

Full Length Research Papers

An assessment of the effect of pre-screening counseling in cervical cancer treatment and its implications for the nursing profession

*Chike F. Emeka, Okeke Samuel and Okadigbo Rochas

Department of Nursing, Faculty of Medicine, University of Calabar, Calabar, Nigeria.

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Cervical cancer is the second most common cancer among women worldwide, with an estimated 529,409 new cases and 274,883 deaths in 2008, about 86% of the cases occur in developing countries, representing 13% of female cancers (IARC, GLOBOCAN, 2008). All sexually active women are at risk for the development of this disease and it is one of the leading causes of death for middle-aged women in the developing world. It is almost completely preventable, if precancerous lesions are identified and treated early (Carr and Sellors, 2004; Ayinde and Omigbodun, 2003). Uptake of screening services has remained low. Pre-screening counseling (PSC) could help increase compliance with screening schedule. Various studies identified ignorance/lack of knowledge, inappropriate/cultural beliefs about the illness; apprehension, etc., as barriers to utilization of screening services (Gharoro and Ikeanyi, 2006; Mutyaba et al., 2007). Also, a positive correlation between Pap test awareness and utilization was reported by Gharoro and Ikeanyi (2006). Pre-screening counseling is very important in order to achieve the purpose of screening. counseling is a two way dialogue that enables a woman gain knowledge and improve her ability to make informed choice about type of screening procedure she will undertake, being fully aware of the risks and benefits of such. This was explained using the theory of planned behaviour. The nurse/midwife should be well versed in cervical cancer natural history, prevention and management in order to counsel effectively. She should also avail herself of every opportunity to counsel and inform women about cervical cancer.

Key words: Counseling, screening, cervical cancer, prevention, women

INTRODUCTION

Cancer of the cervix uteri is the second most common cancer among women worldwide, with an estimated 529,409 new cases and 274,883 deaths in 2008, about 86% of the cases occur in developing countries, representing 13% of female cancers (IARC, GLOBOCAN, 2008). A woman is healthy when she is free from organic disorders, diseases and deficiencies that interfere with sexual and reproductive functions (Baileff, 2000). All sexually active women are at risk for the development of cervical cancer. It is almost completely preventable, if detected and treated early (Carr and Sellors, 2004; Ayinde and Omigbodun, 2003). It has been recognized that countries with regular screening programme has led to reduced incidence in some countries (Kim et al., 2008; Spayne et al., 2007). Programmes must reach and

screen the target group in order to be successful (Germar, 2004).

Screening through the use of the Pap smear has resulted in a reduction in cervical cancer mortality in developed countries (Bessler et al., 2007). The situation is still not declining in developing countries like Nigeria where it is a leading cause of cancer mortality, and it is the second most frequent cancer (Adewole, 2008). Despite this, uptake of screening services has remained low (Gharoro and Ikeanyi, 2006). Prescreening counseling could help increase compliance with screening schedule. To increase informed uptake, the tailored intervention should include information on the likely harms and risks, as well as the benefits of screening (Jepson et al., 2000). Programs that promote and influence women's decisions to screen for cervical cancer positively should be encouraged (Bessler et al., 2007).

Counseling is considered very important in order to achieve the purpose of screening. Providing information

*Corresponding author. E-mail: chikeaduokadigbo@yahoo.com

on cervical cancer in the community and in health services is vital to raising awareness and reducing illness and death (WHO, 2006). Nwagha et al. (2009) reported that "99.8% of the respondents during a study expressed interest to commence routine Pap smear after a focused and picture-enhanced counseling". This indicates that women are willing to use any available cervical cancer screening service if properly counselled. The content of counseling varies but should cover areas like prevention, screening, follow-up, referral, diagnosis, treatment of precancerous conditions and treatment of invasive cancer. Theory of planned behaviour is used to discuss the relation between provision of information, external variables, attitude, and actual utilization of cervical cancer screening services. The theory will be used to explain the influence of counseling on the intention to utilize screening services. The papers reviewed did not focus on counseling extensively. Many of the papers discussed post-screening counseling and there has not been much emphasis on the need for pre-screening counseling.

