

LETTER to the EDITOR

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Comment on: Breaking Barriers in Cancer Screening: Understanding Participant Dropout in Breast and Cervical Programs in Morocco

Asian Pac J Cancer Prev, 26 (6), 1873-1874

Dear Editor

I have thoroughly engaged with the article “Breaking Barriers in Cancer Screening: Understanding Participant Dropout in Breast and Cervical Programs in Morocco [1]. I sincerely appreciate the author’s diligent work on this crucial topic. Which merits reader recognition I concur with the article’s primary conclusion that emphasizes the need for better communication after positive tests, effective re-engagement strategies, and increased financial accessibility. Tackling these issues is crucial for reducing LFU rates and improving outcomes in breast and cervical cancer care in Morocco. However, there are a few additional elements that will enrich the article’s conclusion

Firstly, Mobile Health Clinics Implementing mobile health units that travel to remote and underserved areas can provide access to screening services for women who live far from healthcare facilities. These clinics can offer mammograms, Pap smears, and other essential services [2]. Secondly, Telemedicine Utilizing telemedicine to connect patients in remote areas with healthcare providers can help bridge the gap. Teleconsultations can provide follow-up care, consultations, and even some diagnostic services, reducing the need for travel [3] Thirdly Community-Based Screening Programs: Establishing community-based screening programs in local community centers, schools, and other accessible locations can make it easier for women to get screened. These programs can be tailored to the specific needs of the community, ensuring that they are culturally relevant and effectively address any barriers to participation. By involving local leaders and healthcare workers, these initiatives can enhance trust and encourage more women to take advantage of screening services, ultimately leading to earlier detection and improved health outcomes in breast and cervical cancer [4] Further on Awareness Campaigns Conducting awareness campaigns in remote and rural areas to educate women about the importance of regular screening and early detection. These campaigns can also provide information on available services and how to access them [5] lastly Research on Regional Disparities: Research to understand the specific geographical barriers faced by women in different regions of Morocco. This can help identify the most effective interventions for each area and ensure that resources are allocated appropriately[6].

References

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Reply to the letter to the editor: Breaking Barriers in Cancer Screening: Understanding Participant Dropout in Breast and Cervical Programs in Morocco

Dear Editor

We sincerely appreciate your engagement with our article, “Breaking Barriers in Cancer Screening: Understanding Participant Dropout in Breast and Cervical Programs in Morocco.” Your insightful suggestions bring

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valuable perspectives to the ongoing efforts to improve screening retention and follow-up care. Our study focused on understanding why women who completed the initial screening did not pursue follow-up care. While the proposed interventions mobile health clinics, telemedicine, community-based programs, awareness campaigns, and regional research are highly relevant to increasing initial participation, they can also be adapted to specifically address the issue of dropout after a positive screening result.

1.Mobile Health Clinics

While traditionally used in Morocco to expand access to initial screening, mobile clinics could also deliver follow-up services for women with abnormal results, reducing geographic and financial barriers to care.

2.Telemedicine

Remote consultations could play a critical role in bridging the gap between screening and follow-up care. Patients can get expert reviews without needing to travel. Telehealth follow-ups and appointment reminders can help mitigate fear and logistical constraints, which are common reasons for dropout. While telemedicine cannot replace the physical procedures needed for screening, it complements the process by expanding access, improving education, and make the care coordination more efficient.

3.Community-Based Screening Programs

Beyond screening, these programs could incorporate patient navigators—trusted local figures who follow up with women, provide counseling, and facilitate their return for necessary tests or treatment.

4.Awareness Campaigns

Shifting the focus from just encouraging participation to emphasizing the importance of completing care can address misconceptions and fear surrounding follow-up procedures.

5.Research on Regional Disparities

A deeper understanding of regional differences in dropout rates would allow for targeted interventions, ensuring that resources are allocated effectively to the areas with the highest attrition.

We agree that these strategies can enhance retention and encourage women to complete the full screening and treatment pathway. Your suggestions contribute to a more comprehensive approach, and we appreciate your engagement in this important discussion.

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