɳɜ əɎdŮɔgɜŬȣŬ, ɜŬ´ɟɑəɎbŮɜ əɎŮɜ, Ůĕ cŮɟɦŰŰjɑ (ũgɜŬȣŬ22).

¢ ɛŬůŰĕɔɟŰűıdŬ ŮȣŬɜ ɛɜŬ ŮȣɣŰŰůd ´ɑg ɔȣŮŰŰȣ ůŰĕ ɛŬůŰɦ əŬɜ ɦŮɜ ´ɟɦbəɖɛŬ g´ɎɟcŮɜůŰĕ ůŰĕdɑgŰĕ ŭŮȣɜŮɜ(ũgɜŬȣŬ15).

ɀ ɦɜɑ ɛdŬ ŭŮɜ ɔɜıɟɕcŮ əŬɜ ɣũɤůŮ ŰůŰíıe ŬɎɜŰɳůd. ¢ Ůəəɝɐgſ ɔɜı ůd ůgɑɜɎ ŮdɟŮɎĕŮɜ ŰɟɜdŰĕȣɎ ɳɜ ůgɛɛŮĕɑɛ. ȳŰŰɜ ɟɤ ŰĕdɖəŮ ɛdŬ ɔgɜŬȣŬ ɔɵŬŰıŭŮɜ ŮȣcŮ ɛŬůŰĕɔɟŰűıdŬ ɛɣɑɟɵ ůɐɛŮɟŬ ŬɎɜŰɳůŮɦŮɜŭŮɜ ŮȣcŮŮɜdɛŮɟɤdŮıŬ ɦ əŬɜɣɜŬ əŬɜŭŮɜ ɐɜŮɟŮɔɵŬgŰĕɜ:

Á, ɦɑɜé .ŭŮɜ ɜɣɟɤ, ŭŮɜɣɟɤ é ÁɑȣŬɜɛɜŬŮɜɣŰŰůd ɔɵŬɜŬŭɑiɜŮɛɐ´ɤ ɠɣɣɑŮɣʃəŬɜɣɜŬ ɦɔɔɑ əŬɜɣɜŬəıɑ ɐɠʃŰıɛŰŰ, ɜɑɛɑɑɤ ŭŮɜ ɜɣɟɤ (ũgɜŬȣŬ9).

¢ ɑɟɐůd ŰɳʃɛŬůŰĕɔɟŰűıdŬʃ

ɟ´ɦ Ůĕʃ 30 ɔgɜŬȣŮʃɑ ůŰɳɜ ŬůŰĕȣɐ ´Ůɟɕȣɑɛ ɑɵ 28 ɔgɜŬȣŮʃɑ ŮȣcŮɜ ´ɟŬɔɛŬŰĕ´ɑɕɐůŮɜ ɛŬůŰĕɔɟŰűıdŬɣůŰɤ əŬɜɛdŬűɑɟɎəŬɜɛɦɜɑ ŭiɑ ɔgɜŬȣŮʃɑŭŮɜ ŮȣcŮɜ ´ɑŰɣɛŬůŰĕɔɟŰűıdŬ.

ɟ´ɦ Ůĕʃ 28, ɑɵ 6 ɑɟdůɕɛ´ɑɕɐiůŮɜ ɛŬůŰĕɔɟŰűıdŬŰŰɜŰĕȣɎəŬɜdŮɔɟɦɜɑ, ɑɵ 9 ŮȣcŮɜ ɛdŬ ɛɦɜɑ ɛɣɑɟɵůɐɛŮɟŬ, ɑɵ 7 ŮȣcŮɜ əŬɜŮɵɜɛŮŰɎŬ ɦ ŮɣɛbŬůd ɛŬůŰŰɜŰĕɛɐɑ. Þɵŭiɑ ´ɑg ŭŮɜ ŮȣcŮɜ ´ɟŬɔɛŬŰĕ´ɑɕɐůŮɜɛŬůŰĕɔɟŰűıdŬɐŰŰɜ ɛŮɜŬəiŰɳdɑdŬʃ (56 əŬɜ 65 ŮŰı ɜ

ŬɜŰůŰɞɕŬ), Ŭ ɧűɕɘŰŮɠ ɸɖɛɕŰɷɕɨ, ɕɘ ŬůɕɜɚɗŮɠ Űɞɡɠ ɐŰŰɜ: ɖ ɛɗŬ Ŭɷɟ ɧŰŰůůŬ ɘŬɷ ɖ

Ɏɘɘɖ ɛŮŰŰɕɘɘŬɷɎɘŬɷŰɕŬɜ ɕŬɛɖɘɧ ŮɷŭɕɛŬɘŬɷ ŰůɧŭɖɛŬ(200-300 Ůɡɟɩ)

ɄŮɟ ƔɔɕɜŰŮɠ ´ɕɡ Ů ɖɟŮƳɕɡɜ Űɖɜ ´ɟ Ŭɷɛ ŬŰɞ´ɕɷɖůɖ Űɖɠɛ ŬůŰɞɔɟŬŰɖŬɠ

Ƀɘɔɡɜ ŬɷŮɠ Űɖɠ ŬůŰɷɐɠ´ Ůɟ ɕɕɐɠ´ Ŭɟ ɧɘɕ ´ɕɡ ůɕŰɧɜ ɧɘŮɠ ŰɕŬɜ ´ɟ ŬɷɛŰɞ´ɕɘůŮɷ

ɏůŰɤ ɘŬɷ ɛɗŬ ɛŬůŰɞɔɟŬŰɖŬ, Ŭɜɏű Ŭ Ŭɜ ŭɡůɘɕɘɗŮɠ ɘŬɷ Ůɛ´ ɧŭɘŬɔɘŬ Űɖɜ ɕɟ ɐůɖ Űɖɠ ɘŬɷ

ŬɜŰɧ´ɘůŬɜ ´Ůɟ ƔɔɕɜŰŮɠ ɕɘɕ´ɕɕɘ ɘŰŰƳ Űɖɜ ɔɜɩ ɛɖ Űɞɡɠ Űɠ Ů ɖɟŮƳɕɡɜ ŮŰŰŮɖŮŰɷƳ

ŮŰŰŮŮɜɖŰɷƳ ɔɘŬ Űɖɜ ´ɟ Ŭɷɛ ŬŰɞ´ɕɖůɐ Űɖɠ(´ɶŬɷŬɠ3).

ǾɘɘŮɤ ɖ Ůɜɖɛɏɟ ɤ ůɖɠ

ɀ Ů Űɖɜ ɔɜɩ ůɖ ɔɘŬ ŰŰ ɖŮŰɷƳ Űɖɠ ɛŬůŰɞɔɟŬŰɖŬɠ ůɡɜŭɏŮŰŰɷ Űɞ ɖɏɛŬ Űɖɠ Ů Ŭɟ ɘɕɨ ɠ

Ůɜɖɛɏɟ ɤ ůɖɠ. ȳ ´ɤ ɠ Ŭɜɏű Ŭ Ŭɜ ɕɕŰ ɔɡɜ Ŭɷ Ůɠ ůɖɛ ŬɜŰɷɧɠ ŬɜŬůŰŰɘŰɷɧɠ ´Ŭɟ ƔɔɕɜŰŮɠ

ůŰɖɜ ɕɟ ɐůɖ Űɖɠ ɛŬůŰɞɔɟŬŰɖŬɠ Űɞɜůŭ Űɖ ɘŬŮɖ ɏɘɘŮɤ ɖ Ůɜɖɛɏɟ ɤ ůɖɠ Űɞɡɠ ɔɘŬ ŰŰ ɖŮŰɷƳ

Űɖɠ ´ɟ ɧɘɖɤɖɠ ɘŬɷ ɖ ɨ´ Ŭɜɖ ´ɟ ɕɔɟ ŬɛƳŰɤ ɜ Ůɷ´ ŬŭŮůɐɠ Űɞɡɠ ɔɘŬ Űɞ ɖɏɛŬ. ¢

Űɖɘ Ůɧɟ ŬůɖůɨɛɏɤɜŬɛŮŰŰɘŮɧɛŮɜƳ Űɞɡɠ ŮɶŬɷ ´ɖɔɐ Ůɜɖɛɏɟ ɤ ůɖɠ Űɞɡɠ, ŬɷɘƳ ɟŮɜ Űɠ

Ŭ ɘŮ ŪŬ´ ɟ ɕŰɞ ɕɨ ůŬɜ ůŮɛɘƳɟ ɘŬɘŬɷŮ´ Ŭůɡůɖ ɔɘŬɜɛɏƳɖɕɡɜ ɕɘɔɡɜɷŮɠ ɔɘŬ Űɖɜ

´ɟ ɧɘɖɤɖ.

ȳ ɕɘ ŭŮɜ ´ɟɏ´ Ůɜ ɜŬ ɶŬɷ ´ɕɘɨ Ůɜɖɛ Ůɤ ɛɏɜŮɠ. ɸɖɘŬɷɐ Űɞ Ŭɷɕɨ ɛŮ ɧɘɕɘ ɘŬɷ ɛŮ Űɖɜ Űɖɘ Ůɧɟ Ŭůɖ ɘŬɷ Ŭ ɧ ŭɤ ɘŬɷ Ŭ ɧ ɘŬɷ ɸŮɜ ŮɶŬɷ ůɤ ůŰƳ Ůɜɖɛ Ůɤ ɛɏɜɖ (ŭɡɜŬɷŬɜ28).

ʂ ɶŮɠ ŮɶŬɷ Ůɡɏɠ´ ɕɡ ɜɏɟ ɕɡɜŮŮɡŰƳ ŰŰ´ɟ ƔɔɛŰŰŰ. ɟ űɕɨ ŭŮɜ ŮɕŮɖ ɛɖŮɟ Ŭ ɛɕɡ ŭŮ ´ƳƳ, ŭŮɜ ɏɕɤ Ůɜ ŮɏŰɞɘ´ɟ ƳɛŬ ɸŮɜ ŮɶŬɷ Ůɜɖɛ Ůɤ ɛɏɜŮɠ ɇɘ´ɟɏ´ Ůɜ ɜŬƳɜɕɡɜŮ, Ɏɘ ɕɘ ŰɖɘŮɛɟƳŮɠ űŰŰɶŮ´ɕɡ ŭŮɜ Ůɡŭɥ ůŮɛɘƳɟɘɘ ŭŮ ɖɶɕɜŰŰɷɜɛƳɖɕɡɜ ɕɘɔɡɜɷŮɠ. ɄɟƳ´ Ůɜ ɜŬɶɕɡɜ ůŮɛɘƳɟ ɘŬ. Ɂ ŬɛƳɖɕɡɜ ɕɘɔɡɜɷŮɠ ɡŰŰƳ ŰŰ´ɟ ƔɔɛŰŰŰ(ŭɡɜŬɷŬ19)

Ặ´ ɶůɖɠ ɕɘ ɜɧŰŮɠ ɔɡɜɷŮɠ ŬɜŰɏɟɖɖɘŮ ůŰɠ ůɡɜŮŰɜɠ ɧŰ ´ɟɕůɏɕɡɜ

´ŮɘůůɧŰɕ Űɖɜ ɡɔŰŰ Űɞɡɠ ɘŬɷ ŮɶŬɷ ´ŮɘůůɧŰɕ Ůɜɖɛ Ůɤ ɛɏɜŮɠ ůŮ ůɕɏůɖ ɛŮ Űɖɠ

ɛÅƀÜƀə¡ÚÚĵ¡ɖɖƒ ɖɟəɔɔɖÜƒ ɔɡɜÜƀɔÅɖƒ. «Ƀɔ ɖɟəɔɔəɤɛɣɜÅɖƒ Üƒ ´ɛ¡ɛÅ¸ ɣɜÜ ɛɣɣɟɛɡƒ ŭÚƈ ŭÅƀ ´ɟɛůɣɑɛɡɜÅəÜƀÅĵůɛ ´ɛəə¡ Ú̋ɖɜ ɡɔÅɖÜÚƈɡɡƒĵůɛ ɛɔɜɣÅɖƒ´ɔůÚÚ¡ɤ» Üƀɣú¸Å¸ÚɛɖÜɔɡɜÜƀɔÜ.

Ⱥɜɖ₣ÿ¸ɟɡɜůɖ¸ï Ⱶ₣Å¸Üƀɔɑɖůɖ

¢ ůə¡ůÚÜůɖ¸Ü ĵ Ú̋ƈɜ ɜÜÚ¸ĵ ɐ Ü ĵ ůɡɔɔÅƀɔəĵ ´¸ĵĵůɤ´ɛ úÜƀɔÅÚÜƀůɡɑɜ₣ɜÜ´¸ɟɛ₣ɔÅƀÚɖɜ ´¸ĵĵəɖɣɖ. ¸ ´ĵ Ú̋ƒ 28 ɔɡɜÜƀɔÅƒ ɛɵ 11 Üƀɣú¸Å¸Üƀ ĵÅƀ ÚɖɜÜ Ü ĵűÜůɖ ɜÜ ə₣ƀɛɡɜ ÚɖɜÜ ɛÜůÚ̋ƈ¸ÅÚ̋ɑÜ ÚɖɜÜ ´ɐ¸Üƀ Ü ĵ ɛĵɜÅƒ Ú̋ƈɡɡƒ ÅƈÚÜ Ü ĵ ´Å¸Üƀɑɖůɖ Ü ĵ ůɡɔɔÅƀɔəĵ ´¸ĵĵůɤ´ɛ, ÅƈÚÜɛÅÚ₣Ü ĵ ´Å¸ɔůÚÚÜəĵ əÜ¸əɑɛɡ ɛÜůÚ̋ƈ¡ ůÅůɡɔɔÅƀɔəĵ ´¸ĵĵůɤ´ɛ. Ƀɵ 17 Üƀɣú¸Å¸Üƀ ĵÅƀ ´Å¸ÜƀɔɐɛɖɖəÜƀ Ü ĵ ɜÜÚ¸ĵ (8 Ü ĵ ɜÜÚ¸ĵ ɢɤ¸ɟɑƒ ɜÜ ÜƀÜíɣ¸ÅÚÜƀ ɖ ÅƀĭɔəĵÚɖÚÜ,7 Ü ĵ ɛÜƀÅůÚ̋ɐ¸ÜÚ¸ 1 ɢÅƀɟɛ¡ɐ¸ɔɛ, 1 Åƀŭɛəɐ¸ɔɐɛəĵɔɛ).

¸ ɟ¸əÅÚ¥ɡƒ ɔɡɜÜƀɔÅƒ Ú̋ĵɜɔůÜƀ ĵÅƀ ɛɵ ɑĭɔÅƒ ÅƀɖÚ̋ĵ¸ɡɜÜƀ ŸɔəÅƒ ɔɔÜ ɜÜ ´¸ÜƀɛÜÚ´ɛɔůɛɡɜ ɛÜůÚ̋ƈ¡ ɖ ÅƀĭɔəĵÚɖÚÜ. ɀ ɖÜ ɔɡɜÜƀÜ´Å¸ɔɔɐůɛɡɜ ɛ ÅÜƀÅƀ¸ɖɖ¸ɔɐ¸ÅÚ̋ɑÜ ÅƀÜ ɔɔÜ ɜÜ ´¸ÜƀɛÜÚ´ɛɔůɛɡɜ ɛ ÅÜƀÅƀ¸ɖɖ¸ɔɐ¸ÅÚ̋ɑÜ ɖÜ ɐɡɟ¸ɛ ĵÅƀ ŭÜƀ ůɡɛɓÜůɑ ůÜɛɣɜÜ, ŭÜƀ ɜɣ¸ɤ ´ŸɜÜ₣ɡƒ ŭÜƀ é é é é « ŪÜ´ŸɤɣĵÚ̋ɜ Åƀɡə¸Üɟɤɛůɤ» *(ũɡɜÜɔÜ1)*

Ⱥ´ɑůɖɡƒəÜÚ̋ɤÚ̋ɖɜ Ÿ´ɛɣɖÅƀÚ¸ɜ Ü ĵ ɤ¸Ú¸ ɛÜ¸ɤɜ Ü¸ĵ əÜÚ¥ɡƒ ɔɡɜÜƀɔÅƒ ´Å¸Üƀɔɐɛ¡ɜÚÚƀɜÜ ɜÜ ə₣ƀɛɡɜ ɛÜůÚ̋ƈ¡ ɖ ÅƀĭɔəĵÚɖÚÜɛÅÚ̋ɑÜ ɖÜ ůɡɛɓÜůɑ ůÜɛɣɜÜ ɛɡɔ´ĵɔɡƒ Å´ɖ¸ÅÚ̋ɑÜ ɖÜ ĵɔɡƒ ÚɖɜÜ ɛɡɔ´ĵɔɡƒ ɀ ÅÚ̋ɑÜ ůɡɛɓÜůɑ ůÜɛɣ

ɜŰɔœdůŰɜ əŰɔŰłɜ əŸɜɛgɜ Ű´ɟŰəŸdŮGɟɦɜɛ ɜɛɛœɤ , üŰɜ ɜɣɟɤ əŸdŮ´ɦŰŰŰɛggƒɣcŮɔ´Ůɔɛ ɔsŰŰ´ɦgƒ(ũgɜŰœŰ26)

¢ ´ɟɦůbŰůd ůŰłɜ ŮɔɣŰŰůd

¢ əœůŰŰ Ű´ɜ ɟŰɜŰŰƆɛi əŰɔ d ɣəəŒŮɣd ɟŰɜŰŰƆɛi ůŮəɛɜŰɛɦ Gɟɛɜɛəɦ ũɘŸůŰłɛŰ ŮœŰɔ əɦɔɛgƒ ´ɛg ɛɘ ɔgɜŰœŮgƒ Ű ɛűŮ´ɔɛgɜ Űłɜ ɛŰůŰɛɔɟŰűdŰ. ɟ ´Ÿɟɛɛgɜ ´Ůɟɘ´Ű ůŮgƒ ´ɛg ɦŰŰɜ Ű ɛ ɟŰɜŰŰƆɛi ŮœŰɔ ɛŰɔɟɛɦ ɛ´ɛɟŮůɜŰ Ű ɜŮɛŸůŮɔ ɛɘŰɔgɜŰœŰ ɛŮɔŸəd ƒdəɘədŰgƒ əŰɔ ŰŮɔɘəŸ ɜŰ ɛd Ű ´ɟŰɔɛŰŰ´ɛɘůŮɔ Á´ůdƒ d ɛŰɔɟɛɜɛ əœůŰŰ ɛ´ɛɟŮůɜŰ Ű gŭdɔɛůŮɔ ɜŰ ´ədɟɩ ůɛgɜ Űłɜ ɛŰůŰɛɔɟŰűdŰ ůŮɘűɘxŰɛɦ əɣɜŰɟɛ ɛŰůŰɛɔɟŰűdŰƒ, Ůɜ ũɘŰdɣŰɛgɜ əŰɔɛ ɛɘɛɜɛɛɘɛ əŰŰŸůŰŰůd. ɟŮŮɜŰűdŰŰł ´Ůɟd Ű ůd dŰ´Ůɟɛɣɜɛgɜ. z dŰ ɔgɜŰœŰŰɜɣúŮɟŮ

ɟɛ Ůɛ´ɦũɘɛ ŮœŰɔŮũɩ ɦŰɣɜŰGɟɦɜɛ Ű ɟŰɣcɣ ɛ´ŮɩůŰł əœůŰŰ ɔsŰŰɛ ɛŰůŰɦ əŰɔũŮɜ ɛŮɣcɛgɜ əŰɔɣůŮɔŰɔɦɛŰ ũɘŰɜŰəŸɜɣ ɛŰůŰɛɔɟŰűdŰ. ?Ůɔ ɟ´ɦ´ɣɟɘůg Ůɛɜ ɟ ɨɔɛgůŰɛ ɛɛg ŮœŮɔɟŸŶŮɔɛ ɔsŰŰɟɦƒŰł ɛŰůŰɛɔɟŰűdŰ ɛ´ɛəŰůŰł əœůŰŰ ŰɔŮɛɜɛƒ. Ÿəɛɟɣ ůŰŰł ɣəŰɔŰ, ɛɛg ɣɔɟŰŶŮŰɛ ´Ůɟ Ű Ůɛ´Ůəɦ ɔsŰ Ůɛg Gɟɦɜɛg ɜŰ əŸɜɣ Ÿəəd əŰɔ Ůɛg əɣɣ ɔsŰŰɟɣé . ɟ gŰɦ ɔsŰɛɣɜŰŮœŰɔŮɛŮəŸəɛ ´ɟɦɓəd ɛŰ, ɔsŰŰué é ɣɟɢŮŰŰƆd ɩ ɟŰ´ɛg ´ɟɣ´ŮɔɜŰ ɜɣɟŮɘƒ, ɜɣɟŮɘƒ ɦŰɘ´ɟɣ´Ůɔ ɜŸGŮɘƒ əŸɜŮɔ Ű łɜ ŮɔɣŰŰůd əŰɔ ũŮɜ Ű łɜ ɣGŮɘƒ əŸɜŮɔ Ţ Ůɔ əŰɔŸ ɜŸGŮɘƒ Gɟɛ ɛŰŰŰɜŰ´ədɟɩ ůŮɘƒ. ȳ ŰŰɜ ɦɛɣ gƒũŮɘé (ũgɜŰœŰ1)

ɟ ´ɦ ɛdŰ ɔgɜŰœŰŰɜŰűɣɟ dd əŮŮ ůd dƒŰłɛ ´ɟɦɓəd ɛŰŰłgƒŰ ɦůŰŰůd gƒůŰɘƒ ɔgɜŰœŮgƒ ´ɛg ũɘŰɛɣɜɛgɜ ůŮ ɛŰɔɟɛɜɣgƒ Ű ɛůŰŸůŮɘƒ ɛ ůŰłɜ Ůɜũɛɢ ɟ Ű łɛg ɜdůɘɜɨ, ůŮ Ůɔɟ ɛŰɛɣgƒ ´Ůɟɛɛ Gɣgƒ, ɛŰɔɟ əŸ Ű ɦ ŰŰ ũd ɛɦůɘŰ ɜɛůəɛəɛŮŰ ´ɛg ũɘŰdɣŰɛgɜ ɛŰůŰɛɔɟŸűɛggƒ. Á´ɘůɛɛŰɜŰɔ ´ɦůɛ ũɨ ůəɛəd ŮœŰɔ d ɛŰŰŰɔœdůɛ Ű łɛggƒ ɔəŰ ɜŰ ´ɟŰɔɛŰŰ´ɛɘůɛgɜ Ű łɜ ŮɜɣŰŰůd Ű ɦ Ůgŭɣgƒ Ű łgƒ Ű ɛɛŰɔɟgůɛɣɜŮgƒ ´Ůɟɛɛ Gɣgƒ əŰɔ ɘũɘŰdŰɟŰ ɛɘ dəɘəɘx ɛɣɜŮgƒ ɔgɜŰœŮgƒ.

Ex ɛŬźəɵa´Ŭɟ ŸɔɵɜźźŬf- Egɛ´ŰɪɛŬŰŬ

¢ əŬəɵe űgůɜəe əŬŰŸůŰŬůd Űŕɜɜ ɔgɜŬəɪ ɜ Ŭ&fŬůdɟůŶɛůəŰɛ ɜŬɛd ůgɛɛŬŰɣɵɛgɜ ůů ´ɟɵɛəd´Ŭəɦ ɣəůɔɵɛ ɔəŬŰɛɜ əŬɟəɵɵɛ ɛŬůŰɛi. ʐ ɦɜɵ ɦŰŬɜ g´Ÿɟɵɛůəůi-ɛ´ŰŕɛŬ, ´ɦɜɵɛƒ ůŰɛ ůŰɛdɵɛƒ, gɔɟɦ e Ÿəəɵɛ ´ɟɦɓəɗɛŬ ɵə ɔgɜŬəůƒ ů´ůi-ůɵɛgɜ ɜŬ Ŭɛ ůəɣɔɜɵɛgɜ. ¢Ŭůgɛ´Ű ɛŬŰŬůŰɛ ůŰɛdɵɛƒůɵəŬəɣɜŬƒůɗɛŬɜŰəɦƒ´Ŭɟ ŸɔɵɜźŬƒ ɔəŬɜŬŮ ƒůəůŰźŰŬɟɦ əŬəɜŬ´ɟŬɔɛŬŰɛ´ɵɛɛůɵgɜ ɛŬůŰɛɔɟŬźdŬ. ȳŰŬɜ ŭůɜ g´Ÿɟɵůəůi-ɛ´ŰŕɛŬ ůɜɜɣŬɔgɜŬəůƒdŰŕɟɵi-ɜ ɦŰəŭůɜ Ůƒůəɣ´ŬɛɜŰŬəůi əɵəɣŬŰɛɜ ɔəŬɟɦ. Á´ƒůəɣ´ŬɛɜŰŬəŰɛɜ ɔəŬɟɦ ɛɦɜɵ ɦŰŬɜ ɣɵɛgɜ ´ɟɦɓəɗɛŬ, ɦɵɵ ɛŮŰɛ ´ŬɟŬɛəɟɦ, ɦ´ɤƒ ɵŬɟŬəŰŰɟƒůŰəŸŬəɣźůŮɟŬɜ:

Bɔ´ɛɛ ´ɵəəɣƒŮ ɵźŰůɔɵgɜŮɜŬəŸɜɵgɜ ŰɛƒůəŰŰŸůůɛƒ. qŮɜ ɜɣɟɤ ɔəŬŰůi-ŸɜŰźƒ´ɵəəɣƒ é .. Ű ɟŬŬƒ´ɵiɛŮɛɜŬůɜ ŮɵŮəŸɜŮə´ɵŰɣŰŰƒ, ŮɜɪŮəŬəɛŮŸəd. Á ɜŬəŮəŬəůiůəɵəɵɛ ɜŬŮɵźŰůaůŮƒɜŬ´ŬƒůŰɛ ɔəŬŰɦ ɵɤɟɵaƒ ɜŸɵŮƒəŸ´ɵɛɛ ´ɟɦɓəɗɛŬ¢ ŬɛɵdŮŮŬŮəŬŮŰ. ÔɵɛɛŮůdəŬůɛ ´ŸɜŰŰɣɜŬ..ɦŰə ůŮɜ dŬ ůgɛɓŮɪ ůŮŮɛŸƒ ɛ´ɦŰŮəŬəůɜ ´ŸɛŮ (ũgɜŬəŬ4)

ÆŰŰɜ ɛŮəɣŰŰ ɛŬƒ ɵə ůɪ ůŮəŬ ɔgɜŬəůƒ ŬɜɣűŮɟŬɜ ɦŰə ŮɵɵŬɜ ´ɟŬɔɛŬŰɛ´ɵɛɛůŮə ɛŬůŰɛɔɟŬźdŬɔəŬůəŸɔɜɤ ůd, əŬəɦɵəɔəŬ´ɟɦədɣɣd:

Ÿɟɪ ŰŰŰ ű&ɟɣŸŮɵɵŬɜ əŸɜŮəɛŬůŰɛɔɟŬźdŬ:

- ʐ ŮŰŸŬ ɦ ůgɛ´ŰɪɛŬŰŬ(7), ŮɵŰŮɔəŬŰɪŰɛ Ŭ ɵűŸůəɪŮɜ ɛɦɜŮƒŰɛggƒ(2), ŮɵŰŮɔəŬŰɪ ŰƒɣůŰŮəŮɵəŮəŬɟɦƒŰɛggƒ(5).
- ʐ ŮŰŸŬ ɦ ŮɣɛɓŭůdɛŭůŰɛi-ɟ ůŰŮɟŮəŰɛɛe, ´ŮɟŬɣɛ´ɜɜŰŮɔəŬ ɛŭůŰɛɔɟŬźdŬ əŸdŮɡɟɦɜɵ (5)

Á´ ɑůɖʃɡ ɛ ´ ɦɜɛɡʃ´ɛg ´ɻɛəŬɔ›Ůɑɖ Ůɜ»ýŰŬůɖ əŬɔɖ ŭɘŬŭɘŬůɑŬ Ű̃ɖʃɡ ŮɑɔŬɔ ŬɜŬůŰŬɔ›Ű̃ɑɦʃɡ ´ŬɻŸɔɛɜŰŬʃ´ɛg Ű̃ý›ůůŮɻɘʃɡɜɡɜŬɑɔŮʃɡ ŬɜŬŭíɣɻɛɡɜ ɤɡʃ´ŬɻŸɔɛɜŰŬɔɘŬɜŬ ŬŕɛűŮɻɔɛɡɜ ɐ ŬɜŬɔŸəəɛɡɜ Ű̃ɖɜ ɛŬůŰɛɔɻŬŭíɑŬɔɘŬŬɻɔɦŰŬɻŬ.

ū ɦɓɛɡʃ

ȳ´ɤɡɖ ɔɜı ůɖ ɔɘŬ Ű̃ɖɜ ɛŬůŰɛɔɻŬŭíɑŬəŬɔɛɘůɤɛŬŰ̃ɔɛɑ´ŬɻŸɔɛɜŰŰʃɡ Ű̃ɖʃɡ ɔɡɜŬɑɔŮʃɡ, ɛ ű̃ɦɓɛɡʃ´ŮɻɔɻŸŭíɖəŮɜŬ´ŬɑŮɔ əŬɔ ɑŮŰ̃ɔɦ əŬɔ ŬɻɜɖŰ̃ɔɦ ɻɦɔɛ. Ɓ ű̃ɦɓɛɡʃ ɛɐ´ɤɡʃ əŬɔ ɓɻůůɑəŸŰ̃ɔəŬɔɦ ɐŰŰɜ ŬɡŰɦ ´ɛg əgɻɔŸɻɡɖůŮəŬɔŮɜı ɖɖəŮŬʃɦ 17 ɔɡɜŬɑɔŮʃɡ. Ʉɛəɔ›ɣɡʃ ɔɡɜŬɑɔŮʃɡ Ŭɜ›ýúŮɻŬɜ ɦŰ̃ɔ Ůɔɻ Ůɻ ŭɔŮŰŰůɖ Ÿɛɣɖ ɦŰ̃ɔ ŭŮɜ ɡ´ɛɓŸəəɛɜŰŰɔ ůŮ Ůɜ›ýŰŬůɖ ɛŬůŰɛɔɻŬŭíɑŬʃŭɦŰ̃ɔŬɜ ɡ´ɛɓəɖɖɛi ɜ ɦɔɛ əŬɔəŸŰ̃ɔɖŬɓɻůůɑɛ´ɦŰŬ´ɻɛŰ̃ɛɛi ɜ ɜŬɛɖ Ű̃ɛ ɔɜɤɻœɛɡɜ əŬɔ ɜŬ ɜɛɑ ɖɛɡɜ əŬɔi ŰŮɻ Ů. ɖɣɓŬɜŬ ɛ ű̃ɦɓɛɡʃ əŸ ɛɘůʃ ű̃ɛɻɣʃ əůŰ̃ɛɡɻɔůɑ ɖŮŰ̃ɔəŸ ɔɘŬ Ű̃ɖɜ ´ɻŬɛŰŬɛ´ɛɖůɖ Ű̃ɖʃɡ ɛŬůŰɛɔɻŬŭíɑŬʃŭɦŰ̃ɔəŸ ɛɘůʃ ű̃ɛɓɛi ɜŰŰɔ ɛɐ´ɤɡʃ ´Ÿɖɛɡɜ əŸŰ̃ɔəŬɔůɔ›ŮŰŸɛɛɜŰŰɔɔɘŬɡŰɦ. ƁəɑŭɘůʃŬɜýúŮɻŬɜ:

ɸɖɜ Ů ɛűŮɔɛɡɜŮɔɘŬŰɑűɛɓɦɜŰŰɔ ŰŰ Ů ɛŰŮɔ›ýűɛŬŰŰ űɛɓɦɜŰŰɔ ŰɛɜəŮɻɛɛi ɜŬɻəɑɛ, űɛɓɛi ɜŰŰɔ Űɛɜɦɔəɛ, ɦəŬŬgŰŸűɖəŬűɐ ɜŬɛɖ Ű̃ɛggʃůgɛɓŮɑəŸŰɔɑŮůɻɦŰŰɻɛ(ũgɜŬɑɔŬ15)

Ɓ ű̃ɦɓɛɡʃ ɜŬ ɛɖɜ ŬɜŬɔŬɔi ɣɛɡɜ əŸŰɔ ɜɛɛɑɤ. Ɪgɻɑɤʃ ű̃ɛɓɛi ɜŰŰɔ ɜŬ əŸɜɛɡɜ ɛŬůŰɛɔɻŬŭíɑŬɔɘŬŰɑɛ´ɤʃɜŬɛɖ ɓɻɛɡɜ əŬɜɣɜŬɦɔəɛ. ū ɛɓɛi ɜŰŰɔ(ũgɜŬɑɔŬ5)

ɻ əəŸ ŭŮɜ ´Ÿ ɜŮɜŬŰɛ əŸɜɛɡɜŮ ũɘŬŰɑűɛɓɛi ɜŰŰɔ, ɔɘŬŰɑ´ɛ ɜŸŮɔəɘɦɔŬʃ. ɪŬɔ ´ɛ ɜŸŮɔ əŬɔ ŮɑɔŬɔ ŬgŰŸ ŰŰ´ɛůɛůŰŸ ŰŰʃŬ ɛŰɡɑɑŬʃ, ŬɔəŸ´ɘɛ ´ɛəi Ů ŮűɛɑŸ ´ɛ ɜŸŮɔ ŭŮɜ Ű̃ɛ əŸɜɛɡɜŮ ū ɛɓɛi ɜŰŰɔ ɛɐ´ɤʃɡ Ű̃ɛggʃɓɻɛi ɜŮɔəŸŰ̃ɛé é ´ɛg ŭŮɜ ɖɣəɛɡɜŮ(ũgɜŬɑɔŬ28)

ş ɣɤ ŮɜŰŸɔŮɔ, ŬűɛiŭŮɜ gŸɻɡŮɔ´ɻɦɓəɖɛŬ, ŬűɛiŭŮɜ ´ɛɜŸ ŪɣŮɛɛg úiəŬɔŮəŸŰ̃ɛé ŰɛúŮɔɤ. ş ɣɤ ŮɜŰŸɔŮɔ ŬűɛiŭŮɜ ŮɛŬɔəŬɔŸ Ű̃ɔɜŰ Ű̃ɛ ɣŸɡɜɤ Ű̃ɻɻŬ; ū ɛɓŸɛŬɔ, ɣɡɤ əŬɔ űɛɓɖŰɛŮɛ̃ggʃɔɘŰ̃ɻɛi ɡ. qŮɜ ɜɣɻɤ ɔɘŰ̃ɑ(ũgɜŬɑɔŬ17)

ɹ ɛʏəʊ̊ʊ̈

Á´ oůdʃd ʊ̈ɛʏəʊ̊ʊ̈ dʊ̊ʏ ɹ ůʊ̈ʊ̊ʊ̈ɔ ʊ̈ ɦ ʊ̈ʊ̊ʃ 12 ɔgɜʊ̈ɔʊ̊ʃ əʊ̈dɵɹ ɔůʊ̊ʊ̈ɔɛ ůʊ̊ʊ̈ůd ʊ̈ ʏɜʊ̈ɜʊ̈ʊ̊ůʊ̈ɭɜ ´ɹ ɦədɣd əʊ̈ɔůdɛʊ̈ɜʊ̈ʊ̊ɔɦ ʊ̊É´ ɦůɔɛ ůʊ̈ɭɜ ůɛʊ̊ɜʊ̈ɔʏ ɔɛ ʊ̈ɭdʃɑɛʊ̈ůʊ̈ɛɔɹ ʊ̈ůɪdʊ̈ʃ. Ʉɵəəʏʃɑɔgɜʊ̈ɔʊ̊ʃ ʊ̈ɛʊ̊ɔɛɨɜ ʊ̈ɛ dʏɛʊ̈´ɹ ɦədɣdʃůʊ̈ɭɜ gɔʊ̊ʊ̈ʊ̈ɛggʃəʊ̈ɔůʊ̊ɜ ʊ̈ɛ dʊ̊ʏɹɵɨɜ ´ɹ ɵʊ̈ʊ̈ɹ ʊ̈ɦʊ̈ɭdʊ̈ʊ̈ůʊ̈ɭɜ ɛʏɛ ʊ̈ɛggʃ. Ɇgɜɛdʏʃ ʊ̈ɛʊ̊ɔɨɜ ʊ̈ɭɜ gɔʊ̊ʊ̈ʊ̈ɛggʃ ɦʊ̈ʊ̈ɔ ůʊ̊ɜ ʏɔɵgɜ ʊ̊ɦɔədůdɭ əʊ̈ɔ ɛůʊ̈ʃ ű¡ɵɜʊ̈ůʊ̈ʃ ʊ̈ɭdʃɛʏɛʃ ʊ̈ɛggʃ ůɶɵgɜ Ɣəəʊ̊ʃ ´ɹ ɵʊ̈ʊ̈¡ʊ̈ɦʊ̈ɭdʊ̈ʊ̈ʃůʊ̈ɭɜ ɛʏɛ ʊ̈ɛggʃ. ɹ ´Ɣ¡ɔɵgɜ ´ʊ̈¡ʊ̈ůʊ̈ɔɛʊ̈ʊ̈ʊ̈´ɵg ʊ̈ɜʏűʊ̈¡ʊ̈ɜ ɦʊ̈ɦ **ʊ̊ɨɹ ůɶʊ̈ɔʊ̊ʊ̊ɔdɛʊ̈¡ʏ ɛʏɜʊ̈ʃəʏɜʊ̈ʊ̊ <ȯ ůʊ̈ɛ əʊ̈ɔʊ̈¡ɔɦʊ̈ʊ̈¡ʊ̈ʃ Ɣůʊ̈ɛ əɵʊ̈¡ɔɦʊ̈ʊ̈¡ʊ̈ʊ̈>**. ¡ ʊ̈¡ʊ̈ɔʊ̈ʊ̈ɭ¡ɔůʊ̈ɔɵƳʊ̈ɜʏűʊ̈¡ʊ̈ɜ:

Áɔɹ ´sůʊ̈ʊ̊ɨʏ dʃ ʊ̈ɛʏəʊ̊ʊ̈ʊ̈ əʊ̈ɔ é ůʊ̊ɜ ɣɔɛgɜʊ̊ɛ .. ʊ̊ɜdɛʊ̈¡ʏ dʊ̊ɹ qʊ̊ɜ ɜɣ¡ɛgɜʊ̈ʊ̈ ɛɣɔʊ̊ɹɛgɛ́ . ʔʊ̈ɔ, ůʊ̊ɜ ɣɔɛgɜʊ̈ʊ̈ʊ̊ɜdɛʊ̈¡ʏ dʊ̊ɹ ´əɛ¡ʏ ʃ, ůʊ̊ɜ ɣɔɛgɜʊ̈ʊ̈ ʔɣ¡ʊ̊ɜʃəɣɜʊ̈ʊ̈ʊ̈ʊ̈ʊ̈ʊ̈¡ʃ ʊ̈ʊ̈ɜƳɔʏ ůʊ̊ɜ ´ɛɜɹ ´ɛgdʊ̊ɜƳ (ũgɜʊ̈ɔʊ̈2)

ɛɦɔʊ̈ʊ̈ɛʊ̊ɜɛůʊ̊ɜɔɜʊ̈ʊ̈ɹůʊ̊ɜ ʊ̊ɛɔʊ̈´¡ɦbədɛʊ̈ůʊ̊ɛ ůʊ̈ɛdɛʃ, ɛɦɜɛ ɦʊ̈ʊ̈ɜ Ɣ¡ɔɛsůʊ̊əʊ̈ɜ´ɛɜɛɨůʊ̈ ű¡ɛbɛddəʊ̈, əɣʏ ʊ̈ɜ ɣɔʏ əɣʏ ʊ̈¡ʃʊ̈ ´Ɣʏ əʊ̈ɜ ɣʊ̈¡ʊ̊ɜʊ̈. ʔʊ̈ɔ ʊ̊ɹ ɛɣɔ¡ɜ ʊ̈¡ʃʊ̈ ůʊ̊ɜ ʊ̊ɛɔʊ̈ ʊ̊ɦɔədůdɭ əʊ̈ɔ ɔɜʊ̈ʊ̈gʊ̈ɦ ůʊ̊ɜ ´ɛɔɛʏɔʊ̈´ɛgdʊ̊ɜƳɜʊ̈əƳɜʏ ɛɜʊ̈ɛʊ̈ůʊ̈ɛɔ¡ʊ̈ɔdʊ̈, ɔɜʊ̈ʊ̈ɹəɣʏ ʊ̊ɜʊ̈Ƴɜʊ̊ɜ əʊ̈ɔƳ ʊ̊ɛʊ̈ɔ ůʊ̊ɜ ´ɛɜƳʏ ´ɛgdʊ̊ɜƳ ʊ̈ɹɛʊ̈ʊ̈ůʊ̊ɜ ɣɔʏ, ʊ̊ɜʊ̈Ƴɜʊ̊ɜ ɔɜʊ̈ʊ̈ɹɜʊ̈´Ƴʏ ʔɛɛɑʏ ɦʊ̈ʊ̊ɜ ůgɛbʊ̈ɔʊ̊ɜ, ɛ´ɛ¡ʊ̊ɹɜʊ̈ɛdɜ ɣɔɛgɜʊ̊əʊ̈ɛɜƳ ʊ̊ɦɔədůdɭ ʊəʊ̈ɔ ɛʊ̈ʊ̈ʃʊ̈ű¡ɛɜʊ̈ɔʊ̈ʊ̈ʃ ʊ̈ɭdʃɑɛʊ̈ůʊ̈ɛɔɹ ʊ̈ɛʊ̊ɛɨɜʊ̈ʊ̈ɦ, ʊ̈ɦʊ̈ɦəʊ̈ɔɛɦɜɛ. (ũgɜʊ̈ɔʊ̈7)

ʔʊ̈¡ɛ´ɛ

ɹ ´ɦ ʊ̈Ƴůůʊ̈¡ɜʃɔgɜʊ̈ɔʊ̊ʃʊ̈ɛɜɔůʊ̈ɭəʊ̊ɣʃůgůəɛəʊ̈dʊ̈ɭɜʊ̈¡ɛ´ɛ ɔɜʊ̈ʊ̈ɭɜ ´¡ɹʊ̈ɛʊ̈ʊ̈ɛ´ɛɑdůdɭ ʊ̈ɭdʃ ʊ̊ɜɣʊ̈ʊ̈ůdʃ. Áɑűəɔ Ɣɛɵɛ ʊ̊ɜʊ̈ɔɨʊ̈¡ɹdʃdɭəɔɔdʊ̈ʃɔgɜʊ̈ɔʊ̊ʃɜʊ̈¡ɣ´ɛɜʊ̈ʊ̈ɔ´ʊ̈¡ɔůůɦʊ̈¡ɛ ůʊ̊ůɛɣůdɭ ɛʊ̊ʊ̈ʃɜʊ̊ɦʊ̈ʊ̈¡ɹdʃdɭəɔɔdʊ̈ʃɦ´ɣʃůʊ̈ɜʏűʊ̈¡ʊ̈ɜ.