THEORETICAL BACKGROUND

The theory of planned behavior is a theory that tries to describe the link between attitudes and behavior. It can be used for explaining the role of counseling in cervical cancer screening and prevention. It can also be useful in the development and implementation of interventions for behaviour change in the case of cervical cancer screening. This was developed by Icek Ajzen in 1985 from the Theory of Reasoned Action, which was proposed by Martin Fishbein together with Icek Ajzen in 1975. According to Hausmann-Muela et al. (2003) in the Theory of Planned Behaviour, behavioural intention is determined by:

- i. Attitudes towards behaviour, determined by the belief that a specific behaviour will have a concrete consequence and the evaluation or valorization of this consequence.
- ii. Subjective norms or the belief in whether other relevant persons will approve one's behavior, plus the personal motivation to fulfill with the expectations of others.
- iii. Perceived behavioural control, determined by the belief about access to the resources needed to act successfully, plus the perceived success of these resources (information, abilities, skills, dependence or independence from others, barriers, opportunities, etc.)
- iv. Socio- demographic variables and personality traits which condition attitudes, subjective norms and perceived behavioural control.

Application of theory to cervical cancer screening and counseling

Women will likely participate in screening if they understand the risk and benefit of such procedures. The theory

also emphasizes the need to understand the various reasons associated with women's screening behaviours. Intention to be screened may be influenced by peers, the media and social norms to perform a specific behaviour. All information is critically analyzed by the individual and then a decision is made to participate or not. Providing information through counseling from health care provider will help the woman to have the right information and dispel misconceptions.

Counseling and perceived behavioural control

Since women's behaviour is determined to some extent by their locus of control, counseling will help her to make informed choices thereby improving her internal locus of control. If internally determined, the woman will believe that her participation in screening will reduce her risk of having cervical cancer but if externally determined, she will depend on fate to take its course and will not take preventive action. Also, her belief about access to the resources needed to be screened successfully will also determine her behaviour.

Counseling and behavioral intention

Behavioural intention can be improved through counseling. To participate in any screening programme, the woman has to be ready. If she is not ready to be screened, she will not present herself for screening as counseling sessions helps in preparing women for screening. Her behavioural intention is based on her attitude toward the screening, her belief and that of the people around her about the need and benefits of screening and her feeling about being in control.

Behaviour

This is the act of accepting to be screened. Her uptake of cervical cancer screening is a function of compatible intentions and perceptions of behavioral control. Her intention to participate in screening will make her utilize available services. Counseling is a major factor that can improve the woman's perceived behavioural control, as this will provide the necessary avenue to empower her with the relevant information that will enable her make informed choice. The desired change can be planned and achieved through counseling.

METHODOLOGY

A literature search was conducted using various search engines like pubmed, African Journals OnLine (AJOL), cancer journals and other relevant journal. The search was done using search terms like cervical cancer information, cervical cancer counseling, counseling, prescreening counseling, counseling process, barriers to counseling. The full texts of the papers with the relevant information

were further explored and necessary points relevant to the topic under discussion were extracted. The researcher could not carry out any quantitative or qualitative literature-based data analysis as the papers did not use uniformed methods, population and variables, and so, could not be analyzed together.

Counseling in cervical cancer screening

Counseling is face-to-face, personal and confidential communication aimed at helping a person and her family to make informed decisions and then act on them (WHO, 2006). Counseling women will enable them understand the risks and benefits of various screening tests and be able to make informed choices. Counseling therefore is more than advice giving. It is a two-way communication between a client and a health worker to identify and address the client's needs and concerns about cervical cancer screening. It is seen as a necessity in screening and diagnostic and/or treatment services. It includes exchange of important and accurate information between counselor and counselee.

