### **Cancer Awareness Measure (CAM)**

Kent and Medway Cancer Network



М Explain 48 Leazes Park Road Newcastle upon Tyne NE1 4PG

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 $\bowtie$ t: 0191 261 5261 e: info@explainresearch.co.uk f: 0191 232 0637 w: www.explainresearch.co.uk

### **Executive Summary**

#### Background

- Kent and Medway Cancer Network (KMCN) commissioned Explain to carry out on-street interviews within three PCT areas; NHS Medway, NHS West Kent and NHS Eastern and Coastal Kent in March 2010, to better understand the level of public knowledge of cancer signs and symptoms and to help them plan interventions and campaigns to raise awareness of risk factors
- The following report details the overall findings from the 3,412 interviews carried out across all three PCTs

#### Awareness of cancer signs and symptoms

- UNPROMPTED, the key warning signs and symptoms of cancer were lump or swelling (67%), bleeding (22%) pain (21%) and change in the appearance of a mole (18%)
- When PROMPTED, the key warning signs and symptoms of cancer were unexplained lump or swelling (96%), change in the appearance of a mole (94%), persistent change in bowel or bladder habits (88%) and unexplained bleeding (86%)

#### Seeking help for cancer symptoms

- The majority of respondents would contact their doctor to make an appointment within one week if they developed 7 of the 9 symptoms listed. 79% of respondents stated that they would make an appointment within one week in they noticed an expected lump / swelling or had unexplained bleeding and 70% if they had difficulty swallowing
- 74% of respondents stated that if they had a symptom that they thought might be cancer they would contact their doctor to make an appointment within 1 week to discuss it. Of these respondents, 30% stated that they would contact within 1-3 days

#### **Barriers to seeking help**

• The main barriers to going to visit a doctor were, worried about what the doctor might find, difficult to make an appointment, scared and worried about wasting the doctors time

#### Awareness of risk factors

- UNPROMPTED, respondents thought smoking (71%) was the main thing that affects a person's chance of getting cancer. Drinking alcohol (32%) was noted by over a third of the sample. Diet (21%), getting sunburnt/exposure to the sun (21%), family history/close relative with cancer (18%) and genes/genetics (11%) were also mentioned a number of times
- When PROMPTED, smoking any cigarettes at all, exposure to another person's cigarette smoke, getting sunburnt more than once as a child and having a close relative with cancer achieved the highest agreement in terms of risk factors that may increase the chance of getting cancer

#### Awareness of cancer incidence

• Between 30-36 people out of 100 will develop cancer at some point in their life, 26% of the sample were aware of this.

#### Most common cancers

- Respondents thought the most common cancer in women was breast followed by cervical and lung
- Respondents thought the most common cancer in men was prostate followed by lung and bowel



#### Awareness of cancer screening programme

- 83% of respondents were aware of an NHS breast cancer screening programme
  - Of these respondents, 4 were correct that women are first invited for screening at 47 years of age, although 59% stated between 41 and 50
- 84% of respondents were aware of an NHS cervical cancer screening programme
  - Of these respondents, 37% were correct that women are invited for screening at 25 years of age in England, this increased to 44% awareness when the target audience was isolated
  - 26% of respondents were aware of an NHS bowel cancer screening programme
    - Of these respondents, 41% were correct that people are invited for screening at 60 years of age, this increased to 50% when the target audience was isolated

#### **Contribution to cancer**

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• Respondents stated that lifestyle contributes to cancer in the UK the most, followed by genetic inheritance, environment, chance and aging

The following report details the above findings in greater detail. All literal responses can be found in Appendix 1 and a copy of the questionnaire in Appendix 2.



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## Introduction

Explain was commissioned by Kent and Medway Cancer Network (KMCN) to carry out a cancer awareness survey within the area. In total, 3,412 on-street interviews were conducted across the three PCT areas; NHS Medway, NHS West Kent and NHS Eastern and Coastal Kent using the cancer awareness measurement (CAM) tool.

## Objectives

The main objectives of the research were to better understand the level of public knowledge of cancer signs and symptoms and to help KMCN plan interventions and campaigns to raise awareness of risk factors. The results will also provide KMCN with information to benchmark against in the future.

The topics assessed in the CAM included: awareness of warning signs, anticipated delay in seeking medical help, barriers to seeking medical help, awareness of risk factors, risk factor ranking, awareness of incidence, awareness of common cancers, and awareness of NHS screening programmes.

## Methodology

In total, 3,412 interviews were carried out across the three PCT areas; NHS Medway, NHS West Kent and NHS Eastern and Coastal Kent. The breakdown is shown below.

PCT Area	Number of interviews
NHS Medway	1,136
NHS Eastern and Coastal Kent	1,161
NHS West Kent	1,115
Total	3,412

Interviews were carried out using MRS trained researchers, who were set quotas to ensure a representative mix of ages, socio-economic groupings (SEG's), genders and ethnic groups were achieved, in-line with PCT population statistics. The data has also been weighted to reflect the population size of each of the PCT areas.

A copy of the questionnaire can be found in Appendix 2 and all returned questionnaires were entered into Mercator SNAP version 10.0 and verified.

