YouGov

Switzerland

Breast cancer Prevention campaign

This campaign was supported by AstraZeneca Switzerland.

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CH-13669

01 Survey design

Survey design

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Aim of the survey:	The survey provides insights into awareness of and willingness to participate in breast cancer screening programmes across individual cantons, which are categorised into regions with different programmes. It also examines the willingness to participate in and perception of breast cancer screening in general, as well as potential drivers and barriers to participation. The aim of the survey is to highlight the current situation within the target group and thereby identify starting points for further optimising communication regarding the programmes.
Survey period:	24 June to 7 July 2026
Target group:	Language-assimilated women aged 49–75 from German-, French-speaking Switzerland and Ticino.
Number of interviews:	n=1,506 interviews
Method:	YouGov online panel comprising 115,000 active members recruited by telephone The study was conducted and analysed by the independent market research institute YouGov in accordance with recognised market research standards. The results reflect the responses of the women surveyed; AstraZeneca had no influence on the survey outcomes. Fieldwork was conducted by YouGov in compliance with the Swiss Federal Act on Data Protection (revFADP). Members of the YouGov online panel have consented to the processing of their data for market research purposes and to the sharing of anonymised or aggregated results with third parties.
Language and translation note	This presentation was originally produced in German. The English version was generated by AstraZeneca using AI-assisted translation and subsequently human-reviewed for accuracy and contextual fidelity. In case of discrepancy, the **German version prevails**.

02 Management Summary

Management Summary

1) Breast cancer screening is well known, but activation varies

Breast cancer screening is almost universally known within the target group, but **is not utilised consistently everywhere**. Whilst 98 per cent of the women surveyed, aged between 49 and 75, are aware of breast cancer screening, only **62 per cent have had a mammogram in the last two years**. This means that the **main challenge does not** lie in general **awareness**, but in **encouraging regular participation**. The regional differences are particularly striking: **Programme regions achieve significantly higher current participation rates** than regions without an organised programme. This suggests **that organised programmes make a relevant contribution to participation through invitation, repetition, and institutional anchoring.**
It would certainly be instructive to compare this data with **breast cancer mortality figures at cantonal level** in order to potentially provide a further strong argument for communication within the programmes and their expansion to other cantons.

2) Programmes are effective through structure, trust and medical integration

The results suggest that successful programmes **primarily work through a structured activation process**. The written invitation is the most important formal point of contact **and acts as the key trigger for participation**. At the same time, **gynaecologists play a key role**: they are the **most important medical point of contact** and have **considerable influence on the decision to participate**.
Users were approached by healthcare professionals (HCPs) significantly more often than non-users and those unaware with the programme. Programmes should **therefore** therefore not only regard HCPs as a supplementary communication channel, but **as an integral part of the programme design**.

3) The main barriers are uncertainty, a lack of clarity regarding the nature of the service and a lack of follow-up

The potential reduction in mortality and the benefits of early detection are the strongest drivers of participation. At the same time, there are significant barriers: in particular, the **issue of overdiagnosis or unnecessary investigations** is seen as a source of doubt on a rational level. Added to this is, primarily, the **fear of pain, the diagnosis or overdiagnosis**, and, to a lesser extent, **uncertainty about costs and a lack of clarity** between the cantonal programme and medically prescribed mammography. Furthermore, the target group is often not always correctly understood: many women do not clearly realise that the programme is primarily aimed at asymptomatic women within the recommended age range. These uncertainties are more pronounced and occur more frequently among non-users and those unaware with the programme.

Management Summary

4) Potential impact on programme design and communication

To achieve an even higher participation rate, programmes should consistently focus on four key areas:

- keep the **written invitation as a core tool** and **supplement it with reminders**, particularly for women who have not taken part or have only taken part once.
- The **Explanation of the cost arrangements** should be explained more simply: *Just a co-payment of X, regardless of the deductible.*
  The **Waiving the co-payment** could be an additional lever. The cost involved is negligible compared to the additional **potential for activation** , however, **probably low**.
- The **communication of benefits and risks** needs to be optimised. Overdiagnosis, false-positive results, pain and radiation exposure should not be glossed over, but clearly contextualised. In particular, the fear of overdiagnosis appears to be widespread and may explain why better-educated women, in particular, are significantly more likely to be found among those who do not use the programmes.
- HCP (HCPs) need to be more closely involved. This could be achieved, for example, through guidelines for consultations, sufficient practical information or regular reminders for doctors. HCPs can thus become a powerful lever for activation in the cantonal programme.

5) Next steps

The **regional differences** should not only be seen as a result, but **as an opportunity for learning**. Regions with high participation, significant multiple use and a wide reach of invitations should **analysed in greater depth**, particularly **with regard to the invitation system, reminder processes and HCP involvement**, **appointment scheduling and local trust anchors**. At the same time, regions with lower participation rates should examine whether **invitations are actually reaching all women**, whether the **appointment booking process is sufficiently accessible** and whether **non-users can be targeted more effectively via medical channels**.

An in-depth analysis of non-users would also be another aspect to consider. In this regard, a more qualitative approach might be useful in order to develop a clearer profile of their motivations and potential entry points for activation.

03 Sample structure

Sample structure

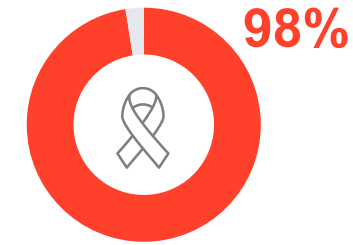
Total	**1,506**
Age	
49–55 years	**561**
56–65 years	**567**
66–75 years	**378**
Region	
D-CH	**980**
W-CH	**328**
Ticino	**198**
Type of settlement	
Town / conurbation	**1,219**
Rural	**287**
Schooling	
Lower / Intermediate	**893**
Higher	**600**
Occupation	
Owner / Manager	**226**
Employee	**670**
In training	**3**
Housewife / househusband	**106**
Not in employment	**491**

Total	**1,506**
Regions by organisation	
Basel Cancer League	**62**
ADC BEJUNE	**46**
Valais Cancer League, Unisanté, FGDC, Fribourg Cancer League	**300**
Donna	**197**
Team from the Ticino Cancer Centre	**192**
Donna, for me	**177**
No programme for Central Switzerland	**153**
No programme: ZH, AG, SH	**379**

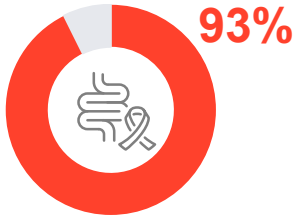
A Attitudes and awareness

Awareness of screening tests in general

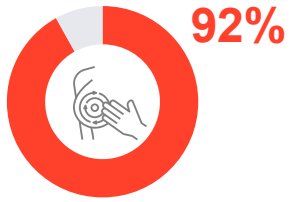
Breast cancer screening is almost universally recognised. The key challenge lies in translating awareness into regular participation.



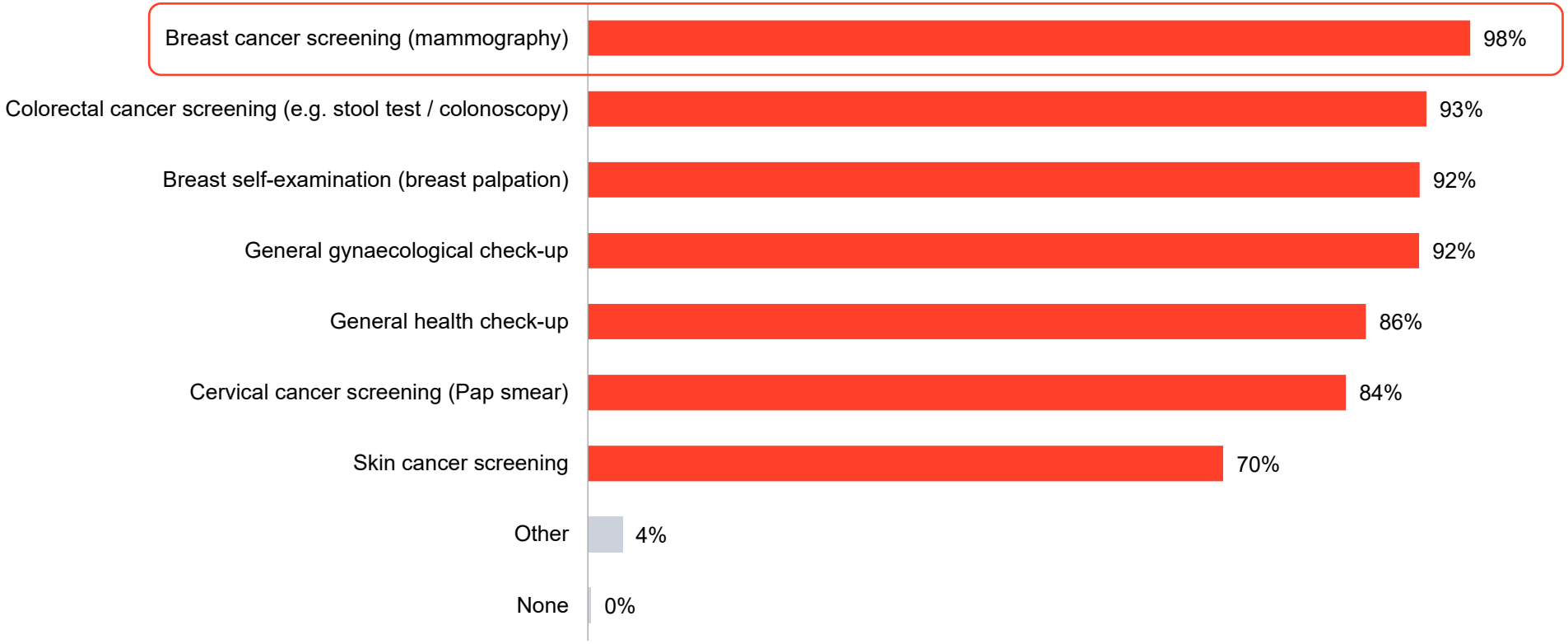
Breast cancer screening



Bowel cancer screening



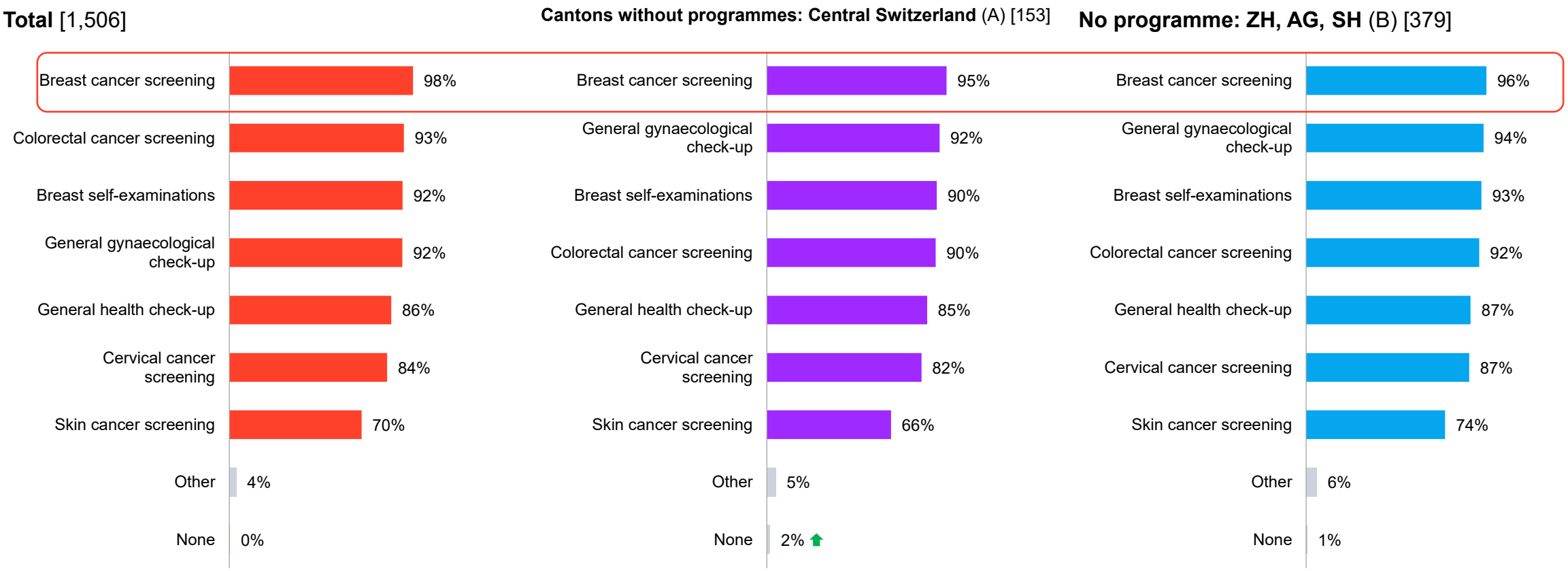
Breast self-examinations



F010: Which of the following screening tests are you familiar with, even if only by name?
Base: n=1,506 | Filter: All respondents | Closed-ended question

General screening tests

Even without a programme, screening is very well known. Programmes can therefore do less to boost awareness and more to encourage action and participation.



