

Results of a Randomized Controlled Trial to Increase Cervical Cancer Screening Among Rural Latinas

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Abstract

BACKGROUND Latinas have the highest rates of cervical cancer in the United States and the second highest rate of cervical cancer mortality. One factor in the disparity is the relatively low rate of screening for cervical cancer in this population. **METHODS** Eligible women who were out of adherence with cervical cancer screening (>3 years since their last Papanicolaou [Pap] test) were identified via medical record review by a federally qualified local health center. The effects of a low-intensity intervention (video delivered to participants' homes; $n = 150$) and a high-intensity intervention (video plus a home-based educational session; $n = 146$) on cervical cancer screening uptake in comparison with a control arm (usual care; $n = 147$) were investigated. A cost-effectiveness analysis of the interventions was conducted: all intervention costs were calculated, and the incremental cost-effectiveness ratio was computed. Finally, women with positive Pap tests were provided navigation by a community health educator to ensure that they received follow-up care. **RESULTS** A total of 443 Latinas participated. Seven months after randomization, significantly more women in the high-intensity arm received a Pap test (53.4%) in comparison with the low-intensity arm (38.7%; $P < .001$) and the usual-care arm (34.0%; $P < .01$). The incremental cost-effectiveness ratio for high-intensity women versus the control group amounted to \$4.24. Twelve women had positive Pap tests, which encompassed diagnoses ranging from atypical squamous cells of unknown significance to invasive cancer; these women received navigation for follow-up care.

Keywords

cervical cancer, community health workers, education intervention, Latinas, randomized controlled trial (RCT), screening.