



Sheffield

AIM

METHODS

- Data from the **UK Biobank**, a prospective cohort study.
 - 267,803 women and 223,864 men aged 40-69 years.
 - Baseline data collected between 2006-2010 in the UK.
- Outcome: all cancer prevalence, excluding non-melanoma skin cancer.
- Multilevel analysis Statistical analysis: heterogeneity discriminatory and accuracy logistic regression.
 - Individuals nested within 42 intersectional subgroups based on seven ethnic groups, education (low, middle, high) and deprivation levels (low, high).
 - Stratified by sex and adjusted for age.

RESULTS

- Overall, cancer prevalence was 14.6% among women and 16.3% among men. As in prior studies, cancer prevalence was generally lower in Non-White groups.
- However, ethnicity-education-deprivation subgroup analysis highlighted key differences.
- Among men, <u>Black subgroups</u> had the highest cancer prevalence, especially in subgroups with lower education and higher deprivation levels.
- Among **women**, cancer prevalence was highest among <u>Irish</u> and British subgroups with lower education and higher deprivation levels.
- MAIHDA models revealed that between-group differences were additive rather than multiplicative.

CONCLUSIONS

- categories.

Cancer Prevalence Across Ethnicity-Education-Deprivation Subgroups: An Intersectional Analysis

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Identifying variation in cancer prevalence across population subgroups is critical for public health. • Previous research has shown that cancer prevalence is lower among non-White ethnic groups compared to White ethnic groups in England. • However, these studies relied on broad ethnic categories and overlooked the intersection of ethnicity and socioeconomic position.

This study examines cancer prevalence across more specific ethnicity-education subgroups from an intersectional perspective, in the United Kingdom.

individual OŤ (MAIHDA),

(DI)

1: All-cancer prevalence across ethnicity-education-deprivation subgroups, deviation from expected Fig population mean (odds ratio, OR)

Men (n = 223, 864)

Black/Black British, low edu, high DI -	
Black/Black British, high edu, high DI -	
Black/Black British, middle edu, low DI -	
Black/Black British, middle edu, high DI -	
Irish, high edu, low DI	
Irish, low edu, high DI -	
Irish, middle edu, high DI -	
Other White background, low edu, high DI -	
British, low edu, high DI -	
Mixed, high edu, high DI -	
Irish, low edu, low DI -	
Other White background, middle edu, high DI -	
Other White background, high edu, high DI -	
- Irish, high edu, high DI Dritich, middle adu, high DI	
British, middle edu, high DI -	
- British, Iow edu, Iow DI	
British, middle edu, low DI -	
- Irish, middle edu, low DI	
Chinese, high edu, high DI -	
British, high edu, low DI -	
British, high edu, high DI -	
Other White background, high edu, low DI -	
- Mixed, high edu, low DI	
Mixed, middle edu, low DI -	
- Mixed, middle edu, high DI	
Black/Black British, low edu, low DI -	
Black/Black British, high edu, low DI -	
Other White background, low edu, low DI -	
Chinese, middle edu, low DI -	
Other White background, middle edu, low DI -	
Mixed, low edu, high DI -	
Chinese, low edu, high DI -	
Chinese, low edu, low DI -	
Mixed, low edu, low DI -	
Chinese, middle edu, high DI -	
Chinese, high edu, low DI -	┥──●
Asian/Asian British, low edu, high DI -	┥●
Asian/Asian British, middle edu, low DI -	┥●
Asian/Asian British, middle edu, high DI -	┥──
Asian/Asian British, low edu, low DI -	↓
Asian/Asian British, high edu, high DI -	┨─────
Asian/Asian British, high edu, low DI -	┥ →●──
	L
	.5
	Deviation

Note: edu = Education level; DI = Deprivation Index; OR = odds ratio

• This study highlights disparities in cancer prevalence across intersectional subgroups, revealing patterns that are often masked by ethnicity-only analyses using broad Identifying subgroups at higher risk of cancer can inform targeted interventions to address inequities in cancer prevention and care.

Women (n = 267,803)





