



1 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)
- Cancer screening **disparities** exist between **native** and **migrant populations** (Rosato, 2023)

2 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.

3 METHODS

Umbrella review: all types of reviews were included

(e.g. narrative reviews, scoping reviews and systematic reviews with or without meta-analyses)

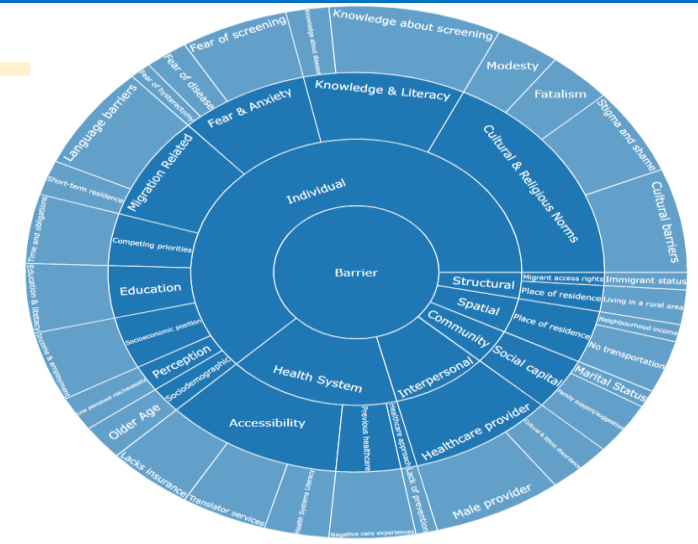
4 RESULTS

Lower screening rates (in general) among migrants compared to native/2nd generation:

- **Breast cancer:** evidence of **major gaps** (e.g. UK = South Asian; US = African, South Asian and Latina)
- **Cervical cancer:** evidence of **major gaps** (e.g. UK and US = South Asian, African and Caribbean)
- **Colorectal cancer:** evidence of **smaller gaps** (e.g. UK and US = African and Caribbean)
- **Prostate cancer:** evidence of **smaller gaps** (e.g. US = Caribbean and Eastern European)

5 KEY MESSAGE

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



Sunburst plot of barriers to cervical cancer screening

Evidence of barriers to cancer screening included:

- **Individual-level:** e.g. short duration of residence, language difficulties, low health literacy
- **Community and healthcare system:** e.g. male provider, cultural discordance, lack of social support
- **Structural and policy-level:** e.g. transport difficulties, place of residence, rurality