

Interventions to Increase Breast and Cervical Cancer Screening Uptake among Asian Women: A Systematic Review

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To conduct a systematic review to identify successful breast and cervical cancer screening interventions that targeted women and/or physicians or both to increase screening uptake amongst Asian women.

Background and Motivation

- **Breast Cancer in Canada**
 - **Breast cancer continues to be the most common cancer and the second leading cause of cancer death in Canadian women.**
 - **In 2007, an estimated 22,300 women were diagnosed with breast cancer and 5,300 died of it.**
 - **Regular screening mammograms can detect breast cancer at its early stages and has been proven to be effective in reducing breast cancer death.**
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Background and Motivation

- **Visible minorities in Canada**
 - **Canada's visible minority population (i.e. non-white and non-aboriginal) has grown steadily over the past 25 years.**
 - **The 2006 Canadian population census showed that 13.4% (3,983,845) of the Canadian population consider themselves to be visible minorities.**
 - **South Asian and Chinese are among the largest visible minorities.**
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Background and Motivation

- **Breast cancer screening among visible minorities in Canada**

| Caucasians | Visible Minority | Chinese | South Asian | Southeast Asian/ Filipino |
|------------|------------------|---------|-------------|------------------------------|
| 65.7% | 53.8% | 49.9% | 48.4% | 51.2% |

- **After adjusting for socio-demographic characteristics, visible minority women were 1.5 times less likely to have undergone mammography. (Quan et al. 2006)**
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Background and Motivation

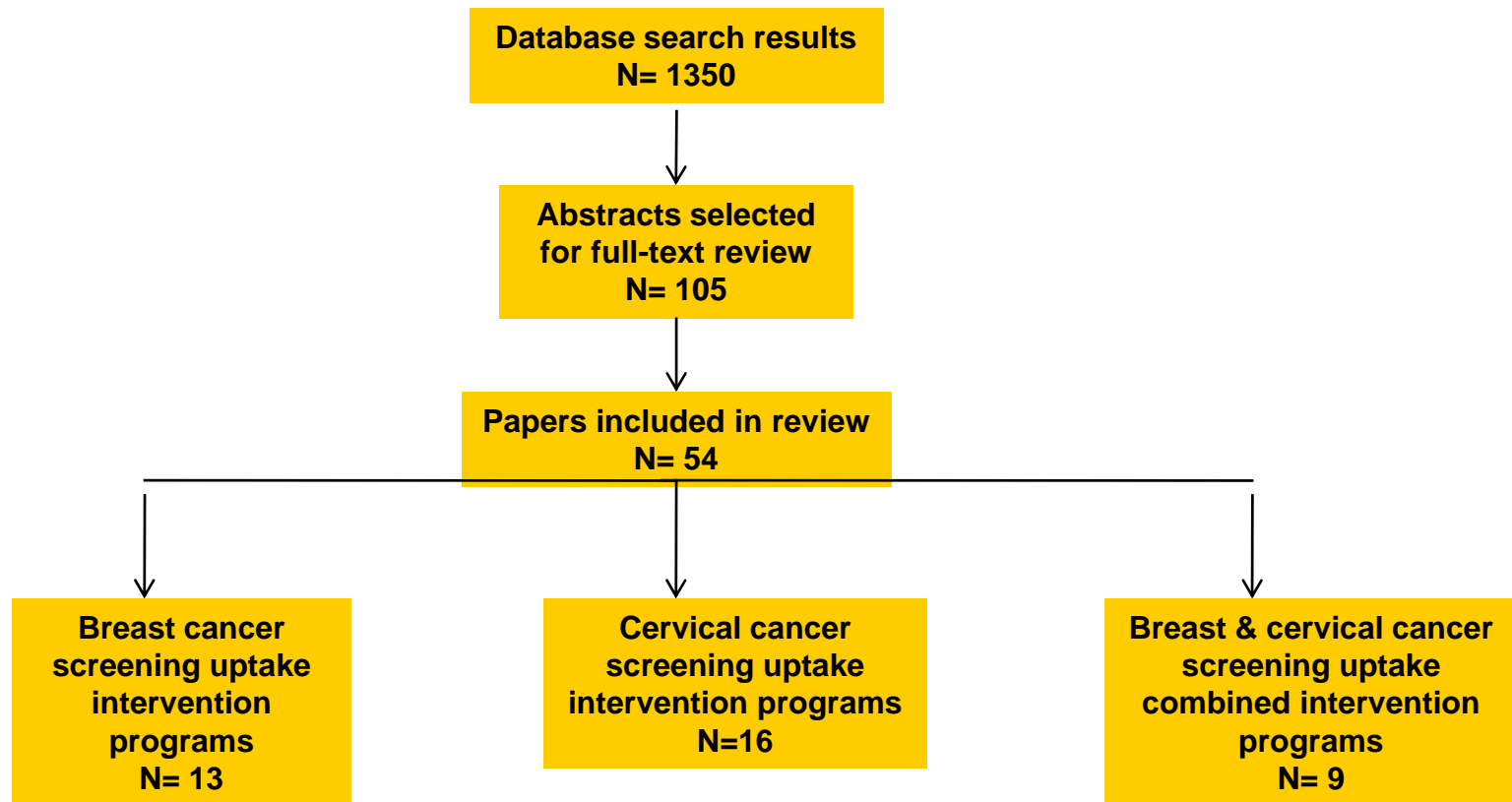
- **Breast cancer screening among visible minorities in Canada**
 - **Barriers to cancer screening include:**
 - **cognitive barriers (lack of knowledge about screening, understanding of the purpose of the test, or benefits of the test in early detection)**
 - **emotional barriers (fear/hate)**
 - **economic barriers (taking time off work, insurance coverage)**
 - **logistic barriers (lack of consistent physician, office hours limited, childcare, transportation difficulties, long waiting times, and language)**
 - **social barriers (support of family and friends and/or support within the physician's office)**
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Background and Motivation

