

CULTURAL ADAPTATION AND LINGUISTIC VALIDATION OF THE CANCER AWARENESS MEASURE FOR INDIVIDUALS WITH INTELLECTUAL DISABILITIES IN HUNGARY

Mohammed Elmadani¹, Simon Klara¹, Godfrey Mbaabu Limungi¹, Maha Besbes¹, Amer Mesmar¹, Eva Horvath¹, Livia Tóth¹, Diána Elmer², Orsolya Mate^{1,3*}.

¹Doctoral School of Health Sciences, Faculty of Health Sciences, University of Pécs, Pécs, Hungary

²Institute for Health Insurance, Faculty of Health Sciences, University of Pécs, Pécs, Hungary

³Institute of Emergency Care, Pedagogy of Health and Nursing Sciences, Faculty of Health Sciences, University of Pécs, Pécs, Hungary

OBJECTIVES

Cancer awareness is essential for early detection, yet individuals with Intellectual Disabilities (ID) face significant cognitive and communicative barriers to health information. This study aimed to adapt, simplify, and validate the CAM tool specifically for individuals with ID in Hungary and assess their current cancer literacy levels.

METHODS

- Study Design: Cross-sectional validation study.
- Participants: N=232 adults (18+) with mild/moderate ID from community settings and residential care homes.
- The Adaptation Workflow:
 - Simplification: Removal of open-ended questions; simplification of medical jargon.
 - Translation: Forward and back-translation between English and Hungarian with linguistic harmonization.
 - Expert Review: Panel of specialists (linguists, MDs, ID experts) to calculate the Content Validity Index (CVI).
 - Face Validity: Pilot testing with a purposive sample of 20 ID participants to ensure clarity and usability.

RESULTS

- Psychometric Validation**
 - The adapted CAM demonstrated high reliability and excellent validity:
 - Internal Consistency: Warning Signs ($\alpha=0.842$), Risk Factors ($\alpha=0.785$), Prevention ($\alpha=0.714$), and Barriers ($\alpha=0.842$).
 - Content Validity: S-CVI/Ave = 0.96.
- Cancer Literacy Levels**
 - Knowledge Scores: Warning Signs (5.47/9), Risk Factors (36.41/55), and Prevention (3.79/7).
 - Those living with family had significantly better symptom knowledge ($p=0.022$), while care home residents reported higher barriers to help-seeking ($p=0.004$).
 - Family history of cancer and past screening participation were strong predictors of better symptom recognition.

CONCLUSIONS

- The Adapted CAM is a robust, reliable, and valid instrument for assessing cancer awareness among individuals with ID.
- Findings highlight that disparities in cancer awareness are deeply linked to living environments and employment status rather than just cognitive limitations.
- There is an urgent need for "Easy-to-Read" educational materials and visual aids.
- Public health campaigns must be disability-inclusive, targeting both individuals and their caregivers to bridge the informational gap.
- Structural barriers in residential care settings must be addressed to improve early help-seeking behaviors.

