Knowledge of symptoms suggesting malignant disease amongst general practice patients

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SUMMARY. A questionnaire completed by 119 general practice patients showed that patients often do not appreciate the importance of certain cancer symptoms. Patients' failure to respond to certain symptoms may be an important reason why they delay in seeking help.

Introduction

IN the management of patients with malignant disease, the assumption is made that early diagnosis may lead to longer survival. The evidence from the staging of various malignancies seems to support this—the earlier the stage, the longer the survival. A recent survey of cases of early gastric cancer (Fielding *et al.*, 1980) showed a greater survival for mucosal lesions. Various workers have attempted to define the areas where delay in diagnosis occurs (Gray, 1967; Jenkins, 1978; Macadam, 1979). The delay factors present in individual practice or hospital systems are usually identified with a view to correcting these. However, the longest delay period is often the time between the patient first appreciating a symptom and then reporting it to the doctor.

This delay may well occur for a variety of reasons connected with the way the doctor practises. However, the area which is most interesting is how our patients perceive their symptoms and which ones they regard as serious.

Aim

An attempt was made to find out which symptoms a random selection of patients consulting a general practitioner regarded as suspicious of cancer.

Method

The practice has five partners and one trainee with a combined list of 10,300 patients. An appointments system operates and although patients have a free choice of doctor, they are encouraged to stay with a particular partner where possible. The author is the trainer in the practice and also has a clinical assistant session in radiotherapy and oncology at the West Cumberland Hospital, Whitehaven.

The practice population is almost exclusively drawn from the urban area of Workington, an industrial town on the border of the Lake District National Park. The patients are predominantly in social classes III, IV and V and most were born and brought up in the area.

During one week in February 1981, all patients who consulted the author were handed a questionnaire by the receptionist and were asked to complete it before leaving the surgery. The questionnaire (see Appendix) explained that an attempt was being made to find out which symptoms a lay person would regard as suspicious. Patients were assured that the information would be collected anonymously—the completed questionnaire was placed in a basket by the reception desk.

Results

One hundred and twenty questionnaires were given out and 119 were completed, returned and were suitable for analysis. There were 83 women and 36 men in the group studied. The preponderance of women was probably accounted for by mothers who brought children to be seen.

The age structure of the study group was as follows (percentages in brackets): under 20, 23 (19); age 20-40, 37 (31); 41-60, 39 (32); 61-70, 15 (12); over 70, 5 (6).

The number of patients who indicated that particular symptoms would make them suspicious of cancer is given in the Table.

Discussion

These results are a snapshot of patients' perceptions of what constitutes a serious symptom, and represent only a 1 per cent sample of the practice population. However, the results appear to bear out what has hitherto been only an impression of the author and his colleagues, namely that patients may not appreciate the

Patients' attitudes towards symptoms. N: M=36, F=83. (Percentages are given in brackets.)

Symptoms	Number suspicious M	F
Painful breast lump	17 (47)	50 (60)
Painless breast lump	15 (41)	48 (57)
Pain in the chest	16 (44)	26 (31)
Dry cough	17 (47)	31 (37)
Coughing blood	21 (58)	41 (49)
Stomach pain after meals	6 (16)	11 (13)
Rectal bleeding	4 (11)	25 (30)
Haematuria	14 (38)	25 (30)
Bleeding between periods	17 (47)	37 (44)
Post-menopausal bleeding	7 (19)	42 (50)

importance of certain symptoms. This has been noted by other authors. Gold (1964) studied causes of patient delay in presenting with breast cancer and noted that of a series of 100 women with breast cancer, 64 came so late that only palliative treatment was possible. Among the reasons given for delay were insensitivity to breast changes, ignorance of the significance of a lump, hope that the lump would disappear by magic, temporizing advice of a doctor, poverty (USA), lack of pain and fear of cancer. Aitken-Swan and Paterson (1955) noted similar delay patterns in a series reported from Christie Hospital in Manchester. In this series of 2,700 patients with cancer of the breast, cervix, skin or mouth, 45 per cent had delayed consulting their doctor for three months or more. Altogether, one quarter of women with breast cancer did not realize the possible significance of their symptoms.

