

Health care provider's role in facing the future burden of breast cancer in Saudi

Samia M. Al-Amoudi, MBBCH, Arab Board-Obgyn, Wafa A. Sait, MBBCH, Arab Board-Obgyn, Hassan S. Abduljabbar, MD, FRCSC.

ABSTRACT

الأهداف: التحقق من مدى معرفة العاملين في المجال الصحي وممارساتهم ومواقفهم تجاه الكشف المبكر عن سرطان الثدي.

الطريقة: أُجريت هذه الدراسة المقطعية في منطقتي جدة و أبها، المملكة العربية السعودية وذلك خلال الفترة من مايو إلى نوفمبر 2009م. لقد قمنا بتوزيع أوراق الاستبيان المفصلة على 500 طبيب من مختلف المستشفيات، وتلخصت العناصر الواردة في الاستبيان بالسؤال عن ممارسة الفحص السريري والتصوير الإشعاعي للثدي، بالإضافة إلى دور الطبيب في مجال التوعية الصحية عن سرطان الثدي.

النتائج: أشارت نتائج هذه الدراسة وذلك بعد تحليل 337 استبيان إلى أن غالبية العاملين في مجال الرعاية الصحية لم يقوموا بفحص الثدي ولا يطلب صورة إشعاعية له، كما أن دورهم في التوعية كان محدوداً.

خاتمة: أظهرت الدراسة بأن تراجع مواقف العاملين في المجال الصحي تجاه الكشف المبكر عن سرطان الثدي يعد أحد العقبات الرئيسية أمام تحسن الوعي في المملكة العربية السعودية. ونحن بحاجة إلى زيادة الوعي بين العاملين في المجال الصحي حول دورهم في مكافحة سرطان الثدي وذلك من خلال برامج التعليم والتدريب.

Objectives: To investigate the knowledge, attitude, and practice of health care professionals on the early detection of breast cancer.

Methods: A cross-sectional study was conducted in Jeddah and Abha regions of Saudi Arabia from May to November 2009. A detailed questionnaire was distributed to 500 doctors from different hospitals. The questionnaire contained items on the practice of clinical breast examination and mammogram examination, and the doctor's perception of their roles in education.

Results: The results of 337 questionnaires analyzed indicated that most health care professionals

do not practice clinical breast examination and mammography, and the perception of their roles in education is not as expected.

Conclusion: Health care providers are one of the main barriers in improving early detection of breast cancer in Saudi Arabia. There is a need to increase awareness among health care providers of their role in the fight against breast cancer through focused education and training programs.

Saudi Med J 2010; Vol. 31 (12): 1359-1362

From the Department of Obstetrics & Gynecology, Medical College, King Abdul-Aziz University, Jeddah, Kingdom of Saudi Arabia.

Received 5th June 2010. Accepted 18th October 2010.

Address correspondence and reprint request to: Prof. Hassan S. Abduljabbar, Department of Obstetrics & Gynecology, Medical College, King Abdul-Aziz University, PO Box 80215, Jeddah 21452, Kingdom of Saudi Arabia. Tel. +966 (2) 6533333 Ext. 1336. Fax. +966 (2) 6526381. E-mail: profaj17@yahoo.com

The Saudi Cancer Registry (SCR) of Saudi Arabia is a population-based registry established in 1992 that commenced reporting cancer cases in January 1994. According to the SCR, breast cancer is the most common cancer, ranked first among females, and accounting for 24.3% of all newly diagnosed female cancers (3,834) in year 2005.¹ Despite the low incidence in the Kingdom, it is estimated that by 2025, the incidence is expected to increase by around 350% and the mortality by around 160%.² Therefore, we should be ready and try to increase detection rates in the early stages, by increasing awareness among the community and also among the health care providers. Both play a major role, and efforts should start now to be ready to face these coming challenges. In this study, the research team tried to discover and highlight the reasons that hinder doctors from education, counseling, and advising their own patients on screening for breast disease.