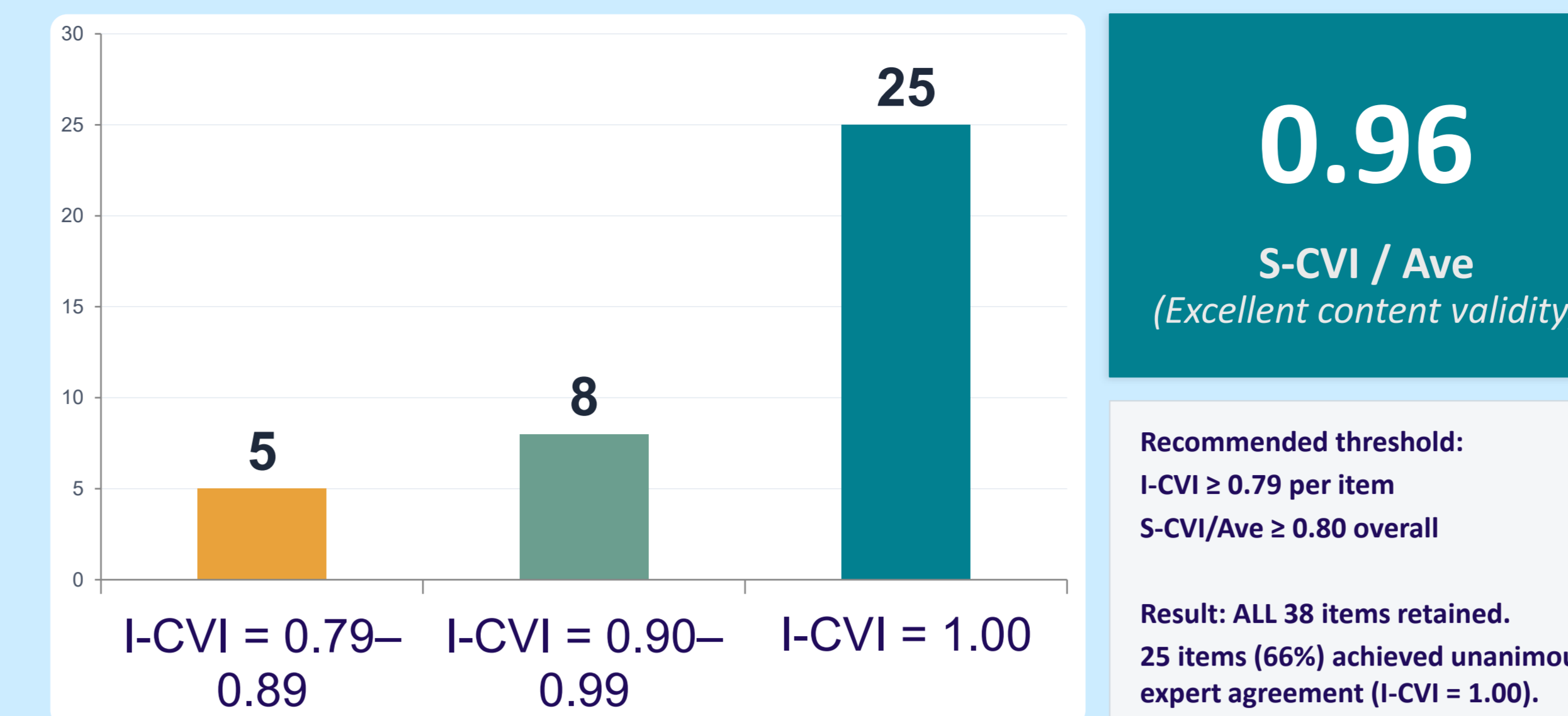


Figure 1: Item Content Validity Index (I-CVI) Distribution

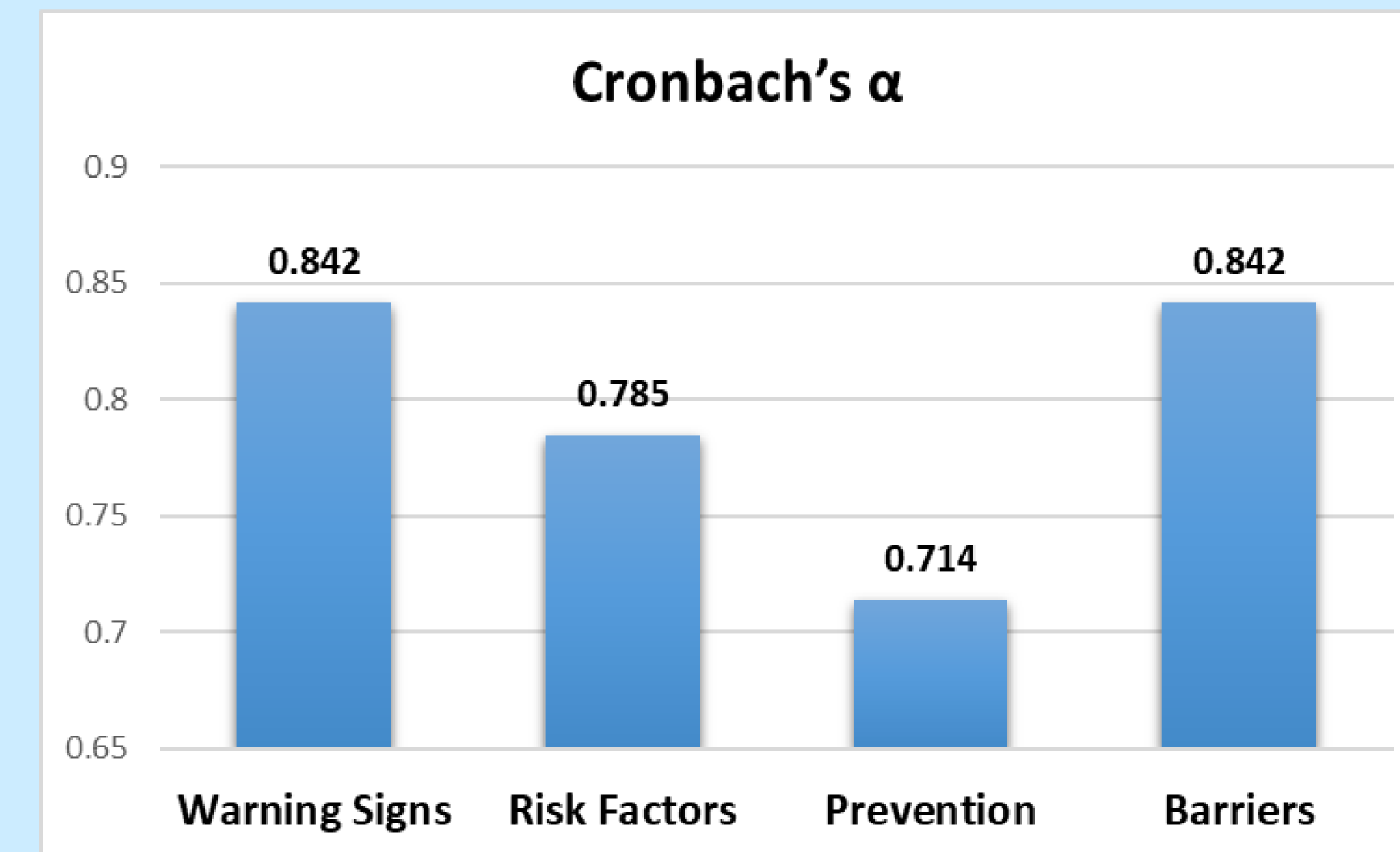


Figure 3: Internal Consistency of CAM Subscales