Process of counseling

Counseling process involves providing information on cervical cancer which includes the causes, risk factors, methods of screening and treatment of precancerous lesions. Henriksson et al. (2004) stated that it includes education and counseling on the natural history and genetics of the cancer syndrome, the benefits, risks, and limitation of mutation analysis, as well as cancer surveillance and management implications. This process can commence with group sessions before initialized counseling to address specific issues.

Counseling requires listening and conversational skills and knowledge of the subject being discussed. All providers should be trained in counseling skills to help them communicate effectively with clients. It should be structured to educate the woman, review results of screening and follow-up, present alternative services and procedures and discuss any follow-up she may need. These will help the woman in rational decision making. The counseling dialogue should involve probing question that will lead patient to express view on cervical cancer screening and implications of a positive or negative test and conditions for effective treatment (Figure 1).

Pre-screening counseling in cervical cancer prevention

Prescreening counseling is a two way dialogue whereby a woman is given information before screening procedures that enable her gain knowledge and insight as well as improve her ability to will make informed choice screening. It helps her understand the screening methods as well as the risks and benefits of such procedures. It is also a process of giving information that will be of immense benefit/assistance to the counselee before screening for cervical cancer. Preclinic information through educational brochures and verbal counseling are achieving the desired effect by improving women's knowledge, but there is still need for improvement (Sarkar et al., 1993).

Women need information on cervical cancer generally, especially strategies for its prevention through screening. Papanicolaou smear test is the common screening method used in many countries. Despite its wide use, it has some limitations which limits its use in low resource centre. Thus, women need to be well informed about other alternatives to this screening method. The newer methods are visual inspection with acetic acid (VIA) or visual inspection with Lugol's iodine (VILI). The result of these test are seen immediately, thus the woman will immediately know if she has a negative result

or whether she requires further diagnostic tests. Women should be fully aware of the advantages and disadvantages of various test through counseling.

It is important that counseling starts before a screening test because; perception could be blinded once diagnosis has been made. According to Solanke (2006), "information to cancer patients and their family members regarding the disease, the treatment procedure, the adaptation process of living with uncertainty, inherent with the diagnosis of cancer is often not effective due to people's failure to understand, and also, emotional stress usually creates communication difficulties". Thus, counseling should commence before screening and test result.

During-screening counseling

Before the procedure, the nurse re-emphasizes the importance of screening to client. She also explains what will be done and how it will be carried out. Further more, possible outcomes will be discussed. Situations that will warrant further investigation or treatment will be explained also. Having provided all necessary information about the procedure and the woman shows she understood the process, and is willing to be screened. Informed consent is then obtained before the screening.

During the procedure, keep the woman informed about what you are doing at each step. Let her know in advance if there will be pain, cramps or other discomfort. Inform her of what was done during the procedure.

After the procedure, describe any noted abnormalities if positive or if negative, let her know that nothing abnormal was seen. Re-emphasize the importance coming back to the clinic for further evaluations. She must know where to have the test. Stress the importance of keeping the appointment, answer any questions. Invite her to return if she has any question or concerns about appointment

Post- screening counseling

This involves a dialogue between the client the health care provider to ensure the client understands the implications of the result and possible intervention. Nurses and other health workers should always assess clients, counsel and give them the necessary support to enable them cope with the outcome of screening. Verbal educational and written information needs to address the issues of follow-up in colposcopy and the implications of default as this may improve compliance (Sarkar et al., 1993).

Cancer patients, their families, and carers, need psychological care. Good psychological supports services should be in place to support patients from the point of diagnosis and as they move along the patient pathway (Hairon, 2007). Providing support to patients in distress is a key component of the clinical nurse specialist role, appropriate training should be available to them (Hairon, 2007).

Strategies for counseling

There are various strategies that could be adopted to ensure successful counseling and screening. Counseling can be individualized, or grouped, for example, women group, family or community (Henriksson et al., 2004).

Individualized or client-centered counseling

Each woman seeking screening services should be counselled alone in order to ensure privacy is and to allow room for personal questions to be asked. Thus, it should be client-centered which means that each client is considered as an individual and the counseling should be adapted to address her specific needs.