*Ч‡у´ Ъ ђ‹Ъѓ ѕэ эg3ЪюЪѓ ‹Ъ ѕэ„ѕdѓ d‹эdЪѓ ‹Ъ ѕЪЎ‹Ъѓ ´„у´ Ъ 3Ъ ‹Ў3ѕg3ЪЏЪѓ эg3Ъэе‹ээуѓ ЪЎЏЎЪЏѓ, ѕЏЪЏЂэ„ЪЏіdЪѓ, Џ‡ЪЏ‹Ъ 3Ъ ѕd„3Џ‡у´ѕ3ЏЂЪ 3Ъ ´d›ЪЏюѕg3ЪЏ ЏЪѓ ´ѕі‹ЪЏ ?Ъ, 3Ъ ѕd„3Џ‡у´ѕ3ЏЂЪ 3Ъ ´d›ЪЏюѕg3ЪЏ ЪЏЂ эѕЏЏ‡ђ. ЎЪЏЎ ‹Ъ эg3ЪэеЂ‹эе эg3ЪюЪЏ ЪЎ3 ЪЏЪ ЪюЪЪ ЏЪѓ ´ѕі‹ЪЏ ЪЏЂ„3 ´Џ‡ѕ›gе Ђ‹ggѓ ‹Ъ ЪЏЂ ‹ЪЏ ‹ЪЏ„‡, 3Ъ ´d›ЪЏюѕg3ЪЏ эѕЏ ЂЂ„3 g›ЪЏЏ Ђ‹ggѓ ЏЪ ´Џ‡ЎЎЪЏ‡ A ѕэ ´Џ‡ѕЪЏЪђЏЏ‡ЪЏѓ 3Ъ ?Ъ„у´ѕ3ЏЂЪ *(ЏgэЪюЏ24)*

Вэ›ѕ‹ЪЏЪЏЂ„уѓ- ‹›ѕэ„ѕ 3ѕ„уѓ g´ѕg„Џ ЪЏЪѓ

Вэ g´ѕg„Џ ЪЏЪѓ ЏЎ„3 эg3ЪЏ‹эı 3 ЪЏ‹ѕ„ЏЂЪЏЂЪѕ‹„у3Ў‡ЪЏЪѓ, ЏЎ„3 ´ЏЂЪЏ‹эı 3, ЏЂ‡ѓ Џ„›ЪЏЪЏіdЪѓ Џ d„ЏЎ›ѕg3 ЏЂ‡3 ЪЏ‹ѕЂЂЏЂ‹ѕ Ђ‹ggѓ ЪЏЪ‡ЏЏЪЏЂ‡ ЏЪ„у›ЏЏЪЏіdЪѓ ‹ЪЏЪЏЂ„уѓ ЎЏЎЎ‡ Ъ„‹у 3 эg3ЪЏ‹эı 3 ЪЏЂ‡3 ‹Ъ„у›ЏЂ‡ ‹ЪЏѓ. Вэ ´Џ‡ѕЪЏЪђЏЏ‡ЪЏѓ Џ ЪЏЂ‹ЪЏ ЪЏЂ‹ЪЏ, ѕ›gе Ъ‹ЪЏ ЪЏЂ‹ЪЏ ЪЏЂ‹ЪЏ ЪЏЂ

Æε´ήϋϑŬϗϑŬΰΐϑ ϾϳϵϵůϤ

ΨŬϳήϗϵ´ϵg ůΰΐϵ ?ϵůϵϑϵεŮϵ ϵϑϑŬΰϳϵαůΰΐŬϑϑŮϑůϑϑϵϳϵϗϑŬϑΰΐŮϑůŬ´ϵg ŮϑůΰΐΫϵϵϑΰΐŬϑϵϑ ϗgϑŬϵůϤ ´ϳήΰΐΫϑϑŬϑ ůŮήϗϵůϤ ΰϑϤ ϗgϑŬϵůϤ ´ϵg ´ϵdϳϵ¡ϑ ΰϑϤ ϋϑůϤϑŮϤ ϵůϤϳϗϑůϤ ϵŭdϗϵůϤ ΰΐϑ εŮůΰΐϵϗϳŮΰίdŬ, ŮϑϗύŮϳŮϑ ´ŬϳΫϗϵϑΰΐŮϤ ϵŮϑ Ůε´ήϋϑŬ ´ϵg dŮϰϳϵ¡ϑ ήŮΫϑ ŮdϳϗΫϵϵgϑ ΰΐϑ ϵϳϵůϤdŬ ΰΐϑ.

ΨϗϑΰΐŮϑϑŬϳϵαŮϑϗύŮϳŮϑ ϰϵfůϵϭŬϳήϵϵhϗϵϑŬΰΐϑ εdϵϳϵůϤdŬ ΰΐϵfεŮůΰΐϵϗϳŮΰίdŬfŬ ήŮϵf ϗgϑŬϵůϤ ΰΐϑ ŮεϗϵϑůϑŬ.

Bϑ´ŮϳsůůήΰΐŮfŮϑ ŭŮϑ ϵΫϑϵgϑ εŮůΰΐϵϗϳŮΰίdŬ ŭŮϑ ΰΐϵ ϵΫϑϵgϑ Ůϑůϑŭŭϵ ŭŮϑ ϗϑϰϳϤϵgϑ ΰΐϑ ŮϑdŬΰΐϵfŮϑϵΫεΫϵϵϑ ŬfήŮεϗϵϑŬ(sŬΰϳήfϵ 1)

Á´ůdϵfϗϑŮϑŬΰϳϵαŮϑϗύŮϳŮϑ ΰΐϑ ŭgůϵϑϵdŬ ůΰΐϵ ´ϳήůϭŮůϵ, ΰΐϵ ŮϑŮεϵϑε ϵŮϑ ΰΐε ϵϵ´ŮůϵϤε ΰΐϰϑ ϳŮϑΰΐŮϭϵi ϰϵf ŭgůϵϑϵdŬ ůΰΐfϵ ϗgϑŬϵůϤ ϗϵŬ ϑŬ ¥ϵϵgϑ ϗϳϵϑϵϤd ŮϑgΌdϳ¥ΰΐůd ůΰΐϑ ŮϑϗύŮŮůd ůΰΐŮŭdεήůϵŬϑϵůϵϑεŮůŬ.

Bϑůgϑdd¥ůΰΐŮϵϑ ϵήϗϑϵϑ ŮϵϑŮϑd ϵŮΐfgůŮϫdůd´ϵg ϗϵϑŮΰΐŮϑůΰΐε ϑεůϵϑϵεŮϵϵ, ΰΐŮϳŮϑΰΐŮϭϵi. ¢ŮϳŮϑΰΐŮϭϵi, ΰΐεgϵΫϵsůΰΐε ŬôήŮϭϵ¥ϑŮ(sŬΰϳήfϵ 5)

Ψϳιΰΐε ŮŮϑůϵ d´ϳήůϭŮůd, d´ϳήůϭŮůd ϑŬ ϵΫϑϵgϑ εŮůΰΐϵϗϳŮΰίdŬ ŭŮϑ ŮϵϑŮϑ ΰήůϵϵŮϵϵd ϵŮϑ ΰΐŮϳŮϑΰΐŮϭϵi ´ΫϑŮεŮϑϳsΫ. ÁϵŮιgůΰΐϵi εŮϵϵΫϵϑ ΰΐŮϳŮϑΰΐŮϭϵi ´ΫϑŮϵϵϵε ŮϑϳsΫ, ϵϑϗϑŮϑΰΐfŭŮϑ ¥ϵϵgϑŮŮϵŮϑ´ϳήůϭŮůd ϑŬϵΫϑϵgϑ ϗϳϵϑϳϵ ŮεŮůΰΐϵϗϳŮΰίdŬ ůΰΐϑ qdεήůϵϵ (sŬΰϳήfϵ 8).

ϳgΰΐή´ϵg ŭϗfΰΐŮϑŮϑ´ϰϳůιŮϵϵŮϑϵϑ ϵgήϑϵϑ ŮϑŮεϵϵεfΰΐϵg ϑεůϵϑϵεŮϵϵg ϵŮϑ ΰΐŮϳŮϑΰΐŮϭϵi. ȳ ΰΐŮϑ ¥ϳdŮϑ εsŬϗϑŮϵŮϵŮϵŬϑ ΰΐϑ ŭŮϑfůϵεΰϳŬ´ϵg ŮϵŮϑ¿ Ϋϑϵgf, Ιϵi ϵϵϵgf ϑ¥ϳϰ óϰ ϵŮϑdŬ ϵΫϑŮϑ εŮůΰΐϵϗϳŮΰίdŬ ΰΐϵ Bϵŭΐ ήϳϵϵ, εŮ ΰΐŮ ϵŮϑi ΰΐŮϳŬ ŭŮϑůϵεϳϑŬ, ϵŮϑ dŬ ´ϳ¥´Ůϑ ϑŬ ϑŮϑŮϑϵΌůŮϑ ϳŮϑΰΐŮϭϵi ϑŬ ΰΐfϑ ŭϵi εŮ Ůε´ŮϵfϑŮ ϵŮϑ ΰΐfϑ ϭϵ¥´ϵεŮ ΰΐε qŮϑ¥εϭϳϵϵ ¥ϵϵgϑŮ ´ŮϳΫůŮϑ´¥ϑΰΐŮεϵϑΰΐf. ΤŮϑŮgΰΐήŭŮϑ ϵŮΐfgϳϵΌůůϰ ůΰΐΫ. qdϵŮŭϵ dŬgϳŮΐfήΰΐŮϑ ϑŬg´Ϋϳ gŮϑ Ϋεůϵd Ůϑg´dϳ¥ΰΐůd ΰΐ´ϑ ´ŮϳsůΰΐŮϑϑι ϑ ΰΐ´ϑ sŬΰϳήůϰϑ (sŬΰϳήfϵ 16)

Á´ ůđţƒ đ Ůə Ű§ə ɛ ɓ ɛə đŮ (ɜ=5), ɛ ´ ɦɜɛƒ, đ Ű§ Ůƒ ɛ Ůű§ə ɐ Ůɛ´ Ůɦ đŮ Ű§ƒ Ůɜ ýŰŮůđţƒ (ɜ=4), ůə Ůə ɐɦɔɛɵ´ ɛg ƒ đůɛæ ɛ´ ɛæɛi ɜŰŮə Ů ɦ Ű§ƒɔgɜŮə ůƒɔɵŮɜŮŮ ɛűi ɔɛgɜ Ű§ Ůɜ ýŰŮůđ.

Á´ Ůůɐ ´ ɛɜŸŮ Áə Ůə ɛđŮ ɣ Ůƒůɛ- ůə Ůəɐəɛɔđ Ů Ůůɐ ůŮ yɛɛgɜŮŰű ɛŰŮ ɐ yɛɛgɜŮŮƒůɐ Ű§ɜ Ůɛű´ ɤ ůđ ɦŮ ůŮ yɛɛgɜŮŰű ɛŰŮəŮə Ů Ůůɐ yɛɛgɜŮŸɔɜɛsŮəŸ ɛsŮƒŮ ô Ůƒůƒ (sŮŰƒ ɦƒ 8)

Ígɜɐđɤ ƒ Ű§ƒ Ůə Ű§ɜɛɓɐəđŮƒ Ůə Ůə ɛ əgƒ sɦŰŰƒ ɛƒ, ´ ɛg é é Ůə ŮəŸɜŮə ´ Ůəə Ÿ ɛsŮŸəəđ əŮə ´ ɛɜɛi ůŮ (sŮŰƒ ɦƒ 12)

Ð ű ɦɓɛƒ ɔɵŮ Ű§ɜ ůɵŸɔɜɤ ůđ, ůi ɛű ɤ ɜŮ ɛ Ů ůi ɛ sŮŰƒ ɛi ƒ Ů đƒ Ů Ÿɛ Ůə Ű§ƒ ɔgɜŮə Ůƒ ɔɵŮɜŮ Ű§ɜ Ů ɛűi ɔɛgɜ ɔɵŮŰń ű ɛɓɛi ɜŰŮə ɓŮůə Ÿ Ű§ Ů ɛŰ ɣəŮůɛŮ əŮə ɦ, Ű§ ´ ƒ ɛəi ɣ Ůə Ů ɦ Ű§ɜ Ůɜ ýŰŮůđ.

qŮɜ ű ɛɓɛi ɜŰŮə Ůƒ ůŰ đŮƒ ə Ű đŮƒ ůŰ. ū ɛɓɛi ɜŰŮə Ű§ Ů ɛŰ ɣəŮůɛŮ. Ÿ ɵŮə ɛɛg ɦƒ ɛi ɜŮə ŸŰɜ Ű§ đŮ əŸɜɤ ɛŮŰŸ (sŮŰƒ ɦƒ 16)

¢ ɣəəŮə ɣ đ Ůə đɛɣƒ ɤ ůđƒ əŮə Ůƒ ůŮə ůđđ Ű§ ´ ɛơđůđƒ Ű ɤ ɔgɜŮəı ɜ ɔɵŮ Ű§ɜ Ůə đŮ Ű§ƒ ɛŮůŰ§ə ƒ Ůű§đŮƒ əŮŰŸ Ű§ɜ Ÿ ɛɣ đ ɣɜɵ ɵŮŰƒ ı ɜ Ů đƒ Ů Ÿɛ Ůə Ű§ƒ ɔgɜŮəůƒ əŮə ɵı ɵŮđŰƒ Ů ůŰ§ƒ Ů ɛɛŮə ƒ gůɛɣɜŮƒ ´ Ůƒ ɐɛɣƒ, əgƒ ơɤ ƒ Ůə ƒ ɛŰə ɣƒ ´ Ůƒ ɐɛɣƒ, ůŰ§ɜ Ů ɦű Ůůɐ Ű§ggƒ ɔɵŮ ɜŮ ´ ƒ Ůə ɛŮůŰ§ ´ ɛɐůɛgɜ Ű§ɜ ɛŮůŰ§ə ƒ Ůű§đŮƒ.

qŮɜ yɛɛgɜ Ű§ɜ ůɤ ůŰ ´ əđ ƒ ɛű ɦƒ đůđ ɛɵɔgɜŮəŮƒ, ůɦŰ§ əůɤ ƒ ɜŮ Ůə Ůə ə Ůə đɣɛŮ Ű§ƒ gɔŮđŮƒ ɛ Ű ɦ´ ɛƒ ´ ɛg Ůə Ůə ɣŰə ůɛŮůɐŮŰɛɣɜđ đ gɔŮđŮ ůŰ§ɜ ɛı ƒ ŮɛŮƒ ɜŮ ɛđɜ Ůƒɜɛ Ůđ Ű Ůƒůɛ đ ´ ƒ ɤ Ű§ɓŸđɛsŮ ű ƒ ɛɜŰđŮ ´ ɛg Ůə Ůə Ű§ ɓŮůəɦ ɛɣəđɛŮŮƒ ´ ɛi ɛŮůô Ůƒůƒ Ű§ƒ ´ Ůƒ ɜ´ Ű ůŮƒ. Ÿůɤ ƒ gůŰƒ ɛi ɛŮ əɔɵɛ, ɦɛɵ gůŰƒ ɛi ɛŮ əɔɵɛ Ůƒ əŰŸ gůŰƒ ɛi ɛŮ ůŰ§ɜ ´ ƒ ɤ Ű§ɓŸđɛsŮ ´ Ůƒ ɑŰəɣđ əŮə ůƒůŰƒ ɛɓŸđɛsŮ. ÆŮɦəŮŰŰŮđ ŰůŮƒ əŸɔŮəŸ ůŰ§ɜ Ůđɛɣƒ ɤ ůđ ŮɛŮŰŰŮ əɔɵɛ ´ ɑůɤ (sŮŰƒ ɦƒ 2).

Ƀɘ ɔgɜǗɷǕʃ ŭǕ ǕɞǗɘ ´ɚdɟ ɞűɞɟ dɛɣɜǕʃ Ǚɟ ɘǕǛƳ. ȾǗɘ ǕȽ ɑǐɤ ʃ űǛǛɛ ǕǕ Ǖʃ ɞɘ ɔɘǛǙ ɞɑ ɘǗɘ ɔǕɜɘƳ ɧɚɞ Ǘ ǕɜɘɧǗ ŭǕdɛǓ gɔǕǛʃ ɋdɘǕɐ d ´ɚdɟ ɞűɧɟ dǕd ´ɟɣ´Ǖ ɜǓ ɑǗɘ ɛǓ ŭɘǗɟ ɘǕɧǕdǛǛ ɢɤ ɟ ɑʃ ´Ƴdɞʃ ɘǗɘ ɢɤ ɟ ɑʃ űɧɓɞ. ɟ ɚɘƳ ɜǓ ɣɢǕ ǕgɜɣɢǕǓ, ɜǕ Ƀɘ ɔgɜǗɷǕʃ ɓǕɘƳ ŭǕ ɜɣɟ ɞgɜǕǕ ǕɞǗɘ ǕǕǕɓɞddƳǕ d ɛǕǕɞɔɟ ǗűdǓ (ɘǛǙ ɧʃ *8.)*

ȯ ɚɚɞɘ ɚɧɔɞɘ ´ɞg Ǘʃ Ǖ dɟǕƳɞgɜ ǕɞǗɛ Ǘ ɘɧǕǕɞʃ (ɜ=2), ɞɘ ɞɘɞɔǕǕǗɣʃ g´ɞɢɟǕ ǕǕʃ (ɜ=1), dǓ ɧǕǛǕdǓ ɧ Ǘ ʔɞǕɞɚɞɛǕɞ (ɜ=1) .

Ʉɞɚɣʃ űɞɟɣʃ Ǘ dɣɛǓ ǕɞǗɘ ɞɘɞɜɞɛɘɧ. ʔǗ, ɔɘǛǗ ǕǗ ɜɞǕɞɚɞɛǕɞ ɣɟɢɞɜǛǗ ´ɞɚɣʃ ɔgɜǗɷǕʃ ´ɞg ɣɢɞgɜ Ƀűɟ , ǕűƳɚǕǓ ɞɘ ɑǕʃ, Ǜɟ ǗɜǛɓɞɨ ǕɞǗɘ.. ´ƳɜǕ´ɞɨ ɛǗɟ ɘƳ ɘǗɘ ɞɢǗ ɛɐɜǕʃ ɘǗɘ ´ǙǓ Ƴɜɤ , ɔɘǛɑ ɞ´ɤ ǕǕɐ´ɞǛg´Ƴ ɢǗ űɧɟ Ǘʃ ǙɔǕǕǕʃ ɘǗɘ Ǘ dɣɛǓ ǕɞǗɘ ɞɘɞɜɞɛɘɧ. Ʉɞɚɣʃ ɔgɜǗɷǕʃ ŭǕ ɣɢɞgɜ Ǘɜ ŭgɜǛǗɧǛǛɜǓ ´ɚdɟɩ ǕɞgɜɜǓɚƳɜɞgɜ Ǘɜ ǗɣǛǕd ǕǕǕɤ Ǘɘɧ ɘǛǙ Ǖɞ (ɘǛǙ ɧʃ *9).*

ȳ ǛǗɜ ɞɘ ɔgɜǗɷǕʃ ŭǕ ɣɢɞgɜ ǕűǗɐ ǕgɛǗ ɛǕǛ, ǕgǗɧ Ǘʃ Ǖ dɟǕƳɢǗ ǕǗ ɜǓ ɛdɜ Ǖǘɚɣ´ ǗɜǛǗ Ǘɜ ɘǛǙ ɧ ǗgʃɔɘǓ ɜǓ ´ɟǗɛǕǗ´ɞɐǕɞgɜ ´ɟɞɚd´Ǘɐ ǗɣǛǕd ɘǛǛƳ Ǘɜ Ƴ ɞɣd Ǘɧʃ ɘǛǙ ɞɨ .

ȳ ǛǗɜ ŭǕ ɣɢɞgɜ ´ɟ ɧɓɚdɛǓ ŭǕ Ǘ ɣƳɢɜɞgɜ. ʔǗɞɘ´ǙɘǕǕɧǛǙǕʃ ɔgɜǗɷǕʃ ǕɞǗɘɣǗɐ ɋǕ ɜɞɐ dƳ Ǘɑ ɞǛ, ŭǕ ɣɢɤ Ǘɑ ɞǛ, ŭǕ Ǘ ɣƳɢɜɤ (ɘǛǙ ɧʃ *3).*

¢ ǕdɛǕǕdǓ Ǘɜ ɢǙɟǗǗɟɘǕǗɩ ɜ Ǘɜ ɔgɜǗɩ ɜ ǗǕűɣɟ ddɘǕǓ ɧ Ǘgʃ ŭǗǛǙǕʃ ɘǛǙ ɞɨ ʃ ɘǗɘ g´ɐɟɜǕ d Ƴ ɞɣd ɧǗ ŭɘǛűɞɟǗɘɞɑ ɚɞɘɤɜɘɞɞɘɞɜɞɛɘɞɑ ´ǙƳɔɞɜǛʃ ɧ´ɤʃ Ǘ ɛɞɟűɤǗɘɧ Ǖɑ Ǖɞ, d ɞɘɞɜɞɛɘɐ ɘǛƳǕǛǕd ɘǗɘ d dɚɘdǓ Ǘʃ ɔgɜǗɷǕʃ Ǖ dɟǕƳɞgɜ Ǘʃ ɔɜɩ ǕǗʃ, Ǘʃ ǕƳǕǗʃ ɘǗɘ Ǘʃ ´ɟǗǗɣʃ Ǘɜ ɔgɜǗɩ ɜ, ɘǛƳ Ǘɜ Ǘdɛɣɟɤ Ǖd ɘǗɘ Ǘɜ Ǖɘɞɘɤɜ dǓ ´ɞg dǓ ɣɢɞgɜ. Ƀɘ ɘǛǙɞɑ ǗɣűǙǗ ɧǗ ɞɘ

´Ůʃ ąůůĥŰŰʃ Ůűʃ ɛɵʃ ű ɤ ɛ ɣɜ Ůűʃ ɔgɜ Ŭœ Ůʃ œ Ůœ Ŭɔ ´ ɷ ɑŰɜĥɜ ɜŬ ɣɢɵɵgɜ ɛ Ůů Ű ɵ ɔʃ Ŭ ű ɑŬ ɔɷŬ ´ ʃ ɵ ɔ ɑ ´ Ű ɜ ɵ ɵ i g ɔ ĥ ɔ ɵ gg ʃ ůŮůɢ ɣůɑ ɛ ŮŰ ű ʃ ɔg ɜ Ŭœ Ůʃ ´ ɵg ŭŮɜ ɣɢɵɵgɜ ɛ ĥʃ ʃ ű ɤ ůɑ.

Ⱥɜɜ ɣŬ ɷ ŬŰʃ ɵ ɑ Ůœ ŭŮɜ Ű ɑ ɜ Ɏ ɵ ɣ ɑ ĥŰɜ Ŭɜ ɵ ɷ ŬŰʃ ĥ g ʃ ůgůŰ ɤ ůŮɜ Ű ɑ ɜ ɛ Ŭů Ű ɵ ɔʃ Ŭ ű ɑŬ ɑ ɣ ɔ ɷ Ŭɜ ɣú Ůʃ Ŭɜ ĥ Ŭɜ ůŰ ɑ ɜ Ⱥ ɔ ɔ Ɏ ŭŮ ŭŮɜ g ´ Ɏʃ ɢ Ůɜ ůɤ ůŰ Ůɜ ɑ ɛ ɣʃ ɤ ůɑ ůŰ ɑ ɜ ɔg ɜ Ŭœ Ů, ŭ i ɵ Ű ĥ ɜ ɜ ąůŬɜ ĥŰɜ g ´ Ɏʃ ɢ Ůɜ ɛ ɔ ɔʃ ɤ ɣ ɛ ű Ŭů ɑ ůŰ ɑ ´ ʃ ĥ ɔ ɑ ɣ ɑ ɔ Ů ɜ ´ ʃ ĥ Ű Ů ɜ Ŭɜ ɜ Ů ´ Ůʃ ɑ Ůɜ i ´ ɵ ɔ ɷ Ů ɜ ɔ ɛ Ű Ů ĥ ű Ŭů ɑ ɔ ɷ Ů ɑŰ ɜ Ŭ ɑ ɔg ɜ Ŭœ Ů, Ůɜ ɪ ɣ ɜ ůůŮʃ ɔʃ ´ ʃ ĥ Ű Ů ɜ Ŭɜ ɜ Ů g ´ Ɏʃ ɜ Ůɜ Ůi ɔ ɵ ɔ ɑ, ɔʃ ɛ ɔ ɵ ʃ ɑ ´ ʃ ĥ ůɓŭůɑ ůŰŰʃ Ŭɜ Ű Ů ɜ ɔ ɷ Ů ɑ ´ ɵg ůŮɜ Ů ɑ ɑ ɔg ɜ Ŭœ Ů ʃ.

Ɇgɛɐ Ű ɑ ůɑ

ɸ Ů Ŭ ɵ Ű Ů ɜ ɣůɛ Ů Ű Ŭ Ű ɑ ʃ ɛ Ů ɜ ɣ Ű ɑ ʃ ɛ Ů ʃ Ŭɜ ɣůŮ ɜ Ŭɜ ůi ɜ ɑ Ů Ű ɵ gʃ ´ Ů ʃ Ɏ Ɔ ɵ ɜ Ű Ů ʃ ´ ɵg Ů ɑ ʃ Ů Ɏ ɢ ɵ gɜ Ű ɑ ɜ ɢʃ ɐ ůɑ Ű ɑ ʃ ɛ Ů ů Ű ɔʃ Ŭ ű ɑŬ ʃ ů ɜ Ů ɪ ʃ ɑ ɔ ɵ gɜ Ů ɵ g ɛ Ů ů Ű ɔi ɵ ɵ ´ ɵ œ ɵ Ů ɢ Ŭɜ Ů ɜ Ű ɔ ´ ąůŰ Ů ɜ ɔ ɛ Ů Ů ´ ʃ ɑ ɔ ɵ i ɛ Ů ɜ Ů ʃ ɛ Ů ɜ ɣ Ű Ů ʃ[28,29]. ɹ gŰ ɔ ɑ ɵ ´ Ů ʃ Ɏ Ɔ ɵ ɜ Ű Ů ʃ ɣ ɢ ɵ gɜ ɜ Ů ɘ Ɏ ɜ ɵ gɜ ɛ Ů Ű ɑ ɜ ůŮŮɑ ɘ Ŭɜ Ů ɵ g ʃ Ů Ű ɑ ɜ ɔg ɜ Ŭœ Ů g, Ů ɵ g ʃ Ů ɜ ɔ ɑ ´ ʃ ĥ ɔ ɑ ɣ ɑ Ů Ű ɑ ɜ ɔg ɜ Ŭœ Ů g ʃ ´ ʃ ĥ ůɓŭ Ů ɜ ɔ ɑ ´ ʃ ĥ ůɓŭ ɘ Ŭɜ Ů ɵ g ´ ɑ ɣ ɵ ɵ ɑ ɔ ɵ

Æúðl ɜ ɛÙå»yÚðl ɛÜßf ÙƒœÙdßf ű¥ɜdəÙ ĥÚĥ d ´ əÙåɛɣdű œÙ Úɣ ɜ ɔgɜÜœɒı ɜ ɐÚÚɜ ɜÙĥÚÚ¡dßf dəɔɒœÜßf ɔgɜÜœÙßf ɵɔ ɵ´ ɵœÙßf Ù ɜåə»´ Úœɜ ÚÚɜ ÚÚɜ ÚÚœÙœ¥ ɜÜÚ¡ÙœÜ Úœg ɜɵåɵəɵɛÙœg. Bɔ ɜÙĥÚÚ¡Ùßf ɔgɜÜœÙßf ÜɜÜÚí»¡dəÙ ůÚœßf ůgɜÙɜÚÚł ɜÚœßf ĥÚĥ ´¡ɵůɔ»ɵgɜ ´Ù¡ɜåůĥÚÚ¡ɵ Úðl ɜ gɔÙœÜÚœggf əÜɜÙœÜɜ ´Ù¡ɜåůĥÚÚ¡ɵ Ùœdɛ Ù¡ɣ ɛɔ»ɜÙßf ůÙůɵ»ůdɛÙÚœßf ɛÙɜÜɜœ¡ÚÚ¡dßf dəɔɒœÜßf ɔgɜÜœÙßf ĥ´ɣgÜɜÜÚí»¡ÙÚÚɜəÜɜůÙ´¡ɵdɔɵł ɛÙɜÙßf ɛÙɜ»yÚÙßf[14,16,17,18].

Æł ɛű ɣɜÜ ɛÙ Úðl ɜ ůəÙdßɜɐ ɓɔɜəœɔ¡ÜűídÜ [11,19,20,21] ɵɔ ɔgɜÜœÙßf ÜůÚœɒı ɜ ´Ù¡ɜœɑı ɜ ´¡Ü›ɛÜÚœ´ɵœł ɜ ´œ ůgɑɜ¥əÜɜ ůgůÚðlɛÜÚœ¥ɛÜůÚœɔ¡ÜűídÜ Ü ĥ ĥÚĥ ɵɔ ɔgɜÜœÙßf ÚðlgÚ´Ümd¡ɵg, ɛÙ Úœ ɵ´ɵœ ůgɛɓÜűœɵgɜ ÚÜ Ü ɵÚÚ»yůɛÜÚÜ Úðlgf ɛÙ»yÚðlgf Úðlgf ¥¡ɐÚðlgf. ū¥ɜdəÙ ĥÚĥ Ù»Úĥgf Ü ĥ Úœf ůəÜűí¡ɣyf ůÚœf ɔɜı ůÙœf ɔəÜ Úðl ɑ¡důœĥÚðlÚÜ Úðlgf ɛÜůÚœɔ¡ÜűídÜgf ɔgɜÜœɒı ɜ Úðlgf g´Ümd¡ɵg əÜɜ Úðlgf ÜůÚœɒɐgf ´Ù¡ɜœɑɐgf, ɵɔ ɔgɜÜœÙßf ůÚœf ÜůÚœ»ygf ´Ù¡ɜœɑygf ű¥ÜœůÚÚɜÜ¥ɵɑgɜ əÜ»ı ÚÚ¡d ´¡ĥůɓÜůd ůÚœf g´d¡ůdßf gɔÙœÜgf, ÙœÜɜ ´œ əɵɜÜ¥ ůÙ ?ɵůəɵɛÙœÜ ɛÙ Úðl ɜ əÜÚ¥ɜəd¡əd Ù¡ɔÜůÚðl¡ɣÜɜɐ g´ɵűɵɛɐ əÜɜ, Ü ɵűÜůœɵgɜ Ùgəɵ»ĥÚÚ¡Ü Úðl ůəÜ»yɣɔÜœÜÚðlgf ɛÜůÚœɔ¡ÜűídÜgf ůÙůɵ»ůdɛÙÚœßf Ü›¡ɵÚœ»yf ´Ù¡ɜœɑyf, ůÚœf ɵ´ɵdßf ɵɔ ɔgɜÜœÙßf ůÜɜ Ü ɵűÜůœɵgɜ Ùɨəɵ»ĥÚÚ¡Ù ɜÜɵɑɵdɵ»ɜ əÜɜ ɜÜ ´¡Ü›ɛÜÚœ´ɵœůɵgɜ ɛÜůÚœɔ¡ÜűídÜ.[20,21,28].

ɣ´ĥ Úœf 30 ɔgɜÜœÙßf ůÚðlɜ ´ĥəd Úœg ¢¡Ü›əÙɐœg ɵɔ 28 ÙɑÜɜ ´¡Ü›ɛÜÚœ´ɵœůÙɜ ɛÜůÚœɔ¡ÜűídÜ. ¥ÜɜÜgÚ»yf ɵɔ ɔgɜÜœÙßf ĥɛɣgű Ùɑ Ùɑ ´¡Ü›ɛÜÚœ´ɵœůÙɜ ůgůÚðlɛÜÚœ¥ Úðl ɜ ɛÜůÚœɔ¡ÜűídÜ. Á´ɑdßf ű Ùɑ Ùɑ Ü›ɵəɵgdɐůÙɜ əÜ¥ɵœ ´¡ĥɔ¡Ü›ɛÜ ´¡ůgɛ´Úɣ ɛÜÚœɒɛi Ùɐ»ɣɔɑgɵg. Bɔ ´Ù¡ɜůĥÚÚ¡Ùßf ɔgɜÜœÙßf Úœ Ùɑ Ü ɵűÜůɑÙɜ ɛĥɜÙßf Úœggf ɜÜ Ů ɜåəÙÚíœi ɜ Úœɜ ɜÜÚ¡ĥ əÜɜÜ´¡Ü›ɛÜÚœ´ɵœůɵgɜ ɛÜůÚœɔ¡ÜűídÜɐ ĥÚÚɜ Ùɑ ɐűd ůgɛ´Úí ɛÜÚÜɔəÜɜÜ ű»ÜɔɜÙ ůɵgɜ Úœ ´¡ĥɓəd ɛÜɐ Ú¡»ɵgf ɛÜÚ¥Ü ĥ ɛÜůÚÚ»Úœɛɛɐ ɣgf Ů Ü›yəÙɔɵ ůÚœɜ ɐűd ű»Üɔɜɣůɛ»ɵ əÜ¡əɵœ ɛÜůÚœi, ɑɣ¡ɑf Úðl ůgůÚðlɛÜÚœɒɐ y»ÚÜ›d ůÙ´¡ĥɔ¡Ü›ɛÜÙ»yɔɵg. dɒ»´ɵɛÙəɵ´ĥɜ ĥÚĥ´Ü¡ĥəɵ ´ɵg ű ÜɒÙÚÜ ĥÚĥd ´əÙåɛɣdű œÙ

Üx з эgзŬæı з Ūłlg´ ĥədgƒyGů́´ ɟŬbεŬŰé´ ɵæůŮ́ɵεŬůŰéɔɟŬídŬůŮůɢyůqεŮŰ́gƒэgзŬæůgƒ Ūłlg ŬɔɟɵŰ́æɐgƒ ƬɟɐŰłlg[28] ŭŮ́з эœŮŰŬɔ ɵi-ŰŮůŰłз ŬůŰ́æɐ ´Ůɟ×œGɐ ůgůŰłqεŬŰ́æ¥ Ŭ ĥ ə¥´ɵ×œ ´ɟĥɔɟŬεεŬ´ɟɵůgε´Üx εŬŰ́æɵi Ůæ»ɔGɵg Ŭæə¥ Ů́з Ű́Ůæ ɡ Ŭ´ɵů´ŬůεŬŰ́æ¥ Ŭ ĥ Ūłз ə¥dŮɔgзŬæŬ əŬɔ Ů́з Ű́Ůæ ɡ Ůgə Ůɟ×ə Ůɔ¥ Ů¥з ɵ ×ŬŰ́ĵĥgƒ´ɵg dŬ Ů×ůəŮíŰ́Ůı ŮœŬɔ ůgŬůıdqŰé´ɵqεɣзɵgƒɵ œů×œgƒɔə Ŭ зŬ Ūłз ´Ůɟ Ůɔ×œɐůŮɔůŮdɣεŬŰ́Ŭ´ɟĥədɣqdgƒ Ūłlgƒgɔ ŮŮŬgƒ Ūłlgƒ. ɟ з¥ű́Ůɟ Ůɔ ĥŰɔ ɵə эgзŬæŮgƒ ɔŮ×ɔə¥ Ūłз Ŭ ɵű́Ů×ɔɵgз ŭɔĥŰɔ q ´ə×Ů×æɣqdűdŬ Ű́ɵggƒ ű́ɵb¥ŰŰɔ Ūłз ŭə¥ɔзx ůq əŬɔ Ūłз ´ɡdŬɔĥŰłlŰŰзŬbɟŮłŮůə¥Ůɔ «əŬɔĥ», ŮœŬɔ Ůε Ů×ɔŮůgƒɔəŬ dɣεŬŰ́Ŭgɔ ŮŮŬgƒəŬɔ ´ɟĥədɣqdgƒ, ɣGɵgз ɣəə×Ů×ɣq Ů×dεɣɟx ůdgƒəŬɔ ¥ɔзɵəŬ, əŬɔ ű́ɵbɵi-зŰŰɔ Ű́æз ´ĥзɵ əŬŰ¥Ūłз ŭəŬũəŬůdŬŰłlgƒŮ×ɣŰŰůdgƒ.

