

The chief reasons given for not getting mammograms were not believing a mammography was needed (51.2%). Other barriers were workload, time constraints, cost, and access to services.

Conclusion: Continuing education programs for nurses in Shiraz hospitals are needed to improve their knowledge and performances toward of breast and cervical cancer screening programs.

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Community mobilization and client recruitment into cervical cancer screening in Kenya as a means of prevention

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Background: Go Fishnet Youth Project (GFYP) is part of the fraternity of registered Non Governmental Organizations (NGOs) by Kenya government to facilitate, create awareness and bring empowerment process for income-generation to community health workers (CHWs) especially in the area of cancer and its prevention. This project builds upon local efforts to develop an affordable and sustainable method of cervical cancer prevention services.

Methods: Through partnership with local NGOs and CBOs with the same mind on cancer prevention and Ministry of Health, Ministry of Culture and Gender.

Most Kenyan community health workers in the rural areas will recognize some important basic steps of the income-generation empowerment process being used to sustain volunteer community health workers, who motivate and sensitize communities in western Kenya about cervical cancer screening services through a join collaboration network and partnership.

The Go Fishnet Youth Project has been in collaboration with other community based entities and organization such as Maendeleo Ya Wanawake (MYW) which is a national women's advocacy organization and Awuoth Widows and Orphan Group, to facilitate, sensitize, mobilize and recruit women in surrounding communities for screening. The community based health workers were encouraged to venture into income-generating activities through Go Fishnet Youth Project facilitation programmes without foreign support when donors funding is not available.

Results: The Community Health Workers are integrating micro-enterprises into their cervical cancer prevention activities which link them with local small-scale enterprenuer companies offering loans to individuals/groups working with cancer patients.

There are many factors which otherwise could have affected Community Health Workers in creating early awareness of cervical cancer and its prevention and this includes financial resources constraints, sociocultural norms amongst the Luos in western Kenya and continued poverty amongst the people living in the area. This study attempts to use these factors to build a successful method for screening behavior among women aged 21–40 in Nyanza Province. Since March 2006, Go Fishnet Youth Project (GFYP) has provided cervical cancer prevention services in Kisumu District. As a result, over 6000 women residing in a rural area have received cervical cancer screening through active every home crusade visual inspection with acetic acid or Lugol's iodine and over 50 (CHW) registered them. The comparison of previous data and the current one show the study results of the current as of remarkable prevention of carvical cancer in low-resource setting.

Conclusions: An effective local infrastructure by community health workers in cancer prevention in a low-income area of Nyanza in western Kenya brings a sustainability to community based health workers in their prevention outreach in rural communities giving little concern to foreign funding dependability to eradicate cervical cancer.

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Knowledge, attitudes, beliefs, behaviour and breast cancer screening practices in Ghana

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Background: Ghanaian women have a low awareness and participation rates in breast cancer screening practises. As a result about 60% of the patients are diagnosed with advanced disease resulting in poor outcome.

Purpose of the study: The purpose of the study was to explore various factors needed to develop socio-economic and cultural specific models to improve breast cancer care in Ghana.

Methodology: The study which was conducted in Accra and Sunyani both in Ghana involving 474 women, physicians and traditional healers employed both quantitative and qualitative methods. Statistical tests were done on the quantitative data whilst the qualitative data was analysed by constant comparison method.

Findings: Respondents' knowledge on breast cancer was found to very low, however, higher education levels indicated superior knowledge and a more positive attitude towards breast screening ($U = 3138$, $N = 474$, $p < 0.001$). The attitude towards the disease range from fear; denial; guilt and spiritual attributes of the disease and linked treatment of the disease with death as many patients die shortly after treatment.

Conclusion: The low level of breast cancer awareness among the respondents indicates that the public educational campaigns, intended to educate women in Ghana on breast cancer, are inadequate and ineffective. The study came to the realization that routine mammography screening will be very difficult to implement in Ghana at the moment due to lack of capacity and other socioeconomic factors and therefore proposes a model based on current socio-cultural and economic development in the country. The first approach to the model is to increase awareness and encourage the women to undertake breast self-exam (BSE) and report any suspicious findings for clinical evaluation. The second is to encourage widespread adoption of clinical breast examination (CBE). The few mammogram centres can then be used for diagnostic purposes and screening for high risk or symptomatic women. Provision of treatment facilities and development of an efficient early referral system are stressed.

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Breast cancer challenges in Grodno region (Belarus)

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Goals: The aim of this work was to study some trends in the breast cancer (BC) epidemiology and management in Grodno region.

Methods: Incidence were investigated using data from national cancer registry for 12 years and official reports. Local state reports, 161 outpatients histories from Grodno regional hospital were analyzed in order to estimate BC management from 2003.

Results: BC incidence in Grodno region is rising significantly with time ($P < 0.001$ for linear relationship) from 43.9 per 100,000 in 1997 to 60.7 in 2008. In 2008 BC incidence was on the second spot (17.0%) among female cancer incidence in Grodno region after cancer of skin (21.5%) and ahead of cancer of large intestine (11.1%) and cancer of the uterus (8.8%). Number of surgeries of breast in Grodno regional health center is growing with time ($P = 0.32$) from 498 in 2003 to 741 in 2008. Patterns of pharmacological treatment of BC are changing toward using more modern

and more expensive drugs and using wider spectrum of preparations although recent advances in pharmacological treatment and diagnostics are coming in practice with delay.

