

Letter to the Editor

Overcoming the barriers to the early detection of cancer

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Dear Editor,

Tripathi *et al.* should be congratulated for their important study on the barriers to the early detection of cancer among Indian rural women.^[1] The conclusion was clear – the main barrier to early detection was the cognitive one: Women simply have low level of knowledge of the symptoms and signs of cancer in its early stages. The question that remains however is what to do about this problem – and especially so in the context of women who have lower educational attainment.

The temptation is to dive in with multistream educational interventions in a variety of different formats - however this temptation must be resisted at all costs. Such a top-down approach, regardless of how well meaning it is, will likely have a limited effect. As always when you feel you need to act with haste, it is best to slow down and take stock. A rational and strategic approach will most likely make most progress in the long-term. First of all it is worth literally taking stock of all the resources that might already be available. Such resources may already been in existence, but might not be adequately available or in the right medium or right language. Regardless of these caveats however starting with existing resources is likely to be better than starting with nothing.

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Existing resources can be rolled out or translated or changed from electronic to print formats or vice versa. If new educational resources need to be created then it is probably best to create these with the intended audience. Materials created in this way will be more likely to be pitched at the correct level and to be culturally appropriate. Material for an audience with low-literacy level might need to be predominantly image-based or multimedia-based – however many important messages can be imparted in this way.^[2] Even patient information for a literate audience should be written in simple language.^[3] All materials should also be adequately piloted before being rolled out regionally or nationally. Finally, the educational intervention does not end with roll out - rather it should be evaluated regularly and subject to continuous quality improvement.

This strategy and these approaches will take time - however they are most likely to be effective into the medium or long-term.

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