## **Notes on Analysis**

All respondents were asked every CAM question in accordance with the CAM guidelines. If a chart shows 0%, this shows that at least one respondent selected this option although not enough to represent 1% or higher.



Respondents represent only samples of total populations, so we cannot be certain that the figures obtained are exactly those we would have if everybody had taken part (i.e. the "true values").

However, we can predict the variation between the sample results and the true values from knowledge of the size of the samples on which results are based and the number of times a particular answer is given. The confidence with which we make this prediction is 95% - that is, the chances are 95 in 100 that the true value will fall within a specified range (95% confidence interval).

A sample size of 3,412 would give an error rating of +/-1.7%.



## Results

The following report details the findings from the interviews carried out across all three PCTs; NHS Medway, NHS West Kent and NHS Eastern and Coastal Kent. In total 3,412 on-street interviews were carried out across the three PCTs.

In order to complete the 3,412 interviews, 12,225 people were approached (28% conversion rate).



#### Awareness of cancer signs and symptoms

The first set of questions was about warning signs of cancer.

Respondents were asked unprompted if they could think of any warning signs or symptoms of cancer.



There are many warning signs and symptoms of cancer. Please name as many as you can think of:

67% of respondents stated lump or swelling could be a warning sign of cancer. A further 22% stated bleeding and 21% pain.

9% of respondents gave 'other' comments. Other comments mentioned included headaches (33 responses), discoloration of the skin (30 responses), breathlessness / breathing difficulties (23 responses) and discharge (10 responses).

Please note there are no significant variations by age, gender or SEG, in the responses given.

Unprompted awareness of key warning signs of cancer was slightly higher across NHS West Kent with 70% of respondents noting lump / swelling and 25% pain. The lowest level of awareness of warning signs came from NHS Eastern and Coastal Kent.



Respondents were informed that the following list may or may not be warning signs of cancer and were asked which ones they thought were.



Do you think the following could be a sign of cancer?

■Yes ■No ■Don't know

The majority of respondents (64% - 96%) stated that all of the above are warning signs of cancer.

96% of respondents stated that an unexplained lump or swelling could be a sign of cancer and 94% the change in appearance of a mole.

20% of respondents did not think a persistent cough or hoarseness could be a sign of cancer. 12% of respondents did not think a sore that does not heal could be a sign of cancer, although almost a fifth of respondents (27%) were unsure if this was the case or not.

Female respondents were generally more likely than males to state that all 9 of the above symptoms were warning signs of cancer. Also awareness was slightly lower amongst those respondents aged 16 to 24 when compared to other age groups for the warning signs mentioned above.

Awareness of the majority of warning signs was similar across the three PCTs although slight variation can be found. Those respondents interviewed across NHS West Kent were more likely to agree that a sore that does not heal was a warning sign of cancer (75% vs 63% across NHS Medway), along with persistent difficulty swallowing (73% vs 66% across NHS Medway) and unexpected weight loss (83% vs 76% across NHS Medway). Those respondents interviewed in NHS Eastern and Coastal Kent was more likely to agree that a persistent cough or hoarseness was a warning sign of cancer (69% vs 59% across NHS Medway).

Results achieved across this study were similar of those achieved in the national study.



#### Seeking help for cancer symptoms

Respondents were asked if they noticed any of the following signs, how soon they would contact their doctor to make an appointment to discuss it.

Respondents were given eleven different time categories. The chart below shows results split into two time categories – 1 week or less and more than 1 week.



If you noticed any of the following how soon would you contact your doctor to make an appointment to discuss it?

The majority of respondents stated that that they would make an appointment with their doctor within 1 week if they noticed all but two of the warning signs.

79% of respondents stated that they would make an appointment with their doctor within 1 week if they noticed an unexplained lump or swelling or unexplained bleeding. A further 70% would contact their doctor within 1 week if they experienced difficulty swallowing.

Just under half of the sample stated that they would make an appointment with their doctor within 1 week if they had unexpected weight loss (49%) or cough or hoarseness (47%). 8% of respondents would wait three months or more to visit their doctor if they noticed unexpected weight loss, 7% if they had a cough or hoarseness.

Please note there are no significant variations by age, gender or SEG, in the responses given. Taking into consideration all of the symptoms outlined, those residing in NHS West Kent were slightly more likely to take action within one week for 5 of the 9 symptoms. Those respondents residing in NHS Medway was slightly less likely across 7 of the 9 symptoms, particularly unexpected weight loss with only 34% stating that they would visit their doctor within one week if they noticed the symptom.

Results achieved across this study were similar of those achieved in the national study, with one exception – unexplained bleeding (79% KMCN vs 91% national).



Respondents were then asked if they had a symptom that they thought might be cancer how soon would they contact their doctor to make an appointment to discuss it.



If you had a symptom that you thought might be a sign of cancer how soon would you contact your doctor to make an appointment to discuss it?

The majority of respondents (74%) stated that if they had a symptom that they thought might be cancer they would contact their doctor to make an appointment to discuss it within 1 week. Of these respondents, 30% stated that they would contact their doctor within 1-3 days and 19% between 4-6 days.