Á´ ůdgƒŬ ĥ Ű́æggƒ´ŮɟY›ɵзŰŰgƒ´ɵg Ŭ×ŬũŮœŰłəŬɔ Ŭ ĥ Ūłз εŮ×ɣŰłq εŬgƒ, q ůi-ůŰŰůdɔəŬ Ūłз ŭəŮ×ɣɟɔŮəŬ Ūłgƒ εŮůŰ́æɔɟŬídŬgƒ Ŭ ĥ Ű́æз əŬŰ́ĵĥ ŮέŭŰ́æœŮŰŬɔзŬ Ŭ ɵŰŰ×Ůœůgɟĥ əœdqŰ́ĵɵ ůŰ́gƒɔgзŬæŮgƒ. ₿ɔ 17 ɔgзŬæŮgƒŮ×ɣűŮ́ŮɔĥŰł´ŮɟŮɔ×œɐdqəŬɔ Ŭ ĥ Ű́æз əŬŰ́ĵĥ Ű́æggƒ. ¢Ŭ Ŭ ɵŰŰ×ɣůεŬŰŰ Ūłlgƒ εŮ×ɣŰłqgƒ ŭŮœɔзɵgз ´ĥůɵ ůdεŬ×Ű́æɐ Ů¥ɟɟɵɐ ɣGŮ×ɵ ɟĥə×gƒ Ű́x з эŬŰ́ĵı з ůŰłз ´Ůɟ Ůɔœdůdq əŬɔ Ů×dŶɟɟgзůdq Ű́x з ɔgзŬæı з ɔəŬ Ūłq ŭəŮ×ɣɟɔŮ×Ů Ūłlgƒ εŬůŰ́æɔɟŬídŬgƒ. ¢ɵ Ů×ɟdεŬ ŬgŰĥ ůgεű́x зŮı εŮ¥ə×Ŭ Ůgɟɐε ŬŰŰ Ūłlgƒ ɓ×ɓə×œɔɟŬídŬgƒ ůi-εű́x зŬεŮŰŰɵ´ɵdŬɵəɔŮ×ə×œɐəŬŰ́ĵɵœɛ´ɵɟɵi-з зŬŭəŬũɟŬεŬŰůɵgз ůdεŬ×Ű́æĥɟĥə×ɵ ůŰłз əŬɔi-ŰŮ́ĵdůgεεŮŰ́ɵGɐ Ű́x з эgзŬæı з ůŮ´ɟɵɔɟ¥εεŬŰŰ´ɟĥədɣqdgƒ[28,30].

ūŬœŮŰŰɔ ə×ɵ´ĥз d εŮ×ɣŰłq зŬ Ŭ×ŬũŮ×æ×i-Ů×ɔ Ūłз Ŭ×¥ɔəd i´Ůɟ×dgƒ ůgůŰłqεŬŰ́æɵi ´ɟɵůgε´Üx εŬŰ́æɵi ´ɟɵə×d´Ű́æɵi Ů×ɣɔGɵg ɔəŬ Ű́æз əŬɟəœɵ Ű́æg εŬůŰ́æi əŬɔ ůgůŰłqεŬŰ́æɐ Ů×dεɣɟx ůd Ūłlgƒ ɔgзŬæŮgƒ. ¢ Ŭ ɵŰŰ́Ů×ŮεŬŰ́æĥŰłlŰŰ ´ɟɵɔɟŬεε¥Üx з ɵεŬũəɵi ´ɟɵůgε´Üx εŬŰ́æɵi Ů×ɣɔGɵg ɔəŬ Ūłз ´ɟĥə×dqd Ű́æg əŬɟəœɵg Ű́æg εŬůŰ́æi dŬ ε´ɵɟɵi-ůŮ×зŬbŮ×ə×Ű́æx dŮůəŬεbŶ×ɵз×ŰŰgƒ´ôĥqd Ű́æggƒ´ŮɟY›ɵз×Ű́Ůgƒ´ɵg Ů dɟŮ¥ɵGɐз Ūłз ůgεɛĥɟű́x ůd Üx з эgзŬæı з. ũəŬ зŬ´Ů×ůŰ́æi з ɵə эgзŬæŮgƒ зŬ Ŭ×ɵə×ɵgdɐůɵGɐз ɣзŬ

ÚÿÚßœ ´µĥĉµ ÜŁɛÜdÜ´µÿ´ Ůəɵəɔɵ ŮŰĵɵɑ ÜŰíôŮəĥĝƒɜÜÚĝƒŮəđɛŮĵı ůɵgɜ ´əɐµɤɣgƒɔɵŮÚßɜ əŮĵəœɵ ɛÜůÚßi əÜəÚℓɜ ´µĥəđɣđ ÚßɡÜŰíôŮŰÿµɵg ɵɔɑüœɵɔɜÜ Ü əɵɔɐɵgdɐůɵgɜ əɵœɤÿƒ əÜŰŰůdgɜÚɐµɤůƒ´đɔÿƒ´ɵg dÜ Úßggƒÿɣɵgɜ ŭɵdŮɑÜ ĥ Ůĵɛĥŭœ əµŮŰəĥ ű€µÿÜ əÜədÜ ŮŰiŮĵɛĥůɵgɜ əÜŰÝ ÚℓɜəÜđđɛŮĵœɐ ´µÜəÚœɐ ÚßggƒÜ. ¢ Ůə´ÜɑüŮůůđ ÚℓƒɔgɜÜəÜƒ Ü ĥ ÚßggƒɤŰŰĵɵi ƒűÜœŮŰŰɔɜÜÿɣŮəŮɑüµÜůđ ůÚℓɜ gµɐůđ ÚℓƒɛÜůÚßɔµÜíđŰƒ. ũgɜÜəŮƒ´ɵg ÿɣɵgɜ Ůə´ÜəüŮůgÚŮɑ ɔɤÜ ÚßɜəÜĵəœɵ ɛÜůÚßi əÜə ÚßggƒÜ´ĵµÝɔɵɜŰŰƒ əɵœüi ɜɵg ůgɛ´ĵµəÜɛbÜɜɵɛÿɜɤɜ ÚℓƒđəɵəđŰƒ əÜə Úßg ɵəɵɔŮɜŮəÜɵi ɤůÚßĵµəɵi, ɛ´ɵµŮɑ ɜÜ ´ÜĵÜəɵəđđɵi ɜ Ü ɵŰŰəŮůɛÜŰəÝ ɜÜ ůgɛɛŮŰÿɣɵgɜ ůŮ´µɵɔµÝɛɛÜŰÜ ´µĥəđɣđƒ[31]. Ƀɵ ű€ĥbɵɵÚɤɜ ɔgɜÜəɑ ɜɔÜŰŰůÿµɐɛÜŰŰÚℓƒɛÜůÚßɔµÜíđŰƒɛ´ɵµɵi ɜÜɤŮĵÜůÚßi Üɜ ũɵdŮɑÜ Ü ĥ Úßggƒɤ ŰĵɵiƒÿɛűÜůđ ůÚℓɜ ´µĥəđɣđ əÜəůŰŰ´əŮßɜŮəÚßɛÜŰÝÚℓƒ[31].

Ægɛ´Ůĵ Ýůɛ ÜŰŰ

Æi ɛű ɤɜÜ ɛŮŰÜ Ü ɵŰŰəÿůɛÜŰŰ Ügúßƒ ÚℓƒɛŮəÿÚℓƒ Ü ÜɤŰŰđŰŰə ůgůÚℓɛÜŰəɐ ´ɵəɤŰəɐ ůÚℓɜ ´µĥəđɣđ Úßg əÜĵəœɵg Úßg ɛÜůÚßi ɵi Úɤƒı ůŰŰɜÜŮəđɛŮĵɤđɵi ɜ ɵəɔgɜÜəŮƒɔɵÜ ŰŰɵű ÿəđ Ü ĥ ÜgÚßɜ, GɤĵɑƒɜÜɔœŮŰŰəÜ ɵů´ÜůɛÜŰəɐ Gµɐůđ. Ƀ ůɤůÚĥƒ´µɵəđ´ŰəĥƒÿəŮɑGgđ, đ ÿɔəÜĵđ üÝɔɜɤůđ əÜəđ ůi ůŰŰůđ ï Ůə´ÜɑüŮůůđ Úɤɜ ɔgɜÜəɑ ɜ Ü ɵŰŰəɵi ɜ Úß ɛĥɜɵ ũĵĥɛɵ ɔɤÜɜÜɵűđɔɐůŮəŮəÝđŮɔgɜÜəÜůÚℓɜ Aəə¬ÝüÜÜɜŮəÝĵÚℓŰŰÜ ĥ Úß ɛÿĵ ɵgƒ ´ɵg ɛŮə, Úℓɜ əɵœɤɜəɵɵɵɵɜɵɛɐ Úℓƒđɤůđ əÜə ɛĥµű ɤůđ, ɜÜ ə¬ÝbŮəÚßɜ əÜəi Űĵɛĵµɵ´µɵəđ´ŰəĥƒÿəŮɑGgđ ɔɤÜÚßɜ əÜĵəœɵ Úßg ɛÜůÚßi. Ƀɵ´ÜĵÝɔɜŰŰƒ´ɵg Ůđµ ŮÝɛɵgɜ Úℓɜ ůgɛɛŮŰßɵɐ ůÚℓɜ gµɐůđ ÚℓƒɛÜůÚßɔµÜíđŰƒ ůÚℓ ZƒµɐÚℓ ´ɵg đ ůgɔəŮəĵɤɛÿɜđ ɛŮə¬ÝÚℓ ÜəÿüŮəŮđ dÜɛ´ɵµɵi ůÜə ɜÜůgɛđÚℓđɵi ɜ əÜəɜÜÜəɤɜɵɔđɵi ɜ ´µɤɜ Úß ůɑŮüɤŮůɛĥ Üəĥƒđ Ůƒɜəɵi ´µɵɔµÝɛɛÜŰßƒɔɵÜŰℓɜ ´µĥəđɣđ Úßg əÜĵəœɵg ɛÜůÚßi.

Æəə•ůų•ůłƒ

¢ ɛůə»ýűłɛŭƒɐűűɜ ´ɵɛűłɐɐ əŭɔəəɐɗɗəŭɜ ɜŭůgɛɛůűýɕɵgɜ ɔgɜŭɐůƒŭ ɦ ÚŭŭűŭɐűłɐŸ ɘŭűĵůłŭ űɛg ɜɵůɵəɵɛůɐɛg. Ⱶŭĵɦəɵ ´ɵg ɻɤűɛɗɗəŭɜ ɔɘŭ ´ɻɵəɗ´űłɐɐ ůə»ýűűůɗ, screening, ŭ Ÿɜűłůŭɜ ɔůɜɐɦŷűĵŭ ŭɜ ůɷɕŭɜ ɕɻɗůɛɛ´ɵɛůůɜ ɛŭůűɛɔɻűíɗŭ əŭɔ ɔɘŭ ŭɘŸɔɜɤůɗ. Ōɜŭƒɓŭůɐɦƒɡɛůɗɵŭɵəɵɔɐɦƒ´ůĵɛɕɻɛůɐɔɐɦƒ´ůĵɛɕɻůɷŭɔɗ ŭ ɐɵɔɐ ůůűłŭůɗƒůŭɛɗ ɛɦɜɵ gɔůɷɜɵɛɛɐɐ ´ůĵɛűíýɻůɷŭłŭɗƒ Æəə•Ÿŭɵɡƒ´ɵg ůɷɕůůŭɜ ŭ ɵŭýə•ůůɛŭłűɷ ɛɐɻɦ ŭłůɷɛŭ ŭɤɜ ɘŭűĵı ɜ əŭɔ ŭɤɜ ɔgɜŭɐı ɜ łűƒɡɛůɐɔɐɦƒɡɛŭƒəŭɔ´ɵg ůɷŭɔ ´ůĵɛɕɻɛůɐɦ ɔɘŭ ɜŭ ɔůɜɐůůłɷűɵɛɜɤůɗ ɜŭůűɤɵɛɛɜɤůɗ.

Ægɕŭĵɛůűłůƒ

ŪůĵɛŸ ůgɕŭĵɛůűɷɛůɔgɜŭɐůƒłƒ´ɦəɗƒűɷg ¢ɻŭɔə•ůɷg ɵɘɛ´ɵɗůƒŭýɕłəŭɜ ɜŭ ůgɛɛŮűŸůɕɵgɜ ůłƒɜ ɛůɔýůłŭ ŭgűɷ. Æ´ɑůɗƒůgɕŭĵɛůűɷɛůɔggƒɘŮűĵɵıƒůűɷ Ⱶɻ ũ?¢ ɵɘɛ´ɵœɘŭýɕłəŭɜ ɛůɛůɔŸə•ɗ ůgɕŭĵɑůłůɗ ɜŭ ɓɵɗɗɐůɵgɜ ůłƒɜ ɣĵůgɜŭ ɛůűɷ ɜŭ ɛŭƒůɔýůɵgɜ ɷƒŭ ŭ ɦɣůgŭ ɷűƒ. ¢ɣə•ɵƒ, ůgɕŭĵɛůűɷɛůɔgɜŭɐůƒ əŭɷɗɔɐŭĵɘůƒ Frances Griffiths, əŭɷɗɔɐŭĵɘŭ ůűɷ Ⱶŭɜůɛůűɷɛɜ Warwick, UK, Eileen Green, əŭɷɗɔɐŭĵɘŭ ůűɷ Ⱶŭɜůɛůűɷɛɜ Teesside, UK, ɔɘŭłƒɜ ´ɵəıŭɷɛɗ ɓɵɐɗůŭłűɷgƒəŭɷôɦəɗłƒɜ ũɘŸĵəůŭłƒ ɛůəýűłƒ, ɛůłƒɜ ũɘŸɷůłɗ ŭɤɜ ůĵɔŭəůɤɜ łƒ ůgɜɣɜŭůgɜɗƒ əŭɜ łƒɜ əŭɷɵũɐɔɗůɐ łűɷgƒůłƒɜ ŭɜŸəgůɗ ŭɤɜ ´ɵɛűłɐı ɜ ũůũɵɛɣɜɤɜ.

Æi ɔəɻɵgůɗ ůɜũɘŭíɣɻɵɜűłƒ

Ⱥəůgɔɔɻŭíůƒũɗəı ɜɵgɜ ɦŭɜũŭůɜ g´ŸɻɵGůɜůıɔəɻɵgůɗ ůɜũɘŭíɣɻɵɜűłƒ

REFERENCES

1. Parkin DM, Pisani P, Ferlay J: Estimates of the worldwide incidence of 25 major cancers in 1990. Int J Cancer 1999, 80:827-841.

2. Cortesi L., Chiuri VE., Ruscelli S., BellelliV., Negri R., Rashid I., Cirilli C., Fracca A., Gallo E., Federico M.: Prognosis of screen-detected breast cancers: results of a population based study. BMC Cancer 2006, 6:17.

3. Keller B., Zemp Stutz E., Tibblin M., Ackermann- Liebrich U., Faisst K., Prbst ï Hensch N: Screening mammography in Switzerland: what makes female and male physicians prescibe them. Swizz Med Wkly 2001,131:311-319.

4. Santora L., Mahoney C. M., Lawvere S., Englert J., Symons B. A., Mirand L. A.: Breast cancer screening beliefs by practice location. BMC Bublic Health, 2003, 3:9

5. Duffy SW et al.: The impact of organized mammography service screening on breast carcinoma mortality in seven Swedish counties. Cancer 2002, 95:458- 69.

6. Van den Akker-van Marle E, de Koning H, Boer R, van der Maas P.:Reduction in breast cancer mortality due to the introduction of mass screening in The Netherlands: comparison with the United Kingdom. J Med Screen. 1999;6:30-4.

7. Beckett J R, Kotre C J, Michaelson J S: Analysis of benefit:risk ratio and mortality reduction for the UK Breast Screening Programme. British Journal of Radiology 2003, 76: 309-320.

8. Day N, Warren R., Mammographic screening and mammographic patterns, Breast Cancer Res.. 2000;2:247-51.

9. Blanks R G, Moss S M, McGahan C E, Quinn M J, Babb P J: Effect of NHS breast screening programme on mortality from breast cancer in England and Wales, 1990-8: comparison of observed with predicted mortality, BMJ. 2000, 321: 665ï 669.

10. Levi F., Bosetti C., Lueechini F., Negri E., La Vecchia C.: Monitoring the decrease in breast cancer mortality in Europe. Eur. J. Cancer Prev. 2005;14:497-502.

11.Colleen J. Maxwell, C. M. Bance, J. Snider, 2001, Predictors of mammography use among Canadian women aged 50-69:findings from the 1996/97 National Population Health Survey. CMAJ.2001 February 6; 164(3) :329-334.

12. Duport N., Ancelle-Park R.: Do socio-demographic factors influence mammography use of French women? Analysis of a French cross- sectional survey. Eur.J Cancer Pre.v 2006;15:219-24.

13. Alcaraz M., Liuch A., Miranda J., Salas MD.: Study if non participation in the breast cancer screening program in the city of Valencia (Spain). Gac Sanit. 2002;16:230-5.

14. Yabroff K. Robin, Mandelblatt S. Jeanne: Interventions targeted toward patients to increase mammography useò. Cancer Epidemiology Biomarkers & Prevention 1999, 8: 749-757.

15 Flynn BS, Gavin P, Worden JK, Ashikaga T, Gautam S, Carpenter J. Community education programs to promote mammography participation in rural New York State. Prev Med. 1997;26:102-8.

16. Ogedegbe G., Cassells AN., Robinson CM., DuHamel K., Tobin JN., Sox CH., Dietrich AJ.: Perceptions of barriers and facilitators of cancer early detection among low-income minority women in community health centers. J Natl. Med. Assoc. 2005;97:162-70.

17. Young F. R., Severson K. R.: Breast Cancer screening barriers and mammography completion in order minority women. Breast Cancer Research an Treatment 2005; 89;111-118.

18. Oliver-Vázquez Marlén, Melba Sánchez-Ayéndez, Erick Suárez-Pérez, Himilce Vélez-Almodóvar and Yamilet Arroyo-Calderón: Breast cancer health promotion model for older Puerto Rican women: results of a pilot programme. Health Promotion International 2002;17:3-11.

19. Coughlin S.S., Thompson T. D., Hall H. I., Logan P., Uhler R: Breast and cervical carcinoma screening practices among women in rural and nonrural areas of the United States, 1998-1999. Cancer 2002, 94:2801-12.

20. Engelman KK., Ellerbeck EF., Perpich D., Nazir N, McCarter K, Ahluwalla JS: Office systems and their influence on mammography use in rural and urban primary care. J Rural Health 2004, 20:36-42.

21. Engelman KK., Hawley DB., Gazaway R., Mosier MC., Ahluwalia JS., Ellerbeck EE: Impact of geographic barriers on the utilization of mammorgams by older rural women. Journal American Geriatrics Society 2002, 50:62-68

22. Keramopoulos A. et al. cøÙɔɜʏůÚáɒɐ ´ɻɕůɣɔɔɘůզ ɔgɜÙɘɪ ɜ ɛŮəŮɻəɑɕ ɛŮůÚɛɨɠ Úզɜ ʎəəɣŸüŬ - Diagnostic approach to women with breast cancer in Greece, Archives of Hellenic Medicine 2005, 22(1):66-72.

23. Slikkerveer L J: *Plural Medical Systems in the Horn of Africa*. London and New York: KPI; 1990:70-71.

24. Griffiths, F. E., Green E. E., et al. . Innovative Health Technologies at Women's Midlife; Theory and Diversity among women and Experts 2003; (L218252038), ESRC.

25. http://www.york.ac.uk/res/iht/projects/I218252038.htm.

26. Patton M. Qualitative research and evaluation methods, London, Sage publications, 2002.

27. Silverman D. Interpreting qualitative data. London: Sage, 1993.

28. Trigoni, M., Griffiths F., Tsiftsis D., Koumantakis E., Green E., Lionis C. Mammography screening: views from women and primary care physicians in Crete, BMC Women and Health, 2008 (submitted).

29. Yabroff K. Robin, Mandelblatt S. Jeanne: Interventions targeted toward patients to increase mammography useò. Cancer Epidemiology Biomarkers & Prevention 1999, 8: 749-757.

30. Hackshaw A.: EUSOMA review of mammography screening. Annals of Oncology 2003;14:1193-1195.

31. Maxwell CJ, Bancej CM, Snider J.: Predictors of mammography use among Canadian women aged 50ï 69: findings from the 1996/97 National Population Health Survey. CMAJ. 2001;164:329-34.

ɄɷŬəŬɠ 1. ɸɖɛɞɔɟ Ŭűɘə Ÿ ůŰɛɘɢŮɖŬ ɔɡɜŬəə ɩ ɜ

ȾŬŰɖɔɞɟɘŮɠ	**ɉ ɟ ɘɖɛ ɧɡɠ ɔɡɜŬəə ɤ ɜ**	**ɉ ɅȾŪɀ Ƀɠ ũɈ ʔ ɉ ȾȽ ɋ ʔ ɄɃɈ Ⱥɉ Ƀ Ɉ ʔ ɉ Ʌ¢ ɆȾɀ ɃɄɃȾ¢ ɆȺȽ ɀ ɉ Ɇȼ Ƀ ũɅɉ ū Ⱦɉ**	**ɉ ɅȾŪɀ Ƀ Ɇ ũɈ ʔ ɉ ȾȽ ɋ ʔ ɄɃɈ ɸȺʔ Ⱥɉ Ƀ Ɉ ʔ ɉ Ʌ¢ ɆȾɀ ɃɄɃȾ¢ ɆȺȽ ɀ ɉ Ɇȼ Ƀ ũɅɉ ū Ⱦɉ**
¢ əɘə ɗŬ			
45-50	11	11	
51-55	6	6	
56-60	9	8	1
61-65	4	3	1
ɀ ɧɟ ű ɤ ůɖ			
ɸɖɛɞŰəɧ	18	16	2
ũɡɛɜŸůɘɞ	5	5	
ʂ ɨ əŮɞ	5	5	
ɉ ɜɩ Ű̊ɟ ɖɠ- ɉ ɜɩ ŰŬŰɖɠ Ůə´ Ŭɶ Ůɡůɖɠ	2	2	
Ⱥ´ Ÿɔɔ Ůɘɛ Ŭ			
Ɇɡɜ ŰŬɘɘɨ ɢɞɠ	**4**	4	
ɸɖɛ ɧůɘɞɠ	**3**	3	
g´ Yəəɖəɞɠ	**4**	4	
Łŭɘɤ Űəɧɠ g´ Yəəɖəɞɠ	**2**	1	1
ɉ ɔɟ ɧŰůů Ŭ	**17**	16	1
Ƀɘɘ Ŭə Ÿ			
Ⱥbŭɞ ɛ ŬŭɘŬɶ			

Ůůĥŭđɛ Ŭ

0-100 Ägɟ ı			
	1	1	
100-200			
	5	5	
200-300			
	6	4	2
300-400			
	7	7	
400-500			
	3	3	
500-700			
	3	3	
700 əŬɔ Ɏɜʏ			
	3	3	

ÜÐ? ı Ť ı É 2: ÉŰźəgŮđŰ ɔəŰŰj ι ɜ

j Ůı Ůə ŰűıəůŰźəŤ		ı ı ədɛ ƒıƒ
¢ əʕəđŰ		
	36-40	2
	41-45	9
	46-50	4
	51-55	1
ū i əɔ		
	ȯɜŭıŰƒ	12
	ũgɜŮæŰ	4
Ásŭ|əƒıŰűıŰŰ		
	ÜŰźɛəƒɔɛƒ	4
	ÜŰźɛəƒɔɛƒ Ɓɔəɛəƒɔɛƒ	4
	ũgɜŮəɛəƒɔɛƒ/ź ŰŝůıŰűıŰƒ	4
	j Ůıı ɛi ı ɔɛƒ Ɓɔəɛəƒɔɛƒ	4
ÉgɜɛəʕəŤ gı ƒɜəŰ g´ đı ŮůɑŰƒ		
	6-10	3
	11-15	5
	16-20	4
	21-25	2
	26-30	2
ÉgɜɛəʕəŤ gı ƒɜəŰ ůŰđɜ ´ ı ƒůúű ŰŰűl đyůđ		
	0-5	4
	6-10	9
	11-15	2
	16-20	1

Ʉœ Ŭə Ŭʃ 3.: Ʉ Ŭɟ Ɣɔɛɜ Ű Ůʃ ´ɛg Ů dɟ Ů Ɣ¿ɛegɜ Ű ůgɛɛ Ů Ű ɛœ ůŰ ɜ gɟ ɐůd ɛ Ůů Ű ɛɔɟ Ŭ Ű íd Ŭʃ

ũ g ɜ Ŭœ ů ʃ	**ũ ɘ Ű ɟ ɛ œ**
• ¢ Ů ə ə ´ ɐ g ʃ Ů ɜ d ɛ ɣɟ ɤ ůd • Ō ə ə ů ɣ d Ů ɜ d Ɣ ɟ ɟ g ɜ ůd g ï ´ Ŭɟ Ŭə œ d ůd g Ŭ ɦ ɔ ɘ Ű Ű ɟ ɦ ɐ Ɣ ə ə ɛ ´ ɟ ɦ ů ɤ ´ ɛ • ¢ ´ ɟ ɦ ů b Ŭ ůd ů Ű ɜ Ů ɜ ɣ Ű ůd ➢ ʐ Ŭə ɟ ɜ ɐ ɘ ůŰ ɟ Ŭ ɜ Ű Ů b ɛi ➢ ɹ ´ ɦ ů Ű Ůd Ŭ ɦ Ű Ű ə ɣ ɜ Ű ɟ Ŭ ɛ Ůů Ű ɛɔɟ Ŭ íd Ŭʃ ➢ Ʉ ɟ ɛ b ə ɐ ɛ Ŭ Ű Ůů Ű ɜ ɛ Ů Ű Ŭə œ d ůd • Ɛ ɤ ɛ Ŭ Ű ə ɛ α ´ Ŭɟ Ɣɔɛɜ Ű Ůʃ: Ɣ Ŭə ɐ ű g ů ɜ ɐ ə Ŭ Ű Ɣ ů Ű Ůd Ű ɜ g ɔ ɜ Ŭœ Ŭʃ, ɣ ɘ ə Ů ɣ d ůg ɛ ´ Ű ɤ ɛ Ɣ Ű ɤ ɜ • ū ɦ ɔ ɛ ʃ ɔ ɘ Ŭ Ű ɜ ű ɘ Ɣ ɔ ɜ ɤ ůd • ¢ Ŭ ɛ ɣ ə Ů ɘ Ŭ • ¢ ɜ Ű ɟ ɛ ´ ɐ • Ɛ ɘ ɐ ɔ Ů ɜ Ů ɘ Ŭ ə ɣ ʃ g ´ ɛ g ɟ Ů ů Ů ʃ g	• ¢ Ŭ ɛ ɣ ə Ů ɘ Ű Ű ɤ ɜ ɔ g ɜ Ŭ ə ɹ ɜ • q p g ů ə ɐ ə d Ŭ ů Ű ɜ ´ ɟ ɦ ů b Ŭ ůd • ʐ Ŭə ɟ ɜ ɐ ɘ ůŰ ɟ Ŭ ɜ Ű Ůb ɛi , Ŭ ɜ Ŭ ɛ ɐ ɜ ɐ ə Ŭə ´ ɟ ɐ b ə ɐ ɛ Ŭ Ű Ű ů Ű Ű ɟ Ŭ ɜ Ű Ůb ɛi • ¢ Ŭə Ű ɘ ɐ b ɐ ə d Ŭ • Ɐ ´ ɦ ɜ ɐ g ʃ d Ű ɟ Ŭ g ɛ Ŭ Ű ə ɐ ɛ Ů ´ Ů ɣ d Ŭ ə Ŭ Ű Ɣ Ű ɜ Ů ɜ ɣ Ű Ůd • Ɐ ű ɦ b ɐ g ʃ ɔ ɘ Ŭ Ű ɜ ű ɘ Ɣ ɔ ɜ ɤ ůd • ¢ ɣ ə ə Ů ɣ d Ů ɜ d ɛ ɣɟ ɤ ůd g ʃ • ¢ ɐ ɛ ə ɦ ů Ű ɛ g ʃ ů Ů ɘ ɐ Ɣ ə ɣ ɜ Ű ɟ Ŭ ɛ Ůů Ű ɛɔɟ Ŭ íd Ŭʃ • Ɐ ɘ ɐ ɔ Ů ɜ Ů ɘ Ŭ ɣ g ´ ɛ g ɟ Ů ů Ů ʃ g • ¢ ɛ Ŭə ɟ ɜ ɐ ɘ Ŭ Ű ɦ ů Ű Ű ůd Ŭ ɦ Ű ɛ ʔ ɐ ů ɐ ə ɐ ɛ Ů œ • Ō ə ə Ů ɣ d ůg ɛ ´ Ű ɤ ɛ Ɣ Ű ɤ ɜ

5. ÆJ ÇC¢ ¢ ¢ Æ¢

5.1 T i ɟ ɜ Ü ůgɟ ɐ ɛ Ü ŰŰ Ű d ɡ ɛ Ů ɔ ɔ y Ű d ɡ

¢ Ü ə i ɟ ɜ Ü ůgɟ ɐ ɛ Ü ŰŰ Ü ɛ g ůgɜ ɦ ɔ ɛ g Ű d ɡ ɛ Ů ɔ ɔ y Ű d ɡ ´ Ü ɟ ɛ g ů ɜ Y ɛ ɜ 3 Ű Ü ɔ ů Ü ɦ Ű d Ü Ű ɡ ´ ɛ g Ü ɔ Ű ů Ü ɛ ɜ c ɛ i ɜ ů Ü ɡ ´ ɛ g ůgɜ y d Ü ů Ü ɔ Ü ɛ ɜ ů Ü ɡ ´ ɛ g ůgɜ y d Ü ů Ü ɔ Ü ɛ ɜ ə ɟ ɛ ɦ Ü g Ű ɛ g Ű d ɡ ü ɜ ű Ü ɔ Ü ɛ ɟ ɔ ɐ ɛ g ü ɜ Ü Ű ɟ ɔ ɐ ɛ g.

5.1.1 ɟ ´ ɦ y Ů ɡ Ü Ř ɦ ɔ g ɜ Ü ɔ ɐ Ů ɡ ə Ü ɔ ɜ Ü Ű ɟ ɛ i ɡ Ч ɟ ɤ Ü ɛ ɔ b Y d ɛ ɜ Ü ɡ ú ɟ ɛ ɜ Ü ű Ü ɡ g ɔ Ů Ü ɡ ů Ü d ɜ T ɟ ɐ Ü d. Æ Ű Ů ů ɡ ɡ, Ü Ř ɦ y Ů ɡ ɡ, Ü ɛ ´ ɦ ü ɜ Ü ɔ ɜ Ü Ü d ɜ ´ ɟ Ü ɔ ɛ Ü Ű ɛ ´ ɛ ɑ d ů d, Ü d ɡ ɛ Ü Ű ɛ ɔ ɟ Ü ű ɛ ɔ ɟ Ü ű d Ü ɡ

T Ü Ű Y Ü d ɜ Ů Ü ɔ Ü ů d Ü Ű ɤ ɜ ü Ü ů ɛ ɛ y ɜ ɤ ɜ Ű Ü ə i ɟ ɜ Ü ůgɟ ɐ ɛ Ü ŰŰ Ü d ɡ 1 dg ü d ɛ ů d Ů ů d ɡ ɐ Ű Ɔ ɜ Ű Ü Ů ɔ ɐ ɡ:

Æ Ű d ɛ Ů ɔ y Ű d ɛ Ü ɡ ɛ ɔ ´ Ü ɟ ɔ ů ɦ Ű Ü ɟ Ů ɡ ɔ g ɜ Ü ɔ ɐ Ů ɡ ů Ü d ɜ Ü ɔ ɟ ɛ Ü ɔ ɐ ɛ T ɟ ɐ Ü d Ů ɑ Ü ɔ Ü d ɜ Ü ɔ ɐ Ů ɡ ů Ü d ɜ Ü ɔ ɐ Ů ɡ ů Ü d ɜ Ü ɔ ɐ Ů ɡ ů

[illegible][94,95].

[illegible][41].

[illegible][96]. [illegible]

[illegible][74,75]. [illegible]

5.1.2 [illegible]

[illegible] #2 [illegible] «[illegible]» [illegible] (test ï re-test), [illegible]

5.1.3 [illegible]

[illegible] #4 [illegible]

Ubdeful i3e3UUb U fh ush UiejUUbyf dcyf. Be d e3ayf aUb ushUiejUUbyf dcyf Ubdeyjxub UegfgF xsU siUdcdeU aUb ubUl3 eUbyUl eUf aUb UsfbUbUa i3Ub Ul3 ushUiejUUbe UbUeUUi dsldeU aUb ushUgjsuld Uxi3 ofg3Ubai3, Ubae aUb Ul3 yaaUbyd ugubUlebUUbegUbdeyjxubegUegfgU fh ajUUbfh uejyU.

A dudfgy3U Yaae ubdeUbUbfh Ufjdeu Ulfgf udeeubdgudfgf UbUiyjUUUbubUU Ufdjhushu dsUbfgf Ubd

Á´ aůdgf d ´ əŮæɣdűdŬŰɤ ɜ ɔgɜŬəɪ ɜ ŬůŰæɒɛgf´ Ůȷɜœɑɛgf ɒŰŰɜ ɜŮɧŰŰȷdgf dəɜəɒdŬgf, ɛɣɑȷɜ 55 ŰŰɪ ɜ, ɛɜ ɛ´ ɛɑdůgf Ů ɜůəɜɣ´ Ŭɛɜ ŰŰɜ ŰŬ ŰŰəŰæÝ ɜŰŰȷ ůɑŬ Ŭɛg ɜɛůɛəɛɛ Ůæg. Ƀɜ ɜŮɧŰŰȷ Ůgf ɔgɜŬəůgf ŬɜŬűɣȷdd əŮ ɧŰɜ ´ȷɛůɣɑɛgɜ ´ŮȷɜůůɧŰŰȷɛ Ŭd ɜ gɔůŬ Ŭɛggf əŬɜ ůɑŬɜ ´ŮȷɜůůɧŰŰȷɛ Ŭɜdɛ Ůȷɤɛɣɜůgf ůŮ ůɑɣůd ɛŮ Ůd gf ɛŮɜŬəɨ ŰŰȷdgf dəɜəɒdŬgf ɔgɜŬəůgf[72,77,98]. ȷ gŰɧ ´ɜdŬɜɧɜ ɜŬɛűŮəəůŰŰɜůŰd ɜ əŬəɨ ŰŰȷd Ŭɜdɛɣȷɤůd ´ɛg ɛ´ ɛȷůɜŬɣɑɛgɜ ŬəəÝəŬɜ ůŰd ůŰÝůd ´ɛg ɣɑɛgɜ ůŮ dɣɛŰŰŰ ´ȷɧədɣdgf Ůd gɔůŬgf Ŭɛggf ůŮ ůɑɣůd ɛŮ Ůd gf ɛŮɜŬəɨ ŰŰȷdgf dəɜəɒdŬgf ɔgɜŬəůgf[72,98].

ò ɜɜœ Ů aůdgf ůgɑɛŰd ůdgf Ůɨȷdɛ Ů ůəŬəɧŰɧɛɜ ɔgɜŬəůgf ŭŰɜ ůɑŬɜ ŬəɛəɛgdɛůŮɜəÝ ɛœ ´ȷɧɔȷŬɛɛŬ ´ȷɛůgɛ´ Ű ɛŰŰəɑɨ Ůəɣɔɑɛg, ŬəəÝ əŮŰɛggȷɔɑɨůŬɜ ŮɜŰŰəɪ gŰ ɛů´ ŰůɛŰŰəÝəŬəŮɜŰŰəɪ gŮgəŬȷɣŬəÝ, əŬə ŮÝɜ ɛ ɣŰŰȷɧgf´ ɛg ŮɑŮŮůəůŰŰɑɛŰŰɜ Ůgŭůdd Ű´ɛœdɛɣɜɛgf ɛ ɑŬɛɜŬɜŰd ´ŰȷŬəœɛůŮəůŮdɣɛŰŰŰ´ȷɧədɣdgf Ű d gɔůŬgf Ű d g. Ƀɜ´ŰȷɜůůɧŰŰȷůgf ɔgɜŬəůgf Ű ɜ ŮɑŮŮůəůŰŰɜ ŰŰ ɛűŰůəůŰɜ ɛɧɜŬgf ɜŰ Ů ɜůəŮŰɨ Ű ɜ ɣŰŰȷɧ əŬəɜŬ´ȷŬɔɛŰŰ´ɛœůɛgɜ ɛŰůŰ ɜ ŬȷŰɨdŬɛ ɧŰŰɜ ŮɑŮŮ ɛŭd ůgɛ´Ű ɛŰŰŰɔɜŬɜŰ ŭɣŰɔɜɪ ůɛgɜ Ű ɜ´ȷɧɓəd ɛŰɛ Ůɣəɛgf ɛŰŰÝŰ ɧ ɛŰůŰŰəŰ ɜɛɛ ɤgf Ů Ůəɜɣəůɔɑɛ ůŰ ɜ ɛŭd ŭɣŰɔɜɤ ůɛɣɜɛ əŮȷəœɛ ɛŰůŰ ɜɨ. Ÿůɤgf ŮgŰɧ ɜŬ ɛűŮəəůŰŰɜ ůŰ ɜ ɣəəůəɣd Ů Ůȷəɛɨgf Ůɜd ɛɣȷɤůd ´ɛg ɣɑɛgɜ ɛɜ ɔgɜŬəůgf ůŰ ɜ ɑ ȷŬ ɛŰŰ ɜ ´ȷɧədɣd Ű ɜ əŮȷəœɛg ɛŰůŰ ɜɨ. ŰŰ ɜ ŮȷŰ ɜ ɛd ɨ´ Ůȷɜd əŬəɣůŰ ɜ ɛȷɧɔȷŸɛɛŰŰ ɜgf ůŰ ɜ ɔɑȷŸɛɛŰŰ ɜgf ůəɣɔɑɛgɔəŮgŰɧ.

¢ɣəɛgf ŬəœůdɛůɑŰ ůɨȷdɛŬ ɒŰŰɜ əŬə ůŮ ŮgŰɒ ŰŰɜ ŭdɛɛůdůůd ɧ´ɤgf əŬə ůŰŰɜ ŭdɛɛůdůůd #1 ɧŰɧ ɛŰŰŰɜɨ Ű ɤ ´ŮȷŬɔɧɜŰɤ ´ɛg ŬəŮŭůɑŰŰəŬɜ, d ůɨůŰŰůd ɔɜŬ ŰŰɜ ŭɣůɜɣȷɔůŬ ŰŰgf ɛŰůŰɛɔȷŬŭdŮgf Ů ɧ ŰɛɜɜŰȷɧ ůɛűŬɜɑůŰəŮ ɜŬ Ů ɛŰŰəůɑŰɜ ɑůɑgȷɧ əœdŰȷɛ ůŰɑgf ɔgɜŬəůgf ɤgf űŸɜdəŮəŬəůŮŸəəůgf ɛůəɣŰŰgf[35] əŬəŭŰɑɜŬə´ɧůɛ ůdɛŬəŰɑɒɒ Ů ɑȷɛɒ ɣɑůəɛ ȷɧəœgf Ű ɤ ɜ ɜŰȷɪ ɜ ůŰŰɜ ´ŮȷŬəœdůd əŬəŮəd Ÿȷɣɑůd Ű ɤ ɜ ɔgɜŬəɒɪ ɜ ɔɜŬ ŰŰ ŭɣůɜɣȷɔůŬ ŰŰgf ɛŰůŰɛɔȷŬŭdŮgf[36,39]. Á´ aůdgf Ÿɜɜœ ůgɑɛŰdůdgf ůɑŬəŮəɧŰɧəŬəɛɜɣŰŰȷɛɑ ůŰɛ Ч ũ?¢ ɧ´ɤgf əŬəɣŰŰȷɛɑůŰŰ7ȷ (ŭdɛɛůdůůd #1) ŮəŰɧ´ɣůŮɜ ŭgůəɛədŰgf ɔɣŰŰgf ´ȷɧŬɛɛŰŰɛ´ɛœdůɒ ŰŰgf ɛŰůŰɛɔȷŬŭdŮgf ´ɛg ŰŰɛȷɛɨɜ ŰŰgf ůŰŸůŮŰgf əŬə ŰŰgf Ű ɧɣŰŰgf ŰŰgf œɨəŰgf ŰŰgf ɔgɜŬəůgf, ŰŰgf ´ȷŬəŰŰəɣgf ŰŰɜ ɣŰŰȷɪ ɜ ŬəəÝ əŬə ŰŰɜ ´ɛəɣdŰəɒ gɔůŬgf ´ɛg ŬəɛəɛgdŮdŰŰə ůŰŰɜ ɑɪ ȷŬ ɛŰgf. ÆŮ ŰgŰɒ ŰŰɜ ŭdɛɛůdůůd űŸɜdəŮ ɛɜ ɣŰŰȷɛɑ ůŰɛ ɜɛůɛəɛŮœ, ůŰŰ Ůəůŭəɑůgf ɛɣɜŬ ɣŰŰȷ ůd, ɜŬ Ůəɛəɛgdɛɨɜ əŬŰůdgɜŰɒȷɣŰŰgf ɛŭdɔdůgf əŬə ɜŬ ůgůŰɒɜɛgɜ ŰŰɜ ɛŰůŰɛɔȷŬŭdŮ. ȷ gŰɧ ´ɜdŬɜɧɜ ɜŬ ɛűŮəəůŰŰə ůŰŰɜ ɨ´ŮȷɜdŮəůůdůgf əŬə Ůə´Űŭůdůůdgf ŰɛggŰ ůŰɛ dɣɛŰ «əŮȷəœɛgf ɛŰůŰɛɨ» əŬə ɛɜ ɣŰŰȷɛɑ Ůəɛəɛgdɛɨɜ ůgůŰɒɛŰŰəÝŭɣůdɜůgf əŬəŰůdgɜŰɒȷɣŰŰgf ɛŭdɔdůgf.

