



Cancer Awareness Measure 'Plus' (CAM+) Spotlight Report

Scotland

07/08/2024

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Reference

This report should be referred to as follows:

Whitelock, V., Hirst, A., Harrison, S. (2024) Cancer Awareness Measure 'Plus' (CAM+) Spotlight Report: Scotland. [Insert link to report]

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Acknowledgements

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About Cancer Research UK

We're the world's leading cancer charity dedicated to saving and improving lives through research. We fund research into the prevention, detection and treatment of more than 200 types of cancer through the work of over 4,000 scientists, doctors and nurses. In the last 50 years, we've helped double cancer survival in the UK and our research has played a role in around half of the world's essential cancer drugs. Our vision is a world where everybody lives longer, better lives, free from the fear of cancer.



Cancer Research UK is a registered charity England and Wales (1089464), Scotland (SC041666), the Isle of Man (1103) and Jersey (247).

Background and Methods

CAM+ is an annual survey conducted by the Social and Behavioural Research Team at Cancer Research UK to understand the UK public's attitudes, awareness and behaviours across key prevention, screening and early diagnosis topics.

The results reported here are from the September 2023 survey which was administered by a market research agency (YouGov) to their online panel. A total of 4083 people took part between 8th - 28th September 2023. The results are weighted for each nation by age, gender, social grade, region and ethnicity, and are representative of all UK adults (aged 18+). Here we report key results for the 541 respondents in Scotland that took part in the survey.

Results

Early Diagnosis

Symptom Recognition

An average of 12 cancer symptoms were recognised when respondents were shown a list of possible cancer symptoms, with 96% recognising at least one cancer symptom. The most recognised symptoms were an unexplained lump or swelling (93% recognised) and a change in the appearance of a mole (93%). The least recognised symptom was shortness of breath (67%). See Figure 1 for recognition of all symptoms.

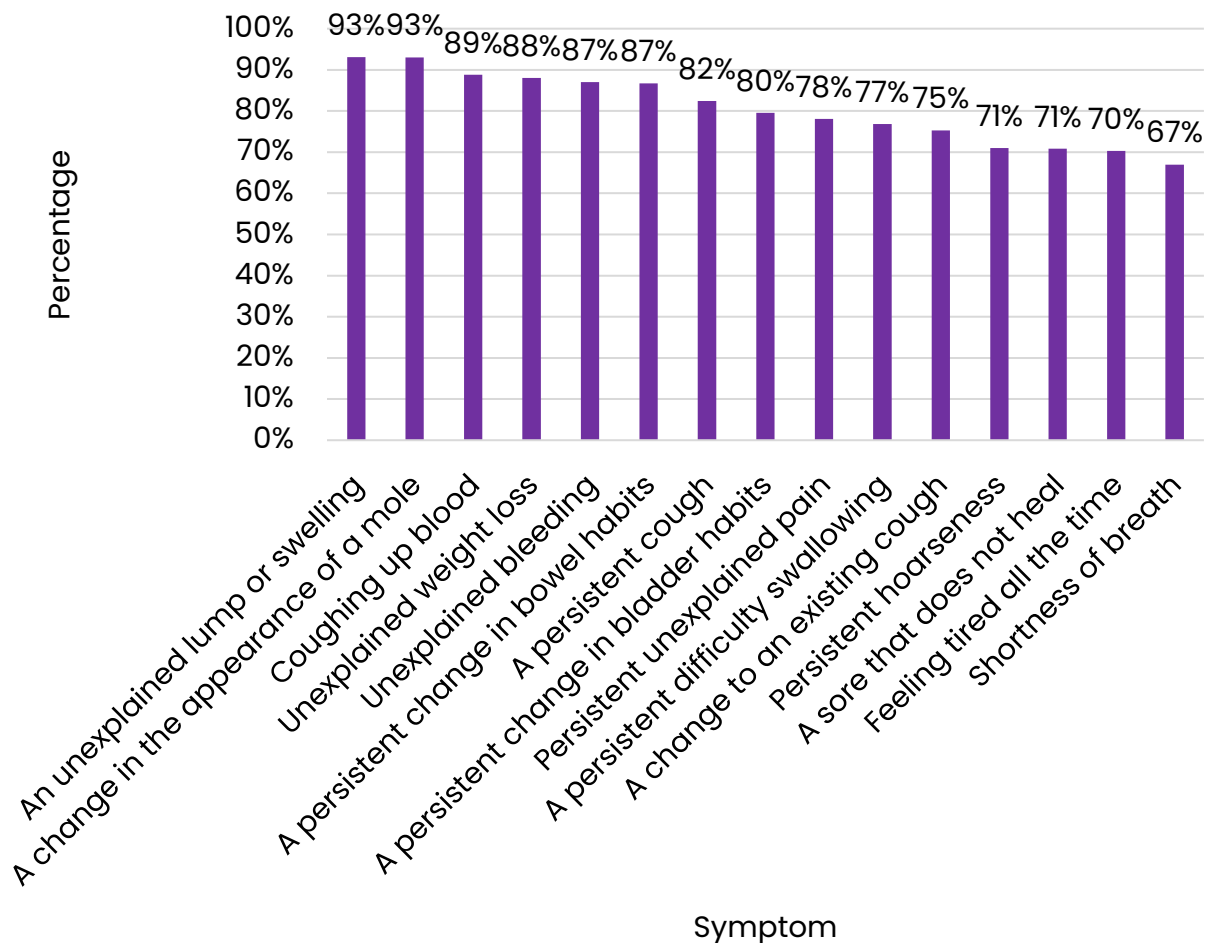


Figure 1. Percentage of respondents who recognised each cancer symptom (n=541).

