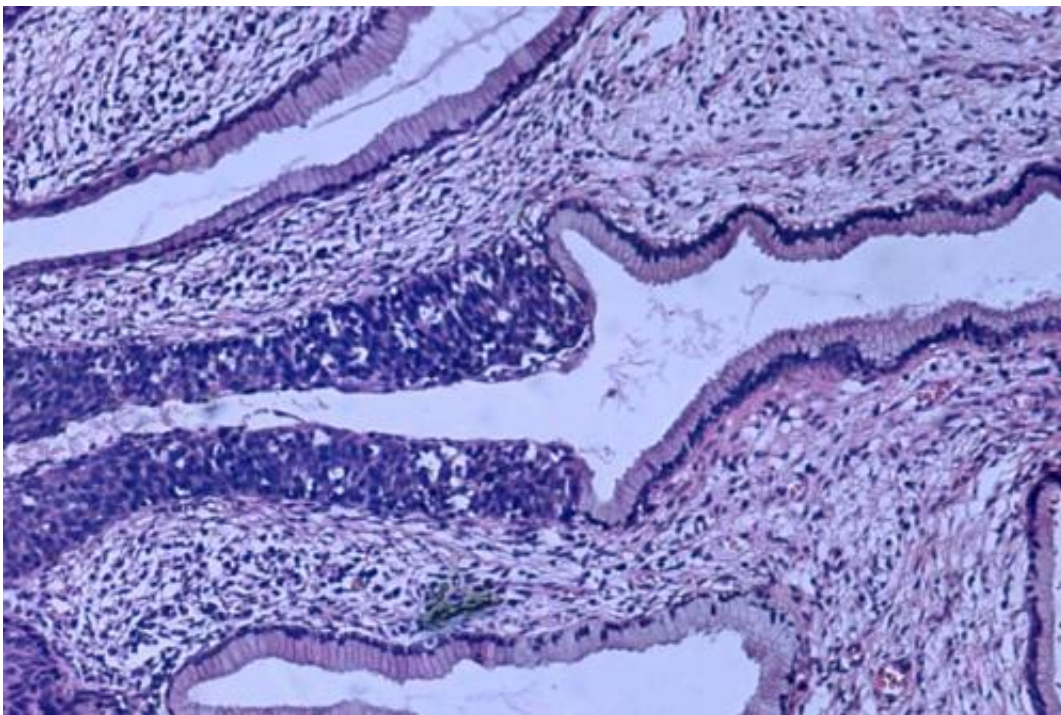


Study reveals why cervical cancer screening rates are declining, which populations are most affected

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High grade dysplasia (carcinoma in situ) in the uterine cervix. The abnormal epithelium is extending into a mucus gland to the left of centre. This disease can progress to invasive cancer (squamous cell carcinoma) of the cervix. Credit: Haymanj/public domain

Rates of cervical cancer screening have dropped in the U.S., with screening rates lowest among Asian and Hispanic women, as well as

women who live in rural areas, don't have insurance, or identify as LGBTQ+, according to researchers with The University of Texas Health Science Center at Houston (UTHealth Houston).

A nationally representative cross-sectional study of 20,557 women led by Ryan Suk, Ph.D., an assistant professor of management, policy and [community health](#) at UTHealth School of Public Health, revealed a major uptick in the proportion in women without an up-to-date [cervical cancer screening](#) among all sociodemographic groups, from 14.4% in 2005 to 23.0% in 2019. The study, which pulled data from the National Health Information Survey (NHIS) from the Centers for Disease Control and Prevention (CDC), was published today in *JAMA Network Open*.

Major disparities were found across different sociodemographic groups. Still, the most commonly reported reason for not receiving a timely screening across all groups was lack of knowledge, ranging from 47.2% of women identifying as LGBTQ+ to 64.4% of women with Hispanic ethnicity.

"What this means is that more campaigns about cervical cancer screenings are needed," Suk said. "There would need to be targeted, culturally adapted campaigns for each of these sociodemographic groups."

Significantly higher rates of overdue screening were found among women of Asian descent compared with those of non-Hispanic white race and ethnicity (31.4% vs. 20.1%). There were also higher rates among women living in rural versus urban areas (26.2% vs. 22.6%); those without insurance versus those with private insurance (41.7% vs. 18.1%); and women identifying as LGBTQ+ versus heterosexual (32.0% vs. 22.2%). Transgender individuals could not be identified because the NHIS data does not have information on transgender and only includes a binary sex variable of male and female.

Other key findings include:

- Both Asian and Hispanic women were more likely to have a screening that was not up-to-date compared with non-Hispanic white women, but the reasons varied across race and ethnicity. Although both Asian and Hispanic women reported lack of knowledge as a barrier, Asian women were more likely to report lack of recommendation from a [health care](#) professional and perception of no problems as barriers, whereas Hispanic women were twice as likely as Asian women to report lack of access as a barrier.
- There were also disparities in [screening rates](#) across age groups. In 2019, women ages 21 to 29 years old had a significantly higher rate of overdue screening (29.1%) versus women ages 30 to 65 years old (21.1%). Previous receipt of an HPV vaccine, which has been recommended to women up to age 26 since 2007, was not a primary reason for not having an up-to-date screening across either age group. However, among women in the older age group, those responding that they did not receive screening because they did not have a recommendation from their health care practitioners doubled in 2019, from 5.5% to 12.0%.
- The proportion of [women](#) reporting lack of access as their primary barrier to receiving a timely screening decreased significantly from 2005 to 2019 across all age groups, possibly representing benefits from Medicaid expansion and the Affordable Care Act's emphasis on access to the U.S. Preventive Services Task Force-recommended preventive cares.

Suk said that these findings underscore the importance of recommendations from [health care professionals](#) in promoting cervical cancer screenings, which may play an even larger role as access to care continues to improve.

"Timely cervical cancer screening is a crucial prevention measure of cervical cancer, especially for those who could not benefit from the introduction of HPV vaccine," Suk said. "Most cervical cancer cases are preventable, and we need to spend more efforts on improving overall timely screening rate, but also on reducing disparities across diverse populations. This study emphasizes and reminds us that we need a more inclusive and sustainable approach in the implementation of this evidence-based screening strategy."

UTHealth Houston co-authors on the report include Suja S. Rajan, Ph.D., associate professor in the Department of Management, Policy, and Community Health at UTHealth School of Public Health, and Yenan Zhu, MS, research assistant at the school. Other co-authors include Young-Rock Hong, Ph.D., and Zhigang Xie, MPA, with the University of Florida and Jennifer C. Spencer, Ph.D., with the University of Texas at Austin.

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