



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

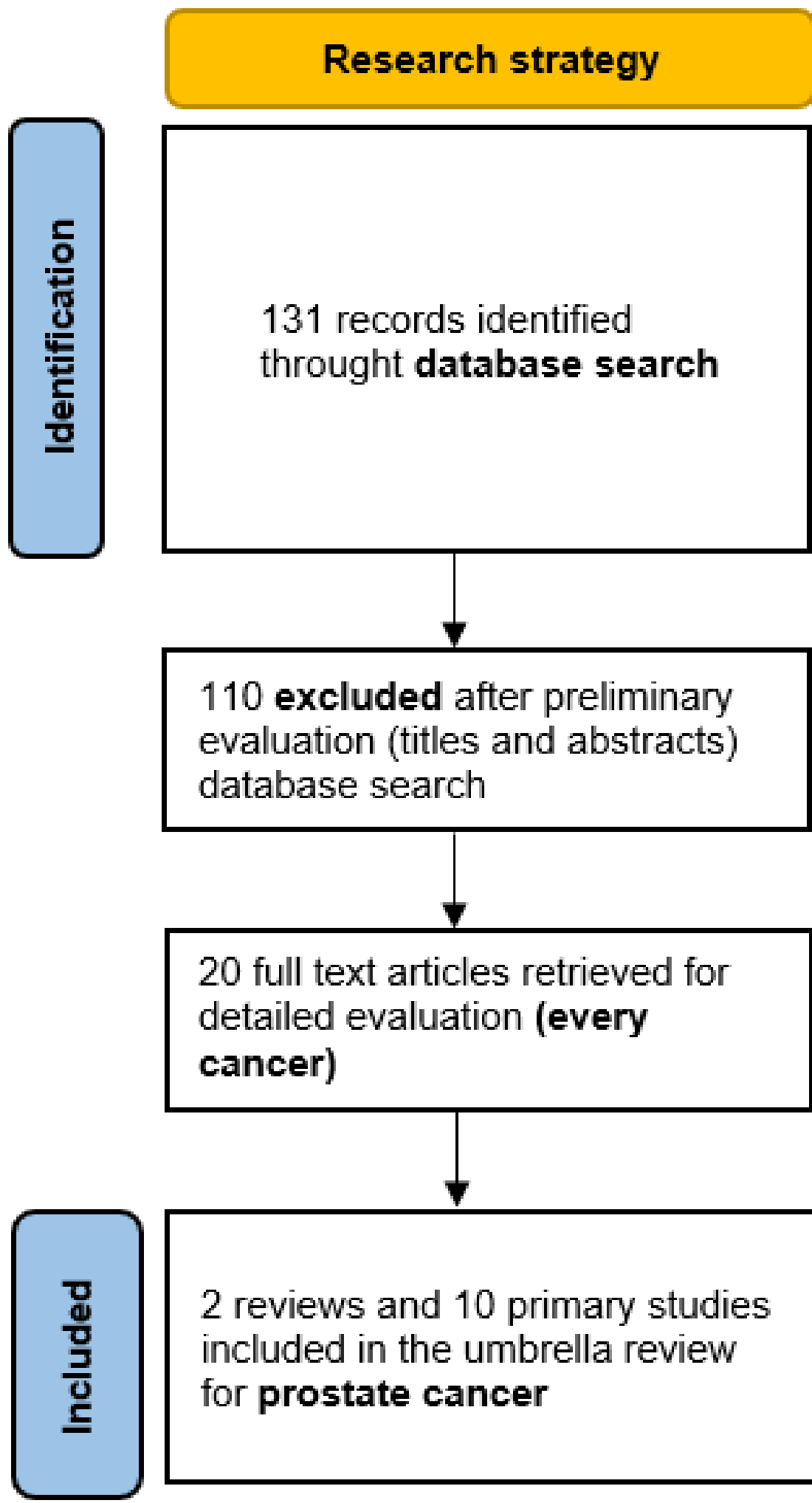
Examine evidence from reviews on cancer screening uptake in native and migrant populations, and the factors (barriers and facilitators) influencing uptake among migrants.



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**



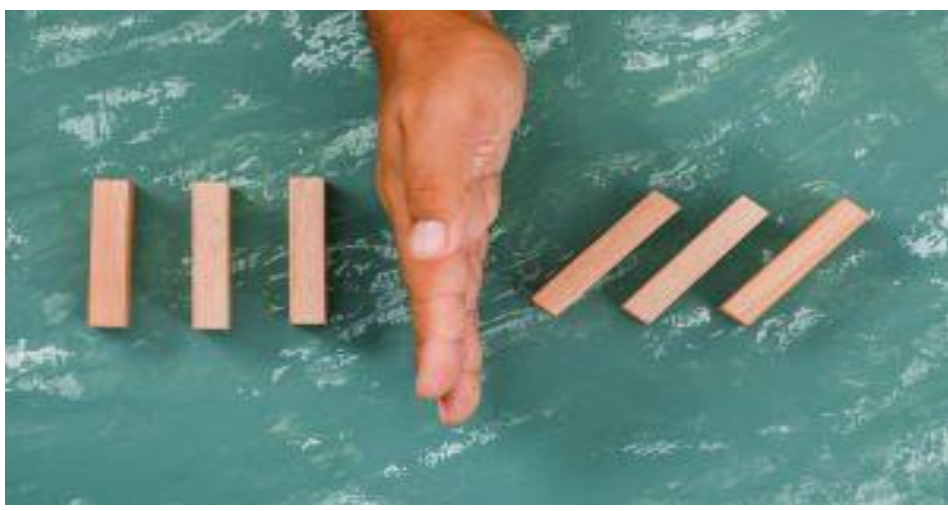
Flow chart showing the number of studies identified through database searches, the number excluded, and reasons for exclusion, and those included in the final review.

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.

References

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Consedine et al. Beyond the Black Box: A Systematic Review of Breast, Prostate, Colorectal, and Cervical Screening Among Native and Immigrant African-Descent Caribbean Populations, *J.Immigr. Minor. Health*. 2015 ; 17 : 905–924.