Symptom recall

When asked to list as many warning signs and symptoms of cancer as they can think of, the most recalled symptom was lump/swelling (60%). See Figure 2 for other symptoms respondents thought could be a symptom of cancer.

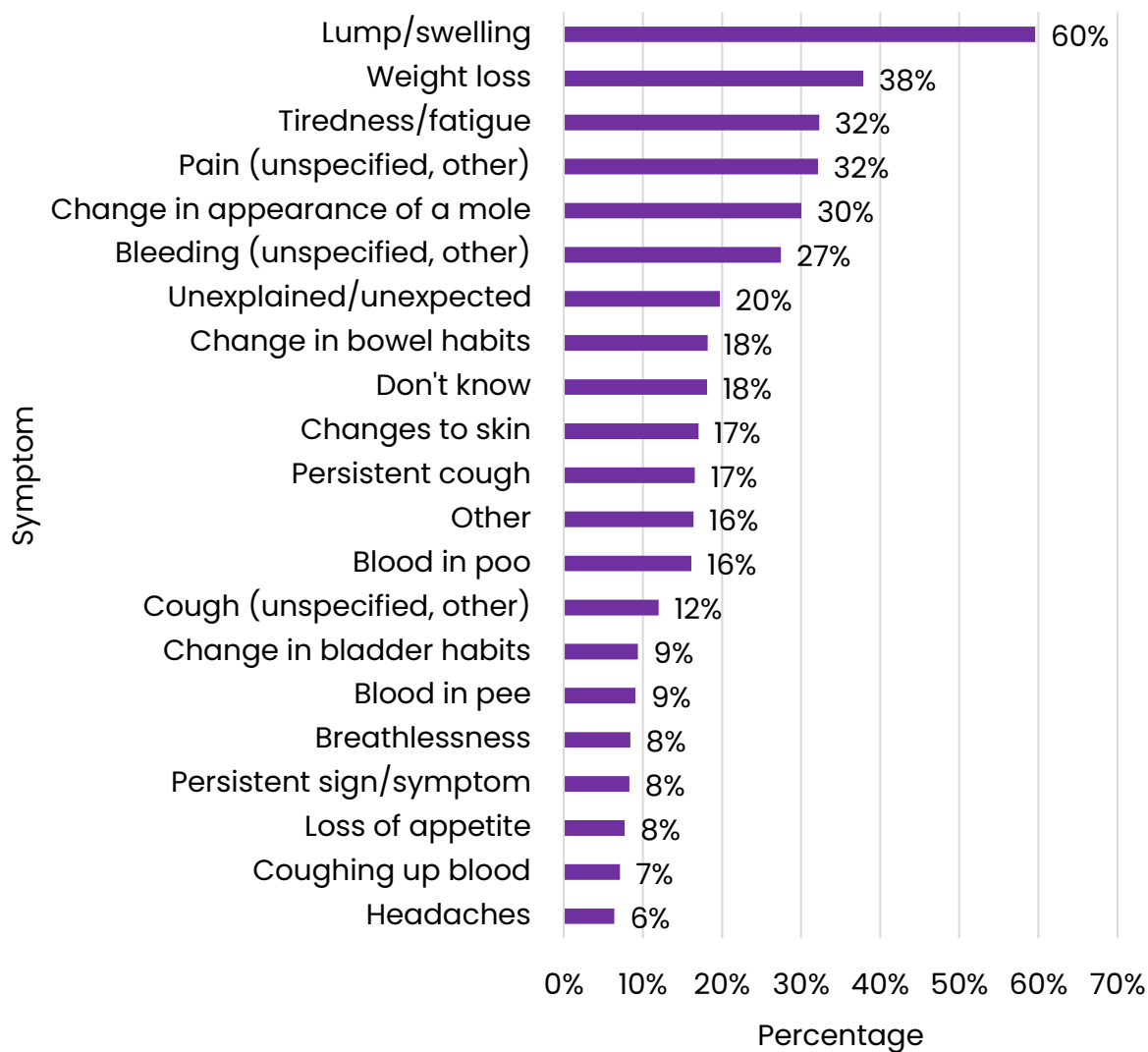


Figure 2. Percentage of respondents who thought each symptom was a cancer symptom (n=541). For clarity, only symptoms of 5% or more are shown.

Symptom experience and help-seeking behaviour

58% experienced a potential cancer symptom in the last 6 months (n=541). Only 52% of those that experienced a potential cancer symptom contacted their GP within 6 months for at least one symptom (n=315), with 45% not contacting their GP.

Around a third (32%, n=315) believed their potential cancer symptom was caused by external and lifestyle factors (e.g. weather changes, lack of sleep). Only 6% thought their symptom could be caused by cancer.

Barriers and prompts to help-seeking

The most highly endorsed barriers to seeking medical help (aside from 'nothing'), were:

- finding it difficult to get an appointment (19%)
- worry about wasting the healthcare professionals time (14%)
- not wanting to be seen as someone who makes a fuss (12%)
- worry about putting extra strain on the NHS/health services (12%)
- finding it difficult to get an appointment at a convenient time (11%)
- worry about symptoms not being taken seriously (11%)

See Figure 3 for other barriers to help-seeking.

