Summaries of awareness, attitudes and beliefs about cancer articles

An international measure of awareness and beliefs about cancer: development and testing of the ABC (Simon et al, 2012)

International variations exist in cancer survival and the key to improving cancer survival in lower performing countries may lie in finding out why these differences exist. Internationally there are vast differences in cultural attitudes to cancer and public awareness of cancer. In order to investigate whether there is a link between cancer survival and awareness and beliefs about cancer this paper sought to develop an internationally valid measure – awareness and beliefs about cancer (ABC) measure. The ABC measure developed by this paper was tested in all ICBP participating countries and with small adjustments between different countries is a reliable and valid measure of awareness and beliefs about cancer was produced. The development of this measure will allow researchers to study the reasons for delayed symptomatic presentation and correlate this to international cancer survival differences. Read the full article.

Differences in cancer awareness and beliefs between Australia, Canada, Denmark, Norway, Sweden and the UK (the ICBP): do the contribute to differences in cancer survival (Forbes et al, 2013)

Previous research has found wide international differences in 1-year cancer survival. A study carried out by the International Cancer Benchmarking Partnership highlighted poor survival rates in the UK and Denmark when compared to other high-income countries with similar health systems (Australia, Canada, Sweden and Norway). In this paper a population based telephone interview survey was carried out of just under 20,000 men and women aged 50 or above. The aim of this survey was to gain participants views on cancer awareness and beliefs in order to highlight any potential differences between countries and thus possible reasons to help us explain the differences in cancer survival rates. The overall findings of the study were that, in correlation with poor cancer survival, the UK had the lowest awareness of age-related risk and the highest perceived barriers to symptomatic presentation (i.e., whether embarrassment, fear of outcome, wasting doctor time or being too busy would prevent the participants from visiting their doctor). As early diagnosis of cancer is key to increasing survival outcomes, interventions that address barriers to prompt presentation are important and should be implemented. Interestingly, Denmark did not fit the same pattern and participants from Denmark had a high awareness of age-related risk and few perceived barriers to symptomatic presentation – further research is required to explain Denmark’s poor survival rates. Read the full article.

Recognition of cancer warning signs and anticipated delay in help-seeking in a population sample of adults in the UK (Quaife et al, 2014)

Recognising cancer symptoms earlier and seeking medical help are two key ways cancer outcomes can be improved. In this paper the researchers aimed to examine the associations between recognition of symptoms for breast, lung and colorectal cancer and the anticipated time it would take for a UK individual to see medical help. To assess this, a telephone interview was conducted. The main findings from this interview were that participants who did not recognise signs for breast, lung or colorectal cancer were significantly more likely to wait at least 2 weeks before seeking medical help. Based on these results the researchers proposed that strategies to improve recognition of cancer symptoms be implemented in order to increase early diagnosis of cancer. Read the full article.
Ovarian cancer symptom awareness and anticipated delayed presentation in a population sample (Brain et al, 2014)

Ovarian cancer in the UK has one of the lowest 1-year survival rates internationally. Low awareness of symptoms and negative beliefs about cancer may both be reasons for delayed presentation and thus presentation of later stage cancer. In order to validate these hypotheses women over 50 years living in Wales of age took part in a telephone interview survey where they were asked about ovarian cancer symptom recognition, cancer beliefs and anticipated time after noticing symptoms before seeking medical help. The answers to these questions were also correlated with demographic variables. Interestingly although some symptoms of ovarian cancer were well recognised many symptoms were not. In particular low symptom awareness was associated with older age, being single, lower education and lack of personal experience of ovarian cancer. Interestingly an increased time between symptom recognition and seeking medical help was not associated with those with poorer symptom awareness but was however associated with women educated to a degree level, women who more perceived barriers to symptomatic presentation (i.e., whether embarrassment, fear of outcome, wasting doctor time or being too busy would prevent the participants from visiting their doctor). Weighing up these findings the authors suggest a need to improve not only public awareness of ovarian cancer symptoms but also overcome patients perceived barriers to presentation. Read the full article.

Cancer awareness and socio-economic position results from a population-based study in Denmark (Hvidberg et al, 2014)

Variations in cancer survival may be explained by differences in cancer awareness and thus healthcare seeking between individuals. Awareness of cancer symptoms, risk factors and perceived 5-year survival in bowel, breast, ovarian and lung cancer was carried out in a >50 year old Danish population sample via a telephone survey. A strong socio-economic gradient in cancer awareness was discovered – participants with a low level of education and a low household income were more likely to have a lower awareness of cancer symptoms, risk factors and the risk of cancer increasing with age. Additionally, men and people outside the labour force were also less aware of these factors. Based on these results and previous findings that cancer awareness can be positively associated with earlier diagnosis the authors highlighted the need to tackle inequalities in cancer awareness via public health strategies in order to address this issue. Read the full article.