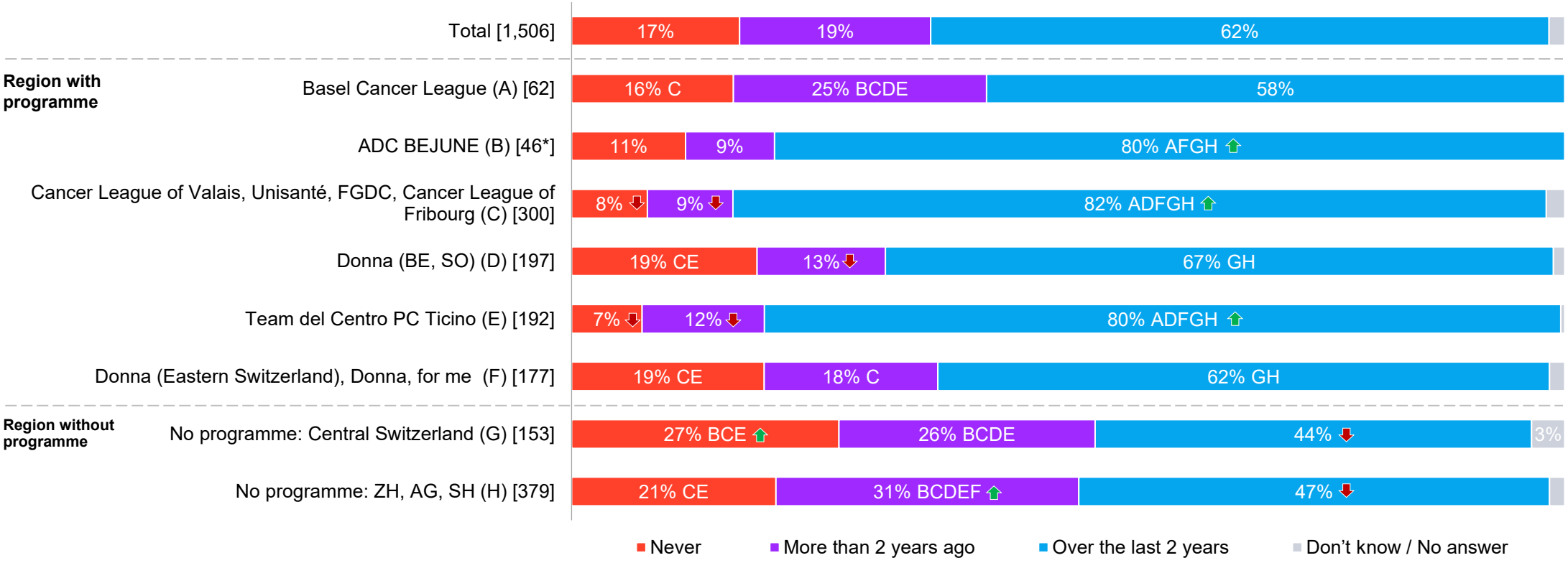
F010: Which of the following screening tests are you familiar with, even if only by name? | Base: n=[ ] | Filter: All respondents | Closed-ended question
The letters following the figures indicate a significant difference (95% confidence level) compared with the respective groups represented by those letters.

significantly higher than the total significantly lower than the total

Screening participation – region

The significantly higher participation rates in programme regions suggest a relevant systemic effect of organised programmes.

Breast cancer screening (mammography)



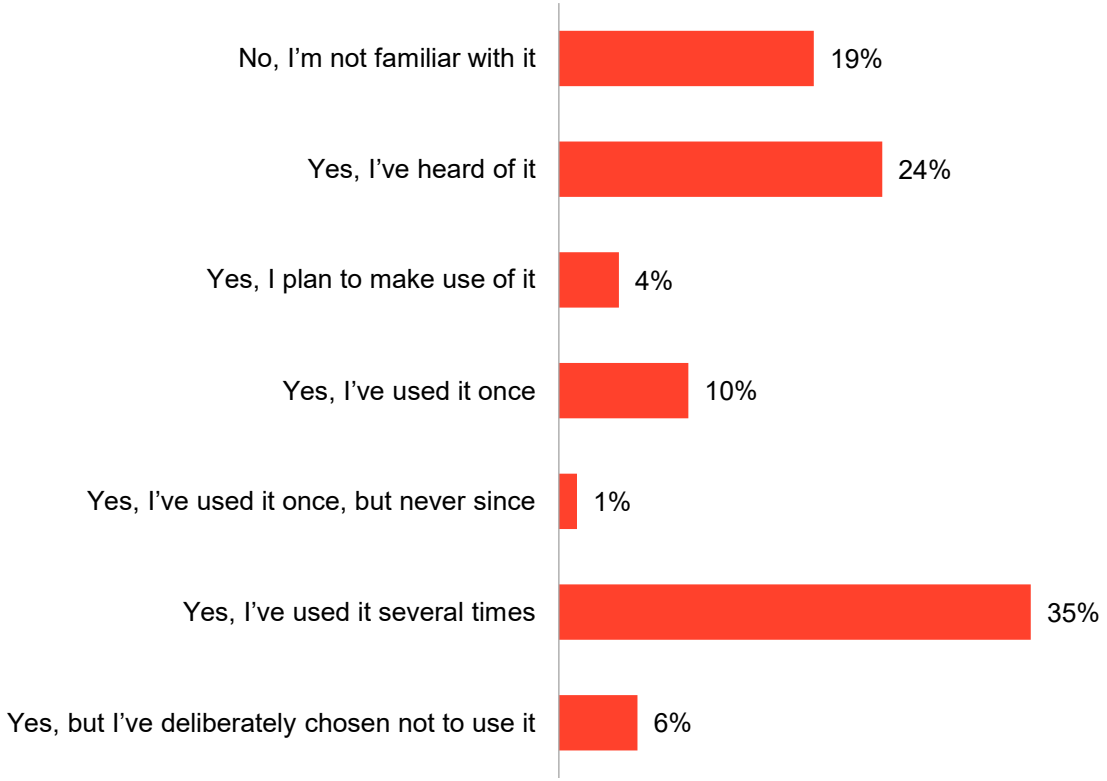
F020: Please indicate for the following screening tests whether and when you last underwent them.
Base: n=[ ] | Filter: All respondents | Closed-ended question | Data labelled from 3% | *Small sample size <50
The letters following the figures indicate a significant difference (95% confidence level) compared with the respective groups represented by those letters.

significantly higher than the total significantly lower than the total

Overview of cantonal programmes: A) BS, BL B) JU, NE, BE-JU C) VS, VD, GE, FR D) BE, SO E) TI F) SG, GR, TG, AI, AR

Programme awareness – Total

Awareness of the programme does not automatically lead to its use. The key factor is effectively encouraging repeated participation.



F040: Are you aware of the cantonal breast cancer screening programme?
Base: n=1,506 | Filter: All respondents | Closed-ended question

Communication channel – Total

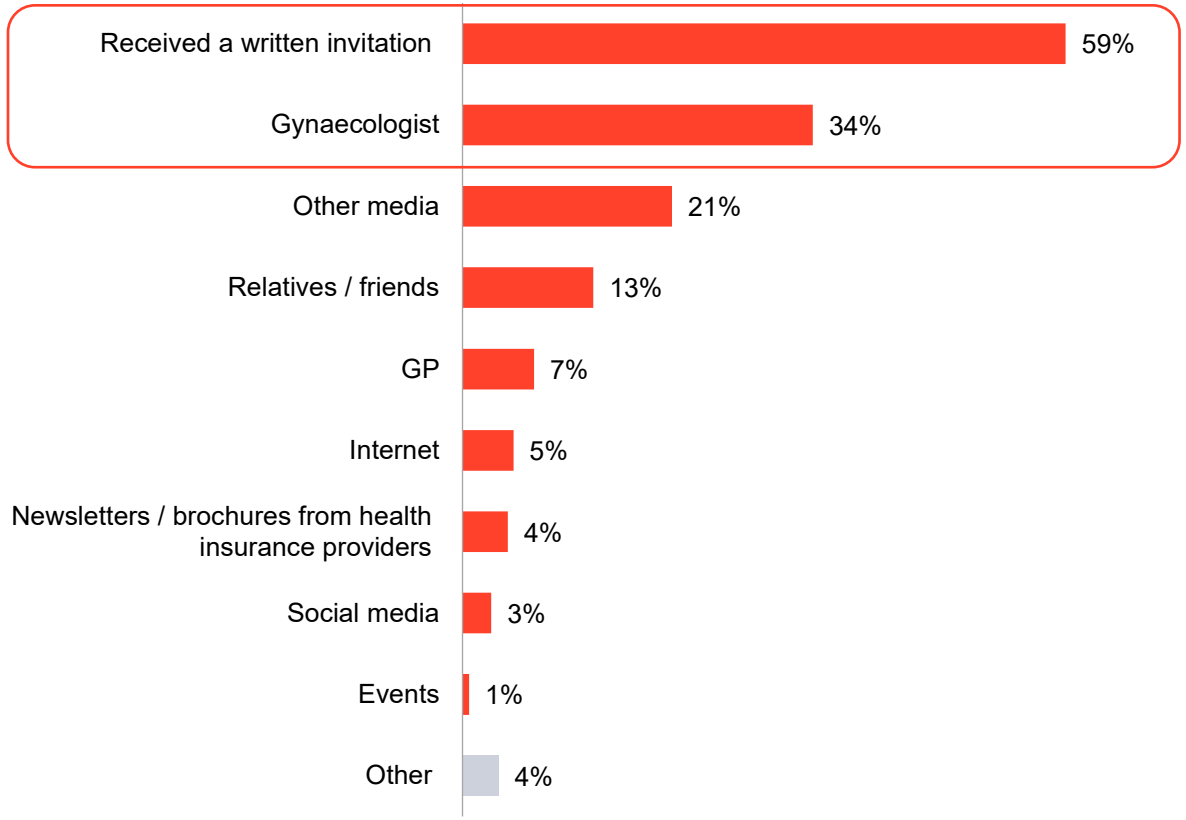
The written invitation is the key driver of activation. Gynaecologists complement this as trusted medical contacts.

Channel | Top 3

59%
Written invitation

34%
Gynaecologist

21%
Other media



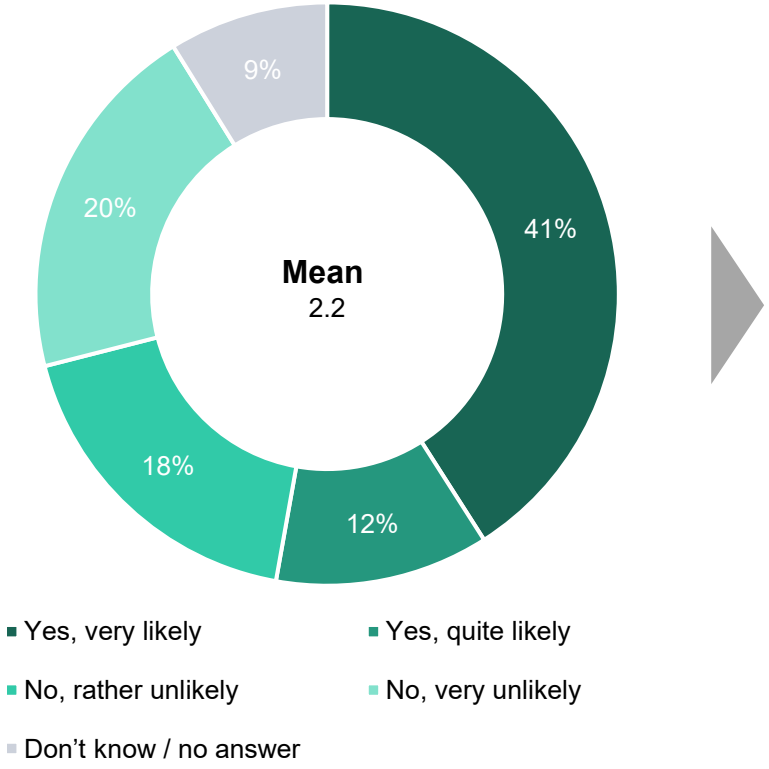
F050: Where exactly did you hear about the cantonal breast cancer screening programme? (Multiple selections)
Base: n=1,232 | Filter: Aware of the cantonal breast cancer screening programme | Closed-ended question

Invitation follow-up & channel – Total

Reminders can (re-)activate women who have not taken part or have only taken part once. Post and email are the most relevant follow-up channels for this.

