

Abstract

Cancer has and will become an increasingly important factor in the burden of diseases in the decades to come. Cancer incidence in Sri Lanka is estimated to be around 56.4 per 100 000 population .The commonest site for cancer in female is breast cancer (Cancer registry 2000).

Delayed presentation of breast cancer is associated with lower survival. Moreover the late stage of disease and high mortality are seen with delay in diagnosis and treatment of breast cancer.

Due to various reasons, there are long delays between the onset of symptoms of breast cancer and the time that its' first brought to the attention of health care professionals.

The objective of the study was to describe factors related to timing of first contact with an allopathic medical practitioner, among patients with symptoms of breast cancer attending Breast clinic at Cancer Institute Maharagama.

A descriptive cross sectional study was conducted among a total of 335 women who attended the clinic for the first time during the period from 15th of August to 9th of November 2008.

Data were collected using a questionnaire administered by pre intern medical graduates, who were trained for this purpose. Data were analyzed using SPSS statistical software.

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Age of the participants ranged from 20 to 78 years and majority were Sinhalese as well as unemployed.

The mean time lag in seeking medical care since detecting the first symptom was 11.5 weeks. More than one third of patients (38%), had delay in presentation.

The delay was more common among elderly, unmarried, divorced or widowed, and women who didn't have children. On the other hand Tamils and Muslims had delay in presentation.

The most important correlates of delayed presentation identified in this study were, low income of the family, low social class, first symptom not being a lump, longer distance from home to medical care, using public transport to travel, high travelling cost and having not attended a well women clinic before. Also the patients who related the symptom to a benign condition; and who had not undergone any surgeries before were more liable to delay. Furthermore poor knowledge on breast cancer was a predictor of patient delay.

The study did not demonstrate any association between delay and the district of residence. Also the level of education and employment status of the patient did not affect delay. Past history of benign breast disease and family history of breast cancer too remained unrelated to delay.

This study concludes that delay in presentation of breast cancer is a problem in Sri Lanka. This analysis suggests that women need further information about the different types of breast cancer symptoms to assist symptom recognition, as well as encouragement to seek medical advise, if a symptom is ambiguous. In addition women may benefit from greater awareness of the benefits of early detection and expansion of diagnostic and treatment facilities for breast cancer.

Key words: Breast cancer, Symptom, Delay