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Social Behavioral Changes

Cancer prevention & early detection

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WE STAND WITH
GAZA
Prevention, Leadership
& Challenges
وقاية قيادة و تحديات

Public behavioral changes are attempted via two scientifically approved approaching which maybe adjusted according to the target audiences:

a. One to one

b. One to group massage delivery

Customized to each community with core messages aiming at impactful results once applied on a national scale

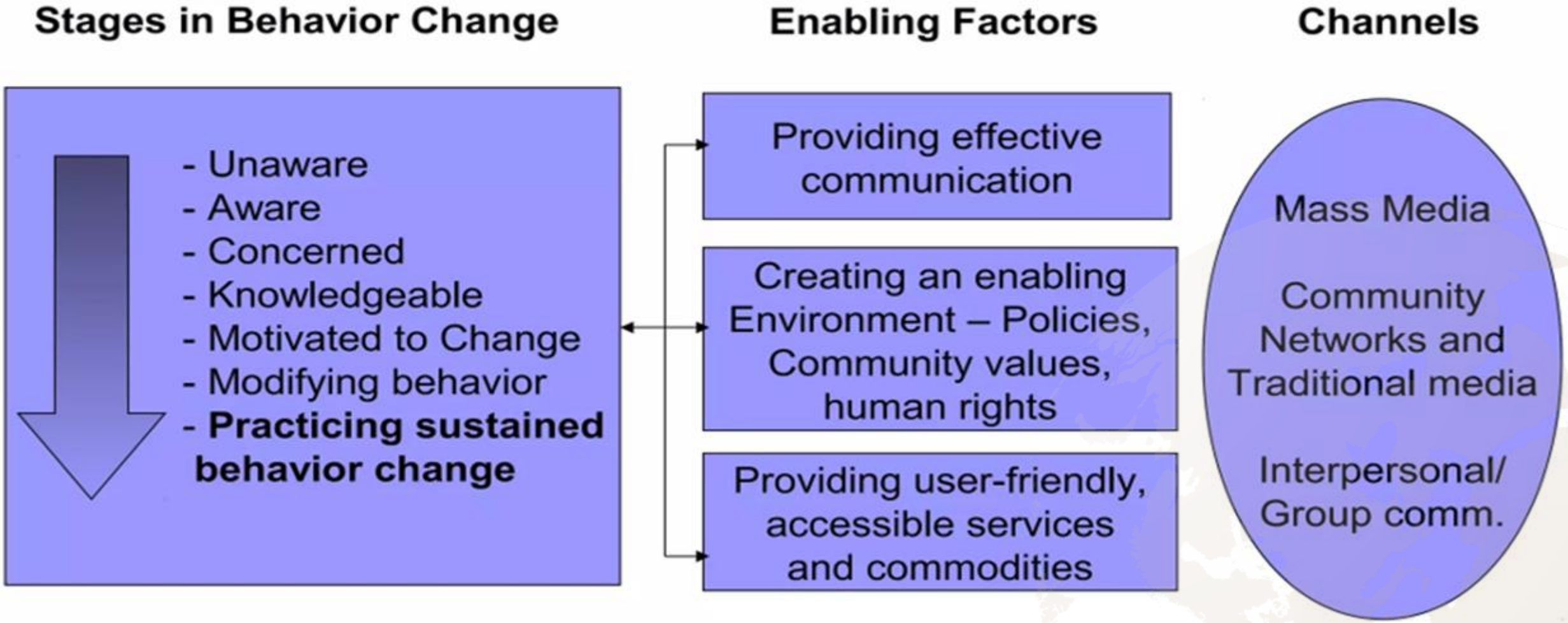
Behavior Change Communication

- Behavior Change Communication (BCC) is an interactive process for developing messages and approaches using a mix of communication channels in order to encourage and sustain positive and appropriate behavior.

