

BACKGROUND

- Attention to **migration** across different sectors has increased significantly over the last decades (Wickramage, 2018)
- Cancer is often diagnosed at **later stages** among migrants (WHO, 2022)
- Cervical cancer is the **fourth most common cancer** among women worldwide (WHO, 2024)
- Cervical cancer screening **disparities** exist between **native** and **migrant populations** (Rosato, 2023)

OBJECTIVE

Examine the evidence from reviews on the uptake of cancer screening among **native** and **migrant populations** and the **factors** (barriers and facilitators) associated with this uptake.



icture from <https://doi.org/10.3390/cancers15030604>

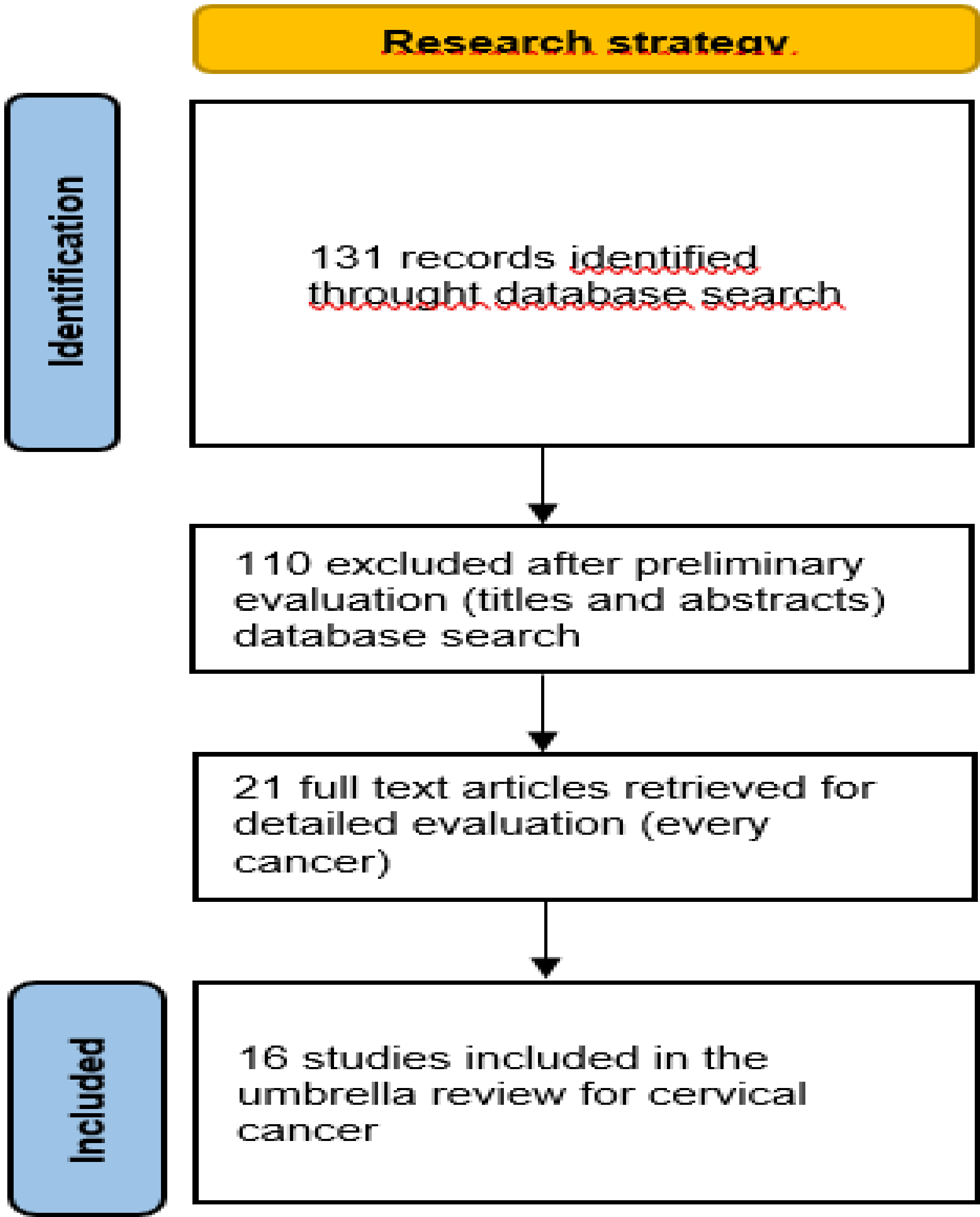
METHODS

- **Umbrella review:** all types of reviews were included (e.g. narrative reviews, scoping reviews and systematic reviews with or without meta-analyses)
- **Search terms:** “cancer screening” AND “migrant”
- **Selection criteria:** must have cancer **screening** as an outcome variable of interest (Breast, cervical, prostate and colorectal cancer)
- **Extraction:** carried out by **two researchers blinded** for which 50 % of the extraction will be discuss for **consensus**.

Extraction will focus on:

- Information about the number of **primary studies** included
- **Type of review**
- **Primary studies’ designs**
- **Country** in which primary studies took place
- **Migrant characteristics** (geographic region of origin and generation)
- **Prevalence, odds ratios, barriers and facilitators**

Flow chart showing the number of studies identified through database searches, the number excluded, and reasons for exclusion, and those included in the final review.



PRELIMINARY RESULTS

- **16 studies** were included, representing 20+ **host countries**, published within last **15 years**
- **Based on a partial extraction of the results, we observe that:**
 - ☐ The prevalence of **ever screening** by Pap Smear ranges from 67% to 100 % and the prevalence of **interval screening** by Pap Smear ranges from 44% to 92 %.
 - ☐ Most of the studies came from the **United States of America** and included Haitian, Caribbean, Black Caribbean, and central Africa immigrants. Research further extended to **broader ethnic inequalities** in cancer screening including **descendants of migrants** and ethnic minorities such as Non-Hispanic White Americans, African Americans, and Latin Americans.
 - ☐ The uptake of cervical cancer screening was **lower** among first-generation **migrant populations** compared to the **native populations**
 - ☐ Sociocultural barriers, socioeconomic conditions, and language were the **most common barriers** cited to **cancer screening**



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KEY MESSAGES

Research should better capture the **heterogeneity** in migrant populations, by **differentiating migrants** of geographic origin and generational status.

Host countries play an important role in shaping migrant disparities in screening, suggesting different health policies across countries affect screening uptake for migrants in different ways.

References

Wickramage K, et al. Migration and health: a global public health research priority, *BMC Public Health*. 2018; 18:987.

Word report on health of refugees and migrants [Internet]. [cited 2024 Aug 29]. Available from: <https://www.inmp.it/eng/WHO-Collaborating-Center/News/The-first-WHO-World-Report-on-the-health-of-refugees-and-migrants-has-been-released>

Cervical cancer [Internet]. [cited 2024 Aug 29]. Available from: <https://www.who.int/news-room/fact-sheets/detail/cervical-cancer>

Rosato I, et al. Adherence to Cervical Cancer Screening Programs in Migrant Populations: A systematic Review and Meta-Analysis, *Int. J. of Environ.Res.* 2023; 20: 2200.