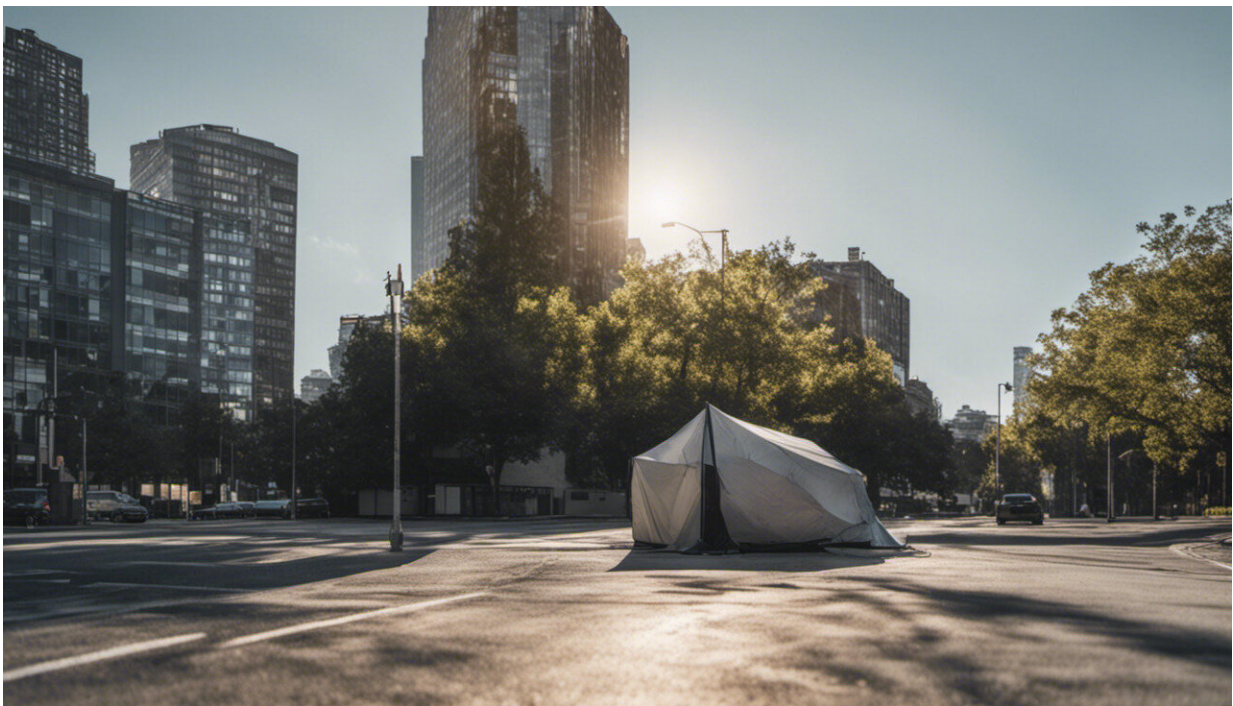


Cancer among people experiencing homelessness: Research into current situation forms basis for prevention program

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Credit: AI-generated image ([disclaimer](#))

Cancer is twice as likely to affect people experiencing homelessness (PEH) as members of the housed population. The disease is the second most common cause of death among PEH, a group that is underserved when it comes to medical care. At the same time, there is a lack of

awareness and of structures for targeted cancer screening.

Against this backdrop, a team headed by MedUni Vienna has examined the current situation in four European countries and drawn up approaches for the development of a prevention program. The study has just been published in the journal *eClinicalMedicine*.

For the study, a research team led by Tobias Schiffler and Igor Grabovac from the Department of Social and Preventive Medicine at MedUni Vienna's Center for Public Health collected experiences and viewpoints from directly affected groups, namely people experiencing homelessness who have cancer and those who do not, as well as professionals working at health and social services facilities.

Members of these groups in Austria, Greece, the UK and Spain gave insights into the current situation and spoke about the obstacles to [cancer prevention](#) among people at the margins of society. "Until now, data on this problem was extremely thin on the ground," says first author Tobias Schiffler, emphasizing just how significant the qualitative research is.

Check-ups as a luxury

The study found that awareness of [cancer screening](#) is low among both PEH themselves and members of the health and social services community. For example, one unhoused person from Austria spoke about the "luxury of taking care of preventive examinations and check-ups when you have other acute problems to worry about." Cancer prevention services tailored to specific target groups are also in short supply, as specific local initiatives usually fail to reach sufficient numbers of PEH.

Cancer is often only detected in members of this underserved group when they receive emergency [medical care](#) for an acute illness or injury.

In some cases, tumor growth is already so advanced that it causes other complaints. The very nature of the life circumstances of PEH means that it can prove difficult to provide regular treatment or follow-up measures that may still be an option at any given time. In some countries, the affected groups also face financial or structural barriers if they need to access the health system.

As a result, PEH cannot take steps to look after their health to the degree that they would actually like to, as some of them reported. This leads to diseases often being detected too late.

Life expectancy of 47 years

Data from the UK show that the average life expectancy of PEH is 47 years. This is due to the higher overall burden of disease that this group faces. Cancer affects PEH twice as often as people in the housed population. This is associated with various influences, including a higher prevalence of risk factors (e.g. alcohol and tobacco consumption), the greater frequency of infectious diseases and malnutrition, as well as the access barriers to health care services mentioned above.

"Our study is one of the first to look at cancer prevention from the perspective of people who are directly affected by homelessness. The findings could form the basis for tailored and targeted [preventive measures](#) that take the needs and circumstances of this target group into account," explains principal investigator Igor Grabovac.

The study was conducted as part of a wide-ranging EU project titled CANCERLESS (Cancer prevention and early detection among the homeless population in Europe: Co-adapting and implementing the Health Navigator Model), which Grabovac also heads and coordinates.

More information: Tobias Schiffler et al, Access to cancer preventive

care and program considerations for people experiencing homelessness across four European countries: an exploratory qualitative study, *eClinicalMedicine* (2023). [DOI: 10.1016/j.eclinm.2023.102095](https://doi.org/10.1016/j.eclinm.2023.102095)

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