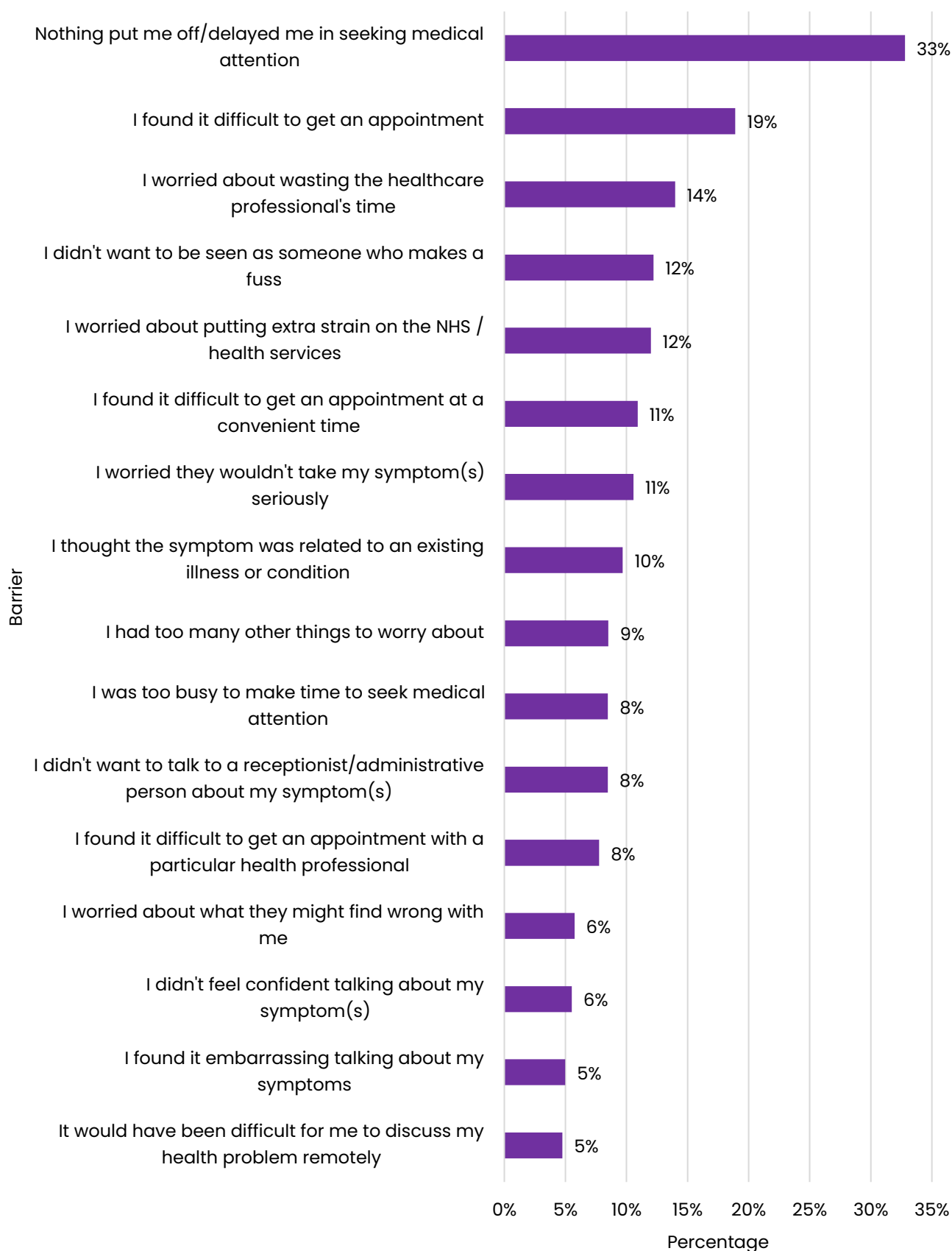


Figure 3. Percentage of respondents who endorsed each barrier (n=541). For clarity, only barriers of 5% or more are shown.

The mostly highly endorsed prompts to seeking medical help were: needing an appointment for an existing problem/condition (22%), having a symptom that didn't go away (19%), was "bothersome" (18%), was getting worse (16%) or was unusual for them (14%). See Figure 4 for other prompts to help-seeking.