5.2 Ключевые элементы и их функции

Для выполнения своей функции ферментативный комплекс должен иметь в своем составе каталитический центр, который обеспечивает специфическое взаимодействие с субстратом, и аллостерический центр, который обеспечивает взаимодействие с эффектором. Кроме того, в состав ферментативного комплекса могут входить дополнительные элементы, которые обеспечивают его стабильность, локализацию в клетке, взаимодействие с другими белками и т.д.

Каталитический центр фермента – это участок молекулы, который непосредственно взаимодействует с субстратом и обеспечивает его превращение в продукт. Каталитический центр обычно состоит из нескольких аминокислотных остатков, которые расположены в определенной последовательности и образуют специфическую структуру. Эта структура обеспечивает специфическое взаимодействие с субстратом и его превращение в продукт.

Аллостерический центр фермента – это участок молекулы, который обеспечивает взаимодействие с эффектором. Эффектор – это молекула, которая может изменять активность фермента. Аллостерический центр обычно состоит из нескольких аминокислотных остатков, которые расположены в определенной последовательности и образуют специфическую структуру. Эта структура обеспечивает специфическое взаимодействие с эффектором и его влияние на активность фермента.

Дополнительные элементы ферментативного комплекса могут включать в себя различные белки, которые обеспечивают его стабильность, локализацию в клетке, взаимодействие с другими белками и т.д. Например, некоторые ферменты могут иметь в своем составе белки, которые обеспечивают их прикрепление к мембране клетки или к другим белкам. Другие ферменты могут иметь в своем составе белки, которые обеспечивают их транспорт в определенные участки клетки.

Таким образом, ферментативный комплекс – это сложная структура, которая состоит из нескольких элементов, каждый из которых выполняет свою функцию. Каталитический центр обеспечивает специфическое взаимодействие с субстратом и его превращение в продукт, аллостерический центр обеспечивает взаимодействие с эффектором и его влияние на активность фермента, а дополнительные элементы обеспечивают стабильность, локализацию в клетке, взаимодействие с другими белками и т.д. Все эти элементы вместе обеспечивают эффективную работу ферментативного комплекса[89,90].

Ферментативные комплексы могут быть как растворимыми, так и мембранными. Растворимые ферментативные комплексы находятся в цитоплазме клетки и не связаны с мембранами. Мембранные ферментативные комплексы связаны с мембранами клетки и могут быть как интегральными, так и периферическими. Интегральные мембранные ферментативные комплексы пронизывают мембрану клетки и имеют участки, которые находятся как снаружи, так и внутри клетки. Периферические мембранные ферментативные комплексы связаны с мембраной клетки только с одной стороны.

5.3 Á´ ɔ´ Ũí ůÛəgfŨđgfɛÛəɣŨđgfůŨđɜ´ɐəɔŨəəɐ gɔÛdÛgf

¢ ɛÛəɣŨđ ŭi÷ɜŨŨÛɔɜŨ ÛʃəűíɣɣÛɔÛ ɔ´ Ũí ůÛəgfůŨđɜ ɐɻɔƳɜɤůd əÛɔůŨđɜ ´ɐəɔŨəəɐ gɔÛdÛgf ´ɐg dŨɛ´ɐɻɐi÷ůÛɔ ɜŨÛɔÛŨŨůŨɐi÷ɜ ůŨŨ´ ŰɻÛɔƳŨɤ Ûd ÛŭÛ.

1. ***ƑŨđɔgɜÛɔəŰɤgfÛɔÛŨŨɛɦɛÛɔd:***
   - Á÷ɜdɛɣɻɤůd - Ûə´ ÛɔŭÛůgůd ɔɔŰŨɛggf´ ŰɻƳɔɐ÷ŨŨđfəɔəŭi÷ɜɐg ŨɛgəŰɻəɔɐɐg ɛÛůŨɛi÷ əÛɔŨđɜ ´ɻɦɔdɣɣd ŨɛgÛɔɔ÷ƳəÛɔŨŰɐűɣɔd ŰɻɦŨđɜ cɻɐůd ŨđfgɛÛůŨɛɔɻÛŭidÛgf, ɩůŨŰd ɑŭɔŰɜÛɛ´ɐɻÛůɜŰ´ɻɐcɤɻɐůÛůgɜÛŭdŨɛ´ɐɔdɛɣɔd Űɔɔɐɔɐ əÛɔɜŰ ŰɛűÛůɑɛÛə ɛŰƀƳůd ŨđŰɛdɛɣɻɤůd ɔɔŰŨđɜ cɻɐůd ɐ ɛd ŨđfgɛÛůŨɛɔɻÛŭidÛgf.

2. ***ƑŨɛɜ sÛŰɦ´ɐg ŰɻɔƳɛŰŨŨəůŨđɜ ƱūJ:***
   - ¢ Ûə´ ÛɔŭÛůgůd ŨɛggfůŰŰ ɜɣŰ ŭŰůɐɛɣɜŰ´ɐg Ûŭíɐɻɐi÷ɜ ŨɛɜəÛɻəɔɐɛg ɛÛůŨɛi÷. ɻ gŰɐ dŰ ůgɛƀƳɔəÛə ůŨđɜ əÛɔi÷ŰÛɻd ɔɜı ůd əÛə ŭəÛɔůɻəůd ÛŕɜɔgɜÛəı ɜ´ɐg Ůəůəɣ´ŨɛɜŰŨəŨɛ əÛŰɻůɐɛ ŨɛggfůŰ.
   - ¢ Ûɜdɛɣɻɤůd əÛə Ûɜɐəůɤůd ŨɛggfɛŰůfŭəůfɐůdfůŰ. ɻ gŰɐ dŰ ɛ´ɐɻɐi÷ůŰɜŰ ƀÛə÷ŨəůŨđ ůÛə ŨđɜÛɜdɛɣɻɤůd ŨŕɜɔgɜÛəı ɜ ůŰ´ɻɐcɻƳɛɛŰŰŰ ´ɻɦɔdɣdfŨɛg əÛɻəɔɐɛg ŨɛgɛŰůɐi÷. Á´ɜɛɐɻűɤŨəɦ ´ɻɦɔɻÛɛɛŰ Ûə´ ÛŭíůŨůdfŨŕɜ ɜŰŰɻı ɜ dŰ ɐŰŰɜ cɻɐůɜɛ ɔɜŰ ŨđɜəÛəgŰɣɻůŨůd ŨŕɜɔgɜÛəı ɜ ŨɛggfɔɜŰŨɛɜ´ɻɐůgɛ´ŨŕɛŰŰəɦɣəÛɔɐɛ əÛɻəɔɐɛ ɛÛůŨɛi÷.
   - ¢ ůi÷ůŰŰůd ŨđfgɛÛůŨɛɔɻÛŭidÛgfůŰɦəŰfŰəfɔgɜÛəŰfůi÷ɛűɤɜŰɛŰŰəfŭəůfɜůdfɐŭdɔdÛgf´ɐg Ůəůəɣ´ŨɛɜŰŨəŨɛ əŰŰɻůɐɛ ŨɛggfůŰ.
   - ¢d ůgɜŰɻɔŰůdŰɛŰŰəfg´dɻŰůdÛgfŨŕɜ ?ɐůɛəɐɛůɤɜ´ɐg ŭəŰdɣŨɛgɜ əɣɜŰɻŰ ɛÛůŨɛɔɻÛŭidÛgf.

3. ***ƑŨəfg´dɻŰůdÛgfɔÛŨŰɻf:***
   - ɻ ɜƳŰɡɜd ´ɻɐɔɻÛɛɛƳŨɤɜ ´ɻɐůgɛ´ŨɤɛÛŰəɐi÷ ÛəɣɔɐɛgůŰ ɦəÛɻf ´ŰɻɜɛɐɣfŨđfgɔÛəɜɛɛəɐfg´ŰɻəűɣɻÛəŰfɔəŰŨđɜ´ɻɦəɖɣdəÛɻəɔɐɛg ɛÛůŨɛi÷.
   - ɻ ɜƳŰɡɜd əÛə ŭəÛɐɛɛɐ Ûŭíɜəı ɜ əÛŰŰɡdɡɜŨɛɻɜɤɜ ɐŭdɔɜı ɜ ɔɜŰŨɛɜ ɐɛÛŭəɦ ´ɻɐůgɛ´ŨɤɛÛŰəɦ ɣəÛɔɐɛ.
   - ɻ ɜƳŰɡɜd əɜdŨɛfɛɐɜƳŭŰfɛÛůŨɛɔɻÛŭidÛgf´ɐg dŰ ɛ´ɐɻɣůÛə ɜŰ ÛəgɡɻŰŨɛɻ, ɦəɤɜ Ũɤɜdɔəɜı əÛə əŭəÛŭŰŰɻŰŨɤɜ ɛÛɔŰɻəÛəɦ ɔɡɜÛəÛɐɛdůd, ɦůɐ əÛəŨɛ əɦůŨɛɡfůÛəŭɤŨəÛɐƳəɣɜŰɻŰÛŭɜɤɜ dəɜəɜı ɜ Ũɤɜɐɛɡɑɤɜ

5.4 Ağıx Üeɛ ÜÜÜ´ɵg Ü Üə Üɵi ɜ ´ Ůİ Üə Üůİx ɣİ Ůİgɜ Ü

¢ ŭɜůÜəÜɵİɟɜəe ŭɜəÜÜİɟɵbe ´İɟɵůɣűÜİ Ůɣɜ Üɵgůɜ Üůİ Üəɵİ g´ɳɓÜdİɟɵ ´İɟɵəÜəɛɣɜɵg ɜÜɔɵɵgɜ əÜÜİɜɵdİɵɵɵg´ ÜİɟŸɔɵɜÜůİ Ůəİ Ůɵɵgɵgɵ´ ɵɵɵgÜɛ´ ɵůɵɵgɜ Üəİ Ü ɜÜəÜİ Ůəİ ɜÜ Ÿɜɵgɜ ɵɟɹeůd ɛÜůÜɵɔɟÜűıdÜİ. ¢Ü´ ÜİÜəŸÜx ɳɛɣɾİ Ůɣx Üɛɛ ÜÜÜɵɟeɵgɜ ´ Ůİ Üəİ Üɣɟx ŭəİ Ůɜdůdd:

1. Ÿɵgə Ü ɛɣÜİ Ü, ´İɟɵɔɟŸɛɛ ÜÜÜ dÜ ´İɟɣ´ Ůə ɜÜ ůɵ Ůɵəİ Üůdɵi ɜ əÜə ɜÜ ədűdɵi ɜ ´İɟɵəÜəɛɣɜɵg ɵəɔgɜÜəİ Ůəİ ůÜİd ɜ Ůəədɜəe i´ Üəd İɵ ɜÜɣɵɵgɜ Ůɹəɵəd ´İɳůbÜůd ůÜİd ɜ ɛÜůÜɵɔɟÜűıdÜůəɣɔɵɵg;
2. ɀ ɣůɣ ´ɵɹ ɜ ´Ůİ Ůɛb Ÿů Ůɣ ɜ ɛ´ɵɟɵi ɜ ɜÜ Üəəİ Ÿɜɵgɜ ɵə´İɟÜə Üəɣgİ Üɣ ɜ ŭŁəÜə Ü ɳ ´ɵɹɵggİ Ůə Ü İ Ü Ÿ Ü Üd ůgɛɛɳɟűɣůe Üɵggİ ůÜ ŭəůdɜ Ůdİ əÜÜůdɵgɜ Üɛɟɹ Ůİ ɵŭdɔdůg;
3. Ÿɵɹɵgİ ´İɣ´ Ůə ɜÜ Ůəə Üə ɵ İɳəɵgİ Üɣ ɜ Ÿəəɣ ɜ Ů Üɔ Ůəɛ ÜÜɹ ɜ gɔůdÜİ (ɛÜə ɹ ɜ, ɔgɜÜəɵɵəɳɔɣ ɜ, Ůə ŭɵəɟɹɜɵɵəɳɔɣ ɜ) ůÜİ ɜ ´İɳəɵdɣd Üɵg əÜɟəɵɵg ɛÜůÜɵi ;
4. Ÿɵəůİ Üəəüɔyİ ůÜɵ ůdɛÜɟɹɜɳ ŭɹɵədÜəɳ-ɵɟɔÜɜɣ Üəɳ ůi ůÜİ ɛÜ Üɣ ɜ ɛɵ Ÿŭɣɜ Ÿū ɟ əÜə´ɵəÜdůıɛəŸɛɣÜ ÜdÜ ɓɵdɵeůɵgɜ ůÜİ ůgůÜİ ɛÜÜəe əÜə ɓŸůd Üɣ ɜ ŭəůdİɜı ɜ əÜÜůdɵgɜÜɛɟɹɜɣ ɜ ɵŭdɔəɹ ɜ ɵɟɔŸɜɣůd ´İɵɔɟÜɛɛŸÜɣ ɜ ´İɳəɵdɣdİ əÜɟəɵɵg ɛÜůÜɵi ůÜÜbɟɵÜəɣİ´ Ůɟɹɵɵgİ ÜİɟÁəəŸŭÜİ;
5. Ÿɵɹɵİ ɵ İɳəɵİ əÜə d Ü ɵÜÜəůıɛÜÜəɳÜİ ÜİÜ ůgɜÜɵɹɳɛÜədİ Üə´ Üŭůůdİ ůÜ Ü Üɔ Üəɛ ÜÜůdİ gɔůdÜİ Üə ÜÜıɵɟɹəŸ ɛÜ´ İɟɵɔɟŸɛɛ ÜÜÜ ´İɳəɵdɣdİ Üɵg əÜɟəɵɵg Üɵg ɛÜůÜɵi ;
6. Ÿɵɹ Ü ´İɟɵɔɟŸɛɛ ÜÜÜ ɛÜÜůə´ Üŭůůdİ əÜə ůgɜÜɵɹɳɛÜədİ əÜÜŸɟÜŭdİ dÜ ŭəÜůűÜəůɵgɜ Üİ ɜ əÜÜŸəədəd Ü ɹɵɳɟűɣůd ɔəÜ Üİ ɜ ´İɳəɵdɣd Üɵg əÜɟəɵɵg ɛÜůÜɵi əÜəɛÜ´ɵɹɣİ əÜÜůdɵgɜÜɛɟɹɜůİ ɵŭdɔdůİ dÜ´İɟɣ´ Ůə ɜÜ Ůəə Üə ÜűıɵŭəÜůɛɣɜɵɵ ɔəÜɜÜɛ´ɵɟɵi ɜ ɜÜəŸɜɵgɜ Ügİ Ü Üɟ ÜÜİ Ü Ü ůgůÜŸůÜgİ ůÜgİ ɔgɜÜəůİ;

6. ÆJz ÙÆÀJ ÆzJ ¢J

6.1 Ti JÙfùgÉ´ÙJÜÙ±ÜÜ¤yfÙ¤Ü¤ùÜ ûÙ¤fÜdfÉÙ¤yÜdf

J´ÙÜ³´ÜJÜ Y³x ùgÉ¤ÜdùdÙ¤ùÜ ù³ÜÍ ³É³ÜÜ¤ÜÜ´ÜJÜ¤YÜx:

- ¢ ÉÙ¤yÜd´Ég´ÜJÉgù¤YÙÜÉÙÙdÉ¤É¡JÉdùÙÜd³J ´ı Üd ÙYÙd ÙÙÙ¡ÉyÉx³ É¤Ü ÜÉggf ´ÜJ Y³É³ÜÜf Ù¤ÙÉ¤Égf ´Ég ÜÉÜÙ¤É¡³ Ù³Ü¤É¤dÜJÉ É¤Ü Üd³ ´JÜÉÜÜÉ´ÉdùdÙd ÜdfÉÜÙÜÉ³JÜÍdÜfÙ¤ÜÙÉ´É¡É¡ùÙ³ÜÜ ÉÜÙ¤yÙ¤´JÙÜg´É ÉÙÜ Üd³ ÙÙJÙ³dùdÙd ÙÜ¤ÙÉÙÜÉ³JÜÍdÜf:´JÉùx´É¤yfùÜYÙÙfÜx³ É³ÜÙ¤ÜÙ¤ÜÙ¤

- ¢ ůi·ůŰŰůd ɔɘŬŰűl3 ŭɘŮɜɣɟɔŮɘŬŰűlʃɛŰůŰɛɔɟŰíɑŮʃŬ ɦ ŰɛɜɘŬŰɟɦ Ůɛ·ŰɔɘɑůŰűlɘŮ ɜŬŬɛŰŮɜůɑ ɘɑɑɑɑɟɛ ůŰɘʃɔgɜŰɑŮʃɘŮɜŬɑŮŰűl3 ´ŬɟŰɔɑɑůɑd ɘŬɔŮɜɑ·Ÿɟɟgɜůɑd ŰɣɜɔgɜŬɘɑı ɜɔɘŬŰűd ŭɘŮɜɣɟɔŮɘŬŰűlʃ.
- ¢ ɣɔɘ·Ůɘɣɑd ɢɟɦɜɛg ŰɣɜɘŬŰɟı3 ůŰŬ 7Ɉ ɜŬ Űůɢɛɘɑdɑɛi3 ɛŮŰɛ ɑɣɛŬ Űűlʃɟɦɘɑdɣɑdʃ ɘŬɑıʃ ɘŬɔ Űűlɜ ɛɑ ɢɟɔŸɜɣůɑd ůŰɛ ɘŬŰɟŮɑɛ ŮɣŰɛɘɛg Ůɑŭɛggʃ ´ɟɛɔɟŮɛɛŸŰɣɜ.
- ¢ ɢɟɐůɑd ´ɟɛɘɑ´Ű ɘɑı3 g´ɑɟůŮɑɜ3 gɔŮɑŬʃůŰűl3 i´Ůɘɑɟɛ ŮɑŮɔɢŰɛɑɦŰŰɟɑd ůŮ ůɢɣůɑd ɛŮŰʃŬůŰɘɑɣʃ´Ůɟɛɢɣʃɑɦɔɣ ŰɣɜɘŬɣŰŰŰɟɛŰɛŰɣɜ ŮgůɜɘŬŰűl3 Ůgɣɜ ´Ůɟɛɢɑı3 ɘŮɔŮ ɑɟůŸŮŮɑŮʃɛgʃɔgɜŮɑŮʃůŰűl3 ŬɟɦŰŮɛ ŮɛggʃɔɘŬŰűl3 ɛŮůŰɛɔɟŰíɑŮ.
- ɸɛ ɛŮŰŰűɟŮůɛɣɜɛ ɘŮɔ´ɛɘɘŰůɛɘɔŸ´ɟɛůŮɟɛɛůɛɣɜɛ ůŰŰ ÁɘɘɑdɜɘɔŸŮɟɔŮɔ·ŮɛÁɘɘ«Ɉɟ ŮɔŰɘɑɣʃŮɔɣɔɛɛg ɘŮɟɘɑɛɛg» ɑŬɛ´ɛɟɛıůŮɜŬɢɟůɛ´ɛɘɟɑŮɑůŮũŮɔɜɘıʃɑ ɜŰűɟɛıʃɑŰűlʃɑɔŮɔɜɔɛɛɘɣʃ´ŮɟɜűɣɟŮɔŮʃŰűlʃÁɘɘŸŭɛʃ.

6.2 Ɇgɛ´ɣɟŰůɛŬ

ɟ gŰɐ ɑ ɛŮɔɣŰűl, ɑ ɛ´ɛɑŬ´ɟŮɔɛŰŰɛ´ɛɜɐɑɟɑɘŮɔɘŬ´ɟı Ű̈l ű̈ɛɟŸůŰűl3 7ɈɟɐŰűl, ´ŮɟɣɣɢŮɔ ´ɛɘıŰɛůʃ´ɘɑɟɛűɛɟɑůʃɔɘŬ Ű̈ʃɑ ůŰŸůŮůʃɑ, Ű̈ʃɑ ɔɜı ůŮɔʃɑ ɘŮɔ ´ɟŮɔŰɛɔɣʃɑ ɔgɜŮɔɘı ɜ ɘŮɔ ɜŰűɟı ɜ ɔɜŬŰűl3 ɢɟɐůɑd Ű̈lʃɑɛŰůŰɛɔɟŰíɑŮʃɑŰɔ´ɣɟŬŰŬ ɦ Ű̈ʃɑɛŰůɛŭɛɜɛɔɜɣʃůgůɘɛɜɑůʃ ´ɛg ůgɜŸɜŰűlůŮ ŮůŰűŰůŮ ɘŮɔ ůgɛɐŰűlůŮ ɑɣɛŬŰű ´ɛg Ŭűɛɟɛıɜ Ű̈l3 ŬɛŰůɔŮůɛŰŰɛɔɐ ŮűŮɟɛɛɔɐ g´ɑɟůŮɑɜ3 ´ɟɦɘɑdɣɑdʃ Ű̈ɛg ɘŬɟɘɑɛɛg Ű̈ɛg ɛŰůŰɛi. ɆiɛűɣɜŬ ɛŮ ŰŰ ŬɛŰůɔŸůɛŰŰŰ ŬŮŰůŰűŰŰɔ ůgůŰlɛŰŰɛɔɐ ´ɛɜɘŰɛɔɐ ůŰl3 ´ɟɦɘɑdɣɑd Ű̈ɛg ɘŬɟɘɑɛɛg Ű̈ɛg ɛŰůŰɛi yŰůɜı ůŰŰɜŬŮɜɑɛŬɟɣɑdɛi3 ɛɜɔgɜŮɔůʃɔɜŬŰŰɛűɣɜɑd ŬɦŰl3 ´ɟɦɘɑdɣɑd ɢɣɟɑʃ ɜŬɔɛůŰŰɔŬɛůɛ´Ůůɛ ŰůɛŰŰɛɔɐ ɢɟɐůɑd.

Ƀ ůɣůŰʃ´ɟɛɘɑ´Ű ɘɑɦʃɣɜɔŮɔɢɛg ɑ ɣɔɘŬɟɑd ŭɜŸɔɜɣůɑd ɘŮɔɑ ůi·ůŰŰůd ï Ůɜ´ŮɑŭŮůůɑd Ű̈ɣɜ ɔgɜŮɔɘı ɜ ŬɛŰŰɔɛi3 Ű̈ɛ ɛɦɜɛ ŭɟɦɛɛ ɔɜŬɜŬɛŭɑdɔɐůŮɜɘŸɑŮɔgɜŮɔɐŬůŰűl3 ÁɘɘŸŭŬ ŮɔŮɜŸɟŰűŰŰŬ ŬɦŰʃ Ű̈ɛ ɛɣɟɛgʃ´ɛg ɛůɜ, Ű̈l3 ɘɛɜɣɜɛɛɜɛɔɜɛɛɜɐ Ű̈ɑgʃɑɣůɑd ɘŮɔ ɛɦɟűɣůɑd ɜŬ ɘŸɒŮɜ Ű̈ɛɜ ɘŮɔɘı Űűlɟɛ ´ɟɛɘɑ´Ű ɣɘŮɔɢɛg. ũɜŬ ɜŬ ´ŮůůŰɛi3 ɛɜ ɔgɜŮɔɐŮɑʃ ɜŬ Ůɔɛɑɛgɑdɐůɛgɜ ɣɜŬ ŰɟŸŰɛɜɛ ´ɟɦɔɟŮɛɛŬ dŬ ´ɟɣ´Ůɜ ɛɜ ɜŰűɟɛɑ ɜŬ Ű̈ɛggʃ Ůɜdɛůɟı ůɛgɜ Ůŭɟɘı ɛɑdɛůɛɑ ɜŬ ɘŸɒŮɜ Ű̈ɛ ɘŮɔɘı Űűlɟɛɑ ɛŮůŰɛi ɘŮɔ Ű̈ɛ ɛɦɟűɣůɑd ɑŬɛ´ɛɟɛıůŮɜŬɢɟůɛ´ɛɘɟɑŮɑůŮũŮɔɜɘıʃɑ ŰűlɟɛıʃɑŰűlʃɑɔŮɔɜɔɛɛɘɣʃ´ŮɟɜűɣɟŮɔŮʃŰűlʃ ɛŮůŰɛi ɘŮɔ Ű̈ɛggʃ ´ŭɟŸɔɜɜŰűlʃ ɘɛɜɣɜɛɛɜɛɔɜɛɛɜɐ ůgɛ´ŭɟɛɘŮɛɑůɛŰŰɛɔɐŸ ɜŬ ůgɛɛŰűɣɢɜɛgɜ ůŮ ´ɟɛɔɟŸɛɛŰŰŰ´ɟɦɘɑdɣɑd. ɃɘűɦɓɛɘŰɣɜ ɔgɜŮɔɘı ɜ ɔɜŬŰŰŰůɟɟɛɛŰŰŰŰűlʃɛŰůŰɛɔɟŰíɑŮʃ ɛ´ɛɟɛıůŮɜŬɢɟůɛ´ɛɘɟɑŮɑůŮũŮɔɜɘıʃɑ ŰűlɟɛıʃɑŰűlʃɑɔŮɔɜɔɛɛɘɣʃ´ŮɟɜűɣɟŮɔŮʃŰűlʃ ɛ´ɛɟɛıůŮɜŬ ɜŰűɟɛıʃɑŰűlʃɑɔŮɔɜɔɛɛɘɣʃ´ŮɟɜűɣɟŮɔŮʃŰűlʃ ɘŮɔɑ ůŰŰ ´ɘŸɒŮɜɣɜɛɛɜɛɔɜɛɛɜɐ ɢɟɐůɑd.

¢ ŬɛŰŰɔɛůŰűlɛŰůŰɛɦʃŰűlŰŰ´ɟɛɔɟŮɛɛŸŰɣɜ ɛɛŰůɜɘɛi ´ɟɛůɟɛ´ŰɣɛŰŰɛɔɐi ůɔɘɣɔɢɛg ɔɜŬŰűl3 ´ɟɦɘɑdɣɑd Ű̈ɛg ɘŮɔɘı ɜŰűɟɛıʃɑ Ű̈ɛg ɛŰůŰɛi dŬɛ´ɛɟɛıůŮɜŬɓůɔŰɛůɔdŮůɑɔŮɛɓŸɜɛɜŰŰɟg´ôɦɣɑd Ű̈ɛggʃ ´ŬɟŸɔɜɜŰűlʃ ´ɛg Ůdɟ·ŮŸɛɛgɜ Ű̈l3 ůgɛɛɦɟűɣůɑd Ű̈ɣɜ ɔgɜŮɔɘı ɜ. ƺ ŮɓŸůɑd ŰŰ ´ŬɟŮŸɜɣ ɘɟɑɛŰŰŰɔŬ ŬɟŮŰűl3ɛgʃɛůŰűŰŰɔɘɦʃgůɛŮůɜŮŰűɛɦʃgůŮ´ŬɟɛűŬɟŮɔɘɦ Ůɑ ŰűɛŭɟŮűl3ɛɑɛŰűɜŬ ŬɜŸŰűl3ɛgʃ´ɟɛɔɟŮɛɛŸŰɣɜ ɛɛŰůɜɘɛi ´ɟɛůɟɛ´ŰɣɛŰŰɛɔɐi Ůɔɘɣɔɢɛg ´ɟɦɘɑdɣɑdʃ ɘŬɟɘɑɛɛg Ű̈ɛg ɛŰůŰɛi ı ůŰŰɜŬ ŭɜŰűŮɔɘűŰɔɘůŰŰɑɣɜŬ ɘɛɜɦ ´ɘŸůɔɛ ŭɟŸŸůdʃ. Á´ɘůɑdɛŮɔɐŮɔŰŰɔ ɑ ŬɜŸɔɘɑd ɔgŬ ůgɜŮɔůʃ ´ɟɛů´ŸɑŮɔůʃ Ű̈ɣɜ g´ɑɟůŮɑɜ3 gɔŮɑŬʃ ´ɟɛɘŮɛɣɜɛg ɜŬ ŮɔŭűŰɔɘůŰŰɑ ´ɟɛɘɑ´Ű ɣɘŮɔɢɛg ɔgŬ ɦɘůʃ Ű̈ʃɑ ɔgɜŮɔɐŮʃ ´ɛg ´ɘɑdɟɛi3 ŰŰ ɘɟɛɟɛŬ ɸŬ Ůɛ´ɦŭɛŬ ɘŮɔ ɛɜ ´ŬɟŸɔɜɜŰűlʃ ´ɛg Ůdɟ·ŮŸɛɛgɜ Ű̈l3 ůgɛɛɦɟűɣůɑd Ű̈ɣɜ ɔgɜŮɔɘı ɜ ůŰűl ŭɜŮɔɘɣɔɢɛg ɜŬ ŰűlɟɛıʃɑŰűlʃɑɔŮɔɜɔɛɛɘɣʃ´ŮɟɜűɣɟŮɔŮʃŰűlʃ ´ɟɛůɟɛ´ŰɣɛŰŰɛɔɐi ɑ ůgɔɘŮɟɛɛɣɜɑd

ɛ Ů̆ɚɏŰɖ Ŭɜɏŭ Ů̆ɞŮ̆ ɖŬ ɛ ´ ɞɟ ɞɨ ůŬɜ ɜŬ ůɡɕɖŰɖɗɞɨ ɜ əŬɘ ɜŬ Ů̆ɘŰɛ ɖɗɞɨ ɜ ´ ɟ ɞ Űɜ ůɢŰɘŬůɛ ɧ Ů̆ɜɧɠ Ů̆ɗɜɘɞɨ ´ ɟ ɞɔɟ Ɏɛɛ ŬŰɛɠ ɔɘŬ Űɖɜ ´ ɟ ɧɚɖɣ ɖ Űɛɡ əŬɟ əɞɞɡ ɛ ŬůŰɛɨ .

Ⱥ´ ɑůɖɠ ůɖɛ ŬɜŰɘɧ ɟ ɧɚɞ əŬɚŮ̆ɗŰŬɘ ɜŬ ŭɘŬɟ Ŭɛ ŰɑůŮ̆ɘ ɞ ɇ ɞɛɏŬɠ Ⱦɞɞɤ ɜɘɐɠ ȽŬɟ ɘɐɠ Űɛɡ ɄŬɜŮ ɘůŰɖɛɞɡ Ⱦɟɐ Űɖɠ ɛ Ů ´ ɟ ɞɔɟ Ɏɛɛ ŬŰŬ ůɡɜŰɞɨ ɠ Ů̆ɘ ´ ŬɑŬɡůɖɠ ůŰɛɡɠ ɘŬɟ ɞɨ ɠ ũ Ů̆ɜɘɐɠ ȽŬɟ ɘɐɠ əŬŰɖɜ Ŭɜ Ɏ Űɡɜɖ əŬŭɘŬɜɞɛɐ Ů̆ɗɜɘɩ ɜ əŬŰŮ̆ɡɗɡɜŰɐɟ ɘɤ ɜ ɞŭɖɔɘ ɜ ɔɘŬ Űɛɜ ɞɛ Űɘɘɧ ´ ɟ ɞůɡɛ ´ Űɤ ɛ ŬŰɘɧ ɏɚŮ̆ɔɞ.

7. dHdbş HBũΛµ ū ĦΤΆÆ µ ?µ ū ΒΛΆÆ

1. Malliou S, Ajnantis N, Pavlidis N, Kappas A, Kriaras J, Geroulanos S. History of mastectomy, Archives of Hellenic Medicine 2006, 23:260-278.

2. Karpozilos A, Pavlidis N. The treatment of cancer in Greek antiquity. Eur. J. Cancer 2004, 40:2033-2040.

3. ζ ŬĴəɣŰ℮gƒÆ. ĦůŰ℮Ĵ dŬŰ[gƒĦŬŰĵəɒɐgµ dɐɜŬ, 1993.

4. µ ´ɞůŰ℮əɑŭdgƒ Ʉ. ÁĴɛdɜŮgŰ℮ɦ əŮɜəɦ ´Ŭůıɜ ŰɣɜəɣɜŮɣɜ Ű℮g Ĥ´ɞəĴ ɣŰ℮ggƒ. ÁəŭɦůŮɜgƒũŬbĴɜ[əɑŭdgƒ, µ dɐɜŬ 1997:387, 477.

5. ũŮɣĴɔŬəɦ´ɞgəɜgƒT. µ ĴɢĠŰɞɜÖəəd[ɜŮgƒĦŬŰĵɞɑ, ĦŮůı , 1998.

6. Parkin DM, Pisani P, Ferlay J. Estimates of the worldwide incidence of 25 major cancers in 1990. Int J Cancer 1999, 80:827-841.

7. Parkin DM, Bray FI, Devesa SS. Cancer burden in the year 2000. The global picture. Eur J Cancer 2001, 37:S4-S66.

8. Cortesi L, Chiuri VE, Ruscelli S, Bellelli V, Negri R, Rashid I, Cirilli C, Fracca A, Gallo E, Federico M. Prognosis of screen-detected breast cancers: results of a population based study. BMC Cancer 2006, 6:17.

9. Keller B, Zemp Stutz E, Tibblin M, Ackermann- Liebrich U, Faisst K, Prbst ï Hensch N. Screening mammography in Switzerland: what makes female and male physicians prescibe them. Swizz Med Wkly 2001, 131:311-319.

10. Santora L, Mahoney C M, Lawvere S, Englert J, Symons B A., Mirand L A. Breast cancer screening beliefs by practice location. BMC Bublic Health 2003, 3:9.

11. Dundar PE, Omen D, Ozturk B, Haspolat G, Akyildiz F, Coban S, Cakiroglu G. The knowledge and attitudes of breast self-examination and mammography in a group of women in a rural area in western Turkey. BMC Cancer 2006, 6:43.

12. http://www.who.int/whosis/whostat/en/ World Health Statistics 2008, World Health Organization.

13. http://www.mastologia.gr, ũ. TŬŰůYɜɞgƒ, µ . ¢ĴŬəŬŰɣəəd[gƒ Mastologia, ¢Ůɨɞɞgƒ #6, ÆŮŰɣɛbĴɜɞgƒ - ΒəŰɨ bĴɜɞgƒ - ?ɞɣɛbĴɜɞgƒ 2006 page 2.

14. Ferlay J, Autier P, Boniol M, Heanue M, Colombet M, Boyle P. Estimates of the cancer incidence and mortality in Europe in 2006. *Annals of Oncology* 2007, 18:581-592.

15. http://www.cancer.gov/cancertopics/types/breast

16. htpp://www.cancer.org. American cancer society, Cancer Facts and figures 2008.

17. Patient Health International. Treatment options and issues for younger women with early breast cancer. Feature; October 2005. Available at: http://www.patienthealthinternational.com/features/8836.aspx

18. World Health Organization. Atlas of Health in Europe. 2003. World Health Organization, Regional Office of Europe, Copenhagen, Denmark.

19. Boyle P, Ferlay J. Cancer incidence and mortality in Europe. Annals of Oncology. 2005, 16:481-488.

20.Tyczynski JE, Bray F, Maxwell Parkin D. European Network of Cancer Registries (ENCR). International Agency for Research on Cancer. Breast Cancer in Europe. ENCR Cancer Fact Sheets, Volume 2, December 2002

21.http://www.europarl.europa.eu/sides/getDoc.do?pubRef=-//EP//TEXT+REPORT+A5-2003-0159+0+DOC+XML+V0//EL

22. www.statistics.gr

23. http://www.mastologia.gr, Ηλεκτρονική έκδοση .Mastologia, τεύχος #8, Ιανουάριος, Μάρτιος 2007 page 1.

24. http://www.bestrong.org.gr/el/learncancer/statisticscancer/greece/

25. Vlachonikolis IG, Aletra TJ, Georgoulias V. Incidence of breast cancer on Crete, 1994-1995. Eur J Cancer 2002, 38:574-7.

26. Duffy SW, Tabár L, Chen HH, Holmqvist M, Yen MF, Abdsalah S, Epstein B, Frodis E, Ljungberg E, Hedborg-Melander C, Sundbom A, Tholin M, Wiege M, Akerlund A, Wu HM, Tung TS, Chiu YH, Chiu CP, Huang CC, Smith RA, Rosén M, Stenbeck M, Holmberg L. The impact of organized mammography service screening on breast carcinoma mortality in seven Swedish countries. Cancer 2002, 95:458-69.

27. Beckett J R, Kotre C J, Michaelson J S. Analysis of benefit:risk ratio and mortality reduction for the UK Breast Screening Programme. British Journal of Radiology 2003, 76: 309-320.

28. Blanks R G, Moss S M, McGahan C E, Quinn M J, Babb P J. Effect of NHS breast screening programme on mortality from breast cancer in England and Wales, 1990-8: comparison of observed with predicted mortality. BMJ. 2000, 321: 665ï 669.

29. Greenwald P. A favorable view: progress in cancer prevention and screening. Recent Results Cancer Res. 2007, 174: 3-17.

30. Akker-van Marle E. Van den, de Koning H, Boer R, van der Maas P. Reduction in breast cancer mortality due to the introduction of mass screening in The Netherlands: comparison with the United Kingdom. J Med Screen. 1999, 6:30-4.

31. Day N, Warren R. Mammographic screening and mammographic patterns. Breast Cancer Res. 2000, 2:247-51.

32. Hackshaw A. EUSOMA review of mammography screening. Annals of Oncology 2003, 14:1193-1195.

33. Avci IA, Kurt H. Health beliefs and mammography rates of Turkish women living in rural areas. J Nurs Scholarsh. 2008, 40:170-5.

34. Ganry O, Boche T. Prevention practices and cancer screening among general practitioners in Picardy, France. Public Health 2005, 119:1023-30.

35. Halabi S, Skinner CS, Samsa GP, Strigo TS, Crawford YS, Rimer BK. Factors associated with repeat mammography screening. J Fam Pract 2000, 49:1104-12.

36. Bazargan M, Bazargan SH, Calderon JL, Husaini BA, Baker RS. Mammography screening and breast self-examination among minority women in public housing projects: the impact of physician recommendation. Cell Mol Biol (Noisy-le-grand) 2003, 49:1213-8.

37. Bekker H, Morrison L, Marteau TM. Breast screening: GPs' beliefs, attitudes and practices. Family Practice 1999, 16:60-65.

38. Constanza ME, Stoddard AM, Zapka JG, Gaw VP, Barth R. Physician compliance with mammography guidelines: barriers and enhancers. J Am Board Fam Pract. 1992, **5**:143-52.

39. Tolma EL, Reininger BM, Ureda J. What predicts a Cypriot womanôs decision to obtain or not obtain a screening mammogram? Implications for the promotion of screening mammography in Cyprus. Eur. J Cancer Prev. 2006, 15:149-57.

40. Trigoni M, Griffiths F, Tsiftsis D, Koumantakis E, Green E, Lionis C. Mammography screening: views from women and primary care physicians in Crete. BMC Womens Health 2008, 7;8:20.

