Cervical Cancer in Hispanic/Latino Women

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Cervical cancer is largely preventable if detected early. Minority populations and people of low socioeconomic status are affected disproportionately by cervical cancer. When compared to non-Hispanic white women, Hispanic/Latino women residing in the United States have twice the incidence rate of and 1.4 times the mortality from cervical cancer. Contributing factors include lack of awareness about cancer prevention and available services; lack of access to quality health care; feelings of embarrassment, fear, and fatalism; and limited linguistically and ethnically sensitive information about cervical cancer prevention and detection. Education and screening programs targeted at this population have the potential to decrease the morbidity and mortality associated with cervical cancer, and nurses play an important role in educating Hispanic/Latino women about cervical cancer.

Key Words: cervix neoplasms, Hispanic Americans

Cervical cancer deaths among women has decreased, in part because of early-detection efforts (American Cancer Society, 2002). Cervical cancer incidence rates among Hispanics/Latinos declined about 4% per year from 1992–1999, and the mortality rate decreased 4.4% per year (O’Brien et al., 2003). However, Hispanic/Latino women residing in the United States have twice the incidence rate of and 1.4 times the mortality rate from cervical cancer than non-Hispanic white women (CDC, 2002). Women residing in Mexico, Central America, and South America have almost triple the incidence of and mortality from cervical cancer compared with women in the United States (O’Brien et al.).

The higher mortality rate may be explained by the fact that the cancer often is detected in later stages, when it is more invasive. Among Hispanic/Latino women in the United States, invasive cervical cancer ranks as the fourth most common type of cancer (Coronado et al., 2002).

The exact cause of cervical cancer is unknown, but the following risk factors have been identified (Coronado et al., 2002; Fink & Clark, 2003; Mahon, 1998; Schiffman & Castle, 2003).

- Sexual activity before age 18
- History of more than one sexual partner or a sexual partner with a history of multiple partners
- Human papillomavirus (HPV) infection
- Smoking
- History of an abnormal Pap result or dysplasia of the cervix
- History of herpes simplex virus type 2 infection
- Low socioeconomic status
- Additional risk cofactors have been identified (Castellsague & Munoz, 2003; Epstein, 2003; Hammes & Laitman, 2003; Hatch et al., 2001; Lee, 2000; Moodley, Moodley, Chetty, & Herrington, 2003).

- Oral contraceptive use
- Diethylstilbestrol exposure
- HIV/AIDS- or medication-induced immunosuppression

HPV is sexually transmitted and has been identified in 90%–100% of cervical cancer lesions (McFadden & Schumann, 2001). More than 100 types of HPV have been identified. The higher mortality rate may be explained by the fact that the cancer often is detected in later stages, when it is more invasive. Among Hispanic/Latino women in the United States, invasive cervical cancer ranks as the fourth most common type of cancer (Coronado et al., 2002).

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