T2DM should be detected and managed (including referral to specialists), and advice on topics like driving, work, and fasting including during religious/socio-cultural festivals.
Conclusions: We systematically developed a clinical guideline for managing T2DM in adults by Ayurvedic practitioners.
Popul. Med. 2023;5(Supplement):A1423
DOI: 10.18332/popmed/164767

A qualitative meta-synthesis of women's critical experiences with the Pap smear for the development of a novel cervical cancer screening device

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Objective: This qualitative study and systematic review examines womens critical experiences with the Pap smear in order to identify opportunities for the development and improvement of cervical cancer screening devices (e.g., Citobot,Pocket Colposcope, and others). Methods: Eighteen studies were assessed based on the Critical Appraisal Skills Program. Qualitative meta-synthesis was used to integrate the study Findings, and the experiences were classified into four categories: fear and embarrassment during the procedure, pain and discomfort from the speculum, distress about the Results, and barriers to health services. Critical experiences before, during, and after the test were analyzed.
Results: Previous experiences comprised a lack of instruction and misinformation, administrative barriers in health services, and behaviors and perceptions associated with gender roles. During the Pap smear, women experienced fear, embarrassment, and pain, associated in particular with the inappropriate use of the speculum. Experiences after the test included delays in the delivery of Results, anxiety associated with a lack of understanding of the Results, delays in treatment, and consequences affecting sexual relationships and life as a couple.
Conclusions: Technologies with the potential to replace the traditional speculum and allow immediate delivery of both cervical imaging and HPV testing would benefit significantly from addressing these critical experiences to increase the acceptability of pap smears for women.
Popul. Med. 2023;5(Supplement):A1424
DOI: 10.18332/popmed/164778

Health litigation and cancer survivorship in patients treated by the Brazilian public health system in a big Latin-American city

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Introduction and Objectives: Litigation for health care, also known as health judicialization, is frequent in Brazil. It involves recourse to the court system to access health services. The study aimed to evaluate whether cancer patients in Belo Horizonte, Minas Gerais, Brazil, increased their overall survival by increasing access to certain drugs or treatments through litigation, controlling for the effect of demographic and disease-related variables. Methods: Patients with breast, prostate, brain, lung, or colon cancers from 2014 to 2019 were included. A retrospective cohort study was conducted. Survival analysis was performed using the Cox proportional hazards model.
Results: In the multivariate analysis, litigation was significantly associated with increased survival in cancers of breast (HR=0.51, 95%CI 0.33-0.80), prostate (HR=0.50, 95%CI 0.30-0.85), colon (HR=0.59, 95%CI 0.38-0.93), and lung (HR=0.36, 95%CI 0.22-0.60). Five-year survival rates of patients who sued for treatment were 97.8%, 88.7%, 59.3%, and 26.0%, compared to median survival of 95.7%, 78.7%, 41.2%, and 2.4%, respectively, among patient that did not resort to court action. The study suggests that litigation for access to cancer treatment may represent a step forward in obtaining more effective treatment. This study main limitations are the lack of patient clinical information and data regarding to the patients' quality of life. The study also found that many cases involved clAims that could have been solved by administrative rather than legal action. Some clAims thus reflect the lack of adequate administrative procedures. Conclusions: When based on scientific evidence, access to new therapies, combined with other technologies already available, can favor patient survival. Access to new therapies through litigation may increase health inequalities since low-income patients have limited access to legal recourse against the State to meet their needs. The timely approval of new effective therapies can mitigate the judicialization of cancer treatment.
Popul. Med. 2023;5(Supplement):A1425
DOI: 10.18332/popmed/164784

Assessment of awareness about the impact of tobacco on head and neck cancers via mass media: a case-control study from India

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Objective: Mass media channels like Television, cinema, radio and newspapers have been widely used to spread awareness amongst large populations about the tobacco consumption in any form causing head and neck cancers. In this study, it was aimed to measure the impact of mass media channels on this awareness among the people of Pune, India.
Methods: A frequency matched hospital-based case–control with face to face interviews for the purpose of data collection was conducted on 225 cases and 240 controls.
Results: Controls as compared to cases had good awareness scores for chewing (59.9%) and smoking tobacco (63.7%), P
Popul. Med. 2023;5(Supplement):A1426
DOI: 10.18332/popmed/164790

What happens with cancer screening participants with a positive faecal test that do not complete colonoscopy?

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Introduction: Colorectal cancer (CRC) was the second deadliest cancer for both sexes in 2020. The importance of having an effective CRC Screening Program is vital because it can reduce CRC´s burden of disease by decreasing its incidence and mortality. In the Basque Country, everyone betweeen 50 and 69 years old is biannually sent a Fecal Immunochemical Test (FIT) to their address and if it comes out positive is invited to book a colonoscopy. Colonoscopy its the gold standard test due tu its capacity to be a diagnostic and therapeutic test able to remove pre-cancerous lesions. A problem we must face is what to do when an indiviual cannot undergo a colonoscopy after a positive FIT test.
Objective: Determine if there are differences in mortality rates bettween the different diagnostic pathways in Basque´s Country CRC Screening Program.
Materials and methods: The study is a retrospective cohort of participants in the Screening Program who have tested positive in FIT and after the have not completed a colonoscopy or have undergone another test. We received anonymized and untreaceble data from 922 participants. We made a decriptive analysis of the data and then we used Cox´s Regression and a Competitive risk´s model to evaluate global mortality and CRC´s sprecific mortality.
Results: After statistical analysis we found significate differences in three variables. The first one is that people who cant undergo a colonoscopy have 3.47 times more risk of global mortality than people qho underwent an incomplete colonoscopy. The second one is that men in our cohort have 2.31 times more increased risk of global mortality than women and finally that age, regardless of sex, increses a 5% the mortality risk per increase of age unit.
Popul. Med. 2023;5(Supplement):A1427
DOI: 10.18332/popmed/164818

Deaths caused by non-communicable disease among people with a history of youth justice system contact

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Background and Objective: Social determinants of health are strongly associated with an increased risk of contact with the criminal justice system, especially at a younger age. People who have had contact with the youth justice system are at increased risk of death from external causes such as homicide, suicide, and accidents, but their burden of non-communicable disease (NCD) mortality is still largely unknown. We aimed to characterise NCD mortality and identify its associated risk factors for NCD deaths in a large sample of young people with a history of youth justice contact.
Methods: This was a retrospective cohort of all young people charged with a criminal in Queensland, Australia, between June 1993 and July 2014 (N=49,011), aged 10-18 years at baseline and censored on 31 January 2017 or at death. Youth justice records were linked to adult correctional records and death records. We estimated crude mortality rates (CMRs) and standardised mortality ratios (SMRs) by age, sex, and Indigenous identification, and identified risk factors for NCD deaths using competing risk regression models.
Results: There were a total of 121 NCD deaths in the cohort, occurring at a median age of 26.8 years (interquartile range=22.7-31.8). The overall CMR from NCDs was