41. Brotons C, Bjorkelund C, Bulc M, Clurana R, Godycki ï Cwirko M, Jurgova E, Kloppe P, Lionis C, Mierzecki A, Pineiro R, Pullerits L, Sammut M, Sheehan M, Tataradze R, Thireos E, Vuchak J. Prevention and health promotion in clinical practice: the views of general practitioners in Europe. Preventive Medicine 2005, 40:595-601.

42. Levi F., Bosetti C., Lucchini F., Negri E., Vecchia C., Monitoring the decrease in breast cancer mortality in Europe. Eur. J Cancer Prev. 2005, 14:497-502.

43. www.cancer.org/guide/guidchec.html

44. Duport N, Ancelle-Park R. Do socio-demographic factors influence mammography use of French women? Analysis of a French cross- sectional survey. Eur.J Cancer Prev. 2006, 15:219-24.

45. Alcaraz M, Liuch A, Miranda J, Salas MD. Study if non participation in the breast cancer screening program in the city of Valencia (Spain). Gac Sanit. 2002, 16:230-5.

46. Shapiro S, Coleman EA, Broeders M, Codd M, de Koning H, Fracheboud J. *et al*. Breast cancer screening programmes in 22 countries: current policies, administration and guidelines. International Breast Cancer Screening Network (IBSN) and the European Network of Pilot Projects for Breast Cancer Screening. Int J Epidemiol 1998, 27:735ï 42.

47. Domenighetti G, D'Avanzo B, Egger M, Berrino F, Perneger T, Mosconi P, Zwahlen M. Women's perception of the benefits of mammography screening: population-based survey in four countries. Int J Epidemiol. 2003, 32:816-21.

48. Mousiama T, Loakimidou S, Largatzi E, Kaitelidou D, Liaropoulus L. Health technology assessment in the area of prevention: selected screening cases in Greece. Int J Technol Assess Health Care 2001, 17:338-57.

49. Garas I, Pateras H, Tiandafilou D, Georgountzos V, Mihas, Abatzoglou M, Trichopoulos D. Breast cancer screening in Southern Greece. European Journal of cancer prevention 2004, 3:35-39.

50. Lionis C, Samoutis G, Kouroussis C, Trigoni M, Georgoulias V. Teaching cancer management to primary care health staff: the first experience gained from Crete. J Cancer Educ. 2005, 20:6-7.

51. Keramopoulos A. et al. qøŬɔɜɤůŰøɐ ´ɻɛůɣɔɔɷůɖ ɔgɜŬɷɪ ɜ ɛŮəŬɻəɑɛ ɛŬůŰɛɨɠ Ű[ɜ Ⱥəə¥ũŬ - Diagnostic approach to women with breast cancer in Greece, Archives of Hellenic Medicine 2005, 22:66-72).

52. www.mastologia.gr

53. Gøtzsche PC, Nielsen M. Screening for breast cancer with mammography. Cochrane Database Syst Rev. 2006 Oct 18;(4):CD001877.

54. Elmore J, Armstrong K, Lehman C, Fletcher S. Screening for Breast Cancer Cl., JAMA. 2005, 293(10):1245-56.

55. Moss SM, Cuckle H, Evans A, Johns L, Waller M, Bobrow L; Trial Management Group, Effect of mammographic screening from age 40 years on breast cancer mortality at 10 years follow up: a randomized controlled trial, Lancet 2006, 368(9552):2053-60.

56. Armstrong K, Moye E, Williams S, Berlin JA, Reynolds EE. Screening mammography in women 40 to 49 years of age: a systematic review for the American College of Physicians. Ann Intern Med. 2007, 146:516-26.

57. Ogedegbe G, Cassells AN, Robinson CM, DuHamel K, Tobin JN, Sox CH, Dietrich AJ. Perceptions of barriers and facilitators of cancer early detection among

low-income minority women in community health centers. J Natl. Med. Assoc. 2005, 97:162-70.

58. Beaulieu MD, Beland F, Roy D, Falardeau M, Hebert G. Factors determining compliance with screening mammography. CMAJ. 1996, 154:1335-43.

59. Metch, L.R, McCoy, Clyde B, McCoy, H.Virginia, Pereyra, Margaret, Trapido, Edward &Miles, Christine. The role of Physician as an Information Source on Mammography. Cancer Practice 1998, 6:229-236.

60. Keller B, Zemp Stutz E, Tibblin M, Ackermann-Liebrich U, Faisst K, Probst-Hensch N. Screening mammographies in Switzerland: what makes female and male physicians prescribe them? Swiss Med Wkly 2001, 131:311-319.

61. Mandelblatt J.S, Robin K.Yabroff. Effectiveness of Interventions Designed to Increase Mammography Use: A Meta ï Analysis of Provider-targeted Strategies. Cancer Epidemiology Biomarkets & Prevention 1999, 8:759-767.

62. MacDowell NM, Nitz Weiss M, Short A. The role of physician communication in improving compliance with mammography screening among women ages 50-79 in a commercial HMO. Manag. Care Q 2000, 8:11-19.

63. Silverman E, Woloshin S, Schwartz LM, Byram SJ, Welch HG, Fischhoff B. Women's views on breast cancer risk and screening mammography: a qualitative interview study. Med Decis Making 2001, 21:231-240.

64. David H, ThomMD. Training physicians to increase patient trust. Journal of Evaluation in Clinical Practice 2000, 3:245.

65. Costanza M, Zapka J, Harris R, Hosmer D, Barth R, Gaw V, Greene H, Stoddard A. Impact of a physician intervention program to increase breast cancer screening. Cancer Epidemiology Biomarkets & Prevention 1992, 1:581-589.

66. Edwards A. Communication about risk -dilemmas for general practitioners. British Journal of General Practice 1997, 47:739-742.

67. Goyder E. Telling people about screening programmes and screening test results :how can we do it better. Journal of Medical Screening 2000, 7:123-126.

68. Donato F, Bollani A, Spiazzi R, Soldo M, Pasquale L, Monarca S, Lucini L, Nardi G. Factors associated with non-participation of women in a breast screening programme in a town in northern Italy, J Epidemiol Community Health 1991, 45:59-64.

69. Luengo-Matos S, Polo-Santos M, Parkinson Z. Mammography use and factors associated with its use after the introduction of breast cancer screening programmes in Spain. Eur J Cancer Prev. 2006, 15:242-8.

70. Munn EM. Nonparticipation in mammography screening: apathy, anxiety or cost? N Z Med J 1993, 14:284-286.

71. Robin K.Yabroff, Mandelblatt J.S. Interventions Targeted toward Patients to Increase Mammography Use. Cancer Epidemiology Biomarkets & Prevention 1999, 8:749-757.

72. Young F. R, Severson K. R. Breast Cancer screening barriers and mammography completion in order minority women. Breast Cancer Research an Treatment 2005, 89;111-118.

73. Flynn BS, Gavin P, Worden JK, Ashikaga T, Gautam S, Carpenter J. Community education programs to promote mammography participation in rural New York State. Prev Med. 1997, 26:102-8.

74. Engelman KK, Hawley DB, Gazaway R, Mosier MC, Ahluwalia JS, Ellerbeck EE. Impact of geographic barriers on the utilization of mammorgams by older rural women. Journal American Geriatrics Society 2002, 50:62-68.

75. Engelman KK, Ellerbeck EF, Perpich D, Nazir N, McCarter K, Ahluwalla JS. Office systems and their influence on mammography use in rural and urban primary care. J Rural Health 2004, 20:36-42.

76. Coughlin S.S, Thompson T. D, Hall H. I, Logan P, Uhler R. Breast and cervical carcinoma screening practices among women in rural and nonrural areas of the United States, 1998-1999. Cancer 2002, 94:2801-12.

77. Oliver-Vázquez Marlén, Melba Sánchez-Ayéndez, Erick Suárez-Pérez, Himilce Vélez-Almodóvar and Yamilet Arroyo-Calderón. Breast cancer health promotion model for older Puerto Rican women: results of a pilot programme. Health Promotion International 2002, 17:3-11.

78. Coolleen J. Maxwell. Predictors of mammography use among Canadian women aged 50-69 :findings from the 1996/97 National Population Health Survey. CMAJ. 2001, 164:329-334.

79. Pearlman D.N, Rakowski W, Clark MA, Ehrich B, Rimer BK, Goldstein MG, Woolverton H. Why do womenôs attitudes toward mammography change over time? Impications for physician ï patient communication. Cancer Epidemiology Biomarkets & Prevention 1997, 6:451-457.

80. Smith RA, Saslow D, Sawyer KA, Costanza ME, Evans WP, Foster RS, Hendrick E, Eyre HJ, Sener S. American Cancer Society Guidelines for Breast Cancer Screening: Update 2003. CA Cancer J Clin. 2003, 53:141-169.

81. American Cancer Society. Cancer Facts & Figures 2005. Atlanta, GA: American Cancer Society; 2005.

82. Smith R, Cokkinides V, Eyre H. Cancer Screening in the United States, 2007 A Review of Current Guidelines, Practices, and Prospects CA Cancer J Clin. 2007, 57: 90-104.

83. Atman DG. Sample size, In th book: Practical statistics for medical Research. Chapman & Hall, London 1997, page ;248.

84. Lwanga SK, Lemeshow S. Two ï Sample situations In the book: Organization, Geneva 1991, pages:6-8.

85. http://www.york.ac.uk/res/iht/projects/I218252038.htm.

86. Griffiths F E, Green E E, Bendelow G, Blackett-Milburn K, Thompson D, Tsouroufli M. Innovative Health Technologies at Women's Midlife; Theory and Diversity among women and Experts 2003, (L218252038), ESRC.

87. Medical Outcomes Trust. Trust introduces new translation criteria. Medical Outcomes Trust Bulletin. 1997, 5: 1ï 4.

88. Pope C, Mays N. Qualitative research in health care. British Medical Journal Books; 2000.

89. Patton M. Qualitative research and evaluation methods. London, Sage publications; 2002.

90. Silverman D. Interpreting qualitative data. London: Sage; 1993.

91. Green, J. and Thorogood N. Qualitative Methods for Health Research. London, Sage; 2004.

92. Landis J. R, Koch G.G. The Measurement of Observer Agreement for Categorical Data. Biometrics. 1977, 33: 159-174.

93. Lagerlund M, Anna Hedin A, Sparén P, Erik Thurfjell E, Mats Lambe L. Attitudes, Beliefs, and Knowledge as Predictors of Nonattendance in a Swedish Population-Based Mammography Screening Program. Prev Med. 2000, 31:417-28.

94. Lurie N, Slater J, McGovern P, Ekstrum J, Quam L, Margolis K. Preventive care for women. Does the sex of physician matter? N Engl J Med 1993, 329:47882.

95. Franks P, Clancy CM. Physicians gender bias in clinical decision-making: screening for cancer in primary care. Med Care 1993, 31:2138.

96. Herman CJ, Lengerich EJ, Stoodt G. Variation in recommendations for breast and cervical cancer screening among primary care physicians in North Carolina 1991, South Med J. 1996, 89:583-90.

97. Kloppe P, Brotons C, Anton JJ, Ciurana R, Iglesias M, Pineiro R, Fornasini M. Preventive care and health promotion in primary care: comparison between the views of Spanish and European doctors. Aten Primaria 2005, 36:144-51.

98. Mandelblatt J S, Yabroff KR. Breast and cervical cancer screening for older women: recommendations and challenges for the 21st century. J Am Med Womenôs Assoc. 2000, 55:210-5.

ЏЈ ΛЈ Λ¢ ¢ ζ Ј ¢ Ј

Ј . ÆЈ ɔŬə-ŮŰŬ ɣЈ Ůgɜ ŬgſſŮ

1. Health Professionalôs Interview Schedule

1. What would you say are the main health priorities or concerns facing women in midlife?

2. Can you tell me what sort of questions women raise with you in relation to menopause, and has this changed over your working life?

3. Do women mention other people who they have turned to for information about midlife health and wellbeing and if so who? (probe for other health professionals, friends, relatives etc)

4. Can you tell me about your views on womenôs health in midlife? For example do you see this as a marked time of ócangeô or simply a transition?

5. How knowledgeable and up-to-date do you feel about the mammography our study is interested in (screening for breast cancer).

6. Is training on existing and developing mammography for women at midlife available to you?

i. If so, can you tell me what types?
ii. Do you take advantage of this?
iii. How do you assess their worth

7. Do you use the Internet at all? Do you use it to update your professional knowledge? What about on the subject this study is interested in?

8. Can you tell me how you view this health technology both at a professional level and at a personal level if this applies to you and/or your partner?

9. How knowledgeable are your patients about mammography we are focusing on in this project that is on offer? Are they more familiar with some than other ?

10. What do you think are women's main priorities in regard to decisions about mammography?

11. How do you approach the issue of informing women about the potential risks and benefits of mammography?

i. Do you think this is important?
ii. How do women react?
iii. What issues do women bring up in relation to risk and benefit?
iv. What appears important to women?

v. Is this different from what seems important to you as one of their health professionals?

12. Do most women find the decision to use particular mammography a difficult one? How do you help them with this?

13. How usual is it for you to recommend mammography for women, for example do you wait for women to ask or are you more likely to suggest the mammography directly?

i. If it varies, what type of issue makes you decide to mention it to one woman and not another?

14. Do you consider that midlife women have become the focus of too much medical intervention?

15. Do you have any concerns about addressing the question of the mammography with women?

16. Is the way you approach that discussion affected by womenôs individual circumstances?

17. How do you manage the situations where women may disagree with the advice offered?

18. What reasons have your women patients given if they choose not to use the mammography screening?

19.. Do you raise, or do any of your women patients discuss using self-care strategies and or alternative therapies instead of, or alongside, health technologies? Can you tell me what types?

20.Can you tell me how you view such strategies and therapies, and what your professional experiences and knowledge are of them?

i. Can you think about this question in relation to your personal experiences and knowledge?

21.Do you understand these alternative forms of health care as ótechnologiesô

22. .Do you think differences such as culture, age, ethnicity, disability and socio-economic status have an impact on womenôs knowledge of or attitude towards mammography?

23. Do you think these differences impact on health professionalôs relationships with women patients?

24. How comfortable and confident do you feel most women are about voicing their own opinions with you as a health professional?

25 May I ask your age?

26. May I ask if you take advantage of any of mammography? (ask which ones if information not volunteered).

27. How would you describe your ethnicity?

28. Can you tell me your job title and give me a brief description of what that entails?

29. How many years have you been working as a health professional?

30. How many years have you been working in your current post?

31. Do you undertake any professional work in addition to being the practice nurse/GP here seeing patients, eg teaching, research, management, audit, other clinics etc either within or outside the practice?

2. Midlife Women Interview Schedule

In this study we are interested in women's stories about their middle years. We want to learn how women feel about themselves, their lives, their sense of health and wellbeing and their approach to medical issues and therapies.

1). Can we start, therefore, by your telling me something about yourself and your background, for example your age and whether you live with and share your home with other people?

2). Can you tell me what's happening in your life generally at the moment, for example within your relationships, home, work, leisure time, friendship links.

3). How would you describe your own health at the moment?

i) How do you feel at the present time in relation to your body?

4). Have you any concerns for your future health?

i) What do you think will happen to your body in future years?

ii) How do you feel about ageing?

5). What would you say are the main health priorities or concerns facing women in midlife?

6). Can you tell me what you know about mammography?

7) Can you tell me how you found out about mammography?

8) Did you use the Internet at all?

9).Have you any thoughts on the 'safety' or 'risks' of any of mammography?

i) What is your understanding of your results ?

10). You may know women who have had mammography. What impact has their experience had on you?

i) Do you think you have influenced other women that you know, such as friends or family members in regard to mammography?

11). Do you consider that midlife women have become the focus of too much medical intervention?

12). Do you, or have you, used any alternative forms of health care? (Alternative therapies such as aromatherapy, massage, supplements and lifestyle options such as diet, exercise)

i. Have you used them recently?

ii) Have you used them for the health problem that you are here with today?

iii).Again, as with the question we discussed earlier, do you think your attitude towards alternative forms of health care has influenced other women you know, such as friends or family members?

iv) Can you tell me how you found out about these alternative forms of health care, and did you use the Internet?

13). Can you tell me about your feelings and experiences of talking to health professionals about your health needs recently. It may help to start with the first health professional you spoke to.

i). Have you found it easy or difficult to talk to any health professionals?

ii)Have you had to develop ways in which to approach sensitive subjects,

such as breast problems, with health professionals?

iii)Have you felt listened to and your views respected, or felt your views

dismissed?

iv)Have the health professionals given information/advice on alternative

forms of health care?

v)Did you feel you received enough information to make a proper

'choice' about your health needs?

vi)Is the sex of the health professional important to you, whether they are male or female?

Cultural differences: May need to probe for:
Use of an interpreter: is this always offered? Or, does the woman have to (or prefer) to use a family or kin member?
Importance of female doctors - particularly for Muslim women
Whether given advice about where to find written information in appropriate language.

Physical Disability:
Who does the health professional talk to, if accompanied by a carer, the carer or the patient?

14). Sometimes choices about health care and treatments have pros and cons, and are not straightforward. Can you tell me how health professionals raised the question of 'safety' and órisksô in relation to health care, such as mammography, with you?

15). Thinking about your relationship with health professionals, can you describe how you think your health care decisions have been taken, for example who takes the decisions/how are decisions arrived at?

i) Did you find health professionals enable you to take the decision or that their judgements take precedence over your choice?

ii) Did you feel you came to a shared decision with the health professional?

iii) Did you feel happy for the health professional to take the decision, as

the 'expert'?

iv) Have you ever received conflicting advice from health professionals on the test mammography we have discussed in the interview and how do you feel about this?

16) I have now reached the end of my questions, do you have any questions for me?

I will be listening again to what you have told me and the research team will read a transcript of this interview. Sometimes we find that further questions occur to us that we would like to ask you. Would you be agreeable to me contacting you again? (to ask questions by telephone and/or for a further face to face interview).

In order to gain a clear picture of womenôs differences and diversities we would be grateful if you could answer the following general questions.

How old are you?.....

Do you live alone or do you share your home with other people?

Alone □ Other people □

If other people, can you please say who.....

Do you have any children or grandchildren? Yes □ No □

Children □ Ages?.....Grandchildren □ Ages?.....

Which of these groups do you consider yourself to belong to?

White-British □ White-Irish □ White-Other□

Indian □ Pakistani □ Bangladeshi □

Black African □Black Caribbean □ Black Other □

Chinese □ Other □

Do you consider yourself to be:

Heterosexual □ Lesbian □ Bi-Sexual □

Do you have any problems with mobility? Yes □ No □
If so, can you please tell us more about this.....

Do you consider yourself disabled? Yes □ No □
Please briefly describe your disability.....

Do you require the assistance of a wheelchair? Yes □ No □

Do you have any long-term health conditions? Yes □ No □
If so, can you please tell us about

these.....

Do you have a regular exercise/sport programme? Yes □ No □
If so, can you please tell us what you

do.....

What is the occupation of the main wage earner in the household,
if any, and can you tell us who this is?.....

Can you please tell us which **weekly** income band your household falls within:

Under £100 per week □£100 and less than £200 □

£200 and less than £300 □ £300 and less than £400 □

£400 and less than £500 □ £500 and less than £700 □

£700 and above □
What is the first part of your

postcode?.....

How old you were when you completed your formal education?.....

What is your highest educational

qualification?.....

Can you please give us the following information in relation to yourself:

Whether you have a paid job Yes □ No □
If so, can you give us the title of your jobé é é é é é é é é é é é é é é é

Can you describe very briefly what you do in your

jobé é é é é é é é é é é ...

é ..

Whether you undertake any other kinds of work? Yes □ No □
(For example caring for a family member, such as a disabled or frail elderly parent/ child/grandchild, or whether you work as a volunteer with any organisation/ community group). If so can you please give details.....
.....

If you have a paid job, can you please tell us:

Are you employed/self employed full time Yes □ No □

Are you employed/self employed part time Yes □ No□

Are you unemployed and claiming benefit Yes □ No □

Are you unemployed and not claiming benefit Yes □ No □

Do you receive any other benefits Yes □ No□

Are you in receipt of state pension Yes □ No □

Are you in receipt of an occupational pension Yes □ No □

Are you the dependant of someone Yes □ No □

Do you consider:

You have not yet reached the menopause/change of life Yes □ No □

You are going through the menopause/change of life Yes □ No□

You have been through the menopause Yes □ No □
None of the above apply - please describe.....
Have you ever used: Breast Awareness Yes □ No □
The Mammography Service Yes □ No □

**3. Ч.Ж.Ф.Ц.Ж.Ъ.Ь.Ъ.Ь.Ъ.Ь

Ü. ÖGÜÜÖGJdûæe´eæûÛèÜgÜ¥gf´JĥûűÜÜÜ;

6.. j JdûæG´eèÛÜÜÖ ÜgÜ¥gf ceÜ Üè ´JĥÞèdeÜ gcÛÛÜgf ceÜ Üè e´eœ ÛûÖÜÛÜÜÖ ÛÜı ûæeÜJÜ;

c. U¥Yèe, ĥ´x gfeÛÜl3 Ûĵı Ülůd´eg ûgœdÜèûÜeÛ3xJdÜĵÜ, 3eeœÜÜÖ ĥÜèd ûÜ¥ůd ûÜgf Ü ¥3ÜèÜè ûÜgf Üè3Üèe»Üè»¥gf eeJűygf űJe3Üűü Ügf gcÛÛÜgf ygÜè Ö dJ ÜY¥ůÜè Yèe»Ügf ceg3ÜœÜgf´eg ce3xJœÜÜÖ, ĥ´x gfÛœÜè3eűœÛgfæ ÜÜεyèd Ülgfeæe3y3ÜÛÜgf;

ü. z ´eJÛÛÜÖ3Ü εeg ´ÛÛÜÖ´x gf ÜèÜèÜe»i ¥ÜÜÜce Ügÿ¥gf Ügf Üè3Üèe»Üè»¥gf eeJű¥gf űJe3ÜűüÜgf gcÛÛÜgf, eÜèÜÛûÛgfGJdûæe´eæûÜÜÜÜè internet;

13. z ´eJÛÛÜÖ3Ü εeg ´ÛÛÜÖce Ü ÜÜûge3ÜèûdæεÜÜ¥ûÜgfeÜèÜgf Üæ´Ûæjdgfû Ügf Ü ĥ Ülž3 ûgœÜlůd´eg ÛœÜÜÜεÛÜègf Ü Üèce Ûè»εÜÜÛgf gcÛÛÜgf ceÜ Ügf Üè3Y¥eÛgf Ülgf gcÛÛÜgf ûÜgf´JĥûűÜÜÜ; z ´eJÛÛÜÖ3Ü Ügœû ÜÜÖεÜè3 ´Jı Üè ÜÜèce Ûè»εÜÜÛ gcÛÛÜgf´eg eæ»eûÜÜÜ;

Ü. ¢e bJœûeÜÜÜÛ¥eeæe e ü¥ûæeæe 3Ü εæ»eûÜÜÜεÛe´eœgûüe´eÜÜÛ Üèce Ûè»εÜÜÛgf gcÛÛÜgf;

6. ÖGÜÜÜbJÛè Ügĵĥ´egdfεÛÜègdfe´eœgdf3Ü´ædû¥ÜÜÜÜÜÜgÜûœdqÜÜ dyεÜÜÜ, ĥ´x gf ÜÜ´JeбæeεÜÜÜÜègûÜèdegdf, εÜÜègdfÜ Üèce Ûè»εÜÜÛgf gcÛÛÜgf;

c. ÖGÜÜÜÜÜûœdÜ3dÜûĥÜèûÜgfÜèei3´JeûÜèÜè»Y¥eÜèeÜ ĥy¥Ügfû Ügf ÛœÜè¥ûÜÜÜ¥gf, e ygÜÜÜÜÜûœdÜ3dÜûÜègfÜ ĥy¥Ügfû Ügf ĥÜè¥ygeeg3 Ü eJJ¥ű´ÜÛ;

ü. ÖGeeg3 ü¥ ûÜè ee Ü Üèce Ûè»εÜÜÛgf gcÛÛÜgf ´ædJeűeJdÜ /ûgεbeegæe ´Y3x ûÜ Üè3Üèe»Üè»¥gf eeJű¥gf űJe3ÜűüÜgf gcÛÛÜgf;

Ü J sûdÜ3dèeÜÜÜĥÜèe¥YbÜÜÜÜJ¥eÜÜ¥gf´ædJeűeJdÜgf ceÜ3Ü e¥3ÜÜÜÜž3 eÜÜ¥ææqæq Ü »eceæ ceÜÜègf Üè3¥eÜgf Ülgf gcÛÛÜgf ûÜgf;

ûÜÆœÜèÜè ű¥ æe Üèeg Ü Üèce Ûè»εÜÜÛgf gcÛÛÜgf ûqεÜè3Üèeĥ ceÜûÜgf, Ü¥3 ÛœÜè¥3ü¥Ügf e ceg3ÜœÜ;

U eæeÜèûÜègf ü¥eÜűeJ¥gf: U¥dÜ3e Ü3¥Yèq3ÜÜè3ÜÜ¥ûÜÜÜ´J eûÜèÜègf¥Y ceÜ:
j Je ûq Üèĥgfü¥eÜJ εq3¥Ü: U¥J eûűy¥J ÜÜÜèÜgÜĥ´Y3ÜÜ; ō, e¥3Üè Ülcg3ÜœÜ3Ü´J¥´Üè (e 3Ü´J eÜÜ¥eûÜè) 3Ügj qûæe´eæûÜè¥y3Üεyèeqf Ülgf eæeceÿ3ÜèÜgf e Ü ĥ Üèce ûĥq¥ Æqε ÜûdÜÜx3 cg3ÜèeI 3 eÜÜJı 3, eü¥ÜdÜÜJ Ücè3ÜÜgf Üèeæü Ü ygf cg3ÜœÜgf.
ÆY3 e¥ eæqf Üègf ygÜè ü¥ ûÜè ûgεbeeqæ¥gf ûqÜÜèe¥ εÜÜè´eg 3Ü bJeeg3 cJ Ü Ügf ´ædJeűeJdÜgf ûÜlž3 eÜÜ¥ææqæq cæı ûûÜ.

ū gûæe Üè3eÜèĥÜlžÜÜ.
ÆÜ´eeĥ3 3Ü e¥3Üè Ülů gœÜlůd e Ü Üèce Ûè»εÜÜÛgf gcÛÛÜgf, Ü¥3 ûg3eü Ûı ÜÜÜèÜ ĥ y3Ü ´eg Üè3 ű¥eJ3ÜœÜè, ûÜè3 ű¥eJ3ÜÜûÜe e ûÜè3 ÜûdÜèe;

14. z Ûĵ e¥gfű eJ¥gfee Ü e»ceygfce Ülž3 ű¥eJ3ÜüÜgcÛÛÜgf eÜèÜÜgf dÜĵÜ ÛÛÜgf¥gegæ ÜÜ ´e Üè3Üè εÜÜÜ eÜèÜÜ ÜÜÜ eÜè3Üè εÜÜÜ eÜèüÜè ÛœÜè3eÜè εÜÜÜ eÜèÜÜ ÜÜÜ eÜèÜÜ ÜÜÜ eÜèÜÜ

«Ú[3 ə3ü+3[3» ûÛ ûc[ûd[ɛÛ Ú[3 ű[ɹc3Ú[ü[Ü gɔÛ[Ü[g, ɦ´[g Ú[3 ɛÜûÚ[c3[ÜÚ[dÜ ɛÛ ÛûY[g;

15. Æ[əÛű[Ûɦ[ɛÛ3[d[ɔ9Ü[Ú[3 û[c[ûd[û[Ü[g ɛÛ[Ú[3[gg[Û Ü[ɔÛ[>ɛÜÚ[Ûg[gɔÛ[Ü[g, ɛ´c[ɹ[Û[ÚÛ3Üɛc[g ´Ûɹ3ɔ[ɹ[Y[Y[ÛÚÛ´ı g[3cɛæ[ÜÚÛɦ[Ûɦ c9 Ü c[ű[Yû[Û[g[ɔ9Ü[Ú[3 ű[ɹc3Ú[ü[Ü gɔÛ[Ü[g[ûÜ[g ɣc[g3 ə[d[ű[dÛ[ɹ ɔ9Ü´Ûɹ[Yű[Û[>ɛÜ´c3æ[g´Ü[g3Û[>Ú[g[Ü c[ű[Yû[Û[g[/´[g[c9 Ü c[ű[Yû[Û[g[ɣű[ÚÜû[Ü3 ûÛûÜ[g;

Ü. d[ɹɛ9ÜÚÛ ɦ[Ûɦ c9 Û Ü[ɔÛ[>ɛÜÚ[Ûg[gɔÛ[Ü[g[Û[9ú[ɣ´[g3 ûÛ û[Ü[g 3Ü ´Y[ÛÚÛ Ú[3 Ü ɦ[ű[Ü[d[ɛ ɦ[Ûɦc9[9ə[ɹ[ûÛ[g[Ú[c[gg´Ü[g3c[g3 ´[ɹ[cÚ[ú[Ü[>ɦ[Ú[dÚÜ Ü ɦ Ú[3 ü3ə[ɛ û[Ü[g[Û[3æc[ɛ;

ß. ɹ 9û[dÜ3d[ə9ÜÚÛ ɦ[Ûɦ ɛc9[ÜûÚ[ə9ÜÚÛ ɛd[Ü ə[c3ə[ɛ Ü ɦ[ű[Ü[d[ɛÛ Ú[c3 Û Ü[ɔÛ[>ɛÜÚ[Ü gɔÛ[Ü[g;

ɔ. ɹ 9û[dÜ3d[ə9ÜÚÛ[cÜ[ɹc+ɛÛ3[d[ɔ9Ü Ú[3 ə[ɛɣ[d Ú[g[Ü ɦ[ű[Ü[d[g[Ü ɦ Ú[c3 Û Ü[ɔÛ[>ɛÜÚ[Ü gɔÛ[Ü[g[, ɣ[g´[c3[Û[ü[9ə[ɦ[g;

ü. Ō[cÛÚÛ´[cÚ[ɣ ə[Y[ÛÛ[ûg[ɔə[ɹcg[ɦ[ɛÛ3Û[g[ûg[ɛ ß[cg[ə[ɣg[Ü ɦ Ú[c3[g[Û Ü[ɔÛ[>ɛÜÚ[Ûg[gɔÛ[Ü[g[´Y3ɣ ûÚ[3 ɛÜûÚ[c3[ÜÚ[dÜ´[cg ɣc[cg[ɛÛûg[c[dÚ[ûÛ[ûÛÜ[gÚ[Ú[3 ûg3ɣ3ÚÛg3[d, ə Ü[ɔ´[ɣ[g ÛûÛ[g[Ü[ə[d[Y3ÛûÚÛɔ9ô Ü[gÚ[yg;

16. Ō[c[g[ɛÛűÚ[Y[ÛÛ[ûÚ[c Ú[ɣ[ɣ Ú[ûÛ[ɣ[ə[g[Ú[ɣ 3 Û[ɹ ɣ Ú[ûÛ[ɣ 3 ɛ[c[g, ɣcÛÚÛÛ[ûÛ[ûÛ[g[ə Y[c9 Ü[ɛ ɣ3 Ü;

Ū Ü Ü[ɔ[+ûɣ ´ɹ[cûÛ[ə Ú[ɔ[ə Y[3 Ü[3 Y[ɦ,Ûɦ ɛ[c[g ɣcÛÚÛ´Ûɔ ə Ü[ɔ d Û[ɹ Û[g3d[Ú[ɔ[ə ɛ[ɛ Y[ûÜ dÜ ü9Ü[ɔ Y[ÛÛ[ɔ Ú[3 Ü ɛ[ɛ Ü[ɔ3d[Ú[c[ű[ɣ 3d[ɛ ɣ3d ûg3ɣ3ÚÛg3d. Ī Y[c9Û[g ű[c[ɹɣ[g ɓɹ[ûə[c[g[ɛÛ ´Ûɹ Ü[ɔ[Ú[ɣ[ɣ ɣ Û[ɹ ɣ Ú[ûÛ[ûÛ[g ´[cg dÜ d[ɣ9Ü[ɛÛ 3Ü ûÜ[g ɹ ɣ Ú[ûÛ[g[ɛ Û Ā[ûÜ[ûÛÚÛ[ûɨ ɛ[ű[ɣ 3d 3Ü Û 9 c[ɣ[c 3[ûÛ[g[ɛÛ 3Ü[ɔ[Y[ɛ Ü[c[ûÜ[ûÛ[g;(Û[ɹ ɣ Ú[ûÛ[ûÛ[g[Ü ɦ Ú[c Ú[ə[ɣ[ű[ɣ 3c ə Ü[9[ûÛ[ûÛ[g[ɹ[ɦ[ûɣ´[c ɛ Û´[ɹ[ɦ[ûɣ´[c)

Ū[ɹ[cə Û[ɛ[ɣ3[cg 3Ü ə Û[ɹ ü[d[dÛ[ı ɛ[dÜ[ûÛ[ɛ[g[Û[9ɦ[3Ü Ú[ɣ 3 ü9Ü[ɛ[ɹ[ı 3 ə Ü[9 Ú[ɣ 3 ´[c9[9ə[c[ɛ[ɹ[ű[ɣ 3 Ú[ɣ 3 ɔg3Ü[9ə[ı 3 dÜ ûÜ[g Û[ɛ Ü[ûÚÛ Û[g3ɔ3ı ɛ[c3Û[g Û Y3 ɛ´[c[ɹ[c+ûÜÚÛ 3Ü Ü Ü[ɔÚ[ûÛÚÛ ûÚ[g[Ü[9ɦə[c[g[dÛ[g[ɔÛ[9ə[ɣ[g Û[ɹ ɣ Ú[ûÛ[g[:

Ū ɦ[ûɣ 3 c[ɹ[c3ı 3 Û[ûÜ[ûÚÛ[é é é é é é ..

Ć Û[ûÚÛɛɦ3[d ûÜ[g, ɐ ɛ[c9[ɹ Y[cÛ[ûÚÛÚ[ûɛ û´[dÛ[+ûÜ[g ɛÛ Y[ə[ə[c[g[g Ü[3d[ɹ[ı ´[c[g[g;

- ɀ ɦ[3d
- ɀ Û Y[ə[ə[c[g[g Ü[3d[ɹ[ı ´[c[g[g

Ā Y3 ɛÛ Y[ə[ə[c[g[g Ü[3d[ɹ[ı ´[c[g[g,ɛ´[c[ɹ[ûÚÛ[3Ü ɛ[c[g ´[ûÚÛ´[c[ɣ[+ûÜ[g;é é é é é é é é é é é é é

Ō[cÛÚÛə Ü[dɦ[ə[c[g ´Ü[ü9 Y[ɐ Û[ɔɦ[3ə Ü;

- ? Ü[ɔ
- ȳ c[9

- Ū Ü[ü9 Y[¢ ə[ə[d[ûÜ[g[é é

☐ Ⱥɔɔɧɜɘ Ŭ ₵ɚɘɷɗŮǵ é é é é é é é é é é é é é é é é é .

ɆŮ´ɞɘŬŮɗɜɷɧŰɖŰŬŬɜɐəŮŰŮ;é .

ŌɢŮŰŮɞ´ɞɘŬŭɐ´ɞŰŮ´ɟɞɓɚɐɛŬŰŬɛŮŰɖɜ əɜɖŰɷɧŰɖŰŬ;

- ☐ ʔȷ Ł
- ☐ Ƀɉ Ł

ɆŮŬɡŰɐ Űɖɜ ´Ůɟ ά Űɤ ůɖ ɛ´ɞɟ ŮɗŰŮɜŬɛɞɡ ´ŮɗŰŮ´Ůɟɘůůɧ ŰŮɟ ŬɔɘŬ

Ŭɡ Űɧ;é é
é é
é é é é é é é é .

ŪŮɤ ɟ ŮɗŰŮŰɞɜ ŮŬɡŰɧ ůŬɠ ƳŰɞɛɞ ɛŮŮɷɘɏɠŬɜƳɔəŮɠ;

- ☐ ʔȷ Ł
- ☐ Ƀɉ Ł

ɄŬɟ ŬɘŬɚ ɛŮůɡɜŰɞɛɗŬ ´Ůɟ ɘɟƳɣ ŰŮŰɖɜ ŬɜɘŬɜɧŰɖŰƳ

ůŬɠ:é é é é é é é é é é é é é é é é ...
é é
é é é é .

ȷ ´ŬɘŰŮɗŰŮŰɖɜ ɓɞɐɗŮɘŬŬɜŬ ɗɟɘɐɠəŬɟɏɚɚŬɠ;

- ☐ ʔȷ Ł
- ☐ Ƀɉ Ł

ŌɢŮŰŮɞ´ɞɜůŭɐ´ɞŰŮɢɟɧɜɜ ´ɟɧɓɚɖɛŬɡɔŮɗŬɠ;

- ☐ ʔȷ Ł
- ☐ Ƀɉ Ł

ɆŮŬɡŰɐ Űɖɜ ´Ůɟ ά Űɤ ůɖ ɛ´ɞɟ ŮɗŰŮ´Ŭɟ ŬɘŬɚ ɜŬɛŬɠ´ŮɗŰŮɔô

ŬɡŰɧ;é é é é é é é é é é
é é
é é é .

ŌɢŮŰŮɏɜŬəŬɜɞɜɘɧ ´ɟɧɔɟŬɛɛŬƳůəɖůɗɠ/ŬɗɚɖŰɷůɛɞɨ ;

- ☐ ʔȷ Ł
- ☐ Ƀɉ Ł

ɆŮŬɡŰɐ Űɖɜ ´Ůɟ ά Űɤ ůɖ ɛ´ɞɟ ŮɗŰŮ´Ŭɟ ŬɘŬɚ ɜŬɛŬɠ´ŮɗŰŮŰɘŮɩŮɠ

əƳɜŰŰŮɐ é é é é é é é
é é
é é é

ɄɞɜŮɜŬɘŰɛ Ů ƳɔɔŮɚɛŬŰɛɡ ŬɟɢɖɔɞɨŰɖɠɞɘɞɔɏɜŬɘŬɠ, ŮƳɜ ɡ´ƳɟɢŮɘəƳ ɞɜɠ,
ɛ´ɞɟŮɗŰŮɜŬɛŬɠ´ŮɗŰŮ´ɞɜɠŮɜŬɘŬɡŰɧɠ;
é é
é é é é .

ÇÉ ´ëµ ÙØÍÍÙ³ÜÉÜßí´ÙØÍÍÙ´ÜµÜëÜ»ı ùÙ´ëëÜÙÐùŭëÉÜŭëÜÜÙÐùŭëŭdÉÜÍÐ»ve ëı ³dÇ ÙÉ´ð ÍÍÐ»dÇ
ëë»ë©ë»³ÜÐëÜùÜßí;

- ÇÉ ÝÍ Ü ĥ 100 Ùßµı ÍÍÇ³ ÙÐùŭëÉÝŭÜ
- 100 Ùßµı ə Ü»ə»ðĥÍÍµë Ü ĥ 200 Ùßµı
- 200 Ùßµı ə Ü»ə»ðĥÍÍµë Ü ĥ 300 Ùßµı
- 300 Ùßµı ə Ü»ə»ðĥÍÍµë Ü ĥ 400 Ùßµı
- 400 Ùßµı ə Ü»ə»ðĥÍÍµë Ü ĥ 500 Ùßµı
- 500 Ùßµı ə Ü»ə»ðĥÍÍµë Ü ĥ 700 Ùßµı
- 700 Ùßµı ə Ü»ÙÜ Ý³ı

Æ ÙÜ´ëë Ü´ÙµëëGve
ɛy³ÙÍÍÙé ..
é ..

Ùĥùıx³ ëµĥ³ıx³ ÙØùÜùÍÍÙĥÍÍÜ³ ùgɛ´ə»dµı ùÜÍÍÙÍÍ»³ ßÜùë»ve ùÜßfÙë´ÜØüÙgùd»;
é ..

