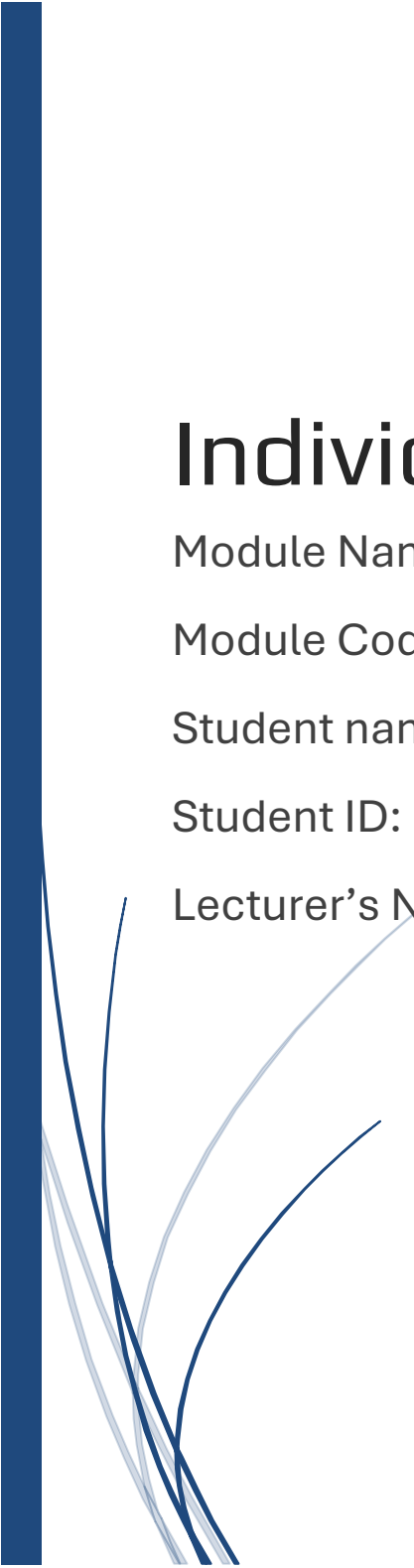




Individual Report

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Introduction

Breast cancer is one of the most significant public health challenges currently affecting adults particularly women in the United Kingdom. Breast cancer remains the most common cancer among women worldwide and has serious physical, emotional, and social consequences for patients and their families. Although men can also develop breast cancer, the majority of cases occur in women, making it a gendered yet universally concerning health issue.

The purpose of this report is to explain why breast cancer is such a crucial topic, critically evaluate reliable sources of information, discuss the research methods used to study the disease, and examine ways data can be collected and analysed. Through this study, the aim is to deepen understanding of how research, awareness, and early detection can work together to reduce mortality rates and improve the quality of life for patients.

Task 1 – Selection of a Research Topic

1.1 The Issue and Why It Matters

Breast cancer continues to be one of the leading causes of cancer-related deaths among adult women in the UK. According to Cancer Research UK (2025), about one in seven women will be diagnosed with breast cancer at some point in their lives, with over 55,000 new diagnoses every year. Most cases occur in women over 50, although younger women and, occasionally, men may also be affected (NHS, 2024).

The importance of this issue lies in the potential of early detection to save lives. Screening and awareness campaigns, such as those run by the NHS Breast Screening Programme, have significantly improved outcomes by identifying cancer at earlier stages when treatment is most effective (Public Health England, 2023). However, inequalities in awareness, screening attendance, and access to healthcare still lead to late diagnoses. In addition, breast cancer survivors often face emotional and mental health challenges, such as anxiety, body image issues, and fear of recurrence (Macmillan Cancer Support, 2024).

The disease also creates a substantial burden on the NHS, both economically and in terms of clinical resources required for diagnosis, surgery, chemotherapy, and aftercare. This underscores the need for ongoing research and community-based interventions that prioritise prevention, early detection, and holistic patient care.

1.2 Personal Reflection – Why I Chose This Topic

I chose to focus on breast cancer because it is a disease that many people are familiar with, either through media coverage or personal experience. Within my community, I have known individuals who have battled breast cancer, and their resilience inspired me to learn more about how healthcare professionals support patients through diagnosis and treatment.

