

Men and lung cancer: a review of the barriers and facilitators to male engagement in symptom reporting and screening

Keywords

Cancer early detection
 Cancer screening
 Early diagnosis of cancer
 Men
 Gender
 Gender roles
 Lung cancer
 Men's health

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Abstract

Background: Lung cancer is the second most common cancer in UK men and is the leading cause of cancer death in the UK. Cancer prognosis is generally improved with earlier detection, thus men should be aware of symptoms and be willing to seek help for these.

Methods: A literature search was conducted using online databases, and information on lung cancer awareness-raising programmes was pursued via the internet.

Results: Evidence suggests that men are less likely to utilise population-level cancer screening programmes. Lack of awareness of lung cancer symptoms is more prominent amongst UK men than women, and non-specific symptoms may cause further misinterpretation or non-recognition. Men's fear of appearing un-masculine may result in them ignoring symptoms, yet some literature reports no gender difference in patient delay. Stigma attached to lung cancer may also hinder help-seeking behaviour. Factors that facilitate men's cancer awareness and help-seeking include family members' and female partners' influence, a close family member suffering with cancer, and health promotion campaigns.

Conclusions: An innovative approach is required to improve men's lung cancer awareness and likelihood to engage in screening. "Push" and "pull" strategies, involving elements such as social marketing, co-production and X-ray efficiency reviews may be of benefit. Focussing campaigns on important changes such as marriage, becoming a father, bereavement or physical impairment may influence men, and it is particularly important not to position men as ignorant or exclude certain groups of men. Lung cancer programmes must utilise in-depth independent evaluation methods to report their failures and successes, rendering results valuable in ongoing developments. © 2011 WPMH GmbH. Published by Elsevier Ireland Ltd.

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Introduction

Men are at a higher risk for all cancers that affect both sexes¹, including lung cancer which is the second most common cancer in UK men, and the most common cause of cancer death in the UK [1,2]. Of the 39,470 people diagnosed with lung cancer in 2007, approximately 57% were men [2]. For UK men, lung

cancer is largely attributable to lifestyle and behavioural factors, particularly smoking, and, although rates are dropping, they still have a higher lifetime risk of developing lung cancer when compared to UK women: 1 in 14 compared to 1 in 21, respectively [2,3].

There are two main types of lung cancer that originate in the lung: small cell lung cancer (SCLC) and non-small cell cancer (NSCLC). SCLC accounts for approximately one fifth of lung cancers, and is almost exclusively caused by

¹ Excluding breast cancer.

smoking [4]. NSCLC includes three main types of cancer: squamous cell carcinoma, adenocarcinoma and large cell carcinoma. These account for 35%, 27% and 10% of all lung cancers, respectively, with adenocarcinoma accounting for the majority of lung cancers in non-smokers [5].

The best prognosis for cancers is predominantly related to earlier diagnosis, enabling those with operable disease to have resection and those with inoperable disease to have less aggressive and extensive treatments [6]. Consequently it is extremely important that men are aware of symptoms and are willing and enabled to seek help for these.

Retrieval of studies

Relevant literature was identified through a search of various computerised databases including ScienceDirect, EBSCOhost and Elsevier, using search terms such as *lung cancer awareness*, *lung cancer screening*, *lung cancer early diagnosis*, *lung cancer gender*, *help-seeking gender*, and *help-seeking masculin**. A search was also carried out for lung cancer awareness-raising programmes using the aforementioned databases and the major internet search engines. The literature was restricted to publications dated between 2000 and 2010, although searching the reference lists of literature retrieved in the review yielded one further article published prior to this date that was deemed significant enough to be included.

Lung cancer screening: current status

Although screening is an option for some cancers, lung cancer screening is not currently recommended at population level, as studies have failed to demonstrate consequent reductions in mortality [7]. However, with developments in computerised tomography, the results of two large randomised controlled trials – (i) the National Lung Screening Trial, based in the USA and (ii) the Dutch-Belgian NELSON (Nederlands-Leuvens Longkanker Screenings ONderzoek) trial – are currently awaited to provide further evidence around the efficacy of lung cancer screening [7,8]. Whilst the full effectiveness of population

screening programmes remains uncertain, lung cancer screening may also cause potential issues in terms of uptake of screening opportunities, particularly for men. Lung cancer presents biomedical difficulties with many of the pre-diagnostic symptoms being of a vague nature, and sometimes related to other, often less severe, morbidities [6,9,10]. This is important, as research around men and health help-seeking behaviour suggests that men are more likely to ignore vague symptoms and present at a more advanced stage in the disease process [11,12]. The UK's National Bowel Cancer Screening Programme, which is the first to target both men and women, appears to support this, showing a lower uptake in men than in women in both the pilot stage and the national programme rollout [13]. It is, therefore, vital that if any screening programme for lung cancer is developed it be tailored to target both men and women in gender sensitive ways.

Awareness

There are numerous reasons why patients may present later with symptoms of lung cancer. One key reason is lack of awareness of lung cancer warning signs. The symptoms of lung cancer, for which an urgent referral for chest X-ray would be offered, as listed in the National Institute for Health and Clinical Excellence (NICE) Clinical Guideline for the diagnosis and treatment of lung cancer are as follows: (i) haemoptysis, or (ii) any of the following unexplained or persistent (that is, lasting more than 3 weeks) symptoms or signs: cough, chest/shoulder pain, dyspnoea, weight loss, hoarseness, finger clubbing, cervical/supraclavicular lymphadenopathy, features suggestive of metastasis from a lung cancer (for example, in brain, bone, liver or skin), and irregular radiological imagery from chest X-ray (i.e. chest signs such as the Golden S sign and the luftsichel sign) [14]. Whilst most of these symptoms may be noticeable by patients, experienced symptoms, such as changes in breathing patterns, chest pains, extreme fatigue or an irritating cough, were reportedly not associated with lung cancer by patients in Corner et al.'s study [15]. Another recent study found that many expected their experience of lung cancer to be much more acute [16] and, as

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