

Study: Patterns of cancer screening in Appalachian women

January 22 2014, by Allison Perry

A new study by University of Kentucky researchers shows that women who never or rarely screen for breast cancer are also unlikely to receive screening for cervical cancer. The study also identified four key barriers independently associated with the lack of these cancer screenings in Appalachian women.

Published in *Women & Health*, the study focused on six rural counties in Appalachian Kentucky. Researchers conducted in-person interviews with 222 women to assess their adherence (or lack thereof) to [cancer](#) screening guidelines. While 33 percent of the women had recently been screened for both breast and ovarian cancers, 48 percent were rarely or had never been screened for both.

Through the interviews, the researchers determined four variables that were independently associated with significantly increased odds of never or rarely receiving screenings for breast and cervical cancer: a belief that a Pap test is embarrassing, a belief that the lack of health insurance makes it difficult to obtain a Pap test, a belief that [breast cancer](#) screening is unnecessary without symptoms, and reporting no physician recommendation of a mammogram in the prior 12 months.

These patterns of non-screening in Appalachian Kentucky are troubling. The overall cancer mortality rate in Appalachian Kentucky is 17 percent higher than the national rate. Of particular concern are the elevated incidence and mortality rates of invasive [cervical cancer](#) in this area, which are 67 percent and 33 percent higher than the national rate.

Additionally, the belief that a breast [cancer screening](#) is unnecessary without symptoms is problematic, because often by the time a woman experiences symptoms or has a lump, the cancer is in a more advanced stage. A mammogram performed every 1-2 years for women aged 40 years or older could reduce mortality rates by approximately 20-25 percent over a 10-year period.

"Our study findings reinforce the challenges to screening faced by many vulnerable and underserved women," said Nancy Schoenberg, lead author on the paper and professor of Behavioral Science at the UK College of Medicine. "Whether they experience inadequate knowledge, as shown in this research, or inadequate resources, as shown in other studies, many women find it difficult to obtain optimal preventive health care. Facilitating optimal prevention will reduce the huge toll cancer takes on [women](#), their families and their communities."

An anthropologist by training, Schoenberg is the principal investigator of a series of projects called "Faith Moves Mountains," including "An Appalachian Cervical Cancer Prevention Program," "A CBPR Appalachian Wellness and Cancer Prevention Program," and "An Intergenerational CBPR Intervention to Reduce Appalachian Health Disparities." Started in 2004, these projects aim to target specific health behaviors through "faith-based" interventions, by building relationships with churches within Appalachian communities. This most recent study used a similar faith-based approach by working with local churches in Appalachia to recruit participants.

Provided by University of Kentucky

Citation: Study: Patterns of cancer screening in Appalachian women (2014, January 22) retrieved 25 April 2024 from <https://medicalxpress.com/news/2014-01-patterns-cancer-screening-appalachian-women.html>

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