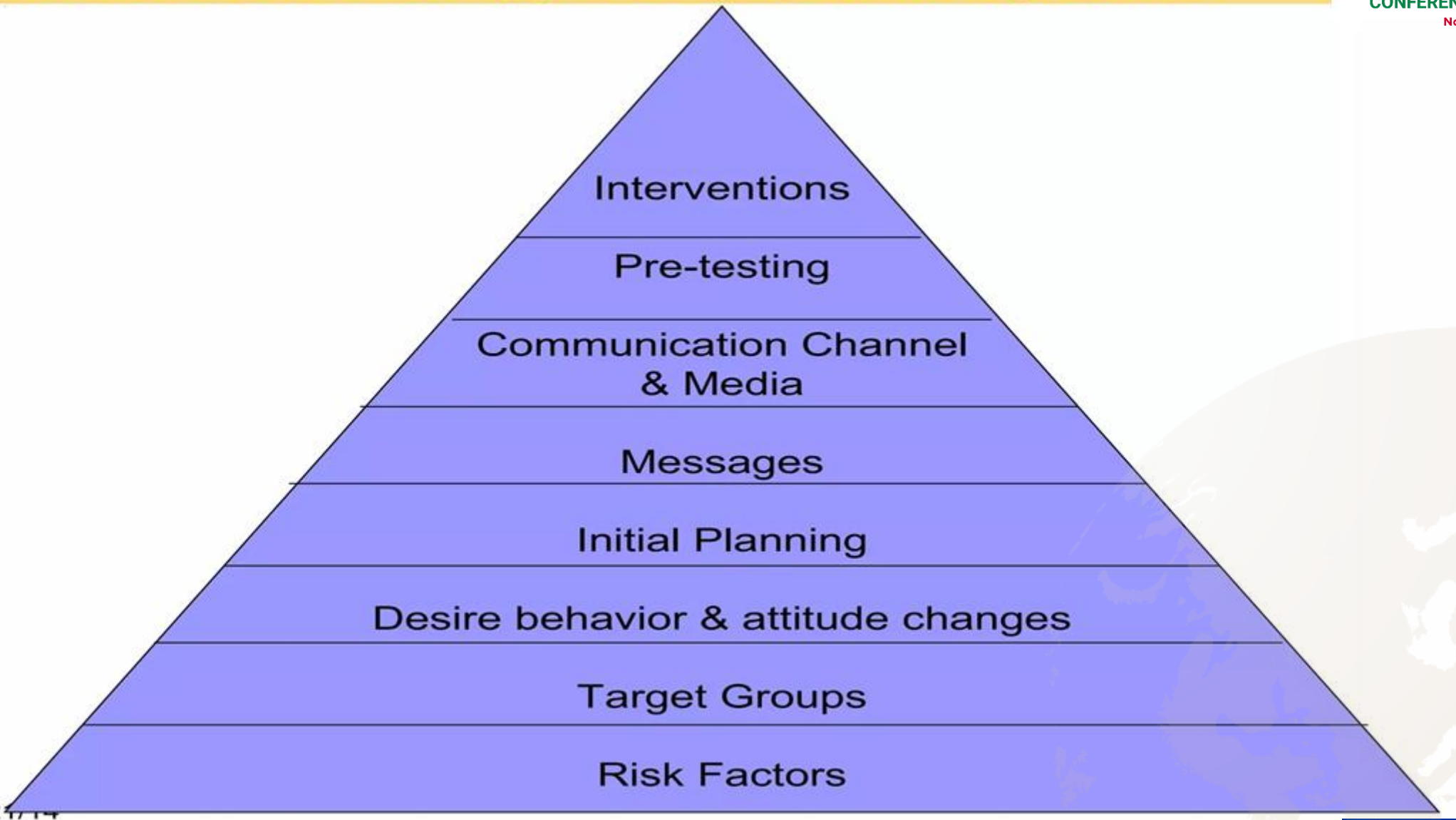
- Participation of the stakeholders are vital at every steps of planning and implementation of the behavior change programmes to ensure sustainable change in attitude and behavior.