80 (2%) respondents stated that they would wait three months or longer before contacting their doctor.

77% of female respondents stated that they would contact their doctor within one week if they had a symptom that they thought might be a sign of cancer compared to 69% of males.

Please note there are no significant variations by age or SEG, in the responses given.

Those respondents residing in NHS Medway, although slightly less likely to go to the doctor when prompted with individual symptoms were more likely than any other PCT to visit if they thought that had 'a' symptom (81% vs 70% of those interviewed across NHS West Kent).



#### **Barriers to seeking help**

The next section relates to barriers that may stop people from seeking help.

Respondents were shown a list of potential reasons as to why people put off going to see their doctor and asked if any might put them off.



#### **Barriers to help-seeking**

■ Yes, often ■ Yes, sometimes ■ No ■ Don't know

30% of respondents stated that they put off going to see their doctor often or sometimes because they are worried about what the doctor may find. A further 29% stated that it is difficult for them to make an appointment at their doctors. A further 28% were too scared.

Of those 80 respondents that stated in the previous question that they would wait three months or longer before contacting their doctor if they thought they had a symptom of cancer, the key barriers preventing them from making an appointment were being scared (55% - 44/80), worried about what the doctor might find (53% - 42/80) and being too busy to make time to go to the doctors (51% - 41/80).

Please note there are no significant variations by gender or SEG, in the responses given.

Across all barriers tested, those respondents aged 16 to 24 were most likely to agree that the following were barriers when compared to other age groups: worried about what the doctor might find, scared, embarrassed.

Respondents residing in NHS Medway were more likely to defer from seeking help due to feeling scared (30%), those residing in NHS Eastern and Coastal Kent less likely to defer due to being worried about what the doctor might find (25%).

Barriers were consistent with the national study, although lower percentages were achieved across KMCN across all barriers noted compared to the national study.



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#### Awareness of risk factors

Respondents were asked unprompted what things may affect a person's chances of getting cancer.

#### What things do you think affect a person's chance of getting cancer?



When asked what things affect a person's chance of getting cancer, the majority of respondents (71%) stated smoking.

Drinking alcohol (32%) was noted by approximately a third of the sample. Diet (21%) and getting sunburnt/exposure to the sun (21%) were noted by just over one fifth of the sample. Family history/close relative with cancer (18%) and genes/genetics (11%) were also mentioned a number of times.

Please note there are no significant variations by age, gender or SEG, in the responses given.

Respondents interviewed in NHS Eastern and Coastal Kent were more likely than others to identify smoking (74%) and drinking alcohol (38%) as risk factors of cancer.



A similar pattern of results were achieved across the national study although awareness rates were slightly higher in the national study than those achieved across KMCN.

Respondents were then asked on a scale of 1 to 5, where 1 was strongly disagree and 5 strongly agree, for their level of agreement that each of the following can increase the chance of getting cancer.

Smoking any cigarettes at all <sup>1</sup>	% <mark>2°⁄</mark> 3%	34%		60%	
Exposure to another person's cigarette smoke	1 <mark>%4%10%</mark>	46	%	39	9%
Getting sunburnt more than once as a child $^{ m l}$	<mark>% 5</mark> % 13%	ó	47%	3	34%
Having a close relative with cancer	2 <mark>% 7%15</mark> %	%	46%		30%
Being overweight	<mark>6%</mark> 15%	22%		43%	14%
Drinking more than 1 unit of alcohol a day	3 <mark>%</mark> 18%	23%		35%	21%
Being over 70 years old	8% 20	2%	4%	35%	13%
Infection with HPV	2 <mark>%6%</mark>	46%		34%	13%
ooing less than 30 minutes of moderate physical activity 5 times a week	8% 2	3%	31%	30%	8%
Eating red or processed meat once a day or more	10%	24%	30%	28%	<mark>⁄ 9%</mark>
Eating less than 5 portions of fruit and vegetable a day	10%	26%	30%	25%	<mark>/ 9</mark> %

#### How much do you agree that each of these can increase the chance of getting cancer?

■ Strongly disagree ■ Disagree ■ Not sure ■ Agree ■ Strongly agree

94% of respondents either agreed or strongly agreed that smoking cigarettes can increase the chance of getting cancer. Exposure to another person's smoke (85%) and getting sunburnt as a child (81%) also achieved high combined agreement.

In terms of disagreement, 36% of respondents disagreed or strongly disagreed that eating less than five portions of fruit and vegetables a day can increase the chance of getting cancer. Eating red or processed meat once a day or more (34%) and doing less than 30 minutes of moderate physical activity 5 times a week (31%) also achieved high combined disagreement.

Please note there are no significant variations by age, gender or SEG in the responses given.

Those respondents residing in NHS West Kent were more likely to agree that all of the above scenarios could increase a person's chance of getting cancer.

When compared to the national study, agreement across KMCN was higher across all factors shown above.



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The chart below shows the above results using a mean score, where 1 was strongly disagree and 5 strongly agree.



How much do you agree that each of these can increase the chance of getting cancer?