Methods. This cross-sectional (descriptive study) was conducted in 2 regions of Saudi Arabia, namely, Jeddah and Abha between May and November 2009. Two hospitals (Governmental and University) were chosen from each region, and the study was approved by the ethical committee the Scientific Chair of Sheikh Mohammad Husain Al-Amoudi for Breast Cancer. Out of 500 questionnaires distributed, 337 physicians responded. There was 151 male, and 186 female physicians in the studied sample. Most of the physicians were in the Governmental hospital (57.3%), and the University hospital represented (25.2%). The physicians were either consultants, specialists, residents, GP's or interns, most were within the Obstetrics & Gynecology specialty (67.7%) and married (65.3%) (Table 1). A number of doctors in each of the 4 hospitals had no time to participate in the study. The 500 physician randomly selected were requested out a questionnaire, which was designed to include the following information; practice of health care providers regarding clinical breast examination, attitude and practice towards mammography examination, and perception of breast education. The questionnaires were collected and the data were entered and analyzed using the Statistical Package for Social Sciences version 15 (SPSS Inc, Chicago, IL, USA). Percentage of different variables, demographic characteristics and the practice of physicians about cancer breast was calculated, and analyzed.

Results. The demographics of the study group are summarized in Table 1. The results of the questionnaire show that most doctors (78.4%) carry out a clinical breast examination only if there is a complaint, and 10.3% upon patient request. Only 11.3% of the studied physicians, who are from different sectors, performed a breast examination for every patient (Table 2). The reasons given for not examining the breast included patient refusal if there is no complaint, no time in the clinic, doctors feel ashamed or are afraid of the patient response. Only 1.2% stated that it was not important to examine the breasts (Table 2). What was interesting is that 82.3% (Table 2) confirmed different practices during their training outside Saudi Arabia, where they carried out this examination for most of their patients. The practice rate of mammography is also alarming, as only 34% of the studied physicians requested routine

mammogram screening for all patients 40 years and above, while 27.5% request mammography only if there is a complaint. Around 12.7% will do this upon the patients' request, while 8.4% never ask for a mammogram exam. In our survey, 17.6% ask their patients to undergo a mammogram when there is a family history of breast cancer (Table 3). The reasons for not requesting mammography were cost of the examination not available in their health institute, patient refusal, and belief that there is no reason for requesting a mammogram (Table 3). In this study, 90.3% of physicians reported talking to their patients, and educating them on the importance of early detection

Table 1 - Demographic characteristics of the study group (n=337).

Demographic characteristics	n	(%)
<i>Gender</i>		
Male	151	(44.8)
Female	186	(55.2)
<i>Hospital</i>		
Governmental	193	(57.3)
Private	59	(17.5)
University	85	(25.2)
<i>Job</i>		
Consultant	67	(19.9)
Specialist	69	(20.5)
Resident	115	(34.1)
General Practitioner	19	(5.6)
Intern	67	(19.9)
<i>Specialty</i>		
Obstetrics and Gynecology	228	(67.7)
Internal Medicine	84	(24.9)
Family Medicine	25	(7.4)
<i>Social status</i>		
Married	220	(65.3)
Single	117	(34.7)

Table 2 - Practice of physicians regarding breast examination.

Practice	n	(%)
<i>Do you perform breast examination?</i>		
For every patient	38	(11.3)
If there is a complaint	265	(78.4)
If the patient asks	35	(10.3)
<i>I do not routinely examine patients because*</i>		
I am embarrassed to perform breast examination	75	(31.6)
I'm afraid of the response of the patient	68	(28.6)
There is no time during the clinic	90	(37.9)
The patient refused because of no complaint from the breast"	115	(48.5)
It is not important	3	(1.2)
<i>Have you performed breast examination during your t training outside the Kingdom?</i>		
Always	164	(69.1)
Sometime	31	(13.1)
Only if there is a complaint	42	(17.8)

*The question is not mutually exclusive

Disclosure. This study was sponsored by the Scientific Chair of Sheikh Mohammad Husain Al-Amoudi for Breast Cancer.

