

“A systematic review of the barriers to breast cancer screening and the effectiveness of interventions to address them, experienced by women of Black African and Black Caribbean descent in the UK”

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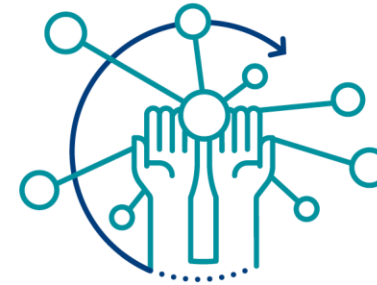
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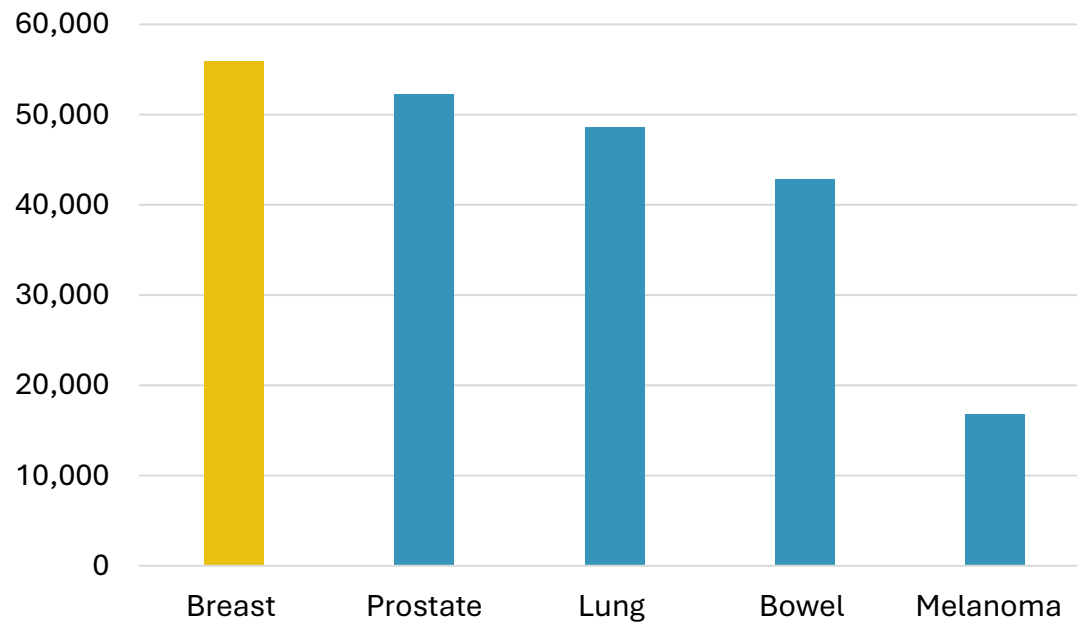
UNIVERSITY OF SURREY
Cancer Care