ÙëëëØ ÙØëÜ»Ú¢ gıy»d»ĥÍÍµë Ùë´ÜØüÙgÚë»ĥ ùÜßf´µëùĥ³;
é ..
é ..

ÇÉ ´ëµ ÙØÍÍÙ´ÜµÜëÜ»ı ³ÜɛÜßfüı ùÙÍÍÙÍÍßfÜë»ĥə»ëgd»ßf´ə»dµ ëűëµ d»ßfùÙùëyùd» ɛÙùÜßf;
ÆÝ³ Ùùı»ßfy¢ÙÍÍÙɛëÜ´ə»dµıx ɛy³d» Ü µ ɔÜùd»Ü

- ?µ Ł
- Bj Ł

ÆÝ³ ³Ü»ɛ´ëµ ÙØÍÍÙ³ÜɛÜßfüı ùÙÍÍÙÍÍ³ ÙØÍÍ»ë ÍÍÇßf Ü µ ɔÜùd»Üßfù»Üßf;
é é
é é

ÇÉ ´ëµ ÙØÍÍÙ³Ü´ Ü µ ë»µÝÝ ÙÍÍÙ´ë»i ùı ³Ú³ëÜÍÍ»ÙùÙßf ə Ý³ÙÍÍÙùÍÍÇ³ Ü µ ɔÜùd»Ù ùÜßf;
é é
é é
é .

ÆÝ³ Ùùı»ßf Ü³Ù»ÜɛfÝ³ÙÍÍÙë´ë»ë»ëÜÝ»ə»ë Ùë»ëgf Ü µ ɔÜùd»Üßf;

- ?µ Ł
- Bj Ł

(ñ»Ü´ Ü µ Ý»ÙùÙ»ɛÜ»µ ë³Ú³ëÜùÜ ùÙy³Üɛy»ëgf ë»ë»ë©ë»³ÙßfÜßf, ĥ´ıx gf ùÙÝÍÍë ɛ ɛÙÙßfù»ëy¢f
Ü³Ý©ə»Ùßf»e Ùßg´ÜØÙßf ßf»ə»ıx ɛy³ëgf ɔë³y»Üßf/´ Ü»ßfùd Ù©ɔĥ³ə, e ³ÜÜµ ɔÝëÙùÍÍÙıx gf ÙØÍÍÙ»ë³Ú»gf
ɛÙë´ë»Üßf»e´ëÍÍë µ ɔÜ³»ùɛĥ/ə»ë»ëÚ»ve ëɛÝ»ÜÜ).ÆÝ³ Ùë»Ü»y»Ùù»ɛ´ëµ ÙØÍÍÙ³ÜɛÜßfüı ùÙÍÍÙ
´ Ü µ Ü»Ü»ı ə»Ù Ú»ɛyµ ÙßfÙßf;
é é
é é
é é
é é

ÆÝ³ y¢ÙÍÍÙ´ə»dµıx ɛy³d» Ü µ ɔÜùdÜɛ´ëµ ÙØÍÍÙ³ÜɛÜßf´ ÙØÍÍÙ

ÁůůůƒŬ ŬůɕɕəůůůŰŰŬ ɕəəůůůŰəƳ;

- ʔȷ Ł
- Ƀj Ł

ÁůůůƒŬ ŬůɕɕəůůůŰɛŮɛŮj əɒɐ Ŭ Ŭůɕɦəɖůɖ;

- ʔȷ Ł
- Ƀj Ł

ÁɑůŰŮƳɜŮj ɔɖ əŬəŬ ŬəŰůɑŰŬəŮ ɑŭɕɛŬ;

- ʔȷ Ł
- Ƀj Ł

ÁɑůŰŮƳɜŮj ɔɖ əŬəŭŮɜ Ŭ ŬəŰůɑŰŬəŮ ɑŭɕɛŬ;

- ʔȷ Ł
- Ƀj Ł

ş ŬɛɓƳɜŮŰŰůɕ´ ɕəŬŭɐ´ ɕŰŮƳəəŬŮ əŭɦɛŬŰŰ;

- ʔȷ Ł
- Ƀj Ł

ʉŬŋɜŮŰŰůɨɜŰŰəɖ Ŭ ɦ Ůɛ əɻ ƳŰɛɖƒ;

- ʔȷ Ł
- Ƀj Ł

ʉŬŋɜŮŰŰůɨɜŰŰəɖ Ŭ ɦ Ɣəəɕ ŬůűŬəəůŰəɦ űɕɻ ɣŬ;

- ʔȷ Ł
- Ƀj Ł

ÁɑůŰŮůəŬɻ Ű ɛŮɜɕƒŬ ɦ əƳ ɕəɜɜ;

- ʔȷ Ł
- Ƀj Ł

ÁůůůƒŮəůŰƳɛŮŰŰŮ
qpŮɜ ɣɢŮŰŰŮŬəɦɛŬűŰŶůŮəůŰɖɜ Ůɛɛɖɜɦ´ Ŭgůɖ/ Ŭəəŭɔɐ Űɖƒɡɛɤ ɐƒ.

- ʔŬə
- ȳ ɢə

ʉŮɻ ɜƳŰŰɛɣůŬŬŬ ɦ Űɖɜ Ůɛɛɖɜɦ´ Ŭgůɖ/ Ŭəəŭɔɐ Űɖƒɡɛɤ ɐƒ

- ʔŬə
- ȳ ɢə

ÕɢŮŰŰ´ ŮɻƳůŮəɛɣůŬŬ ɦ Ůɛ ůŰŶũɜɛ ŰɖƒŮɛɛɖɜɦ´ Ŭgůɖƒ;

- ʔȷ Ł
- Ƀj Ł

Ї Ъ ь ъ Ъ ђ Ћ ´ Ј Ъ Ї ь ъ ћ ъ ´ Ј Ъ ъ Ъ ´ Ј ь Ї Ћ
é .
é é
é .

Ањ Ћ ґ ь Ћ Ґ Ј ф ћ ц ш ж ѕ ґ ѕ ѓ Ћ Ћ
ј g Ґ ж Ћ ь ъ Ґ Ћ ћ ц ε Ъ ћ Ґ ъ
- ? ј Ł
- Ð j Ł

ę ц ъ Ћ ь ъ Ґ Ћ ћ ц ґ ћ ε Ъ ћ Ґ ж ј Ъ ї ц Ъ ґ

- ? ј Ł
- Ð j Ł

4. ɄɟɦɔɟǔɛɛǔƐɡɜɣɜǔǔɡɜɖɖƒǻ´ǔɔɔůɴɛǔǔɯɪɜɟɔůǻǔƒ

1. Ʉɕɜůƒɖǔɔɣɔǔǔǔɦɧǔɯůɯǔɔɕɜɓǔůɯɜɣƒ´ɟɕǔɟǔǻɦǔǔǔƒůǔǔɜɡɔůǻǔɐ ǔɜɖůůɡɕɖůƒ´ɕg ǔɜǔǔɛůǔɣ´œɕɡɜɕɜɔɡɜǔɒůƒůǔǔɜɛɣůɖ ɖɴɒɖǔ;

2. ʐ ´ɕɟůǻǔǔɜǔɛɕg ´ůǻǔǔǔɯůɯɕggƒǔɟɤɣǔǔůǔɣɜ ůǔƒəŸɜɕɡɜ ɕɜɔɡɜǔɒůƒůǔůůɕɣůɖ ɛǔǔǔǔɜ ůɛɛɖɜɦ´ǔgůɖ, əǔɔǔɜ ɣɕɡɜ ǔɔəŸɜůɔəǔǔŸǔǔ ǔəŸɟəůǔǔǔƒǔ ǔɔɔůɔɛǔǔɯɒɛƒůǔƒ ɕɤɣɛƒ;

3. ɹ ɜǔǔɣɟɛɡɜ ɕɜ ɔɡɜǔɒůƒ Ÿɔɔɛggƒ ǔɜɖɟɪ ´ɛggƒ ůǔɛggƒ ɕ´ɛɑɛggƒ ɣɕɡɜ ůǔɟǔǔǔɪɔɜǔ ´ɔɖɟɛűɛɟɖůƒ ůɕůǔɯŸ ɛǔǔǔɜ gɔůůǔ ǔɛggƒ ůǔǔɜ ɛɣůɖ ɖɴɒɖǔ ɔǔɔůɜ ǔɛggƒǔǔ gɔůůǔƒ, ůɑɒůƒ, ůgɔɔůɜůɯƒ, ɔɔ´.)

4. ʐ ´ɕɟůǻǔǔɜǔɛɕg ´ůǻǔǔůɣƒǔ ɦɣůɯƒůǔƒůɕůǔǔɯŸɛǔǔǔɜ gɔůůǔ ǔɤɜɔɡɜǔɒɪɜůǔǔɜ ɛɣůɖ ɖɴɒɖǔ; Ʉ.ɕ. ɓɔɣ´ ǔǔǔ ǔǔɜ ɛɣůɖ ɖɴɒɖǔ ɤɡ ɣɜǔ ɕɟɕɜɔɦ ǔɔŸůǔǔɛǔ ůɛűǔɕɜɛi ɡƒ «ǔɔɔǔɒɛɡ» ɐ ǔ ɔŸɛɜǔɡƒ ɛǔǔŸɓǔůɖɡƒ;

5. Ʉɦůɕ ´ɔɖɟɛűɛɟɖɛɣɜɕɡƒəǔɔůɔɐɛůɟɛɡƒǔɔůɖŸɜůɯǔǔůɕůǔǔɯŸɛǔǔǔɜ ɛǔůǔɛɔɟǔǔɪǔ ůɔůɜǔǔɪɣɟůɔǔǔɜ ɛůɔɣůǔǔɛɡ ɛǔůƒ, ´.ɕ. ´ɟɪ ɛɛɖ ǔɔŸɔɜɤ ůɖɔɔɜǔəǔɟəɑɕɛ ǔɛɡ ɛǔůǔɛi.

6. Ƒǔɡƒ ǔɑɒůǔǔɖ ǔgɜɜǔǔɦǔǔǔəǔǔŸɟ ǔɑůɖɖƒůɕůǔɯŸɛǔǔǔɜ ɡ´Ÿɟɕɛgůǔəǔɔůɔɣɔůůɦɛůɜɖ ǔǔɛɜɛɔɖɔǔɔɜǔǔɜ ůɔɣǔǔůɖɛ ůǔɯƒɔgɜǔɒůƒɛɣůɖɖƒɖɴɒɖǔƒ;

i. ɹ ɜɜǔɔ, ɛ´ɕɟůǻǔǔɜǔɛɕg ´ůǻǔǔǔɯůɯɕggƒ(ǔgɜǔǔɦǔǔǔǔƒ);
ii. ɹ ɜɤɑ´ɕɤůǻǔǔ(ůɔɛǔǔǔɔɤůɪůůǔǔ) ǔgǔŷɡƒǔɑƒůgəǔɟɟɖƒ;
iii. ɄɤɡƒůɔǔɑɛŸǔǔǔɜ ǔɔɤǔǔɛggƒ;

7. ɟ ɟɖůɤɛɕ´ɕɤůǻǔǔɯɛɜǔǔɛ ɜɜǔǔɟɜǔǔəǔɖɦɔɤɕg; ɛɕ ɕɟɖůɤɛɕ´ɕɤůǻǔǔɯůɕůǔǔɯŸɛǔǔǔɜ ɖɤɛǔ´ɕg ůɔɣůǔɪɣɟůɔǔǔɜ ɕɟɖůɤɛɕ´ɕɤůǻǔǔɔɤǔɜǔǔůɔgɔɕɟɕɜɑǔǔǔǔɑƒ ǔǔɔůɔɐɛůɑɯɡƒůǔƒɔɜɪ ůǔɯƒ; ɛɕ ɕɟɖůɤɛɕ´ɕɤůǻǔǔɯůɕůǔǔɯŸɛǔǔǔɜ ɖɤɛǔ´ɕg ůɔɣůǔɪɣɟůɔǔǔɜ ɡƒ ǔɔɔůɔɐɛůɑɯɡƒůǔƒɛɣůɖ;

8. ʐ ´ɕɟůǻǔǔɜǔɛɕg ´ůǻǔǔ´ɤɡƒɓɔɣ´ ǔǔǔǔǔgǔɛ ǔǔɜ ǔǔɔɜɕɔɖɔǔgɔůǻǔƒůǔǔǔ ǔɤɜɔɡɜǔɒɪɜɦ ɔǔɔůɔɐɛůɑɯɡƒɦ ɔǔɔǔ ɦ ´ɟɕůɤ´ɔɦɦ ǔɖ ůǔɯɕ ɔǔɔůɜǔǔŸɜ ǔgǔǔɦ ǔǔɪɕɟŸůůŸɡƒɔǔɔ/ɐ ǔɕɜ ůɪɜǔɟɛűɕ ůǔgƒ;

9. Ʉɦůɕ ´ɔɖɟɛűɛɟɖɛɣɜɕɡ ůɯǔɔɕ ɡɔ ǔǔůɖǔɜůƒ ůǔgƒ ůɕůǔɯŸɛǔǔǔɜ ɛǔůǔɛɔɟǔǔɪǔ ůǔɯƒ ɕ´ɕɖǔ ůǔǔŸɕǔǔǔɔ ǔgǔǔɦ ǔɛ ´ɟɦɔɟǔɔɛɛǔ ɔǔɔůɜ ǔǔŸɜ ɟɕůɤ´ɔɦɦ ´ɟɕůůűɣɟǔǔǔɔ; Ɐɯɔǔɔ ´ǔɟɔůůɦǔǔɟɕ ´ɔɖɟɛűɛɟɖɛɣɜůƒɔɜǔǔgǔɛɔ ůǔǔůɪɔɔɟɔůɖɛ ɛǔɔŸɔɜůƒŸɔɔɔɜůƒǔɔɔůɜǔɯɔɔůɛɣɜůƒǔǔɜɔɔɖɔǔƒ gɔůůǔƒ;

10. Ʉɕɜůƒɜɕɛɯǔǔǔɦǔǔɯůɯǔɔɕɜɓǔůɯɜɣƒ´ɟɕǔɟǔǔɪǔɦǔǔǔƒǔɤɜɔɡɜǔɒɪɜɦ ɦůɕɜ ǔǔɪɕɟŸǔǔɜ ǔ ɦɣǔǔůɖ ɔɜǔǔɜ ɛǔůǔɛɔɟǔǔɪǔ;

11. Ʉɤɡƒ´ɟɕůǔɔɔɯǔǔǔǔɛ ɖɤɛǔ ǔǔɖƒ´ɔɖɟɛűɦɟɖůɖƒ ǔɤɜɔɡɜǔɒɪɜ ůɕůǔɯŸɛǔǔǔɜ ɛǔůǔɛɔɟǔǔɪǔ ´ɯǔɔɕi ɡƒəɔɯüi ɜɕggƒəǔɔɕűɣɔɖ ǔ ɦ ǔɖɜ ɛǔůǔɛɔɟǔǔɪǔ;

ǔ. Ʉɯůǔůi ǔǔǔɦǔɯůɯǔɔɕůɖɛǔɔɯɦ;
ɓ. Ʉɤɡƒǔɔǔɯɑɟɕi ɜ ɕɜɔɡɜǔɒɪɜůƒ;

ɔ. ¢ɘ dyɛŬŰŬ ůŬgJɻɤÚɛi ɜ ɛɘ ɔgɜŬœůgf ůɕŮŰəŸ ɛÛÚɛggf əɜʉi ɜɛggf əŬɔ ŰŬ ɛűɤɔəd;

ŭ. ¢ɘ űŬœŮŰŬɔɜŬŮœŬɔůdɛŬɜÚəɦ ɔɘŬÚgfɔgɜŬœůgf;

Û ÁœŬɔ ŭɘŬűɛɻŮŰəɦ ŬðŬgÚɦ ´ɛg űŬœŮŰŬɔ ůÛŮŸgf ůdɛŬɜÚəɦ ɤgf Ùɜɦɻgf Ŭɦ Úɛggfŭɘɛi gfÚɛggfÛ ŬɔɔÙɔɛŬŰŮgfgɔŮœŬgf;

12. ŪŮɤɻŮœŰÛ ɦŰɔ ɛɘ ´Ùɻsůůɦ ŰŰɻŮgf ɔgɜŬœůgf ɓɻœůəɛgɜ Ûɖɜ ŬɦűŬůd ɜŬ Gɻdůæɛɛæůɛgɜ Ûɖɜ ɛŬůÚɛɔɻŬűdŬ ɤgf ŭi ůəɛəd; Uɤgf Ûgf ɓɛdđŸŰÛ ůðŬgÚɛ Ûɖɜ ŬɦűŬůd;

13. Uɦůɛ ůgɜdđsůɛɣɜɛ ŮœŬɔ ɔɘŬ ŮůŸgf Ûɛ ɜŬ ůgůÚɛůŮŰÛ Ûɖɜ ɛŬůÚɛɔɻŬűdŬ ɔɘŬ Ûgf ɔgɜŬœůgf, ´.G. ´ÙɻæɣɜŮŰÛɜŬ ůŬgJɻɤÚɛůɛgɜ ɛɘ ɔgɜŬœůgfe ŮœŬɔ´æ ´sdŬɔɦ ŮůŮgfɜŬ Ûɖɜ ´ɻɛŰŮœŮŰÛ Ÿɛ ŮůŬ;

> Ŭ. ÁŸɜ ŬgŰɦ ´ɛɘœ•Ůɔ ´ɛæ dyɛŬ ůŬgəŸɜŮɔɜŬ Ŭ ɛűŬůœůŮŰÛɜŬ Ûɛ ŬɔŬűɣɻŮŰÛ ůÛɛdŬɔgɜŬœŬəŬɔɦɛɘůÛəŸ ɛɘŬŸɔəd;

14. ŪŮɤɻŮœŰÛɦŰɔɛɘɔgɜŬœůgfůÚɖɜ ɛɣůd dəæədŬɣGɛgɜ ɔœŮɔÚɛ ÛœŮɜÚɻɛ g´Ùɻɓɛəæəɛf ɘŰÚɻæəɛf´Ùɻɣɛɓŭůdgf;

15. ŌɛŮŰÛəŸ ɛɘůgf ŬɔdůgGdůgf ůɕŮŰəŸ ɛÛÚɖɜ ŬɔÚɛŰŰí´ɘůd ÚɖlgfÙɻı Ûɖlůdgf ɔɘŬ Ûɖɜ ɛŬůÚɛɔɻŬűdŬ ɛÛŰgfɔgɜŬœůgf;

16. Ɓ Ùɻɦ´ɛgf ɛÛÚɛɜ ɛ´ɛœ ´ɻɛůŮɔɔœŮŰÛŬgÚɛɜ Ûɖl ůgɛæÚɖlůd ÛdɻÛŸɛŮŰŬəŬ ɦ Ûgf ŬÚɛɛəəyf´ÙɻsůŭŷůgfÚɤɜ ɔgɜŬœı ɜ;

17. Uɤgf ŭɘŬɔŮɻœŮůŰÛŰgf´Ùɻɘ´Úí ůŮgfɦ´ɛg ɛɘɔgɜŬœůgfɛ´ɛɻŮůɜŬŭɘŬűɤɜɛi ɜ ɛÛÚgf ´ɻɛůůŰɻɦɛŮŮgfůgɛɓɛgəæyf;

18. Uɛœggf əɦɔɛggf ůŬgf yɛɛgɜ ŬɜŰűɣɻŮə ɛɘ ɔgɜŬœůgf ÛŸɜ Ûəæyɜɛegɜ ɜŬ ɛdɜ Gɻdůæɛɛæůɛgɜ Ûɖɜ ɛŬůÚɛɔɻŬűdŬ;

19. ūyɻɜŮŰÛůůŮgfÚɛ dyɛŬ, ɐ əŸ ɛɘůgfŬ ɦ ÛgfɔgɜŬœůgfŬůdŮɜŮgfůgɛdÚɛi ɜ Ûɖlɜ GɻɐůdůɻŰÚɖlɔəı ɜ ŬgÚɛűɻɛɜÚůŭŬgfəŬə/ɐ ÛgfŮɜŬəəŬəÚəæyf dŮɻŰ ŮůgfŮɜŬůɔəŬ, ɐ ´Ùɻ Ÿəədəæ ɛÛÚɖlɜ ɛŬůÚɛɔɻŬűdŬ; ʐ ´ɛɻŮůŰÛɜŬɛɛg ´ŮůŰÛŮÚɛŮůŭɛggf;

20. ʐ ´ɛɻŮůŰÛɜŬ ɛɛg ´ŮůŰÛ´ɤgf ɓəæý ŰŰÛŬgŰýgf Ûgf ůŰɻŬŰÚɖlɔəæyf əŬɔ dŮɻŰ ŮůgfŮ, əŬɔ ´ɛəæyf ŮœŬɔɛəÛ ŬɔɔÙɔɛŬŰŮgfůŬgfŮɛ´Ůɻdgf əŬɔɛəɔɔı ůŮgfůŬgfůɕŮŰəŸ ɛðŬgŰýgf;

> Ŭ. ʐ ´ɛɻŮůŰÛɜŬůəŰídŮůŰÛŬgÚɛɜ Ûɖlɜ Ùɻı Ûɖlůdůůɕyůd ɛÛŰgf´ɻɛůɤ´əæyf ůŬgfŮɛ´Ůɻdgf əŬɔɔɔı ůd;

21. UəůŰÛɦŮŰÛ´ɤgf ɛɘɜŭŬűɛɻæyf ɦ´ɤgf dˊɛəæŰůɛəæɐ ɛɛŸűŬ, d dəæədŬ, d ŮdɜəəɦŰɖlŰÛ, d ŬɜŬ dɻdŬ, əŬɔd əɛəæɤɜəæɛ-ɛəæɛɜɛɛəæɐ dyůd ÛdɻÛŸɛegɜ Ûɖlɜ ɔɜı ůd ɐ Ûɖlɜ ůŰŸůd ÚɤɜɔgɜŬœı ɜ Ŭ yɜŬɜŰůɖlɜ ɛŬůÚɛɔɻŬűdŬ;

22. UəůŰÛɦŮŰÛɦŰɔ ŬgŰýgf ɛɘ ŭŬűɛɻæyf Ûdɻ ÛŸɛegɜ Ûæf ůɕyůŮæf ÚɤɜÛ ŬɔɔÙɔɛŬŰůɜ gɔŮœŬgfɛÛŰæfɔgɜŬœůgfŮůdŮɜŮœgf;

23. Uɦůɛ ŸɜŮŰÛəŬɔůœɛggɻŬŬəůdŸɜŮůŰÛɦŰɔÛœŬɔɛɘ´Ùɻsůůɦ ŰŰɻŮgfɔgɜŬœůgfɛŬɛɑůŬgf

ɤ ɡ ů Ŭ ɔ ů ɔ ɛ Ŭ Ű Ŭ ɡ ɔ ů Ŭ ɡ ů Ű ɜ Ŭ ů ə ű ɻ Ɣ ɛ ɡ ɜ Ű ɡ Ŭ ɦ ɣ ů ɡ Ű ɛ ɡ ɡ;

24. ʐ ´ ɐ ɻ ů Ű Ů ɜ Ŭ ɛ Ŭ ɡ ´ ů Ű Ű Ů Ű ɫ ɜ ɖ ə ɔ ə ɔ Ů ů Ŭ ɡ;

25. ʐ ´ ɐ ɻ ů Ű Ů ɜ Ŭ ɛ Ŭ ɡ ´ ů Ű Ű Ů Ů ɣ ɜ Ŭ ɔ ɔ ´ ɐ ɘ ů Ű Ű Ů ə Ɣ ´ ɐ ɘ ů ɡ Ŭ ɦ Ű ɡ ɡ Ű Ű ɛ ɜ ɐ ɔ ɐ ɔ ɖ ů ɡ ɡ ɔ ů ů Ŭ ɡ; (ɻ ɤ Ű ɛ ů Ű Ű ´ ɐ ɔ ɣ ɡ Ů ɣ ɜ ŭ Ŭ ɜ ´ ɻ ɛ ů ű Ŭ ɻ ɖ Ů ů ɖ ´ ə ɖ ɻ ɐ ű ɐ ɻ ɖ Ŭ).

26. Ʉ ɤ ɡ ɖ Ŭ ´ Ů ɻ ɔ ɻ Ɣ ű Ŭ Ű Ů Ű ɫ ɜ Ů ɛ ɜ ɔ ɦ Ű ɫ Ű Ŭ ů Ŭ ɡ;

27. ʐ ´ ɐ ɻ ů Ű Ů ɜ Ŭ ɛ Ŭ ɡ ´ ů Ű Ű Ů ɛ ɜ Ű Ű ɛ ´ ɐ g ɣ ɕ Ű Ű ů Ű ɫ ɜ ŭ ɐ g ə ů Ɣ ů Ŭ ɡ ə Ŭ ɔ ɜ Ŭ ɛ ɐ g ŭ ı ů Ű Ű Ů ɛ ɔ Ŭ ů ı ɜ Ű ɛ ɛ ɖ ´ Ů ɻ ɔ ɻ Ŭ ű ɐ Ŭ ɛ Ű ɦ Ů ů g ɜ Ů Ɣ ɔ Ű Ű ɜ;

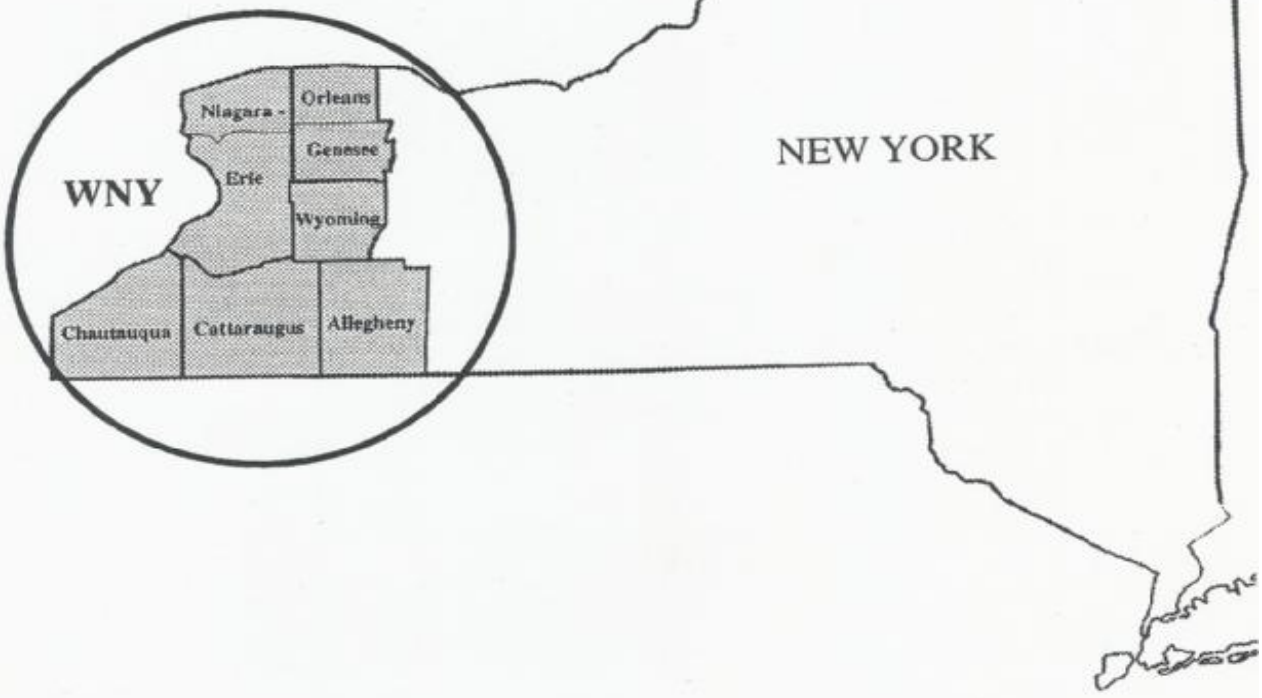
28. Ʉ ɦ ů Ŭ ɕ ɻ ɦ ɔ ə Ŭ Ů ɻ ɔ Ɣ ɛ ů ı Ű Ů ɤ ɡ Ů Ŭ ɔ ů ɔ ɛ Ŭ Ű Ŭ ɡ ɔ ů Ŭ ɡ;

29. Ʉ ɦ ů Ŭ ɕ ɻ ɦ ɔ ə Ŭ Ů ɻ ɔ Ɣ ɛ ů ı Ű Ů ů Ű ɫ ɜ Ű ɤ ɻ ɔ ɐ ɛ ů Ŭ ɡ ɖ ɣ ů ɖ;

30. ɻ ɜ Ŭ ə Ŭ ɛ ɓ Ɣ ɜ Ů Ű Ů ə Ɣ ´ ɐ ɘ Ŭ Ů Ŭ ɔ ů ɔ ɛ Ŭ Ű ɘ ɛ ŭ ɐ g ə ů Ɣ ů Ɔ ɘ ´ ɔ ɣ ɐ ɜ Ű ɛ g ɜ Ŭ Ů ů ɖ Ů ɫ ɖ ů ɖ ɜ ɛ ů ɖ ə ů ɻ Ű ɻ ɘ Ŭ Ű ɻ ɦ ɡ ɔ ɘ Ŭ Ű ɻ ɦ ɡ ´ ɐ g ɓ ə ɣ ´ Ů ə Ű ɛ g ɡ Ŭ Ů ɖ Ů ɜ Ů ů ɡ, (´ .ɢ. ŭ ɘ ı Ŭ Ů ə Ŭ ə ɖ Ŭ, ɣ ɻ Ů ɡ ɜ Ŭ, ŭ ɘ ɷ ɖ ů ɖ, ɣ ə ů ɔ ɐ ɛ ɡ, Ɣ ə ə ů ɡ ə ə ɘ ɘ ɣ ɡ ə.ə.´.) ů Ű Ű Ů ů ɜ Ű ɦ ɡ Ů Ű ů ɜ Ű ɦ ɡ Ű ɫ ɡ Ɣ ů ə ɖ ů ɖ ɖ Ů Ŭ ɔ ɣ ə ɛ Ŭ Ű ɛ ɡ;

5. Æɟ x Ű!ɛ ŬŰɐ↛ɧɔɘæ 2 ï Ɥɟ x ŰɧŰg´ ɐ ůŰ!ɜ ɟ ɔɔɘɘɐɐ ɔɘч ůůŬ: English version: Cancer control practices in Western New York

Cancer Control Practices in Western New York



A COLLABORATION BETWEEN
ROSWELL PARK CANCER INSTITUTE
AND
UB DEPARTMENT OF FAMILY MEDICINE

AN INTRODUCTION

Dear Colleague:

In order to promote high quality preventive care to our patients we must have accur information about clinical practice.

The survey should take less than 10 minutes and upon return, we will send you a $1 check as a sign of our appreciation. All responses will be kept confidential and only grouped data will be reported. Each survey has a numerical code only for tracking purposes and the link will be destroyed upon verification of the returned survey.

Your response will help to characterize cancer prevention activities in the WNY regio and to develop recommendations to enhance cancer control policies in our communit

Please take a few minutes to complete this survey now, seal with tape and return. Postage has been prepaid. If you have any questions, please contact either myself or Jessica Englert (project director) at 845-3276. Thank you for your support.

Sincerely,

Martin C. Mahoney, MD, PhD, FAAFP
Division of Cancer Prevention & Population Sciences

CANCER CONTROL PRACTICES IN WNY

Instructions: ***Please mark one response for items #1- 5.***

1. At what age should an average-risk person initiate screening for colorectal cancer?
   ❑ 40 ❑ 45 ❑ 50 ❑ 55 ❑ 60 years
2. At what age should an average-risk woman initiate screening for breast cancer using clinical breast examination?
   ❑ 20 ❑ 25 ❑ 30 ❑ 40 years ❑ do not recommend
3. At what age should an average-risk woman get a baseline mammogram?
   ❑ 30 ❑ 35 ❑ 40 ❑ 45 ❑ 50 years
4. At what age should an average-risk woman begin completing mammograms every 1-2 years?
   ❑ 35 ❑ 40 ❑ 45 ❑ 50 ❑ 55 years
5. At what age should an average-risk woman begin yearly mammograms?
   ❑ 35 ❑ 40 ❑ 45 ❑ 50 ❑ 55 years

Instructions: ***Please use multiple responses for items #6-8.***

6. For a woman 40 years of age at average risk for breast cancer, please check all of the screening interventions you would advise/prescribe/complete:

self-breast exam	**clinical breast exam**	**mammogram**
❑ Monthly	❑ Yearly	❑ Single baseline mammogram
❑ Every other month	❑ Every three years	❑ Mammogram every 2 years
❑ Not recommended	❑ Not recommended	❑ Yearly mammogram
		❑ Discuss risk/benefits of screening
		❑ Not recommended

7. For a woman 75 years of age at average risk for breast cancer, please check all of the screening interventions you would advise/prescribe/complete:

self-breast exam	**clinical breast exam**	**mammogram**
❑ Monthly	❑ Yearly	❑ Mammogram every 2 years
❑ Every other month	❑ Every three years	❑ Yearly mammogram
❑ Not recommended	❑ Not recommended	❑ Discuss risk/benefits of screening
		❑ Not recommended

8a. Please indicate the sources of cancer screening guidelines which you apply in your practice: [check all that apply]

- ❑ National Cancer Institute
- ❑ Professional medical society (AAFP, ACOG, ACP/ASIM, etc)
- ❑ Published articles
- ❑ Other: (specify) _____
- ❑ American Cancer Society
- ❑ HMO
- ❑ United States Preventive Services Task Force
- ❑ Lectures

8b. Circle the **one source** (listed above) for cancer guidelines that you consider to be <u>most important</u>.

9. Of the following potential barriers to implementing cancer screening guidelines, please place mark next to **the two most important** barriers to implementation in your practice:

- ❑ lack of familiarity of guidelines
- ❑ conflicting guidelines for cancer screening
- ❑ lack of time
- ❑ insufficient reimbursement
- ❑ outside my usual scope of practice
- ❑ lack of reminder in chart
- ❑ lack of office organization
- ❑ disagree with published guidelines

Instructions: ***Please select reply for each response category in item #11***

11. Which of the following medications is considered to represent first-line agents for smoking cessation? [check Yes (Y) or No (N) for each item]

- ❑ Y ❑ N Clonidine
- ❑ Y ❑ N Nicotine nasal spray
- ❑ Y ❑ N Nortriptyline
- ❑ Y ❑ N Buproprion, sustained release/Zyban
- ❑ Y ❑ N Nicotine patch

Instructions: ***Please select one response under each column for items #12-15***

12. For a 50-year-old patient at average risk of colorectal cancer, which screening interventions would you advise/recommend/complete:

DRE	FOBT	Flex Sig (FS)	Colonoscopy (CS)
❑ DRE annually	❑ FOBT annually	❑ FS q 2 years	❑ CS q 5 years
❑ DRE q 2 years	❑ FOBT q 2 years	❑ FS q 5 years	❑ CS q 10 years
❑ DRE q 5 years	❑ FOBT q 5 years	❑ FS q 10 years	❑ not recommended
❑ not recommended	❑ not recommended	❑ not recommended	

13. For a 45-year-old patient with a brother diagnosed with CRC at age 56, which screening interventions would you advise/recommend/complete:

DRE	FOBT	Flex Sig (FS)	Colonoscopy (CS)
❑ DRE annually	❑ FOBT annually	❑ FS immediately	❑ CS immediately
❑ DRE at 50 yrs	❑ FOBT at 50 yrs	❑ FS at 50 yrs	❑ CS at 50 yrs
❑ DRE q 2 years	❑ FOBT q 2 years	❑ FS q 2 years	❑ CS q 5 years
❑ DRE q 5 years	❑ FOBT q 5 years	❑ FS q 5 years	❑ not recommended
❑ not recommended	❑ not recommended	❑ not recommended	

Other:

- ❑ Refer to surgeon
- ❑ Refer to GI specialist
- ❑ Refer to comprehensive cancer center
- ❑ Refer to genetic counselor
- ❑ No referral recommended

14. For a 52-year-old male patient at average risk of prostate cancer, which screening interventions would you advise/recommend/complete:

DRE	PSA	Other
❑ DRE annually	❑ PSA annually	❑ Discuss risks & benefits of PSA screening
❑ DRE q 2 years	❑ PSA q 2 years	❑ no screening recommended
❑ DRE q 5 years	❑ PSA q 5 years	
❑ not recommended	❑ not recommended	

15. For a 46-year-old male patient with a father diagnosed with prostate cancer at age 55 years, which screening interventions would you advise/recommend/complete:

DRE	PSA	Other
❑ DRE annually	❑ PSA annually	❑ Discuss risks & benefits of PSA screening
❑ DRE q 2 years	❑ PSA q 2 years	❑ Refer to cancer center
❑ DRE q 5 years	❑ PSA q 5 years	❑ Refer to urologist
❑ Not recommended	❑ Not recommended	❑ Refer to genetic counselor
		❑ No screening recommended

16. How frequently do you complete full skin cancer screening examinations on your patients:

- ❑ when requested by patients
- ❑ at preventive visits
- ❑ do not perform routine skin examinations

17. For a 48-year-old smoker, otherwise healthy, who presents to your office stating that they are ready to quit smoking, which interventions would you advise/prescribe/complete: (Please check all that apply)

1st line of action	2nd line of action
❑ advise that they stop cold turkey	❑ advise that they stop cold turkey
❑ advise a gradual reduction in daily # cigarettes smoked	❑ advise a gradual reduction in daily # cigarettes smoked
❑ advise individual counseling	❑ advise individual counseling
❑ prescribe Buproprion SR/Zyban	❑ prescribe Buproprion SR/Zyban
❑ prescribe Clonidine	❑ prescribe Clonidine
❑ prescribe Nortriptyline	❑ prescribe Nortriptyline
❑ prescribe/recommend Nicotine patch	❑ prescribe/recommend Nicotine patch
❑ prescribe/recommend Nicotine gum	❑ prescribe/recommend Nicotine gum
❑ prescribe/recommend Nicotine lozenge	❑ prescribe/recommend Nicotine lozenge
❑ prescribe/recommend Nicotine inhaler	❑ prescribe/recommend Nicotine inhaler
❑ prescribe/recommend Nicotine nasal spray	❑ prescribe/recommend Nicotine nasal spray
❑ recommend enrollment in counseling program	❑ recommend enrollment in counseling program
❑ recommend follow-up appointment	❑ recommend follow-up appointment

18. How easy is it for you to understand cancer screening recommendations for...

	Easy to comprehend		Somewhat confusing		Very confusing
Colorectal cancer	1	2	3	4	5
Prostate cancer	1	2	3	4	5
Breast cancer	1	2	3	4	5
Skin cancer	1	2	3	4	5
Cervical cancer	1	2	3	4	5

19. Ignoring issues of cost and presuming that a test could accurately identify nearly all women with a deleterious mutation (BRCA1/BRCA2) would you recommend this genetic test of inherited breast cancer susceptibility to: [check one response]

- ❑ All women
- ❑ Only women with one or more first-degree relatives (mother, sister, daughter) with breast cancer
- ❑ Only women with two or more one first-degree relatives with breast cancer
- ❑ Women with any family history of breast cancer
- ❑ Only those women who request genetic testing for breast cancer risk
- ❑ Would not recommended genetic testing for breast cancer.

