

EDITORIAL

Improving Early Presentation and Diagnosis for Breast Cancer: an Applied Qualitative Research Perspective

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This issue of Asia Pacific Journal of Cancer Prevention provides a collection of articles as part of an initiative to promote social and behavioural science research in cancer in Asia.

The set up of the first psychosocial and cultural cancer research network in Southeast Asia and Middle East in August 2010 with seed funding from the Worldwide Universities Network (University of Leeds) is timely as this will serve to address the gaps of health behaviour research using qualitative approach in these regions. The network, known as the UK-SEA-ME Psychosocial-Cultural Cancer Research Network is led by Dr. Jennifer Lim of the University of Leeds (UK) and includes partners from the University of Malaya (Malaysia), National University of Singapore (Singapore) and the University of United Arab Emirates (UAE). The network represents an effort to promote and increase applied qualitative health behaviour research activities on cancer in partner countries. The network was formalised in November 2010 following a workshop in which 9 presentations were made by the partners and invited speakers. These presentations have been written up as a collection of articles in this issue.

The rationale, objectives and mission behind the undertaking of the UK-SEA-ME network are described in the first paper by Lim (2011). The following articles set the scene for research in partner countries. The retrospective study conducted by Rajan and colleagues (2011) revealed delayed presentation of symptoms due to low uptake of breast screening offered under the National Health Service by South Asian patients of Indian and Pakistani origin in the West Yorkshire region in the UK. Dahlui and colleagues (2011) presents the incidence of breast cancer by ethnic groups in Malaysia and describes the policies and strategies, at the national and state level, that are currently in place. Based on existing data, Chang and colleagues (2011) reported the likely contributing clinical and socio-cultural factors affecting health seeking behaviour for breast cancer in Singapore.

Alhurishi et al. (2011) conducted the first systematic review to examine the evidence of late presentation for breast cancer in the Middle East. The findings revealed a lack of research in this area; only 6 quantitative studies were found and 4 of these were Egyptian and 2 Iranian. No qualitative study was located exploring the problem. Lim (ref) compared and examined the existing models of patient delay and late presentation for breast cancer for fitness of use and generalisation to another setting.

Culture plays an important role in influencing

perceptions, attitudes, decisions and behaviours. The article by Potrata (2011) describes the different symbolic meanings patients ascribed to 'breast' which might affect help seeking for medical care. Taib and colleagues (ref) presented qualitative evidence obtained from narrative interviews with a sample of advanced stage breast cancer patients in Malaysia; cultural practices, the use of alternative medicine and misconceptions about breast cancer and treatment were reported to delay patients from seeking immediate medical care.

Cultural differences also have significant impact on the success of conducting research with individuals and families. In the final paper, Aw et al. (2011) stressed the important of adopting a culturally sensitive attitude and the involvement of local network in conducting research in the Middle East. The authors also offered some strategies to address the challenges and increase the success of doing research in the UAE.

Finally, the network partners are grateful to the Editor-in-Chief for the opportunity to publish this collection of articles in this prestigious journal. The Asia Pacific Journal of Cancer Prevention is widely read in Asia and as a regional journal, it provides an important platform for scientists, researchers, practitioners and students to publish their work. For the UK-SEA-ME network, this journal serves a critical function of promoting our work to increase applied qualitative health behaviour research and knowledge transfer to improve early presentation and diagnosis for cancer in a region, where health service research and public awareness of health are low, and cancer prevention has yet become a government priority.

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