- **Current practice**
 - **Example: the Alberta Breast Cancer Screening Program (ABCSP)**
In-reach programs to bring cancer screening services to women and/or women to the services (e.g. province-wide mobile clinics), etc.
 - **Gap: lack of cultural sensitivity**
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Literature review strategies

- **A total of 16 peer-reviewed and grey literature databases were searched and the identified abstracts were reviewed by two independent reviewers;**
 - **Abstracts were included if they focused on evaluating interventions to increase attendance of standard cervical (PAP smear test) or breast cancer (mammography test) screening for Asian women (i.e. Chinese, Vietnamese or non-American Indian women, and other Asian populations);**
 - **Studies may be based in native or adopted countries;**
 - **No date or language limits were imposed;**
 - **Full-text article review was conducted by two independent reviewers who had to achieve consensus on which studies to include before proceeding with the data abstraction.**
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- **Types of Intervention Programs:**
 - **Individual level intervention**
 - Mailed printed translated/cultural sensitive materials
 - Mailed personalized reminder
 - Interpreting services
 - Special cultural awareness training of health care professionals
 - Personal pick-up
 - **Group level intervention**
 - School-based, community-based, church-based, clinic-based, pharmacy-based, shopping mall, grocery store group education sessions
 - Mobil screening service
 - Free public transport; group pick-up
 - Free or subsidized services for all users
 - Population based education (newspaper, radio, TV, magazine, poster boards, internet Ad)
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- **Study designs**
 - **Randomized controlled trial;**
 - **Non-Equivalent Control Group Pre-post comparisons;**
 - **Pre-post comparison without control group;**
 - **No pre-post comparison.**
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- **Outcome measures**
 - **Effectiveness**
 - **Actual receipt of mammograms or PAP smear either by self-report or through a verified clinical record;**
 - **Self-reported intention of cancer screening uptake in the future;**
 - **Improvement in knowledge and attitude.**
 - **Cost**
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Main conclusions

- **The selected studies are very heterogeneous in regard to the intervention methods used, study design, and outcome measures. As a result, a meta-analysis is not possible;**
 - **There are some evidences supporting the effectiveness of group-level intervention programs;**
 - **Future intervention studies need to incorporate vigorous study design and economic evaluation methodologies to shed light on evidence-based intervention.**
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- **Expert Interviews**

To identify effective knowledge translation intervention strategies (including intervention program designs, implementation strategies, as well as outcome evaluation methodologies) to achieve better breast and cervical cancer screening uptake amongst Asian women in Canada.

- **Pilot intervention**
