

KNOWLEDGE AND PRACTICE OF CANCER SCREENING AMONG MEDICAL STUDENTS AND HEALTHCARE PROFESSIONALS

A Cross-Sectional Study at a Tertiary Care Teaching Hospital, Pakistan,

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BACKGROUND:

Cancer causes a major global burden — ~20 million new cases and 9.7 million deaths in 2022. Screening enables early, more treatable detection, yet uptake of established breast, cervical, and colorectal screening remains low in LMICs, including Pakistan. Healthcare professionals drive screening uptake through counselling and practice, but knowledge doesn't always translate into action.

OBJECTIVES

To assess the association between cancer-screening knowledge and screening practices among medical students and healthcare professionals at a tertiary-care teaching hospital and medical university.

METHODS

Design:

Cross-sectional, questionnaire-based study · LUMHS, Jamshoro · 4 Jun–4 Aug 2026 · N = 202

Participants:

Medical students, postgraduate trainees, licensed doctors, and allied/other healthcare professionals

Voluntary, informed consent; IRB-approved (LUMHS)

Questionnaire (Cronbach's α –tested reliability)

Demographics · knowledge · professional practice · personal preventive behaviors · perceived barriers

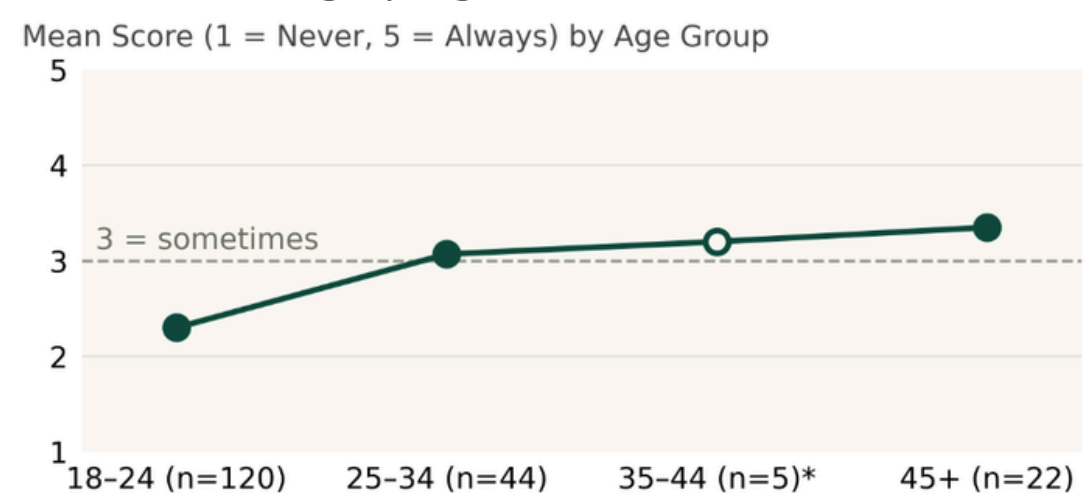
Data collection

Google Forms, convenience sampling; anonymous and confidential

Analysis

SPSS v20 · frequencies/percentages · Spearman's ρ correlation (knowledge–practice) · significance at $p < 0.05$

Personal screening by age: modest even after 25



Correlations

Association	ρ	p
Knowledge - professional practice	0.311	<0.001
Knowledge-personal practice	0.152	0.032
Professional- personal practice	0.529	<0.001

Knowledge was only weakly linked to both practice domains, while professional and personal practice were moderately correlated.

DISCUSSION

Good knowledge doesn't reliably translate into good practice.

Professional and personal practice were moderately linked ($\rho = 0.53$), suggesting these behaviours tend to go together.

Calls for guideline-based education reinforced through counselling across training stages

Screening promotion should be built into routine care, not taught standalone

Practical barriers like cost and access need addressing

Personal screening should be read against age- and risk-based eligibility, given this young cohort

Limitations: single-centre, self-reported, cross-sectional design.

CONCLUSION

Knowledge alone was insufficient to ensure good screening practice. Guideline-based education and professional development are needed to strengthen screening behaviours.

RESULTS

202	26.6	68.3 %
PARTICIPANTS ANALYSED	MEAN AGE (YRS)	FEMALE

Mean knowledge score was **9.36 $\pm$ 2.12 of 11 (85%)**, indicating high awareness. The main gap: **only 53%** knew that breast self-examination is not recommended as a primary screening tool.

Professional screening practice averaged **3.06/5**. Personal preventive behaviour score averaged **3.67/5**.

Personal screening frequency

Always	16.2 %
Often	15.7%
Sometimes	18.3%
Rarely	13.6%
Never	36.1 %