As the chart above shows, respondents strongly agreed that smoking any cigarettes can increase the chance of getting cancer (4.5). Exposure to another person's cigarette smoke (4.2), getting sunburnt as a child (4.1) and having a close relative with cancer (4.0) all achieved a mean score of 4.0 or higher.

Please note there are no significant variations by age, gender or SEG in the responses given.

Variations by PCT are evident with all ratings slightly higher across NHS West Kent.



#### Awareness of cancer incidence

Respondents were shown a picture of 100 people and asked how many of these they thought would develop cancer at some point in their life.



Out of 100 people, how many do you think will develop cancer?

As the chart above shows, just under half of the sample (46%) thought between 21 and 40 people out of 100 will develop cancer at some point in their life.

Approximately 30-36 people out of 100 will develop cancer at some point in their lives. 26% of respondents were correct with their response.

A higher proportion of respondents interviewed across NHS Eastern and Coastal Kent were correct in their response (28% vs 25% across NHS Medway).



#### Most common cancers

Respondents were asked unprompted, what the three most common cancers were in women and men.

The table below shows the results for women.

	Women	Women			
	Most common	Second most common	Third most common		
Breast	78%	15%	3%		
Cervical/cervix	13%	35%	9%		
Lung	1%	12%	17%		
Ovarian	3%	10%	6%		
Bowel/colorectal/rectal	1%	5%	12%		
Skin	1%	5%	10%		
Stomach	0%	2%	3%		
Throat	0%	1%	2%		
Uterus/endometrial/womb	0%	2%	1%		
Brain	0%	0%	1%		
Liver		0%	1%		
Non-Hodgkin's lymphoma	0%	0%	1%		
Oral	0%	0%	1%		

The most common cancer in women is breast cancer. 78% of respondents were correct in their response. Respondents thought cervical/cervix and lung cancer were the next most common cancers in women.

Respondents residing in NHS Eastern and Coastal Kent were more likely than others to note breast cancer as the most common cancer amongst women (83% vs 74% in NHS Medway).

In the national study, 82% of respondents noted breast cancer as the most common cancer in women, so results of both studies were similar.



The table below shows the results for men.

	Men			
	Most common	Second most common	Third most common	
Prostate	48%	14%	6%	
Lung	17%	27%	18%	
Bowel/colorectal/rectal	12%	18%	15%	
Testicular	15%	10%	5%	
Skin	1%	3%	6%	
Throat	1%	4%	4%	
Stomach	1%	2%	4%	
Liver	1%	2%	2%	
Breast	0%	2%	2%	
Oral	0%	1%	1%	
Brain	0%	0%	1%	
Kidney	0%	0%	1%	
Pancreatic	1%	0%	0%	
Other		0%	1%	

The most common cancer in men is prostate cancer. Just under half of respondents (48%) were correct in their response. Respondents thought lung and bowel/colorectal/rectal were the next most common cancers in men.

Respondents residing in NHS Eastern and Coastal Kent were more likely than others to note prostate cancer as the most common cancer amongst men (54% vs 41% in NHS Medway).

In the national study, 43% of respondents stated prostate cancer as the most common cancer in men, so results from both studies were similar.



#### Awareness of cancer screening programmes

The following section is about NHS screening programmes.

Respondents were asked if there was a screening programme for breast cancer, cervical cancer and bowel cancer.



Awareness of NHS screening programmes

84% of respondents stated that there is a NHS cervical cancer and 83% a breast cancer screening programme. However, fewer respondents were aware of a bowel cancer screening programme (26%).

As expected, a higher percentage of female respondents were aware of the NHS breast screening programme (90% vs 75%) and NHS cervical cancer screening programme (92% vs 75%) compared to males. However, there was very little difference in terms of awareness of the NHS bowel cancer screening programme by gender.

Awareness of the screening programmes was lower amongst respondents aged 16 to 24. Although, awareness of bowel screening increased with age (15% of those aged 16 to 24 vs 41% of those aged 65+).

Awareness of screening programmes was highest amongst those respondents interviewed in NHS West Kent and lowest amongst those interviewed in NHS Medway.

When compared to the national study, similar results were achieved.



Those respondents that were aware of the screening programmes above were asked at which age people are first invited for screening.



At what age are women first invited for breast cancer screening?

Of the 2,849 respondents that were aware of the breast screening programme, 2,129 provided an age when women are first invited for breast cancer screening. Of these respondents, over half of the sample (59%) stated between 41 and 50 years old and just under a quarter (22%) stated 30 or younger.

Women are first invited to breast cancer screening at 47 years of age. Of those respondents that stated an age, 4 stated 47 years of age.

289 respondents were of the age group 45 to 54, female and gave an age for breast cancer screening, of this target audience none were correct for the exact age yet 240 gave an age between 45 and 50.





At what age are women first invited for cervical cancer

Of the 2,884 respondents that were aware of the cervical screening programme, 2,147 provided an age when women are first invited for cervical cancer screening. Of these respondents, over half of the sample (56%) stated between 21 and 30 years old and over a third (35%) stated 20 or younger.

Women are first invited to cervical cancer screening at the age of 25 and 37% of respondents who stated an age were correct.