Self-reported participation and beliefs about bowel cancer screening in New South Wales, Australia (Varlow et al, 2014)

Randomised trials have demonstrated that screening for bowel cancer reduces mortality. In this study a population-based telephone survey was carried out in people over 50 years of age living in NSW, Australia to determine participation in and beliefs about bowel cancer screening. Only half of all women and two-thirds of men reported screening for bowel cancer within the previous 5 years. Interestingly, older participants (>65), non-English speaking migrants and people living in metropolitan areas believed that bowel cancer screening was only necessary when experiencing symptoms. In addition, it was this same sample of the population who were less likely to undertake bowel cancer screening. Taking this finding into account it is important that community education relating to bowel cancer screening corrects these misperceptions and thus increases uptake of screening in the future. Read the full article.
Awareness of sunburn in childhood, use of sunbeds and changes of moles in Denmark, Northern Ireland, Norway and Sweden (Hajdarevic et al, 2015)

Malignant melanoma is increasing rapidly in Northern Europe. As awareness and early diagnosis are key to reducing the incidence and mortality of malignant melanoma a study was undertaken to examine these factors in Denmark, Northern Ireland, Norway and Sweden. A telephone survey was carried out to assess awareness of ‘sunburn in childhood’, ‘use of sunbeds’ and ‘mole change’. The study found low awareness for ‘sunburn in childhood’ but high awareness for both ‘use of sunbeds’ and ‘mole change’. Lack of awareness of ‘sunburn in childhood’ and ‘use of sunbeds’ was highest in Norway. Additionally, lack of awareness was higher in men, >70, living alone and having a lower education. This study correlated the findings with previous public health campaigns and found a need for improved initiatives directed at particular socio-demographic groups and with a strong focus on ‘sunburn in childhood’.

Read the full article.

Smoking is associated with pessimistic and avoidant beliefs about cancer: results from the ICBP (Quaife et al, 2015)

Smoking is a key risk factor for cancer. Although stopping smoking is the ideal preventative measure towards cancer, early diagnosis of cancers in smokers is also crucial for increasing survival rates. Here, using a telephone survey, the authors investigated beliefs about cancer in smokers, former smokers and never smokers in the UK to understand if beliefs held by smokers may prevent early detection behaviour. The results from this study found that smokers were more likely to hold pessimistic cancer beliefs. Furthermore, smokers were more likely to be ‘worried about what the doctor might find’ than non-smokers. This pessimistic view about cancer held by smokers could deter early detection behaviour and thus needs to be addressed in order to increase early diagnosis in this group. Read the full article.

Barriers to healthcare seeking, beliefs about cancer and the role of socio-economic position. A Danish population-based study (Hvidberg et al, 2015)

The aim of this study was to assess behaviours relating to healthcare seeking and beliefs about cancer in different socio-economic groups in Denmark. Telephone surveys were carried out assessing respondents anticipated barriers to healthcare seeking. Results found that overall a high proportion of respondents held positive beliefs about cancer however having a low educational level and household income was strongly associated with having more negative beliefs. These findings potentially explain the negative socio-economic gradient in cancer outcome. Furthermore, just over a quarter of respondents worried about what the doctor may find, calling for new initiatives in general practice. The challenge is to reduce anticipated barriers to healthcare seeking and the negative beliefs about cancer without giving rise to exaggerated fear of cancer in the population and without overburdening general practise. Read the full article.

Awareness of risk factors for cancer: a comparative study of Sweden and Denmark (Lagerlund et al, 2015)

Having a high awareness of cancer risk factors is key to primary prevention. Sweden and Denmark are neighbouring countries, have similarities in culture, healthcare and economics however have notable differences in cancer statistics. The authors of this paper wanted to see whether awareness of risk factors was a reason for this. Using a telephone survey as a measure the authors found that a high percentage of respondents in both countries recognised smoking, use of sunbeds and ionizing radiation as risk factors for cancer. Lower awareness was found for HPV-infection, low fruit and vegetable intake and alcohol intake. Interestingly Swedish respondents reported higher awareness for the majority of
risk factors than Danish respondents. In order to highlight lesser known risk factors efforts should be made to increase awareness via broad campaigns/multimedia approaches. Read the full article.

Socioeconomic inequalities in attitudes towards cancer: international cancer benchmarking study (Quaife et al, 2015)
Inequalities based on socioeconomic status and cancer survival exist. Differences in attitudes towards cancer have been suggested as a reason why lower SES groups present with later-stage disease. To investigate this in the UK, a telephone survey was carried out to assess respondent’s beliefs about cancer. Socioeconomic status was indexed by education. Results showed that when presented with positive cancer belief statements overall agreement with the statements was high. Conversely, when presented with negative cancer belief statements respondents with lower SES were more likely to agree with these statements than those with higher SES. Based on these results health education campaigns targeting socioeconomically disadvantaged groups may benefit from focussing on reducing negative attitudes. Read the full article.

Awareness of cancer symptoms and anticipated patient interval for healthcare seeking. A comparative study of Denmark and Sweden (Hvidberg et al, 2016)
A previous benchmarking study carried out by the ICBP found that Denmark had poorer survival from cancer than Sweden. The authors in this study hypothesised that this may be related to lower cancer symptom awareness and longer patient intervals. Population based telephone surveys were carried using the Awareness and Beliefs about Cancer measure in over 6000 adults in Denmark and Sweden. Interestingly, despite having lower survival, Danish respondents reported higher awareness of cancer symptoms and a shorter anticipated patient interval compared to Swedish respondents – this was more evident in highly educated respondents. Based upon the data from this study it appears that high symptom awareness and short anticipated patient interval are not factors required for high cancer survival rates. Read the full article.