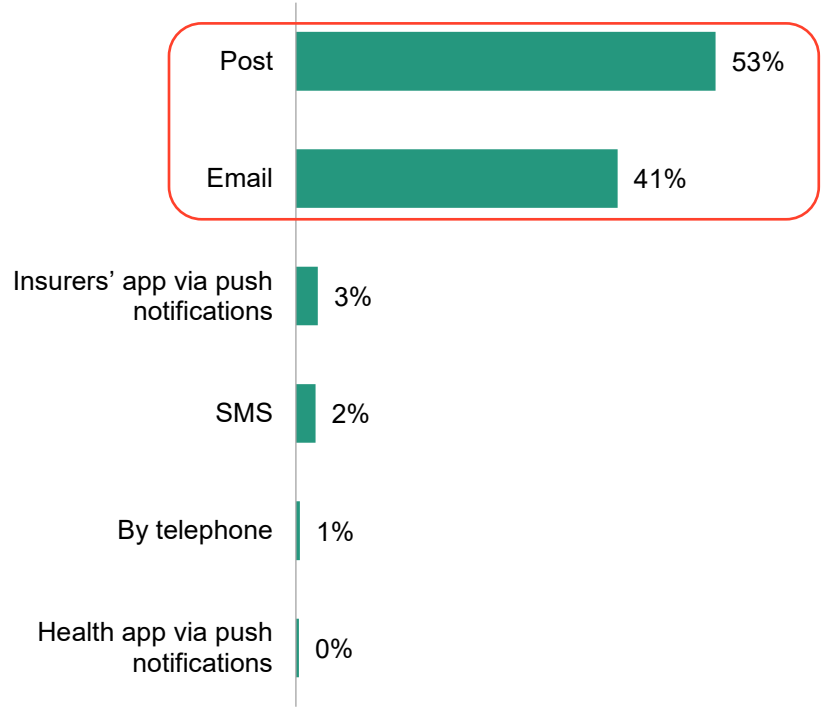
Follow-up invitation

Base: n=624 | Filter: Aware of the programme but have not taken part or have taken part only once



Reminder channel

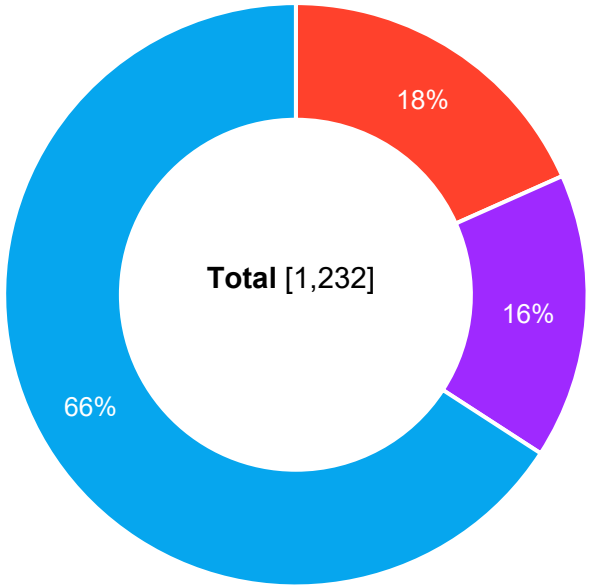
Base: n=344 | Filter: Participation 'somewhat likely' or 'very likely' according to F051



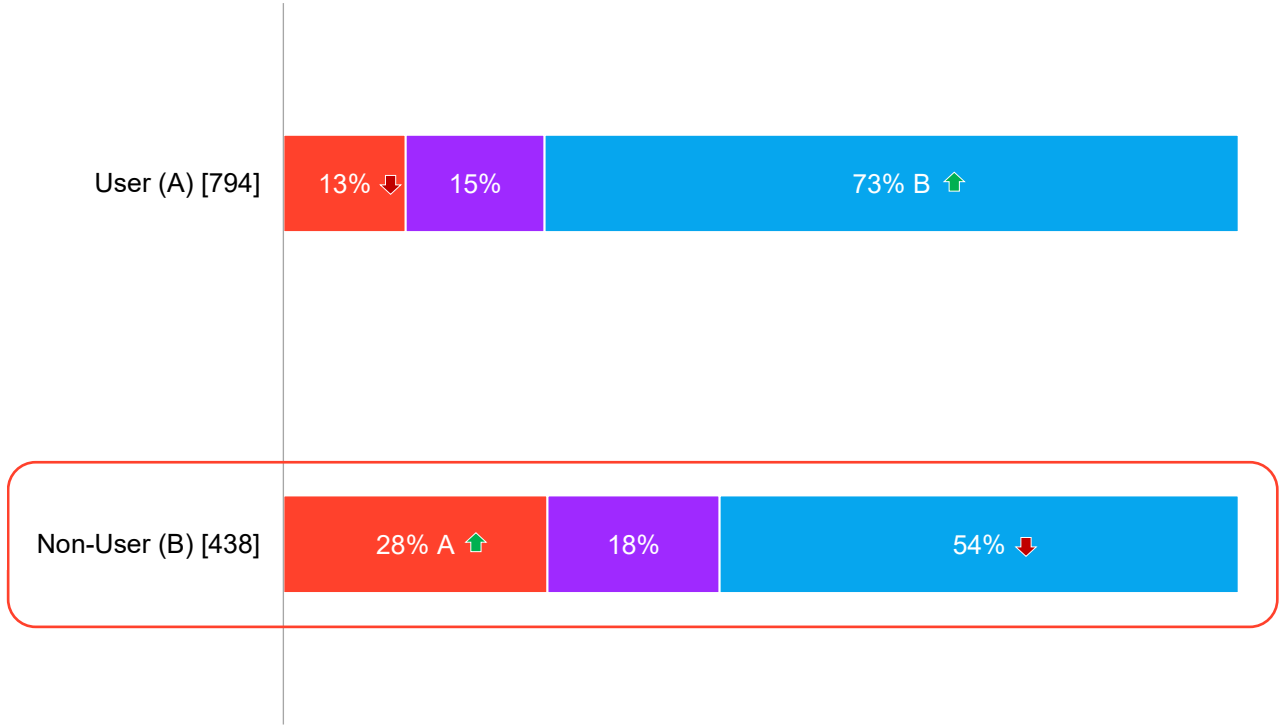
F051: Would you have taken part in the cantonal breast cancer screening programme if you had received a reminder to do so? | F052: Which channel would you prefer for the reminder?
Base: n=[ ] | Filter: see above | Closed-ended questions

Awareness costs – by segment

Non-users show significantly greater uncertainty regarding costs. Clear communication about the co-payment and the deductible is therefore a key driver for activation.



- I bear the full costs as long as I am within my deductible (franchise).
- The full costs are covered once I have exceeded my deductible (franchise).
- I only pay the co-payment (approx. CHF 20), regardless of the level of my deductible (franchise).



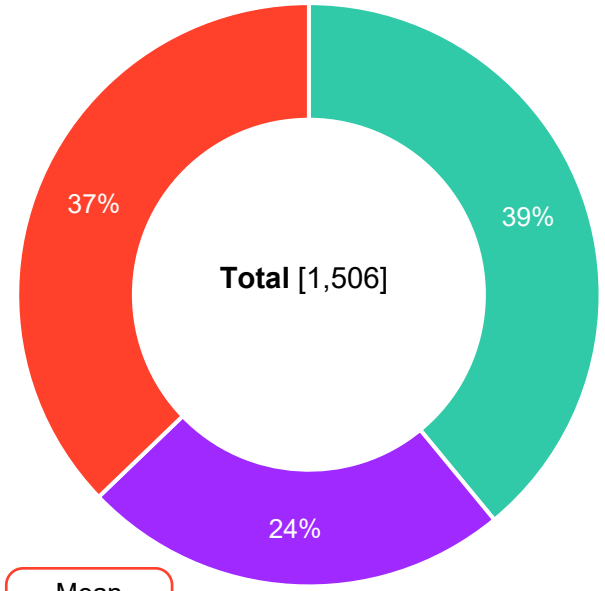
F060: Which statement about the costs do you think is correct?
Base: n=[ ] | Filter: Aware of the programme | Closed-ended question
The letters following the figures indicate a significant difference (95% confidence level) compared with the respective groups represented by those letters.

significantly higher than the total significantly lower than the total

Distinction between programme and prescription

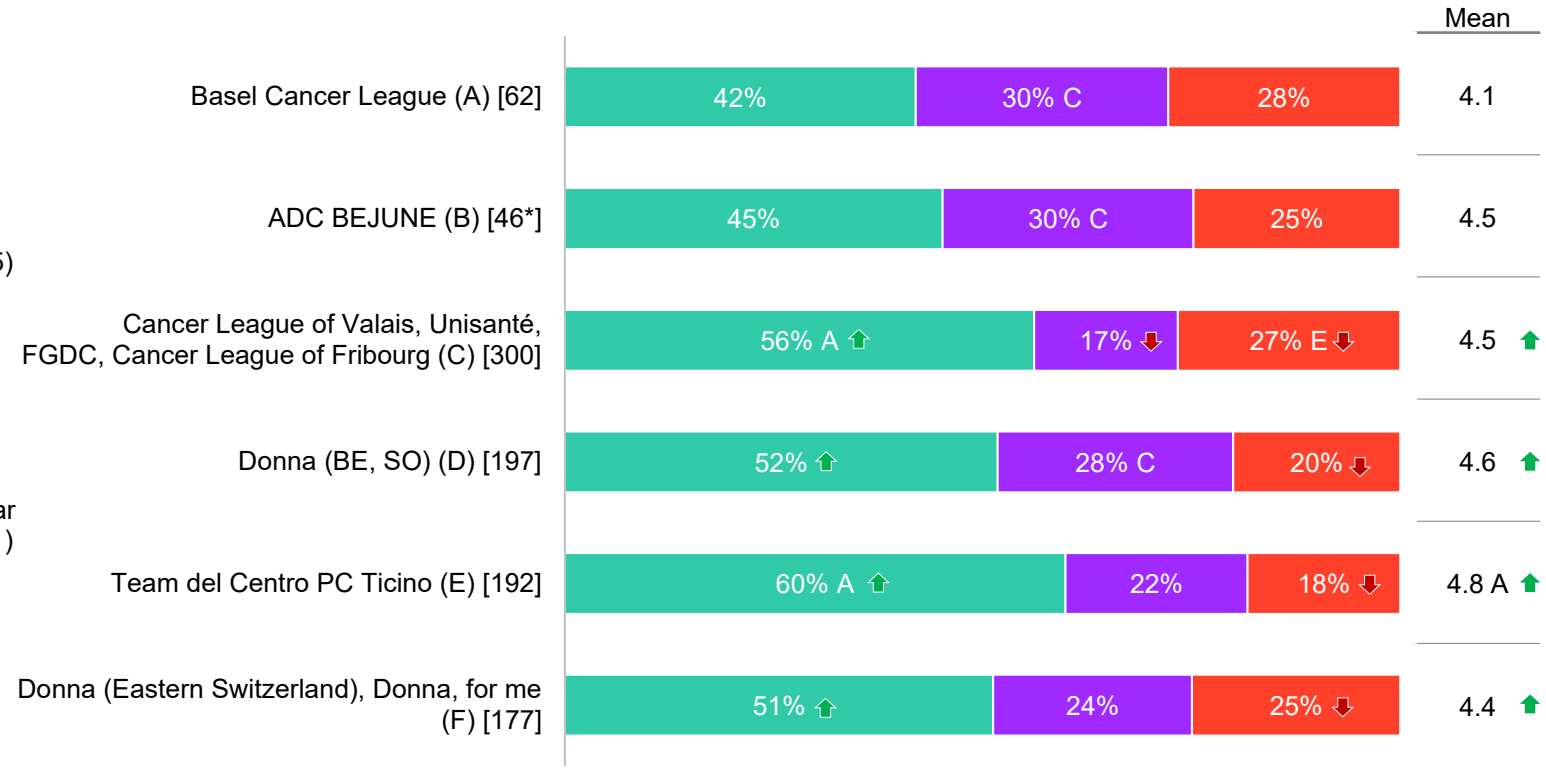
The unclear distinction between the cantonal programme and medically prescribed mammograms weakens the programme's identity and makes it harder to encourage participation.

