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Colorectal cancer screening uptake among migrant populations:

an umbrella review

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Plan

- Introduction
- What about the literature?
- Research question
- Methods
- Results
- Strengths and limitations

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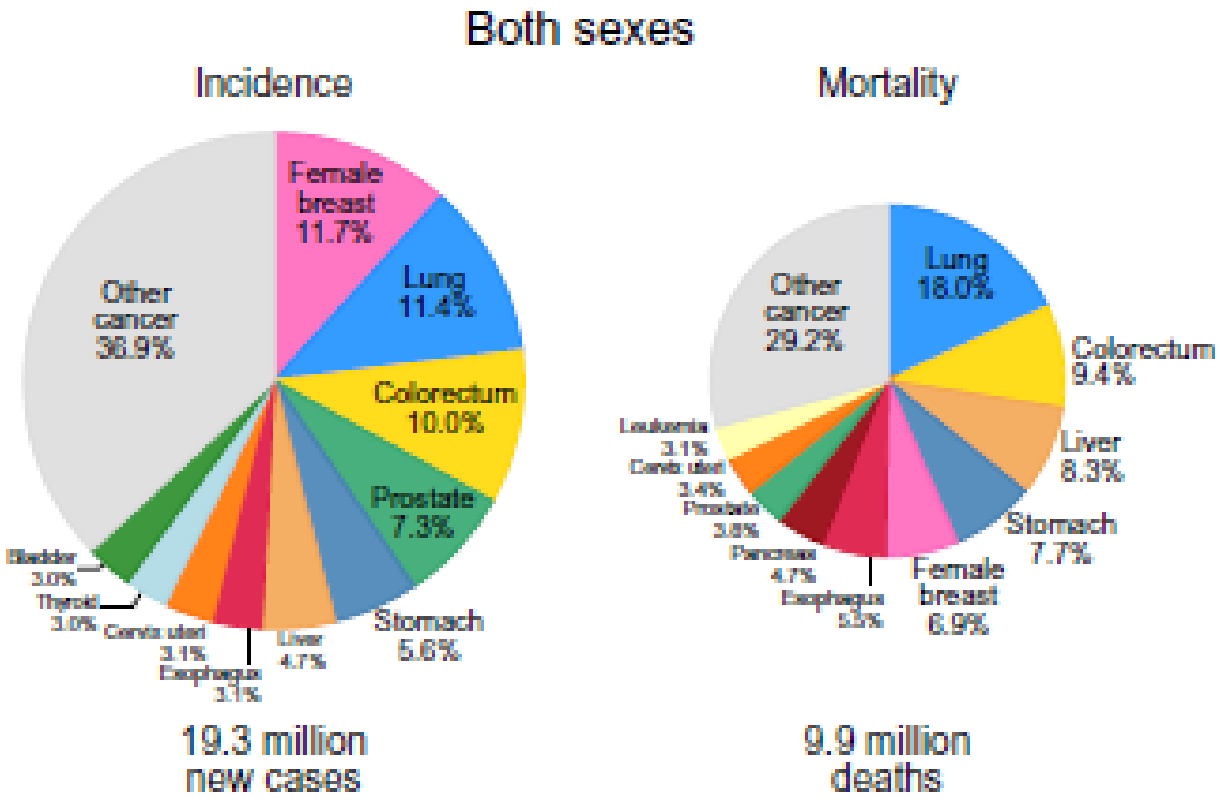
Introduction

- **Colorectal cancer** is the **third most common cancer worldwide**, accounting for approximately 10% of all cancer cases and is the **second leading cause** of cancer-related deaths worldwide (WHO, 2023)

- **Early detection through screening can reduce mortality and incidence of several cancers** (National Agency for Cancer Registration, 2023)

- Cancer is often diagnosed at **later stages** among migrants (WHO, 2022)



Sung et al 2021 Global Cancer Statistics 2020

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What about the literature?

- Extensive research in cancer screening has been conducted worldwide in **migrant populations** and important **social disparities** have been reported.

- There is diversity amongst migrants (e.g., refugees, economic migrant, first/second generation…) However, research rarely takes this diversity into account.

Research question:

- What do we know in the **literature** about **colorectal cancer screening** in **different migrant populations** and the factors (**barriers and facilitators**) associated with this participation ?

