

乌鲁木齐市部分地区上消化道癌高危人群 癌症防治知识水平及影响因素分析

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摘要: [目的] 了解乌鲁木齐市部分地区上消化道癌高危人群对癌症防治知识的知晓情况,并分析其影响因素。[方法] 采用面对面问卷调查法,对乌鲁木齐市4个区癌症风险评估系统评估的40~69岁上消化道高危人群进行癌症防治知识的问卷调查,用序次Logistic多因素回归分析癌症防治知识的影响因素。[结果] 共调查1150名上消化道癌高危人群,平均年龄(53.31 ± 7.57)岁。上消化道癌高危人群癌症防治知识得分平均为11分。高危人群对癌症早期阶段的知晓率为11.0%。40~49岁组、50~59岁组人群癌症防治知识得分均高于60~69岁组人群($OR=2.312, 1.766$)。大专及以上学历人群的癌症防治知识得分高于高中/中专、初中、小学及以下文化程度人群($OR=0.511, 0.296, 0.144$),文化程度高是癌症防治得分的保护因素。有肿瘤家族史的人群癌症防治知识得分高于无肿瘤家族史的人群($OR=1.461$),有肿瘤家族史是癌症防治得分的保护因素。[结论] 上消化道癌高危人群对癌症防治早期阶段的知晓率较低,应着重对年龄较大、文化程度低的人群开展有关癌症防治知识的宣传教育。

关键词: 上消化道癌;筛查;知晓率;影响因素

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An Analysis of Relevant Cancer Knowledge Cognition and Its Factors Among High Risk Group of Upper Gastrointestinal Cancer in Some Parts of Urumqi

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Abstract: [Purpose] To understand the condition of cancer preventive knowledge and analyze its influential factors among the high risk group of upper gastrointestinal cancer in some parts of Urumqi. [Methods] Selecting people who were 40~69 years old answered questionnaire face to face in four parts of Urumqi. The factors that influence the awareness of cancer prevention knowledge was analyzed by ordinal-Logistic regression. [Results] There were 1150 people answered questionnaire in high risk group. The mean standard deviation age was 53.31 ± 7.57 . The average of cancer knowledge cognition was 11. The awareness of early stages of cancer is 11.0%. The awareness of cancer knowledge cognition of people 40~49 years old and 50~59 years old were higher than that of people 60~69 years old ($OR=2.312, 1.766$). The awareness of cancer knowledge cognition in participates who were college students or have higher education was higher than participates who were in senior, junior and primary school ($OR=0.511, 0.296, 0.144$). The awareness of cancer knowledge cognition in participates who had family of history cancer was higher than participates without family of history cancer ($OR=1.461$). Having family of history cancer may be a protective factor for the awareness of cancer knowledge cognition. [Conclusion] The awareness of early stages of cancer is low among the high risk group. There is in dire need of publication of preventive knowledge of cancer, especially among the people with older age and lower education.

Key words: upper gastrointestinal cancer; screening; awareness rate; influential factor

上消化道癌主要包括食管癌和胃癌,是我国城市地区常见的消化道恶性肿瘤。根据《2012年中国

肿瘤登记年报》数据,城市地区恶性肿瘤发病率第1位的是肺癌,其次为结直肠癌、胃癌、肝癌和乳腺癌,而食管癌是城市地区男性好发的恶性肿瘤之一^[1]。我国上消化道肿瘤发病率合计为46.5/10万,仅次于

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蒙古的 52.7/10 万,位居世界第 2 位^[2]。而上消化肿瘤的筛查除与防治策略本身有关外,还与人群对癌症防治的认知有关^[3],发现健康教育的重点人群,提高人群癌症防治知识知晓率及参与筛查的依从性,可为今后开展上消化道癌早诊早治工作提供一定的参考依据。

1 资料与方法

1.1 研究对象

2014 年 6~12 月对乌鲁木齐市 4 个区(新市区、水磨沟区、米东区、头屯河区)的 1150 名高危人群(有消化道肿瘤家族史,有上消化道症状及息肉、溃疡病史者)进行问卷调查。高危人群评估采用北京健康金标准医学科技发展有限公司提供的“城市癌症早诊早治项目——常见癌症风险评估系统”。

1.2 研究方法

1.2.1 筛查方法

食管癌筛查是对高危人群采用内镜下碘染色及指示性活检技术进行筛查,同时对贲门癌高发位点(贲门脊根部黏膜胃体侧区域)仔细观察,必要时活检。胃癌筛查是对高危人群直接行胃镜检查,并取活检,用病理诊断方法确诊胃癌及癌前病变患者。所有诊断均以组织病理为标准,对确诊的癌症患者及癌前病变患者进行相应治疗^[4]。