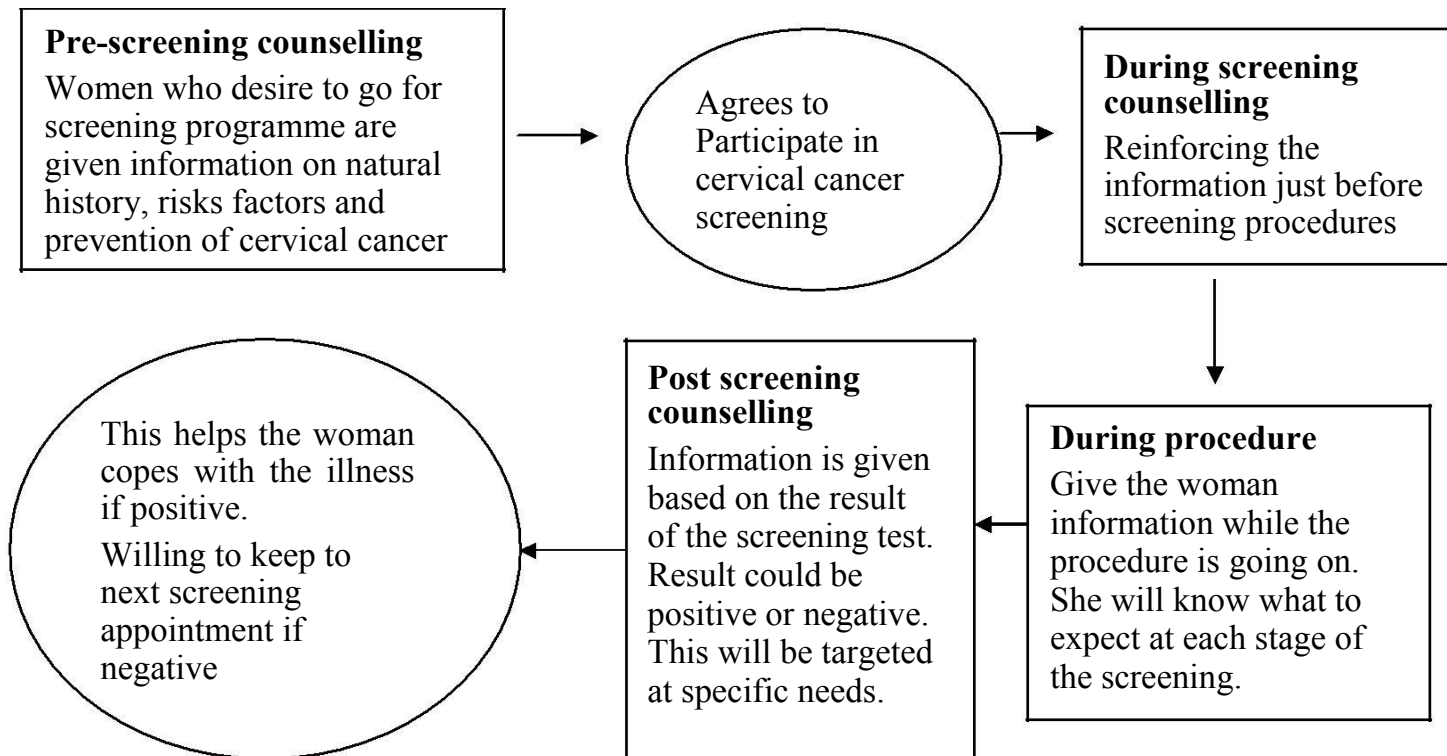


Figure 1. Counseling process framework of cervical cancer screening.

Counseling should occur before and after each procedure to reinforce key messages and to address any new concerns.

Group counseling

This is a process of giving information on cervical cancer to a group of women in order to maximize time. General information is given to the group to raise their awareness on health issues especially relating to screening. Specific and individualized concerns are discussed during the individual sessions. Chigbu and Aniebue (2011) opined, “Cervical cancer education during community mobilization and before initial screening should include discussions of the management of abnormal Pap test results, including colposcopy”. This will help to maximize time and elicit support for women that are to be screened.

