



Strike A Chord for Cancer

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EDITORIAL

Please cite this paper as: Jiwa M. Male Health Seeking Behaviours. AMJ 2009, 1, 9, 74. Doi 10.4066/AMJ.2009.149

John Zaccaria was thirty three when he was diagnosed with colorectal cancer. It should never have happened. He did not have an 'at-risk' profile with a strong family history and yet his wife knew something was wrong. There was no obvious explanation for the bleeding which persisted over a few weeks. He was persuaded to visit his general practitioner (GP). John happens to have an excellent GP he too sensed the need to dismiss the idea that the cause was simply haemorrhoids. John rarely goes to a doctor but on that fateful day there must have been something about him that didn't seem quite right to his doctor. A brief examination revealed the malignancy. How many of us would have recommended a topical cream and suggested 'come back if the bleeding persists'? After all we all know that the overwhelming majority of people with colorectal cancer are at least 60 years old. What were the chances of cancer in a thirty three year old? But cases like John's are proof of the value of information literally at our finger tips. Because of the skills of his GP John survived and is now helping children live with cancer and men to act on their symptoms.¹

It is sometimes said that many cancers, depending on the histology and site, present at a late stage with few, if any symptoms and that doctors can do little to aid survival once people have developed symptoms.² However, there is evidence that many treatable cancers are not completely asymptomatic even at an early stage and there is potential to ensure a good prognosis by more effective case finding.³ It is plausible that the group of patients with a short symptom-to-diagnosis interval is comprised of a mixture of patients with more aggressive tumours, but also patients with less biologically active disease, who seek care sooner. John's case may have been in this category. Conversely, those diagnosed a long time after the onset of symptoms may include patients with relatively benign tumours, as well as patients with more aggressive disease, who delay seeking care.⁴ Therefore it is incumbent on doctors to identify and refer people who are at high risk of malignant disease. The possibility of advanced disease once symptoms appear cannot be interpreted as an invitation to diagnostic and treatment nihilism. Failure to diagnose malignant disease in primary care is frequently a cause for litigation and complaint. Diagnosis often requires practitioners to notice deviations from normal. John's GP did exactly that.

Experts say that it is important to offer patients advice and information that is consistent with current research evidence. However the British experience suggests that published guidelines, as a summary of that evidence, and as the basis of a strategy to stream referrals to appropriate specialists has failed to benefit patients.⁵ Effective case finding warrants appropriate and timely referral of people with "red flag" cancer symptoms. While there is growing literature on the positive predictive value of some red flag cancer symptoms, there are few recognised effective strategies to implement this evidence. The issue may be less urgent if we ensure that we listen closely to our patients, trust their instincts and those of people nearest and dearest to them but above all examine people as we were taught by our mentors at medical school.

The AMJ has adopted the strike a chord foundation as our adopted charity. A link to the website appears on our partners' page. In future editions we will call for papers focusing specifically on the help seeking behaviours, interventions aimed at early diagnosis of cancer and innovations to support children and their families during cancer treatment.

References:

1. The Strike a chord Foundation available from: <http://www.strikeachord.org.au/> (Accessed September 2009)
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3. Corner J, Hopkinson J, Fitzsimmons D et al. Is late diagnosis of lung cancer inevitable? Interview study of patients' recollections of symptoms before diagnosis. *Thorax*. 2005 Apr;60(4):314-9.
4. Fernandez E, Porta M, Malats N, Belloc J, Gallén M. Symptom-to-diagnosis interval and survival in cancers of the digestive tract. *Dig Dis Sci*. 2002;47:2434-40.
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COMPETING INTERESTS

Moyez Jiwa is the medical advisor to the SAC foundation

PEER REVIEW

Not commissioned; not externally peer reviewed