236 respondents were female, aged 25 to 34 and gave an age for cervical screening; of those 105 were correct. Thus giving an awareness rate of 44% amongst this target audience.





#### At what age are people first invited for bowel cancer screening?

Of the 905 respondents that were aware of the bowel screening programme, 546 provided an age when people are first invited for bowel cancer screening. Of these respondents, 45% stated between 51 and 60 years old, 24% between 41 and 50 and 14% 40 or younger.

People are first invited to attend colorectal (bowel) cancer screening at 60 years of age. 41% of respondents were correct with their response.

218 respondents were aged 60 and above and gave an age for bowel screening, of those 110 were correct. Thus giving an awareness rate of 50% amongst this age group.



#### **Contribution to cancer**

Respondents were asked to put the following things in order of how much they thought they contribute to cancer in the UK.

- Lifestyle .
- Chance
- Aging .
- Environment
- Genetic inheritance



# Please put the following things in order of how much you think they

Whilst there is no correct answer for the above question, medical scientists believe that up to 50% of cancers can be prevented by changes in lifestyle, and also that the other four factors can play a role in cancer development. Results from the research have generated a similar result.

Lifestyle was believed to contribute the most towards cancer, followed by genetic inheritance, environment and change. Out of the five factors, aging was said to contribute the least.

Please note there are no significant variations by age, gender or SEG in the responses given.

Across all three PCTs lifestyle was deemed as the most important contributing factor although the least contributing factor was different across each pct; NHS West Kent – environment, NHS Medway – aging and NHS Eastern and Coastal Kent- chance.

When compared to the national study, results were very similar with lifestyle being found as the most important contributing factor and chance the least.



#### **Demographics**

The following charts show the profile of respondents.



The chart above shows respondents broken down by age.



The chart above shows 54% of the sample were female and 46% male.





What is your marital status?

The chart above shows respondents by marital status. Over half of the sample (52%) were married/living with partner and 27% single/never married.



## What is the highest level of education qualification you have obtained?

The chart above shows respondents split by the highest level of education qualification they have obtained.





Please can you tell me which of the following best describes your living arrangements:

The chart above shows respondents split by their current living arrangements.





The chart above shows respondents by current employment.



Does your household own a car or van?



The chart above shows that 78% of the sample owned at least one car.



#### Have you, your family or close friend had cancer?

Respondents were asked if they, a family member or a close friend had cancer. 7% of respondents stated that they had cancer and 10% their partner. The majority of respondents (63%) stated that a close family member had cancer.

96% of the sample stated that their ethnic group was White-British. English was the main language spoken at home by 99% of respondents.



## Appendix 1 - Full Literal Responses



## Q1 - There are many warning signs and symptoms of cancer. Please name as many as you can think of? OTHER

Abnormal behaviour Abnormal cells Abscess Aches Aching joints, thirsty and hot mouth Aching limbs Anaemia Any change in body appearance at all Backache Balance Baldness Behavioural patterns Blemishes (3) Bloated abdomen **Bloated** feeling Bloating (2) Bloating stomach (4) Bloating, low immunity Blood in urine (4) Blood pressure (2) Breast changes, weeping nipple Breathing (4) Breathing difficulty (3) Breathing problems (3) Congestion Swollen tongue Breathlessness (7) Brown marks on the skin Burning Cervical smear results Change in blood sugar levels Change in breast size Change in moods (2) Change in skin colour Change in skin texture Change in skin tone Chest infections Collapsing Colouring and deformations of nipples Colouring in skin change Complexion and greyness Constipation



Coughing up blood (3) Dark marks on the skin Depression Diabetes Diarrhoea (2) **Digestion problems** Dimpling on the breast Discharge (10) Discharge from the breast Discolouration of gums Discolouration of skin (4) Discoloured nipples Dough smell Drowsiness, dizziness Dying Exposure to radiation Face sagging Facial marks Fainting and dizziness Fall over Family history Finding it hard to breath Fits Flu like symptoms (4) Freckle type scratch General appearance Genetics Going yellow Greyness/yellowness of the skin Growth (3) Hair loss (20) Headaches (33) High blood pressure (3) Hot areas of the body Immune system Immune system not strong In the family Indigestion Inverted nipples Inward nipples Itching Jaundice (3) Lack of energy Lesions and stomach cramps Lifestyle



Liquid from breast Listen to your body Looking grey Loss in hearing Loss of memory/confusion Loss of teeth Lots of different things Marks Memory loss and speech Mood swings (2) Mouth ulcers Movement Nail discolouration Nipple swelling and growing pains Not functioning properly Not looking well Numbness Obstruction Out of breath Pale colour, bloodless Pale complexion Paleness Passing blood Pill taking Prostate **Puckered** nipples Puckering of the skin Puffy skin **Radiation sickness** Rashes (4) Redness Sexual impotence Shadows on the lungs Shape of the breast Shock Shortness of breath (6) Skin Skin blemishes Skin changes (2) Skin changes in colour (3) Skin colour (5) Skin colour changes Skin damage Skin discolouration (6) Skin going a yellow colour



