Promoting symptom appraisal and presentation in primary care
Overview

- **Prof Jon Emery, University of Melbourne, Australia**
  ‘Using lessons from the UK to develop and implement public health and primary care interventions to promote timely presentation with possible cancer symptoms in low and middle income countries.’

- **Dr Amos Mwaka, Makerere University, Uganda**
  ‘Social, cultural and clinical issues which may delay timely presentation with breast or cervical cancer symptoms in rural Uganda.’

- **Prof Jennifer Moodley, University of Cape Town, SA**
  ‘Adapting the Cancer Awareness Measure (CAM) and the Awareness and Beliefs about Cancer (ABC) tools for African populations.’

- **Dr Corrine Ellsworth-Beaumont, Worldwide Breast Cancer, USA**
  ‘A Visual Education Approach for Early Detection: Know Your Lemons’

- **Dr Nur Aishah Mohd Taib, KL, Malaysia**
  ‘Mitigating breast cancer late presentation in Malaysia: A community psycho-educational approach’

- **Panel Discussion time**
Lessons from the UK to inform interventions to promote timely presentation with possible cancer symptoms

Prof Jon Emery
University of Melbourne
On behalf of
Dr Fiona Walter
Most cancer patients are diagnosed after symptom onset

Elliss-Brookes et al., Br J Cancer 2012
The patient interval
Variations in promptness of presentation between cancers....
The ‘symptom signature’ may explain some differences

% of patients with a given cancer who experience 3+ GP visits with cancer symptoms before referral

Lyratzopoulos et al, Lancet Oncology, 2012
Mendonca et al, BJGP, 2016
The Model of Pathways to Treatment

Walter et al., JHSRD 2012
Scott et al, BJHP, 2013
The Symptom studies

- Multiple first symptoms were common
- Symptoms evolved over time
- ‘trigger symptom/s prompted presentation’
- Anxiety, depression and co-morbidities associated with longer patient and diagnostic intervals
Factors affecting symptom appraisal and help-seeking among people with colorectal cancer symptoms

Hall et al, BMJ Open, 2015
Be Clear on Cancer

If you’ve been coughing for 3 weeks, it might not be ‘only a cough’, so tell your doctor.

Knowing the signs of cancer could save your life.

Be Clear on Cancer.

Learn more about our recent TV campaigns

Breast cancer in over 70s
Gastrointestinal cancer
Ovarian cancer

GP’s advice
If you spot any sign of cancer, go to your doctor to get it checked out. You’re not wasting anyone’s time, and if it isn’t serious, your mind will be put at rest. But if it is cancer, early diagnosis can make all the difference. The sooner cancer is detected, the better the chances of successful treatment.

Breast cancer
One in three women who get breast cancer are aged 70 and over.
Learn more about Breast cancer

Gastrointestinal cancer
Health problems for three weeks or more? Tell your doctor.
Learn more about Gastrointestinal cancer

Learn more about our other campaigns

Bladder and kidney cancer
Breast cancer
Lung cancer

If you notice blood in your pee, even if it’s ‘just the once’, tell your doctor.
‘The national bowel and lung campaigns reached their target audience and have also influenced younger and more affluent groups. Differences in impact within the target audience were also seen.’
Overview

- Dr Fiona Walter, University of Cambridge, UK
  ‘Using lessons from the UK to develop and implement public health and primary care interventions to promote timely presentation with possible cancer symptoms in low and middle income countries.’

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- Panel Discussion time
Social, cultural and clinical issues which may delay timely presentation with Breast or cervical cancer symptoms in rural Uganda

Community, Patients’ and Healthcare professionals’ perspectives from northern Uganda

3rd October 2018

Amos Deogratius Mwaka (MBChB, M.MED., Ph.D.)
Background (1): Culture

• Culture - an integrating framework, a lens through which people view the world.

• Culture is reflected in specific behaviours and activities of individuals.

• Understanding culture can inform design of effective targeted interventions to promote prompt health seeking and increase access to treatments.

Background (2): Measures of Culture

• Characteristics often measured as reflecting aspects of culture:
  • Religious beliefs,
  • Health seeking behaviours,
  • Language,
  • Spiritual practices,
  • Social structure and dynamics,
  • Dietary and food preparation practices,
  • Rituals, and
  • Trust in health practitioners/ care organisations/ researchers.

(Kagawa 2016, 2010)
What have we done?

