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## Research Article

### COMMON CANCER CASES IN WOMEN: THE EFFECT OF TRAINING AND SCANNING

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#### ABSTRACT

This study was conducted to determine the effect of education that was given to the girls who were students at university about common cancers as breast, cervix and colorectal in women on their knowledge levels. Data was collected by using questionnaire form was prepared by screening literature. Education was given to the students as three groups by 2 lecturers for one hour and pre and post test questionnaires were practiced. In the study, of the students; the age average was 19.9±2.0, 96.9 % was single, 69.0% lived at student hostel. After the education, the knowledge of nearly all of the students related to risk factors and symptoms of breast, cervix and colon cancer were increased. After the study, it is determined that the knowledge of the students about breast, cervix and colorectal cancers was increased, largely. It is suggested that these types of educations related to protection from cancer and early diagnosis for the university students should be repeated regularly and the lecturers should be remarked this subject.

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#### INTRODUCTION

Cancer is a disease that characterize with uncontrolled cell reproduction result of their changing as genetic. Cancer is placed in the second line after cardiovascular diseases among the known reasons of death (Cancer World Health Organization, 2014). The cancer that is seen as common and causes deaths mostly is breast cancer in the women in the world and our country. In the world, cervix cancer is the second and colorectal cancer is the third lines in terms of frequency among the women. However, colorectal cancer is seen fourth while the cervix cancer is at the seventh line in our country (GLOBOCAN, 2012).

Diagnosing the cancer at an early stage is necessary in order to decrease of deaths because of cancer in a community. Early diagnosis is an important factor that affects the prognosis. With using early diagnosis and screening tests in breast, cervix and colorectal cancers in women, commonly and effectively, these cancers could be diagnosed at early stage and deaths would be able to decrease (Garcia, Newton and Baldwin, 2005; Thompson, Lopez and Stopeck, 2005).

For decreasing mortality in breast and cervix cancer in women, early diagnosis and treatment are very important (Topuz, Aydinler and Dincer, 2003; Taskin, 2014). Early diagnosis for breast cancer affects the prognosis positively, decreases the mortality and could supply protective surgery for appropriate cases (Taskin, 2014). Breast Self- Exam (BSE), Clinical Breast Exam (CBE) and mammography (MM) are advised to the women for early diagnosis (Aslan et al., 2004; American Cancer Society, 2014). Cervix cancer is a cancer type that shows the benefit of early diagnosis, best, treatment chance is 100% and deaths related to this disease are decreased rate of 50.0%. Cervix cancer could be diagnosed easily by pap test (papanicolaou smear) which could determine pathological changes even though there is no symptom (Taskin, 2014). In early diagnosis, pap smear test is suggested as a screening test that could be practiced easily, is low cost, does not disturb and has high sensitivity and also, decreases treatment burden, morbidity and mortality (Zemheri and Koyuncuer, 2005).

Colorectal cancers (CRC) are important because of they extend slowly and when it is symptomatic, generally the disease is at a further stage (Tözün et al., 2007; Dolar, 2005). Colorectal

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cancers highly could be treated when they are determined at an early stage. But, only 40.0% of the patients with could be diagnosed at early stage (localized illness stage). Prognoz in CRC is associated with the stage during the diagnosis. Early diagnosis increased the mortality and morbidity in colorectal cancer and beside this, it decreased the treatment costs. The way of diagnosing the colorectal cancer in an early stage could be supplied by informing society in asymptomatic stage and doing screening programs. Hidden blood test in stool, sigmoidoscopy, colonoscopy and scanning methods are advised in screening programs. Early diagnosis could be supplied with qualified and effective screening programs. Some studies show that screening and follow-up decreased CRC mortality (Tözün *et al.*, 2007; Dolar, 2005).

Creating conscious and behavioral changes by increasing awareness about early diagnosis and screening for cancer, causes, risk factors and symptoms of the society are very important. Challenging with some factors that are among the causes of cancer as smoking and alcohol substance, inadequate physical activity, being overweight, feeding with vegetable and fruit, poorly are very effective in preventing from cancer (Cancer World Health Organization, 2014; World Cancer Report, 2008; National Cancer Institute, 2014).

In prevention from cancer and early diagnosis, especially pointing out the cancer types particular to the gender and creating behavioral changes are very important. With the education about the causes, symptoms of cancers that are seen at women as breast, cervix and colorectal cancers and screening, protecting and early diagnosis, the awareness of the society could be increased and preventive behavior changes could be created. The people who have clinical symptoms or have not any symptom could apply to the clinics at the early stages of disease.