Skin pigment Skin spots Skin yellowing Skin rash and high blood pressure Smear test Smears and tenderness Smell Smoking people Sore eyes Sore throat Sores and scabs Spots Stomach aches/bloatedness Stomach problem Stress and worry Sun burn Sweating (2) Sweats Swollen Stomach Temperature Tenderness (2) Thirst, abdominal bloating Toilet habit Tummy pain and chest pain Tumours Ulcers Vaginal discharge Voice change Warnings Warts Water infection Weakness (2) Weight gain Yellowing of skin (5)

#### Q5 - Barriers to help-seeking - OTHER

Availability of my own GP, I never seem to build a rapport as I always see a different GP Bad experience with my doctor previously Because I am the mother of twins so I don't have much 'me' time Bedside manner was not good Being told the truth Being told off at work for having time off Do not have a G.P but would find one if developed symptoms



Doctor doesn't pay enough attention to my symptoms Doctor doesn't take enough care of patients Don't follow up symptoms because tests are too expensive Don't like my doctor Don't like my new doctor Don't like own doctor Family members General dislike of doctors GP is not helpful. For example, diet. He told me to sort myself and see a female GP only it was hard to get an appointment or told me to go to another branch Have had cancer in the family and treatment has not worked and caused more pain and they died anyway Hypoglycaemia/diabetes runs in the family I am just generally fed up of doctors visits as it takes over as you get older, with anything serious I would contact the doctor in a few weeks I can't talk to male GP's I insist on seeing a women I don't always get to see the same GP I don't really like the GP I don't think it is serious enough I have had cancer twice and do not fancy more treatment I would have to come to terms with it yet again I have no confidence in the doctors due to previous experience I have problems with the doctor not understanding I have spoken to the doctor and I am disgusted with their responses to my concerns about cancer I look after Grandchildren and can not get the appointment I think that there may be too much scope in terms of the doctor and the receptionist may also put me off going to the doctor I would see if it clears up on its own I would want to make sure it was a problem before I went to the doctors If abroad If I cannot understand what he says (2) If I had a previous appointment If I had other illnesses already If I thought I was going to die and had no responsibilities I would rather not know but if I had children I would If it was a male doctor it would put me off If my own doctor wasn't available Just stubborn – there's no need Kids come first Lack of empathy Language barrier (3) Lots of symptoms aren't cancer for example a pain could easily be a strain which could take a few weeks to go Misdiagnosing symptoms My doctor has retired and I haven't signed up with a new doctor yet My doctors change, you never get to see the same one My English is not always of great understanding Need an English trained doctor Need somebody to come with me and that's not always possible Never seeing the same doctor No faith in the system and I have been unable to motivate the doctor Not recognising signs regarding present illnesses Not wanting to know the results



Our surgery has multiple doctors and you never see the same one. Lots seem to leave or they seem a very young surgery so I don't have a lot of confidence in them Personal things. Prefer a female but they are not always available Prefer to ask a pharmacist before going to the doctors Prefer to see an English doctor Prefer female doctors Rude nurse's Sarcastic receptionist staff questioning whether it is urgent or not Seeing my own doctor, who is a non-English speaking doctor Some of them are difficult to understand due to the language barrier Sometimes people can't get to the doctors so they tell their family instead Sometimes prefer to see if it heals itself first Sometimes the doctor is from foreign origin and it is difficult to understand what he is saying Telling the kids The appointment system is often re-scheduled The British NHS survey The check ups and diagnosis, I do not like initial checkups The cure is worse then the disease The doctor can be ineffective The doctor is intolerant of other opinions and it is also very difficult to get a quick appointment The doctors surgery is often engaged The fact you cannot always understand what they say to you The language difference The notice in the surgery states a maximum of 5 minutes consultation only The reception is too noisy, it is not a private enough place The receptionist The response of the doctor seems to be relative to the strength and the budget and willingness to spend The state of the NHS and what treatment I might get The thought of radiation treatment and losing my hair The weather can put me off There have been no appointments available at the doctors There is no woman doctors at my surgery and also I have to see a different person every time and it is difficult to understand as I have not got a clue as to what they say as they are all foreign They are not English doctors and it is difficult to comprehend the answers They don't listen to me Thinking I couldn't explain why it had occurred We have a miserable receptionist at our doctors You try to be your own doctor first