• Undertaken three set of studies:
  • Two in northern Uganda (2) and
  • One in Central Uganda (1) – Kampala.
Motivation and main study question

- Majority (>80%) of cancer patients in low- and middle-income countries (LMICs) are diagnosed in advanced stages, experience high disease burden and benefit less from cancer specific treatments.
  - Why diagnoses in advanced stages?

- Most cancer patients in the LMICs often visit Traditional Health Practitioners (THPs) for management of their symptoms/cancers.
  - What reasons prompt visit to THPs?
  - Can THPs be allies in the early detection of symptomatic cancers?
  - Are THPs barriers to early detection?
Purpose of the three set of studies

• Inform interventions to:
  • Increase awareness,
  • Promote uptake of risk reduction behaviours,
  • Promote prompt symptoms recognition and help-seeking, for early detection, and
  • Promote choice of appropriate treatments of cancers;

In order to improve survival from cancers.
Method (1): Study 1

- **Aim:** To assess perceptions, beliefs and awareness about cervical cancer, the help-seeking processes and barriers to health seeking in Gulu district northern Uganda.

- **Design:** Cross sectional

- **Participants and approaches to data collection:** 3 sub studies:
  - 1st group: Community members - Men and women, not directly affected with cervical cancer.
    - 24 FGDs: 12 women, 12 men.
    - Survey: 448 men and women.
Method (2): Study 1

• 2\textsuperscript{nd} group: Patients with cervical cancer.
  – In-depth interviews with 18 women with cervical cancer to establish help-seeking pathways and symptoms attributions.
  – Survey – 149 women with cervical cancer to establish factors associated with stage at diagnosis.
Method (3): Study 1

- 3\textsuperscript{rd} group: Doctors and midwives in gynecology departments of two referral hospitals – a private-not-for-profit hospital and a public hospital.
  - 15 key informant interviews to describe perceived barriers to cervical screening and health seeking for cervical cancer symptoms.
Method (5): Study 2

• Aim: To examine perceptions of medical students and their lecturers in Makerere University School of Medicine, and THPs in Kampala regarding training in traditional medicine in the medical schools in Uganda.

• Design: Cross section

• Participants and approaches of data collection:
  • In-depth interviews with 8 Faculty, and 5 THPs.
  • 7 FGDs (4 for males/3 for females) with medical students.
  • Survey with 327 medical students.
Method (4): Study 3

- **Aim:** To examine cancer awareness and perceptions about treatments that work as well as perceptions regarding integration of biomedicine with traditional health practices among traditional health practitioners (THPs) in northern Uganda.

- **Design:** Cross section

- **Participants and approaches to data collection:**
  - 28 In-depth interviews with THPs.
  - Survey with 424 THPs in 8 districts.
Key findings (1): Study 1

- Community members referred to cervical cancer as “blood disease”, were aware of most of the risk factors and symptoms, and perceived the disease as chronic, and non-curable except when diagnosed early (92%; N = 448).
- Several perceived risk factors including that lubricants on condoms and long term use of hormonal contraceptives (63%; N=448) cause cervical cancer.
- Use of complementary and traditional medicines (CTM) for cancer treatments is promoted by perceived/experienced barriers to biomedical care and community beliefs in the effectiveness of traditional medicines.
Key findings (2): Study 1

• Most women with cervical cancer:
  • Did not perceive themselves to be at risk,
  • Initially attributed their symptoms to normal bodily changes or other more common illnesses e.g. sexually transmitted diseases (STDs),
  • Were diagnosed at advanced stages (66%).

• Help seeking decisions and timing were often influenced by lay consultations with husbands, relatives and friends.
Key findings (3): Study 1

- Prompt help-seeking was frequently triggered by:
  - Perception of symptoms as life threatening;
  - Symptom burden sufficient to interfere with patients’ work; and
  - Persistence of symptoms in spite of home-based treatments.

- Women who reported financial difficult for health seeking were more likely to be diagnosed with advanced stage cervical cancer (aOR=5.5; 95%CI, 1.58 – 20.64)
Key findings (4): Study 1

- Healthcare professionals (HCPs) in northern Uganda reported several challenges facing cervical cancer control and care that influence their decisions and management goals and practices for women with symptoms of cervical cancer.
Key findings (5): Study 2

• The majority of participants recommended the inclusion of CTM principles into medical school curricula.

