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Breast Cancer Risk factor awareness and utilization of screening program: A cross-sectional study among women in the Northern Emirates

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Abstract

Background: Breast cancer is the principal cause of cancer deaths among women worldwide. Among Emirati females, breast cancer ranked first accounting for 23.1% of the total cancers. Around 58% of the cases occurred were reported from northern emirates. United Arab Emirates is having higher percentage of expat female population than Emirati women. There is lack of data regarding the knowledge and attitude about breast cancer in this mixed population.

Aim: The aim of this study was to determine the knowledge and attitude of women towards breast cancer, risk factors and the screening program in women above the age of 19 years residing in northern emirates of the UAE.

Materials and Methods: This is a multi-center based study conducted in selected northern emirates of the UAE. This study employed cross-sectional design involving women above the age of 19 years. The study was conducted among 400 women who attended

three hospitals in Ajman, Sharjah and Fujairah. Pre-tested, content validated questionnaire was used for data collection. Descriptive and inferential analysis was performed.

Results: About 85.2% of participants had heard about breast cancer. Among all, 47.9% felt breast cancer is more frequent than other cancers. While inquiring about symptomatology, most of the respondents had incorrect knowledge (79.8% for painless breast lump, 78.6% change in breast size, 76.3% nipple discharge). Subjects were queried for breast cancer screening (BSE) and were observed to have poor knowledge. Regarding practice of those with correct knowledge on BSE 34.2% of the participants had correct practice.

Conclusion: The result shows that while substantial number still remains ignorant of breast cancer issues, a good number of those who have knowledge were yet to translate knowledge and attitudes into practice.

Keywords: Attitude, Awareness, Breast cancer, Knowledge, northern UAE

Introduction

Breast cancer is the most common cancer among women in almost all countries worldwide. The risk of getting cancer is higher in developed countries, but cancers in the developing countries are more fatal because of lack of awareness and late presentation at health units. Only 19% of the world population live in the developed countries where 46% of new cancer cases occur⁽¹⁻³⁾. Worldwide, more than one million new cases of female breast cancer are diagnosed annually. It is the most commonly-occurring neoplasm in women accounting for over one-fifth of the estimated annual 4.7 million cancer

diagnoses in females⁽²⁾. Breast cancer typically has been portrayed as a “disease of affluence” and its incidence is currently estimated to be 2.7 times higher in more industrialized than in less industrialized countries⁽²⁰⁾

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Cancer is the third leading cause of death in the UAE following cardiovascular diseases and road traffic accidents. During the year 2002, among Emirati females, breast cancer ranked first accounting for 23.1% of the total cancers. Of all the breast cancer cases 22% were detected in Abu Dhabi, 21.1% in Sharjah and 19.7% in Dubai. The crude incidence rate of breast cancer in UAE is 9.4⁽⁴⁾ and age standardized rate 19.4/100,000 person years⁽⁵⁻⁸⁾. Effective screening can facilitate early detection and dramatically reduce mortality rates. The interface between those screening patients and those most needing screening is complex and women in remote rural areas face additional barriers that limit the effectiveness of cancer prevention programs. Community outreach strategies, can improve the utilization of screening program⁽⁹⁻¹³⁾.

Utilization of services depends on the stage of change in behavior. It is seen that action and maintenance in health seeking behavior can be improved by interventions addressing these stages of behavior change⁽¹⁴⁾.

Spencer et al in their review pointed out those behavioral studies on mammography showed that the educators need to address the individual perceptions on risk and barriers and not just the benefits of screening while motivating the women for regular screening. Social acceptance of the program as well as the feeling of self-efficacy to practice the method is important in changing from contemplation to action⁽¹⁵⁾. So the objective of this study was to determine the awareness and attitude of women towards breast cancer, risk factors and the screening program in women above the age of 19 years residing in northern emirates of the UAE.

Materials and Methods

This multi-center based study was conducted in selected northern emirates of the UAE. This study was conducted by Department of Obstetrics and Gynaecology of Gulf Medical College hospital and Research Centre, Ajman, United Arab Emirates. This study employed cross-sectional design involving women above the age of 19 years.