20. Consider an asymptomatic 35 year old woman with a confirmed inherited susceptibility to breast cancer that confers an 80% chance of developing breast cancer during her lifetime and a 50% chance of developing the disease before age 50. Would you recommend: [check all that apply]

- ❑ Regular breast self-exam
- ❑ Annual mammography and clinical breast examination
- ❑ Mammography and clinical breast examination more than once a year
- ❑ Regular ovarian cancer screening with CA-125 and transvaginal ultrasound
- ❑ Prophylactic mastectomy
- ❑ Prophylactic oophorectomy
- ❑ Use of selective estrogen receptor modulator (tamoxifen or raloxifene) as chemoprevention
- ❑ Participation in a clinical trial of breast cancer prevention
- ❑ Referral to a genetic counselor
- ❑ Referral to a cancer center

21. Ignoring issues of cost and presuming that a test could accurately identify nearly all patients with an inherited suspectibility to colorectal cancer, would you recommend this genetic test of inherited colorectal cancer susceptibility to? [check one response]

- ❑ All persons
- ❑ Only persons with 1 or more first-degree relatives (parent, sibling, child) with colorectal cancer
- ❑ Only persons with 2 or more first-degree relatives with colorectal cancer
- ❑ Persons with any family history of colorectal cancer
- ❑ Only those persons who request genetic testing for colorectal cancer risk
- ❑ Would not recommended genetic testing for colorectal cancer

22. Consider an asymptomatic 45 year old patient with a confirmed inherited susceptibility to colorectal cancer that confers a 60% chance of developing colorectal cancer during their lifetime. Would you recommend: [check all that apply]

- ❑ Annual colonoscopy
- ❑ Colonoscopy every two years
- ❑ Colonoscopy more than once a year
- ❑ Screening with periodic CEA testing
- ❑ Prophylactic colectomy
- ❑ Prophylactic oophorectomy
- ❑ Participation in a clinical trial of colorectal cancer prevention
- ❑ Referral to a genetic counselor
- ❑ Referral to a cancer center

23. Check response to each item below:	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
I feel sufficiently prepared to take a family history:	❑	❑	❑	❑	❑
I am comfortable preparing pedigrees:	❑	❑	❑	❑	❑
I feel sufficiently trained to counsel about the use of genetic testing:	❑	❑	❑	❑	❑
I feel sufficiently trained to counsel about genetic test results:	❑	❑	❑	❑	❑

24a. How many patients have you referred for genetic counseling in the past year?

❑ none ❑ one ❑ two ❑ three ❑ four or more

24b. For how many patients have you completed genetic testing in the past year?

❑ none ❑ one ❑ two ❑ three ❑ four or more

25. Which management options would you follow for a symptomatic 54-year-old patient who has smoked 1 pack of cigarettes daily for 35 years and was exposed to asbestos for 11 years in a prior job? [check Yes (Y) or No (N) for **each** item]

- ❑ Y ❑ N order CXR
- ❑ Y ❑ N order sputum cytology
- ❑ Y ❑ N order a chest CT/spiral CT
- ❑ Y ❑ N refer for Laser Induced Fluorescence Endoscopy (LIFE)
- ❑ Y ❑ N refer to cancer center
- ❑ Y ❑ N refer to pulmonologist

26. Indicate your level of interest in attending continuing medical education (CME) programs on the following topics:

	Not at All Interested		Neutral		Extremely Interested
Smoking cessation	❑	❑	❑	❑	❑
Pap smears & colposcopy	❑	❑	❑	❑	❑
Breast cancer & mammography	❑	❑	❑	❑	❑
Sigmoidoscopy/colonoscopy	❑	❑	❑	❑	❑
Lung cancer	❑	❑	❑	❑	❑
Genetic risk assessment	❑	❑	❑	❑	❑
Cancer chemoprevention	❑	❑	❑	❑	❑
Chemotherapy	❑	❑	❑	❑	❑
Skin cancer	❑	❑	❑	❑	❑
Prostate cancer	❑	❑	❑	❑	❑

Other topics you would be interested in: [please list]

_____

_____

27. **Demographics:**

Gender: ❑ Female ❑ Male

Age: ____ years

Race: ❑ White ❑ African American
❑ Other: _____

Ethnicity: ❑ Latino ❑ non-Latino

Professional group?:
Physician→ specialty
❑ FP
❑ GP
❑ IM → sub-specialty _____
❑ OB-GYN
❑ Other _____
PA → specialty _____
NP → specialty _____

Board Eligible: ❑ Yes ❑ No

Board Certified: ❑ Yes ❑ No

Do you consider yourself to provide Primary Care? ❑ Yes ❑ No

Are you currently in clinical practice?
❑ No ❑ Yes
If yes, total years in clinical practice: ____ years

CANCER CONTROL PRACTICES IN WNY

Practice Type:
- ❑ Solo
- ❑ Single specialty group
- ❑ Multi-specialty group
- ❑ Other: _____

Work Schedule:
- ❑ Full time (35+ hours/week)
- ❑ Part time (<35 hours/week)

	< 20%	21-39%	40-59%	60-79%	80-100%
Percent of time spent in clinical practice each week:	❑	❑	❑	❑	❑

Are you involved in supervision of trainees: ❑ Yes ❑ No

Zip code where most clinical practice is based: _____

Total CME credits earned during 2002 _____

Would you be willing to permit access to charts in your office for a brief review similar to that done by health insurance companies?
(In return, you will be provided with a confidential summary of results from your office chart review compared with those of your peers.)
❑ Yes ❑ Maybe ❑ No

Would you be interested in participating in research projects organized through a commmunity based research network?
❑ Yes ❑ Maybe ❑ No

Would you be interested in information about cancer prevention/screening trials in which your patients might participate?
❑ Yes ❑ Maybe ❑ No

Have you visited the Roswell Park website (www.RoswellPark.org)?
❑ Yes ❑ No

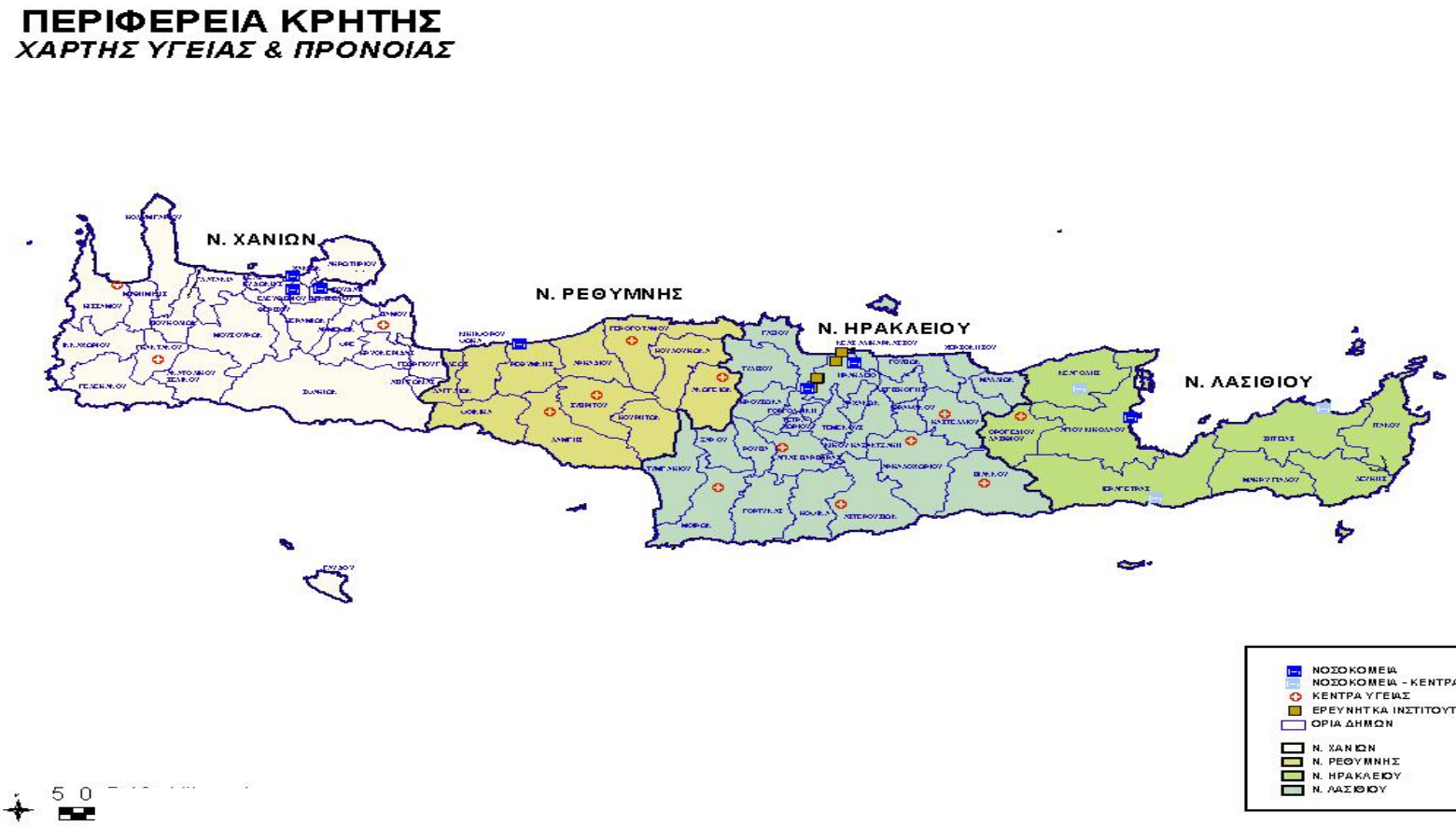
THANK YOU.

Finally, please check box below if you wish to receive periodic updates about this and related activities.

❑ Yes, please send updates

6. Ağ ɤ Ű[ɛ ŬŰɛəɦɔəɛ 2 ï ɾ ŮŰŸűʝ Ŭůd ůŰ[ɜ Ăəəɖʒəɒɐ ɔəɬ ůůŬ: Ăəəɖʒəɒɐ yəŭɛůd: Ʉʝ Ŭə Ű̃əɒɣʃ Ůəɒɣɔɑɛg əŬʝ əɑɛg ůŰ[ɜ Ţʝ ɐŰ[, Ăəə-ŸŭŬ

Ηλεκτρονικό Μητρώο Ασθενών με Καρκίνο Μαστού



Σε συνεργασία με το Roswell Park Cancer Institute,
το Πανεπιστήμιο Κρήτης και το Ινστιτούτο Πληροφορικής του Ιδρύματος Τεχνολογίας και Έρευνας
Τμήμα Ιατρικής Σχολής Πανεπιστημίου Κρήτης

¢ɛ´Ŭɟɦɜ ɛŮŰŬűɟ¥ůŰʠəŮŬŰɦ´ɶɜ Ůɞŭɶəɒɛɡ¥ůŮɞŬɡŬ ɦ ŰɞɜɡɛɔɶŬŰɞ ŮɟɤŰʠɛŬŰɞɔɦɔɶɜ**, Martin C. Mahoney, MD, PhD, FAAFP** ŬɦŰɞ **Roswell Park Cancer Institute and UB Department of Family Medicine (version 2003).**

¢ʠɜ ŮɆɶɤɔɶɞŬŰʠɡŮɞɔəʠɜɔɛɡɛŮŰ¥ű ɟŬůʠɡŮɑɞŬɜ ɛɶ:
ş ɶɜɔɛɡ ɟɟɛůŰɞɡ ɾ ɜŬ ɔ:. ŢŬʠɔʠŰɛɡ Ţɛɶɤɤɜɔɛɡ əŬɔ ƀɔɛɛɔŮɜŮɞŮɔɛɡ ĦŬŰɟɔɛɡ ĦŮɜ. ŢɟɛŰʠɡ, ´ɟɪ ʠɜ ɾ ɜŬ ɔ:. ũŮɜ. ɋ/ɜŰʠɡ ĦA.Æ.J .Ħ ŢɟɛŰʠɡ
¢ɟɛɔɪ ɜʠ ɀ ŮɟʠŬ Ţɛɶɤɤɜɔɛ ş ŮɞŰɞɡɟɛɔɦɡ ĦA, J ´ɛɣɛűɔŬ PhD ĦŬɜŮ. ŢɟɛŰʠɡ
ɀ ŮɟəŶəʠ ȯ ɜŰŬ ŢɛɶɛŰɞɛ ɜɛůʠɔŮɪ ŰɟɔŬ, MSN, MA

Вопрос: Укажите возраст пациентов 1-5

1. Сколько лет вам было, когда у вас впервые появились симптомы?

❒ 40 лет и более ❒ 45 лет и более ❒ 50 лет и более ❒ 55 лет и более ❒ 60 лет и более
❒ другое

2. Сколько лет вам было, когда у вас впервые появились симптомы, которые вы связываете с вашим заболеванием?

❒ 20 лет и более ❒ 25 лет и более ❒ 30 лет и более ❒ 40 лет и более ❒ точно не помню
❒ другое

3. Сколько лет вам было, когда у вас впервые появились симптомы, которые вы связываете с вашим заболеванием?

❒ 30 лет и более ❒ 35 лет и более ❒40 лет и более ❒ 45 лет и более ❒ 50 лет и более
❒ другое

4. Сколько лет вам было, когда у вас впервые появились симптомы, которые вы связываете с вашим заболеванием?

❒ 35 лет и более ❒ 40 лет и более ❒45 лет и более ❒50 лет и более ❒ 55 лет и более
❒ другое

5. Сколько лет вам было, когда у вас впервые появились симптомы, которые вы связываете с вашим заболеванием?

❒ 35 лет и более ❒ 40 лет и более ❒ 45 лет и более ❒ 50 лет и более ❒ 55 лет и более
❒ другое

Вопрос: Укажите, пожалуйста, ваш возраст на момент постановки диагноза 6-8

6. Сколько вам было лет, когда вам впервые поставили диагноз, который вы связываете с вашим заболеванием, и который был подтвержден врачом?

Менее 30 лет **Между 30 и 40 годами** **Более 40 лет**

❒ Не помню ❒ Не помню ❒ Не помню
❒ Не помню, но знаю ❒ Не помню, но знаю ❒ Не помню, но знаю
❒ точно не помню ❒ точно не помню ❒ точно не помню
❒ другое ❒ другое ❒ Другое, пожалуйста, укажите
❒ точно не помню
❒ другое

7. ũɘŬ ɛɗŬ ɔɡɜŬɷŬ 75 ŮŰ́ ɜ ɛŮɛɏůɞ ǝɶŭɡɜɞ ɔɘŬ ǝŬɟ ǝɶɞ Űɞɡ ɛŬůŰɞɨ , ´Ŭɟ ŬǝŬǝɿ ɜŬ ůɖɛŮɑ ůŰŰŮ ɧǝŮɠ Űɠ ´Ŭɟ Ůɛ ɓŸůŮɠ ´ɟ ɞůɡɛ ´Űɤ ɛŬŰǝɞɨ Ůǝɏɔɢɞɡ Űɠ ɞ´ɞɗŮɠ ŮůŮɠ ɗŬ ůɡɛ ɓɞɡǝŮɨ ŬŰŰ ɗŬɕɖŰɞɨ ůŬŰŰ ɗŬŮǝŰǝɞɨ ůŬŰŰ:

ɟ ɡŰɧ- ŮɞɏŰŬůɖ ɛŬůŰɞɨ

☐ ɀ ɖɜɘŬɗŬ
☐ Ƭ ŸɗŮŭŮɨ Űɟ ɞ ɛɐɜŬ
☐ ȹŮɜ ůɡɜɘůŰŸŰŬǝ
☐ ȹŮɜ ɔɜɤ ɟ ɶɤ

Ƭ ǝɞɜɞɐ ŮɞɏŰŬůɖ ɛŬůŰɞɨ

☐ Ƭ ŸɗŮɢɟ ɧɜɞ
☐ Ƭ ŸɗŮŰɟ ɗŬ ɢɟ ɧɜɘŬ
☐ ȹŮɜ ůɡɜɘůŰŸŰŬǝ
☐ ȹŮɜ ɔɜɤ ɟ ɶɤ

ɀ ŬůŰɞɔɟ ŬŰɗŬ

☐ ɀ ŬůŰɞɔɟ ŬŰɗŬ ǝŸɗŮŭɨ ɞ ɢɟ ɧɜɘŬ
☐ ȺŰɐ ůɘŬ ɛŬůŰɞɔɟ ŬŰɗŬ
☐ Ɇɡɕɐ Űɖůɖ ǝɞŭɨ ɜɞɡ/ɞŰɏǝɞɡɠ Ŭ ɧ
Űɖɜ Ŭ Ůǝɧɜɘůɖ
☐ ȹŮůɡɜɘůŰŸŰŬǝ
☐ ȹŮɜ ɔɜɤ ɟ ɶɤ

8Ŭ. ɄŬɟ ŬǝŬǝɿ ŬɜŬŰɏɟ ŮŰŬŰɠ ´ɖɔɏɠ ɔɘŬ Űɠ ǝŬŰŮɡɗɡɜŰɐɟ ɘŮɠ ɞŭɖɔɗŮɠ ůŰɞɜ ǝŬɟ ǝɶɞ Űɠ ɞ´ɞɗŮɠ ɢɟ ɖůɶɞ´ɞɘŬŰŬǝ ůŰɖɜ ´ɟ ŬǝŰǝɐ ůŬɠ.(ůɖɛŮɑ ůŰŰɧǝŬɧůŬɘůɢɨ ɞɡɜ):

❒ Ɉ ´ɞɡɟ ɔŮɞ Ɉ ɔŮɗŬɠ ǝŬǝƬ ɞɞɤ ɜɞɐɠ ɟ ǝǝɖǝŮɔɨ ɖɠ
❒ Ⱥ´ ŬɔŮǝɛŬŰǝɐ ŁŬŰɟ ɞɐ ȺŰŬɟ ŮɗŬ
❒ Ⱥǝǝɖɜɞɐ ɟ ɜŰǝŬɟ ǝɞɞɐ ȺŰŬɟ ŮɗŬ
❒ Ⱥɟ Ůɡɜɖ Űǝɞɑ Ƀɟ ɔŬɜɘůɛɞɑ
❒ ŁɜůŰɞŰɞɨ Űɞ Ʉɟ ɞǝɖ´ Űǝɐɠ ŁŬŰɟ ɞɐɠ
❒ ȹɖɛɞůɘŮɡɛɏɜŬ Ÿɟ ɖɟ Ŭ
❒ Ƀɛ ɞǝɗŮɠ
❒ ŁŬŰɟ ɞɐ ȺŰŬɟ ŮɗŬ Űɖɠ Ⱥɘŭɞɧ ŰɖŰŬɠ ůŬɠ
❒ ȯ ǝǝɞé é é é é é é é é é é é é é é é é é é .

8ɓ. Ƭ ɡǝǝɿ ůŰŮŰɖɜ ɛɗŬ ´ɖɔɐ (Ŭ ɧ Űɞɜ ´Ŭɟ Ŭ Ÿɜɤ ǝŬŰŸǝɞɔɞ) ɔɘŬ Űɠ ǝŬŰŮɡɗɡɜŰɐɟ ɘŮɠ ɞŭɖɔɗŮɠ Űɞɡ ǝŬɟ ǝɶɞɡ Űɖɜ ɞ´ɞɗŬɗŮɤ ɟ ŮɗŰŰɧŰǝŮɞŬǝɐ ´ɞ ůɖɛŬɜŰǝɐ.

é é
é é
é é

9. ɟ ´ɧ ŰŬ Ŭǝɧǝɞɡɗ Ŭ´ɘɗŬɜŸ Ůɛ´ɧŭɘŬ ůŰɖɜ ŮɨŬɟ ɛɞɔɐ Űɤ ɜ ǝŬŰŮɡɗɡɜŰɐɟ ɘɤ ɜ ɞŭɖɔɘ ɜ ɔɘŬ Űɞɜ ´ɟ ɩ ɶɛɞ ɏǝŮɔɢɞ Űɞɡ ǝŬɟ ǝɶɞɡ, ´Ŭɟ ŬǝŬǝɿ ůɖɛŮɑ ůŰŮŰŬ ´Ŭɟ ŬŸŰɤ ŭɨ ɞ ´ɞ ůɖɛŬɜŰǝŸ Ůɛ´ɧŭɘŬ ůŰɖɜ ŮɨŬɟ ɛɞɔɐ Űɖɠ ´ɟ ŬǝŰǝɐɠ ůŬɠ:

❒ ɏǝǝŮɘɣ ɖ Ůɜɞɞ Ůɶɤ ůɖɠ ůŰɠ ǝŬŰŮɡɗɡɜŰɐɟ ɘŮɠ ɞŭɖɔɗŮɠ
❒ Ŭǝǝɖǝɞůɡɔǝɟ ɞɡɧɛ ŮɜŮɠ ǝŬŰŮɡɗɡɜŰɐɟ ɘŮɠ ɞŭɖɔɗŮɠ
❒ ɏǝǝŮɘɣ ɖ ɢɟ ɧɜɞɡ
❒ ŬɜŮ Ŭɟ ǝɐɠ ´ǝɖɟ ɤ ɛɐ
❒ ɏɜɤ Ŭ ɧ Űɞ ůɡɜɖɗɘůɛɏɜɞ ´Ůɶɞ ´ɟ ŬǝŰǝɐɠ
❒ ɏǝǝŮɘɣ ɖ ɡ´ Ůɜɗɨ ɛɘůɖɠ ůŰɞ ŰŸǝŮǝɞ Űɞɡ ŬůɗŮɜɞɨ ɠ
❒ ɏǝǝŮɘɣ ɖ ɞɟ ɔŸɜɤ ůɖɠ ůŰɞ ɔɟ ŬŰŮɞ
❒ ŭɘŬŰɤ ɜɗŬ ɛŮŰɠ ŭɖɛɞůɘŮɡɛɏɜŮɠ ǝŬŰŮɡɗɡɜŰɐɟ ɘŮɠ ɞŭɖɔɗŮɠ

Þ ŭ d ɔ ɑ ů ƒ: Ч Ŭ ɟ Ů ə Ů ə ч Ů ɛ ɑ Ů Ŭ Ÿ ɜ Ů ɬ ů ɑ ɔ ə Ů ə Ÿ ɑ Ů ə Ů Ű ɬ ɔ ɵ ɟ ɑ Ů ů Ű ɬ ɜ Ů ɟ ı Ű ɬ ů ɑ 11

11. Ч ɵ ɛ ɜ Ŭ ɦ Ű Ű ´ Ŭ ɟ Ů ə Ÿ Ű ŕ ű Ÿ ɟ ɛ Ů ə Ŭ ɑ Ů ŕ ɟ Ů ɑ Ű Ů ə --ŕ ɣ ƒ ´ ɟ ı Ű ɬ ɣ ƒ ɔ ɟ Ů ɛ ɛ ɐ ɣ ð ´ Ŭ ɟ Ÿ ɔ ɵ ɜ Ű Ű ɣ ƒ ɔ ɵ Ŭ Ű ɬ ɜ ŭ ɵ Ů ə ´ ɐ Ű ɵ g ə Ŭ ɜ ů ɛ Ů Ű ɵ g ƒ (Ű ů Ů ə Ÿ ɟ Ů Ű Ű ɜ Ů Ů ə ɐ ɦ ɔ ɵ):

❒ ? ɹ Ł ❒ Ð ɟ Ł T ə ɵ ɜ ɜ ŭ œ ɑ ɬ
❒ ? ɹ Ł ❒ Ð ɟ Ł ? ɜ ɵ Ű ɑ ɬ Ŭ ɵ ɟ ɹ ɟ ɵ ű ɵ ¡ ɛ Ů ɜ ɑ ɬ Ŭ ɦ Ű ɬ ɛ ¡ Ű ɬ (É ´ ɟ ɣ g)
❒ ? ɹ Ł ❒ Ð ɟ Ł ? ɵ ɟ Ű ɟ ə ´ Ű œ ɑ ɬ (Ű ɟ ɜ g ə ɵ ə ɦ Ŭ ɜ Ű Ů ə Ŭ Ű Ű ɑ ə ´ Ű ə ɦ)
❒ ? ɹ Ł ❒ Ð ɟ Ł ɑ ɵ ɛ g ´ ɟ ɦ ´ ɟ ɜ ɵ ɜ , ´ Ŭ ɟ Ŭ Ű Ű Ű ɛ ɣ ɜ ɑ ƒ Ŭ Ů ə Ů g ɑ ƒ ɣ ɟ ɣ ů ɑ ƒ /Zybran
❒ ? ɹ Ł ❒ Ð ɟ Ł ɹ g Ű ɵ ə ɦ ə ɑ ɬ Ű Ű ɜ ɜ ɵ ɛ Ű ɵ ɑ ƒ
❒ q p Ů ɜ ɔ ɜ ɣ ɟ œ ɣ

Þ ŭ d ɔ ɑ ů ƒ: Ч Ŭ ɟ Ů ə Ů ə ч Ů ɛ ɑ Ů Ŭ Ÿ ɜ Ů ɬ ů ɑ ɬ ə Ÿ Ű ŕ Ů ƒ ə Ÿ ɑ Ů ů Ű ɵ ə ɑ ɬ ɔ ɵ Ű Ű ɵ g ƒ Ů ɟ ɣ ŕ Ű ɵ ů Ů ɵ g ƒ 12 ɣ g 15

12. ũ ɵ Ŭ ɣ ɜ Ů ɜ Ŭ ů ɑ Ů ɜ ɵ ɑ ɬ ə ɑ Ů ɑ ƒ 50 œ ɟ ɛ ɜ ı ɜ ɛ Ů ɛ ɣ ů ɵ ɛ ə ɑ Ů ɑ ƒ ɔ ɵ Ŭ ə Ů ɟ ə œ ɵ ɛ ´ Ů ɛ ɣ ɵ ɑ ƒ Ů ɜ Ű ɣ ɟ ɛ g ů g ɛ ´ Ů ɟ ɵ ə Ů ɛ ƀ Ů ɜ ɵ ɛ ɛ ɣ ɜ ɵ g Ű ɵ g œ ɟ ɑ ɵ ɨ , ´ ɵ ů ɑ ƒ ´ Ů ɟ Ů ɛ ƀ Ÿ ů Ů ɵ g ƒ ´ ɟ ɛ ů g ɛ ´ Ű ŕ ɛ Ů Ű ɵ ɛ ɨ Ů ɵ ə ɣ ɔ ɛ g d Ŭ ɛ ´ œ ɟ ɛ ɨ ů Ű Ű Ů ɜ Ŭ ů g ɛ ƀ ɛ g ɵ ə Ů ɨ ů Ű Ű Ů ɜ Ŭ ů g ů Ű ɛ ů Ű Ű Ů ɜ Ŭ Ů ɵ Ű ɛ ɣ ů Ű Ű Ů :
DRE : q p Ŭ ɵ Ű ɑ ə ɵ ɛ Ů ɛ ɣ Ű Ű ů ɑ
FOBT : Mayer ə ɛ ´ ɟ Ÿ ɜ ŕ ɜ
Flex Sig (FS): É ɔ ɛ ɛ Ů ɵ ü ɛ ů ə ɦ ´ ɑ ů ɑ (Ů ɨ ə Ŭ ɛ ´ Ű ɛ)
(CS): T ɛ ɑ ɛ ɜ ɛ ů ə ɦ ´ ɑ ů ɑ

DRE	**FOBT**	**Flex Sig (FS)**	**T ɛ ɑ ɛ ɜ ɛ ů ə ɦ ´ ɑ ů ɑ (CS)**
□ DRE Ű Ű ɬ ů ŕ ɣ ƒ	□ FOBT Ű Ű ɬ ů ŕ ɣ ƒ	□ FS ə Ÿ ɑ Ů 2 œ ɟ ɦ ɜ ɵ Ŭ	□ CS ə Ÿ ɑ Ů 5 œ ɟ ɦ ɜ ɵ Ŭ
□ DRE ə Ÿ ɑ Ů 2 œ ɟ ɦ ɜ ɵ Ŭ	□ FOBT ə Ÿ ɑ Ů 2 œ ɟ ɦ ɜ ɵ Ŭ	□ FS ə Ÿ ɑ Ů 5 œ ɟ ɦ ɜ ɵ Ŭ	□ CS ə Ÿ ɑ Ů 10 œ ɟ ɦ ɜ ɵ Ŭ
□ DRE ə Ÿ ɑ Ů 5 œ ɟ ɦ ɜ ɵ Ŭ	□ FOBT ə Ÿ ɑ Ů 5 œ ɟ ɦ ɜ ɵ Ŭ	□ FS ə Ÿ ɑ Ů 10 œ ɟ ɦ ɜ ɵ Ŭ	□ ŭ Ů ů g ɜ ɵ ů Ű Ÿ Ű Ű ɵ
□ ŭ Ů ů g ɜ ɵ ů Ű Ÿ Ű Ű ɵ	□ ŭ Ů ů g ɜ ɵ ů Ű Ÿ Ű Ű ɵ	□ ŭ Ů ů g ɜ ɵ ů Ű Ÿ Ű Ű ɵ	

13 ũ ɵ Ŭ ɣ ɜ Ů ɜ Ŭ ů ɑ Ů ɜ ɵ ɑ ɬ ə ɑ Ů ɑ ƒ 45 œ ɟ ɛ ɜ ı ɜ ´ ɛ g ɣ ɛ Ů ɵ Ŭ ü Ů ɟ ű ɦ ŭ ɵ Ŭ ɜ ɣ ů ɛ ɣ ɜ ɛ ů Ů ɑ ɬ ə ɑ Ů 56 œ ɟ ɦ ɜ ɣ ɜ ɛ Ů ə Ŭ ɟ ə œ ɵ ɛ ´ Ŭ ɣ ɛ g Ů ɜ Ű ɣ ɟ ɛ g ů g ɛ ´ Ů ɟ ɵ ə Ů ɛ ƀ Ů ɜ ɵ ɛ ɛ ɣ ɜ ɛ g Ű ɵ g œ ɟ ɑ ɵ ɨ , ´ ɵ ů ɑ ƒ ´ Ů ɟ Ů ɛ ƀ Ÿ ů Ů ɵ g ƒ ´ ɟ ı ɛ ɛ g Ů ɨ ɣ ɔ ɛ g d Ŭ ɛ ´ œ ɟ ɛ ɨ ů Ű Ű Ů ɜ Ŭ ů g ɛ ƀ ɛ g ɵ ə Ů ɨ ů Ű Ű Ů ɜ Ŭ ů g ů Ű ɛ ů Ű Ű Ů ɜ Ŭ Ů ɵ Ű ɛ ɣ ů Ű Ű Ů
DRE : q p Ŭ ɵ Ű ɑ ə ɵ ɛ Ů ɛ ɣ Ű Ű ů ɑ
FOBT : ɀ Ÿ ɔ Ů ɟ ə ɛ ´ ɟ Ÿ ɜ ŕ ɜ
Flex Sig (FS): É ɔ ɛ ɛ Ů ɵ ü ɛ ů ə ɦ ´ ɑ ů ɑ (Ů ɨ ə Ŭ ɛ ´ Ű ɛ)
(CS): T ɛ ɑ ɛ ɜ ɛ ů ə ɦ ´ ɑ ů ɑ

DRE	**FOBT**	**Flex Sig (FS)**	**T ɛ ɑ ɛ ɜ ɛ ů ə ɦ ´ ɑ ů ɑ (CS)**
□ DRE Ű Ű ɬ ů ŕ ɣ ƒ	□ FOBT Ű Ű ɬ ů ŕ ɣ ƒ	□ FS Ŭ ɛ ɣ ů ŕ ɣ ƒ	□ CS Ŭ ɛ ɣ ů ŕ ɣ ƒ
□ DRE ů Ű Ű 50 œ ɟ ɦ ɜ ɵ Ŭ	□ FOBT ů Ű Ű 50 œ ɟ ɦ ɜ ɵ Ŭ	□ FS ů Ű Ű 50 œ ɟ ɦ ɜ ɵ Ŭ	□ CS ů Ű Ű 50 œ ɟ ɦ ɜ ɵ Ŭ
□ DRE ə Ÿ ɑ Ů 2 œ ɟ ɦ ɜ ɵ Ŭ	□ FOBT ə Ÿ ɑ Ů 2 œ ɟ ɦ ɜ ɵ Ŭ	□ FS ə Ÿ ɑ Ů 2 œ ɟ ɦ ɜ ɵ Ŭ	□ CS ə Ÿ ɑ Ů 5 œ ɟ ɦ ɜ ɵ Ŭ
□ DRE ə Ÿ ɑ Ů 5 œ ɟ ɦ ɜ ɵ Ŭ	□ FOBT ə Ÿ ɑ Ů 5 œ ɟ ɦ ɜ ɵ Ŭ	□ FS ə Ÿ ɑ Ů 5 œ ɟ ɦ ɜ ɵ Ŭ	□ ŭ Ů ů g ɜ ɵ ů Ű Ÿ Ű Ű ɵ
□ ŭ Ů ů g ɜ ɵ ů Ű Ÿ Ű Ű ɵ	□ ŭ Ů ů g ɜ ɵ ů Ű Ÿ Ű Ű ɵ	□ ŭ Ů ů g ɜ ɵ ů Ű Ÿ Ű Ű ɵ	

ò ş ş Þ
❒ Ч Ŭ ɟ Ŭ ɛ ɛ ´ ɐ ů Ů ɛ Ů ɣ ɨ ɛ ɨ ɟ ɔ ɵ
❒ Ч Ŭ ɟ Ŭ ɛ ɛ ´ ɐ ů Ů Ű ů ü ɵ ə ɦ ɔ Ŭ ů Ű ɟ Ű ɜ Ű Ű ɟ ɛ ə ɦ ɔ ɵ
❒ Ч Ŭ ɟ Ŭ ɛ ɛ ´ ɐ ů Ů Ű ɜ Ű ů ü ɵ ə Ů ɣ ɛ ɣ ɜ ɛ ɹ ɜ Ű Ű ə Ŭ ɟ ə ɵ ɜ ɵ ɦ T ɣ ɜ Ű ɟ ɵ
❒ Ч Ŭ ɟ Ŭ ɛ ɛ ´ ɐ ů Ů ů ɨ ɛ ƀ ɛ g ə ɵ ɔ Ű ɜ Ű Ű ə ɐ g ƒ
❒ q p Ů ů g ɜ ɵ ů Ű Ÿ Ű Ű ɜ ´ Ŭ ɟ Ŭ ɛ ɛ ´ ɐ

14. ũəŬ yɜŬɜ Ɣɜŭɻ Ŭ Ůůdů̊ɜe 52 ŮűɪɜεŮε yůɕ əɕŭgɜɕ ɔəŬ əŬɻəɕɕɕ Ű̃ɛg ´ɻɕůŰƳűl, ´ɕəů̊ʃ ´ŬɻŮɛɓƳůů̊ʃ ´ɻɕůgɛ´ŰɪεŮŰəɕɨɨ Ů̊əyɔɕɕg dŬůgɛɓɕgəʊɨ ŮŰŰ̊ůgůŰ̃ɜŮŰŰ̊ ŭəů̊ɜŮɻɔɕɨɨůŮŰŰ̊

DRE : qpŮəŰ̃gəəɕe Ů̊ɜyŰŮůd

PSA: Ʉɻɕů̊ŰŰ̃əɦ ŬɜŰ̃əɦɻɜɕ

DRE	PSA	ȯ əəɕ
□ DRE Ůűlůɑɾʃ	□ PSA Ůűlůɑɾʃ	□ Ɇgɕɛ Ű̃lůd ɔəŬ Ű̃ɛggʃəɕŭɨɜɕggʃəŬəŰŰɕűyəd Ŭ ɦ Ű̃ɛ PSA
□ DRE əƳdŮ2 ɕɻɦɜəŬ	□ PSAəƳdŮ2 ɕɻɦɜəŬ	□ ŭŮůgɜəůŰƳŰ̃əˊɻɪ ɛɕɕgʃyəŮəɕɕgʃ
□ DRE əƳdŮ5 ɕɻɦɜəŬ	□ PSA əƳdŮ5 ɕɻɦɜəŬ	
□ ŭŮůgɜəůŰƳŰ̃ə	□ ŭŮůgɜəůŰƳŰ̃ə	

15. ũəŬ yɜŬɜ Ɣɜŭɻ Ŭ Ůůdů̊ɜe 46 ŮűɪɜεŮ´ŰŰ̊ɻŬŭəŬəɜɤůεyɜɕ εŮəŬɻəɕɕɕ ´ɻɕůŰƳűl ůŮdəɕəʊŬ55 Ůűɪɜ, ´ɕəů̊ʃ ´ŬɻŮɛɓƳůů̊ʃ´ɻɕůgɛ´ŰɪεŮŰəɕɨɨ Ů̊əyɔɕɕg dŬůgɛɓɕgəʊɨ ŮŰŰ̊ůgůŰ̃ɜŮŰŰ̊ ŭəů̊ɜŮɻɔɕɨɨůŮŰŰ̊

DRE: qpŮəŰ̃gəəɕe Ů̊ɜyŰŮůd

PSA: Ʉɻɕů̊ŰŰ̃əɦ ŬɜŰ̃əɦɻɜɕ

DRE	PSA	ȯ əəɕ
□ DRE Ůűlůɑɾʃ	□ PSA Ůűlůɑɾʃ	□ Ɇgɕɛ Ű̃lůd ɔəŬ Ű̃ɛggʃəɕŭɨɜɕggʃəŬəŰŰɕűyəd Ŭ ɦ Ű̃ɛ PSA
□ DRE əƳdŮ2 ɕɻɦɜəŬ	□ PSA əƳdŮ2 ɕɻɦɜəŬ	□ ɄŬɻŬ ɛɛˊe ůŮŬɜŰ̃əŰɻəɕɕəɦ əɣɜŰɻɕ
□ DRE əƳdŮ5 ɕɻɦɜəŬ	□ PSA əƳdŮ5 ɕɻɦɜəŬ	□ ɄŬɻŬ ɛɛˊe ůŮɕggɻɕəɦɔɕ
□ ŭŮɜ ůgɜəůŰƳŰ̃ə	□ ŭŮɜ ůgɜəůŰƳŰ̃ə	□ ɄŬɻŬ ɛɛˊe ůŮůɨɨɛɓɕgəɕɕ ɔŮɜŮŰ̃əɛɛʃ
		□ qpŮɜ ůgɜəůŰƳŰ̃əˊɻɪ ɛɕɕgʃyəŮəɕɕgʃ

16. Ʉɦůɕ ůgɕɜƳŭəŮɜŮɻɔŮůŰ´əɛɻdɛʃəəɕɕəɛ Ů̊ɜyŰŮůd ɔəŬəŬɻəɕɕɕ Ű̃ɛg ŭɣɻɛŰŰ̃ɛgʃůŰ̃ɛggʃŬůdŮɜŮůʃůŬʃ:

❒ ȳ ŰŰ̃ɜ Ŭ ŬɜŰŰůŰŰ̃əŬ ɦ Ű̃ɛggʃŬůdŮɜŮůʃ

❒ ƷŮŮ ůəɣɣŮůʃˊɻɦədɣdʃ

❒ qpŮɜ ´ɻŬɔɛŰŰ̃ɛ´ɕəɪ Ů̊ɜŮŰ̃ƴůŮůʃŭɣɻɛŰŰ̃ɛgʃɻɕgŰ̃ɕŬʃ

17. ũəŬəŬ ɜəůŰ̃e 48 ɕɻɦɜɤɜ, əŰŰ̃ƳŰŰ Ɣəəʊŭgɔɔɛ, ɛ ɛ´ɕɕɛgʃ´ŬɻɕgůəƳɛŮŰŰ̃əůŰ̃ɛ ɔɻŰŰůɕ ůŬʃŭdəɪ ɜɕɜŰŰʃɦŰ̃əŮɕŬəŬ Ŭ ɕűŬŭəůɛɣɜɕgʃ ɜŬ ůŰŰɛŰŰ̃ůŮə Ű̃ɛ əƳ ɜəůɛŬ, ´ɕəů̊ʃ ´ŬɻŮɛɓƳůů̊ʃ dŬ ůgɛɓɕgəʊɨ ŮŰŰ̊ůgůŰ̃ɜŮŰŰ̊ ɜŬ Ů̊əŰŰ̃ɕɕɨɨůŮŰŰ̊

(Ʉɦŭɻ Ŭəŭɨɨ Ůɪůə Ɣɻ ŮŰŰ̊ɦəʊʃɦůŮʃɕɻdůɛɛ´ɕəůŰŰ̊)

1d ɔɻŰɛɛe ŭɻƳůdʃ

❒ Ɇgɛɓɕgəʊɻɤ ɜŬůŰŰɛŰŰ̃ůɛɕgɜ Ŭɛyůɤʃ.

