POLICY BRIEF

By Mandy Thoo, Saunthari Somasundaram, Murallitharan M.
HIGHLIGHTS

World Cancer Day is celebrated worldwide on 4 February every year. This year, the Union for International Cancer Control, the world’s largest and oldest international cancer organisation, calls for action on early detection, screening, and diagnosis to save lives.

What is early detection, screening and diagnosis?

Early detection: education and promotion of early diagnosis and screening.

(Cancer) screening: a process that uses simple, inexpensive tests to identify individuals who have cancer or precancerous conditions, but yet to show any symptoms.

Early diagnosis: diagnosing cancer at an early stage (I or II).

What is our problem?
In Malaysia, cancer is often detected or diagnosed late. Over half of all Malaysian cancer patients are diagnosed at late stages (III or IV).

Why does this matter?
The later patients are diagnosed, the poorer their chances are of survival. For example, the 5-year survival rate of colorectal cancer is 76% if diagnosed at stage I, and 17% if diagnosed at stage IV. Currently, 1 in 3 colorectal cancer patients in Malaysia are diagnosed at this last stage.

Early intervention not only saves lives, but is highly cost effective. A study based in U.S. estimates early diagnosis of cancer can save the country up to USD26 billion a year.

Malaysia co-sponsored the Cancer Resolution 2017, which was adapted by the WHO and emphasised early detection and diagnosis.

BACKGROUND

- Over 100,000 Malaysians live with cancer at any given time, with 1 in 10 men, and 1 in 9 women at risk of getting the disease in their lifetime.\(^2\)

- Cancer is also the 4\(^{\text{th}}\) largest cause of death in the country.\(^3\) It is the 1\(^{\text{st}}\) cause of death in private hospitals, and the 4\(^{\text{th}}\) cause of death in public hospitals.\(^6\)

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More than half the patients of these top cancers are diagnosed at late stages (III and IV).

The difference in survival rates upon diagnosis is vast. For example, patients diagnosed with Stage I breast cancer have an 88% chance of surviving 5 years, compared with patients diagnosed at Stage IV, who only have a 23% chance of survival. The 5-year survival rates of patients in Malaysia are lower than that of neighbouring countries in Asia (Singapore, Korea, Japan, China, Thailand) despite sharing a similar socioeconomic status.
CHALLENGE 1
Lack of resources for early detection, screening or diagnosis.  

CHALLENGE 2
Poor health literacy. A Malaysian study of 345 cancer patients in the B40 group revealed that 60% had limited cancer health literacy.  

Health Literacy is defined as more than “being able to read pamphlets and successfully make appointments.” It is also defined as understanding [the disease] enough to make sound health decisions.  

CHALLENGE 3
Poor uptake of opportunistic screenings offered by the Government, whether for free or at a subsidised cost. For example, mammography uptake from year 2006 to 2015 in Malaysia ranged between 3.6% and 30.9%. Reasons included: lack of knowledge of (and where to go for) mammograms, embarrassment and fear.  

RECOMMENDATIONS (CHALLENGES 1-3)
- Focus on the three major ‘screenable’ cancers with cost-effective screening tests: breast, cervical, and colorectal.  
- Design and deliver a standardised, sustainable education programme specifically for different levels of society that can be implemented nationwide. These programmes should be tailored to specific age groups (e.g. for schools and universities separately), and include key components such as: i) improving health literacy, ii) recognising the symptoms of cancer; and ii) understanding on how and when to find help pertaining to cancer from healthcare professionals (HCPs).  
- Implement targeted media campaigns on the warning symptoms of cancer, driven by Ministries other than the Ministry of Health. An example could be a campaign driven by the Ministry of Communications and Multimedia, as this ministry has incredible reach to raise the awareness of this disease.  
- Define roles and responsibilities for each level of government in early detection and screening of cancer: for example, at the political constituency level, representatives (i.e. MPs, councillors or ADUNs) should lead community programmes that complement the efforts of the Ministry of Health.  
- ‘Plus one’ policies: integrating a cancer education/screening component to the Government’s existing non-health programmes. One example could be the inclusion of a clinical breast examination teaching module within a retail entrepreneurship training programme run by KPDNKK.  