Conclusions: Rising BC incidence keeps bringing new challenges for healthcare system. Breast cancer incidence is rising so quickly in Grodno region (1.36 times during 12 years) that there is a vital need of development of prevention strategies.

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Early detection of upper gastrointestinal tumors based on molecular analysis

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Molecular analysis of p53 (plays a crucial role in cellular proliferation and apoptosis) might help to identify patients from high risk population at early stage of malignant transformation.

Materials: Immunohistochemical staining was performed on routinely processed paraffin primary tumour sections from 28 patients with cancer (5 esophageal squamous cell carcinoma, 23 adenocarcinoma of gastroesophageal junction (Siewert 1-2-3) (S1, S2, S3) and 13 patients (control group) with non-cancer lesion or normal tissue of upper digestive tract. P53 was evaluated by 2 categories: intensity and diffusion. Complete resection was performed for all cancer patients.

Results: We found no association between p53 expression and median survival of esophageal and cardia cancer patients ($p=0.004$). P53 was significantly higher in the cancer tissue than in normal ($p=0.014623$ for diffusion, $p=0.003382$ for intensity). p53 was significantly lower ($p<0.001$) in the S3 group than in S2. But no significant difference was observed in p53 expression between S1 and S2 cancers (both for diffusion and intensity).

Conclusions: P53 expression does not indicate prognosis of patients with upper digestive tract tumors. P53 examination in biopsy specimens taken during endoscopies in patients with precancerous lesions may be helpful for early detection of upper digestive tract tumors.

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Colorectal cancer incidence trends in US and UK populations: a right- to left-sided biological gradient with implications for screening and chemoprevention

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Background: Several lines of evidence support the premise that screening colonoscopy reduces colorectal cancer (CRC) incidence, but there may be differential benefits for right- and left-sided tumours. To better understand the biological basis of this differential effect, we derived bio-mathematical models of CRC incidence trends in US and UK populations, representing relatively high- and low-prevalent screening, respectively.

Methods: Using the Surveillance Epidemiology and End Results (SEER) and the Office of National Statistics (ONS) registries (both 1973 to 2004), we derived stochastic multistage clonal expansion (MSCE) models for right- (proximal colon) and left- (distal colon and rectal) sided tumours. The MSCE concept provides a quantitative description of natural tumour development from the initiation of an adenoma (via biallelic tumour suppressor gene inactivation) to the clinical detection of CRC.

Results: From 1,148,546 (SEER: 320,521; ONS: 828,025) cases, parameters estimates for the calendar-cohort adjusted models showed that adenoma initiation rates were higher for

right-sided tumours while adenoma growth rates were higher for left-sided tumours. The net effect was a higher cancer risk in the right colon after age 70 years. Consistent with this finding, simulations of adenoma development predicted that the relative prevalence for right- versus left-sided tumours increases with increasing age; a differential effect most striking in women.

Interpretation: Using a realistic bio-mathematical description of CRC development for two nationally representative registries, we demonstrate age- and sex-dependent biological gradients for right- and left-sided colorectal tumours. These findings argue for an age- and sex- and site-directed approach to CRC screening and chemoprevention.

P22

Kenyan children with cancer: Controlling Burkitt's lymphoma

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Background: Over 300 children are diagnosed with Burkitt's Cancer every year in Kenya. The changing lifestyle, poverty and lack of knowledge play a vital role in the rise of cancer amongst poor villagers in Kenya. The research gathered by Go Fishnet Youth Project conducted in western Kenya shows the number of cases of Burkitt's Lymphoma reported at various health facilities as increasing due to high level of poverty and lack of awareness while the possibility of eradicating it is 80% if Kenyan people at grassroot level had resources available and good diet!

Methods: The Ministry of Health in conjunction with Go Fishnet Youth Project and other partner Community Based Organizations (CBOs) have come up with a multi-sectoral approach of preventing and controlling and if possible eliminating the spread of cancer among children in western Kenya. This new approach brings together individual groups and expertise to combine their efforts to fight and control cancer. Go Fishnet Youth Project has a termly educational exchange programme and counseling in various primary and secondary schools to sensitize young girls and boys to recognize possible signs of the disease and how to respond quickly without fear of stigma if suspected. Other cancer cases are encouraged for aggressive therapeutic programmes within prophylaxis (prevention) programmes.

We carry out these initiatives through:

Every-home-crusade and diagnosis in schools, villages and hospital facilities.

Organize workshops to train volunteer community based workers for village awareness and sensitization programmes.

Creation of home-based care to provide lectures and teachings on basis initiatives to eradicate poverty and have plenty of food from small scale farming and local infrastructures.

Result: With Prophylaxis (Prevention) programme, the patients who report early have a survival rate of 90%; among children however most cancers are reported late with poor treatment. Lack of enough and adequate food contributes to the cause of cancer among children because cancer actually is caused by the Epstein-Barr (EB) virus. This virus can stay in the system and gets frequent bouts of malaria with poor treatment which results into cancer. This cancer occurs when children's B-lymphocytes (jaw area lymphodes) are infected with EB virus. This infection is common in Kenya and usually causes no long-term problems and can be prevented.

Conclusion: Cancer amongst children in Kenya can be controlled, treated and eradicated if we have enough sensitization and awareness programmes at the grassroot levels. This includes mobilization of community based workers, media, youth initiatives for change in the society