The difference is…



Mean
3.8

Region with a programme



F080: How well do you understand the difference between a doctor-referred mammogram and taking part in the cantonal breast cancer screening programme?
Base: n=[ ] | Filter: All respondents | Scaled question: 1= Very unclear – I do not know the difference to 7= Very clear – I could explain the difference myself | *Small sample size <50
The letters following the figures indicate a significant difference (95% confidence level) compared with the respective groups represented by those letters.

↑ significantly higher than the total; ↓ significantly lower than the total

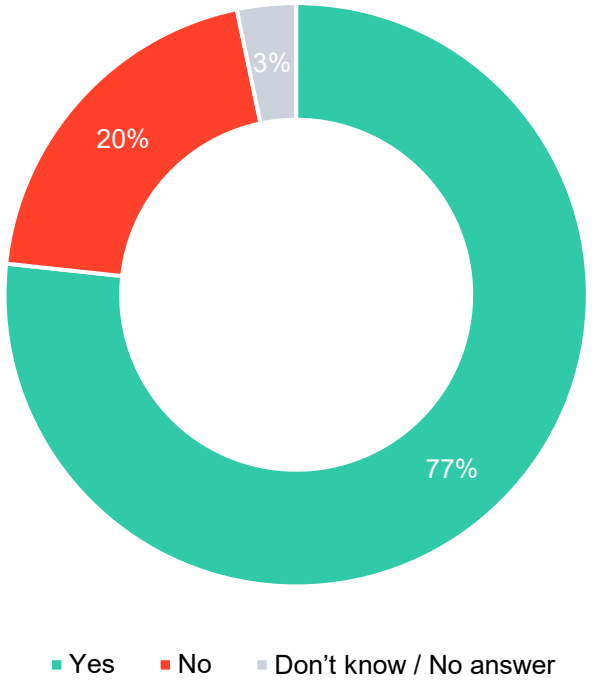
Cantonal programme overview: A) BS, BL B) JU, NE, BE-JU C) VS, VD, GE, FR D) BE, SO E) TI F) SG, GR, TG, AI, AR

B HCP influence

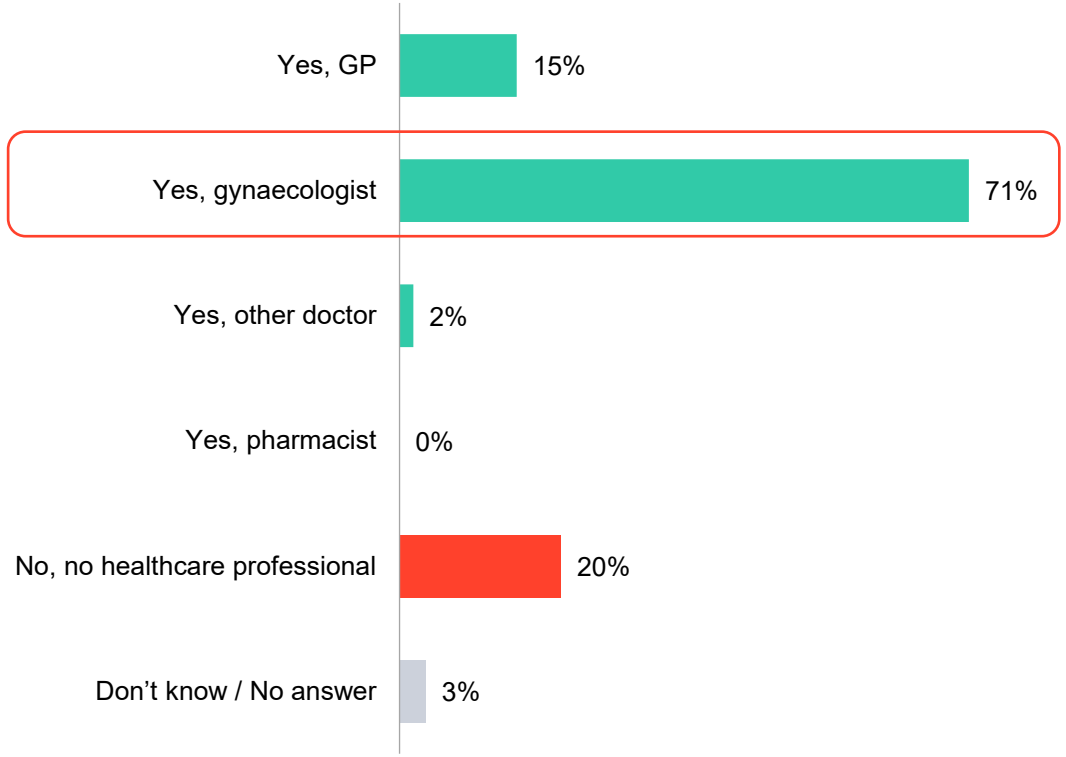
HCP influence in general – Total

Gynaecologists are the primary point of medical contact and are therefore key to building trust and encouraging effective participation.

Consolidated



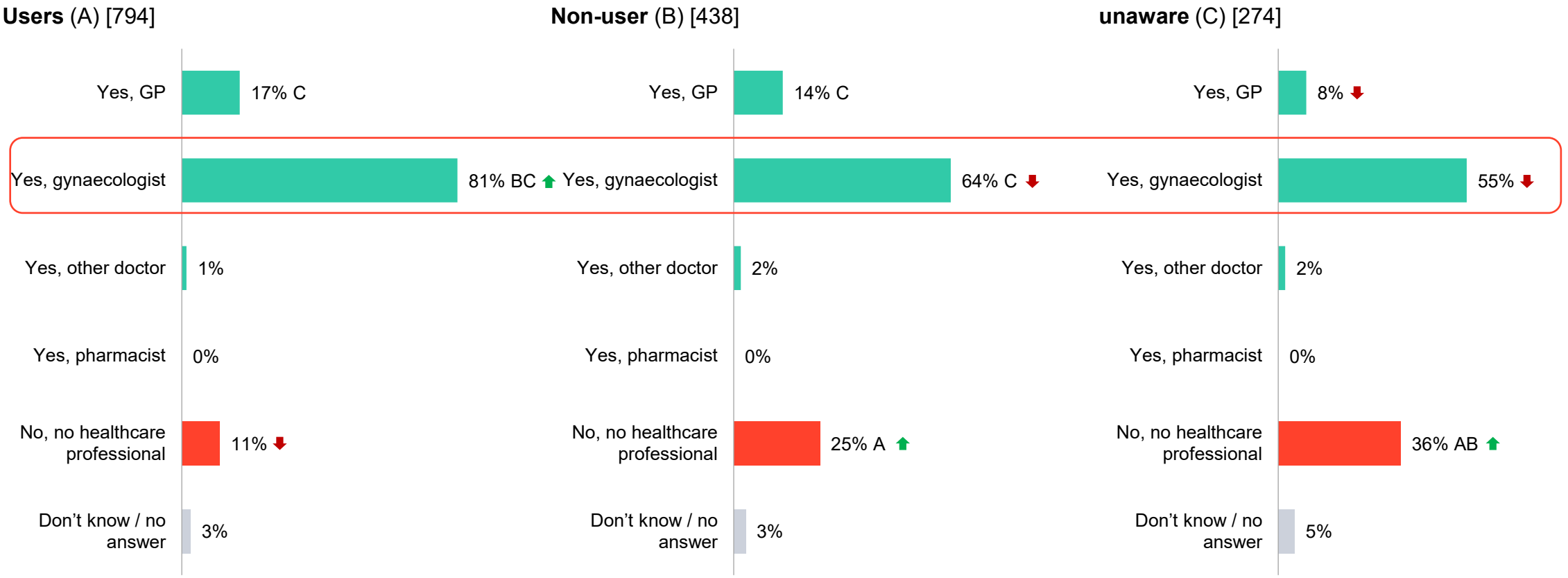
Detailed



F200: Has a healthcare professional ever spoken to you about breast cancer screening (mammography)?
Base: n=1,506 | Filter: All respondents | Closed-ended question

HCP influence in general – awareness

Users were more frequently approached by HCPs. A lack of interaction with, or activation by, a HCP is a significant characteristic of non-users and those unaware of the programme.

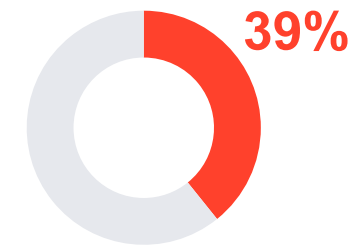


F200: Has a healthcare professional ever spoken to you about breast cancer screening (mammography)?
Base: n=[ ] | Filter: All respondents | Closed-ended question
The letters following the figures indicate a significant difference (95% confidence level) compared with the respective groups represented by those letters.

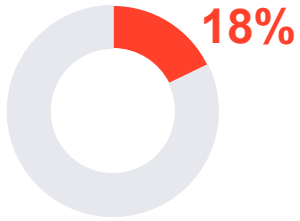
significantly higher than the total significantly lower than the total

HCP status – Total

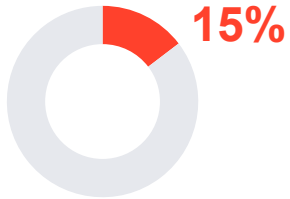
HCPs frequently recommend the programme, but not consistently. This means there is still potential to encourage greater participation in the programme.



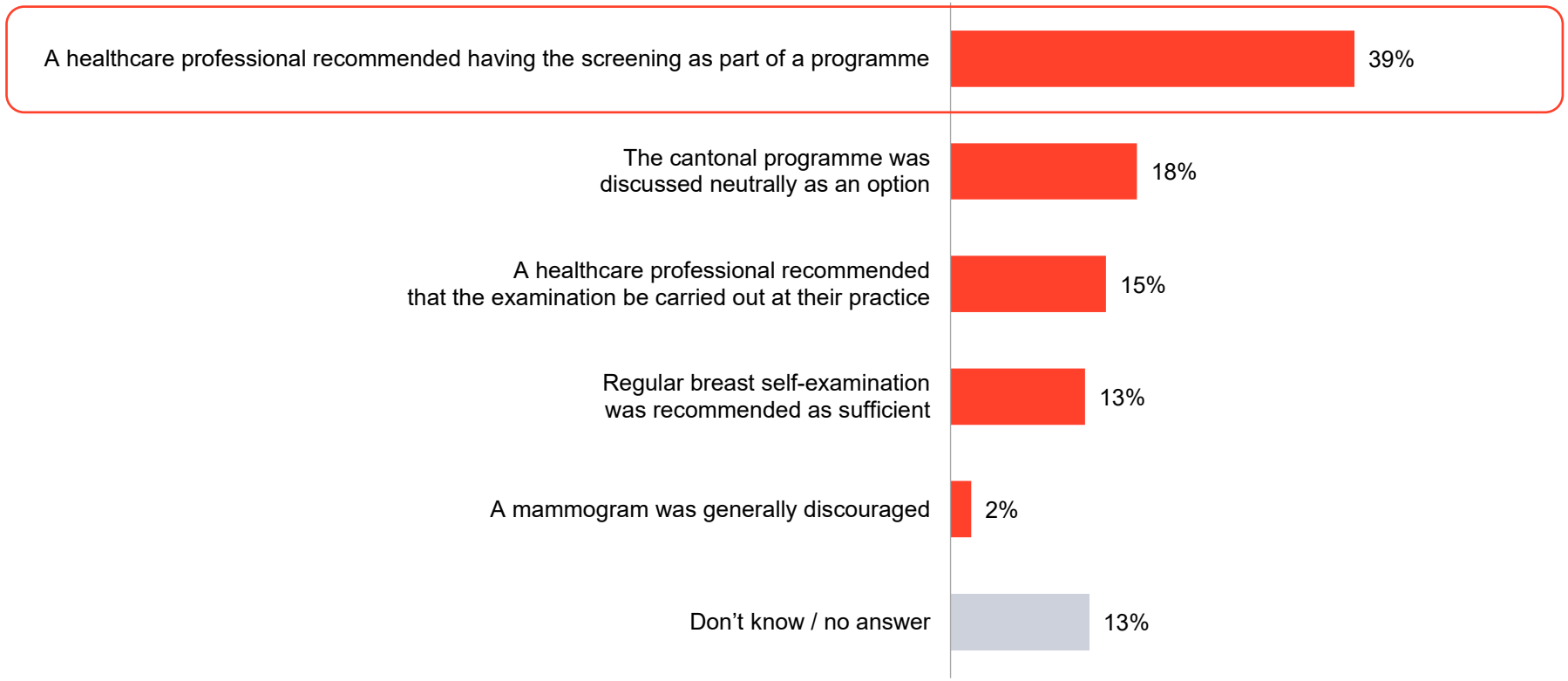
Programme



Cantonal programme as an option



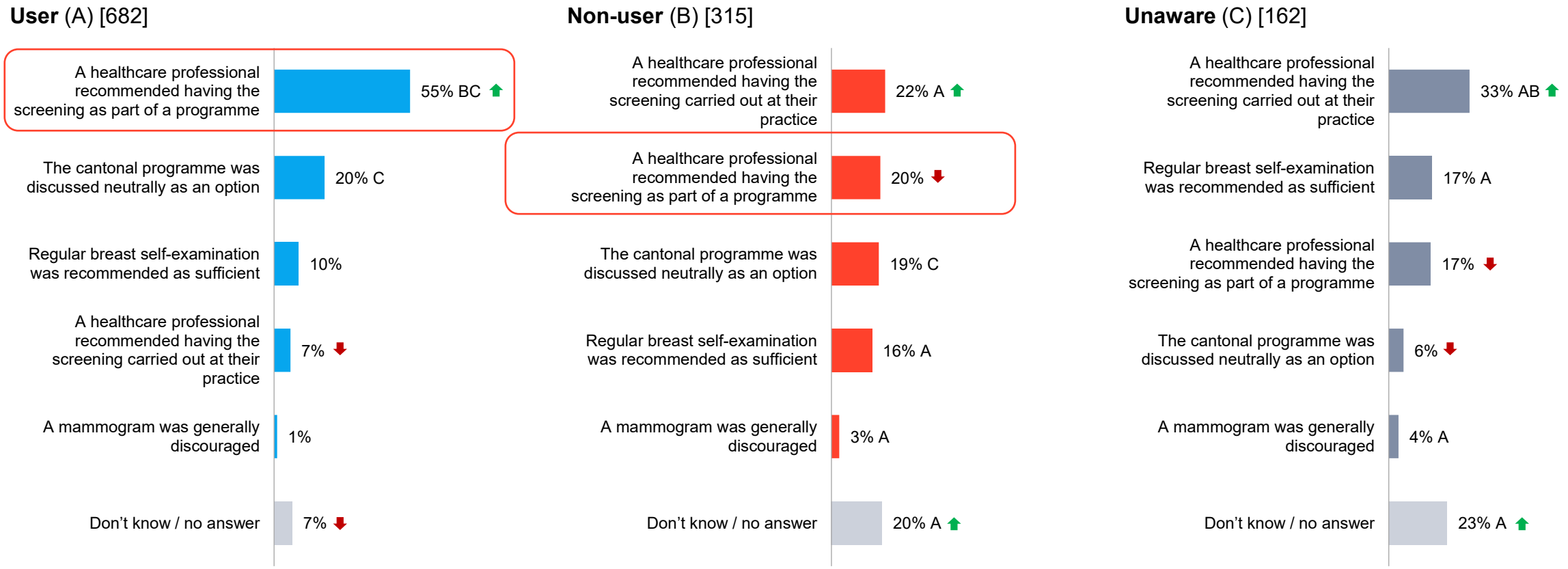
Among HCPs



F220: Which statement best describes the conversation with the healthcare professional mentioned?
Base: n=1,159 | Filter: healthcare professional discussed the topic of breast cancer screening (mammography) | Closed-ended question

HCP Attitudes – Awareness

Users are more likely to receive a clear recommendation regarding the programme. Non-users more often report ambiguous or alternative recommendations. Clearer communication from HCPs in favour of the programme would be highly relevant.



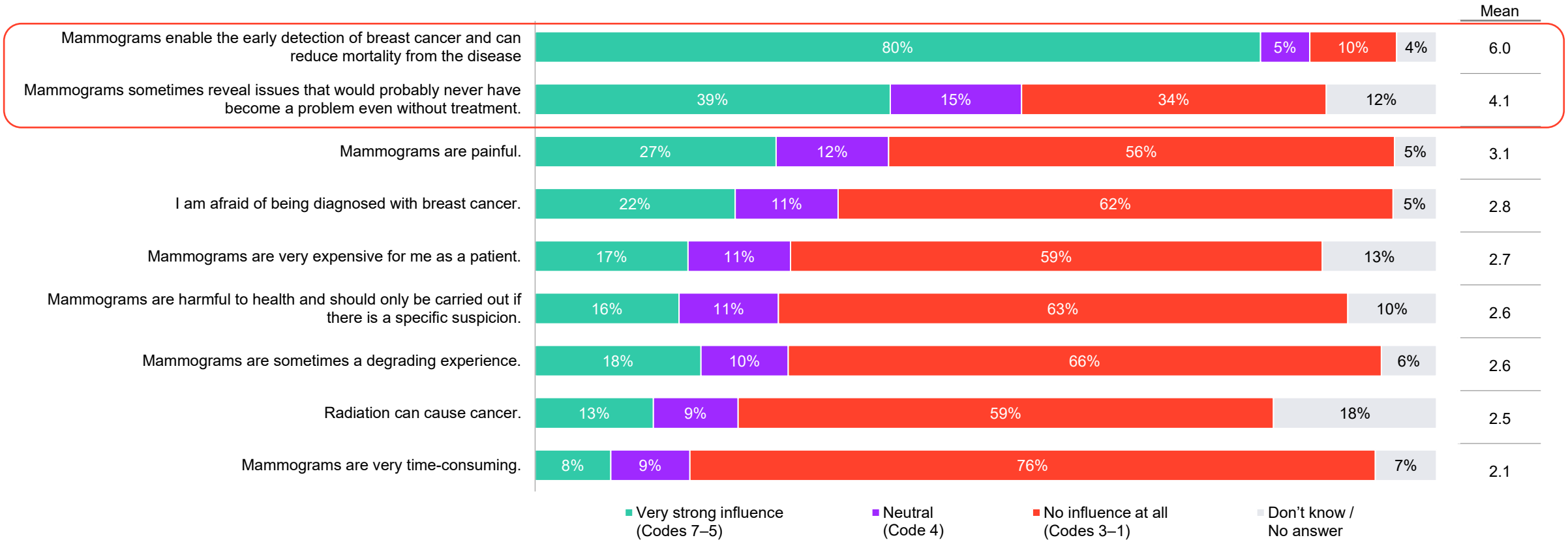
F220: Which statement best describes the conversation with the healthcare professional mentioned?
Base: n=[ ] | Filter: spoke to a healthcare professional about breast cancer screening (mammography) | Closed question
The letters following the figures indicate a significant difference (95% confidence level) compared with the respective groups represented by those letters.

significantly higher than the total significantly lower than the total

C Barriers to use

Influence arguments – Total

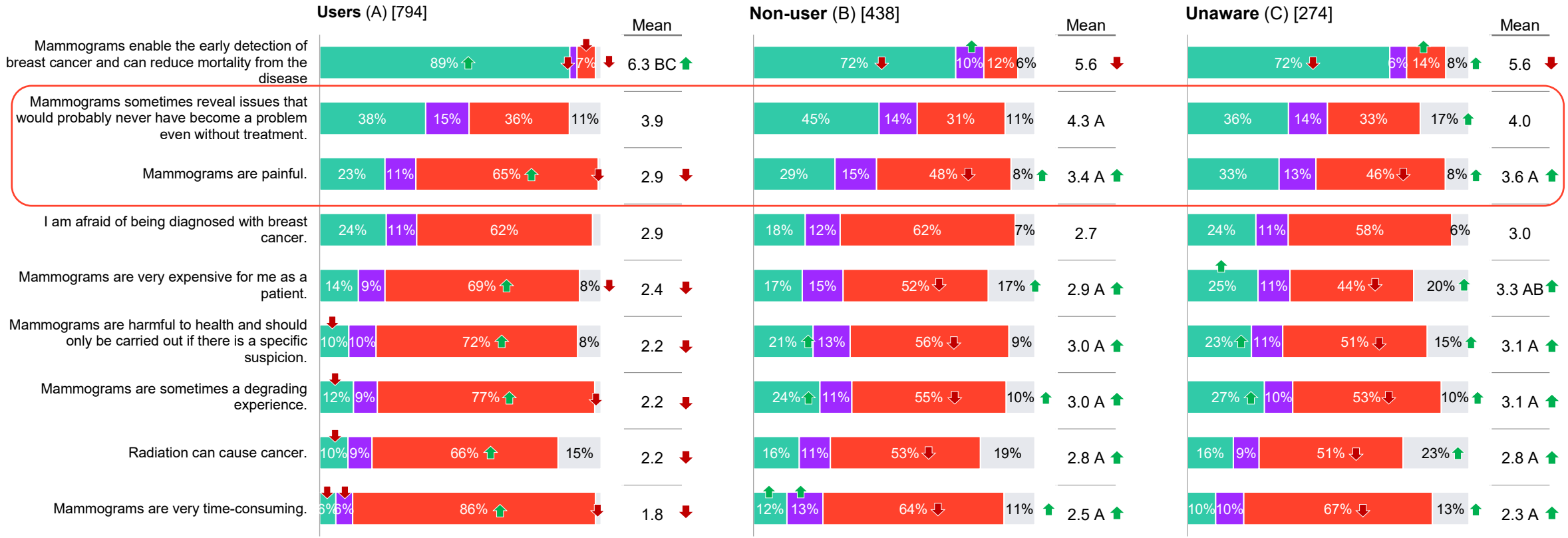
Early detection is the strongest driver of participation. Fears of over-diagnosis and pain are the main objections to taking part. This is also reflected in the open-ended responses at the end of the survey (F450).



F300: To what extent do the following statements (regardless of whether they are factually correct or incorrect) influence your willingness to take part in a cantonal breast cancer screening programme?
Base: n=1,506 | Filter: All respondents | Scaled question: 1= no influence at all to 7= very strong influence

Influencing factors – awareness

The risk of overdiagnosis is the key rational barrier across all groups. The fear of pain has a stronger impact particularly among non-users and those unaware of the procedure – that is, the groups who may not have experienced the procedure themselves yet.



F300: To what extent do the following statements (regardless of whether they are factually correct or incorrect) influence your willingness to take part in a cantonal breast cancer screening programme?
Base: n=[ ] | Filter: All respondents | Scaled question: 1= no influence at all to 7= very strong influence | Data labelled from 5%
The letters placed after the mean indicate a significant difference (95% confidence level) compared with the respective groups represented by those letters.

Very strong influence (Codes 7–5)
Neutral (Code 4)
significantly higher than the total
significantly lower than the total

D Invitation and registration process

Source: Invitation

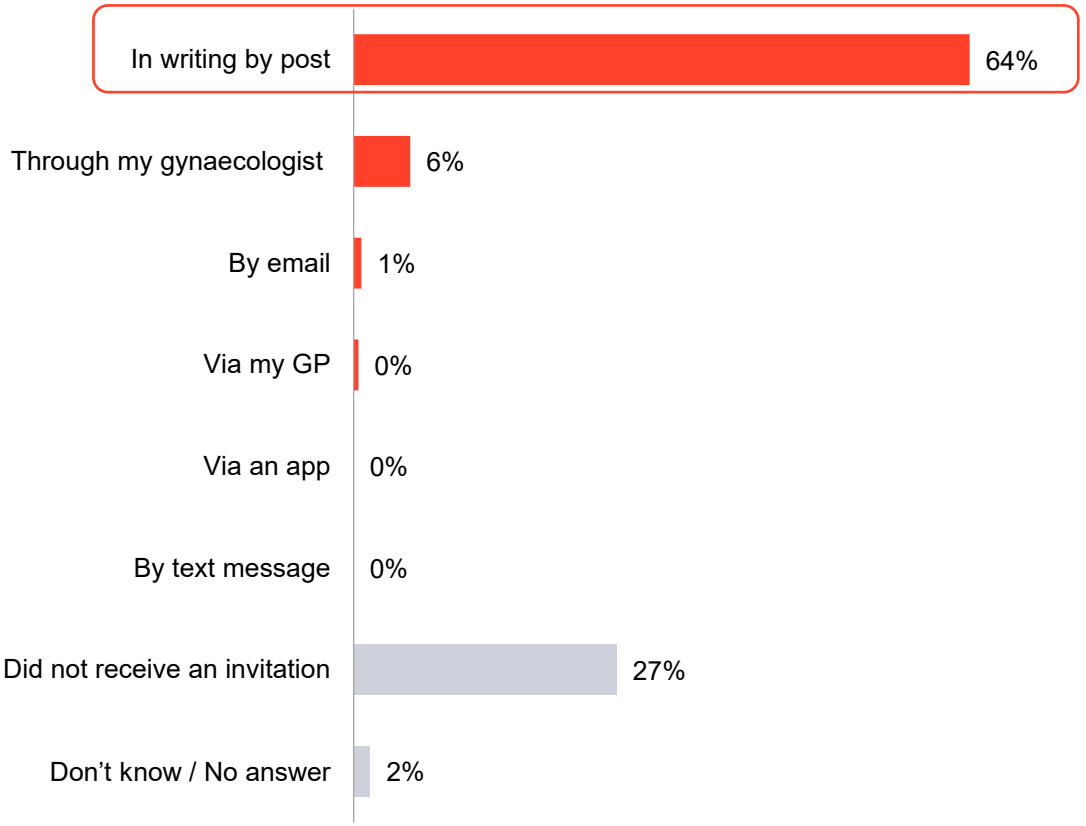
Postal invitations are the predominant method of outreach and form the core of organised screening programmes.

Source | Top 3

64%
In writing by post

6%
Gynaecologists

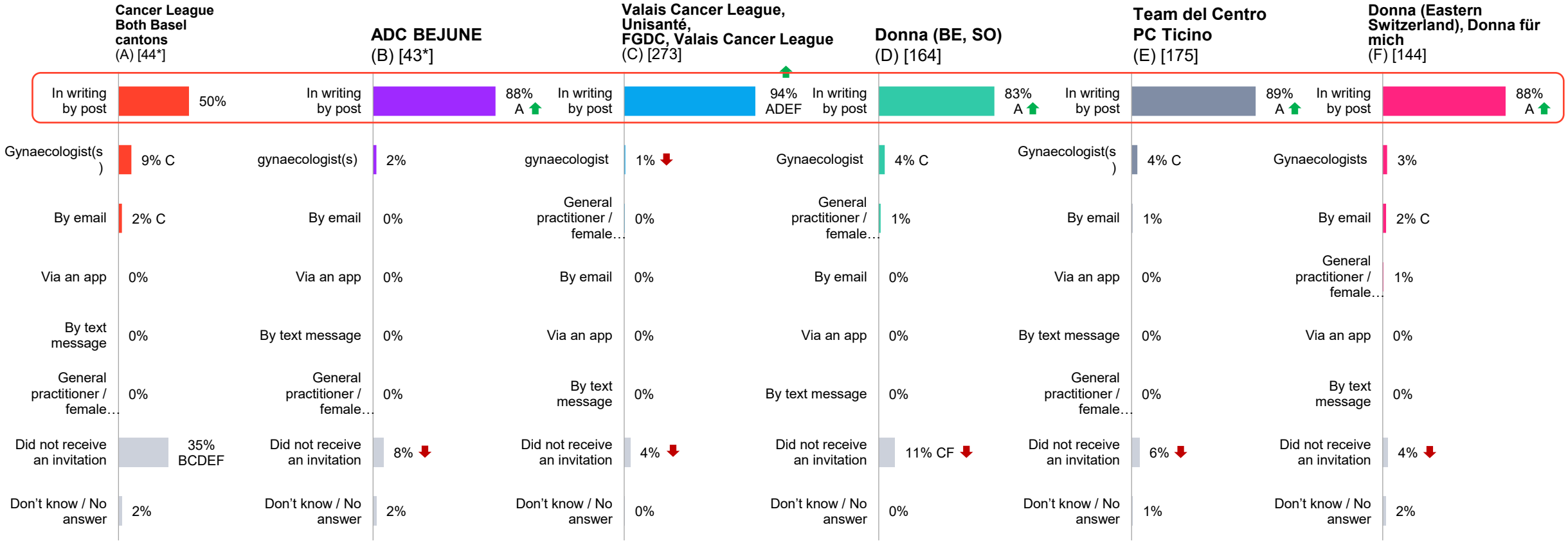
1%
By email



F100: How did you receive your invitation to take part in the cantonal breast cancer screening programme?
Base: n=1,127 | Filter: aware of programme / took part | Closed-ended question

Source of invitation – region with programme

In more established programme regions, postal invitations are well established and serve as a reliable entry point.



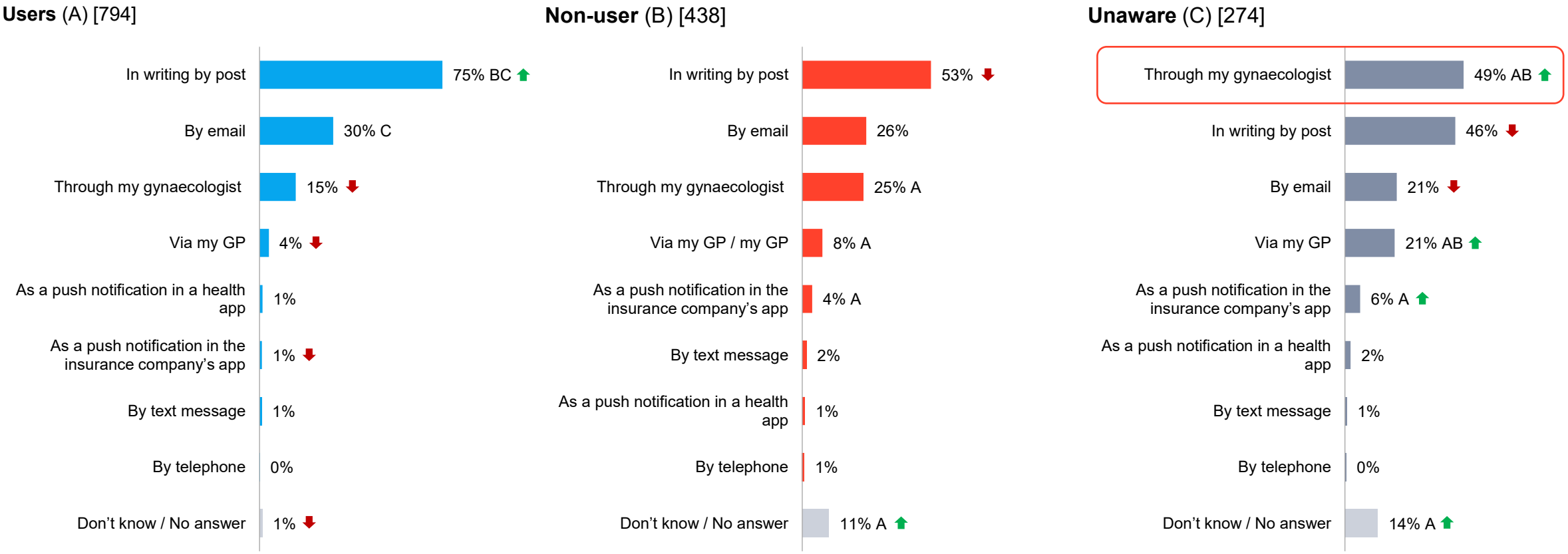
F100: How did you receive your invitation to take part in the cantonal breast cancer screening programme?
Base: n=[ ] | Filter: Aware of programme / took part | Closed-ended question | *Small sample size <50
The letters following the figures indicate a significant difference (95% confidence level) compared with the respective groups represented by those letters.

significantly higher than the total significantly lower than the total

Cantonal programme overview: A) BS, BL B) JU, NE, BE-JU C) VS, VD, GE, FR D) BE, SO E) TI F) SG, GR, TG, AI, AR

Source of invitation: Theoretical – Awareness

This is consistent with the findings that women who are unaware of the screening programme are more likely to be reached via HCPs.



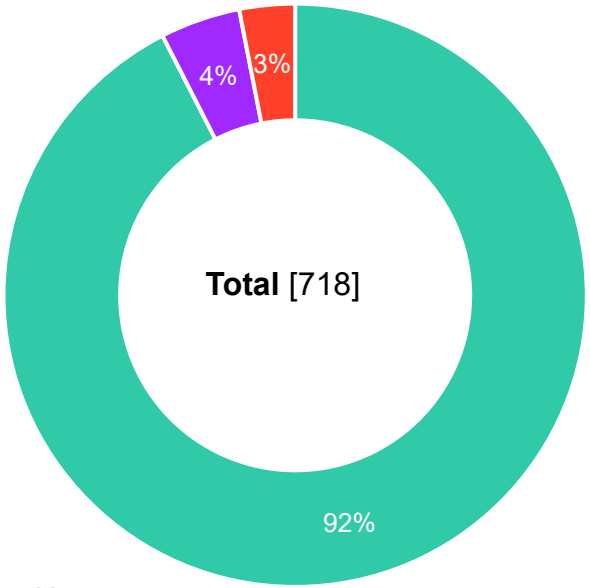
F110: In general, how would you prefer to receive information, including an invitation to take part in a cantonal breast cancer screening programme?
Base: n=[ ] | Filter: All respondents | Closed-ended question
The letters following the figures indicate a statistically significant difference (95% confidence level) compared with the respective groups represented by those letters.

significantly higher than the total significantly lower than the total

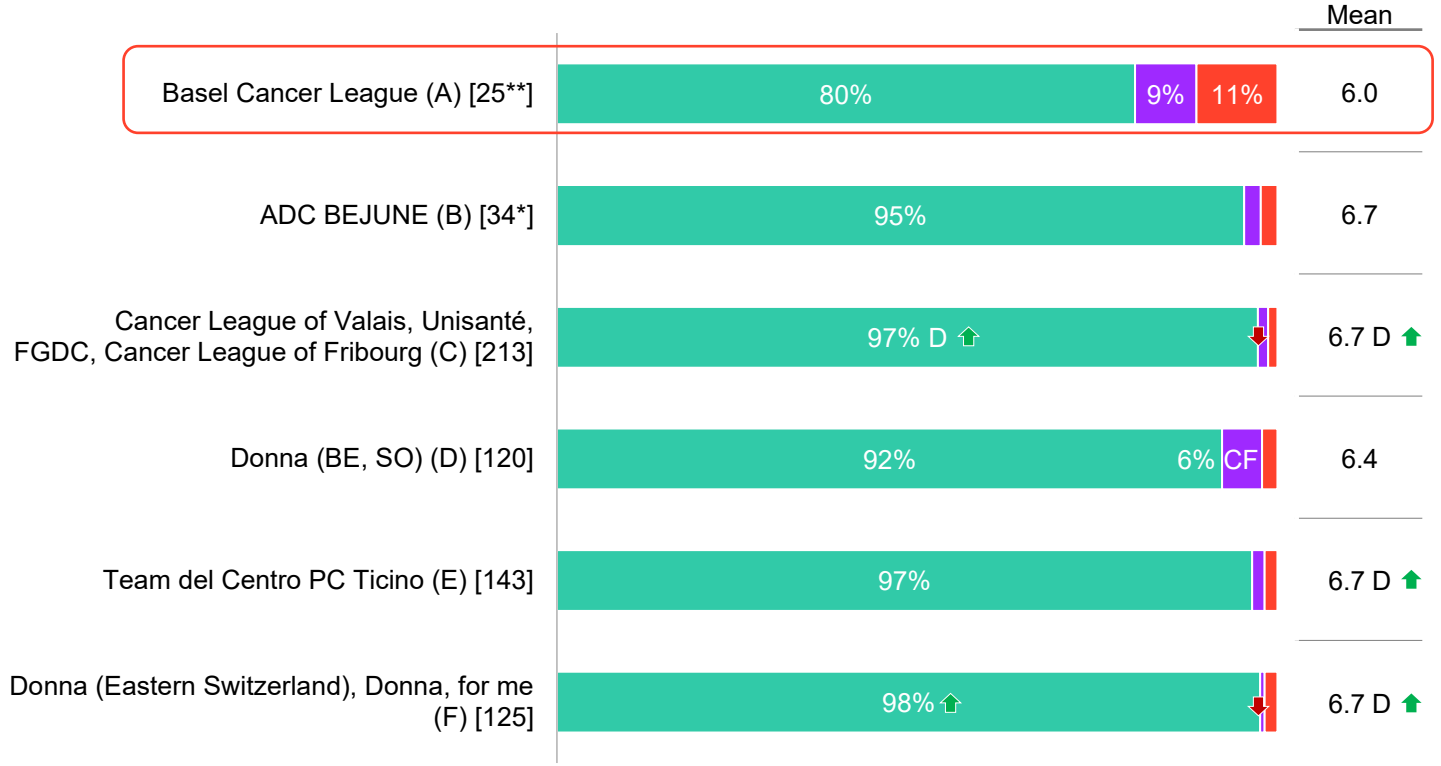
Evaluation of the booking process

The booking process appears to be largely smooth. The slightly higher number of negative reviews in the Basel area suggests that a closer evaluation would be worthwhile. But be careful: the sample sizes are very small.

