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Conference Abstract

London Global Cancer Week 2024

11 - 15 Nov 2024

Royal Society of Medicine, London, United Kingdom of Great Britain and Northern Ireland

How to Improve Uptake of Breast Cancer Screening for Minority Ethnic Women in Leicester. Abstract from PhD Thesis Funded by Hope Against Cancer, Leicestershire.

19 Mar 2025

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Introduction

The existing research in the UK indicates minority ethnic women are less likely than their White British counterparts to access the National Health Service Breast Screening Programme (NHSBSP)[1] and specific minority ethnic groups are more likely to experience the most aggressive forms of breast cancer with the poorest chances of survival[2,3]. Despite, the absence of uptake data by ethnicity, certain factors prevalent in Leicester such as lower general uptake of the NHSBSP than in similar areas, one of highest minority ethnic populations in the UK, and high levels of deprivation indicate uptake level of the NHSBSP for minority ethnic women will be low. Therefore, solutions to improving uptake should be developed from the perspectives of minority ethnic women. This PhD research aims to identify “how to improve the uptake and access to breast cancer screening for minority ethnic women in Leicester”.

Methodology

An interpretive research approach using qualitative data collection methods to explore factors influencing attendance and non-attendance at NHSBSP. Semi – structured interviews with women from different minority ethnic groups that have attended NHSBSP from 47 years to 70 years of age. Focus Groups with women from younger (40 – 55 years) and older age span (56 – 70 years) to explore barriers and solutions to attendance.

Results

Key themes that emerged from both the participants that had attended the NHSBSP and those that had not included: Knowledge and awareness of breast cancer was high but knowledge of screening process very low. Perceptions towards breast cancer changing as treatable. Confusion over screening eligibility and pathways. Identification of multiple solutions and facilitators involving various stakeholders.

Some variation was identified on barriers across ethnicity as African women were more likely to identify previously experienced racist discrimination as a barrier to attendance than other groups. Whilst Bangladeshi and Pakistani women strongly challenged the view of religion as a barrier. A consensus emerged amongst attenders and non-attenders of the importance of using both broader and more targeted promotional interventions that are developed and delivered by stakeholders including community groups, ethnic media, GPs, breast clinics and local women living with breast cancer.

Conclusion

Improving uptake of the NHSBSP for minority ethnic women requires an acknowledgment that solutions can only be implemented by strategic partnerships consisting of multiple stakeholders including Primary Care, faith, community groups, and BME media outlets. Both target-based solutions and broader solutions were acknowledged. All minority ethnic groups participating highlighted the positive impact of knowing the stories of local women living with cancer.

References

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