### **Experimental Section**

#### **Aim of the Study**

The aim of this study is determining the effective life style behaviors and habits of the girl students at university about common cancers in women, giving education by finding their knowledge levels about the causes of breast, cervix and colorectal cancers, symptoms, early diagnosis and screening methods and so increasing their awareness about this subject.

#### **Study Design**

The study was conducted to determine the habits and knowledge levels of the girl students at a vocational school of a university about breast, cervix and colorectal cancers, their attitudes related to early diagnosis and screening and effect of a planned education on their knowledge levels.

Education was given by two lecturers worked in concerned departments (internal diseases, gynecology) at faculty of health sciences. Education was composed of 30-40 minutes and given as two session.

Education materials were prepared as visual announcements and also, two models were used for breast exam and which the cancer symptoms could be determined on it. Every student did breast exam by touching on the models. After the education, the students' questions were answered, specially. Education was done with 40 students approximately as three groups. For

every group its duration was 75-90 minutes at total. Before and after education data collection forms were practiced as pre and post test.

#### **Samples**

There were 207 girl students at the vocational school and the study was conducted with 129 students who attending to the school and volunteer for the study.

#### **Data Collection Form**

In the study, data collection form was composed by screening concerned literature (Bayrak *et al.*, 2010; Ahmed, 2010; Açıköz and Cehreli, 2011; Özaydın, 2009). The questions were about demographic characteristics (15 questions), nutritional habits (7 questions), knowledge about breast exam and early diagnosis (9 questions), risk statute for breast cancer and symptoms for breast (18 questions), risk for cervix cancer, symptoms and screening (11 questions), risk for colorectal cancer, symptoms and screening (14 questions). The prepared questions about the risk private to cancer, symptoms and screenings were given as table and the knowledge levels were evaluated as 'Right', 'Wrong', 'I Don't Know'.

#### **Ethical Consideration**

Approval of Academic committee of Erciyes University Faculty of Health Sciences and written consent was taken from the management of the school (876.99-162) were received for the study. All participation of the students was based on their voluntary so every student signed the verbal and written forms.

#### **Data Analysis**

The data obtained from the study were assessed using IBM SPSS Statistics 22.0 package program (IBM Corp., Armonk, New York, USA).

## **RESULT AND DISCUSSION**

It is found that of the students; age average was  $19.9 \pm 2.0$ , 96.9% was single and 69.0 % lived at student hostel. Not all of the students drank alcohol and 7.0 % of them used cigarette. Also, of the students who used cigarette; 77.8% used it as half of packet and less, duration of smoking was  $3.7 \pm 2.1$  years and 96.1 % told the cigarette as the first cause of cancer. When the attitudes of them were investigated, it is determined that, of the students; 45.7% played sports (37.3% of them did it 3 days in a week and 30 minutes in a day), 18.6% did not leave a meal, 19.4 % eat vegetable mostly, 72.1% consumed grain every day, and 27.2 % drank 2-3 liter water in a day.

In the study, it is seen that 27.1% of the students did breast self-exam (BSE) and 40.0% of them learned BSE from health professionals. Before the education of the students; 95.3% told breast cancer could be diagnosed at early stage, 41.5% said doctor examination should be done as early diagnosis method, 42.6% told breast cancer could be seen between 31 and 50 years, 36.4% told breast exam should be done beginning from menarche, 50.4% told breast exam could be done any day in a month and 60.5% said BSE should be done one time in a month. Besides this, after the education, all of the students told that breast cancer could be diagnosed at an early stage, and also, most of them told that BSE should be done as a early diagnosis method (95.3%), breast cancer could be seen at 50 years and over (65.1%), breast self exam should be done

**Table 1** Knowledge of the students related to breast cancer

Knowledge about breast cancer	Pre-education		Post-education	
	n	%	n	%
Early diagnosis				
Yes	123	95.3	129	100.0
No	6	4.7	0	0.0
Early diagnosis method				
Doctor examination	51	41.5	2	1.6
Breast ultrasonography	6	4.9	1	0.8
Mammography	21	17.1	3	2.3
BSE	45	36.6	123	95.3
Age of breast cancer				
20-30 years	52	40.3	36	27.9
31-50 years	55	42.6	9	7.0
51 years and over	22	17.1	84	65.1
Age of beginning breast self exam				
Beginning from 15 years	42	32.6	4	3.1
Beginning from 20 years	35	27.1	113	87.6
Beginning from 30 years	5	3.9	0	0.0
Beginning from menarche	47	36.4	12	9.3
Time of doing BSE				
Any day of menstruation	15	11.6	0	0.0
After 5-7 days from menstruation	30	23.3	117	90.7
Before 5-7 days from menstruation	19	14.7	10	7.8
Any day in a month	65	50.4	2	1.6
Frequency of doing BSE				
1 time in a week	20	15.5	3	2.3
1 time in a month	78	60.5	124	96.1
1 time in a year	12	9.3	1	0.8
Not important	19	14.7	1	0.8