CHALLENGE 4

Limited access to early detection, screening, and diagnosis: financial, logistical, geographical, and psychosocial barriers prevent the public from seeking professional health as soon as symptoms appear\(^\text{11}\).

CHALLENGE 5

It is especially difficult for disadvantaged groups (those with lower socio-economic status, disabilities, or Indigenous populations) to access early detection and diagnosis services\(^\text{15}\).

CHALLENGE 6

Suboptimal cancer knowledge among frontline healthcare professionals (HCPs), which could lead to inaccurate clinical assessment and delays in clinical diagnosis\(^\text{11}\).

RECOMMENDATIONS (CHALLENGES 4-6)

- The inclusion of screenings for the early detection and diagnosis of breast, cervical, and colorectal cancer (Clinical Breast Examinations (CBEs), Faecal Occult Blood Test (FOBT), and pap smears) in healthcare programmes. A good example is the inclusion of CBEs and prostate clinical examination into the recently announced PeKa scheme\(^\text{16}\) for the B40 group.

- The inclusion of cancer screenings as a part of employees’ annual medical check-up (covered by workplace insurance), as the cost of the three ‘screenable’ cancers is minimal\(^\text{17}\).

- The inclusion of periodic age-appropriate screenings for the three ‘screenable’ cancers in life insurance policies\(^\text{17}\).

- Incentivise and empower disadvantaged communities to attend early detection and screening programmes, including the provision of transport as well as compensation for out-of-pocket expenses such as meals and loss of earnings\(^\text{11}\). An example could be providing meal and transportation vouchers for participants coming from out of town to attend a screening.

- **Improve capacity at the primary care level/first contact point in the system in the identification of common cancers\(^\text{11}\)**
  - Provide training (with accreditation) to primary care physicians on improving early recognition of cancer signs and symptoms, referral pathways, and good diagnostic services.
  - Provide more comprehensive, standardised educational courses for all frontline healthcare professionals (HCPs) such as pharmacists and nurses. Content should include: core knowledge and skills regarding the referral of cancer cases, expert knowledge and skills on diagnosis and treatment services, undergraduate oncology education such as signs and symptoms and detectable cancers.
  - Standardise the referral pathway from primary to secondary or tertiary care across public and private hospitals.

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## CURRENT MALAYSIAN SCREENING GUIDELINES (FOR THE GENERAL POPULATION)\(^{18}\)

<table>
<thead>
<tr>
<th>Cancer</th>
<th>Types of screening</th>
<th>Frequency</th>
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</thead>
<tbody>
<tr>
<td><strong>Breast</strong></td>
<td>Clinical Breast Examination</td>
<td>Age 20-29: once every three years</td>
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<td></td>
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<td>Age 40 and above: once a year</td>
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<tr>
<td></td>
<td>Mammography</td>
<td>Age 50-74: once in 2 years</td>
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<td></td>
<td></td>
<td>For high-risk women: once a year</td>
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<tr>
<td><strong>Colorectal</strong></td>
<td>Immunological Faecal Occult Blood Test (iFOBT)</td>
<td>Age 50-75: annual</td>
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<tr>
<td><strong>Cervical</strong></td>
<td>Pap smears</td>
<td>Age 30-65 who are sexually active or ever had intercourse:</td>
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<td></td>
<td></td>
<td>Once a year for 2 years, followed by once every 3 years</td>
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<tr>
<td><strong>Lung and nasopharynx</strong></td>
<td>Cost-effective screening methods are these two cancers are not currently available</td>
<td>N/A</td>
</tr>
</tbody>
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An affiliate of:

Published by

The National Cancer Society of Malaysia
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4 February 2019