CRUK EDconference Presentation – Birmingham 05/06/24

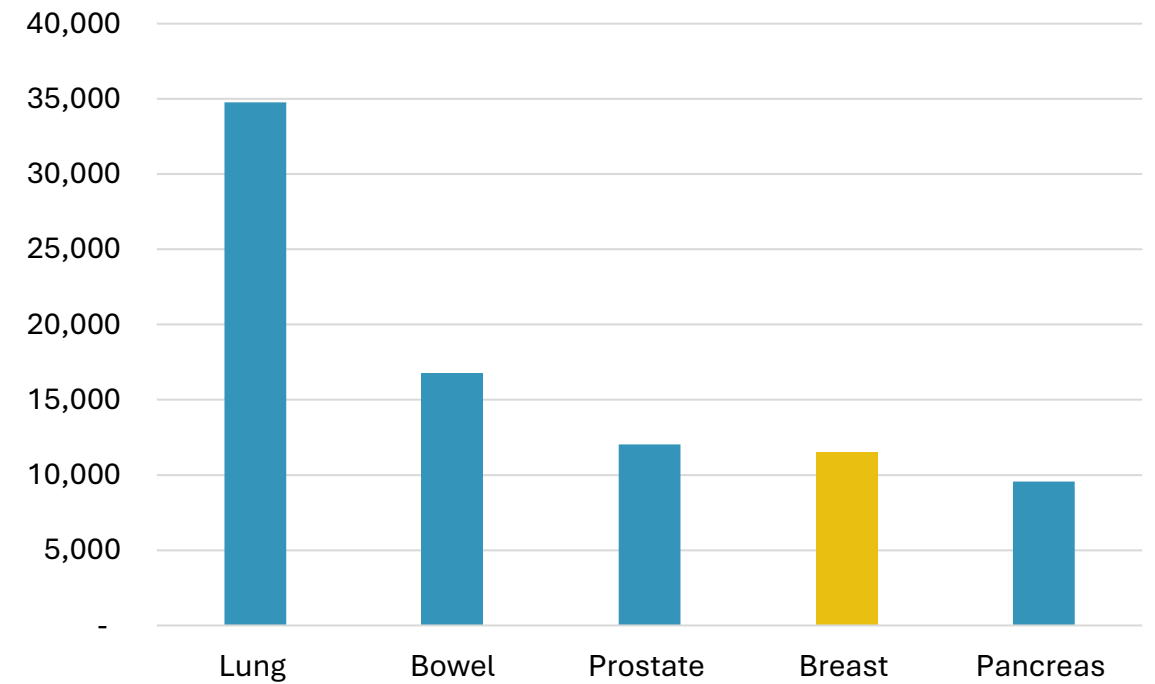
Background



Most common cancers, UK,
2017-2019



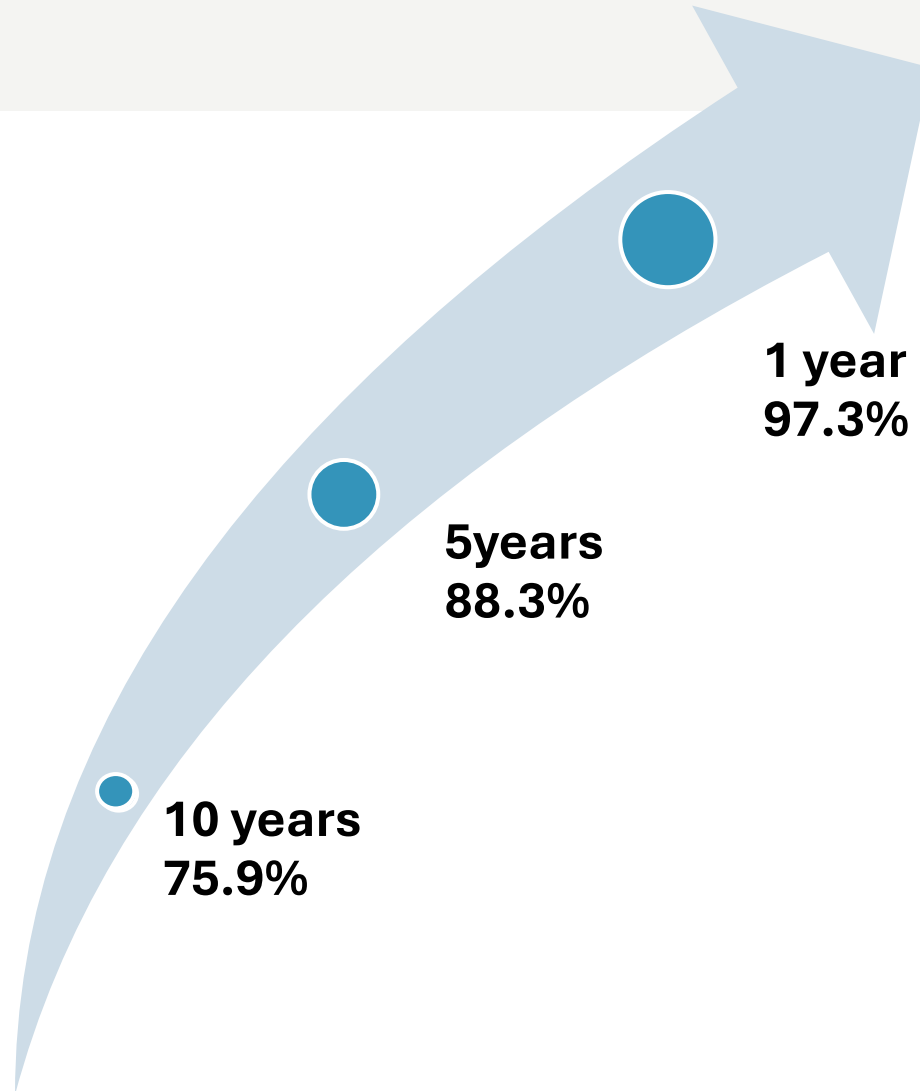
Most common causes of cancer deaths, UK, 2017-2019