beginning from 20 years old (87.6%), BSE could be done at 5-7<sup>th</sup> days of menstruation (90.7%) and BSE should be done one time in a month (96.1%) (Table 1)

It is determined that the knowledge levels of the students about risk factors and screenings were increased and all of the students (100.0%) learned the symptoms of the cervix cancer.

**Table 2** Knowledge of the students about risk factors and symptoms of breast cancer

Risk factors and symptoms	Pre-education						Post-education					
	Right		Wrong		Idon't know		Right		Wrong		Idon't know	
	n	%	n	%	n	%	n	%	n	%	n	%
Being of e person with breast cancer in family	102	79.1	13	10.1	14	10.9	127	98.4	2	1.6	0	0.0
Very early menarche	16	12.4	36	27.9	77	59.7	122	94.6	5	3.9	2	1.6
Not having menstruation olderly age	18	14.0	30	23.3	81	62.8	121	93.8	4	3.1	4	3.1
Not breastfeeding anytime	61	47.3	19	14.7	49	38.0	123	95.3	6	4.7	0	0.0
Not having birth	41	31.8	27	20.9	61	47.3	113	87.6	11	8.5	5	3.9
Having first birth after thirties	31	24.0	13	10.1	85	65.9	121	93.8	5	3.9	3	2.3
Palpable lump in breast	118	91.5	3	2.3	8	6.2	129	100.0	0	0.0	0	0.0
Bloody flow from nipple	99	76.7	5	3.9	25	19.4	129	100.0	0	0.0	0	0.0
Retraction of the skin on the breast	69	53.5	12	9.3	48	37.2	124	96.1	4	3.1	1	0.8
Malformation in breast	85	65.9	12	9.3	32	24.8	129	100.0	0	0.0	0	0.0
Wrinkle, wound of the skin on the breast	77	59.7	15	11.6	37	28.7	126	97.7	3	2.3	0	0.0
Pain in breast	55	42.6	18	14.0	56	43.4	124	96.1	3	2.3	2	1.6

In the study it is found that the students did not know the risk factors as not having menstruation in olderly age (62.8%), not having any birth (47.3%) and having first birth after her thirties (65.9%). Also they knew some symptoms of breast cancer as palpable lumps in breast (91.5%), bloody flow from nipple (76.7%) and malformation in breast (65.9%), mostly. However, it is found that after the education, the students learned the almost all of risk factors and symptoms of breast cancer (87.6-100.0%) (Table 2).

When the knowledge of the students about risks, symptoms of the cervix cancer and screening test was investigated, it is seen that, they mostly knew the sexual partner more than one was risk factor (69.0%), but they knew less the risk factors were beginning sex at early ages (46.5%) and excessive fertility (46.5%). Also, of the students; 74.4% told they didn't know a vaccination that prevents the cervix cancer and 73.7% did not informed about pap smear test for early diagnosis.

Before the education, while the most of the students (79.1%) knew that having an intestinal disease before was a risk factor, the best known symptom and screening test was hidden blood in stool (88.4%). After the education, it is seen that the knowledge of near all of the students about risks and the symptoms of the coln cancer was increased (93.0-100.0%) (Table 3).

In some cancer types, protection as nearly one third rates could be supplied with early diagnosis and changes in life styles (Cancer World Health Organization, 2014; World Cancer Report, 2008). It is very important to determine knowledge, attitude and behaviors and supply awareness especially in protection from cancer. This study was conducted with university students in order to supply awareness at early stage. In previously studies breast cancer subject has been intensified and similar studies about cervix and colorectal cancers has not been concured.