• The main reasons advanced were:
  • patients are already using these medicines - doctors need to understand;
  • doctors would be more accommodating to use and not rebuke patients;
  • promote patient safety;
  • foster therapeutic alliance and adherence to therapy;
  • uphold patients’ right to self-determination;
  • lead to discovery of new drugs from traditional medicines;
Key findings (6): Study 2

- Operational and ethical challenges included:
  - Inadequate number of faculty to teach the subject,
  - Congested curricula,
  - Increased costs in research to produce evidence-base data,
  - Obstruction by pharmaceutical companies,
  - Inaccessibility to and depletion of medicinal plants,
  - Potential conflicts due to diversity in culture and values.
  - Risk of loss of patent and income following disclosure of THP practices.
Key findings (7): Study 3

- Traditional health practitioners (THPs) in rural Uganda were found to be very willing to work with biomedical trained healthcare professionals (HCPs). They however believe that HCPs are not willing to work with them and often criticized them.

- THPs were concerned with disclosing their medicinal products and formula unless government puts in place regulations to protect their trade.

- THPs were concerned with extremely high rate of depletion of medicinal plants – “destruction” of natural forests for timber and charcoal.
Conclusions and recommendations (1)

- Interventions to promote prompt symptoms recognitions, health seeking and treatment preference could be hankered around culture and sociocultural practices of the communities.

- Health promotion interventions and biomedical services for cancer need to be culturally sensitive and carefully done to promote local practices that encourage good and healthy behaviours.
Conclusions and recommendations (2)

• THPs could be allies rather than adversaries in promoting health seeking for symptomatic cancers.

• Including CTM principles and practices into medical school curricula of the LMICs could improve knowledge of HCPs regarding CTM and enhance integration process.

• Integration and alliance could lead to improved treatment outcomes.
Acknowledgements

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1. Prof. Martin Roland, Dr. G. Lyratzopoulos, and Dr. Fiona M. Walter, University of Cambridge
3. Prof. Henry Wabinga, and Prof. Christopher G. Orach, Makerere University
4. Colleagues in Makerere University
5. Prof. Jennifer Moodley, University of Cape Town

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2. Wellcome Trust
3. Alborada Fund
4. Newton Fund: GSK, MRC UK/SAMRC
Thank you for your attention

I appreciate your contributions to the debate

mgratius@gmail.com
Adapting the Cancer Awareness Measure (CAM) and Awareness and Beliefs about Cancer (ABC) tools for African populations

J Moodley, FM Walter, AD Mwaka, S Scott, D Constant, JN Githaiga, T Stewart, A Payne, L Cairncross, N Somdyala
African Breast and Cervical Cancer Symptom Awareness (ABCCCSA) tool: first version

Item Generation
• Review BCAM, CCAM, ABC tools
• Literature review of studies in Africa

➤ List of items for first version of ABCCCSA tool
  o sociodemographic,
  o symptom and risk factor awareness,
  o misconceptions,
  o age-related risk,
  o help-seeking behavior,
  o confidence skills,
  o barriers to care

➤ Pictures of breast cancer symptoms on dark-skinned women
African Breast and Cervical Cancer Symptom Awareness (ABCCCSA) tool: first version

Refinement of first version
- Cognitive think aloud interviews, Uganda (n = 10) and South Africa (n = 10)
- Cancer experts in SSA (n = 25) scored each item on clarity and relevance

Changes
- Items deleted e.g. age-related risk factors, religion
- Added explanations for less well understood terms e.g. menopause, HRT
- Questions with Likert type response options were not well understood and were scored poorly by experts and were revised e.g. How confident are you that you would notice a change in your breast?” Response Options - very confident/ fairly confident/slightly confident/not confident at all to. Changed Q Are you confident that you would notice a change in your breast - Responses options Yes/No/Not sure
- Rephrased questions for clarity
ABCCSA: Psychometric testing

Refined ABCCSA tool completed by:
- Community participants (Uganda $n = 67$, SA $n = 72$)
- Non medical UCT staff ($n = 23$) completed questionnaire twice, 2 weeks apart
- Cancer experts SSA ($n = 21$), online

- Generated risk factor and symptom knowledge scores for breast and cervical cancer

Validity measures
- Construct validity - compared knowledge scores of cancer experts and community participants, t-test
- Internal reliability - Cronbach's alpha $> 0.7$ good
- Test-retest reliability - compared knowledge scores of non-medical staff, intra-class correlation
## ABCCSA: Psychometric testing results