#### Q9 - What do you think is the most common cancer in woman OTHER

Glands Infection untreated Stress related Vaginal



#### Q10 - What do you think is the second most common cancer in woman OTHER

Bone (7) Eye Heart Lumps Terminal Vaginal (4) Veins

#### Q11 - What do you think is the third most common cancer in woman OTHER

Bone (20) Lumps Spine Thyroid Vagina

#### Q13 - What do you think is the second most common cancer in men OTHER

Bone (8) Heart (2) Lump (2) Thyroid

#### Q14 - What do you think is the third most common cancer in men OTHER

Bone (19) Head Heart (3) Leg Spinal Ulcer that turns bad Urinal



# Appendix 2 - Questionnaire



	Cancer Research UK -	Cancer Awar	eness Measure (CAM)	
Kent	l morning/afternoon, my name is I ar and Medway Cancer Network to better symptoms to help us plan interventions have a few minu	r understand th and campaig	ne level of public knowle	edge of cancer signs
Q1	UNPROMPTED - There are many warning sign	s and symptoms of	f cancer. Please name as many c	ıs you can think of.
	Pain Char appe Bleeding Sore Cough/hoarseness head Change in Wei	culty swallowing nge in earance that does not ght loss Iness/fatigue	Nausea/sickness         Generally unwell         Bruising         Loss of appetite         Blurred vision	Feeling unwell Other (Please state below) Nothing Refusal Don't know
Q2	Other (Please state) The following may or may not be warning sig following are warning signs for cancer? Do you think an unexplained lump or swelling could be a sign of cancer	ns for cancer. We a	re interested in your opinion. Do No	you think any of the Don't know
	Do you think a persistent unexplained pain could be a sign of cancer			
	Do you think unexplained bleeding could be a sign of cancer			
	Do you think a persistent cough or hoarseness could be a sign of cancer			
	Do you think a persistent change in bowel or bladder habits could be a sign of cancer			
	Do you think persistent difficulty swallowing could be a sign of cancer			
	Do you think a change in the appearance of a mole could be a sign of cancer			
	Do you think that a sore that does not heal could be a sign of cancer			
	Do you think unexpected weight loss could be a sign of cancer			



Q3	RESEARCHER TO PROMPT WITH SHOWO	CARD B	- The n	ext que	stion is	abouts	seeking	help.				
		Α	В	С	D	Е	F	G	Н	1	J	DK
	If you noticed an <u>unexpected lump or</u> <u>swelling</u> how soon would you contact your doctor to make an appointment to discuss it?	,										
	If you had <u>unexplained pain</u> how soon would you contact your doctor to make an appointment to discuss it?											
	If you had <u>unexplained bleeding</u> how soon would you contact your doctor to make an appointment to discuss it?											
	If you had a <u>cough or hoarseness</u> how soon would you contact your doctor to make an appointment to discuss it?	n										
	If you noticed a <u>change in bowel or bladded</u> <u>habits</u> how soon would you contact your doctor to make an appointment to discuss it?											
	If you had <u>difficulty swallowing</u> how soon would you contact your doctor to make an appointment to discuss it?											
	If you noticed a <u>change in the appearance</u> of a mole how soon would you contact your doctor to make an appointment to discuss it?	,										
	If you had a sore that did not heal how soor would you contact your doctor to make an appointment to discuss it?	n										
	If you had <u>unexpected weight loss</u> how soon would you contact your doctor to make an appointment to discuss it?											

Q4 RESEARCHER TO PROMPT WITH SHOWCARD B - The next question is about seeking help for a cancer sign or symptom. If you had a symptom that you thought might be a sign of cancer how soon would you contact your doctor to make an appointment to discuss it:

A	в	С	D	E	F	G	н	<i>I</i>	J

Q5 RESEARCHER TO PROMPT WITH SHOWCARD C - The next set of questions is about what barriers may stop you from seeking help. Sometimes people put off going to see the doctor, even when they have a symptom that they think could be serious. These are some of the reasons people give for delaying. Could you say if any of these might put you off going to the doctor?

	Yes, often	Yes, sometimes	No	Don't know
I would be too embarrassed				
I would be too scared				
I would be worried about wasting the doctor's time				
My doctor would be difficult to talk to				
It would be difficult to make an appointment with my doctor				
I would be too busy to make time to go to the doctor				
I have too many other things to worry about				
It would be difficult for me to arrange transport to the doctor's surgery				
I would be worried about what the doctor might find				
I wouldn't feel confident talking about my symptom with the doctor				
Is there anything else that you can think of that might put you off going to the doctor? (Please state below)				



DK.

Q6 UNPROMPTED - (DO NOT SHOW THE OPTIONS BELOW TO THE RESPONDENT) The next set of questions is about risk factors for cancer. What things do you think affect a person's chance of getting cancer? (PLEASE PROBE WITH 'Anything else?')

.g,	
Infection with HPV (human	Having many sexual partners
Not doing enough exercise/physical	Taking HRT/the (contraceptive) pill
activity	Living near power lines
Diet (unspecified)	Pollution
A high fat diet	Radiation
A low fibre diet	Stress
Food additives	Other
Being underweight	Nothing
Genes/genetics	Refusal
Infection with viruses (unspecified/	Don't know
other)	
	papillomavirus)

Q7 RESEARCHER TO PROMPT WITH SHOWCARD D - Medical scientists suggest that these are some of the things that can increase the chance of getting cancer. How much do you agree that each of these can increase the chance of getting cancer?