Source: Cancer Research, UK (2023)



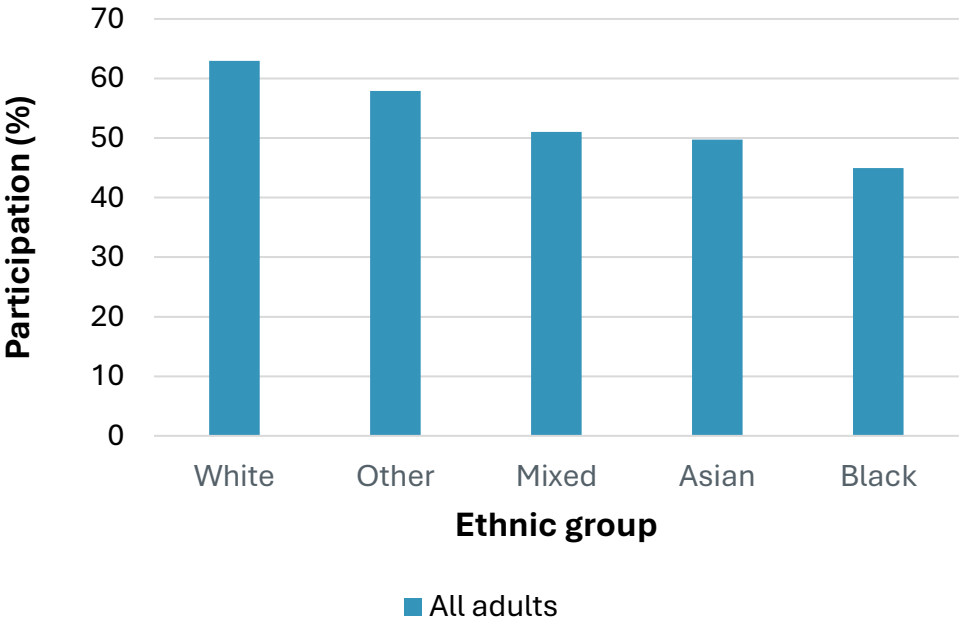
Survival Statistics Improving



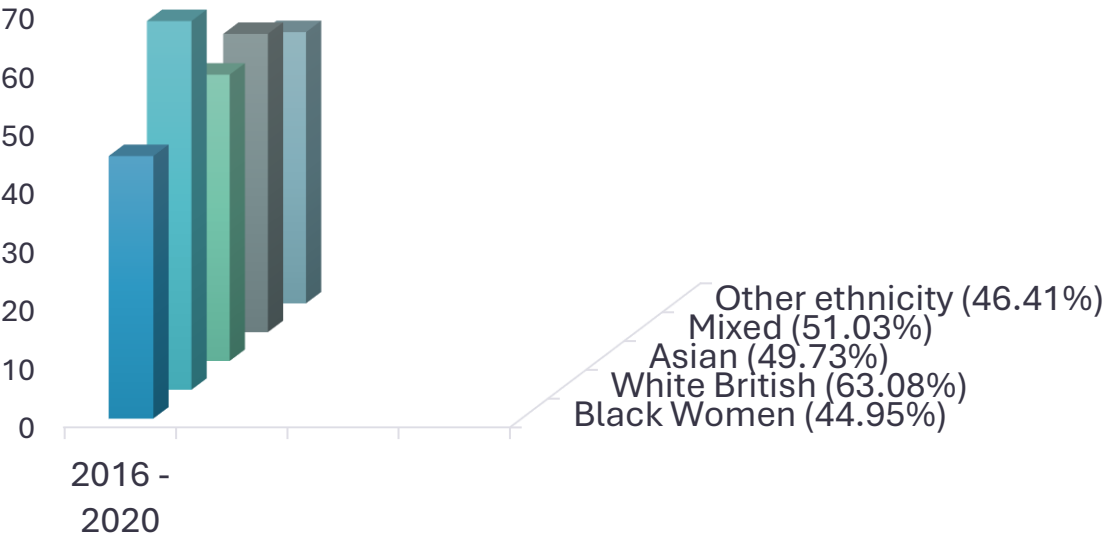
Section 5: Black, Asian, and Minority Ethnic (BAME) and Breast Screening Inequalities



Variation in breast cancer screening participation by ethnicity



Ethnicity Breast Screening Study
March 2016 – Sept 2020 (Kerrison et al. 2023)

