PREVALENCE OF SUN PROTECTION, SKIN SELF-EXAMINATION AND SKIN CANCER SCREENING BEHAVIORS AND PRACTICES AMONG MEDICAL STUDENTS IN TIRANA, ALBANIA WITH FAMILY HISTORY FOR SKIN CANCER

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ABSTRACT

Introduction Cutaneous malignant melanoma prevalence, incidence and mortality rates are increasing in white populations worldwide more rapidly than any other cancer site (American Cancer Society, 2006). Despite the potential importance of regular skin self-examination and promotion of self-protection practices, little is known about the prevalence of these practices in medical students in Albanian population.

Methods This is a descriptive, quantitative cross-sectional study. In this study were included a sample of 150 individuals chosen among the students of Faculty of Medicine based on their family history for skin cancer. This study was started on October the 3rd and finished on November the 12th. Subjects had to fill in a structured, self-administered questionnaire. All participants lived within Republic of Albania but at the time of the study were students in University of Tirana, Faculty of Medicine.

Results In this study that we conducted we included 150 individuals supposed to have a risk for skin cancer based on their family history. 200 individuals were approached for participation. Of these, 150 individuals returned questionnaire data, yielding a response rate of 75% among eligible, successfully contacted participants. The mean age of the sample was 20.05 years (Std. Dev. = 0.925), with males (22%) and females (78%) represented unequally, because the gender configuration of the faculty itself has gender disparities with more than 80% females and only 20% male students. The majority of the sample was born in city or town (85.3%), 14.7% was born in a village. In terms of income level, 79.3% of participants had a medium income family background, 15.3% high income and 5.3% had a low income level family background. Conclusion It is important for those individuals with family history for skin cancer (which inherently indicates risk for skin cancer) to develop self-examination and SSE behaviours and practices in order to have a protection and at least an early detection (if onset) of the different forms of Melanoma. The results of this study provide some guide as to the key areas or 'hot spots' on which to focus attention when designing supportive care interventions for melanoma survivors and those at high risk of skin cancer.

UDC CODE & KEYWORDS

■ 616 ■ Skin cancer ■ Self-examination ■ Cancer risk ■

INTRODUCTION

Cutaneous malignant melanoma prevalence, incidence and mortality rates are increasing in white populations worldwide more rapidly than any other cancer site (American Cancer Society, 2006). There are several practices and lifestyle strategies individuals can utilize that are thought to reduce melanoma risk. Regular skin surveillance by total cutaneous examination and skin self-examination (SSE) are believed to increase the chances of detecting thinner, more curable melanoma lesions. In addition, individuals can engage in regular sun protection and sun avoidance during peak ultraviolet light hours (American Cancer Society, 2006).

Especially medical students with skin cancer family history must care more and promote healthy lifestyle as well. Because epidemiological evidence has not been gathered, it may be premature to target average risk populations for interventions to improve skin cancer surveillance practices. However, a strong case can be made for focusing prevention and health promotion of self-examination and self-protection practices on subgroups of individuals at increased melanoma risk. Individuals who have been diagnosed with melanoma are a subgroup of individuals who are at increased risk for developing a second primary melanoma or melanoma recurrence (Rhodes et al., 1987). Despite the potential importance of regular skin s e l f - examination and promotion of self-protection practices, little is known about the prevalence of these practices in medical students in Albanian population.

Methods

Type of study: This is a descriptive, quantitative cross-sectional study.

Sample: In this study were included a sample of 150 individuals chosen among the students of Faculty of Medicine based on their family history for skin cancer.

Timeframe: This study was started on October the 3rd and finished on November the 12nd.

Data collection: Subjects had to fill in a structured, self-administered questionnaire. All participants lived within Republic of Albania but at the time of the study were students in University of Tirana, Faculty of Medicine.

Criteria for inclusion: a) student of Faculty of Medicine;

b) greater than 18 years of age, and;

c) Albanian speaking;

d) family history (at least one member [limited up to 3rd generation] had skin cancer)

Data analysis: All quantitative statistical analysis was made with SPSS (Statistical Package for Social Sciences, version 15.0, Chicago, IL).

Response rate: 200 students were planned to be interviewed, 48 refused and 2 students didn't complete the questionnaire. Response rate 150/200 = 75%

Results

Table 1. Distribution of subjects by sex, age, birthplace and income level.

Aspect	Variables	Frequency	Percent
Sex	Female	117	78
	Male	33	22
	Total	150	100
Age	18 yrs.	4	2,7
	19 yrs.	31	20,7
	20 yrs.	82	54,7
	21 yrs.	22	14,7
Mean 20.05 Median 20 Mode 20	22 yrs.	8	5,3
	23 yrs.	3	2
Std. Deviation 0.925	Total	150	100
Birthplace	Village	22	14,7
	City	128	85,3
	Total	150	100
	Low	8	5,3
	Medium	119	79,3
Income level	High	23	15,3
	Total	150	100

Source: Own research

In the study that we conducted, we included 150 individuals supposed to have a risk for skin cancer based on their family history. The ratio between males and females was unequal because in the Faculty of Medicine we have a gender disparity. Table 1 describes the sex, age, birthplace and income-level distribution of subjects included in our study.