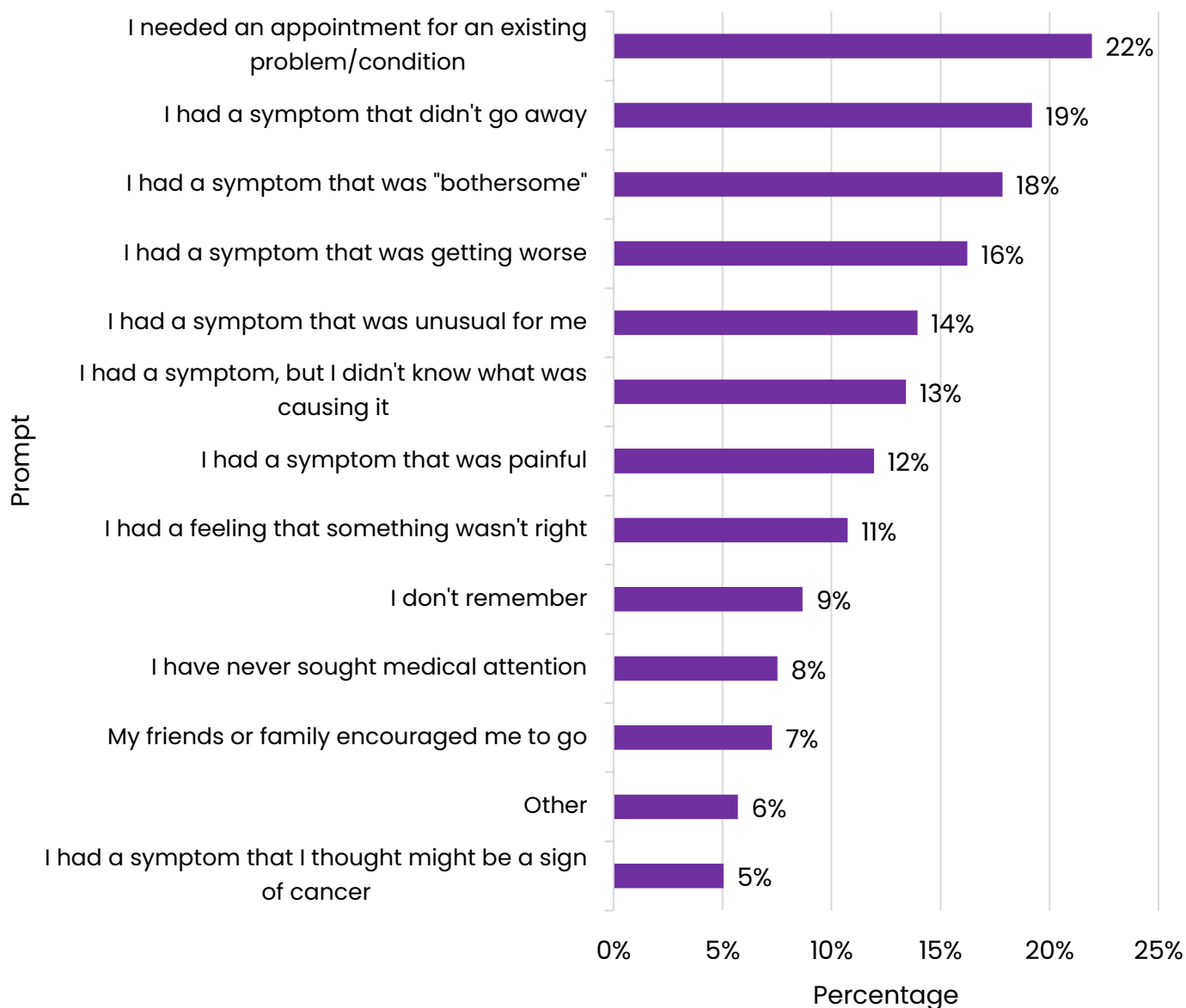


Figure 4. Percentage of respondents who endorsed each prompt (n=527). For clarity, only prompts of 5% or more are shown.

Screening

Cervical screening

71% said they went for cervical screening the last time they were invited, whilst 18% said they did not (n=258). 69% said they will go for cervical screening the next time they are invited, whereas 8% said they will not (n=258).

The most highly endorsed barriers to uptake of cervical screening the last time they were invited (aside from 'nothing') were: having found it painful when they have been before (12%), worry it might be painful (9%), and being too embarrassed to go (8%). See Figure 5 for other barriers to uptake of cervical screening.

