Impact of Age and Comorbidity on Cervical and Breast Cancer Literacy of African Americans, Latina, and Arab Women

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KEYWORDS

- Cervical cancer • Breast cancer • Literacy • Age-adjusted comorbidity
- Chronic disease

KEY POINTS

- Cancer literacy and cancer screening rates are lower among medically underserved populations.
- Comorbidities (chronic medical conditions) may serve as a barrier to timely and appropriate cancer screening, particularly for African American women.
- Rates of screening are particularly low for foreign-born individuals who emigrated to the United States recently or who are less acculturated.
- Health literacy about breast and cervical cancer can improve screening, reduce burden, and improve health outcomes.
- Health care providers should consider age and comorbidity when designing screening interventions for underserved populations.

INTRODUCTION

Appropriate screening and early detection can significantly reduce breast and cervical cancer–associated morbidity and mortality, and the US Preventive Services Task Force,[1,2] American Cancer Society (ACS), American College of Obstetricians and

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Gynecologists, and several other national guidelines recommend regular screening.[3–5] This study uses the ACS guidelines for breast and cervical cancer screening, which are depicted in **Tables 1** and **2**. Many women do not obtain breast and cervical cancer screening at recommended regular intervals and experience delays in diagnostic follow-up after an abnormal mammogram.[6–9] Untimely screening and inappropriate follow-up after an abnormal mammogram increase the risk for late-stage diagnosis and larger-sized tumors.[8,9] Late-stage diagnosis negatively affects treatment, disease course, and survival.[10,11] Approximately 33% of eligible women (aged 40 years and older) have not received breast cancer screening within the past 2 years.[12] Breast cancer screening rates are lowest in women who are uninsured (38%), followed by immigrant women who have been in the United States for less than 10 years (39.9%). In 2013, 11% of women (aged 21–65) had not been screened for cervical cancer in the previous 3 years.[12,13] Cervical cancer screening has been consistently lower in women who are uninsured (61%), recent immigrants (66%), and women with education level less than high school (69%).

Several factors contribute to low breast and cervical cancer screening rates, including low socioeconomic status, low educational attainment, membership in a minority race/ethnic group, foreign-born or immigrant status, lack of a regular care provider, lack of a doctor's recommendation, lack of health care access, inconvenience, cultural beliefs, and lack of social support.[14,15] Lower screening rates in immigrant women may be partially attributed to language barriers (English proficiency). Limited English proficiency can lead to decreased access to health care, dissatisfaction with care, and decreased quality of care, and limit knowledge about cancer prevention and screening guidelines.[14–20] For example, in a study examining mammography screening among "Asian Indian" women, researchers reported that length of stay in

Table 1
Comparison of US Preventive Services Task Force (USPSTF) and American Cancer Society (ACS) screening guidelines for breast cancer for women at average risk

USPSTF	ACS
Biennial screening mammography beginning at age 50	Annual screening mammography beginning at age 40
Not enough evidence to support assessing the additional benefits of screening mammography in women past age 74	Annual screening mammography for as long as a woman is in good health
Recommends against health care providers teaching women how to perform breast self-examination	Breast self-examination is optional Beginning in their early 20s, women should be told about the benefits and limitations of breast self-examination. Instructions should be given by their health provider to women who choose to do breast self-examination
Evidence is insufficient for assessing the additional benefits of clinical breast examination beyond screening mammography in women 40 y or older	Recommends clinical breast examination every 3 y for women in their 20s and 30s, and annually for women aged 40 and older
Insufficient evidence to support the additional benefits and harms of MRI as a screening method for breast cancer	In addition to screening mammography, annual MRI screening is recommended for women with >20% lifetime risk of breast cancer

Data from Refs.[1,12,114]