❒ Ɇgɛɓɕgəʊɻɤ ɛdŬ´ɻɕɕŭŮɦŭ̃ɕe ɛŮɑɾ ůd ůŰŰŰɪəƳɻŬ´ɕg əŬ ɜɑŭə̊əŬůdɛŮɻɕƳ

❒ Ʉɻɕŭ̃Űɑɤ ŬŰ̃ɛɛɕe ůgɛɓɕgəʊŭ̃ɕe

❒ Ɇgɜŭ̃ŰɔɕɔɻŬűɪ B ɕg´ɻɦ´ɻɕɜ/Zyban

❒Ɇgɜŭ̃ŰɔɕɔɻŬűɪ Tə ɕɜɜŭɑɕd

❒Ɇgɜŭ̃ŰɔɕɔɻŬűɪ Noɻŭɻɕ´ŭ̃jəɑŭ

❒Ɇgɜŭ̃ŰɔɕɔɻŬűɪ /ůgɜəůŰ Ŭ̃gŭ̃əɦəədŭ̃Ŭɜəɕŭ̃ɑdʃ

❒Ɇgɜŭ̃ŰɔɕɔɻŬűɪ /ůgɜəůŰ Ű̃ɑɑəŭɜəɕŭ̃ɑdʃ

❒Ɇgɜŭ̃ŰɔɕɔɻŬűɪ /ůgɜəůŰ əŬɻŭ̃ɛyəŬɜəɕŭ̃ɑdʃ

❒Ɇgɜŭ̃ŰɔɕɔɻŬűɪ /ůgɜəůŰ ɜəɕŭ̃ɑdɛŮŮəůˊɜɕe

❒Ɇgɜŭ̃ŰɔɕɔɻŬűɪ /ůgɜəůŰ ɜəɕŭ̃ɑdůˊɻyg ɛɨŭ̃ʃ

❒ ɆgɜəůŰ Ű̃ʃɜ Ů̊ɔɻŬűɪe ůŮůgɛɓɕgəʊŭ̃əɦ ´ɻɦɔɻŭ̃ɛŬ

❒ ɆgɜəůŰ ŮŬɜŭ̃əd´ŭ̃əɦɻŭ̃ɜŰŰ̊ɔɨɨ

2q ɔɟ Űɛɛɐɐŭɟ Ɏůɟɖɖſ

❒ ɆgɛɓɐgəŰɨɤ ɜŰůŰŰɛŰŰɇůɐgɜ Űɛɏůɤɠſ.
❒ ɆgɛɓɐgəŰɨɤ ɛɑŰ´ɟɛɐŭŰgŰŰəɐɐ ɛŰɑɤůɖ ůŰŰŰůɐəɎɟŰ´ɐg əŰ ɜɑŰəŰɑɖɛŰɟɐɔɏ
❒ Ⱶɟɛ(ŰŰɑɤ ŰŰɛɛɐɐ ůgɛɓɐgəŰgŰəɐɐ
❒ Ɇgɜ(ŰŰɔɐɔɟŰűíı Bɐg´ɟɦ´ɐɜ3/Zyban
❒ Ɇgɜ(ŰŰɔɐɔɟŰűíı Ɍ'əɐɜəŭɑɖ
❒ Ɇgɜ(ŰŰɔɐɔɟŰűíı Nɐɟ(ŰɟəŰgəɑɖ
❒ Ɇgɜ(ŰŰɔɐɔɟŰűíı /ůgɜəůŰí ÜgŰɛəɦɟəəɖŰŰɜəɐŰɑɖſ
❒ Ɇgɜ(ŰŰɔɐɔɟŰűíı / ůgɜəůŰí Ůůɑɛə Ü ɜəɐŰɑɖſ
❒ Ɇgɜ(ŰŰɔɐɔɟŰűíı / ůgɜəůŰí əŰɟŰɛɏəÜɜəɐŰɑɖſ
❒ Ɇgɜ(ŰŰɔɐɔɟŰűíı / ůgɜəůŰí ɜəɐŰɑɖɛůŰəůí´ɜɐɐ
❒ Ɇgɜ(ŰŰɔɐɔɟŰűíı / ůgɜəůŰí ɜəɐŰɑɖůɟɏgɛɨŰſ
❒ ɆgɜəůŰí Ůſɜ ŮɔɔɟŰűíɐ ůŮůgɛɓɐgəŰgŰəɦ´ɟɦɔɟŰɛɛŰ
❒ ɆgɜəůŰí Ů ŰɜŰəɖ´Ű əɦɟŰɜŰŰɓɐɨ

18. Ⱶɦůɐ Ůɨəɐəɐ ůŰſůɑɖəɜŰəŰŰɜɐɐůŰŰŮŰəſůgůŰɎůəſɔəŰŰɛɜ ɏəŮɔɑɐ əŰɟəɑɐɐg ůɑŰŰəɎɛŮ

	Ⱥɨəɐəo		Ɍ'Ɏɤɠſ		Ⱶɐəɨ
	ůŰſɜ əŰŰɜɦɖůɖ		ɛ´ŮɟŭŰɛɏɜɐ		ɛ´ŮɟŭŰɛɏɜɐ
Ɍ'ŰɟəɑɐɐŰɛg ɐɟɖɐɨ	1	2	3	4	5
Ɍ'Űɟəɑɐɐ´ɟɐůŰɎŰſ	1	2	3	4	5
Ɍ'ŰɟəɑɐɐŰɛg ɛŰůŰɛɨ	1	2	3	4	5
Ɍ'ŰɟəɑɐɐŰɛg ŭɏɟɛŰŰɛſ	1	2	3	4	5
Ɍ'ŰɟəɑɐɐŰɟŰɑɐəɐg ɛɐŰɟŰſ	1	2	3	4	5

19. ɟ ɔɜɐı ɜŰŰſdɏɛŰŰŰəɦůŰɛggſəŰɔdŮɤɟı ɜŰŰſɦŰɔɖ ŭɑəɐɛŰůɒŰdŰɛ´ɐɟɐɨůŮɛŮŰɔɟɒŮɔɜŰ ŰŰgŰɛ´ɐɜɛůŮɔ ɦəŮſŰſɔgɜŰɑŮſɛŮɛdŰŮɔɒŮɔɐ Űəəɐɑɤůɖ (BRCA1/BRCA2) dŰůgůŰɛɜŰŰŮŰgŰɛ ŰſɔŰɜŮŰəɐ ŭɑəɐɛŰůɒŰ ɔəŰŰſɜ´ɟɛŭɎdŮůɖ, ůŰɛɜ əəɖɟɜɐɛɐəɦ əŰɟəɑɐɐ ɛŰůŰɛɨ ůŮ
(ůɖɛŮəı ůŰŰɛdŰŰ ɎɜŰſůɖ ɛɦɜɐ)

❒ ɦəŮſŰſɔgɜŰɑŮſ
❒ ɀ ɦɜɐ ŰſɔgɜŰɑŮſ ɛŮɤɜŰ ɐ ´ŮɟəůůɦŰŰɟɛggſ´ɟı Űɛg ɓŰdɛɐɨ ůgɔɔŮɜŮɑŮſ (ɛɖŰɣɟŰ, ŰŭŮɟűɐ, əɦɟɖ) ɛŮ əŰɟəɑɐɐ ɛŰůŰɛɨ.
❒ ɀ ɦɜɐ ŰſɔgɜŰɑŮſɛŮŭɨɐ ɐ ´ŮɟəůůɦŰŰɟɛggſ´ɟı Űɛg ɓŰdɛɐɨ ůgɔɔŮɜŮɑŮſɛŮəŰɟəɑɐɐ ɛŰůŰɛɨ.
❒ ŭgɜŰɑŮſɛŮɐ´ɐɛŭɐ´ɐŰŰɐəɐɔŮɜŮəŰɑŮəɦ əůŰɛɟɜəɦ əŰɟəɑɐɐ Űɛg ɛŰůŰɛɨ.
❒ ɀ ɦɜɐ ŮəŮɑŮſŰſɔgɜŰɑŮſ´ɐg ŰŮ ŰəŰɛɨɜ ɔŮɜŰŰəɦ ŭɑəɐɛŰůɒŰɔəŰŰɛɜ əŰɟəɑɐɐ Űɛg ɛŰůŰɛɨ.
❒ qpŮɜ ɒŰůgɜəůŰɛɨůŰŰŰɔŮɜŰŰəɐɐ ŭɑəɐɛŰůɒŰɔəŰəŰɟəɑɐɐ ɛŰůŰɛɨ.

20. Ⱶ'ɎɟŰŰ Ű(ɜ ´ŮɟɑŰɤůɖ ɛɒŰſ ŰůgɛŰɤɛŰŰəɐɐſ ɔgɜŰɑŮſ 35 ɠɟɦɜɤɜ ɛŮ ŮɘŮɒŰɑɤɛɣɜɖ əəɖɟɛɜɛɐɐ ´ɟɛŭɐɎdŮůɖ ůŰɛɜ əŰɟəɑɐɐ Űɛg ɛŰůŰɛɨ, ɖɐɛ´ɛɒŰ ŮɘŮɒŰɑ ɜŮɘ ɛɒŰ´ɘɒŰɜɦŰ(ŰŰ 80% ɜŰŰɜŮ Ű ɜŮɘəŰɟəɑɐɐ ɛŰůŰɛɨ əŰŰɤŰ(ɜ ŭɐɎəŮŰ(ſɠɤɐſəŰɜɛɒŒ(ŰŰ 50% ɜŰŰɜŮ Ű ɜŮɘŰ(ɜɦůɛ ´ɟɐɜ Ű(ɜ ɖəɐɒŒŰɤɜ 50 ɠɟɦɜɤɜ. ŪŰůgɜəůŰɛɨůŰŰŰ (ůɖɛŮəı ůŰŰɦəŰɦůŰŰŰɟɐɎɛgɜ)

❒ ɇŰəŰɐɐ ÜgŰɦ- Ůɜɤ(ŰŰůɖɛŰůŰɛɨ
❒ ȺŰɛůəŰɛŰůŰɛɔɟŰűíɒŰəŰəəɐɜɐɐ Ůɜɤ(ŰŰůɖɛŰůŰɛɨ.

❒ ζ ÙůÚĺƋ ÙÚíďÙ ÙƋƋƋƋ ůgƐƷĥÚĹƷ ÙÙ ĥ ɛďÙűɛƷ ŸÚĺƐ ƐƷĥƋɛ
❒ ¢ÙƋÚĺƋĥ´ƷıƋɛ ɣƋÚƋɛ ɔɛÙƋɛɣÚůƋďƋıƐ ɛÚCA-125 ƋÙƋÚƋůĺɛƋɛ´ƋĥgˊɣƷďƋɛ
❒ ĤƷɛűgƋÙƋÚƋɛ ɛÙůÚÚƋÚĺɛɛ
❒ ĤƷɛűgƋÙƋÚƋɛ ÙíÙgÚůďɣɛďďƋıƐ
❒ ƷƷɛůďÙ ŮƋÚƋɛɣƐɛg gˊɛůɛɣÙůĺɛƋɛƷűɣ ÚĺɛɛƋůÚƷɛƋĥƐɣ (tamoxifen or raloxifene) ůÙƐ ɛďɛÚƋɛˊƷɛűiƋÙƋď
❒ ¢gɛɛÚĺɛɛ ůÚƋƋƋɛɛ ɛÚƋɣÚďƋɔÙÚĺƐˊƷĥƋďɣďÚĺɛ ƋÚƋƋɛg ÚĺɛgɛÚůÚĺɛi.
❒ ĤÙƷÙ ɛɛˊe ůÚɣƐÙÚůiɛbɛgƋɛ ɔÚƐÚĺƋɛɛg
❒ ĤÙƷÙ ɛɛˊe ůÚɣƐÙÚƐÚĺƋÙƷƋɛɛƋĥ ƋɣƐÚƷɛ

21. ȷ ɔƐɛı ƐÚÙďɣɛÙÚÙƋĥůÚĺɛggƒƋÙƋďÚɣƷı ƐÚÙƒĥÚĺƋď ůɛƋɛɛÙůďÙďÙɛˊɛƷɛiůÚɛÚÙƋƷɛiůÚÚÚÙgÚĺɛ´ɛɛeůÚĺƋ ĥƋɛggƒÚĺɛggƒÙůďÚƐÚůƒɛÚƋƋďɛƐɛɛɛɛƋɛ ´ƷɛůÙŸďÚůď ůÚĺƐ ƋÙƷƋɛɛɛ ´ÙɛɣɛgƒÚƐÚÚŸƷɛg ůgɛ´ÚƷƋɛÚɛbÙƐɛɛɣƐɛg ƋÙƋ ÚĺɛgɛƷďɛi, ɔƋÙ´ɛɛɛggƒdÙůgƐƋůĺɛiůÚÚÚÙgÚĺɛ Úď ɔÚƐÚĺÚĺɛɛƋɛ ůɛƋɛɛÙůďÙɔƋÙƋƋɛɛɛƋĥ ƋÙƷƋɛɛɛ ÚĺɛgɛƷďɛi; (ůďɛÚĺƋ ůÚÚÚɛďÙŮ ŸƐÚďůď ɛĥƐɛ)

❒ ȳ ƋÙÚÚŮŸÚĺɛɛÙ
❒ ζ ĥƐɛ ŸÚĺɛɛÙ ɛÚɣƐÙ ɛ ´ÚƷƋůůĥÚÚƷɛggƒ´ƷıÚĺɛg ƃÙďɛɛi ůgƆɔÚƐÚůƒ (ɔɛƐÚůƒ, ÙŭɣƷűɣƋÙ, ´ÙƋŭo) ɛÚƋÙƷƋɛɛo ɛƷďɛi.
❒ ζ ĥƐɛ ŸÚĺɛɛÙɛÚÙŭiɛ ɛ ´ÚƷƋůůĥÚÚƷɛggƒ´ƷıÚĺɛg ƃÙďɛɛi ůgƆɔÚƐÚůƒɛÚƋÙƷƋɛɛɛ ɛƷďɛi.
❒ ò ÚĺɛɛÙɛÚÐɛ´ɛɛɛůɛ´ɛÚÚɛɛɛɔÚƐÚůƋÙƋĥ ƋůÚĺƷɛɛĥ ƋÙƷƋɛɛɛƋg ÚĺɛgɛƷďɛi.
❒ ζ ĥƐɛ ůƋɛůÙÚÙŸÚĺɛɛÙ´ɛg ɛďÚĺɛi ɔÚƐÚůƋÙƋĥ ůɛƋɛɛÙůďÙɔƋÙÚĺɛɛ ƋÙƷƋɛɛɛ ÚĺɛgɛƷďɛi.
❒ ɑpÚƐ ďÙůgƐƋůĺɛi ůÚÚÚɔÚƐÚůƋÙƋĥ ůɛƋɛɛÙůďÙɔƋÙƋƋɛɛɛ ɛƷďɛi.

22.ĤŸƷÚÚ ÚĺƐ ´ÚƷɑÚŕůď ÚƐĥƒ ÙůgɛˊÚŕɛÙÚĺƋɛi ÙůďÚƋɛ 45 ƋƷĥƋɣƐ ɛÚ ÚƋƋÚƋÚƋɣɛƷď ƋɛďɛÚƋɛˊƷɛűiƋÙƋď ɛgɛɛÚĺɛɛƋɛ ´ƷɛůÙŸďÚůď ůÚĺƐ ƋÙƷƋɛɛɛ ´ÙɛɣɛgƒÚƐÚÚŸƷɛg ůgɛ´ÚƷƋɛÚɛbÙƐɛɛɣƐɛg ƋÙƋ ÚĺɛgɛƷďɛi, ɛ ɛ´ɛɛɛgƒÚƋƋÚƋÚƋɣɛƷď ƐÚƋƋɛɛĥ ɛÙÚˊɛďÙ ´ɛďÙƐĥÚĺÚÚ 60% ƐÙ ÙƐÙÚŕƋɣÚƋ ƋÙƷƋɛɛɛ ɛƷďɛi ƋÙÚŸ ÚĺƐ ůŭŸƷƋÚƋÙ ÚĺƐgˊɛɣɛgƒ ɛɣɛgƒ Úĺɛgˊ. ŪÙ ůgƐƋůĺɛiůÚÚÚ (ůďɛÚĺƋ ůÚÚÚĥƋÙÚĥůÙÚÚÚƷɣŸɛɛgƐ)

❒ ÁÚĺɛůƋÙƋɛɛƋɛɛƐɛůƋĥˊďůď
❒ ŽĨɛɛƋɛɛƐɛůƋĥˊďůďƋŸďÙůŭiɛ ɛƷĥƐɣƋÙ
❒ ŽĨɛɛƋɛɛƐɛůƋĥˊďůďˊÚƷƋůůĥÚÚƷÚƒÚĺƒɛƋÚƒÚĺɛƐƋÚƒÚĺɛ ɛƷĥƐɣƋÙ
❒ Ō ƋÙƋÚƋɛɛƒɛÙˊÚƷƋɛŭƋɛĥ ÚƷůÚÚCEA
❒ ĤƷɛűgƋÙƋÚƋɛɛ ƋɛɛƋÙƋÚĺɛɛɛ
❒ ĤƷɛűgƋÙƋÚƋɛɛ ÙíÙgÚůďɣɛďďƋıƐ
❒ ¢gɛɛÚĺɛɛƋɛ ůÚƋƋƋɛɛ ɛÙÚˊɛďÙ ´ɛďÙƐĥÚĺÚƒɛÚƋƋďɛƐɛɛɛɛƋɛ ´ƷɛůÙŸďÚůď ůÚĺƐ ƋÙƷƋɛɛɛƋg ÚĺɛgɛƷďɛi.
❒ ĤÙƷÙ ɛɛˊe ůÚɣƐÙÚůiɛbɛgƋɛ ɔÚƐÚůƋÙƋď
❒ ĤÙƷÙ ɛɛˊe ůÚɣƐÙÚƐÚĺƋÙƷƋɛɛɛƋĥ ƋɣƐÚƷɛ

23. ¢ďɛÚĺƋ ůÚÚÚɛďÙŮ ŸƐÚďůď ůÚƋƋŸďÚůÚůƷŸˊÚƷÙƋŸÚŕ:

	¢gɛűŕɣƐı ˊŸƷÙˊɛɑi	¢gɛűŕɣƐı	ÐgŭɣÚƒÚƷɛgƒ	ɑpƋÙűŕɣƐı	ɑpƋÙűŕɣƐı ˊŸƷÙˊɛɑi
ȷ ƋůďŸƐɛɛÙƋÚůÚƷÙıƋɛ gˊƷɛÚĺĺɛƋÙůɛɣƐɛgƒ ƆƋÙÚĺƐ ɑɛɣďɛɔÙƐÚůƋÙƋĥ ƋůÚĺƷ:	❒	❒	❒	❒	❒
ĤƷɛÚĺĺɛƋŸɛɣ ŸƐÚÚÙɑƋɛɛɔÙƐÚůƋÙƋĥ	❒	❒	❒	❒	❒

ɵɘɵɔƆȣƆȣȢȣȟ ɘȗƆȶȷɘȟ:

ȷ ɘȗȡƳȣɵɛƆɘƆ Ɔȷɹɘɪ ɠƆȣ´ ƆȣȗƆȷɛɣȣɵɠ
ȣƆ ȷůgɛɓɵgɘ›Ɔɨ ůɤ ɔɘƆƆɱȣ ɠȷɹɛůȡ ƆɱɠƆ ❒ ❒ ❒ ❒ ❒
ɔƆȣƆȶȶɘɛɠ ŭɵɘɘɛƆůɔƆɠ:

ȷ ɘȗȡƳȣɵɛƆɘƆ Ɔȷɹɘɪ ɠƆȣ´ ƆȣȗƆȷɛɣȣɵɠ
ȣƆ ȷůgɛɓɵgɘ›Ɔɨ ůɤ ɔɘƆȶȶƆ Ɔ ɵȶȶȣ›ɣůɛƆȶȶ ❒ ❒ ❒ ❒ ❒
ȶȡɠɔƆȣƆȶȶɘɛɠ ŭɵɘɘɛƆůɔƆɠ:

24 Ɔ. Ʉɦůɵggɠ ƆůɗƆȣƆůɠɠ›ɣɵȶȶůƆ´ ƆȷƆ ɣɛɣ ƆȣɘɔƆȣƆȶȶɘɛ ůgɛɓɵgɘ›Ɔůgȶȶɘɛ ɘƆȶȶƳȶɵȣ ´ Ɔȷ Ɔůɛɣȣɵ ɠȷɦȣɵ;

❒ ȶ ƆȣɣȣƆ ❒ ÕȣƆ ❒ ɠpɨɵ ❒ ɛȷ Ɔůɠɠ ❒ ɛɣɣůůƆȷɠɠɾɛ ɘƆ´ Ɔȷɘůůɦȶȶȷɵggɠ

24ɓ. ũɘƆ´ ɦůɵggɠ ƆůɗƆȣƆůɠɠ›ɣɵȶȶůgɛ´ ɘɗȷɹɪ ůƆȣɔƆȣƆȶȶɘɛ ŭɵɘɘɛƆůɗƆɘƆȶȶƳȶɵȣ ´ Ɔȷ Ɔůɛɣȣɵ ɠȷɦȣɵ;

❒ ȶ ƆȣɣȣƆ ❒ ÕȣƆ ❒ ɠpɨɵ ❒ ɛȷ Ɔůɠɠ ❒ ɛɣɣůůƆȷɠɠɾɛ ɘƆ´ Ɔȷɘůůɦȶȶȷɵggɠ

25. Ʉɵɘůɠȷ Ů ɘɘɔɔɣɠ ŭɘƆɛůɠȷɘůɗɠ ɗƆ ƆȣɵɘɛɵggɗɵɨůƆȶȶŮɔɘƆ ɣȣƆȣ ůgɛ´ ȶȡɤɛƆȶȶɘɦ ƆůɗƆȣɛɘ 54 ɠȷɦȣɤȣ ɵ ɵ´ɵɵɠɠ ɘƆ ȣɵɛƆȣɣȣƆ´ Ɔȣ›ɣȶȶȣ ůůɘ›ɣȷ ƆɘƆɗɗɛƆȷȣ›ɔɘƆ35 ɠȷɦȣɘƆȣɘɛƆȣ ƆȣȶȶůƆȣɛɣȣɵggɠůȶȶȣ ƆɛɗƆȣƆȶȶ ɔɘƆ11 ɠȷɦȣɘƆůŮ ´ȷɵɗɔɵɨɛƆȣɵ ȶȶɵg Ů Ɣɔɔ›ƆȣɛƆ; (ůɗɛƆȣɪ ůŮȶ? Ɔȣ›ɘƆȣ ȳ ɵɘɔɘƆ ɘƳɗŮůƆȣȷ Ɣ).

❒ ?ȷ Ł ❒ Ɓȷ ŁȺȣȶȶɘɛ Ɔȣȶȶɘɵɔȷ ŮŭɗƆȷɠɗɪ ȷ Ɔȣɵggɠ
❒ ?ȷ Ł ❒ Ɓȷ ŁȺȣȶȶɘɛ ɘgŮŮȷɵɘɘɔɘɛɠ´ Ůȷɣɣɘ›ɣȣ
❒ ?ȷ Ł ❒ Ɓȷ ŁȺȣȶȶɘɛ ɔɘƆƆȣƆɘɘɛ ȶȶɛɛɔȷ ŮŭɗƆɗɪ ȷ Ɔȣɵggɠ
❒ ?ȷ Ł ❒ Ɓȷ Ł ŭƆȷ Ů oɛ´ ɛ ɔɘƆƆȣůɵŭɘůɦ´ ɗůɗ ű ɗɵȷ ɘůɛɵɨ ´ ȷɵɘɘ›ɗŮɵɨ ɛŮɘ›ɣȶȶƆȷ
❒ ?ȷ Ł ❒ Ɓȷ Ł ŭƆȷ Ů ɵɛ´ ɛ ůƆŮȣƆȶȶɘƆȷ ɘȶȶɘɦ ɘ›ȣƆȷɵ
❒ ?ȷ Ł ❒ Ɓȷ Ł ŭƆȷ Ů ɵɛ´ ɛ ůƆ´ ȣƆůgɛɵȣɵɘɘɦɔɵ

26. Ɉ ´ ɵŭƆůɘ›ŮŮȶȶ Ů ɗ Ɔůɪɵɛ Ɔȣůɵ›ŭŮŭíɣɣȷɵɛȣȶȶɠůŭƆƒɔɘŮȶȡȣ ´ ŭȷ Ɔȣɵɘɘ›ɨ ɗɗůɗ ´ ȷɵɔȷ ŮɛɛƳŭȣ ůgȣƆȶȶɘɛɦɛƆȣɗƒɘŮȶȷɘɘɛɠ Ɔȣ´ ŭɘŭƆůgůɗɗůŮŮɗɣɛŮŮŮ´ ɵg Ɔȣɵɘɘ›ɵgɗɵɨȣ:

	ɠpƆȣ ƆȣŭɘŮŭíɣɣȷɵɛɛŮȣ Ȣ Ůɗɦɘɘɠ	Ɓgŭɣŭ Ůȷɵɠƒ	ȺȣŭɘŮŭíɣɣȷɵɛɛŮȣ ´ Ɣȷ Ů´ ɵ›ɨ
ɠpŮȣɵ´ ɛ ŮɵɠɘƆ ɘŮ ȣɗɛŮŮɵƒ	❒ ❒ ❒ ❒ ❒		
Ȣ ɵ›´ ɘɣƳůɵɠȷɗɛŮŮŮ (test pap) ɘŮȣɘɵ›´ ɵůɘɦ´ ɗůɗ	❒ ❒ ❒ ❒ ❒		
Ȣ ŮȷɘɗɵƒɛŮůŮɨ ɘŮȣ ȥ ŮůŮɵȷɔȷ ŮŭɗŮ	❒ ❒ ❒ ❒ ❒		

Ɇɘɔɛɞɘɞŭɞůəɧ´ ɘůɖ - əɞɚɞɜɞůəɧ´ ɘůɖ	☐	☐	☐	☐	☐
Ɨ Ŭɟ əɶɞɞʃ´ ɜŮɨ ɛɞɜŬ	☐	☐	☐	☐	☐
Ⱥə Ű́ɶɛ ɖůɖ ɔŮɜŰ́ɘɵɞɨ əɞɜŭɨ ɜɞg	☐	☐	☐	☐	☐
ɟ ɖɛ Ůɘɜ´ ɟ ɞű́ɨ ɚŬɜɖ əŬɟ əɶɞɞg	☐	☐	☐	☐	☐
ɟ ɖɛ Ůɘɜɖ Ůɟ Ŭ ŮɗŬ	☐	☐	☐	☐	☐
Ɨ Ŭɟ əɶɞɞʃ ŭɏɟ ɛ Ű́ɞɞʃ	☐	☐	☐	☐	☐
Ɨ Ŭɟ əɶɞɞʃ´ ɟ ɞůŰ́ƳŰ́ɞg	☐	☐	☐	☐	☐

ȯ əɚŬ ɗɏɛ ŬŰ́Ŭ´ ɞg ɗŬůŬʃ Ůɜŭɘɏű́ Ůɟ Ŭɜ (ɄŬɟ Ŭə Ŭɚ ŬɜŬ́ɏɟ Ů́Ű́Ů):
é é
é é
é é
é .

27. ɸɖɛ ɞɔɟ Ű́ ɘɵ Ɏ

ũ ɏɜɞʃ:
ȯ ɜŭɟ Ŭʃ ☐
ũ ɡɜ Ŭɵ Ŭ ☐

₵ əɘɵ ɗŬ: é é é é ..ɢɟ ɧɜɤ ɜ

Ⱥɗɜɵ ɧŰ́ɖŰ́Ŭ:é é é é é é é é é ..

Ⱥ´ Ŭɓɔ Ůɚɛ ŬŰ́ɘɵɐ ɞɛ Ɏũ Ŭ:
ⱢŬŰ́ɟ ɧʃï Ůɘŭɵ ɧŰ́ɖŰ́Ŭ:
☐ ũ Ůɜɵ ɧʃ ɔɘŬŰ́ɟ ɧʃ
☐ ɄŬɗɞɚɧɔɞʃ
☐ ɀ ŬɘŮɡŰ́ɐɟ Ŭʃ - ũ ɡɜ Ŭɘɵɞɚɧɔɞʃ
☐ Ɏəɚɞʃ é é é é é é é é é é é .
☐ Ɏəɚɞʃ Ů Ŭɓɔ Ůɚɛ ŬŰ́ɗŬʃ ɡɔ ŮɗŬʃ
é é
é é
Ɉ´ ɞɣɐ ű́ɞ ʃɔɘŬ Ⱥɘŭɵ ɧŰ́ɖŰ́Ŭ ☐ ʔɟ Ł ☐ Ƀɟ Ł
Ⱥɘŭɵ Ůɡɛ ɏɜɞʃ (ɛ Ů Ɏũ ŮɘŬ) ☐ ʔɟ Ł ☐ Ƀɟ Ł
Ʉɞɘ Ŭ Ůɘŭɵ ɧŰ́ɖŰ́Ŭ:é é é é é é é é é é é é é é é é é .

Ū Ůɤ ɟ ŮɗŰ́Ů Ű́ɞɜ ŮŬɡŰ́ɧ ůŬʃ ɧŰ́ɘ´ Ŭɟ ɏɢŮŰ́Ů´ ɟ ɤ Ű́ɞɓ Ɏɗɛ ɘŬ ű́ɟ ɞɜŰ́ɗŭŬ;
☐ ʔɟ Ł ☐ Ƀɟ Ł

Ágjɔ¥¿ůůŰŰůŰ ɟŬůůŰ¿ɜ əəɜɜəɜɦ Ű¿ɛɣŬ;
❒ ?ɹ Ł ❒ Ɓj Ł

ÁŸɜ ?ɹ Ł, ůgɜɛəɜəɜ¥ɛgɟɦɜɜŬůůŰ¿ əəɜɜəɜɦ Ű¿ɛɣŬ:é é é é .ɛgɟɦɜɜŬ

¢i´ɛgſŮ Ŭɔɔů»ɛŬŰ»ɒɛgſ¥ůəqůqg:
❒ ʐ ɦɜɛgſ
❒ ʐ Ůɛɛ¥ũŬɛɜŬgſɛɦɜɛ Ůũ»əɦŰűŰŰgſ
❒ ʐ Ůɛɛ¥ũŬ´ɛəə»ı ɜ Ůũ»əɛŰűŰɾɜ
❒ ò əəɛé é

Ɓɟɦɔɟ Ű¿ɛŬůɟɔŰůɑŬgſ:
❒ Ɓəɒɟ Ůgſ´ɟɦɔɟ Ű¿ɛŬ(35+ı ɟ ŮgſůɟɔŰůɑŬgſŰűɜ Ůɒũɛ¿¥ũŬ)
❒ ʐ Ůɟəɦ ´ɟɦɔɟ Ű¿ɛŬ(< 35 ı ɟ ŮgſŰűɜ Ůɒũɛ¿¥ũŬ)

	<20%	21-39%	40-59%	60-79%	80-100%
Ɓɛůɛ¤ůŰɦ Gɟɦɜɛg´ɛg Ůůɛɛ»Ůůů¤ůůəɜɜəɦ yɟɔɛ ə¥důůɒũɛ¿¥ũŬ:	❒	❒	❒	❒	❒

ɹ ůɛɛ»Ůůů¤ŰɛůŰűɜ Ůɛ´ŰŰɒŬ- Ůɑɒ»Ůɣqů»´Ůɒ¤ůgɦɛ¿ɜɤɜ; ❒ ?ɹ Ł ❒ Ɓj Ł

Ɓůɟɜɛɑɛ ɦ´ɛg´Ůɟɤɛ¿ŰŰŰ¿´Ůɟəůůɦ¤Ůɟɛ əəɜɜəɦ ůŬgſyɟɔɛ:é é é é é é ..

ŪŬŮůůŬůŰŰ´ɟɦdgɛɛgſɜŬŮɛŰɟyɣŮŰŰ´ɟɦůbŬůqůůŮŰɟɛ¿ŬůŰůɛ ɔɟŬű¤Ůɛ ůŬgſɔɛŬɛdŬůı¤ɜŰ¿ɛqů ŰɜŬůəɦ´qůqqɦɛɛɛŬɛŮŰgŰ¥gſ´ɛg ɔɑɛɛɜŰŰɜŬ ɦ ŬůűŰɒəůŰ»ɒ¥ŰŰɛůŰgɔůŰgſ;
(ÆŮŰɜŰŰ ɦũɛůqů, dŬŰɜ»ŬůűŰɒəůŰŰɛdŬůɛ´əůŰůgŰ»ɒɐ ´Ůɟɑɒdɣqů Ű¤ɜ Ŭ ɛŰŰɒ»ůı¥ŰŰ¤ɜ Ŭ ɦ Ű¿ɜ Ű¿ɜŬəɦ´qůqů Ű¤ɜ Ůɟɤɛ¿Ůɤɜ Ű¿ɛg ɔɟŬű¤ůɛg ůŬgſ, ůŮůı¤ɔəɟ»ůqů ɛŮ Ůɒ»ůɛŬ¥ɒəɤɜ).

❒ ?ɹ Ł ❒ Ɓəd»Ŭɜɦɜ ❒ Ɓj Ł

ŪŬŮɜũɜŬűŰůŮɟɦůŬůŰŰɜŬəɒ¥bŰŰŰɛɣɟɛgſůŮŮɟůgɜqŰ»ɒ¥´ɟɛɔɟ¥ɛɛŰŰŰɛɟɔŬɜɤɛɣɜŬɛɣůŬŰ ɦ yɜŬũɑ»Ůgɛ ɣɟůgɜŬgſ bŬůəůɛɣɜɛ ůŰ¿ɜ əɛɜɜɦŰ¿¿Ű;

❒ ?ɹ Ł ❒ Ɓəd»Ŭɜɦɜ ❒ Ɓj Ł

ŪŬŮɜũɜŬűŰůŮɟɦůŬůŰŰɔɜŬ´əqɟɑɛűɛɟɑdůgſɔɜŬŰ¿ɜ ´ɟɦəqɣqəŮɟəɛɛgſ´ɟɹɹ ɤɛɛ ɣə»Ůɔɛ ůŰ»gſɛ´ɛdůgſɛɜŰůdŮɜŮůgſůŬgſ ´əd»Ŭɜɦɜ ɜŬ¥´ŬɑɟɜŬɜ ɛɣɟɛgſ;

❒ ?ɹ Ł ❒ Ɓəd»Ŭɜɦɜ ❒ Ɓj Ł

ŪŬŮɜũɜŬűŰůŮɟɦůŬůŰŰɔɜŬ´əqɟɑɛűɛɟɑdůgſɔɜŬŰ¿ɜ ´ɟɦəqɣqəŮɟəɛɛgſ´ɟɹɹ ɤɛɛ ɣə»Ůɔɛ ůŰ»gſɛ´ɛdůgſɛɜŰůdŮɜŮůgſůŬgſ ´əd»Ŭɜɦɜ ɜŬ¥´ŬɑɟɜŬɜ ɛɣɟɛgſ;

❒ ?ɹ Ł ❒ Ɓəd»Ŭɜɦɜ ❒ Ɓj Ł

ÁgɛŮɟɤůŰ
¢ɣəɛgſ´ŮɟŬɜŬə»ı ŰůůɜɣɟŰŰŰůŰ¿ɜ´ŮɟŬəɣŰ¥ əɛgŰůůŶɜ dŬŮədgɛɛi¥ůŰŰŰɜŬəŰɛbɣɜŰŰŰ´Ůɟɤɛũɜɒɛ Ɓɜdɛɣɟɤůqů ɔɜŬŰŰɜɣŬũŰ¿ɛɣɜŬɔəŮgŰɣŰŰdɣɛŰŰŰəŬɜɔɜŬůɛŰŰ»ɒɣgſũɟŬůŰŰɟɦɟŰŰgſ.
❒ ?Ŭɜ´ŮɟŬɜŬə»ı ůŰŰɒ»ŰŰɛɛg Ɓɜdɛɣɟɤůqů

dь ɹ ɜŬə ɛɜɜı ůŮɸſůŮůgɜɣŭɻɜŬ - Ɛgɛɛ ŰŰɛɑæ ůŮůŰɻɛɔɔgə-Ɣ ŰɻŬ ɣɛɜŬ

1. 1. **Maria Trigoni**, **Christos Lionis, Frances Griffiths, Eileen Green,** Mammography: decision making in Crete and the UK, European Journal of General Practice, Volume 9, December 2003, Verona.

2. **M. Trigoni,** «Mammography screening for women in Crete: Who does decide about them?», A Greek ï Swedish meeting on Primary Care, key issues, the Clinic of Social and Family Medicine & the Laboratory of Health Planning and Health Services University Hospital of Heraklion, Crete, 9-11 September 2004.

3. **ʐ . Trigoni, F. Griffiths, D. Tsiftsis, E. Koumantakis, C. Lionis,** Mammography use among women in rural Crete: What are the barriers?, 11th Conference of the European Society of General practice/family Medicine, <From Hipporates to the Human Genome: the past, present, and the future of General Medicine/ Family Practice, Kos Island,Greece, 2005, Book of abstracts, OP 649, p.56.

4. **ʐ . ɸɻɜɔı ɜd, qь ɸ ůəűŰůɐɡ, A. Ť ɛgɛŬɜŰŸəd ɡ, ɹ . ʐ ŰɻəŸəd, j ʂ ɜɛɜɐɡ,** Ʉɻɜɛ Ůɛ ůɛŮůəŬůɛɦ ´ɻɛɔɻŬɛɛŸŰɤɜ ɛɛŬůəɛi ´ɻɛůgɛ´ŰɤɛŰŰəɛi Ůəɣɔɛɛg: Ƀɔə Ŭ ɦɣŮəɡ ɔgɜŬəı ɜ ŰɫɡŮɔɻɛŰəɐɡ Ť ɻɐŰɫɡ ůŰɫ ɛɻɐůd ɛŰůŰɛɔɻŰídŬɡ, 2e ɄŬɜŮəɐɜɜɛ ůgɜɣŭɻɜɛ ɔəŬ Űɫɜ qɛɛɑdůd, ŰŰ ɛəɛɜɛɛəŸ əŬə Ű ɡ ´ɛɐəŰəɣɡ gɔŮŰŬɡ, ɹ ɗɐɜŬ 13-16 ʔɛŮɛɒɻɛɑg 2006. ɗɒɒɐɑɛ ´Ůɻəɐɣ ůɤɜ, ɗь. ɗŮɛŰŰəɐ ŮɜɦŰɫɫŰŰ, ɗь3, ůɛŮůəŬůɛɦɡəŬəŬɜɛəɦɔdůd g´ɖɻůůɜ ɜ gɔŮŰŬɡ, ůŮə. 42.

5. **j . ʂ ɜɛɜɐɡ, ʐ ɸɻɜɔı ɜd,** ¢ ´ɻɦəɖɣd ŰɛɡəŬɻəɑɛɡ ŰɛɡɛŰůŰɛi ůŰɫɜ Ʉ.ū .Ɉ : ɄŬɻŸɔɛɜŰɡ´ɛg Ůɛ´ɛůɑɛɡɜ ŰɫɜŰ ɛŰŰəůɛŰŰəɐ ŰíŬɻɛɔɐ ŰɫɡɻɜɛŰíɻɣɡůŮ Ůɛ´Ůɣɖůɡ ůŰɫɜ Ť ɻɐŰɫ, ɹ ɜŰəŬɻəɜəəɦ ʔɛůəəɛɛŮɑ ɹ ɖɫɜı ɜ, ɹ ɗɐɜŬ ʔɛɣɛɓɻɜɛɡ 2007. Ʉɻɜɛ Ůɛ ŸɖɛŬɻəɛ Ŭɻ ŰɻŸɛɔɔgəɦ Ŭɻ ŰɻŸɛɔ ɛŮɖɣɛŰ: «ʐ ɣɖɛůɛɔ ɣɻŮgɜŬɡ ůŰɫɜ Ʉɻɤ Ŭɛɓ Ɣɖɛ ɔŰŬůɜ ɜ Ű ɻɛŰűŰɹ ɔŮŰŬɡ».