Couple counseling

Involving a woman’s partner during counseling will enable him appreciate the need to provide necessary support for Male involvement has been found to be quite crucial in reproductive health issues. Partners should be encouraged to participate in counseling as well, especially partners of women who need treatment (WHO, 2006).

Important elements for counseling

Provides knowledge

To be able to provide information, a health worker must be knowledgeable about the subject matter. Care providers should be

knowledgeable about the causes, risk factors as well as natural history of cervical cancer and its prevention, diagnosis, and treatment, and should be able to discuss these with clients in clear terms.

Communication/ counseling skills

Apart from being knowledgeable about cervical cancer, the health care worker assist client in having a clear understanding about what is being discussed. Health care workers must have counseling skills that will enable them communicate efficiently and be able to discuss issues of sexuality and cancer without feeling embarrassed. They should be more sensitive to women’s concerns, feelings and experiences.

Privacy and confidentiality

Counseling should be carried out with full assurance that all matters discussed will be kept in confidence. It is only with this understanding that the client will be open and the aim of counseling will be achieved. Privacy must be provided to achieve this.

Appropriate information transmission method

Correct information education communication should be used. Verbal educational and written information such as the use of diagram to describe genital tract in relation to cervical cancer during counseling, improved women’s interest to undergo screening (Sarkar et al., 1993).

Relevance of cervical cancer screening counseling

Personal, individualized communication between a woman and her provider greatly enhances client satisfaction and is a critical dimension of quality of care. When a woman's need for information is not met, she may not come back for follow-up care. Individual counseling is essential to addressing clients' needs, motivating them to follow treatment recommendations, and establishing a satisfied clientele. Giving women comprehensive information will enhance their likelihood of complying with follow-up instructions, treatment protocols, and behaviors (ACCP, 2003). Many women are not aware of cervical cancer screening. A study carried out among female Nigerian health workers by Gharoro and Ikeanyi (2006) showed that screening uptake was very poor due to a combination of inappropriate beliefs, apprehension, and deficient knowledge.

The barriers identified were ignorance about cervical cancer, cultural constraint/beliefs about illness, economic factors, domestic gender power relations, alternative authoritative sources of reproductive health knowledge and unfriendly health care services (Mutyaba et al., 2007). Prominent in their finding was the fact that patients are not given adequate information on cervical cancer and screening. Also, some of the nurses have gaps in their knowledge of cervical cancer.

Counseling is very important in order to reduce the psychological impact of screening or having a positive report. Baileff (2000) stated that it is apparent that much of the anxiety associated with cervical screening is ignorance among lay women and the provision of insufficient information or magnification by death professionals. The quality of the cervical screening service can be enhanced by the provision of additional information, improved quality of communication, and consideration of women's health beliefs (Fylan, 1998). Thus, it helps to eliminate patient's fears, while leading her to identify her level of risk of developing cervical cancer, identifying ways of reducing risk, consequence of not acting, as well as allowing her to make a choice to reduce her risk (Amotsuka, 2003).

Counseling helps to reduce anxiety as well as protect the rights of the individual to health information. Chigbu and Aniebue (2011) stated that "counseling should be directed toward addressing specific locally held fears and misconceptions such as fears of a possible outcome of cervical cancer diagnosis and the perceived effects of colposcopy procedures on future childbearing". This assertion was derived from the result of their study. The rate of refusal of colposcopy in southeast Nigeria was high, indicating an urgent need for appropriate remedial measures instituted through intensive education of women regarding cervical cancer and its prevention. Targeted counseling should be initiated early as part of prescreening counseling".

Some rights of the individual are protected through counseling, especially the right to information. The right to information is widely recognized as a fundamental client right in all health services (Huezo and Carignan, 1997). Other right protected through counseling include rights to informed decision-making, privacy and confidentiality, and dignity, comfort, and expression of opinion (WHO, 2006).