1.2.2 调查方法

社区居民自愿签署知情同意书,采用面对面问卷调查法,调查内容主要包括居民对我国常见癌症类型的知晓情况、对癌症主要危险因素的知晓情况、筛查支付意愿情况等。

1.3 数据分析

应用 SPSS17.0 统计软件对一般人口社会学资料进行描述性统计分析,依据癌症防治知识调查问卷的赋分标准^[5],对各条目赋值,并对癌症防治知识得分情况进行分级,利用序次 Logistic 回归从年龄分组、文化程度、人均年收入、职业、肿瘤家族史等方面对影响因素进行分析。 $P<0.05$ 为差异有统计学意义。

2 结果

共发放问卷 1175 份,收回 1150 份,回收率

97.8%。有效问卷 1150 份,有效率 97.8%。食管癌/贲门癌高危人群 180 人,胃癌高危人群 602 人,食管癌、胃癌/贲门癌均高危人群 368 人;平均年龄 53.31 岁。文化程度高中及以上 702 人(61.0%)。职业分布中退休人群 429 人(37.3%),公司职员 32 人(2.8%)。家庭人均年收入为 23 397.87 元,依据体质指数 BMI 在中国的参考标准,将 BMI 分为三级。

2.1 癌症防治知识知晓情况

在“我国常见的癌症有哪些”这一问题中,“肺癌、肝癌、胃癌、食管癌”知晓率为 93.6%。而“早期发现、早期诊断、早期治疗可根治约 1/3 的癌症”的知晓率则为 56.0%。对于“食管癌/胃癌早期能治好”、“知道食管癌/胃癌有早期阶段”的知晓率分别为 28.3%、11.0%(Table 1),说明高危人群对于癌症早期阶段的知晓率偏低。

2.2 癌症防治知识得分影响因素的单因素分析

1150 名高危人群癌症防治知识得分 0~21 分,平均 11 分。将癌症知识得分按 33.3%、66.7%百分数分为低(0~9 分)、中(10~13 分)、高(14~21 分)三层^[5],结果显示,不同年龄段、文化程度、人均年收入、肿瘤家族史的人群癌症防治知识得分均有统计学差异($P<0.05$)(Table 2)。

2.3 癌症防治知识得分影响因素的多因素分析

多因素分析结果显示,文化程度为大专及以上学历高危人群癌症防治知识得分高于高中/中专、初中、小学及以下文化程度人群的癌症防治知识得分,OR 分别为 0.511、0.296、0.144,文化程度高是癌症防治知识得分情况的保护因素。有肿瘤家族史的高危人群癌症防治知识得分高于无肿瘤家族史的高危人群癌症防治知识得分($OR=1.461$),提示有肿瘤家族史可能是人群癌症防治知识得分情况的保护因素。人均年收入分组、消化道系统疾病史、BMI 分级在回归方程中差异无统计学意义($P>0.05$)(Table 3)。

3 讨论

调查可知高危人群对癌症防治的早期阶段认知度较低,而这在一定程度上会阻碍了高危人群对癌症筛查及早诊早治的认识。高危人群年龄越大,其癌症防治知识得分越低。这可能与年龄越大的人群往往记忆力、对社会的关注度都更低,因而对癌症防治

Table 1 The present state of preventive knowledge of cancer

General items	Number of known	Percentage of known(%)
1 Cancers that you know are common in China(multiple choice)		
1.1 Lung cancer,liver cancer,stomach cancer,esophagus cancer	1076	93.6
1.2 Colonic cancer,rectal cancer	637	55.4
1.3 Breast cancer, cervical cancer	693	60.3
1.4 Prostate cancer, nasopharyngeal cancer	354	30.8
2 Do you know that the number of people who has cancer getting more and more since the 70's	931	80.9
3 Do you know the main factors of cancer in China(multiple choice)		
3.1 Smoking, drinking	920	80.0
3.2 Various infectious factors	476	41.4
3.3 Inappropriate dietary habit	712	61.9
3.4 Hazard of occupational factors	332	28.9
4 What kind of preventive measures can reduce cancer(multiple choice)		
4.1 Quit smoking, drinking less	894	77.7
4.2 Inoculation against the hepatitis vaccine	378	32.8
4.3 Balanced diet and proper workout	752	65.4
4.4 Eliminate the occupational hazard	268	23.3
5 Which of the following symptoms do you think that you have to check up(multiple choice)		
5.1 Lump,pain	921	80.1
5.2 Inexplicable bleeding	696	60.5
5.3 Inexplicable abdominal discomfort	501	43.6
5.4 Change or dysfunction in defecation habit	343	29.8
6 One out of three cancers can be reduced by effective preventive measures	807	70.2
7 One out of three cancers can be cured if they are discovered, diagnosed or treated in the early stage	644	56.0
8 Esophagus cancer/ stomach cancer are curable in the early stage	325	28.3
9 Esophagus cancer/ stomach cancer have early stage	127	11.0