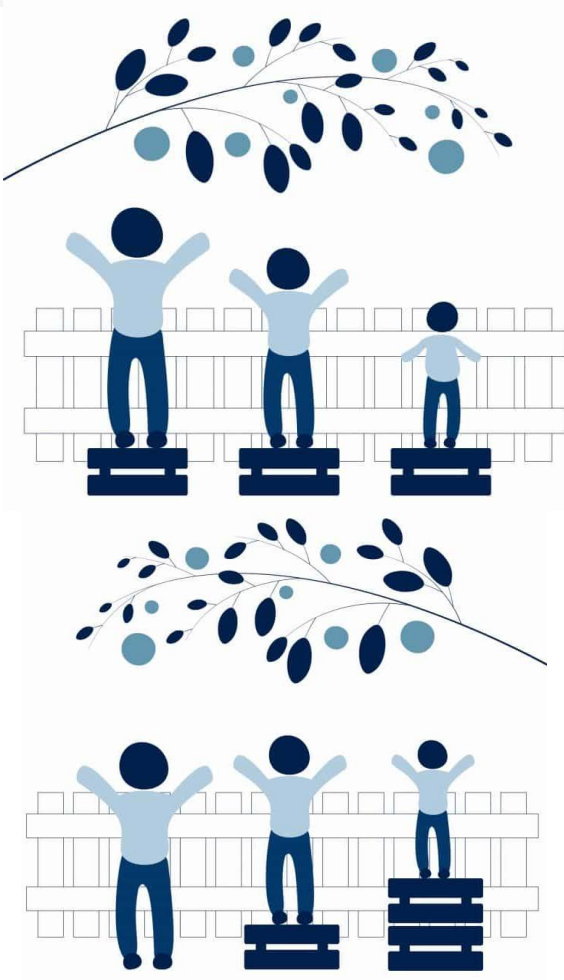
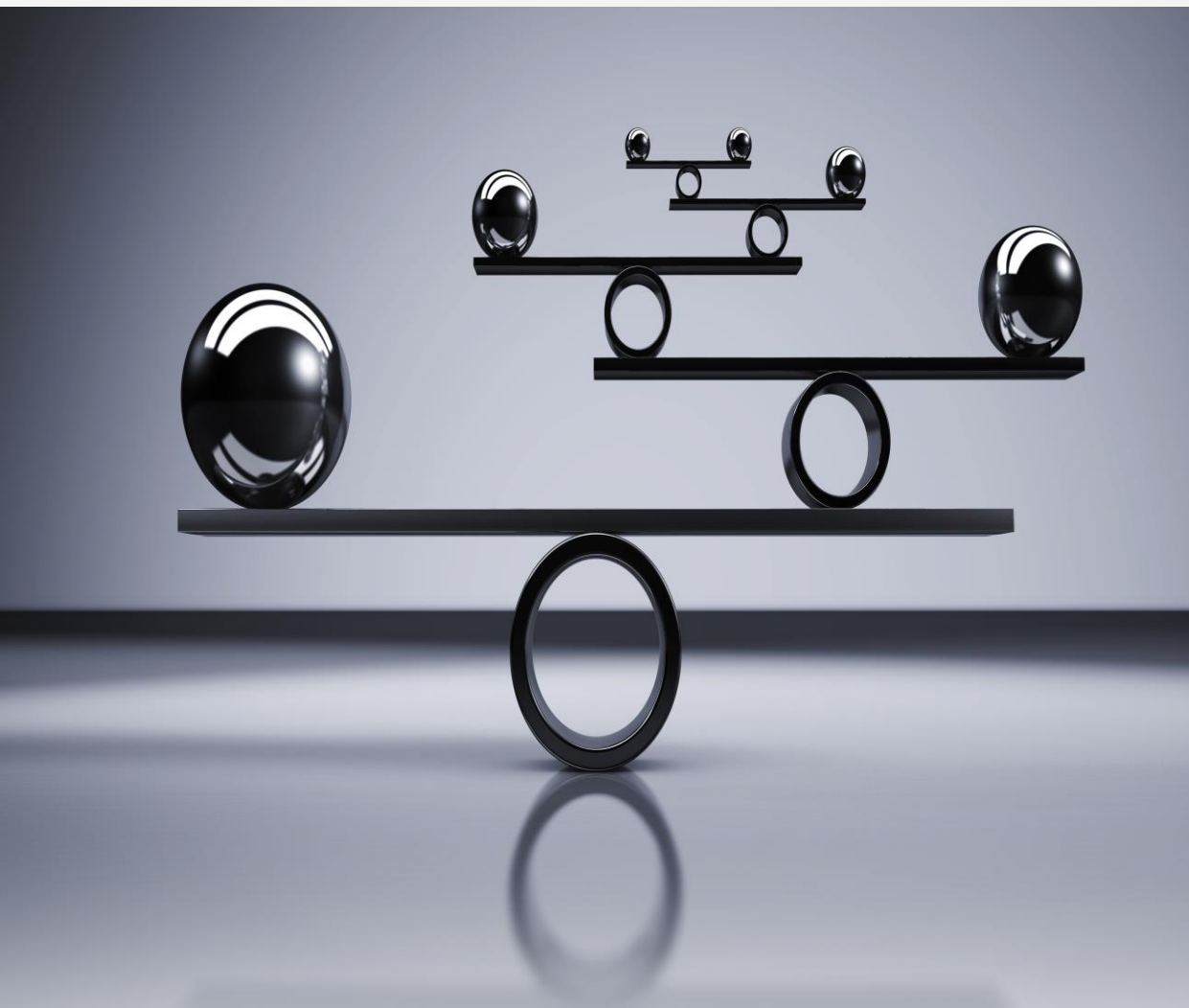


Systematic Review:

What has already been done?



Research Objectives



**Understand
Screening Barriers
(Cause of inequality)**

**Identify effective
interventions
(Route to equity)**

Search Strategy

Databases Searched

- MEDLINE, EMBASE, PsycINFO, PubMed, BNI, CINAHL and Web of Science
- Protocol registered with PROSPERO (CRD42023395839)
- 987 articles identified
- 8 eligible articles included
- 7 key barriers (thematic synthesis)
- 4 key interventions (narrative synthesis)



7 Key Barriers



Screening procedure, Result reliability & Treatment options

“...If we have better understanding of what the procedure is and what it entails, people might be more receptive...”
(Participant)⁽⁵⁾

Beliefs about cancer risk

- *SO1 B “I think it’s less common in our country than here or other civilized countries.”*
(Participant)⁽¹⁷⁾

Emotional responses

“... and when I read the letter...I just tear the letter and threw it away. I did not tell anybody because I was so panicked...”
(Participant)⁽⁵⁾.