The study was conducted in three hospitals in Ajman, Sharjah and Fujairah. For the calculation of the sample size, the proportion of females with knowledge on breast cancer was considered as 50%, significance level as 5% and marginal error as 5% (10% of the prevalence). Hence the minimum sample size required for this study was 400.

A baseline assessment of awareness on various parameters related to risk factors of breast cancer among women was assessed. Current level of knowledge and practice involved in the prevention, early diagnosis and

treatment of breast cancer was assessed. Utilization of healthcare facility by the participants for early diagnosis and treatment of breast cancer was determined. Participant's perspective on availability, accessibility, affordability and acceptability of screening programs of breast cancer was studied in detail.

The research tool comprises of structured close-ended and open-ended questions. List of responses for the close-ended questions was printed below each question to facilitate on the spot marking by the interviewer. For the open-ended questions space was provided to write down the replies in verbatim.

The research tool was provided with the information in the following areas:

- a. Demographic parameters
- b. Questions concerning history of breast cancer, family history of cancer
- c. The subjects' awareness of cancers, attitude of study subjects towards risk factors of breast cancers, screening programs, preventable nature of cancers, importance of early diagnosis and awareness regarding cancer screening, the risk factors for cancers, the subject's exposure to the risk factor

Ethics Committee approval was taken from Ethics and Research committee of Gulf Medical University. An informed consent form was prepared and written signed consent was obtained before administering the questionnaire and the identity of all the participants was kept confidential.

Approval was sought from the authorities prior to the conduct of the research. A face to face interview was conducted by the investigators after obtaining consent from the study subjects.

Data were entered into excel spread sheet. Analysis was performed using SPSS version 22. A descriptive analysis of the baseline data was carried out first. All variables were analyzed in aggregate and by socio-demographic information. Tests were considered significant when the p value < 0.05 . Univariate analysis was carried out for each factor and the odds ratio and corresponding 95% confidence intervals were presented. A multivariate analysis was done by incorporating significant variables.

Results

Four-hundred and one (401) women in the northern emirates participated in the study. Majority of respondents were of age group between 26-39 years (64.8%). Of the total, 59.10% respondents were literate and majority were Asian (73.1%). Married women were more (77.6%) as compared to unmarried (16.7%) (Table 1).

Socio-demographic characteristics	Groups	No.	%
Age group in years	19 - 25 years	62	15.5
	26-39 years	260	64.8
	>= 40 years	79	19.7
Ethnicity	Asian	280	73.1
	Arabs	70	18.3
	African	24	6.3
	Others	9	2.3
Education	Higher secondary and less	36	15.2
	Degree	179	75.5
	Higher education	22	9.3
Marital Status	Unmarried	62	16.7
	Married	288	77.6
	Separated/Divorced/Widow	21	5.7
Smoking Habit	Current smoker	8	2.4
	Ex-smoker	22	6.6
	Non smoker	302	91.0

Table 1. Distribution of participants with respect to their Socio demographic characteristics (N=401)

On considering the reproductive history, 83.6% had their menarche at age group 11–14 years. 73.1% opined that the best age for marriage is > 25 years and 84.2% subjects had children, 53% preferred to have 3–5 children. Maximum respondents (51.2%) had their first child in the age group of 19–25 years. 87.2% had breast fed their child (Table 2).

25% of participants had family history of malignancy out of which 68% had 2nd degree relatives. 44% had breast cancer. (Table 3)

Regarding breast cancer and screening programs, the questionnaire includes 13 questions from knowledge part and 2 from practice part. The participants who had correct knowledge and practice, a score of 1 was given and a score of 0 was assigned to the participants who had incorrect knowledge and practice. A variable “knowledge score on Breast cancer” will be available when scores of each knowledge questions for each sample are added and it range from a minimum score of 0 to maximum score of 13. In the obtained knowledge score, score of 0 is considered as “no knowledge”, a score from 1–7 as “below average score” and score >7 as “above average score”. In the knowledge part, some sub–topics are not applicable for participants to answer if they don’t have knowledge about its main topic. Such “not applicable cases” are also taken with a zero score. In the scoring system, the missing information was also considered with a 0 score since they would have chosen any of the option if they had knowledge about it. With respect to Breast