Behavior Change Communication

A Framework for BCC Design



Behavior Change Communication
Communication Strategy Development Pyramid



Behavior Change Communication
Characteristics of Effective Messages

- Effective
- Command attention
- Clearly stated
- Communicate a benefit
- Consistently repeated
- Reach the heart and head
- Create
- Call for action

- The 6th report on world health situation states that health has to be attained &cannot be imposed ; thus the 1st requirement for attainment of health is a *commitment by both people and the govt*.
- *Adequate education* in general is essential for the development of this commitment.

- BCC must be research based
  client centered
  benefit oriented
  service linked
  professionally developed , and
  linked to behavior change

Objectives of BCC activities

- Major objectives for health are to enable people:
  - To define their own problems and needs
  - To understand what they can do about these problems with their own resources combined with outside support
  - To decide on most appropriate action to promote healthy living and community well being

Principles of BCC
The Educational Spiral

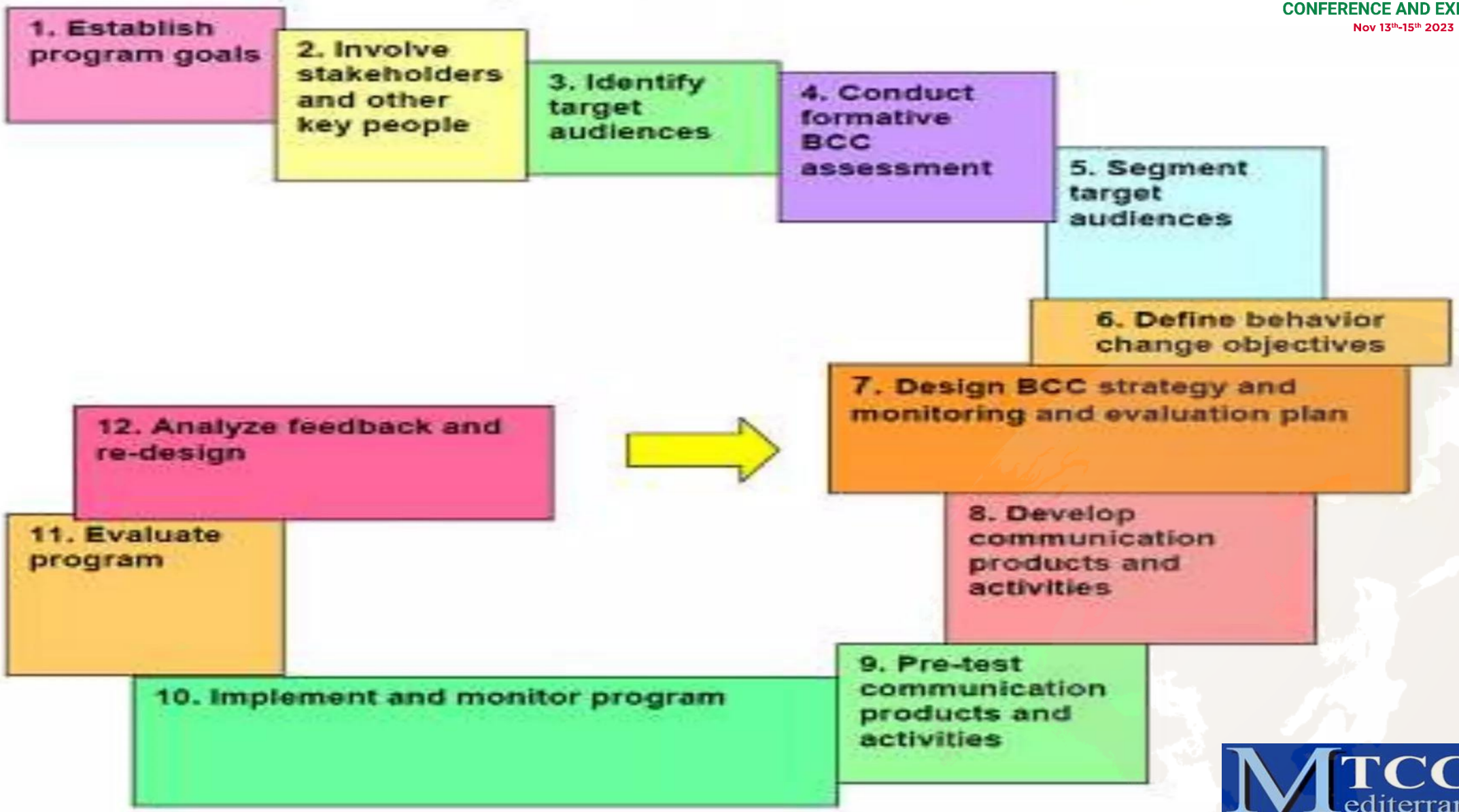
Defining tasks and educational objectives