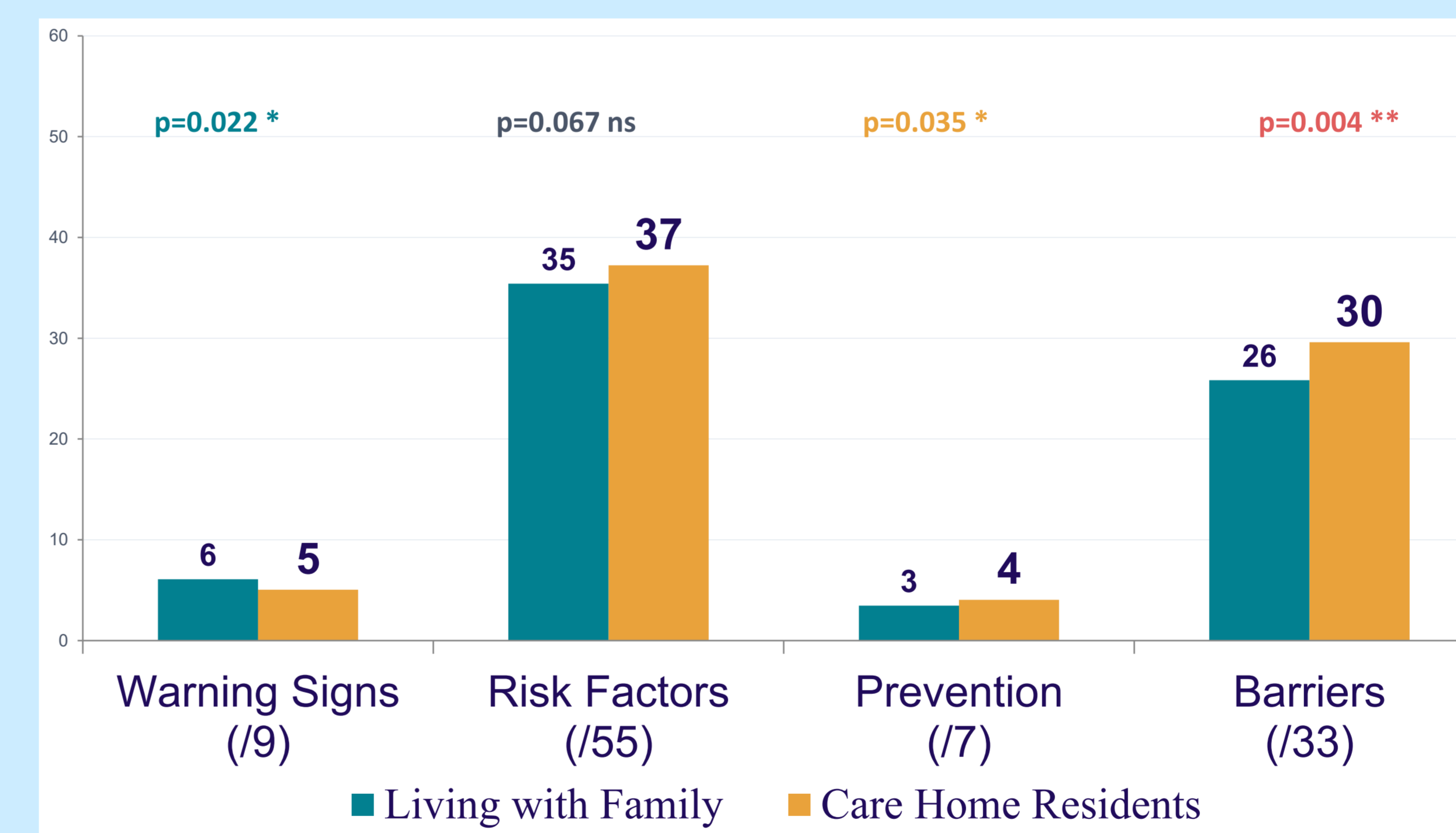


Figure 5: Mean scores by living arrangement of CAM sub scores

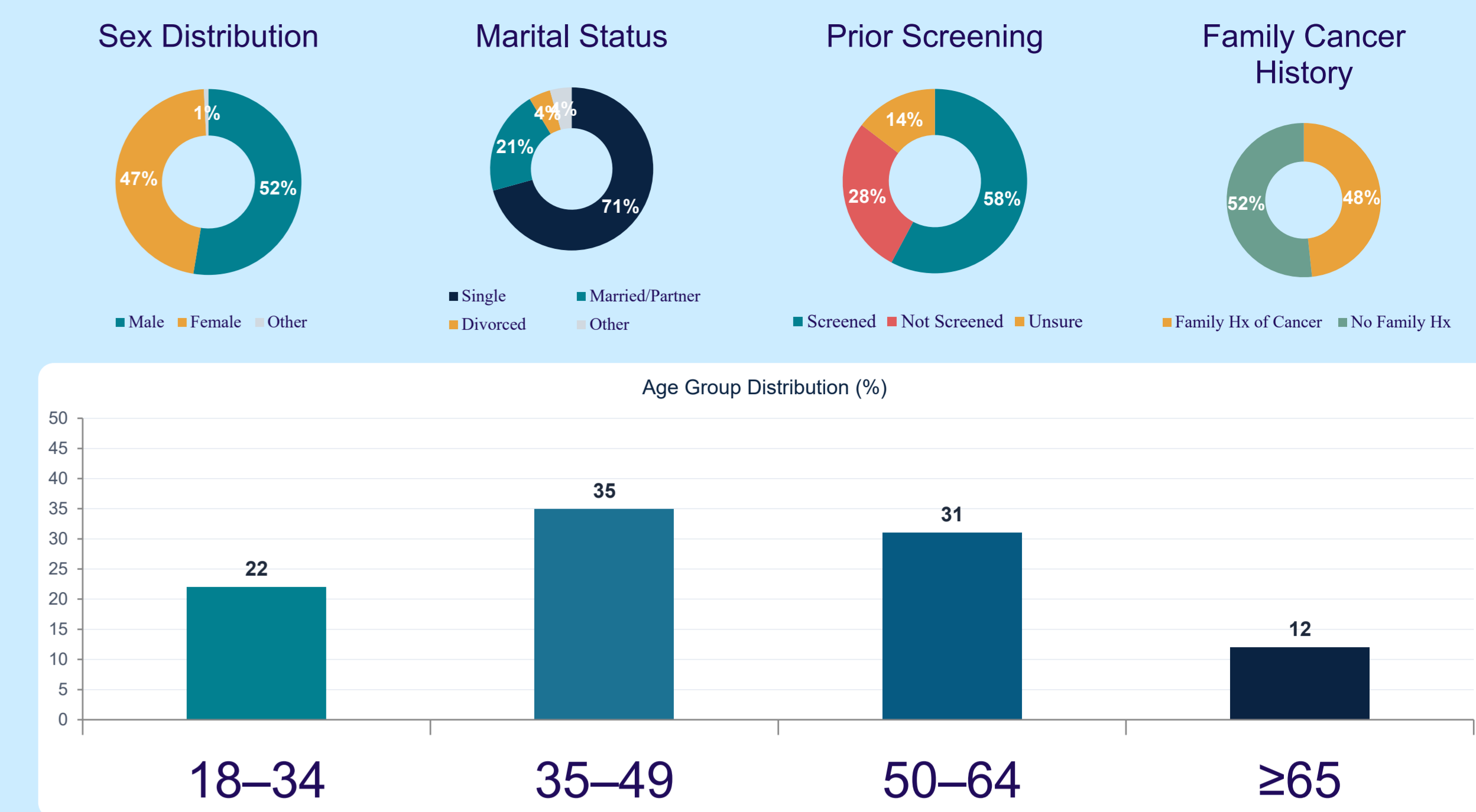


Figure 2: Participant Demographic Profile

