Social disparities leading to non-adherence in women with abnormal cervical cancer screening

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BACKGROUND

Although it is a preventable disease, there was an estimated 4,280 deaths related to cervical cancer¹ in 2020 alone. While Black and White women have a similar screening rate (80-85%), Black women have a disproportionately higher incidence of cervical cancer mortality.² Cervical cancer screening is not the problem, with a reported 80% of eligible women adherent to current guidelines.³ As seen with the call to action by congress and the NIH, "stagnant cervical cancer survival rates" must be addressed.⁴

OBJECTIVE

The objective of this study was to evaluate the social determinants associated with follow-up in women with abnormal cervical cancer screening.

METHODS

All patients referred to a colposcopy clinic at UAB were included in a retrospective chart review with the following inclusion criteria: female patients, 21-years-old at time of referral, and having an abnormal CCS result. Patients were adherent if they came within 3 months of scheduling, delayed if they presented more than three months from original referral, or not adherent if they did not show up for their appointment or came greater than 12 months from initial appointment.

RESULTS

540 patients were included with 54% of patients Black, 27% White, and 10% Hispanic. The majority had an ASCUS pap (51%), followed by LSIL (30%), and HSIL (18%). Of the patients who did not follow up, 59% had Medicaid, 51% were self-pay. Out of 141 women who did not follow up for an appointment, 62% were Black and the top 8 zip codes had median incomes below the Average US income.⁵

CONCLUSION

37% of patients were not adherent to follow-up after receiving an abnormal pap with Black women and women of lower socioeconomic status having the highest rate of delayed or non-adherence. Targeted interventions must exist such as socioeconomic screening, transportation to certain zip codes, and monitored follow ups.