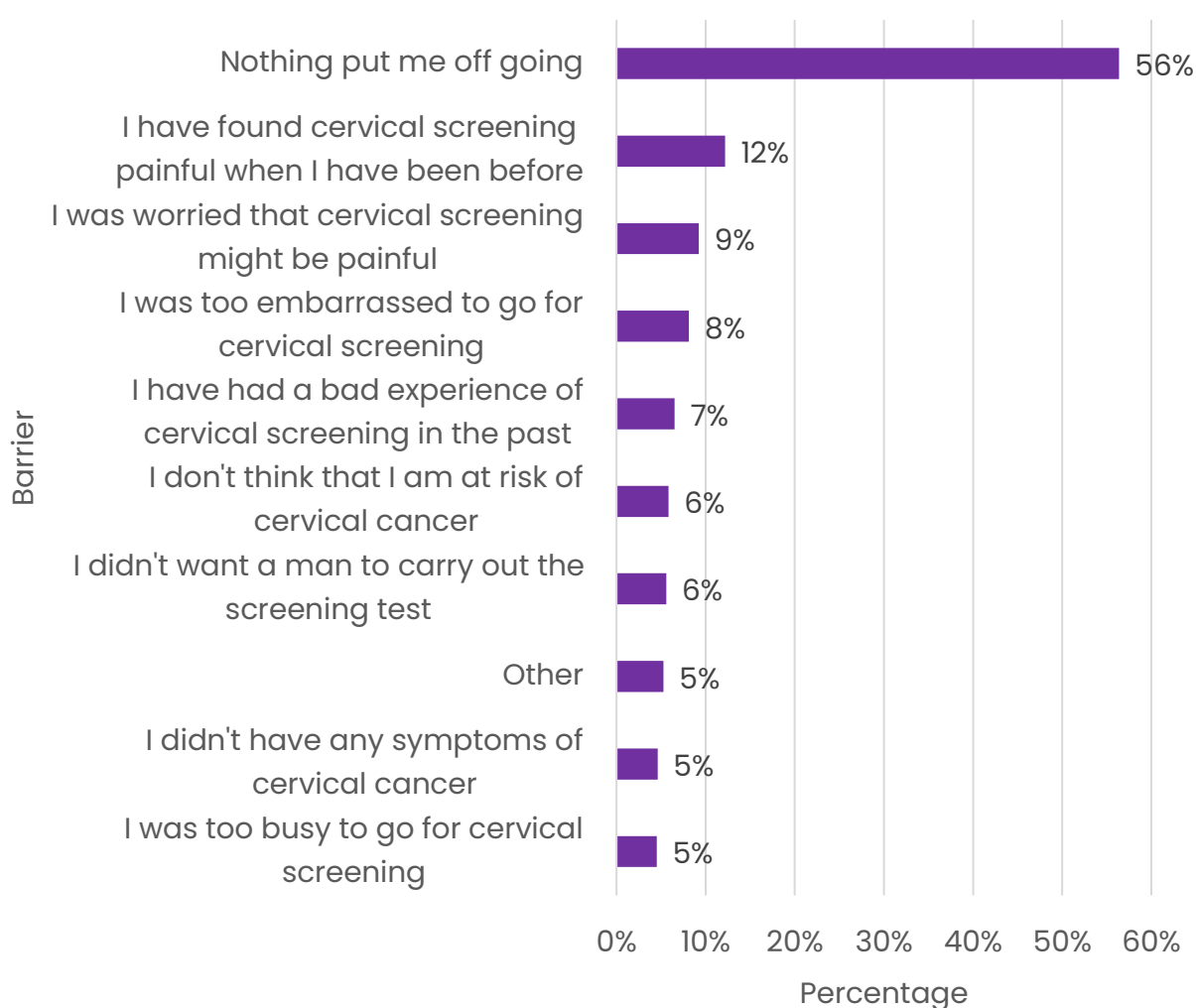


Figure 5. Percentage of respondents who endorsed each barrier (n=233). For clarity, only barriers of 5% or more are shown.

Bowel screening

84% said they completed the bowel screening kit last time they were sent one, whilst 13% said they did not (n=250). 89% said they will do the test kit next time they are sent one, whereas 5% said they will not (n=250).

The most highly endorsed barriers to completing the kit last time they received one (aside from 'nothing') were: not having any symptoms of bowel cancer (7%), finding it too messy (4%) or embarrassing (3%) to complete, and having other more important things to worry about (3%). See Figure 6 for other barriers to uptake of bowel screening.

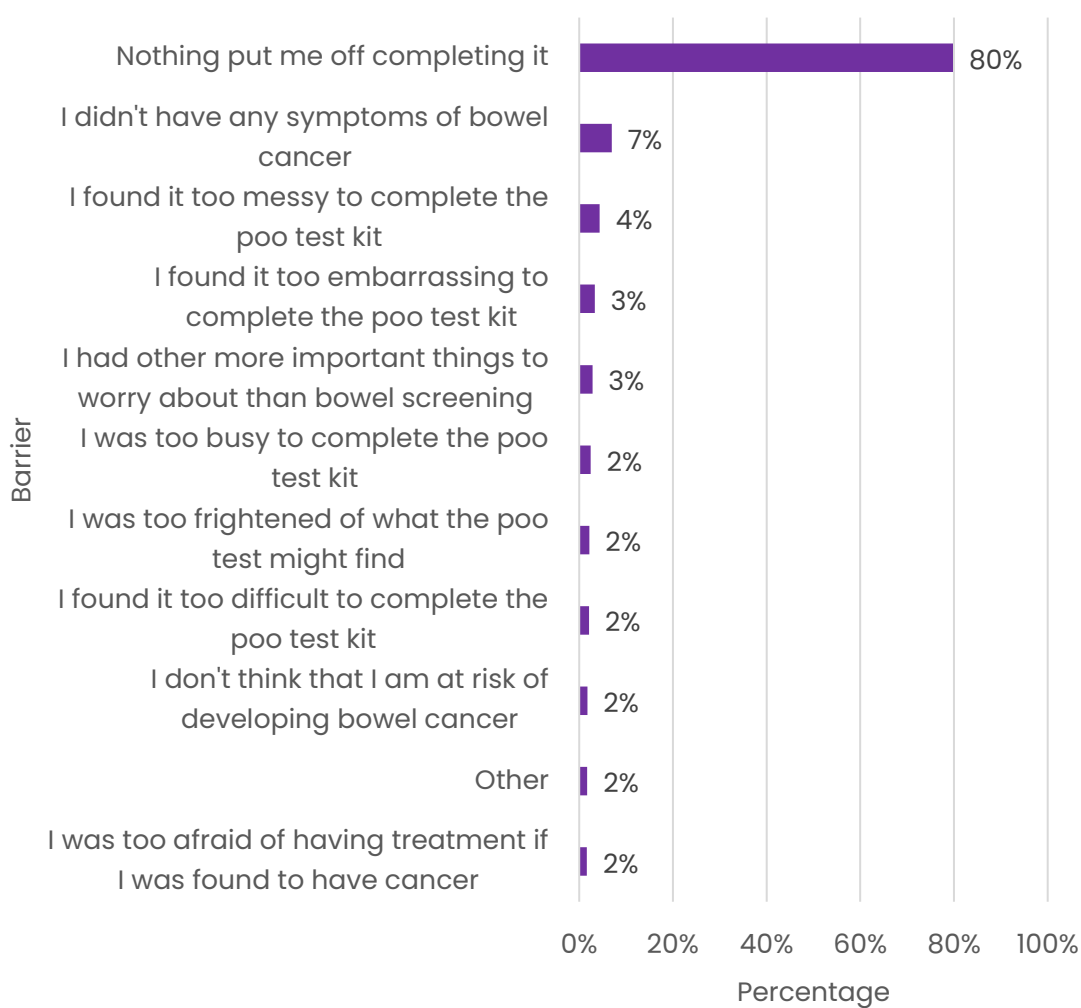


Figure 6. Percentage of respondents who endorsed each barrier (n=245). For clarity, only barriers of 2% or more are shown.

Breast screening

81% said they went for breast screening the last time they were invited, whilst 9% said they did not (n=131). 77% said they will go for breast screening next time they are invited, whereas 6% said they will not (n=131).