Planning an evaluation system

Implementing evaluation

Preparing and implementing an educational programme

How to Develop an Effective BCC Strategy



Challenges:

- *Limited training resources*
- *Political and physical environments.* In some countries, geography and populational diversity can complicate the development of BCC programs. This is especially the case where vast distances must be covered, or multiple languages and cultural traditions included, in a single country program.

- *Sustainability.* To be effective, BCC strategies and components must evolve constantly to meet the changing needs of target populations. This requires the continuous input of human and financial resources.
- *Budgets*.
- *Linkages and coordination.* For BCC to be effective, their messages and information should be coordinated. Building and maintaining linkages and coordination is an ongoing challenge.

Inter sectoral coordination for achieving health goals has been accepted as one of the guiding principles of the health strategy that was adopted at the international conference on primary health care.

NEED FOR COORDINATION IN HEALTH CARE DELIVER SYSTEM:-

- To improve vertical nature of programs.
- To maintain focus on primary health care.
- To provide directionality.
- To promote team work.

PRE-REQUISITES FOR EFFECTIVE INTER SECTORAL COORDINATION

- leadership style and willingness.
- Health policies and priorities.
- Sharing of a common vision and perspective.
- Defining role and responsibilities of participatory agencies.
- Participatory decision making.

- Developing informal contacts with involved groups.
- Learning more about quality of services.
- Spelling out strategies and procedures.
- Conducting joint monitoring and evaluation.
- Taking immediate remedial measures in solving problems related to coordination/resource mobilization.

STEPS IN PLANNING INTER-SECTORAL COORDINATION

LISTING THE PROGRAMMES

↓

IDENTIFYING - THE AREAS/ ACTIVITIES

↓

DIFFERENT ORGANIZATIONS AND AGENCIES

↓

GOOD LOCAL NGOS TO FACILITATE COMMUNITY'S INVOLVEMENT

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DEVELOPING AN ACTION PLAN FOR:

- Independent tasks
- Joint tasks
- Sharing of resources
- Field work teams

CREATE INFORMAL FORUM FOR MEETINGS, ACKNOWLEDGEMENT AND APPRECIATION OF ALL PARTNERS EFFORTS IN ACHIEVING THE TARGETS.

INVOLVING COMMUNITY FOR COMMUNITY PARTICIPATION

- Community participation has been identified as an important means of overcoming sectoral barriers.
- It is the community and its involvement that best motivates collaboration between sectors through the community, health goals can be linked to and reinforces other goals of well being.
- It is a long arduous task but results are good and lasting.

ADVANTAGES OF COMMUNITY PARTICIPATION

- MORE achievement at lower cost.
- CATALYST for further development.
- DEVELOPS a sense of ownership and subsequently responsibility in utilization and maintenance of health care services.
- INCULCATES self-reliance by enhancing the use of local indigenous expertise.

STRATEGIES FOR ENHANCING COMMUNITY PARTICIPATION

- Recruitment of local frontline health workers.
- Working with local groups.
- Working with NGOs.
- Development and use of simple indigenous technologies.
- Demand driven approach rather than supply driven approach.

