

Study: Nearly 4 out of 10 lesbians not routinely screened for cervical cancer

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Nearly 38 percent of lesbians polled in a national survey were not routinely screened for cervical cancer, putting them at risk of developing a highly preventable cancer, according to a University of Maryland School of Medicine study being presented at the 11th Annual AACR International Conference on Frontiers in Cancer Prevention Research. Cervical cancer is caused by a sexually transmitted virus, the human papillomavirus (HPV), and can be detected through regular Pap smears.

The percentage of lesbians not being screened as recommended is higher than for [women](#) overall. According to information compiled by the Centers for Disease Control's Risk Factor Surveillance System (BRFSS), 13 percent of women have not had a [Pap test](#) in the last three years.

"This study highlights an often-overlooked cancer disparity," says the study's author, J. Kathleen Tracy, Ph.D., an associate professor of epidemiology and public health at the University of Maryland School of Medicine and a researcher at the University of Maryland Marlene and Stewart Greenebaum Cancer Center. "We know that HPV can be transmitted during same-sex sexual activity, so lesbians are at risk of developing cervical cancer. If these women aren't screened, they are at increased risk of getting this type of cancer by missing opportunities to identify precursor cervical abnormalities that can be treated."

Dr. Tracy, a health psychologist, is presenting these results at the cancer prevention conference, which is sponsored by the American Association for Cancer Research (AACR).

According to Dr. Tracy, a key barrier to effective screening among lesbians is a lack of communication with their [health care providers](#). "We shouldn't underestimate the importance of open communication between patient and provider," Dr. Tracy says. "Our research showed that women who were open with their primary care doctors and gynecologists about their sexual orientation were nearly 2½ to three times more likely to have routine screening than those who did not disclose it. They also were more likely to be screened if their doctors recommended it and they believed that having routine Pap tests was beneficial."

E. Albert Reece, M.D., Ph.D., M.B.A., vice president for medical affairs at the University of Maryland and the John Z. and Akiko K. Bowers Distinguished Professor and dean of the University of Maryland School of Medicine, says, "Cervical cancer is very treatable if detected early through routine screening with Pap tests. Dr. Tracy's research shows that a significant percentage of the lesbian population is not being screened as recommended. We need to eliminate barriers to screening for this subset of women and to educate them on the benefits."

Dr. Tracy and her colleagues sent a standardized internet survey in 2010 and early 2011 to 3,000 women who identified themselves as lesbians. Of these, 1,006 women responded to the survey, with nearly 38 percent reporting that they were not getting regular cervical cancer screening. Sixty-two percent said they were routinely screened.

The two most common reasons for not getting Pap tests as recommended: not having a physician referral (17.5 percent) and not having a physician (17.3 percent). "Physician recommendation appeared to be a potent determinant of regular screening behavior," Dr. Tracy says. "Routine screeners perceived more benefits and fewer barriers to screening, and knew that not having a Pap test put them at increased risk for cervical cancer, than did women who were not screened."

"Women who identify as lesbian are at potentially elevated risk of cervical cancer because they are not routinely screened," researchers concluded. "Evidence-based interventions should be developed that address critical health beliefs that undermine participation in screening. Given the value placed on physician recommendation, patient-provider communication may serve as the optimal mode for intervention delivery."

Women should begin to have Pap tests at the age of 21 or within three years of becoming sexually active, whichever comes first. For many years, women were told to have yearly Pap tests until age 30 and then have them every two to three years if they had three normal tests in a row. The American Cancer Society now recommends that women age 21 to 29 have the test every three years. Women age 30 to 65 should have a Pap test and an HPV test every five years. A doctor may suggest more frequent [screening](#) if a woman has risk factors for [cervical cancer](#).

More information: A03 Understanding cervical cancer screening among lesbians: a national survey. J Kathleen Tracy. University of Maryland School of Medicine, Baltimore, MD.

Abstract

Objectives: The aim of this study was to examine cervical cancer screening behaviors among lesbians in the US, a population who has documented low rates of cervical cancer screening, despite their risk of contracting the disease.

Procedures: A standardized internet survey was sent to 3,000 self-identified lesbians across the US. The survey assessed the participants' recent cervical cancer screening behaviors and perceived barriers to screening.

Results: The sample consisted of 1,006 respondents, representing every

region of the US. Sixty-two percent of the weighted sample were routine screeners. Lack of a physician referral (17.5%) and lack of a physician (17.3%) were the most commonly-cited top reasons for lack of screening. Adjusting for age, education, relationship status, employment status, and insurance status, women who had disclosed their sexual orientation to their primary care physician (adjusted odds ratio [OR] 2.84 [95% confidence interval 1.82-4.45]) or gynecologist (OR 2.30 [1.33-3.96]) had greater odds of routine screening than those who did not. Those who knew that lack of Pap testing is a risk factor for cervical cancer were also more likely to be routine screeners (OR 1.95 [1.30-2.91]), although no association with screening was apparent for women who had more knowledge of general cervical cancer risk factors. Physician recommendation appeared to be a potent determinant of regular screening behavior. Routine screeners perceived more benefits and fewer barriers to screening, and higher susceptibility to cervical cancer, than did women who did not routinely screen.

Conclusions: Women who identify as lesbian are at potentially elevated risk of cervical cancer because they are not routinely screened. Evidence-based interventions should be developed that address critical health beliefs that undermine participation in screening. Given the value placed on physician recommendation, patient-provider communication may serve as the optimal mode for intervention delivery.

Provided by University of Maryland

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