

LETTER to the EDITOR

Editorial Process: Submission:12/29/2024 Acceptance:06/07/2025

Bridging Gaps in Cancer Screening Research: A Call for Methodological Precision

Asian Pac J Cancer Prev, 26 (6), 1869-1870

Dear Editor

We have read the article “From Insights to Impact: Understanding Cancer Screening Choices through Mixed-Methods” published in *Asian Pacific Journal of Cancer Prevention*, June 2024, Volume 25, Issue 8, Page no. 2655-2660, with interest [1]. We would like to appreciate the important topic the authors have chosen to conduct their research. The objective of the study was to investigate cancer screening utilization and its influencing factors among men in Amman and to explore and understand men’s engagement in cancer screening. However, there are certain observations, comments and queries which we would like to highlight.

For instance, in methodology section, it is not clear what specific type of mixed-methods design was used (e.g., convergent parallel, sequential explanatory or exploratory) [2]. This would have helped gain clarity on the triangulation of quantitative and qualitative data. It would be helpful if authors can clarify the study setting i.e, from where and how participants were selected in the phase 1 (hospital, community, type of sampling, etc.). It is not clear whether any sample size calculation was done prior to conducting the study and if not, whether any post hoc power calculation was done. Moreover, clarity is required on whether quantitative survey was self-administered or an interview schedule was conducted. Such details are would be helpful for understanding any sources of potential biases during the data collection. Also, it would be good to know the inclusion and exclusion criteria used to recruit the participants, such as, whether the cut off for age was kept at 40 years (eligibility criteria) or there were no participants below 40 years of age. It would also be helpful to clarify in quantitative survey that whether questions related to cancer screening uptake and screening modalities were based on any previously available validated scale or the scale was developed and validated by the authors itself. Further, it would be helpful to know the rationale of conducting focus group interviews as compared to other commonly used qualitative methods, such as FGDs and IDIs. It would be good if authors can clarify regarding the details of academic credentials and training of researchers who conducted the focus group interviews, any software used for qualitative analysis, number of sessions of focus group interviews conducted to recruit 30 participants, and their average duration [3].

In the results section, the mean age of participants of focus group interviews and among them, how many had

undergone and not undergone screening is not provided, which the authors can provide. It would be good if authors can clarify if any standard reporting checklist was used for reporting this mixed method study or qualitative findings. Since only themes are stated, it would be interesting to know if any sub themes were also generated along with one or two quotes from participants in verbatim. Overall screening rate is mentioned as less than 37%, but it would have been good to know the age-specific screening rates. Similarly, it would be helpful to know the cancer screening rates, category-wise under demographic variables given in table 1. Result section does not seem to capture the key findings of cancer screening uptake scale and screening modalities in quantitative part. Thus, it would be interesting to know the other findings apart from those mentioned in cancer screening sub head. This is also important for triangulation of qualitative and quantitative findings in a mixed-methods research design. We would like to point out that there is a minor error in table no. 1, which reports 98.2% participants with family history of cancer, although in text on page no. 2656, paragraph 3 under results section, the same is mentioned as 1.8%. We would also like to know the limitations of current study, if any.

Although the study highlights an important public health issue, addressing the above observations could provide additional critical insights.

Acknowledgments

None

Conflicts of interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper..

References

1. Al Daragemeh AI, Saleh AM, Abdel-Aziz HR, V A, AlOmari AK, AlOmari AA. From insights to impact: Understanding cancer screening choices through mixed-methods. *Asian Pac J Cancer Prev*. 2024;25(8):2655-60. <https://doi.org/10.31557/apjcp.2024.25.8.2655>.
2. Alsoghier A, Alnutaifi A, Alotaibi O, Alotaibi A, Alharbi A, Almubarak N, et al. Barriers and facilitators for oral health screening among tobacco users: A mixed-methods study. *BMC Oral Health*. 2024;24(1):306. <https://doi.org/10.1186/>

s12903-024-04084-1.

3. Mathew A, Lockwood MB, Steffen A, Tirkey AJ, Pavamani SP, Patil CL, et al. Symptom cluster experiences of patients operated for oral cancer: A mixed methods study. *Semin Oncol Nurs.* 2023;39(3):151407. <https://doi.org/10.1016/j.soncn.2023.151407>.

Sana Anwar^{1*}, Anindo Majumdar², M Sushma Yadav²

¹Department of Community and Family Medicine, 2nd Floor, Medical college building, AIIMS Bhopal, India. ²Department of Community and Family Medicine, All India Institute of Medical Sciences, Saket Nagar, Bhopal 462020, Madhya Pradesh, India.

*For Correspondence: drsanaop@gmail.com