### Construct validity

<table>
<thead>
<tr>
<th></th>
<th>Breast Cancer</th>
<th>Cervical Cancer</th>
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<tbody>
<tr>
<td></td>
<td>Community</td>
<td>Experts</td>
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<td><strong>Max. Score</strong></td>
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<tr>
<td><strong>Risk misconceptions</strong></td>
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<td><strong>Symptoms</strong></td>
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<td>12.7</td>
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<tr>
<td><strong>Risk factors, misconceptions and symptoms</strong></td>
<td>35</td>
<td>20.6</td>
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**ABCCSA: Psychometric testing results**

**Internal reliability**

<table>
<thead>
<tr>
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<th>Breast Cancer</th>
<th>Cervical cancer</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Known risk factors</strong></td>
<td>N</td>
<td>N</td>
</tr>
<tr>
<td>N</td>
<td>166</td>
<td>154</td>
</tr>
<tr>
<td>Cronbach’s Alpha</td>
<td>0.7817</td>
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<tr>
<td><strong>Risk misconceptions</strong></td>
<td>N</td>
<td>N</td>
</tr>
<tr>
<td>N</td>
<td>166</td>
<td>154</td>
</tr>
<tr>
<td>Cronbach’s Alpha</td>
<td>0.7281</td>
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<td><strong>Symptoms</strong></td>
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<td>0.7994</td>
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<td><strong>Risk factors, misconceptions and symptoms</strong></td>
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<tr>
<td>N</td>
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<td>154</td>
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<tr>
<td>Cronbach’s Alpha</td>
<td>0.7932</td>
<td>0.7980</td>
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</table>

* 1 misconception item

- Cervical cancer risk factors with low item to total correlation:
  HPV, not going for regular screening, using family planning pills > 5 years
  All retained on grounds of content validity
ABCCSA: Psychometric testing

- Test-retest reliability high for risk factors, symptoms and misconception items for both breast and cervical cancer, all $p < 0.001$

Post-psychometric testing adjustments to tool
- Responses to open questions on symptoms and risk factors identified additional misconceptions and these were added to the final tool
- Reduced questions barriers to seeking care (7 questions removed)
ABCCSA: Development of local language versions

- Translation into isiXhosa and Acholi, back translation
- Cognitive think-aloud interviews with local language speaking community participants (Uganda n = 10, SA n = 10)
- Cancer experts in Uganda (4) and SA (4) scored each question on equivalence of meaning
- Changes in phrasing to more commonly used language
# Final ABCCSA

<table>
<thead>
<tr>
<th>Domain</th>
<th>Breast Cancer Questions (50)</th>
<th>Cervical Cancer Questions (41)</th>
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<tr>
<td>Introductory</td>
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<td>Risk factors</td>
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<tr>
<td></td>
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<td>11 prompted risk factors</td>
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<tr>
<td></td>
<td>6 prompted misconceptions</td>
<td>4 prompted misconceptions</td>
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<tr>
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<td>1 open</td>
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<tr>
<td></td>
<td>15 prompted symptoms awareness</td>
<td>11 prompted symptom awareness</td>
</tr>
<tr>
<td></td>
<td>3 images of symptoms</td>
<td>No images</td>
</tr>
<tr>
<td></td>
<td>1 prompted misconception</td>
<td>1 prompted misconception</td>
</tr>
<tr>
<td>Confidence in detecting symptom</td>
<td>4</td>
<td>3</td>
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<tr>
<td>Help-Seeking behavior</td>
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<tr>
<td>Socio-demographics</td>
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<td>Barriers to seeking care for</td>
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<td>12</td>
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<tr>
<td>breast and cervical cancer</td>
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<td></td>
</tr>
</tbody>
</table>

ABCCSA currently being used in community-based surveys in Uganda and SA.
Acknowledgements

• Participants, primary health care clinic managers, UCT management
• Funders: CANSA; the University of Cape Town, and; the South African Medical Research Council with funds received from the South African National Department of Health, GlaxoSmithKline R&D, and the UK Medical Research Council and with funds from the UK Government’s Newton fund.
• The Outcome Registry Intervention and Operation Network (ORION) team at Cambridge University, who developed and host the electronic surveys on their platform.
A Visual Education Approach for Early Detection:
Know Your Lemons®
Breast cancer mortality map
Out of 100,000 people, how many die from breast cancer?

