

Finding Answers

Disparities Research for Change

Journal of General Internal Medicine
July 2012

Cervical Cancer Screening, Diagnosis and Treatment Interventions for Racial and Ethnic Minorities: A Systematic Review

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Background:

Although cervical cancer is preventable, thousands of U.S. women are diagnosed with and die from this disease every year. Moreover, the burden of cervical cancer is not shared equally among women across races and ethnicities. Latinas and African American women have significantly higher incidences of cervical cancer than the average for U.S. women—11.1 and 10.0 per 100,000 women per year, respectively, versus a rate of 8.1 for all U.S. women. In addition, the incidence is five times higher among Vietnamese American women than white women. Because members of different racial and ethnic groups tend to achieve similar outcomes from similar treatments, interventions that promote screening, equal care and treatment should decrease the incidence of and mortality from cervical cancer. Unfortunately, the existing disparities suggest that these interventions have not been wholly successful

Highlights of Findings:

The authors systematically reviewed 31 studies that focused on U.S. racial and/or ethnic minorities who were linked to a health care system; that included at least one intervention designed to improve cervical cancer prevention, screening, diagnosis or treatment; and that measured health outcomes.

The review found:

- Moderate evidence that telephone support with navigation (including assistance scheduling appointments, finding low-cost sources of care, and assistance with transportation) increases the rate of screening for cervical cancer in Spanish- and English-speaking populations.
- Limited evidence that education delivered by lay health educators with navigation increases the rate of screening for cervical cancer for Latinas, Chinese Americans and Vietnamese Americans.
- Limited evidence that a single visit for screening for cervical cancer and follow-up of an abnormal result improves the diagnosis and treatment of premalignant disease of the cervix for Latinas.
- Limited evidence that telephone counseling increases the diagnosis and treatment of premalignant lesions of the cervix for African Americans.

Conclusions:

In order to improve the rate of screening for cervical cancer in minority patients, telephone support with navigation and education programs by lay health educators with navigation may be of benefit. In order to improve the diagnosis and treatment of premalignant disease of the cervix, a single visit for screening for cervical cancer and follow-up of an abnormal result may be of benefit, as may telephone counseling.

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