The most highly endorsed barriers to uptake of breast screening the last time they were invited (aside from 'nothing') were: 'other' (4%), having found it painful when they have been before (4%), and not having any symptoms of breast cancer (4%). See Figure 7 for other barriers to uptake of breast screening. Responses within the 'other' category centered around difficulties leaving the house (housebound, social anxiety etc.) and lack of trust in the results.

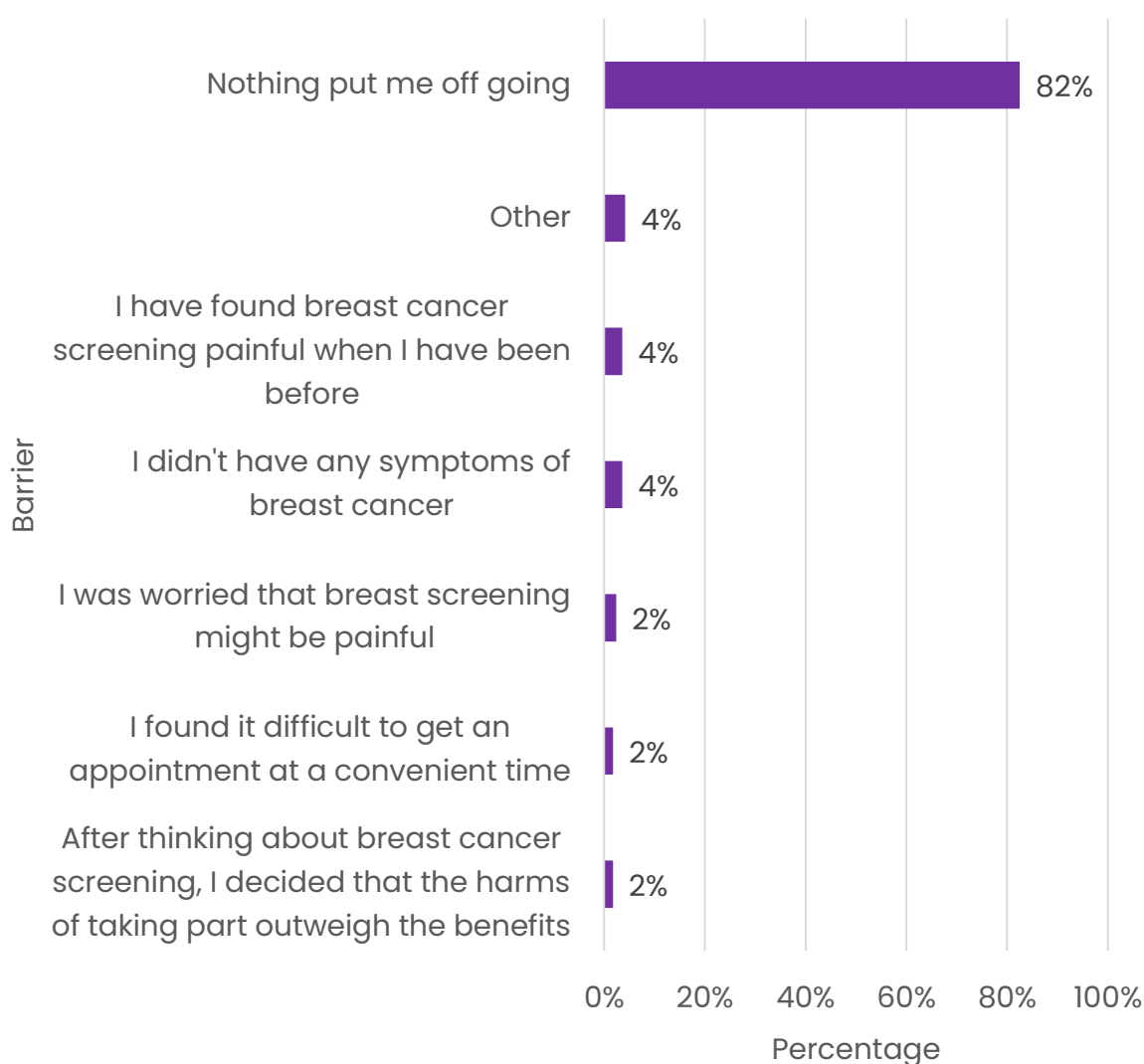


Figure 7. Percentage of respondents who endorsed each barrier (n=117). For clarity, only barriers of 2% or more are shown.

Prevention

Risk factor recognition

Respondents correctly recognised an average of 10 cancer risk factors when shown a list of possible risk factors (n=541). 97% recognised any of the main preventable risk factors and 98% recognised any risk factor. See Figure 8 for what respondents thought was a cancer risk factor.