The booking process was…



Region with programme



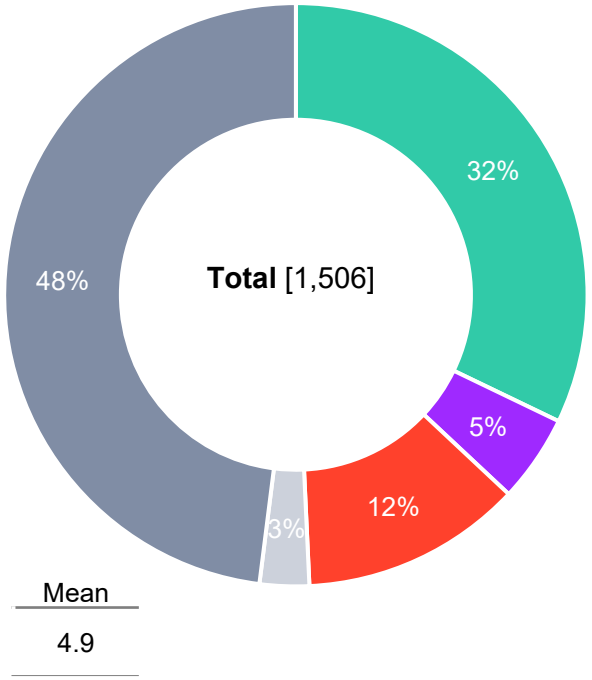
F120: How did you find the booking process for your mammogram appointment as part of the cantonal breast cancer screening programme overall?
Sample size: n=[ ] | Filter: programme used at least once | Scaled question: 1= very cumbersome to 7= very straightforward | *Small sample size <50; **Very small sample size <30 | Data labelled from 3%
The letters following the values indicate a significant difference (95% confidence level) compared with the respective groups represented by those letters.

significantly higher than the total significantly lower than the total

Overview of cantonal programmes: A) BS, BL B) JU, NE, BE-JU C) VS, VD, GE, FR D) BE, SO E) TI F) SG, GR, TG, AI, AR

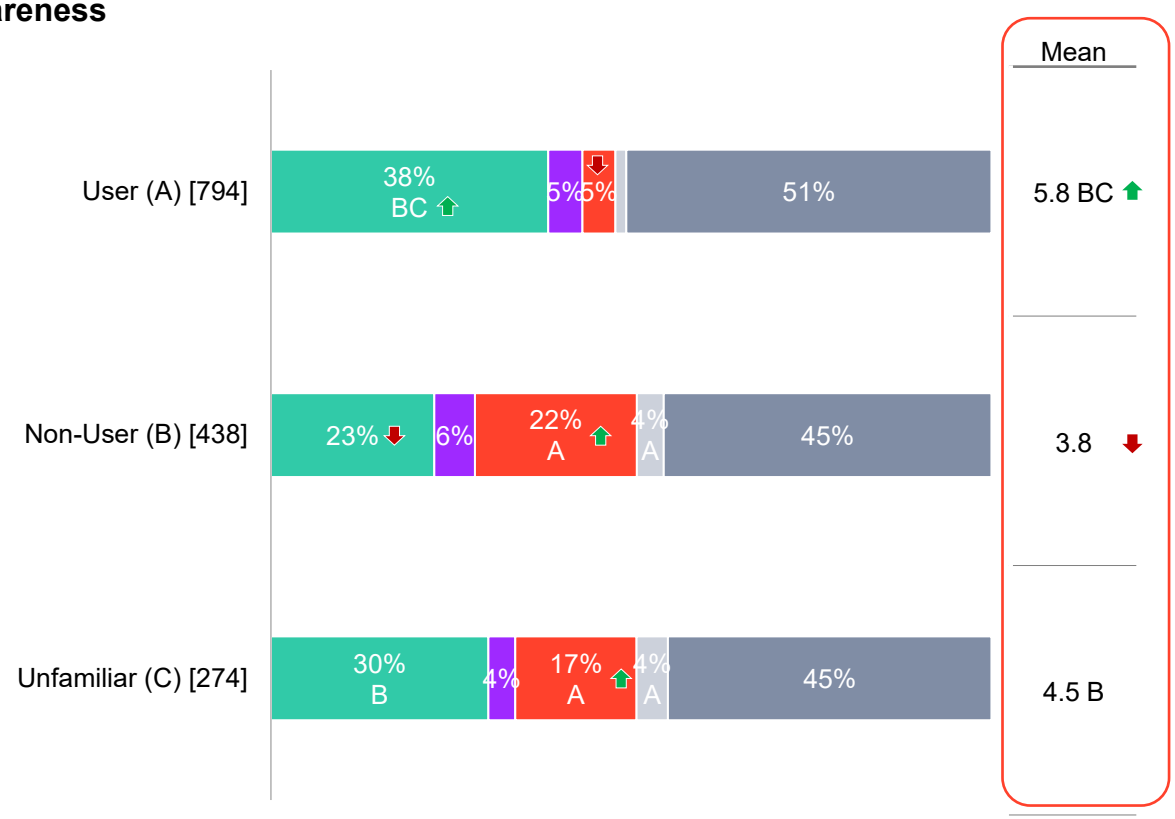
Opt-in vs. opt-out

The results clearly show that a pre-set appointment is unlikely to meet the needs of the target group representatives and is particularly polarising among the subgroups of non-users.



- Definitely take part (Codes 7–5)
- Neutral (Code 4)
- Definitely won't take part (Codes 3–1)
- Don't know / No answer
- Would like to choose the date myself

Awareness



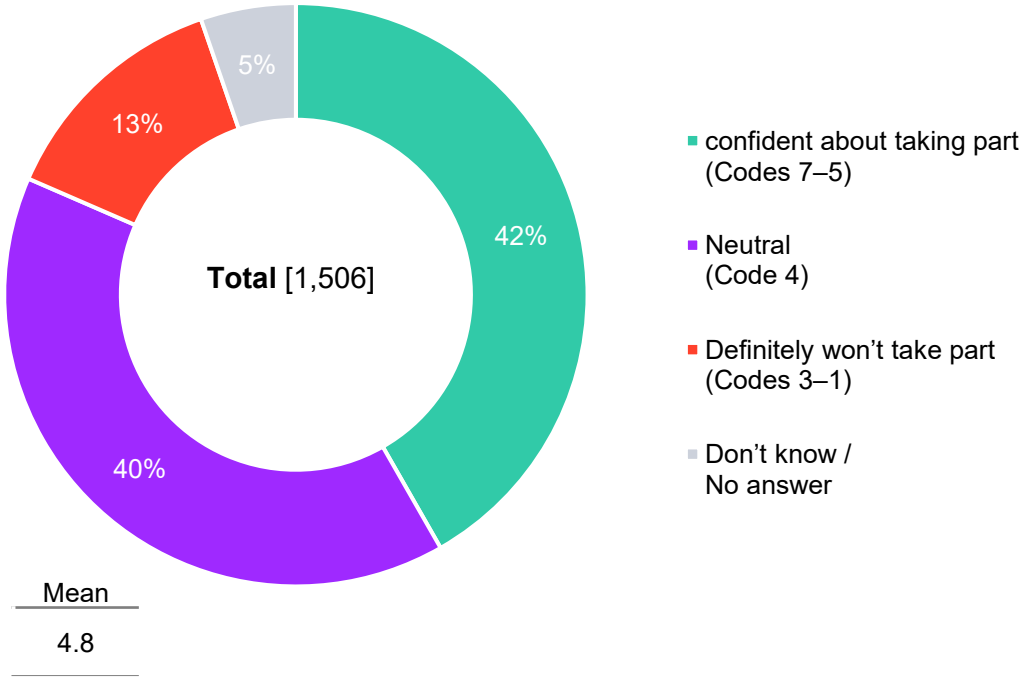
F150: If you were to receive an invitation with a fixed date and time, how would that affect your willingness to take part?
Base: n=[ ] | Filter: All respondents | Scaled question: 1= definitely would not attend to 7= definitely would attend | Data labelled from 3%
The letters following the figures indicate a significant difference (95% confidence level) compared with the respective groups represented by those letters.

significantly higher than the total significantly lower than the total

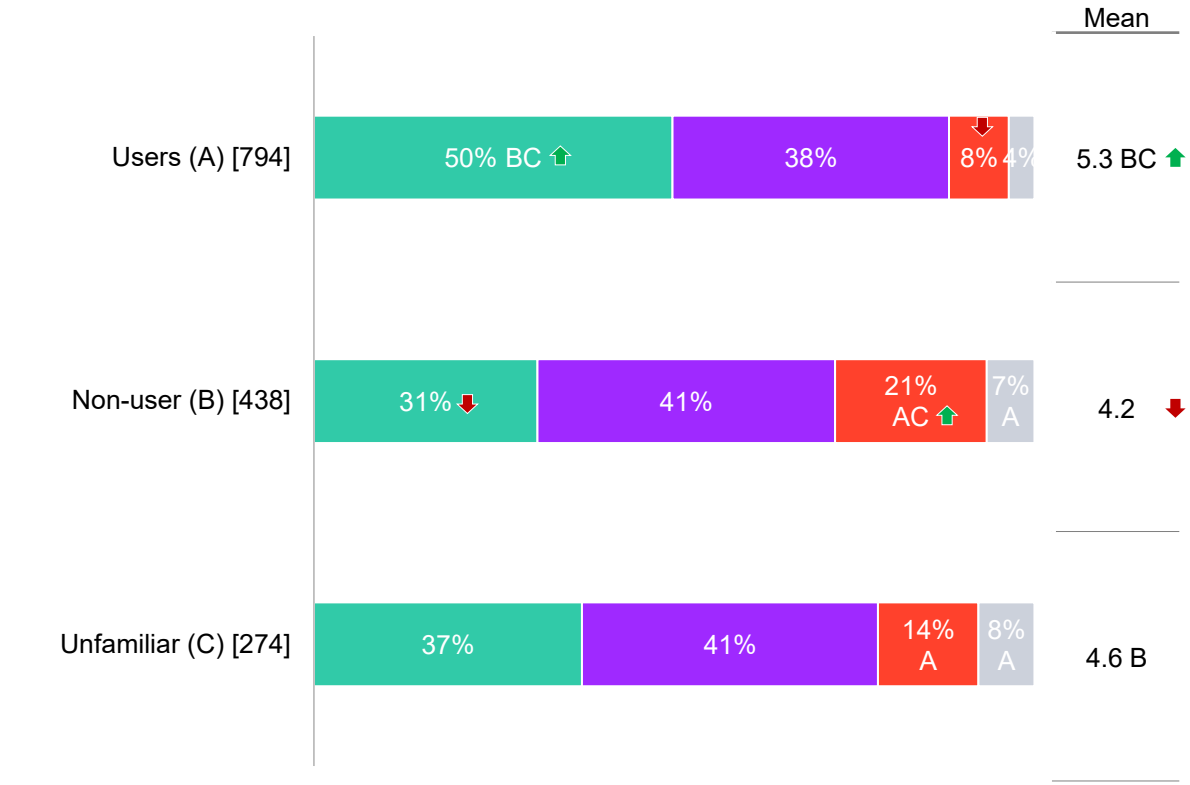
Barrier: co-payment

The co-payment is rarely the sole main barrier, but it can exacerbate existing uncertainty.