Table 3 - Practice of the studied physician towards mammography.

Practice	n	(%)
<i>Do you ask for mammogram examination</i>		
For every patient above 40 years old	118	(23.1)
For every patient above 50 years old	56	(10.9)
Only if there is a complaint	141	(27.5)
Depends on the request of the patient	65	(12.7)
If there is a family history	89	(17.4)
Never ask	43	(8.4)
<i>You do not request mammograms for your patient because:*</i>		
I don't see a reason for it	53	(22.3)
Expensive	186	(78.4)
Not available	74	(31.2)
Patient refusal	24	(10.1)
<i>Do you educate your parents on the importance of early examination?</i>		
Yes	133	(56.1)
No	23	(9.7)
Sometimes	81	(34.2)
The question is not mutually exclusive *		

Table 4 - Do you advise female family members to undergo mammography.

Advice	n	(%)
<i>Have you ever advised a family member to undergo a mammogram?</i>		
Yes	214	(63.5)
No	98	(29.1)
Sometimes	25	(7.4)
<i>Have you ever advised a family member to undertake self breast examination?</i>		
Yes	212	(89.4)

(Table 3). Around 89.4% of doctors advise their families to perform self-breast examination, and 63.5% advised to undergo a mammogram (Table 4).

Discussion. Successful treatment of breast cancer depends heavily on early detection. Therefore, early detection should be a core area of focus to face the coming challenge in breast cancer burden in Saudi Arabia. In Saudi Arabia there are a variety of structural, organizational, psychological, and socio-cultural barriers that may preclude women from using breast-screening services, and failure to recognize these obstacles can jeopardize the success of any early detection efforts. The real problem comes when women fail to recognize the importance of early detection in improving chances of survival. But, what is more alarming and more serious, is when health care providers fail to do so. In our survey, the doctor's perception and attitude towards breast health and examination were assessed. We found that breast examination is not included in the physical examination, and only 11.3% will do it routinely for their patients. Also alarming and serious is the practice and request for mammogram for those above 40 years

of age, as it is performed in only 34% of cases. When there is a family history, unfortunately, health care providers do not appreciate the importance of this, and only 17.4% of doctors will request a mammogram. Sometimes health care providers, like gynecologists may not recognize such a risk, or perhaps inaccurately and often inconsistently address or consider risk factors for breast cancer.^{3,4} In one study, the findings from a nationally representative database conservatively suggest an estimated 9.4 million women aged 40-75 years recently seen by a health care provider have not had a mammogram within 2 years. Twelve percent of these women had increased breast cancer risks, and more than 70%, regardless of risk, reported no screening recommendation.⁵ The role of health care providers cannot be overemphasized. They can play a major role both in fashioning women's perception of screening breast cancer, particularly towards the importance of mammography check up. Knowledge is power, and education is the cornerstone in increasing awareness, unfortunately, we as doctors are not doing our job as we should, and 56.7% mentioned that they do educate their patients on the importance of early detection, while the rest reported they do sometimes, or not at all. Although community awareness and education are important, this depends upon the information and knowledge supplied by the health care professionals, who should have accurate and up to date knowledge of the diseases.⁶ In another study from Saudi Arabia, the level of awareness was low among health care professionals.⁷ In this study,⁸ Alsaf investigated the practice of breast self-examination (BSE) among Saudi female nursing students, and found 66% of the subjects are practicing BSE. A complete physical examination should include breast examination, and this is a basic role in any medical education curricula and training. The assumption always lies on women being the one not accepting of early detection whether by BSE, clinical breast examination, or mammography. On the contrary, in our study the attitude and practice of health care providers were alarmingly a main problem and disappointing.

The National Comprehensive Cancer Network (NCCNI) group continues to recommend Clinical Breast Examination and breast self-awareness as appropriate steps for breast cancer screening and diagnosis.⁹ More importantly, preliminary results from a new cluster randomized trial from Mumbai, India¹⁰ suggest that clinical breast examination, in fact facilitates the down-staging of breast cancer in countries where women commonly present with advanced stage disease at diagnosis.

