

Researcher Spotlight:

Dr. Laura Marlow, UCL Health Behaviour Research Centre



Dr Laura Marlow has recently completed a Cancer Research UK (CRUK) postdoctoral fellowship at University College London, and will be presenting her work on cervical screening non-attendance among ethnic minority women at the NAEDI Research Conference on March 26th-27th 2015.

We caught up with her to find out a bit more about the research she's presenting and hear what some of her personal highlights at this year's conference will be.

[Register for the conference now](#) – it's free to attend.

What has your research been focusing on and what have you discovered?

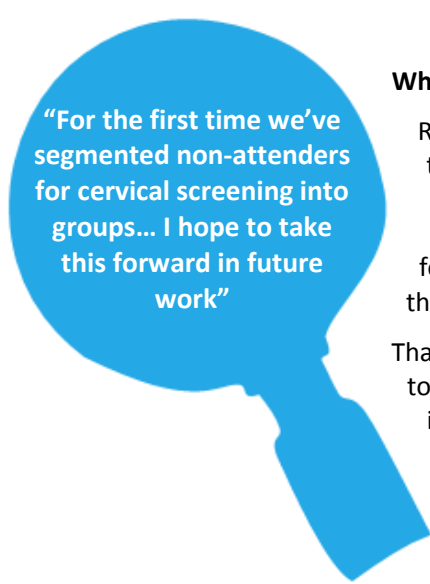
Ethnicity is becoming an increasingly relevant issue in screening as 20% of the UK population is now from non-white British backgrounds, compared to just 12% ten years ago. I've been looking at non-attendance at cervical screening within ethnic minorities, and for the first time have segmented non-attenders into different groups.

Among the ethnic minority groups we've identified women who've never heard of screening and say they have never received invitations, who we've termed the 'disengaged'. A second group is those who've been screened before but not in the last five years, and have ignored screening invitations. These two groups seem to be distinctly different in terms of socio-demographic characteristics. We'll be taking this novel approach forward in future work, developing a typology of non-attendance.

We also picked up that ethnic minority women are more likely to be scared of what screening might find and more likely to think that screening is not needed in the absence of symptoms, when of course cervical screening is for an asymptomatic population and looking for pre-cancerous cell changes.



"We need to make it clear what cervical screening is for, who it's relevant to, and what it involves"



"For the first time we've segmented non-attenders for cervical screening into groups... I hope to take this forward in future work"

What aspects of your research were challenging to undertake?

Recruitment of ethnic minority groups has lots of challenges – the translation of materials and ensuring things have equal meaning in different languages is difficult. In the current climate many community groups have seen funding withdrawals, which was hard for them. When we approached them we found that some didn't have the time and capacity to help with recruitment because they were so resource-stretched.

That said, lots of groups were really interested in taking part because cancer is relevant to everybody, and minority groups are aware that it's something that often gets ignored in their community as it's sometimes considered taboo or stigmatised. Community leaders wanted to address this and start talking about it. There was a lot of interest which I'd like to draw on in the future.

How can we address ethnic inequalities in the uptake of screening?

I think it's going to be multidimensional, there's generally low awareness of cervical screening. We need to make it clear to ethnic minority women in particular what cervical screening is for, who it's relevant to, and what it involves.



For disengaged women, a way of offering cervical screening without a written invitation, for example during a GP appointment, might be promising – although I've interviewed GPs and they say language challenges in some of these consultations can make them even more stretched than usual. The answer may be a nurse at the GP surgery who can talk to people after their appointments or over the phone and explain that they are eligible, but alternative interventions need further investigation.

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What are you most excited about at the NAEDI conference?

Any new screening method and whether it can be implemented is interesting to me, so I'm really interested in Richard Neal's talk on the data from the feasibility study on targeted lung screening, and from Kate Brain on the uptake of the UK lung cancer screening trial. I've recently had a paper published on lung cancer stigma and how it's considered on many levels to be more stigmatised than other cancers, so there may be psychological issues in implementing a lung screening programme.

I'm looking forward to networking with other early/mid career researchers and going to a conference where all of the sessions are so relevant to my work. It's also novel that the second deadline for abstracts was so close to the conference – most conference deadlines are months in advance, so some of the most exciting presentations may be the ones we don't know about yet!

"Flexibility in funding options meant I didn't have to choose between my career and my family."

As a woman in science what do you think is the key to a successful career in research?

Definitely the different levels of mentorship – Professor Jane Wardle is inspirational but so far ahead it's impossible to imagine being there, and Dr Jo Waller is a brilliant mentor who's about a decade ahead, which feels more doable. Also, the flexibility of Cancer Research UK and UCL made it possible to pick my academic career up again after having my daughter. It meant I didn't have to choose between my career and my family.