Reducing Disparities in Cervical Cancer Mortality Among Young Black Women

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Although the overall incidence of cervical cancer between Black and White women is now similar, the retrospective cohort study by Alimena et al[1] published in this issue highlights how young Black women (age ≤39 years) remain particularly vulnerable to presenting with more advanced cervical cancers and having worse overall survival outcomes. The authors suggest that this finding may be related to insurance-related disparities and inadequate follow-up for abnormal Papanicolaou (Pap) test results.

There are several other reasons for these health inequities among young black women, as well as proposed methods for overcoming them. These measures include building stronger trust between young Black women and gynecologic healthcare providers and systems; increased HPV vaccination acceptance and delivery; increased Pap test screening availability and outreach screening in nontraditional sites[2]; prompt follow-up for abnormal Pap test results; prompt treatment for severe precancerous abnormalities; providing basic necessary resources for curative treatment, including access to gynecologic oncology and radiation oncology specialists, when cancer is detected[3,4]; transportation assistance; implementation of socially determined cervical cancer care navigation programs at public safety-net hospitals to improve treatment adherence[5]; and access to financial assistance programs to help cover the cost of treatment when medical insurance is not available. The development of dedicated public centers in every state is needed for the establishment of healthcare processes that provide this kind of quality care to young, Black, uninsured or underinsured women.

Encouraging results from the study by Alimena et al[1] include the diminishing disparities with increasing age among Black women, with no reported disparity in Black women aged ≥65 years, and more importantly, the absence of disparities when optimal treatment for cervical cancer is delivered. Receiving optimal, guideline-directed treatment has to do with access to quality care, trust of healthcare systems, and the acceptance/compliance of patients to receive treatment recommendations that may be time-consuming and require time away from family and other personal responsibilities.[6] Family and social support are always important during cancer treatment, as treatment modalities such as surgery and chemoradiation are usually very demanding on patients.

In summary, having access to gynecologic oncologists and radiation oncologists and complying with treatment recommendations eliminates discrepancies of age and race in relation to the management of cervical cancer.[7] The good news is the problem does not appear to be related to unique histology or biological differences specific to Black women, and the cited barriers can be addressed and overcome with continued efforts to improve trust of gynecologic healthcare systems and increasing access and compliance with treatment. I applaud the authors in their efforts to bring more awareness to this timely and important subject.

See page 789 for related article.

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