23.   **ASSESSMENT AWARENESS OF BREAST CANCER SIGNS, RISK FACTORS, AND BARRIERS: AN ONLINE CROSS-SECTIONAL STUDY IN SYRIA**

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https://www.youtube.com/watch?v=0JIMP5FyI7s&t=3185s

INTRODUCTION: According to the World Health Organization (WHO), breast cancer (BC) is females' most common type of cancer. In LAMICs, breast cancer incidence is low, but the mortality rate is high. However, a lack of information about the signs and symptoms of breast cancer potentially results in the disease's progression to life-threatening stages. This study aimed to determine the levels of breast cancer symptom awareness among Syrian women and to identify the variables associated with a high level of awareness. **METHODS:** From 3 September 2022 to 27 September 2022, an online cross-sectional study was conducted in Syria to measure the awareness levels regarding breast cancer, risk factors, and symptoms. This survey was derived from previous research that included a comprehensive, authorized scale. The inclusion criteria were 18-year-old or older Syrian females from all Syrian governorates. The questionnaire was divided into two portions; the first component included sociodemographic characteristics, and the second section assessed the participant's knowledge of breast cancer symptoms, risk factors, and obstacles based on the original BCAM scale. Using the IBM SPSS V. 28.0 software, descriptive and multivariate logistic regression analyses were performed on the data. **RESULTS:** Among 1305 study participants, the mean age and standard deviation of the individuals were 30.7 and 11.2, respectively. The majority of the participants had a University educational level (75.2%), while more than half of the participants were city residents. Most of the participants were at moderate (53%) and good (39.5%) economic status, and (47.4%) of the study participants were married. Participants with a Ph.D. education level have a higher score in risk factors than other subgroups (5.85±2.6, P value<0.05), and they have higher symptoms score than other educational groups (7.46±2.9, P value<0.05). Countryside resident participants have scored higher in barriers than city residents (3.14±2.5, P value<0.05). 16.6% of city residents have shown good knowledge of breast cancer risk factors (P value<0.05), and (11.8%) of University students have good knowledge of breast cancer symptoms (P value<0.05). Only (4.8%) of participants with good economic status have a good knowledge of breast cancer barriers (P value<0.05). Participants with Ph.D. education levels have a higher probability of good knowledge about breast cancer risk factors and symptoms than participants with primary education levels (OR=6.18, P value<0.05) and (OR=4.63, P value<0.05), respectively. Participants with chronic diseases had a greater possibility of recognizing breast cancer barriers than those without the chronic disease (OR=1.84, P value<0.05). **CONCLUSION**: Our findings indicate that Syrian females have a poor to moderate knowledge of breast cancer symptoms, risk factors, and barriers. It is proposed that more breast cancer awareness campaigns be conducted and that yearly screening programs be improved to solve the issue. Social media and television might be effective venues for raising awareness of breast self-examination and early identification of symptoms.

Key words: Breast Cancer; Signs; Risk Factors; Barriers; Awareness; Syria.