Reproductive history and child health	Groups	No.	%
Age at Menarche	<11 yrs	8	2.6
	11-14 yrs	255	83.6
	>14 yrs	42	13.8
Opinion regarding best age of marriage for girls	<18 yrs	3	.8
	18-25 yrs	316	81.4
	>25yrs	69	17.8
Opinion regarding best age of marriage for boys	<21 years	6	1.6
	21-25 years	96	25.3
	>25 years	277	73.1
Preferred No. of Children	<=2	163	43.8
	3-5	197	53.0
	>5	12	3.2
Do have children	Yes	251	84.2
	No	47	15.8
No. of Children	<=2	182	74.3
	>2	63	25.7
Age at first Pregnancy	<=18 yrs	8	4.0
	19-25 yrs	103	51.2
	26-30 yrs	76	37.8
	>30 yrs	14	7.0
No. of Pregnancies	<=2	138	71.5
	3-5	51	26.4
	>5	4	2.1
Interval between Pregnancies	<=1 yr	10	10.1
	1-2 yrs	30	30.3
	2-3 yrs	26	26.3
	>3 yrs	33	33.3
Did you breast feed	Yes	190	87.2
	No	28	12.8
How long breastfed	<= 1 yr	93	58.9
	1-2 yrs	54	34.2
	2-3 yrs	11	7.0

Table 2. Distribution of participants according to their reproductive history and child health (N=401):

cancer majority of the participants had below average knowledge (Table 4)

Respondents were probed for their level of knowledge about breast cancer and awareness about screening programs. The variables included were awareness about common symptoms of breast cancer; knowledge of breast self–examination, etc.

Family history and Relation	Groups	No.	%
Family history	Yes	91	24.7
	No	277	75.3
Relation	1st degree relation	26	32.1
	2nd degree Relation	55	67.9
Site of cancer	Breast Cancer	36	43.9
	Cancers - Gynecological	5	6.1
	others	41	50.0

Table 3. Distribution of participants according to their family history (N=401)

342 (85.2%) of the respondents had heard about breast cancer. 47.9% felt breast cancer is more frequent than other cancers. While inquiring about symptomatology, most of the respondents had incorrect knowledge (79.8%) for painless breast lump, 78.6% change in breast size, 76.3% nipple discharge). Subjects were queried for breast cancer screening (BSE) and were observed to have poor knowledge. (Table 5).

Regarding practice of those with correct knowledge on BSE 34.2% of the participants had correct practice. But 65.8% had knowledge, but not practicing correctly. 4.6% were practicing BSE every month without the proper knowledge.

Among 120 participants who had correct knowledge of doing BSE every month, 85% were aware of the performing BSE in relation to menstruation and practicing it correctly as 1 week after menstruation. 36.3% were correctly practicing without proper knowledge of it. (Table 6)

Knowledge on Breast cancer		No knowledge (score =0)		Below average (Score 1-7)		Above average (Score >7)	
Socio-demographic characteristics	Groups	No.	%	No.	%	No.	%
Age	19 - 25 years	10	16.1	45	72.6	7	11.3
	26-39 years	35	13.5	188	72.3	37	14.2
	>= 40 years	14	17.7	59	74.7	6	7.6
Ethnicity	Asian	46	16.4	196	70.0	38	13.6
	Arabs	6	8.6	58	82.9	6	8.6
	African	2	8.3	20	83.3	2	8.3
	Others	3	33.3	5	55.6	1	11.1
Education	Higher secondary and less	7	19.4	28	77.8	1	2.8
	Degree	22	12.3	135	75.4	22	12.3
	Higher education	2	9.1	16	72.7	4	18.2
Marital Status	Unmarried	9	14.5	48	77.4	5	8.1
	Married	42	14.6	207	71.9	39	13.5
	Separated/Divorced/Widow	3	14.3	16	76.2	2	9.5
No. of Pregnancy	≤2	21	15.2	98	71.0	19	13.8
	3-5	8	15.7	39	76.5	4	7.8
	>5	--	--	4	100.0	--	--
Family History	Yes	14	15.4	67	73.6	10	11.0
	No	40	14.4	199	71.8	38	13.7