200 individuals were approached for participation. Of these, 150 individuals returned questionnaire data, yielding a response rate of 75% among eligible, successfully contacted participants. The mean age of the sample was 20.05 years (Std. Dev. = 0.925), with males (22%) and females (78%) represented unequally, because the gender configuration of the faculty itself has gender disparities with more than 80% females and only 20% male students.

The majority of the sample was born in city or town (85.3%) and 14.7% was born in a village. In terms of income level, 79.3% of participants had a medium income family background, 15.3% high income and 5.3% had a low income level family background.

Tables 2 and 3 illustrate frequency of Self-Skin Examination (SSE) and Use of Protective Measures (UPM) against sun exposure. Overall, 20% of subjects were blonde, 60.7% Normal and 19.3% brunette. Only 32% of participants reported performing SSE and UPM on a regular basis, 59.3% reported performing SSE and UPM sometimes and 8.7% reported never performing SSE or UPM.

Discussion

Cutaneous oncologists agree that it is important to engage in regular self-skin examination (SSE) and sun protection. However, the level of engagement in these behaviors among students in the Faculty of Medicine in Tirana, Albania with family history for skin cancer has received relatively little attention. Our results indicate that engagement in SSE and UPM was low.

This study is among the first to investigate the frequency of self-reported skin cancer screening behaviors among individuals with family history for skin cancer. Overall, in comparison with evidence-based clinical practice guidelines we found that a substantial subset of individuals engages in suboptimal levels of skin cancer screening and surveillance behaviors.

Study has its limitations, as is based on self-reported data and in this case data may be affected of information bias and memory bias. There is also a focused data on individuals studying in the faculty if Medicine and future studies should expand in a wide range and include more subjects.

Conclusion

It is important for those individuals with family history for skin cancer (which inherently indicates risk for skin cancer) to develop self-examination and SSE behaviors and practices in order to have a protection and at least an early detection (if onset) of the different forms of melanoma. It is hoped that these findings will contribute to the growing body of evidence indicating an urgent need to increase health promotion and education efforts targeting populations at

increased risk of melanoma. The results of this study provide some guide as to the key areas or 'hot spots' on which to focus attention when designing supportive care interventions for melanoma survivors and those at high risk of skin cancer.

Clearly, it is imperative to engage clinicians (e.g., dermatologists, general practitioners, nurses, geneticists, genetic counselors and psychologists) in the health behavior change process. The development of programs and resources to improve skin cancer screening behaviors must include input and foster ownership from those in clinical practice. To this end, it is recommended that supportive care programs feature several components.

1. First is psycho-education, which includes information on melanoma and melanoma risk management, education about the emotional, behavioral, physical and practical issues faced by individuals at increased risk of melanoma, exercises to assist in identifying and understanding negative core beliefs about skin cancer and screening, as well as tools to facilitate healthy coping strategies and open communication between patients and clinicians.

2. Second, skills-based training is required to assist individuals in developing both confidence and capability in self-screening techniques.

3. Third, sufficient time and space is needed for individuals to explore and express their feelings and concerns about melanoma with a caring professional who can listen attentively and try to understand.

Table 2. Self-Skin Examination for melanoma or skin cancer risk

Aspect or question		Variable	Frequency	Percent
Skin pigment		Blonde	30	20
		Normal	91	60,7
		Brunette	29	19,3
		Total	150	100
Have you ever heard of self- protection practices against sun exposure?	Yes	Physician	21	14
		Dermatologist	12	8
		TV	74	49,3
		Radio	2	1,3
		Magazines	18	12
		Newspaper	2	1,3
		Books	9	6
		School	10	6,7
		Friends	2	1,3
		Total	145	96,7
	No		5	3,3
		Total	150	100
Do you have any spot, sunburn or any skin lesion on your skin?		Yes	91	60,7
		No	59	39,3
		Total	150	100
Have you ever visit the doctor about your spots/sunburns/skin lesions?		Yes	10	6,7
		No	140	93,3
		Total	150	100
Do you inspect carefully your skin for spots or sunburns?		Yes	80	53,3
		No	70	46,7
		Total	150	100

Source: Authors

Table 3. Use of protective measures against sun for melanoma or skin cancer risk

Question	Variable	Frequency	Percent
Do you protect yourself against sun on your daily activity?	Yes	48	32
	No	13	8,7
	Sometimes	89	59,3
	Total	150	100
Do you protect yourself against sun on the beach?	Yes	51	34
	No	14	9,3
	Occasionally	85	56,7
	Total	150	100
Do you use protection means against the sun (umbrella, sunscreen, hat, etc.) on the beach?	Yes	127	84,7
	No	3	2
	Occasionally	20	13,3
	Total	150	100

Source: Authors

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