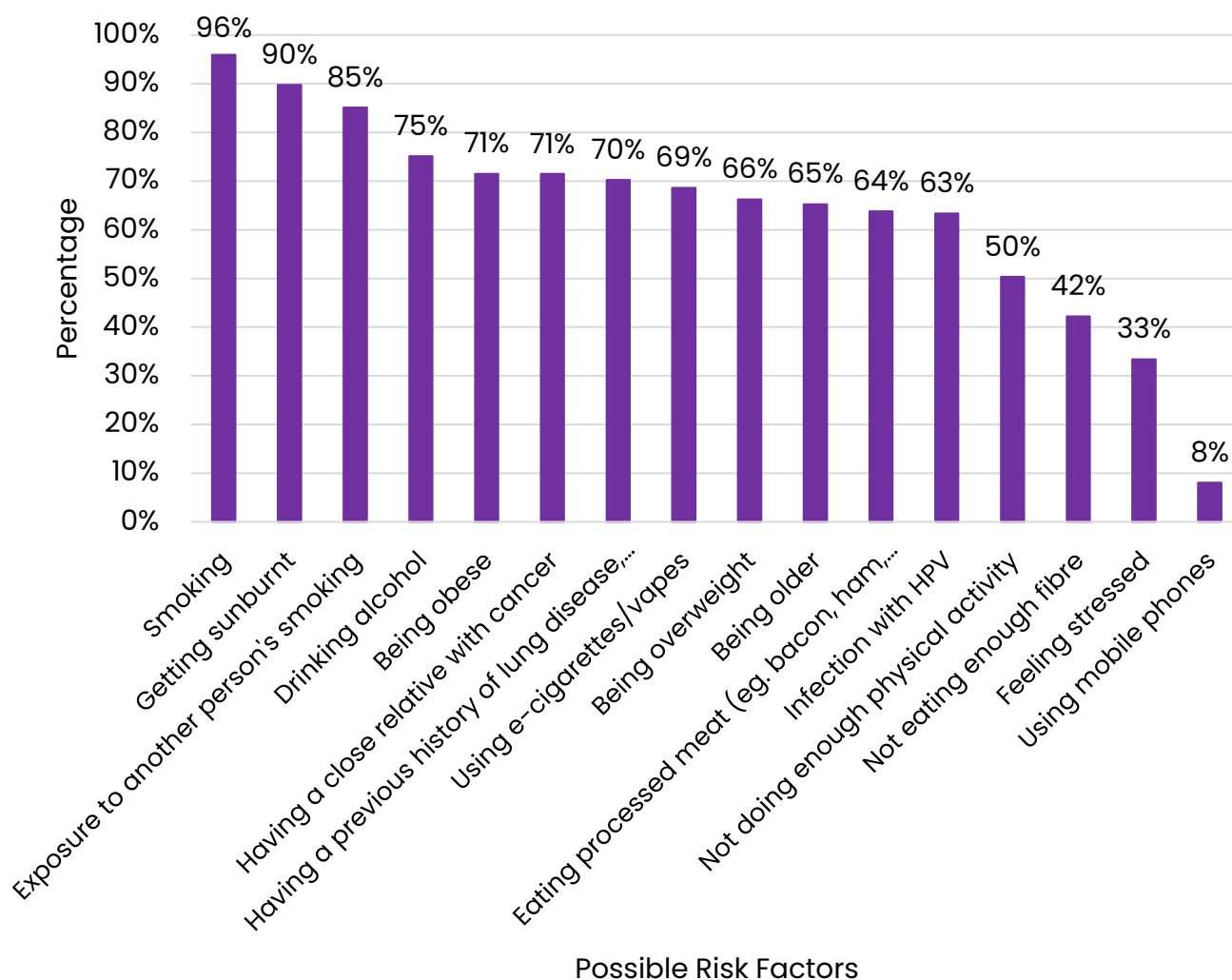


Figure 8. Percentage of respondents who thought each item was a cancer risk factor (n=541). Note that feeling stressed, using mobile phones and using e-cigarettes/vapes are not considered cancer risk factors.

Risk factor recall

When asked to list as many things as they can think of that increase a person’s chance of developing cancer, the most recalled risk factor was smoking (70%). See Figure 9 for all of the things respondents thought could be a cancer risk factor.

