



# Prostate cancer screening uptake among migrant populations: an umbrella review

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## BACKGROUND

- Attention to **migration** has increased significantly over the last decades (Wickramage, 2018)
- Cancer is often diagnosed at **later stages** among migrants (WHO, 2022)
- Prostate cancer** alone accounts for a significant share of **new cancer cases** (Cancer in Switzerland: 2021 Report)
- Prostate cancer screening disparities** exist between **native** and **migrant populations** (Consedine, 2015)

## OBJECTIVE

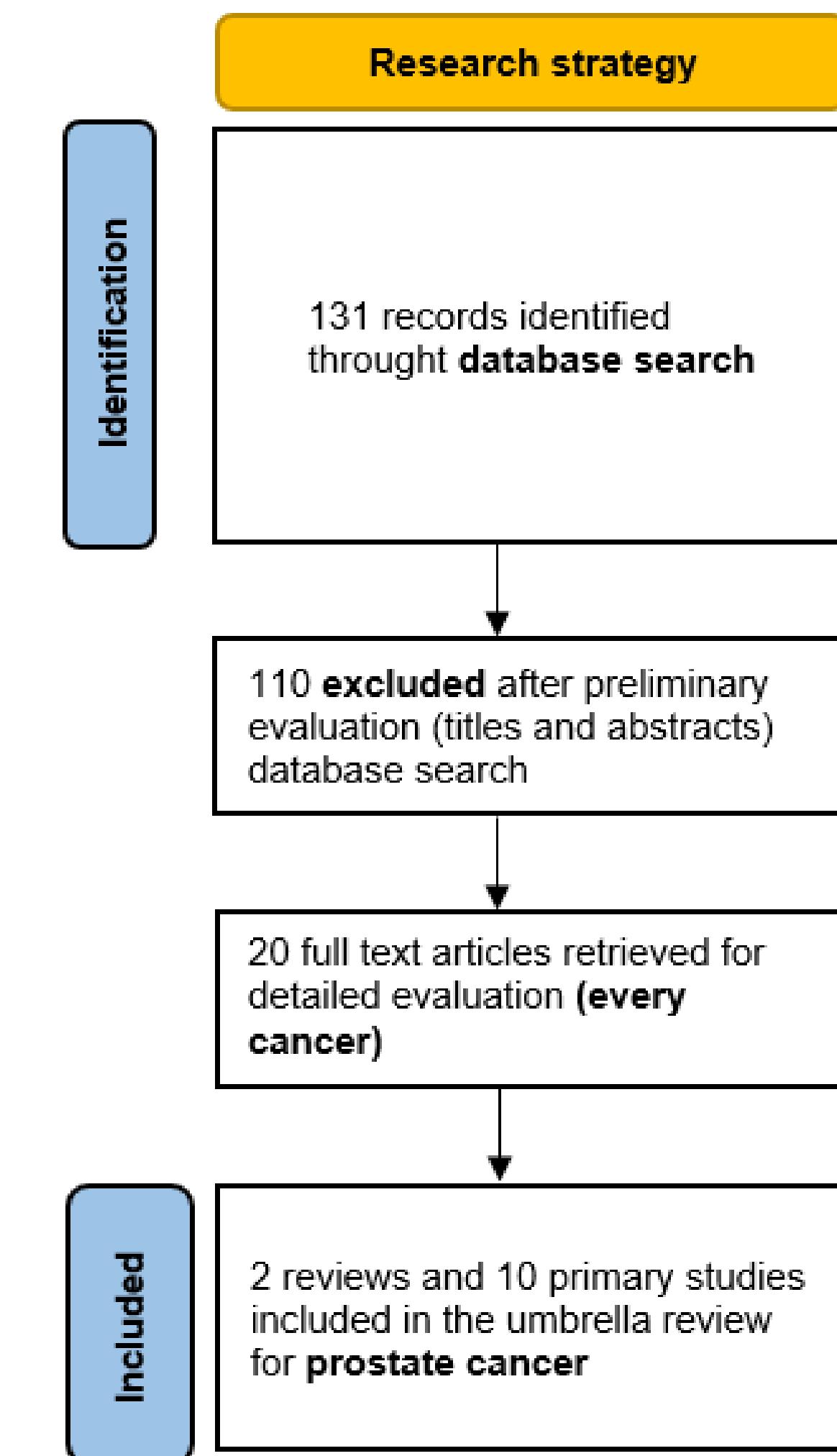
Examine evidence from reviews on cancer screening uptake in native and migrant populations, and the factors (barriers and facilitators) influencing uptake among migrants.



Picture from <https://www.shutterstock.com/fr/image-vector/prostate-cancer-awareness-ribbon-mans-symbol-2528589665>

## METHODS

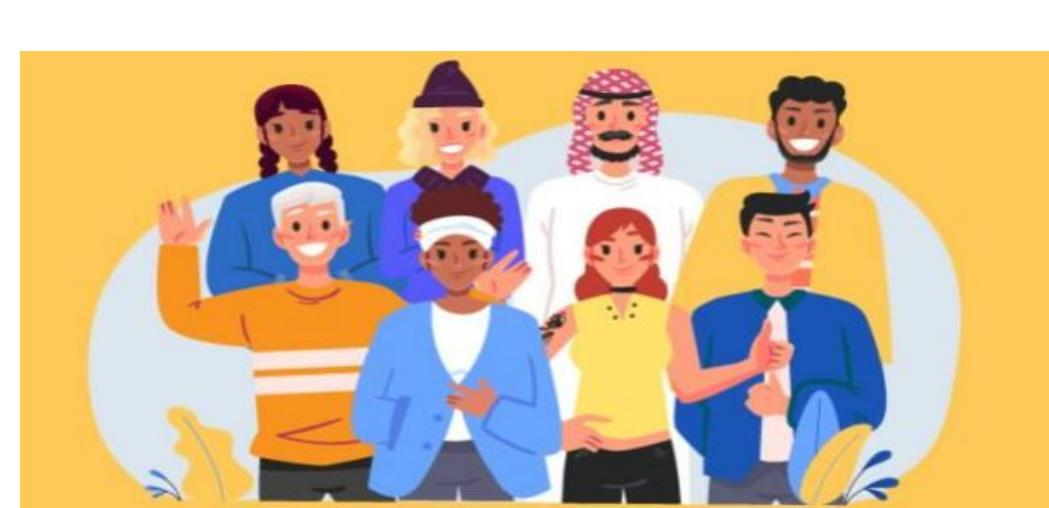
- Umbrella review:** all types of reviews were included (e.g. narrative reviews, scoping reviews and systematic reviews with or without meta-analyses)
- Search terms:** “cancer screening” AND “migrant”
- Selection criteria:** must have cancer **screening** as an outcome variable of interest (Breast,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

## RESULTS

- Of the two reviews identified, one incorporated nine primary studies conducted in the **United States of America**, whereas the other included only a single study — the most important and the only one that included key populations such as **Caribbean, African American, and Eastern European groups**.
- Persistent disparities** are observed, with lower screening rates (in general) among first generation migrants compared to native or second-generation.
- Sociocultural barriers** (e.g., beliefs, masculinity norms), **socioeconomic conditions** and **language** were the **most common barriers** cited to **prostate cancer screening**



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## KEY MESSAGES

Evidence on **prostate screening among migrants** was very limited.

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

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