



# The impact of cancer-related stigma on cancer screening adherence: a scoping review

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## Background

- Early detection of cancer through screening methods is vital to cancer prevention and control
- US Preventive Services Task Force (USPSTF) sets screening recommendations to maximize early detection and optimize quality of life
- Psychological stressors related to cancer, such as stigma, may inhibit individuals from adhering to the screening recommendations

## Purpose

- The aim of the scoping review is to quantitatively and qualitatively describe the extent of the literature regarding cancer-related stigma and screening adherence to identify gaps of knowledge.

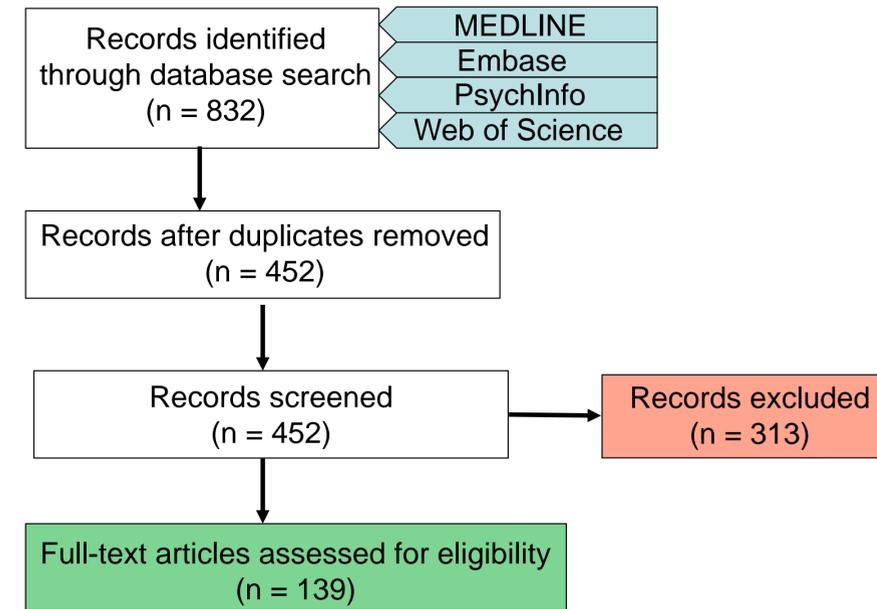
## Research Questions

- RQ1: Where have researchers published their findings on stigma associated with cancer screening?
- RQ2: How has the relationship between cancer-related stigma and screening adherence been studied?
- RQ3: In what settings have researchers conducted studies investigating cancer-related stigma and screening adherence?
- RQ4: What types of cancer does the existing literature on cancer-related stigma and screening adherence discuss?
- RQ5: How have researchers operationalized cancer-related stigma?

## Methods

- **Databases Searched:** MEDLINE, Embase, APA PsychInfo, & Web of Science Core Collection
- **Inclusion criteria:**
  - Focused on cancer screening adherence
  - Considered cancer-related stigma as a barrier to screening
  - Collected data pre-diagnosis and pre-treatment
  - Examined non-patient adult populations
  - Published in the past 5 years (2016-2021)
  - Written and published in English
- **Instruments Used:** Rayyan QCRI Systematic Review, EndNote X9

## Results



## Summary

**Based on preliminary data extraction:**

- Researchers commonly publish findings in peer-reviewed academic journals.
- Study designs were qualitative and quantitative.
- Studies were conducted at a global level, ranging from clinical settings to online settings, in high-income and low-income countries
- Most common cancers studied were cervical cancer, colorectal cancer, breast cancer, and lung cancer.
- Cancer-related stigma is often operationalized depending on a host of factors including study design, cancer type, gender identity, sexual orientation, or comorbidities.

## Responsible Conduct of Research

The scoping review followed PRISMA protocol. The MD Anderson principal investigator was responsible for maintaining documents and approvals for modifications to protocol. This research project did not require IRB approval.

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## References

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**Table 1.** Examples of data extraction from the 139 full-text articles

Author, Year, Journal (RQ1)	Study Methods (RQ2)	Setting (RQ3)	Type of cancer (RQ4)	Operationalization of cancer-related stigma (RQ5)
Brandt et al., 2019 BMC Public Health	Focus group discussions and key informant interviews	Dabat Health Centre, Ethiopia	Cervical cancer	Cancer-related stigma was operationalized in relation to development of symptoms of HPV infection or cervical cancer.
Vrinten et al. 2019 BMC Cancer	Home-based interview with logistic regression analysis	National Health Service, London, England	Cervical cancer Breast cancer Colorectal cancer	Quantitatively measured using the Cancer Stigma Scale (CASS)
Milner & McNally 2020 Health Psychology	Online questionnaire, telephone interviews analyzed with multivariate logistic regression analyses	United States	Cervical cancer Breast cancer	Operationalized cancer-related stigma in relation to participant sexual orientation.  Term used was stigma consciousness, or “awareness that one is a member of a stigmatized group.”
Borondy Kitts 2019 Journal of the American College of Radiology	Literature review paired with cancer screening recommendations	United States	Lung cancer	Operationalized cancer-related stigma as a self-inflicted psychological stressor.