7 Key Barriers



Healthcare Professional /Services

“My GP, he sits like he is getting impatient that I am there, I am watching his body language, and I am asking “is it okay for me to be here are you sure?”

(Participant) ⁽¹⁵⁾

“Competing priorities, practical, and healthcare delivery-related issues”

“I know for those who are not registered with the GP, they might not get the information”
(Participant) ⁽⁵⁾

“Beliefs about cancer as a treatable disease”

“It’s really a death warrant because there is no cure for it, once you’re told that is it”
(Participant) ⁽⁵⁾

“Religious beliefs, cultural taboos and stigma”

- ***“More often than not, they take off the breast...the husband might want the breast...he might not be thinking of the health implication, he might be thinking so am going to have a wife without breast, they.... and for a woman that is feeling insecure in her home...” (Bamidele et al. 2017).***

Intervention Studies

1. Telephone
Calls with non-
attenders

2.
Telephone/scree
ning invitation
reminders

- 1. Intervention group vs control group (8% v 4%) small size participants
- 2. Decrease in ODD of attendance (11% decrease per 10% increase in black population (CI 9% -16%, $p < 0.001$))

Health
Promotion
workshops

- Uptake 12.27% before intervention and 53.37% 6 months after intervention

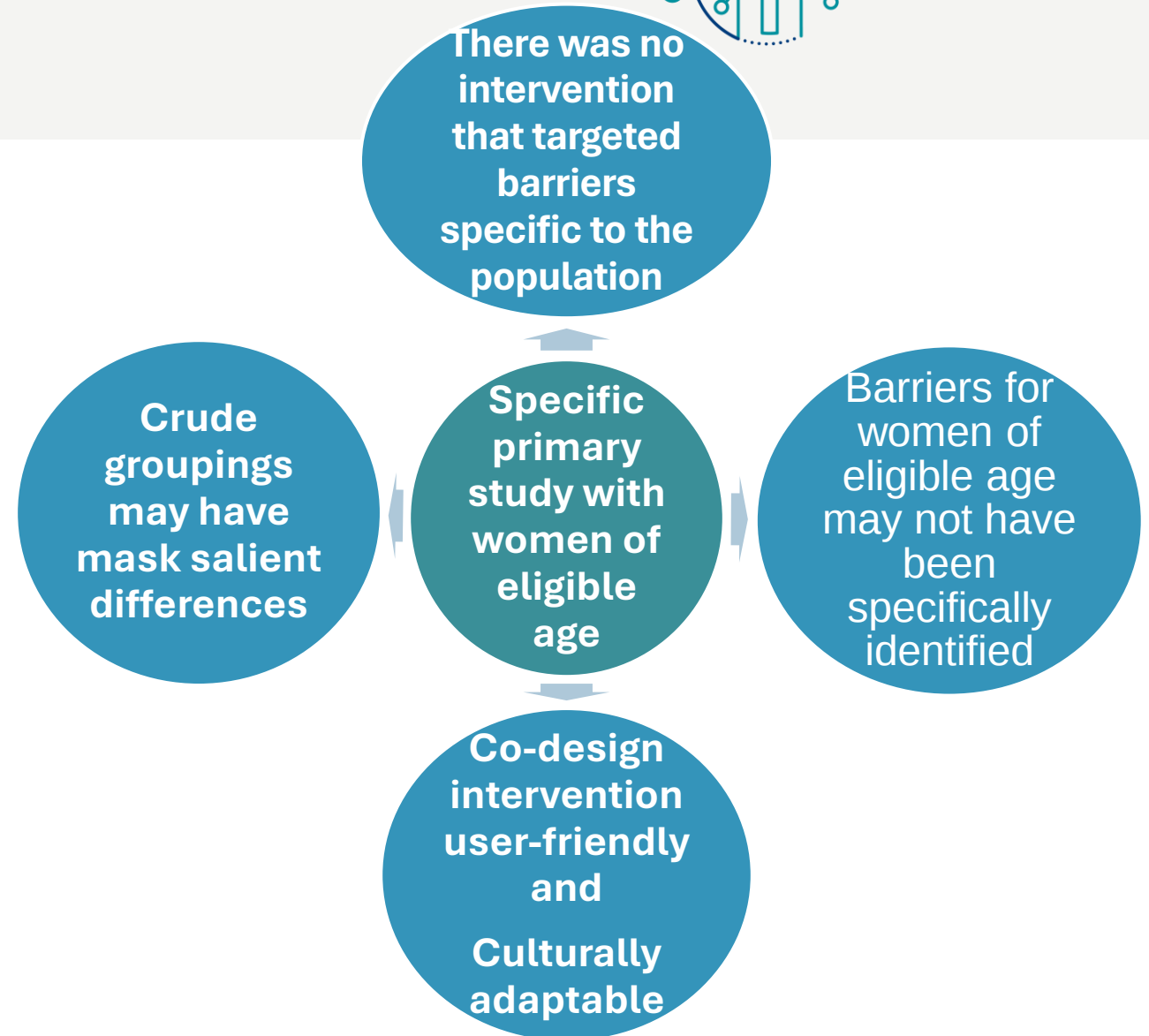
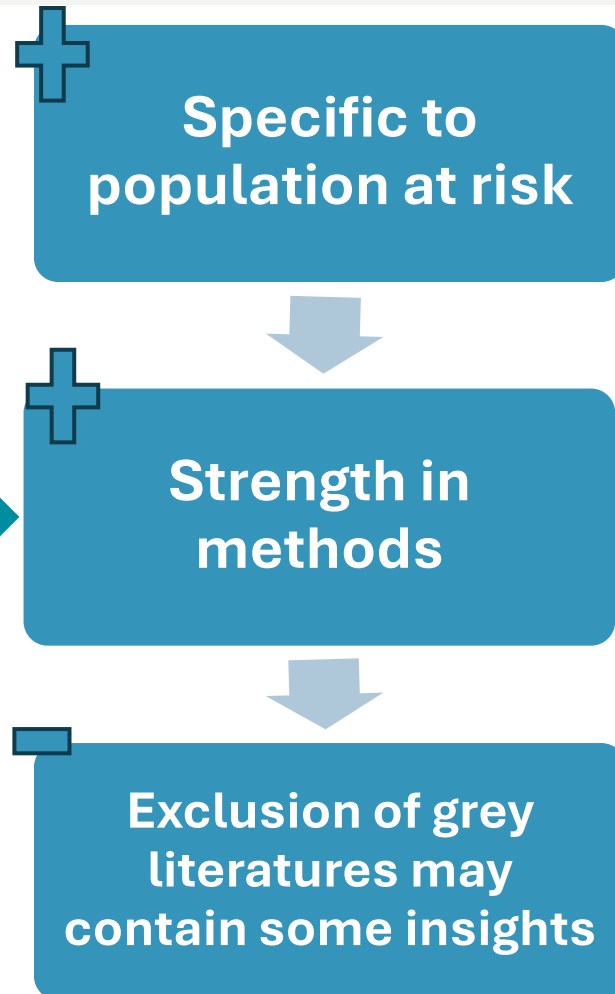
Multilingual
leaflet and Gp
endorsement
letter

- Improvement in attendance, however, Afro-Caribbean identified with white English speakers

Conclusions and Recommendations



Strengths and Limitations



Implications for future Research



Population-specific study with women of eligible age

Co-design of user-friendly interventions with Black PPIs

Opportunity to collaborate

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THANK YOU



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