Table 2 Single factor analysis of scores on influential factors on preventive knowledge of cancer

Variables	Low score (%)	Medium score (%)	High score (%)	χ^2	P
Gender					
Male	37.4	30.7	31.9	0.305	0.858
Female	37.2	32.1	30.7		
Age(years)					
40~	28.8	29.8	41.5	60.936	<0.001
50~	35.3	34.0	30.7		
60~	53.7	29.5	16.8		
Education					
Primary	70.0	17.3	12.7	151.234	<0.001
Junior high school	49.4	31.4	19.2		
High school	32.9	36.1	31.9		
Above high school	18.8	31.1	50.2		
Income last year					
High	32.8	31.3	35.9	10.432	0.005
Low	40.6	31.6	27.8		
Diseases of upper gastrointestinal					
Yes	37.0	30.3	32.7	1.398	0.497
No	37.7	32.7	29.7		
Family history of cancer					
Yes	31.8	31.1	37.2	12.410	0.002
No	40.4	31.7	27.9		
BMI classification					
Underweight(<18.5)	41.2	29.4	29.4	6.870	0.143
Normal(18.5~23.9)	33.4	32.8	33.8		
Overweight(≥ 24.0)	40.7	30.3	29.0		

知识的知晓率更低有关。文化程度高可能是癌症防治知识得分情况的保护因素,文化程度不同,高危人群获取相关信息和知识的渠道和方法也不同,文化程度越高的人,可能有更多的机会接触各种形式的健康教育知识,所以教育水平越高的居民各项知晓率也越高^[6]。有肿瘤家族史的居民因既往家族中有人得过癌症,对癌症的预防意识较强烈,因此,有肿瘤家族史的高危人群对癌症防治知识的关注度和需求更大^[7]。

四川省盐亭县居民对癌症和食管癌防治知识的认知调查等研究表明^[8],人群对癌症防治知识总体知晓率不高,动员人群进行癌症筛查存在

Table 3 Ordinal-Logistic regression analysis of scores on influential factors on preventive knowledge of cancer

Variables	B	SE	χ^2	P	OR(95%CI)
Age group(years)					
40~	0.841	0.162	27.059	<0.001	2.312(1.689~3.180)
50~	0.569	0.153	13.868	<0.001	1.766(1.309~2.382)
Education					
Primary	-1.939	0.243	63.825	<0.001	0.144(0.089~0.231)
Junior high school	-1.216	0.159	58.565	<0.001	0.296(0.217~0.405)
High school	-0.671	0.147	20.741	<0.001	0.511(0.383~0.682)
Income last year					
Low income group	-0.162	0.121	1.800	0.180	0.850(0.672~1.078)
Family history of cancer					
Yes	0.379	0.120	9.918	0.002	1.461(1.154~1.848)
Diseases of upper gastrointestinal					
Yes	0.121	0.116	1.082	0.298	1.129(0.898~1.416)
BMI classification					
Underweight	0.113	0.470	0.058	0.810	1.119(0.446~2.812)
Normal weight	0.197	0.115	2.966	0.085	1.218(0.973~1.525)

一定的难度。邵壮等^[9]在食管癌高危人群中进行了早诊早治的认知调查,发现虽然太行山区食管癌高危人群对食管癌早期阶段认知程度尚低,但大部分高危人群愿意接受食管癌早诊早治,说明在高发区开展食管癌二级预防具备社会心理上的可行性。

肿瘤防治的关键是人群认知、态度、行为的改变,即从了解肿瘤相关的信息、到相信信息、最后采取肿瘤防控的相应措施^[10]。尤其是在上消化道癌的高危人群中,加大癌症防控力度,使人群主动参与到癌症筛查及早诊早治的工作中,最终实现上消化道癌二级预防的目的。

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