- 18+
- 15-17
- 13-14
- 10-12
- 1-9
- ?
How is breast cancer found?
Patients.
Engaged Patients.
Engaged Patients:

Health Literate —> Willingness to Participate
Engaged Patients:

Information → Health Literate → Willingness to Participate
Great, let’s just *tell* everyone what they need to know!
“I don’t want to talk about cancer.”
Okay, then we will show them!
“Looking at breasts is taboo.”
Okay, no pictures. They can read instead!
“I cannot read this.”
Learning about symptoms through words: (how it’s usually done)

Check for:

• Obvious lumps or thickening, puckering or dimpling of the skin
• A change in size or contour, or position of the nipple
• Veins which are more prominent than usual
• Inflammation or rash on the breast
• Blood or discharge from the nipple
• New sensation – particularly if only in one breast
How this communicates to someone who is illiterate:

Ofoar ter:

- Cdnouis tengn xo fhlmtonlmp, jooforlwj er pinjfimp ct ftz zfiv
- A nachg ni zsie ar toncoru, ro nitpision ot lhe uiggte
- Yoixz sticf ouc ncru gomipensf htoc nznof
- Ictlonmetiau uo socr eu hfe freozf
- Rieap ec pizofenjo tien fho middlo
- Hov domesofiam – jenfioleritj ti emlp ni aen hroezf
How this communicates to someone who is not concerned about breast cancer:

Check for:

- Something about a breast lump
- And something else I should know
- And another thing I’m not sure how to picture
- Looks like there’s a lot here
- I’ll read this later on when I have time
- Okay I’m good, on to something else now
Engaged Patients:

Information → Health Literate → Willingness to Participate

- friendly
- memoable
- quick
- taboo-free
- interesting
- neutral ethnicity, age, gender
Let’s change the picture of breast cancer.
no size

no gender

no age

no race

no body, no taboo

knowyourlemons.com
also explains lumps and anatomy
Half (49%) didn’t know what a cancerous lump should typically feel like. (n=255)
15% ACCURATE TACTILE KNOWLEDGE

TRADITIONAL ANATOMY ILLUSTRATION METHOD

CROSS SECTION THROUGH THE BREAST

86% ACCURATE TACTILE KNOWLEDGE

VISUAL METAPHOR ANATOMY ILLUSTRATION METHOD

n=36 (UK)
WHAT TO FEEL FOR DURING A BREAST EXAM

Know what is normal for you between your regularly scheduled mammograms. A lump is not the only sign.

- skin
- lymph nodes feel like soft beans
- rib
- cancerous lump hard like a lemon seed
- areola
- milk duct
- fat and connective tissue
- nipple
- milk lobes feel like soft peas

A cancerous lump often feels hard and immovable like a lemon seed. (It can be any shape or size.)

Feel from your armpit to your collar bone to the bottom of your rib cage.

- soft peas
- soft beans
- hard seed

Do you know when to self-exam and mammogram? knowyourlemons.com
Feeling is just one part of detection. Some symptoms are visible too.
knowyourlemons.com

- feeling a thick area
- dimple
- nipple crust
- red or hot
- unexpected fluid
- skin sores
- bump
- growing vein
- sunken nipple
- new shape/size
- orange peel skin
- hard lump
Early testing: which symptoms communicate with no words?

n=67 (UK)
70% of patients felt more knowledgeable about breast cancer (n=248)

89% of patients felt more confident in their ability to recognize breast cancer symptoms (n=77)
Now we can educate on a broader scale than ever before.
19 languages. 93 countries. 200 million people.
Recent study: Nigeria
(summer 2018, n=1061)
The Problem

• In Nigeria, 50% of women are diagnosed at Stage IV when it is unsurvivable.¹

• It’s unclear why symptoms are presented so late, but taboo, fear and lack of health literacy are likely contributing factors.²

• Without a population screening program, breast cancer symptom awareness and reporting changes are key to early detection.

 WHAT BREAST CANCER CAN LOOK AND FEEL LIKE

Recognise something? Don’t panic, some changes are normal. But if it stays around be smart—show your doctor.

A cancerous lump often feels hard and immovable like a lemon seed. It can be any shape or size.

In Nigeria, lemons are green.