Table 4. Distribution of participants with respect to their Socio demographic characteristics (N=401)

Knowledge	'Knowledge on Breast Cancer'	Correct Knowledge	
		No.	%
Knowledge on Warning signs of Breast cancer	Painless breast lump or thickening (yes)	81	20.2
	Change in the size/shape of the breast (yes)	86	21.4
	Discharge/blood from the nipple (yes)	95	23.7
	Dimpling of the breast skin (yes)	129	32.2
	Inversion/dry skin of nipple region (yes)	141	35.2
	Small nodules all over the breast (No)	146	36.4
	Small size breast (No)	219	54.6
	Large size breast (No)	170	42.4
Knowledge on Breast cancer screening	Appropriate age to start BSE (≥ 20 years)	51	12.7
	How often BSE should be performed (Monthly)	120	29.9
	Appropriate time to do BSE (1 week after menstruation)	61	15.2
Knowledge on Breast cancer	Methods to identify breast cancer (Mammography/Ultrasound)	32	8.0
	Frequency of breast cancer compared to other cancers (Most frequent cancer)	192	47.9

Table 5. Participant's knowledge on Breast cancer and screening programs (N=401)

Comparison between knowledge and practice on BSE		Correct Practice				Total
		Yes		No		
		No.	%	No.	%	
Correct knowledge regarding Practicing BSE (N=401) (Every month)	Yes	41	34.2	79	65.8	120
	No	13	4.6	268	95.4	281
Correct knowledge regarding performance of BSE in relation to menstruation (N=120) (1 week after menstruation)	Yes	34	85.0	6	15.0	40
	No	29	36.3	51	63.8	80

Table 6. Comparison between knowledge & practice on BSE (N=401):

Discussion

Awareness on prevention

According to the results, most of the respondents (85.2%) heard about breast cancer although less than half correctly stating that it is the commonest cancer among women. These were higher compared to the observations in an Italian study (78%) by Montazeri et al⁽¹⁶⁾. This may be due to increasing effort on awareness campaign in the past few years especially in the urban areas, or possibly due to the fact that a fair number had tertiary education which has been reported to be positively associated with better knowledge and attitude.

Study suggested that the level of knowledge was overall poor among majority of participants. Participants knowledge (awareness) about breast cancer screening (Prevention) was very low (8%). 70–75% of participants had “below to no knowledge” score. Knowledge scores were better (above average) among participants with higher education, married woman and with participants of Asian ethnicity. Similar were the observations made by Adebamowa CA et al in his study among Nigerian women⁽¹⁷⁾. The results of the study showed that there remains a lack of awareness about breast cancer screening and consequent underutilization of screening services.

Practice and attitude

On analysis of knowledge translating into practice it is observed that only 34.2% of participants with correct knowledge practiced Breast Self-Examination (BSE) as a screening tool. Out of these 85% of them practiced it correctly one week after the menstruation. 65.8% of participants in spite having the correct knowledge about BSE did not practice it. Similar low practice levels (12.7%) were seen in a survey of Arab women⁽¹⁸⁾. The results are consistent with another Saudi Arabian study⁽¹⁹⁾. While there is a strong relationship between knowledge and practice, it seems that Knowledge would not always translate to practice in all cases. The need for a more focused cancer education is obvious.

Conclusion

The majority of respondent have had a poor knowledge about breast cancer and the screening modality for prevention of the same. The findings highlighted lack of knowledge and information on factors that may have contributed to women. Long term education should be started to provide the needed information. One third of participants had good practice score while others had low practice score. The women in UAE should be well

informed about the breast cancer and encouraged to do screening (BSE).