**Table 3** Knowledge of the students about the risk and symptoms of cancer that seen in women commonly

Risk and Symptoms	Pre-education						Post-education					
	Right		Wrong		Idon' know		Right		Wrong		Idon't know	
	n	%	n	%	n	%	n	%	n	%	n	%
Risk and symptoms of cervix cancer												
Sexual partner more than one	89	69.0	2	1.6	38	29.5	127	98.4	1	0.8	1	0.8
Excessive fertility	60	46.5	22	17.1	47	36.4	105	81.4	17	13.2	7	5.4
Smoked/ smoking	72	55.8	16	12.4	41	31.8	126	97.7	2	1.6	1	0.8
Beginning sex at early ages	60	46.5	8	6.2	61	47.3	124	96.1	2	1.6	3	2.3
Vaginal bleedings except menstruation	113	87.6	0	0.0	16	12.4	129	100.0	0	0.0	0	0.0
Bleeding and pain after intercourse	70	54.3	3	2.3	56	43.4	129	100.0	0	0.0	0	0.0
Smelling flow from vagina	66	51.2	15	11.6	48	37.2	129	100.0	0	0.0	0	0.0
Pap smear test is used in early diagnosis	34	24.6	0	0.0	95	73.7	126	97.7	2	1.6	1	0.8
There is vaccination for cervical cancer	21	16.3	12	9.3	96	74.4	119	92.2	3	2.3	7	5.4
Risk and symptoms of colorectal cancers												
Familial intestinal disease	95	73.6	4	3.1	29	22.5	126	97.7	2	1.6	1	0.8
Having an intestinal disease before	102	79.1	2	1.6	25	19.4	126	97.7	3	2.3	0	0.0
Smoking and using alcohol for a long time	73	56.6	9	7.0	47	36.4	127	98.4	1	0.8	1	0.8
Poor nutrition from fruit and vegetable	75	58.1	9	7.0	45	34.9	129	100.0	0	0.0	0	0.0
Changes at intestinal habits	90	69.8	3	2.3	36	27.9	124	96.1	0	0.0	5	3.9
Diarrhea, constipation, feeling of not excreting	99	76.7	2	1.6	28	21.7	128	99.2	1	0.8	0	0.0
Hidden blood in stool	114	88.4	0	0.0	15	11.6	128	99.2	1	0.8	0	0.0
Gas, cramps, distension in abdomen	81	62.8	11	8.5	37	28.7	126	97.7	2	1.6	1	0.8
Weight loss because of unknown cause	91	70.5	5	3.9	33	25.6	129	100.0	0	0.0	0	0.0
Nausea, vomiting consistently	84	65.1	7	5.4	38	29.5	120	93.0	9	7.0	0	0.0

This study was conducted as comprehensive by taking breast, cervix and colorectal cancers that become prominent and common.

When the important habits of the students about protecting from cancer are examined, it is found that the smoking was 7.0%. This finding is satisfactory because of smoking is seen as responsible from 30.0% of the cancer (Vogel, 2000). This rate changes between 16.7% and 48.0% in the other studies that was conducted with different university students attending to different departments in our country (Azak, 2006; Kılıc and Ek, 2006; Tanrikulu et al., 2009; Vatan, Ocakoglu and İrgil, 2009; Özbasaran, Cetinkaya and Güngör, 2004; Akvardar et al., 2004). Also, in our study it is seen that all of the students did not drink alcohol. Its causes could be explained as structure of Turkish society, gender and sociocultural factors. It is satisfactory that the alcohol was not consumed. Because on the side of other harms, it is stated that consuming 1-2 cups in a day increased the risk of breast cancer 2.4 times and beginning drinking especially under 30 years is an important factor for breast cancer (Vogel, 2000; Tümer, 2004).

Colorectal cancer risk could be decreased in rates as 40-50% with physical activity that cause some mechanisms as increasing of food passing in intestine and increment in level of antioxidant. Also, it decreases risk of breast cancer in rates of 30.0-40.0% because of its effects to improving immune system and insulin level (Kruk, 2009). In the study, it is found that 45.7% of the students played sport and 37.3% of them played it 3 days in a week as 30 minutes, regularly. It is thought that the causes of this could be that the students didn't notice the sport or their school program was intensive. Similarly, Bayrak et al. determined that 24.6% of the students play sport regularly (Bayrak et al., 2010).

