## Timeline of Cancer Diagnosis and Treatment in Malaysia: A Multicentre Cross-Sectional Study

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## **ABSTRACT**

Introduction: Cancer is the fourth common cause of death in Malaysia and late presentation (Stage III and IV) is one of the primary challenges. This study explores the timeline from the onset of symptoms to initiation of cancer treatment among breast, cervical, colorectal, and nasopharyngeal cancer patients. Methods: This is a multicentre cross-sectional study involving adult patients with primary tumour diagnosed from 2015 to 2020 in eight public hospitals. Data on sociodemographic, time interval from onset to first medical consultation (Patient interval, PI), and from consultation to diagnosis (Diagnostic interval, DI) were collected using self-administered survey; while diagnosis to treatment initiation (Treatment interval, TI) from medical records. Results: In all 596 patients were recruited with the distribution of 244 (40.9%), 156 (26.2%), 116 (19.5%) and 80 (13.4%) for breast, colorectal, nasopharyngeal, and cervical cancer, respectively. The overall median PI, DI and TI were 20 days (Interquartile range IQR: 74.0), 39 days (IQR: 71.5) and 37 days (IQR: 41.0), respectively. PI is the shortest median interval across all cancer types ranging from 7.0 days (IQR: 61.0) to 36 days (IQR: 141). DI is the longest median interval across the cancer types ranging from 33 days (IQR: 75) to 49 days (IQR: 81). Breast cancer timelines are closest to the World Health Organization's recommendations of one month target indicator per interval. Conclusion: Strategies to shorten DI across cancer types is imperative towards improving cancer outcomes. As the interval performances varied between cancer types, it is recommended for early diagnosis interventions to be cancer specific.

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## Healthcare Providers' Evaluation of Quality and Educational Value of Webinar Series on COVID-19

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## **ABSTRACT**

Introduction: COVID-19 pandemic necessitated the transition from in-person attendance to online continuing medical education (CME) for healthcare providers (HCPs). We investigated the perceptions of HCPs on the quality and educational value of Institute for Clinical Research (ICR) webinar series on COVID-19. Methods: The HCPs who participated in COVID-19 webinars between March 2020 to April 2021 were surveyed using Student Evaluation of Educational Quality (SEEQ) questionnaire. Data was analysed using Mann Whitney-U, Kruskal Wallis-H and Spearman Rank Correlation tests. Results: There were 244 respondents (83% female) with the mean age 35.3±8.8years and average work experience of 10.60±8.4 years. About 38.5% were professional category and 61.5% comprised allied health. In terms of seniority, 28.7% comprised those less than 4 years' work experience (junior), 43.9% between 5 to 14 years (midlevel) and 27.5% had more than 15 years' experience (senior). In the SEEQ questionnaire, almost all respondents rated either "good" or "very good" in each dimension. The mid-level HCPs had the highest mean score for value (p=0.018) and were more active in the Q&A (p=0.004) when compared to junior HCPs. The score for quality of speakers generally trended upwards with senior HCPs showing the highest mean score (p=0.039). Allied health personnel were more likely to take notes during presentations (p=0.032), viewed humorous presentations (p=0.015) and those with theoretical comparisons (p=0.050). There was positive correlation between HCP seniority with higher ratings for ICR's webinar organization (rs=0.159, p=0.013) and quality of speakers (rs=0.160, p=0.012). Conclusion: Quality of speakers and organizational support are key areas for successful HCPs webinars.