Influence on willingness to participate



Awareness



F155: If the 10 per cent co-payment (approx. 20 CHF) were to be waived, how would you rate your willingness to take part in the cantonal breast cancer screening programme?
Base: n=[ ] | Filter: All respondents | Scaled question: 1= definitely would not take part to 7= definitely would take part
The letters following the figures indicate a significant difference (95% confidence level) compared with the respective groups represented by those letters.

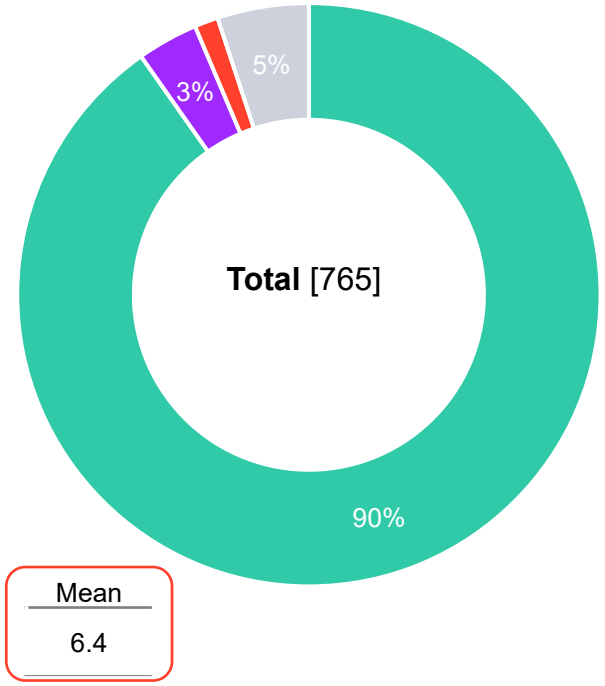
significantly higher than the total significantly lower than the total

E Communication

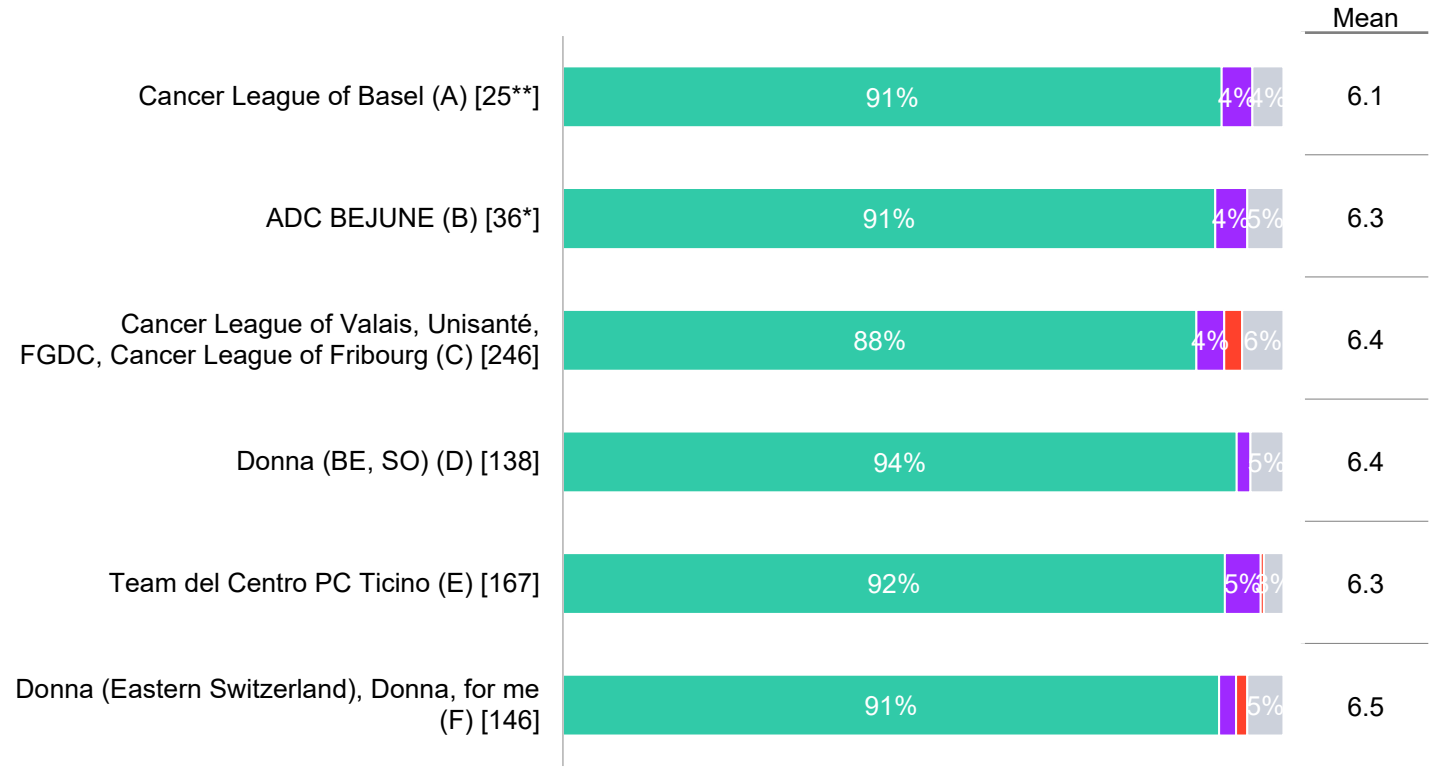
Clarity

The information on the cantonal breast cancer screening programme is rated very highly in terms of clarity.

The clarity of the information was...



Region with a programme



F400: How would you rate the clarity of the information in the invitation to the cantonal breast cancer screening programme?
Base: n=[ ] | Filter: Received a written invitation | Scaled question: 1= very poor to 7= very good | Data labelled from 3% | *Small sample size <50; **Very small sample size <30
The letters following the values indicate a significant difference (95% confidence level) compared with the respective groups represented by those letters.

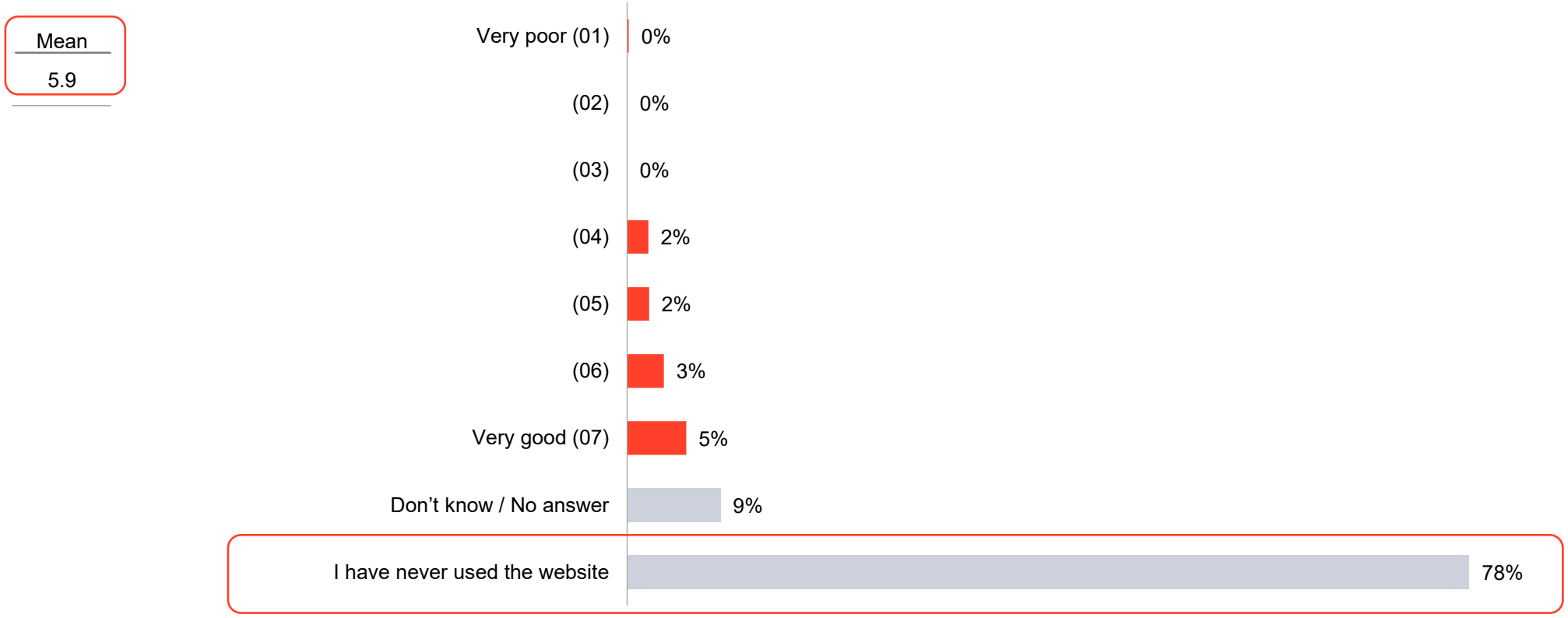
▲ significantly higher than the total ▼ significantly lower than the total

Overview of cantonal programmes: A) BS, BL B) JU, NE, BE-JU C) VS, VD, GE, FR D) BE, SO E) TI F) SG, GR, TG, AI, AR

Website usage

Only a minority have used the website of their respective cantonal programme so far. However, the information provided is rated consistently positive by the few users.

The information provided is…



F430: Have you ever visited the website of the cantonal breast cancer screening programme? If so, how would you rate the information provided on the website?
Base: n=595 | Filter: at least aware of the programme | Scaled question: 1= very poor to 7= very good

Information channel

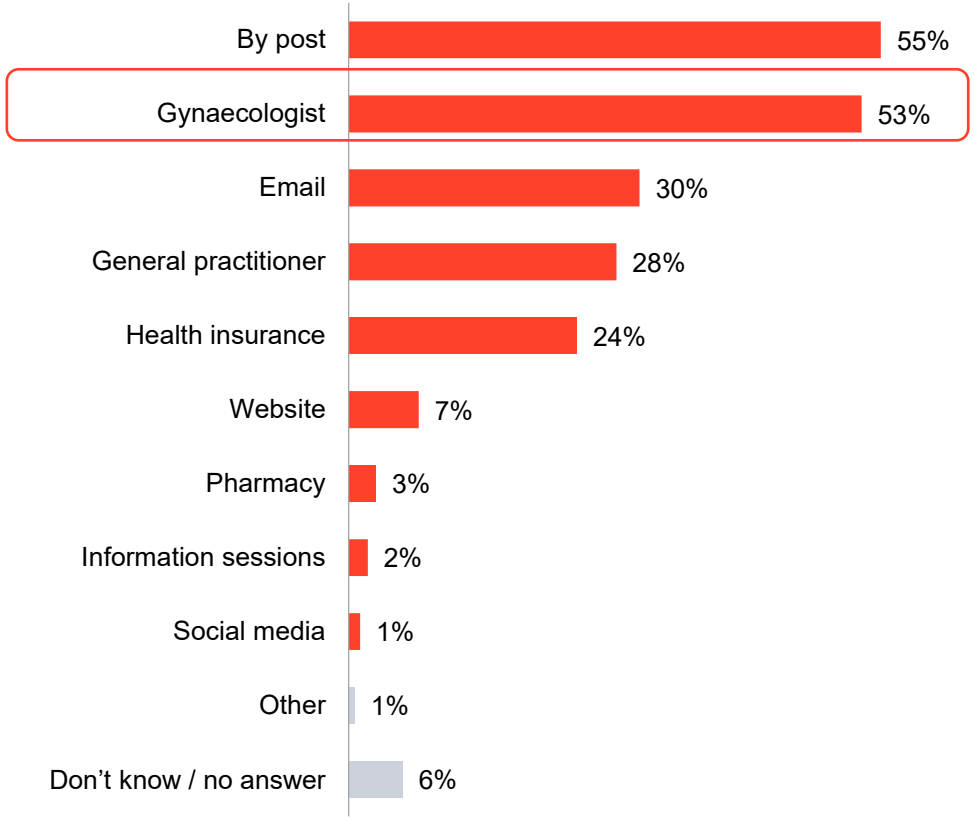
The analysis confirms just how crucial it is to involve gynaecologists as effectively as possible in the programmes.

Channel | Top 3

55%
By post

53%
Gynaecologist

30%
Email



F435: Through which channels would you prefer to receive information about the relevant cantonal breast cancer screening programme?
Sample size: n=1,506 | Filter: All respondents | Closed-ended question

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