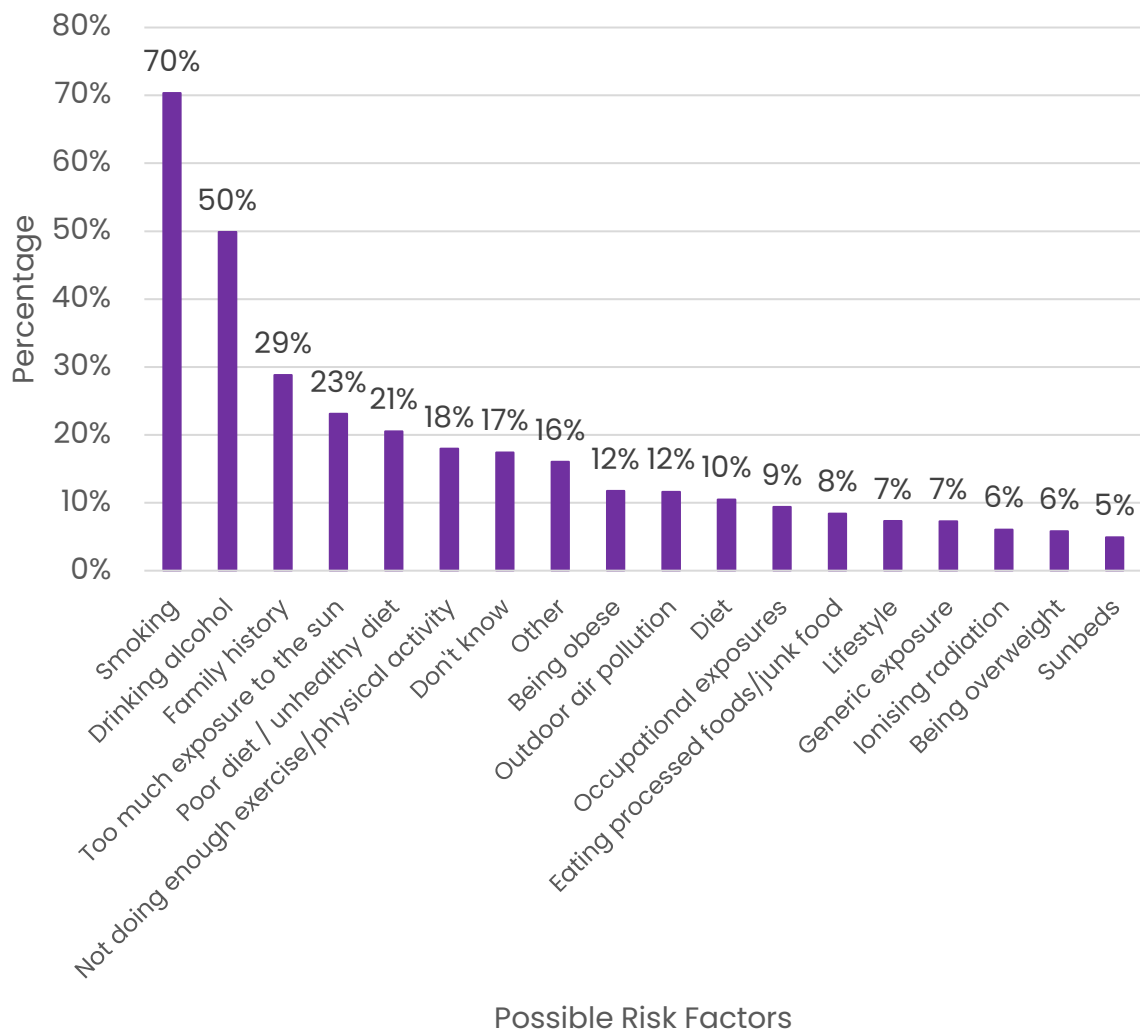


Figure 9. Percentage of respondents who thought each thing was a cancer risk factor (n=541). For clarity, only items of 5% or more are shown. Note that not everything in the graph is a cancer risk factor.

Discussion

Summary

A substantial proportion of people in Scotland do not seek help for potential cancer symptoms. Top barriers to seeking help are service-related (difficulty getting an appointment) and motivational/emotional (worry about wasting the healthcare professional's time and not wanting to be seen as someone who makes a fuss). Top prompts to seeking help are related to the symptom itself and the patient's interpretation of it, and include symptoms that are persistent, bothersome, getting worse, or that are unusual for them. Needing an appointment for an existing problem/condition is also a common reason to seek help, and such appointments may be used to disclose other symptoms.

Whilst awareness of symptoms and risk factors is reasonable, cancer is often bottom of someone's mind when they have a health symptom themselves.

Self-reported uptake/coverage of the three screening programmes is higher than actual uptake (cervical self-reported uptake: 71%, cervical actual uptake: 69%; bowel self-reported uptake: 84%, bowel actual uptake: 67%; breast self-reported uptake: 81%, breast actual uptake: 77%¹ Ref). Intentions to take part the next time they're invited for bowel screening are much higher than actual uptake (89% intend to take part next time).

For breast and cervical screening, pain the last time they went is a key barrier to taking part. For bowel and breast screening a misunderstanding that screening is for people who have symptoms is a key barrier to taking part.

¹https://assets.ctfassets.net/u7vsjnoopqo5/6aQf7dwXUIyULy2RoGR1v1/14f8a87736869f3473d0cc9de6f255dd/screening_programmes_at_a_glance_v4.pdf

Recommendations

The recommendations made here are based only on the CAM+ findings and other research conducted by the Social & Behavioural Research team.

Help-seeking activity recommendations

Public health interventions are required to address the barriers people face to seeking help for potential cancer symptoms. CAM+ data suggest that it needs to be easier to get appointments, and people need reassurance that their Dr wants to see them for anything that isn't going away or is unusual for them. See section 4.3.2 of Cancer Research UK's Longer better lives: A programme for UK Government for cancer research and care² for more on widening access to healthcare.

Screening activity recommendations

To improve informed uptake/coverage of the cancer screening programmes, pain and discomfort during the procedure needs to be addressed (for cervical and breast) and people need to be made aware that screening is for people without symptoms.

A multi-pronged approach is likely to be needed to address pain during screening procedures³. Practices should ensure they are implementing protocols and people are aware of the adjustments they are entitled to ask for. For example, when booking, if people are particularly worried (whether that's due to a condition, disability, general nerves or a previously bad experience) they are allowed to ask for a longer time slot, so they can speak through any concerns they may have^{4,5,6}. Healthcare professionals who conduct breast and cervical screening should be made aware that a painful past experience is a common barrier to taking part, ask patients if they have concerns and offer adjustments that may reduce pain and make appointments more comfortable for the patient (such as different positioning of the patient, use of different size speculums and lubricant for cervical screening⁷). The public should also be informed of ways they can reduce pain during the procedure

² https://www.cancerresearchuk.org/sites/default/files/cruk_programme.pdf

³ CRUK have conducted research with GPs, primary care healthcare professionals and the public about practices to reduce pain and discomfort during cervical screening. These have not been shared as part of this report, but do inform our recommendations for this section.

⁴ <https://www.nhsinform.scot/healthy-living/screening/cervical-screening-smear-test/>

⁵ <https://www.nhs.uk/conditions/breast-screening-mammogram/how-to-book-or-change-an-appointment/>

⁶ <https://www.nhsinform.scot/healthy-living/screening/breast-screening/>

⁷ <https://www.gov.uk/government/publications/cervical-screening-cervical-sample-taker-training/topics-7-and-8-anatomy-physiology-and-taking-cervical-samples>

(such as asking to move position, for a different speculum size, or lubricant to be used for cervical screening³) and encouraged to ask for these at their next appointment.