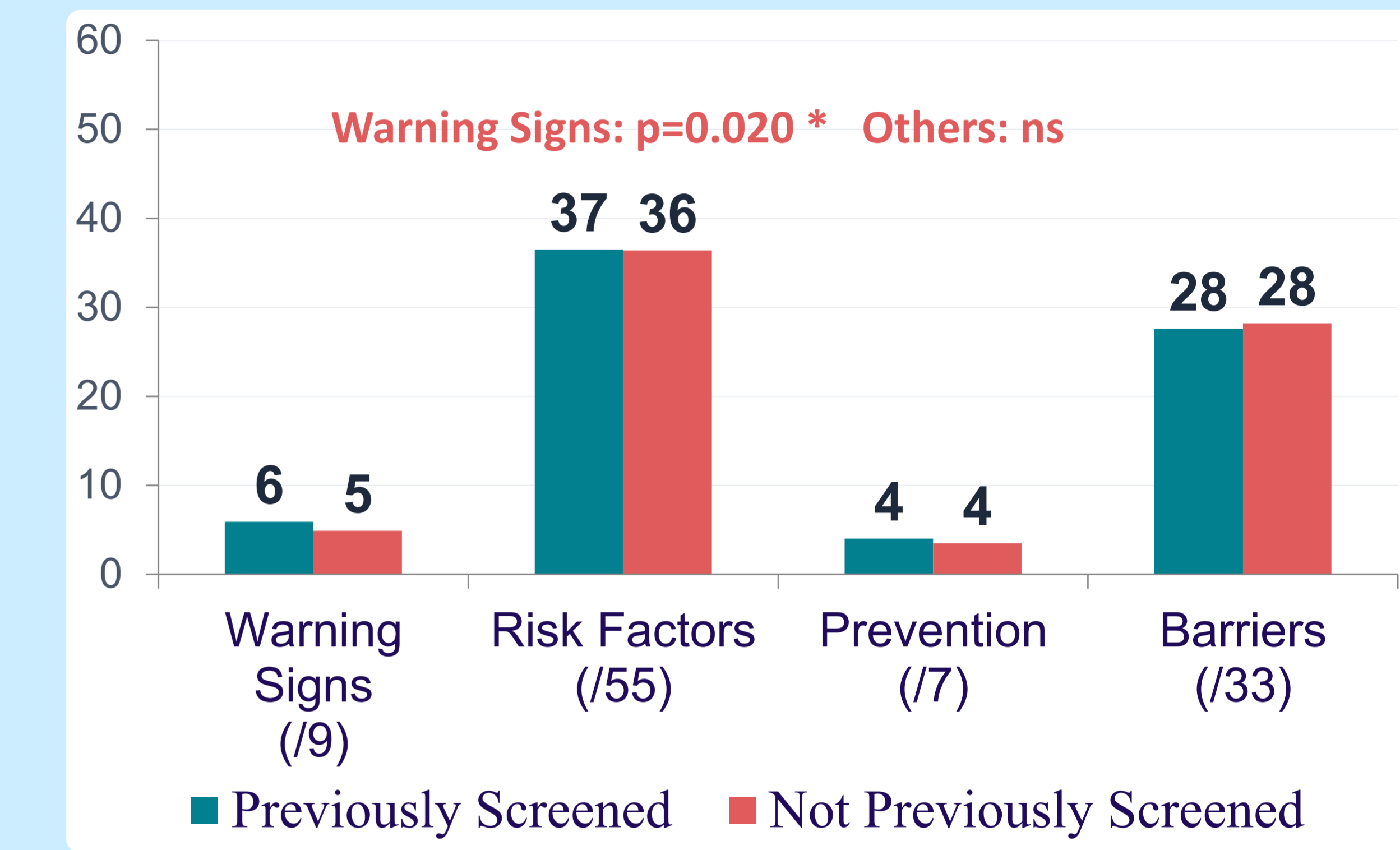


Figure 4: Knowledge Scores by Prior Cancer Screening Participation

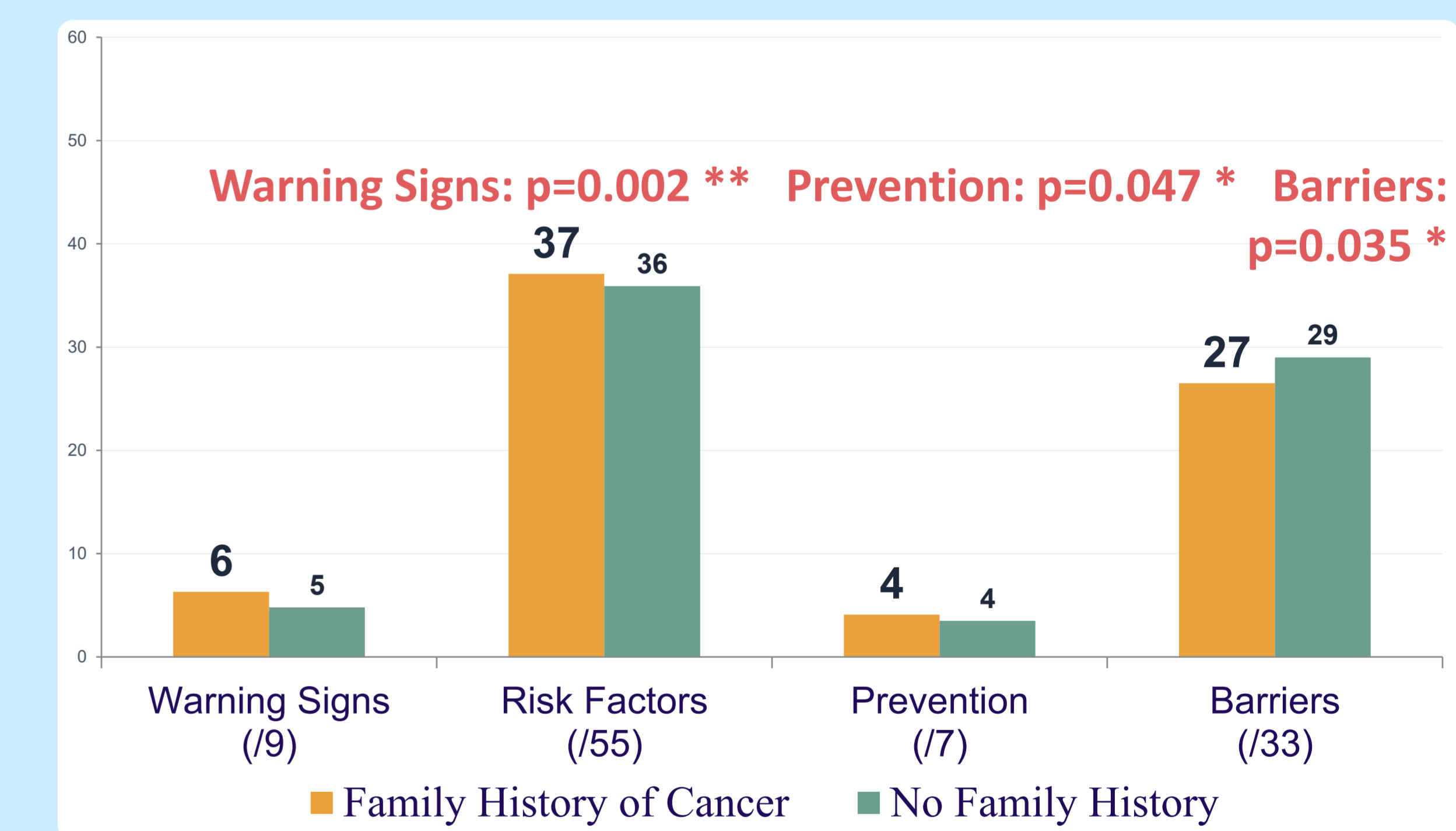


Figure 6: Knowledge Scores by Family History of Cancer

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Corresponding author:
Dr. Dr. habil. MÁTÉ Orsolya PhD, MEd, MPH
UNIVERSITY OF PÉCS
Faculty of Health Sciences
Doctoral School of Health Sciences, Faculty
Institute of Emergency Care, Pedagogy of Health and Nursing Sciences
Email: orsolya.mate@etk.pte.hu

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