

Cervical cancer screening and follow up practices in United States prisons

Alexa N. Kanbergs^{a, b}, Mackenzie W. Sullivan^{a, b}, Morgan Maner^c, Lauren Brinkley-Rubinstein^c, Annkathryn Goodman^b, Michelle Davis^a, Sarah Feldman^a

- a. Division of Gynecologic Oncology, Department of Obstetrics, Gynecology, and Reproductive Biology, Brigham and Women's Hospital, Harvard Medical School, Boston, MA, USA
- b. Division of Gynecologic Oncology, Vincent Department of Obstetrics and Gynecology, Massachusetts General Hospital, Harvard Medical School, Boston, MA, USA
- c. Center for Health Equity Research, Department of Social Medicine, School of Medicine, University of North Carolina at Chapel Hill, Chapel Hill, NC, USA.

Abstract

Objectives: Given incarcerated women are up to four times more likely than their community counterparts to be diagnosed with cervical cancer, our objective was to better understand cervical cancer screening and follow up practices in US prisons.

Methods: A 29 question survey examining cervical cancer screening practices, education, and facility/patient characteristics was disseminated to state prison medical directors/administrators.

Results: Seventy percent (35/50) of state medical directors completed the survey between August 2021-January 2022. All facilities provided cervical cancer screening both at intake and specified intervals. Thirty-six percent (36%) provided colposcopy on-site, and 9% performed excisional procedures on-site. Eleven states identified one to five cases of cervical cancer within the last year. Frequently cited challenges included lack of patient interest, delays in community referral, and lack of follow-up of abnormal results post-release.

Conclusions: Cervical cancer disproportionately impacts women who are incarcerated. In our study we found relatively high rates of screening with was lack of patient interest as the most reported barrier. Follow-up care was also often plagued by reported lack of patient interest, delays in community referral for diagnostic procedures, and patient release prior to follow up. There is room for further optimization of screening and surveillance among incarcerated women by understanding and addressing systems-based challenges. We can reduce disparities in care among incarcerated women by understanding patient barriers to primary screening, expanding access to on-site testing and community referral for abnormal results, and streamlining post-release follow-up.