Twenty-six years later, the response rate of patients in the present series to breast lumps is not really any more encouraging. The fact that respondents considered a painless breast lump less serious than a painful breast lump is also alarming.

Elwood and Moorehead (1980) studied records of 1,591 women with a histologically proven primary breast neoplasm diagnosed in Vancouver between 1945 and 1975, and concluded that patients in whom there was a shorter delay between the appearance of symptoms and diagnosis survived longer. However, they also observed that these delay times had not fallen since 1960, despite the upsurge in cancer education since then.

The problem of delay is compounded when symptoms are common to both benign and malignant disease. In the present series there was a low response rate for both abdominal pain after meals and rectal bleeding. In the study of early gastric cancer (Fielding *et al.*, 1980), the most common presenting symptom was epigastric pain. Weight loss was lower down on the list. In a computer-aided diagnostic programme for the differential diagnosis of abdominal pain, epigastric pain is again a good discriminator for the diagnosis of gastric cancer (de Dombal, personal communication). The problem for the practising family doctor is to maintain a high index of suspicion amongst the mass of patients presenting with dyspepsia.

Rectal bleeding again evoked a low response rate, and presumably this is because of the connection in patients' minds with the common condition of haemorrhoids. Hacket and colleagues (1973) found that in a group of patients who delayed seeking advice for symptoms of cancer, the group who had rectal cancer had the greatest delay. There was a distinct relation between the site of the cancer and the delay, patients with breast cancer showing the least delay.

In the group of gynaecological symptoms there was a significant difference between men and women in the response to post-menopausal bleeding. However, the response from women was still quite low, only 50 per cent regarding it as a serious symptom. Perhaps the question could have been phrased more tightly and a time limit given. However, it may be that the publicity given to cervical smear testing may be causing women to disregard symptoms and concentrate on attending for tests.

There have been several studies of the behavioural aspects of patient delay (Goldsen, 1963; Makover, 1963; Hacket *et al.*, 1973) but most of these have concentrated on such aspects as fear, thoughts of pain or disfigurement or economic considerations. Few have considered the fundamental question that patients may not possess adequate knowledge of significant symptoms. As in 1955, there still appears to be a need for patient education. Perhaps general practice is the place to start.

Appendix: Group Practice Patient Survey

We are trying to find out how we can detect the signs and symptoms of cancer early in the disease. In order to help us, we would like to know which signs and symptoms you as a lay person would regard as suspicious. Please will you help by answering the following simple questions? The information is anonymous and confidential—we do not even want your name.

When you have completed the questionnaire, please place it in the box on the desk.

Thank you very much for your help.

1. What is your age (please tick)?
   - Under 20 ☐
   - 20-40 ☐
   - 41-60 ☐
   - 61-70 ☐
   - Over 70 ☐
2. Please tick
   - Male ☐
   - Female ☐
3. Have you had a close relative who has had cancer?
   - Yes ☐
   - No ☐

4. In the following list please tick which symptoms would make you suspicious of cancer?
   a) A painful breast lump ☐
   b) A painless breast lump ☐
   c) Pains in the chest ☐
   d) A dry cough ☐
   e) Coughing blood ☐
   f) Stomach pain after meals ☐
   g) Bleeding from back passage ☐
   h) Blood in urine ☐
   i) Bleeding between periods ☐
   j) Bleeding after periods have stopped ('the change') ☐
5. If you had any of the above symptoms, how long would you wait before consulting your doctor (please tick)?
   1 day ☐
   1 week ☐
   2 weeks ☐
   3 weeks ☐
   1 month ☐

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Just a virus . . .

An assay has been developed to measure an interferon-induced enzyme in white blood cells. The activity of this enzyme is constant in healthy subjects, but increases by 2 to 10 times in 85 per cent of patients with acute viral infections. The enzyme level was not raised in bacterial infections or in non-infectious diseases studied.

Source: Schattner, A., Merlin, G., Wallach, D. *et al.* (1981). *Lancet,* **2,** 497-500.