The female spokesmodel was styled to represent the audience.
96% now feel confident in recognizing a sign of breast cancer.

98% say they will go to a doctor if they see a possible symptom.

92% will share the lemon image with family/friends.

Tactile knowledge of a cancerous lump increased from 27% to 70% (n=427)
Breast change?  Give us a call.

0818 000 1298

feeling a thick area  dimple  nipple crust  red or hot  new fluid  skin sores

bump  growing vein  sunken nipple  new size/shape  'orange peel' skin  hard lump

Learn about each symptom at: knowyourlemons.com
Future Study

Longitudinal Study:
Magnets and leaflets were distributed to every woman who attended the sessions. Included in this is a dedicated phone number to call Run for a Cure Africa if they notice a breast change. We will record the outcome of the patient referrals and track the stages of the diagnosis against baseline data.
Future Study

Reasons for late presentation need to further explored (n=427):

• 72% said nothing would keep them from telling a doctor.
• 17% said worry about getting a positive diagnosis would keep them from investigating.
• 9% said worries of the cost of seeing a doctor would be prohibitive.

55% said they would have treatment if they were diagnosed:

• Only 3% believed treatment would be unsuccessful.
• 25% said costs would prevent them.
• 11% were concerned about appearance changes with treatment.
Our educational materials are available in 19 languages, 93 countries.
We partner with NGOs and companies who share our goal of educating every woman.
We have several tools available.

**Print & Social Media Campaign**

**Educator Certification & Teaching Kit**

**Know Your Lemons App**
Thank you.

Corrine Ellsworth-Beaumont, PhD
knowyourlemons.com

corrine@worldwidebreastcancer.org
Mitigating breast cancer late presentation in Malaysia: A community psycho-educational approach

Prof Nur Aishah Taib
Department of Surgery, Faculty of Medicine, University of Malaya
BREAST CANCER IN ASIA
The challenge and response

Once largely confined to Western countries and Australasia, breast cancer is now a major healthcare issue across Asia-Pacific. Already it is the most common form of cancer for women in nine of the ten Asia-Pacific jurisdictions covered in Breast cancer in Asia: The challenge and response, an Economist Intelligence Unit study commissioned by Pfizer.

WHERE BREAST CANCER IS MOST COMMON

Incidence per 100,000
There is substantial variation in the incidence of breast cancer between countries in the region. The age-standardised rate (ASR) of incidence in China, for example, is about one-quarter that in Australia. Based on recent trends, however, the burden of breast cancer looks set to grow, as lifestyles change and especially as populations age.

- 38.7 Malaysia
- 65.7 Singapore
- 86.0 Australia
- 61.2 Hong Kong
- 29.3 Thailand
- 22.1 China
- 51.5 Japan
- 64.3 Taiwan

Infographic source: © The Economist Intelligence Unit, 2016.
Relative Survival Rates Comparison

Figure 13. Female Breast: International comparison of 5-year relative survival

*Source of the International data: CONCORD-3 study, 2005-2009 (C. Alemanni et al, 2018)  Malaysia: MyScan, 2018
A Grounded Explanation of Why Women Present with Advanced Breast Cancer

Nur Aishah Taib · Cheng Har Yip · Wah Yun Low

© Société Internationale de Chirurgie 2013
The Points of BC Delay Model

[Taib NA et al World Journal of Surgery 2013]
**Essential Component: Patient Centred Care**

[Taib NA et al World Journal Surgery 2013]
Notes: Impact of improved awareness on reduction in breast cancer mortality in the United States as measured by the mortality-to-incidence ratio. A high mortality-to-incidence ratio is a general estimate that a high proportion of people diagnosed with cancer are dying from it. Before the introduction of mammography and adjuvant therapy, there was a significant improvement in breast cancer survival due to early diagnosis.

Source: Shulman et al. 2010 (15).
Figure 2. Distinguishing screening from early diagnosis according to symptom onset

Symptom onset

Healthy cells — Abnormal cells — Pre-invasive cancer — Invasive cancer — Cancer spread — Death

Screening — Early diagnosis

Service provided for a target population — Service provided only for people with symptoms
BAGAIMANA RUPA DAN RASA KANSER PAYUDARA

Kesan sesuatu? Jangan risau, perubahan itu mungkin normal. Sekiranya tidak hilang, jadilah orang yang bijak - tunjukkan kepada doktor.