This topic also aligns closely with my studies in health and social care. It highlights the link between early diagnosis, prevention, and the patient experience—three core themes in healthcare education. By researching this topic, I hope to strengthen my understanding of both the scientific and emotional aspects of breast cancer, preparing me to provide more compassionate and informed care in my future healthcare career.

Task 2 – Evaluating Information Sources

2.1 Source 1

NHS (2024)

The NHS website provides comprehensive, up-to-date information on breast cancer, including risk factors, symptoms, treatment options, and recovery advice. As an official national source, it is both credible and accessible to the public. The NHS also references current clinical guidelines, which increases the reliability of its information for both healthcare professionals and patients.

2.2 Source 2

Cancer Research UK (2025)

Cancer Research UK delivers detailed statistical insights, including incidence rates, mortality, and survival trends based on large national datasets. This makes it invaluable for understanding patterns of disease and assessing how interventions have improved outcomes over time. Because it draws on peer-reviewed data, it is considered a highly reliable source for research.

2.3 Source 3

NICE (2023)

The National Institute for Health and Care Excellence (NICE) offers a clear framework for diagnosing and managing breast cancer in healthcare settings. These guidelines standardise the quality of care across the UK and are based on clinical

evidence and expert consensus. They also emphasise multidisciplinary approaches, involving oncologists, nurses, and psychological support specialists.

2.4 Gaps in Current Research

Despite extensive knowledge, key research gaps remain. Male breast cancer receives limited attention in existing studies, as do the needs of younger women who face unique challenges related to fertility and mental health. There is also insufficient focus on the long-term effects of treatment, such as fatigue, chronic pain, and psychological distress. According to Bryman (2021), addressing under-researched areas through both qualitative and quantitative studies can lead to a more equitable and comprehensive understanding of the disease.

Task 3 – Research Methodologies

3.1 Definitions and Examples

Quantitative research involves analysing numerical data, often presented as statistics, graphs, or measurable trends for example comparing survival rates across age groups.

Qualitative research focuses on exploring personal experiences, attitudes, and feelings through interviews and focus groups.

Mixed-methods research combines both approaches, providing a richer and more holistic understanding of complex issues such as breast cancer (Creswell, 2018).

3.2 Chosen Methodology and Justification

A mixed-methods approach is the most suitable for studying breast cancer. Quantitative research helps identify high-risk populations, track survival outcomes, and evaluate screening effectiveness. Meanwhile, qualitative research reveals the lived experiences of patients and their fears, coping mechanisms, and support systems. Combining both allows researchers to connect statistical evidence with human experience, resulting in more patient-centred healthcare strategies (Bryman, 2021).

Task 4 – Data Collection

4.1 Primary vs Secondary Data

Primary data refers to information collected firsthand, such as patient surveys, interviews, or clinical trials.

Secondary data uses information already gathered by other researchers, government agencies, or institutions such as published journals, official reports, and national databases.

4.2 Chosen Data Type and Justification

This report relies on secondary data because of the wealth of accurate and accessible information available from reputable healthcare organisations such as the NHS, NICE, and Cancer Research UK.

Secondary data allows researchers to analyse large, verified datasets efficiently while maintaining credibility and reliability (Bryman, 2021).

4.3 Advantages and Challenges

The advantages of using secondary data include saving time, reducing costs, and enabling comparisons across larger populations. It also ensures access to peer-reviewed and ethically collected information. However, challenges include potential data being slightly outdated or not tailored to specific research questions. To overcome this, triangulation using multiple sources for cross-verification is recommended to enhance accuracy (Creswell, 2018).

Conclusion

Breast cancer among adult women remains an urgent health concern across the United Kingdom. Despite advances in screening, diagnosis, and treatment, ongoing research, education, and outreach are essential to reduce inequalities in care and further improve survival outcomes. Early detection continues to be the key factor in saving lives; however, the psychological and social experiences of patients must also be prioritised.

A combined research approach drawing on both quantitative data and qualitative narratives ensures a well-rounded understanding of breast cancer as not just a medical condition but a deeply human experience. In the future, healthcare professionals, policymakers, and researchers must collaborate to ensure equitable

healthcare access and provide continued emotional and physical support to all individuals affected by the disease.

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