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Knowledge of cancer symptoms and anxiety affect patient delay in seeking diagnosis in patients with heterogeneous cancer locations



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ABSTRACT

Purpose: This research was aimed at identifying factors that predict patient delay in treatment initiation in patients with suspected cancer disease. We sought to determine the differences between delaying and nondelaying patients with reference to their knowledge of cancer symptoms, sociodemographic variables, and the levels of state anxiety and trait anxiety.

Methods: The study involved 301 randomly selected patients with suspected cancer disease before their first oncology appointment at a regional oncology center in Poland. Data were collected by means of a semistructured interview conducted by a trained psychologist. To evaluate the knowledge of cancer symptoms, the symptoms mentioned by subjects were compared to the list of symptoms from cancer awareness measure. Anxiety levels were assessed using the State-Trait Anxiety Inventory.

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Results: In the course of logistic regression analysis a model was developed, in which knowledge of cancer symptoms and state anxiety allowed to predict patient delay. Knowledge of every additional cancer symptom decreased the chance of patient delay by 16.4% point [95% CI: 1.4–29.2]. An increase in state anxiety for every point of the scale decreased the chance of delay by 2.5% points [95% CI: 0.2–4.6]. Trait anxiety and the studied sociodemographic variables proved to be nonsignificant predictors of patient delay.

Conclusions: Knowledge of cancer symptoms and the level of state anxiety allowed to predict patient delay in the initiation of treatment. Owing to the heterogeneity of the tumor locations within the sample, the obtained model can be used in large scale prevention programs designed for the whole population.

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Introduction

Diagnosing cancer at an early stage, and thereby reducing mortality, is the goal of tertiary oncological prevention.¹ At an onset of unusual symptoms, patient delay in treatment initiation poses a major problem to cancer treatment. The time span in such cases is usually measured in months or even years between noticing the unusual symptoms and seeking doctor's advice. The process of delaying is psychologically complex and its explanation involves mental properties and social characteristics of an individual, as well as his or her awareness of ongoing psychophysiological processes.² Patient-related delaying dramatically increases the number of patients initiating treatment at an advanced stage of a disease.³ Postponing diagnostic tests means avoiding a psychologically difficult situation, when a person does not want to learn about the state of their health. This kind of avoidance can be generalized to all health-related behaviors.⁴

The aim of our research was to identify the psychological and sociodemographic variables responsible for patient delay, regardless of a tumor location. The empirical part the research is a continuation of a broader project on different aspects of patient delay determinants.²⁰

Materials and methods

Participants

The study involved 301 patients with suspected cancer, who arrived for a preliminary examination at their first oncological consultation. Every third person claiming the appointment was asked to participate in the research. When a request met with a refusal, the subsequent third person was chosen. The survey was conducted before the oncological appointment so as to eliminate any confounders (eg, new information about health and a prospect of stressful diagnostic tests). The suspicion of cancer was verified post hoc in the following numbers (*N*) of patients: breast cancer, *N* = 140; bowel cancer, *N* = 29; bronchial carcinoma, *N* = 28; reproductive organs cancers, *N* = 16; lymphomas, *N* = 15; cancers of head and neck, *N* = 15; gastric carcinoma, *N* = 14; prostatic carcinoma, *N* = 8; sarcoma, *N* = 6; laryngeal cancer, *N* = 6; and urinary system cancer, *N* = 4. Other forms of cancer were suspected in single individuals. After tests (radiology, histopathology, blood tests, and others), organ-specified location and clinical severity of the disease were determined. In 10 patients the diagnostic process was either not complete or unclear. In 35 patients cancer disease was not confirmed, and in 48 patients the tumor was benign. The research was conducted in the Regional Oncology Centre of Gdansk, Poland.

The results of 18 persons have not been included in the analysis owing to missing data in State-Trait Anxiety Inventory (STAI). Eventually, the sample included *N* = 283 individuals with

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