Common barriers to counseling

Despite the importance of counseling, it is not provided routinely by health care workers because of various reasons that include:

- i. Insufficient time to properly counsel clients.
- ii. Inadequate space to ensure privacy and confidentiality during counseling.
- iii. Embarrassment about raising sensitive issues with clients.
- iv. Lack of awareness of clients' questions and concerns.

One of the barriers that make some women reluctant to access screening services is the embarrassment and shame associated with having a pelvic examination. By asking about women's needs and feelings during counseling, as well as during clinical procedures, service providers can reassure clients that their opinions and concerns are respected, even if the situation does not allow.

SUMMARY AND CONCLUSION

Cervical cancer is one of the common cancers in women. It is responsible for the death of many women. It is preventable through screening to detect precancerous lesions and appropriate treatment before the lesions develop into cancer. Each method of screening has its advantages and disadvantages. Every woman should be counselled before the screening so that they can make informed decision. Also, adequate information about cervical cancer, screening methods, possible results and treatment options should be given before screening. Theory of planned behaviour was used to explain the need for pre-screening counseling.

Post screening counseling is also necessary to reduce the psychological impact of a positive result. The nurse/midwife should avail herself of every opportunity to counsel and inform women about cervical cancer. She should have upto date information on cervical cancer screening and be competent in carrying out the screening tests. There is need to strengthen pre-screening counseling services and integrate cervical cancer issues into existing health information systems. Moreover, nurse led pre-screening counseling could help increase coverage because of the vantage position of nurses and their close contact with women.

Limitations

The limitation of this paper is that most of the studies were cross-sectional surveys that studied more about factors influencing cervical cancer screening and looking at lack of knowledge and role of counseling. This paper tries to review the role of pre-screening counseling in improving women's participation in cervical cancer screening. It will also provide necessary information on the process of counseling, as well as implications for nursing.

RECOMMENDATIONS

- i. Counseling should be made mandatory before the screening.
- ii. All nurses and health workers should be re-trained on counseling skills.
- iii. There is an urgent need for an aggressive awareness campaign and the provision of a screening program nationally.
- iv. Governmental and non governmental organizations

(NGO) should fund the training of nurse/midwives on cervical cancer screening.

v. NGO's have the role of ensuring more coverage in low resource countries.

vi. The cervical cancer screening services should be provided at no cost to the client.

Implications for the nursing

The nurse/midwife has the important role of taking care of women and meeting their reproductive health needs. Giving women comprehensive information will enhance their likelihood of complying with follow-up instructions, treatment protocols, and behaviors (ACCP, 2003). This is necessary because screening still remains the major method of prevention of cervical cancer, thus, healthcare workers, who come in contact with women, should inform them about cervical cancer screening (Anorlu et al., 2007). The need to ensure uptake of screening services cannot be overemphasized as this will ensure that women are screened early to prevent invasive cervical cancer.

Cervical cancer screening is an area of practice in which the expertise of the nurse/midwife is required as she can function independently if adequately trained. To drive cervical cancer out of Nigeria, visual inspection with acetic acid (VIA) can be used to screen women for cervical cancer. It can be done by nurses or midwives with appropriate training and research results show that VIA is simple, accurate, cost-effective, and acceptable to most women (Carr and Sellors, 2004). It is important to remember that regardless of the screening and treatment methods chosen, the two must be strongly linked so that women who are identified as having precancerous lesions are able to get the treatment they need to prevent the development of cancer (ACCP, 2004).

In providing information on cervical cancer prevention, nurses will be fulfilling one of their multiple roles in its prevention (Hilton et al., 2003). To be more effective, nurses must have good communication and counseling skills. There is need to re-train health workers on proper counseling skill for effective implementation of routine screening in cervical cancer prevention (Dim et al., 2009). All nurses must be able to access evidence based information on cervical screening, thus, they must have good information, communication and counseling skills in order to practice more effectively. Community/grassroots training of women leaders to disseminate information is also a necessity.

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