		Strongly disagree	Disagree	Not sure	Agree	Strongly agree
	Smoking any cigarettes at all					
	Exposure to another person's cigarette smoke					
	Drinking more than 1 unit of alcohol a day ( <i>A</i> unit of alcohol is one small measure of spirits, half a pint of lager (3-4% strength) or half a small glass (175ml) of wine (12% strength)(					
	Eating less than 5 portions of fruit and vegetable a day (a portion is equivalent to an apple, orange, banana or similar sized fruit, 2 plums or nectarines or similar sized fruit, a handful of grapes or berries, one tablespoon of raisins, two serving spoons of cooked vegetables, beans or pulses, or a dessert bowl of salad)					
	Eating red or processed meat once a day or more ( <i>Processed meat includes bacon, ham,</i> <i>salami, corned beef, sausages</i> )					
	Being overweight (BMI over 25)					
	Getting sunburnt more than once as a child					
	Being over 70 years old					
	Having a close relative with cancer (a close relative means parents, children, brothers or sisters)					
	Infection with HPV (human papillomavirus)					
	Doing less than 30 minutes of moderate physical activity 5 times a week (moderate physical activity includes anything that leaves you warm and slightly out of breath such as brisk walking, gardening, dancing or housework)					
Q8	RESEARCHER TO PROMPT WITH SHOWCA picture of 100 people. Out of 100 people, ho RESEARCHER TO RECORD ACTUAL NUMB	w many do you				



	Most Common Cancers
99	
	UNPROMPTED - What do you think is the most common cancer in women?
	UNPROMPTED - What do you think is the second most common cancer in women?
	UNPROMPTED - What do you think is the third most common cancer in women?
	UNPROMPTED - What do you think is the most common cancer in men?
	UNPROMPTED - What do you think is the second most common cancer in men?
	UNPROMPTED - What do you think is the third most common cancer in men?
	NHS screening programmes

Q10 The next set of questions is about NHS screening programmes.

	Yes	No	Don't know	Refused
Is there an NHS breast cancer screening programme?				
If yes, at what age are women first invited for screening?	breast cancer			
Is there an NHS cervical cancer screening programme (smear tests)?	Yes	No	Don't know	Refused
If yes, at what age are women first invited for screening?	cervical cancer			
Is there an NHS bowel cancer screening programme?	Yes	No	Don't know	Refused
If yes, at what age are people first invited for screening?	bowel cancer			



5					
		Demo	ographics		
We wou	uld now like to ask you a few	questions about your	self to ensure we spea	k with a cross section of the pop	
		4			
What is	your age?	_	_	_	
16 to 24.	25 to 34	35 to 44	45 to 54	55 to 64 65+	
RESEAR	CHER PLEASE RECORD EX	ACT AGE BELOW:			
	CHER TO PROMPT WITH SH				
	White British			BRITISH - Pakistani	
	White Irish		ASIAN OR ASIAN BRITISH - Bangladeshi		
WHITE -	Any other White background.			BRITISH - Any other Asian	
	White and Black Caribbean		BLACK OR BLAC	K BRITISH - Black Caribbean	
MIXED -	White and Black African		BLACK OR BLAC	K BRITISH - Black African	
MIXED -	White and Asian			K BRITISH - Any other black	
	Any other mixed background		•		
ASIAN O	OR ASIAN BRITISH - Indian				
			Other (please stat	e below)	
	your marital status?				
Ū.	ever married		d from spouse	Widowed	
Married/I	living with partner	Divorced		Civil partnership	
What is t	the highest level of education	n qualification you hav	ve obtained?		
	or higher degree	ONC/BTEC		Other (Please state below)	
Higher le	evel education	O Level or GSCE	equivalent (	No formal qualifications	
	tion below degree level				
A-levels	or higher	O Level or GCSE	(Grade D-G)		
Please c	an you tell me which of the f	ollowing best describe	es your living arranger	nent:	
Own outr	right	Rent from Local		Squatting	
Own mor	rtgage		g Association	Other (i.e. living with	
		Rent privately		family/friends)	



### Cancer Awareness Measure (CAM) – Kent and Medway Cancer Network – June 2010

Q19	What is your telephone number, again for verification purposes?
Q20	What is your postcode?
Q21	Are you currently:
921	Employed full-time Unemployed Full-time homemaker Student
	Employed part-time       Self-employed       Retired       Disabled or too ill to
	work
Q22	
	retiring)
Q23	Does your household own a car or van?
	No Yes, one Yes, one Yes, more than one Yes,
Q24	Have you, your family or close friends had cancer?
	Yes No
	You
	Partner
	Close family member
	Other family member
	Close friend
	Other friend
	Not sure
	Do not wish to answer
Q25	How many years have you been living in the UK? (IF RESPONDENTS STATES 'ALL MY LIFE' PLEASE PROBE FOR EXACT
GLU	NUMBER OF YEARS)
	Less than 5 years
	5 to 10 years
Q26	What is the main language spoken at home?
	English Dther (Please state
	Urdu         Gujarati         Cantonese         below)
Q27	Do we have permission to pass on your details and responses direct to Kent and Medway Cancer Network or would you
	prefer to remain anonymous?
	Happy for responses to be passed on
	archer Note - Please thank the respondent and close the interview. Please give the respondent a leaflet as provided in your
re	search pack. If the respondent has any queries about symptoms that they have experienced or risk factors that they are concerned about, please advise them to speak to their GP.
Q28	Gender (RESEARCHER TO CODE)
_	Male
Q29	SEG (RESEARCHER TO CODE)
	AB C1



### Cancer Awareness Measure (CAM) – Kent and Medway Cancer Network – June 2010

Location of interview:
Date of interview:

