

**LETTER TO
EDITOR**

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Received: 14.05.2024
Acceptance: 10.06.2024
DOI: 10.18521/ktd.1483790

Konuralp Medical Journal
e-ISSN1309-3878
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**Enhancing Cancer Screening Awareness in Diabetic
and Non-Diabetic Populations****ABSTRACT**

I would like to share my opinions on the article “Exploring Perspectives on Cancer Screening in People Aged 30-70: A Comparative Study of Those with and Without Type 2 Diabetes,” published in the Konuralp Medical Journal (2024;16(1):26-31). First and foremost, I commend the authors for their significant contributions to the field, addressing a topic of critical importance to physicians engaged in cancer research. This study, which investigates attitudes and behaviors towards cancer screening in individuals with and without type 2 diabetes mellitus (T2DM), is particularly notable for its potential public health implications given the increased cancer risk associated with diabetes (1).

Keywords: Cancer Screening, Type 2 Diabetes, Public Health Issue

**Diyabetik ve Diyabetik Olmayan Popülasyonlarda
Kanser Taraması Farkındalığının Artırılması****ÖZET**

Konuralp Tıp Dergisi'nde (2024;16(1): 26-31). Öncelikle, kanser arařtırmalarıyla uğrařan hekimler için kritik öneme sahip bir konuyu ele alan yazarları, alana yaptıkları önemli katkılardan dolayı kutluyorum. Tip 2 diyabeti (T2DM) olan ve olmayan bireylerde kanser taramasına yönelik tutum ve davranışları arařtıran bu çalışma, diyabetle ilişkili artan kanser riski göz önüne alındığında, özellikle halk sađlığına olası etkileri açısından dikkat çekicidir (1).

Anahtar Kelimeler: Kanser taraması, Tip 2 Diyabet, Halk sađlığı sorunu.

Dear Editor,

I would like to share my opinions on the article “Exploring Perspectives on Cancer Screening in People Aged 30-70: A Comparative Study of Those with and Without Type 2 Diabetes,” published in the *Konuralp Medical Journal* (2024;16(1):26-31). First and foremost, I commend the authors for their significant contributions to the field, addressing a topic of critical importance to physicians engaged in cancer research. This study, which investigates attitudes and behaviors towards cancer screening in individuals with and without type 2 diabetes mellitus (T2DM), is particularly notable for its potential public health implications given the increased cancer risk associated with diabetes (1).

The study's prospective case-control design and the use of a validated attitude scale for cancer screening (ASFCS) are methodological strengths that ensure a structured and reliable approach to data collection. The sample size of 197 participants, divided into groups with and without T2DM, provides a valuable comparative perspective. However, the limitation to a single center and the relatively small number of participants may affect the generalizability of the findings. Additionally, excluding individuals with mental or psychological disorders and those with active or past cancer further narrows the scope of the study.

A significant limitation is the study's cross-sectional nature, which prevents the assessment of causality between diabetes and cancer screening attitudes. The reliance on self-reported data could introduce bias due to participants' subjective perceptions and potential inaccuracies in reporting their behaviors and attitudes. The primary finding—the absence of a statistically significant difference in cancer screening attitudes between individuals with and without T2DM—contrasts with existing literature suggesting that diabetic patients generally have lower screening rates and may exhibit less favorable behaviors towards cancer screenings. However, the study does find a weak but significant positive correlation between age and cancer screening attitudes among non-diabetic individuals, indicating that older adults may have more positive attitudes towards cancer screening.

One critical implication of their finding is the need for tailored interventions to promote cancer screening among diabetic patients. Given the higher cancer risk in this population, healthcare providers must prioritize education and awareness initiatives.

The lack of a significant difference in attitudes between the groups suggests that factors other than diabetes status, such as access to healthcare, education level, and socioeconomic status, might play more crucial roles in determining screening behaviors. The discussion section effectively situates the findings within the broader context of existing research. It references studies by Öztürk et al. (2019), Sevinç et al. (2019), and Tekpınar et al. (2017), which similarly found a positive correlation between age and attitudes towards cancer screening (2). However, it contrasts these with studies by Onitilo et al. (2009) and McBean et al. (2007), which highlight that younger individuals and those with higher education levels are more likely to undergo screenings (3).

The article also touches on the complex interplay between chronic diseases and preventive healthcare behaviors. References to Bynum et al. (2005) and Zhao et al. (2008) underscore the impact of education on screening rates, though the study's findings do not align with these observations, possibly due to the homogeneous education level among participants (4,5).

The study concludes with a call for increased awareness and improved cancer screening rates among diabetic patients. I agree with this recommendation, which is well-founded given the documented higher cancer risk in this population. The authors suggest that primary care physicians play a crucial role in educating and guiding diabetic patients about the importance of regular screenings.

I believe, Future research should aim to overcome the limitations of this study by including a larger, more diverse sample from multiple centers. Longitudinal studies could provide more insights into how attitudes and behaviors towards cancer screening evolve over time in individuals with T2DM. Additionally, exploring the psychological barriers and facilitators to screening in this population could offer more targeted intervention strategies. Despite its limitations, this research makes a valuable contribution to our understanding of cancer screening attitudes in diabetic and non-diabetic individuals. It points out the need for heightened awareness and proactive screening measures for diabetic patients. By addressing these needs, healthcare systems can better manage the dual burden of diabetes and cancer, ultimately improving patient outcomes and quality of life.

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