Picture from https://doi.org/ 10.3390/cancers15030604

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Methods

- **Inclusion criteria:**
  - **Reviews** on cancer screening uptake and associated factors in migrant populations.
  - All types of **reviews** (e.g., narrative reviews, scoping reviews, systematic reviews with or without meta-analyses)
- **Literature search:**
  - PubMed and Google Scholar
- **Extraction:**
  - **Prevalence** of colorectal cancer screening uptake
  - **Barriers and facilitators**
  - **Extraction** carried out by **two researchers blinded** for 50 % of the extraction
  - **Discrepancies** were resolved by **consensus** discussion with a senior researcher

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Results 1/4

- **5 reviews** were included, representing **3 host countries,** published between 2015 and 2020 and **19 primary studies**, published between 2005 and 2018
- All reviews (100%) focused **NOT only on colorectal cancer screening.**
- Based on extraction, **17 primary studies** came from the **United States of America**.
- **4 primary studies** included **descendants of migrants** (second generation)

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Results 2/4

- The proportion of **colonoscopy** varies between 15-50% for the first generation and is 50% for the second generation
- **Sigmoidoscopy**: 23% for the first generation
- **Health education programme** for the first generation:
  - **Fecal Blood Test (FOBT):** 70%
  - **All test:** 45-85%
- Only one primary review concerns **refugees:** 39% (colonoscopy)
- **No findings for other types** of migrant populations (e.g., refugees, economic migrants,…)

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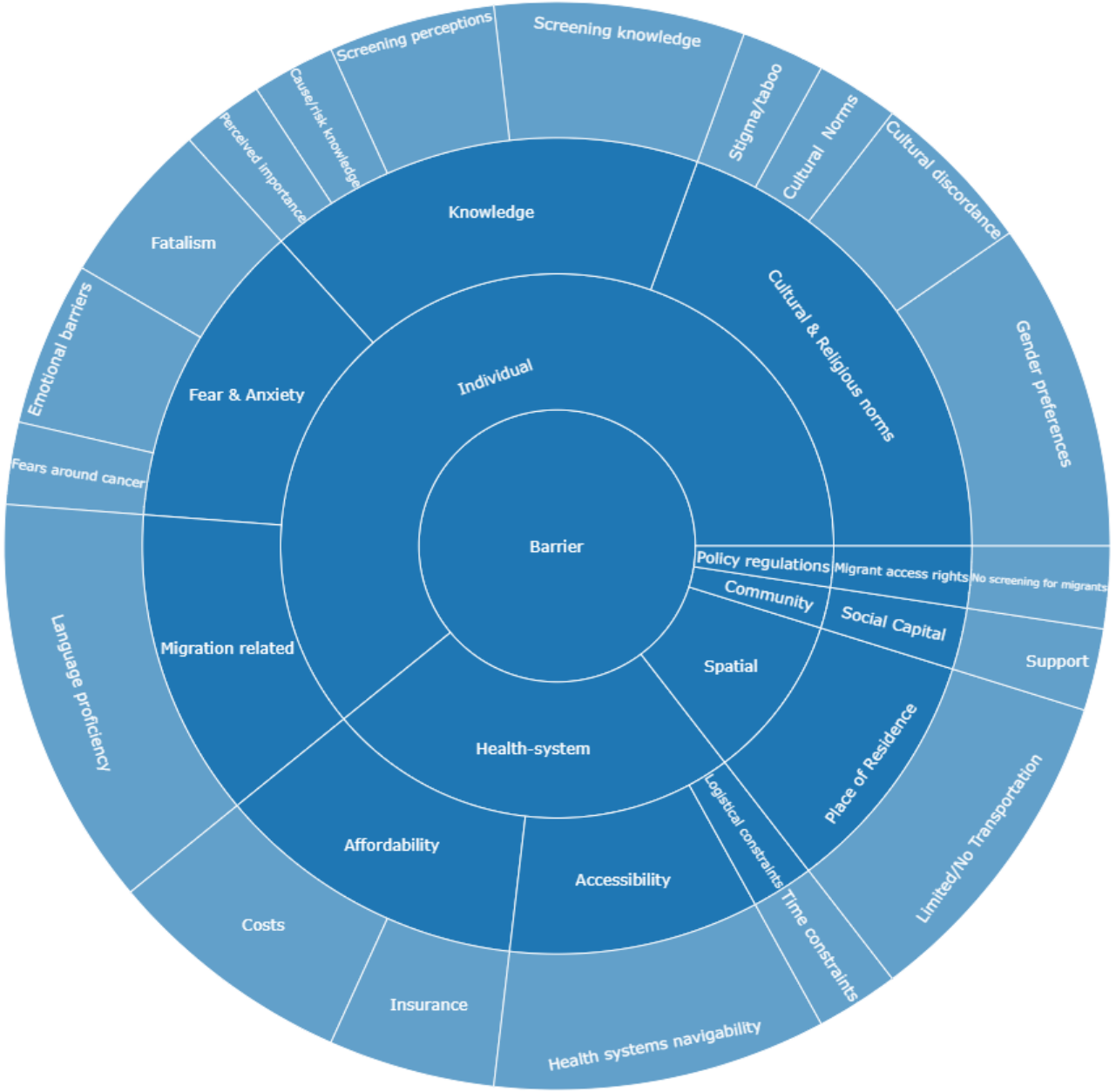
Results: barriers 3/4

Mainly **individual barriers** with:

-Cultural & Religious norms, knowledge, fear and anxiety and migration related (language)



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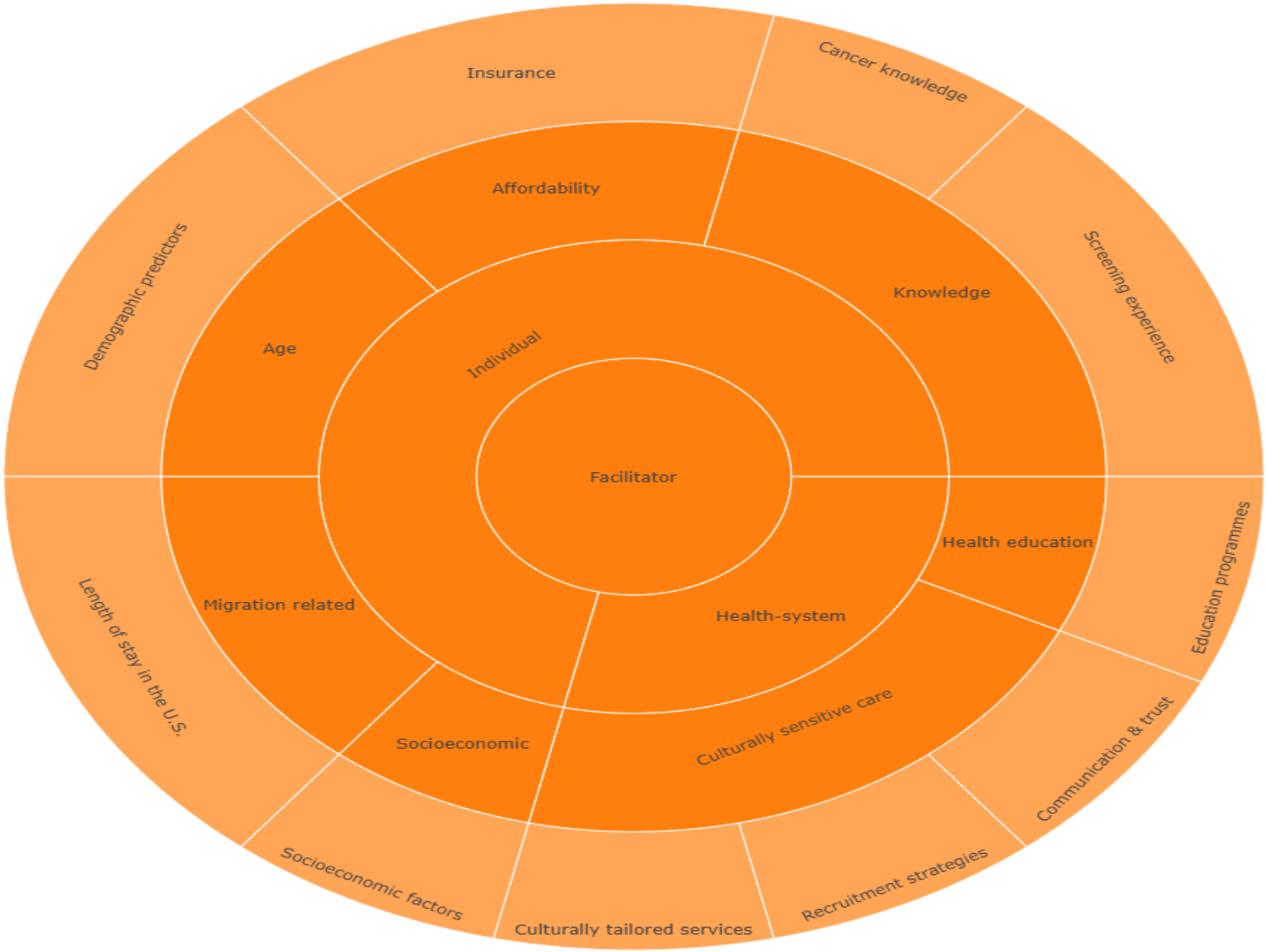
Results: facilitators 4/4



Mainly **individual** facilitators:
-Knowledge, Affordability, Age, Migration related, socioeconomic

…but also from the **Health-system:**
-Health education and culturally sensitive care

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Strengths

- Extensive piece of work, taking into account of some aspects of migrant identity (characteristics) relevant for screening
- Data extraction was performed independently by two reviewers

Limitations

- Publication bias
- Flow chart screening was conducted by a single reviewer
- The methodological quality of the reviews was not assessed

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Take-home messages

- **More research** is needed among migrants by better differentiating between **migrant populations.**

- **Most host countries need to be studied** because they play an important role in shaping migrant disparities in screening. This suggests that different health policies across countries affect screening uptake for migrants in different ways.

- Increasing screening rates for the migrant population may be a way to **prevent social disparities** in secondary prevention of cancer.

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Thank you very much!

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