Recommendations

Increasing the women’s awareness is an important first step towards cancer screening and prevention in UAE. This can be promoted by informing the women on their susceptibility to breast cancer and encouraging a belief that active and regular screening can detect the cancer at early (pre-cancerous) stage, thereby enabling the early treatment and attaining a lower incidence and mortality. The national health care system should facilitate the development of effective strategies (well defined national cancer screening program) which are needed to ensure that women get screened at the appropriate ages and regular intervals and creating an effective environment for utilization of screening services by overcoming the barriers identified.

Limitations

Being a multi centric study there could have been a variation in the method of interviewing the participants which may have influenced the results. Secondly, women may have responded in a positive manner to the questions to present themselves in a socially desirable way. Similarly, responses are all self-reported and may not reflect true events.

References

1. <http://www.cancer.org/downloads/AA/CancerAtlas11.pdf> accessed on 5th September 2009.
2. Ferlay J, Bray F, Pisani P, Parkin DM: GLOBOCAN 2000: Cancer Incidence, Mortality and Prevalence Worldwide. IARC Cancer Base No. 5. (1.0) Lyon, France: IARC 2001.
3. <http://www.cancer.org/downloads/AA/CancerAtlas12.pdf> accessed on 5th September 2009
4. United Arab Emirates Year Book 2009
5. The Five-year Cancer Incidence 1998–2002 Report. Gulf Centre for cancer registration.
6. Ajman Statistical Yearbook 2008
7. Census report, UAE 2005
8. Annual Report 2006, Preventive Medicine Sector, Ministry of Health, United Arab Emirates
9. Kearnev AJ, Murray M. Breast cancer screening recommendations: is mammography the only answer? *J Midwifery Women’s Health* 2009; 5(4): 393–400.
10. Christe DM, Mohanambal M, Ramamurthy V et al. A study of cervical cancer screening for prevention of carcinoma cervix. *J Indian Med Assoc.* 2008; 106(912): 779–80.

11. Markman. Development of an effective breast and cervix cancer screening strategy in Mumbai: an impressive effort. *Oncology* 2007; 73(3-4): 143-4.
12. Tarwirevi F, Chirenje ZM and Rusakaniko S. Cancer of the cervix: Knowledge, beliefs and screening behaviors of health workers in Mudz district in Mashonaland East province, Zimbabwe, *Cent Afr J Med*. 2003; 49 (7): 83-6.
13. Sedlacek TV. Cost effectiveness of new technology in cervix cancer screening. *Epidemiology* 2002; 13; 93 suppl: 26-29.
14. Prochaska JO, Velicer WF. The Trans theoretical model of health behavior change. *Am J Health Promotion*. 1997 Sep-Oct; 12(1):38-48.
15. Spencer L; Pagell F; Adams Applying the Trans theoretical Model to Cancer Screening Behavior. *Am J Health Behav*. 2005; 29(l):36-56
16. Adebamowo CA, Ajayi OO. Breast cancer in Nigeria. *West Afr J Med*. 2000; 19:179-91.
17. Montazeri A, Vahdaninia M, Harirchi L, Harirchi AM, Sajadian A, Khaleghi F. Breast cancer in Iran: Need for greater women awareness of warning signs and effective screening methods. *Asia Pac FAM Med*. 2008 7:6.
18. AbdulbariBener, RafieAlwash, Campbell J, SrdjanDenic, Earl V Dunn. Knowledge attitude and practices related to breast cancer screening: A survey of Arabic women. *J of Cancer Education* 2009; 16:4:215-220.
19. TarekTawfik Amin, Abdul RahmanSaleh Al Mulhim, Abdullalh Al Meqihwi. Breast Cancer Knowledge, Risk Factors and Screening among Adult Saudi Women in a Primary Health Care Setting. *Asian Pacific Journal of Cancer Prevention*, 2009; 10:133-138.
20. Nancy Krieger. Is Breast Cancer a Disease of Affluence, Poverty, or Both? The Case of African American Women. *Am J Public Health* v.92(4); Apr 2002