Inadequate and unbalanced nutrition effect both health and academic success, significantly. In our study, it is seen that of the students; 18.6 % didn't miss their meals, 19.4 % was fed with vegetable mostly, 72.1% consumed grain every day. In another study that was conducted with the students stayed in hostel, it is determined that the students generally missed their

meals, as similar to our study (Gülec et al, 2008). Consuming vegetable and fruit is important especially in protecting from heart diseases and cancer. However, in some studies it is seen that girl students prefer to fed with vegetable-fruit, mostly (Bayrak et al, 2010; Gülec et al., 2008). But, although our study was conducted with girls, it is found that they consume vegetable-fruit less. As parallel to nutrition habit that consuming grain of Turkish society, as similar to our study, Bayrak et al. found it was high (84.8%) (Bayrak et al., 2010).

Although the students at university are at low risk about cancer, World Health Organization suggests that being informed at early age about importance of breast health, especially for breast cancer that is seen in women, commonly. Especially in breast cancer, BSE increases the success of cancer treatment with the early diagnosis (Gürsoy et al., 2009). In the study it is seen that 27.1 % of the students did BSE and 40.0 % of them learned this from health professionals. Al-Sharbatti et al. found that 22.7 % of the university students knew BSE but only 3.0 % of them did it regularly (Al-Sharbatti, Shaikh and Mathew, 2013). Again, Ahmed determined that 76.9 % of the university students knew BSE but 17.4 % of them did it regularly and 55.9 % of the students didn't do the exam because of they didn't know its technique (Açikgöz and Cehreli, 2011). Also it is found that 81.6 % of them learned BSE via mass media. In our study, before the education, the students told that doctor examination should be done for early diagnosis, 36.4% of them said that BSE should be done beginning from menarche and 50.4 % of them told BSE could be done any one day in a month. After the education, almost near all of the students defined that BSE should be done for early diagnosis, beginning from 20 years and at 5-7<sup>th</sup> days of menstruation. These findings show us the students' knowledge level was insufficient before the education but after the education it was increased. This indicates the necessity of giving consultation in health area for informing the students and increasing their awareness, planning regular and continuous educations and doing strategical planning in order to increase the motivation of youngs (Malak et al., 2010).

Cervix cancer is the most common cancer in women, in the world. Vaccination and pap smear are the best methods for preventing the disease. Informing especially girl students at university period that sexual life could begin about risk factors for cervix cancer is thought as a reducing factor for the cancer risk at their further lives. In our study, it is found that of the students; 74.4 % didn't know there was a vaccine that prevent cervix cancer, 73.7 % didn't hear pap smear test for early diagnosis and also it is seen that they didn't know being in sexual life at early age as a risk for cervix cancer. However, it is determined that they saw sexual partner more than one was the risk, mostly (69.0%). Being informed about cervix cancer is 69.3 % at the study of Wang and Wu 44.4 % at Genc *et al.*, 100.0 % at Ghojazadeh *et al.* and 80.4% at the study of Rashwan *et al.* but in all these studies the students knowledge was not enough (Wang and Wu, 2013; Genc, Sarican and Turgay, 2013; Ghojazadeh, Azar and Saleh, 2012; Rashwan, Ishak and Sawalludin, 2013). Beside this, as different from our study, Hoque found that a few of the students (26.0 %) knew the more sexual partner was risk and 31.0 % of them knew the pap smear test (Hoque, 2010). In our study it is seen that almost near all of the students learned risks and symptoms of cervix cancer, after the students. Similarly, in the study of Yanikkerem *et al.* the knowledge levels of the students about cervix cancer was increased after the education (Yanikkerem *et al.*, 2010). Generalizing the screening tests as pap smear is thought as an effective factor especially in the adolescent girls for their getting this behavior and also doing continuous should be supplied, too.

In colorectal cancers, only 40.0 % of people are diagnosed at early stage and the result of the treatment is associated with the stage at diagnosis time. Informing the society and practicing screening programs are needed in order to diagnose the cancer in a person without symptom. Increasing the awareness about this subject for a successful screening program and determining the risks are very important. In our study, the most of the students had got more information about colon cancer than breast and cervix cancer and their inadequate knowledge was completed after the education. As similar to our study, in the study of Dolan *et al.* it is determined that the boy students heard about colon cancer and 58.4 % of them knew the hidden blood in stool as the risk factor related to the colon cancer (Dolan *et al.*, 2004).

## CONCLUSIONS

As a result of this study, it is seen that the habits related to healthy life of the university students was not enough, they had got some information about breast cancer but their wrong knowledge was the more. Also, their knowledge about cervix cancer was inadequate but, they knew about colon cancer much. Again in the study, deficit knowledge of the students was completed with education and wrong ones were corrected. It is suggested that the further studies should be planned as more comprehensive and the education should be organized in long terms and as repeated type.

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