Prevention

Primary

Elimination of risk factor

- Cessation of smoking
- Colonoscopy
- Vaccination
- Lifestyle modifications

Secondary

Early diagnosis and treatment

- Colonoscopy
- Mamography
- Pap smear

Tertiary

Reducing complications (rehabilitation)

Cancer Screening

- Cancer screening: Early detection of asymptomatic or unrecognized disease by the application of inexpensive tests or examinations in a large number of people.
- Main objective: To reduce morbidity and mortality from a particular cancer among people screened.
- Screening procedure itself
  - Not diagnostic
  - Detects people with cancer risk
  - Positive or suspicious findings must be evaluated further t determine diagnosis and appropriate treatment.

Screening vs. Diagnosis

Screening	Diagnosis
Applied to asymptomatic groups	Applied to symptomatic individuals
Lower cost per test	Higher cost, all necessary tests applied to identify disease
Lower yield per test	Increased probability of case detection
Lower adverse consequences of error	failure to identify true positive can delay treatment, worsen prognosis

Ideal screening program

Patient features

- High impact: Morbidity, mortality, economy
- High incidance and high prevelance
- Predictable course and biology
- High prevelance of preclinic phase
- Effective treatment exists

Requirements of screening test

- Diagnosing disease at preclinical phase
- Acceptable sensitivity and specificy
- Acceptable to people
- Simple anf cheap
- Safe

Quality of primary or secondary prevention (Cheap, effective, safe)

Benefits of Screening

- Improved prognosis for those with early-detected cancers
- Less radical treatment
- Reassurance for those with negative test results
- Reduction of treatment costs

Cancers suitable for screening

- Although there are more than 100 different cancers, most of them lack proven screening interventions

- Cancers that have widely accepted screening interventions
  - Breast
  - Cervical cancer
  - Colorectal
  - Prostate ?

  - Hepatocellular cancer in patients with risk factor
  - Lung cancer in people with defined risk factors

Classification

1. Oncofetal proteins
   - CEA
   - AFP
2. Enzymes
   - PAP
   - LDH
   - NSE
   - PLAP
3. Hormones
   - Calcitonin
   - B-HCG
   - Thyroglobulin
4. Antigens
   - CA15-3
   - Ca 19-9
   - CA125
   - B_2-microglobulin
5. Others
   - 5-HIAA
   - VMA
   - Ferritin

Application of Tumor Markers in Clinical Practice

1. Screening
2. Diagnosis
3. Prognosis and tumor load
4. Evaluation of treatment response and follow-up

Also: Radioactive labelled markers to detect metastatic regions

Tumor markers used in Screening

- **AFP:** screening for HCC in chronic hepatitis related to hepatitis B or C
- **PSA**
- **Calcitonin** in familial medullary thyroid disease
- **CA 125:** Screening of females with a family history of hereditary ovarian cancer syndrome

Guidelines for ordering/ interpreting tumor marker tests

- Never rely on the result of a single test
- Order every test from the same laboratory
- Consider half-life of the tumor marker when interpreting the result
- Consider how the tumor marker is removed or metabolized

Conclusion

- Tumor markers should not be used as a tool for screening except:
  - AFP for HCC in high risk patients
  - PSA for prostate cancer
  - Calcitonin in familial medullary thyroid disease
- Tumor markers are mainly a tool for response evaluation and follow-up.
- Tumor markers are not specific in most of the cases. They are also increased in several benign conditions.

Oral Cavity

- Hot drinks
- smoking
- Leucoplakia

Stomach

- H. Pylori
- Spicy and Hot foods and drinks

Oesophagus

- Smoking
- scars of corrosives
- Barrett's

Duodenum

screening the duodenum in FAP patients

Small Bowel

- celiac
- post cytotoxic and immune suppressant drugs

Liver

- any liver cirrhosis
- HBV sAg presence
- same applies to fatty liver and Alcoholic liver disease