“Ketulan kanser selalunya berasa keras dan sulit digerak seperti biji benih lemon. Tanya boleh dalam pelbagai bentuk dan saiz.”

Anda hendak tahu tentang setiap simptom atau tanda-tanda? knowyourlemons.com
Gejala – ketulan yang tidak sakit
(Painless breast lump)
HOW DO YOU DETECT BREAST CANCER

BAGAIMANA MENGESEAN KANSER PAYUDARA
Langkah-langkah ini akan memastikan anda dalam mengendali dan mencari penyelesaian masalah kesehatan anda.

1. **Mamogram** (tanpa gejala, setiap 1-3 tahun sekali)
2. **Cari gejala**
3. **Disahkan oleh doktor**
4. **Mamogram**
5. **Biopsi**
6. **Keputusan sel

- **Mungkin memerlukan jumpasan saringan mamogram (di sesetengah negara)
- berkongsi dengan doktor anda kekenaan yang diperlukan

**ultrasound**
**MRI**

Anda mahu tahu tentang setiap langkah?
knowyourlemons.com
Improving Breast Health Literacy through an Innovative Breast Cancer Awareness Campaign using the Know Your Lemons materials in Malaysia

A total of 679 participants

96.2% stated that the language used in the "KYL" poster or leaflets was clear and understandable;

95.3% thought materials were attractive and able to draw attention; and acceptable (89.2%) in Malaysian culture.

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METHODOLOGY

✓ "Show You Care, Be Aware" campaign was organized in University of Malaya campus [8 - 20 October, 2017]

✓ The “KYL” materials were translated for Malaysian audience

✓ 679 participants were interviewed using questionnaire during 6 events in UM, after educational intervention sessions

✓ Discussion on leaflets and questions and answers, and practical demonstrations of breast self examination on dummy were also done at the booths
RESULTS

Table 1: Socio-demographic Characteristics of the respondents

<table>
<thead>
<tr>
<th>Variables</th>
<th>N (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age</strong></td>
<td></td>
</tr>
<tr>
<td>30 years or below</td>
<td>414 (61%)</td>
</tr>
<tr>
<td>30-49 years</td>
<td>151 (22.2%)</td>
</tr>
<tr>
<td>50 and above</td>
<td>114 (16.8%)</td>
</tr>
<tr>
<td><strong>Ethnicity</strong></td>
<td></td>
</tr>
<tr>
<td>Malay</td>
<td>492 (72.5%)</td>
</tr>
<tr>
<td>Chinese</td>
<td>119 (17.5%)</td>
</tr>
<tr>
<td>Indian</td>
<td>68 (10.0%)</td>
</tr>
<tr>
<td><strong>Education</strong></td>
<td></td>
</tr>
<tr>
<td>Primary or below</td>
<td>24 (3.5%)</td>
</tr>
<tr>
<td>Secondary</td>
<td>73 (10.8%)</td>
</tr>
<tr>
<td>College/University</td>
<td>582 (85.7%)</td>
</tr>
</tbody>
</table>

Fig 1: Self rated knowledge of BC before and after campaign

<table>
<thead>
<tr>
<th>Variables</th>
<th>Before Campaign Mean (SD)</th>
<th>After Campaign Mean (SD)</th>
<th>Z</th>
<th>p value</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Before</td>
<td>After</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Very Poor</td>
<td>68 (1.0)</td>
<td>163 (0.657)</td>
<td>-21.06</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>Poor</td>
<td>2</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Good</td>
<td>61</td>
<td>127</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Very Good</td>
<td>332</td>
<td>30</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Excellent</td>
<td>270</td>
<td>127</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Fig 2: Feeling confident in recognizing the signs and symptoms of breast cancer

Fig 3: Improved perceived knowledge on the process of detecting cancer

Fig 4: Acceptability of KYL materials in Malaysian culture
Conclusion

- Health education using KYL materials improve breast health literacy
- KYL Materials were acceptable amongst urban and educated community.
- KYL materials can enhance confidence among Malaysian public towards early detection of breast cancer.

Further plan

- Qualitative study
- Community based KYL programme in low income urban observatory

Acknowledgement

worldwidebreastcancer.org
**Essential Component: Patient Centred Care**

[Taib NA et al World Journal Surgery 2013]
Conclusion

• Need a community psychoeducational approach to breast health literacy
• Educational materials are acceptable, increase confidence to detect breast cancer symptoms.

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