Health care providers play a major role in early detection. Efforts should be directed to include this in the medical curricula for undergraduate medical

students, together with strictly implementing a complete physical examination, not forgetting to examine the breasts,⁹ and providing more value and motivation by incorporating clinical breast examination workshops for training into continuing medical education for physician and nurses.

In conclusion, health care providers are one of the main barriers to improving early detection in Saudi Arabia. There is an urgent need to increase awareness among health care providers of their role in the fight against breast cancer through focused education and training programs. We recommend implementing this study on the national level by a multistage random sample.

Acknowledgment. *We would like to thank all the doctors who agreed to participate in this study.*

References

1. The National Cancer Registry. Cancer Incidence Report, Saudi Arabia. Riyadh (KSA): Ministry of Health; 2005
2. Ibrahim EM, Zeeneldin AA, Sadiq BB, Ezzat AA. The present and the future of breast cancer burden in the Kingdom of Saudi Arabia. *Med Oncol* 2008; 25: 387-393.
3. Rose PW, Watson E, Yudkin P, Emery J, Murphy M, Fuller A, et al. Referral of patients with a family history of breast/ovarian cancer-GPs' knowledge and expectations. *Fam Pract* 2001; 18: 487-490.
4. Watson EK, Shickle D, Qureshi N, Emery J, Austoker J. The 'new genetics' and primary care: GPs' views on their role and their educational needs. *Fam Pract* 1999; 16: 420-425.
5. Sabatino SA, Burns RB, Davis RB, Phillips RS, McCarthy EP. Breast cancer risk and provider recommendation for mammography among recently uncreened women in the United States. *J Gen Intern Med* 2006; 21: 285-291.
6. Parvez T, Anwar SM. Knowledge, Perception, Attitude and Preventive Practices by Medical Professionals in Services Hospital For Breast Cancer. *Journal of College of Physicians and Surgeons Pakistan* 2001; 11: 363-663.
7. Maha SA, Abdul H. Breast cancer awareness among health professionals. *Ann Saudi Arab Med* 2000; 20: 135-136.
8. Alsaif AA. Breast self-examination among Saudi female nursing students in Saudi Arabia. *Saudi Med J* 2004; 25: 1574-1578.
9. Bevers TB, Anderson BO, Bonaccio E, Buys S, Daly MB, Dempsey PJ, et al. NCCN clinical practice guidelines in oncology: breast cancer screening and diagnosis. *J Natl Compr Canc Netw* 2009; 7: 1060-1096.
10. Mittra I, Mishra GA, Singh S, Aranke S, Notani P, Badwe R, et al. A cluster randomized, controlled trial of breast and cervix cancer screening in Mumbai, India: methodology and interim results after three rounds of screening. *Int J Cancer* 2010; 126: 976-984.
11. Al-Amoudi S. Do not forget to examine the breasts. A Plea to my gynecologists colleagues. *Saudi Journal of Obstetrics and Gynecology* 2007; 7: 39-40.

Related topics

Sait WA, Al-Amoudi SM, Tawtai DA, Abduljabbar HS. The knowledge of breast cancer among young Saudi females. *Saudi Med J* 2010; 31:1242-1244.

Zhang J, Guo B, Zhang Y, Cao J, Chen T. Silencing of the annexin II gene down-regulates the levels of S100A10, c-Myc, and plasmin and inhibits breast cancer cell proliferation and invasion. *Saudi Med J* 2010; 31: 374-381.

Al-Boukai AA. Bilateral intraductal papillomas arising in ectopic axillary breast tissue synchronously with right breast intraductal carcinoma. *Saudi Med J* 2010; 31: 321-324.

Atik E, Akansu B, Bakaris S, Aban N. Expression of cyclooxygenase-2 and its relation to histological grade, inducible nitric oxide synthase, matrix metalloproteinase-2, CD-34, Caspase-3, and CD8 in invasive ductal carcinoma of the breast. *Saudi Med J* 2010; 31: 130-134.