Breast

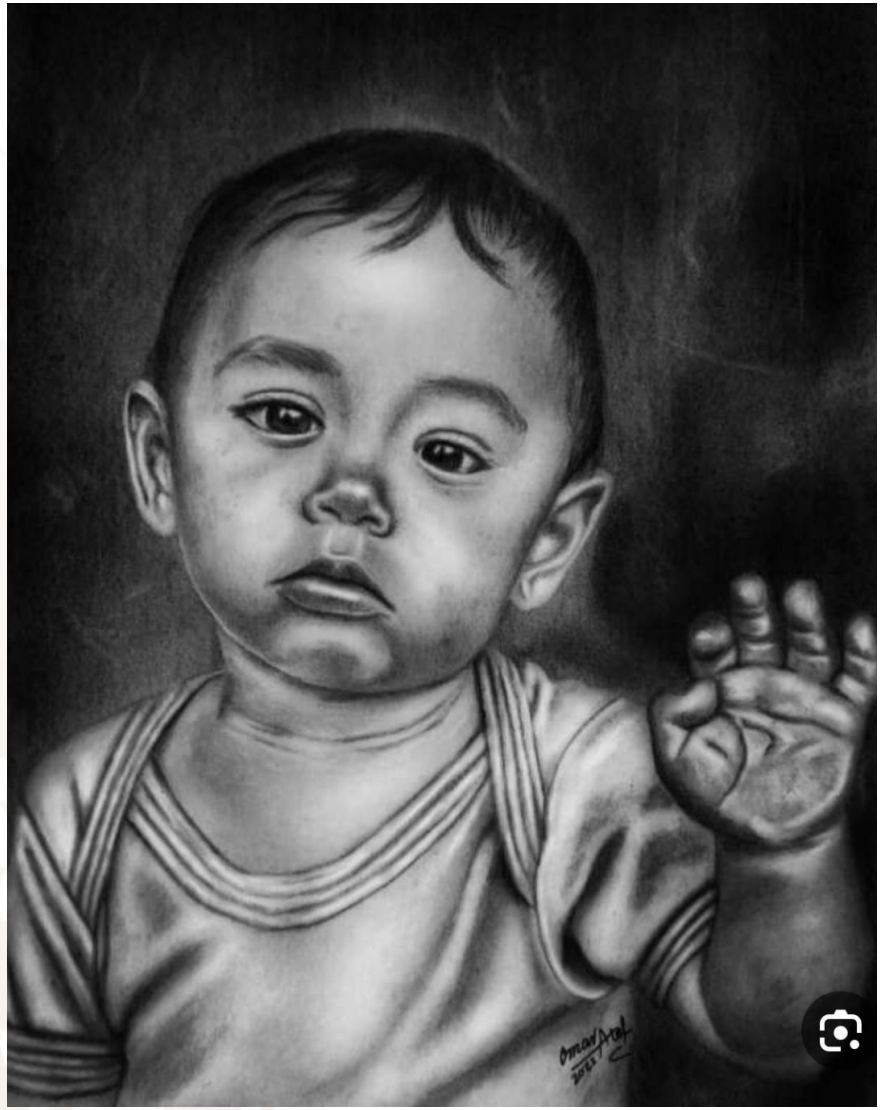
- 60 years or over
- Family history
- menarche before age of 12
- Menopause at age 55 or over
- First childbirth after age 35
- No children
- Less breastfeeding
- Post menopausal Hormones
- Tall height (5'8" or taller)
- Dense breasts
- History of benign breast disease (like atypical hyperplasia)

Colon

- Family history of Ca colon
- Iron deficiency anaemia
- Hereditary familial polyposis
- long standing IBD

GRANT US Our Chemo

Gaza children




PREVENTIVE AGENTS
SCREENING
RISK-BASED
EDUCATION
LIFESTYLE
SYMPTOM MANAGEMENT
CANCER PREVENTION
OBESITY
PRECISION PREVENTION
SYMPTOM SCIENCE
GENETICS
EARLY DETECTION
BIOMARKERS
IMMUNOPREVENTION
RISK FACTORS

Thank You!