Barriers to Breast and Cervical Cancer Screening Among Obese Women

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Objectives
1. Understand the association of obesity and cancer screening and the impact of physician recommendation
2. Identify physician barriers to cancer screening in obese women
3. Identify barriers for obese women to obtain breast and cervical cancer screening
4. Recognize potential ways to increase cancer screening among obese women

Trends in Obesity Prevalence 1976-2010

Obesity and Cancer
• Increased risk of breast, cervical, colorectal, endometrial, esophageal, kidney, ovarian, pancreatic
• Later stages at diagnosis of breast cancer
• Higher mortality rates of several cancers, including breast, cervical, colorectal cancer
• Lower rates of cancer screening
Obesity, Physician Recommendation, and Cancer Screening

- Chart review studies
  - 3 urban practices (N = 1809, 52% obese)
  - 22 suburban practices (N = 1297, 39% obese)
- Secondary data analysis
  - 2000 NHIS (N = 8289, 26% obese)

<table>
<thead>
<tr>
<th>Variable</th>
<th>OR (95% CI)</th>
<th>P-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pap smear</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-obese</td>
<td>1.00</td>
<td></td>
</tr>
<tr>
<td>Obese</td>
<td>0.76 (0.59-0.96)</td>
<td>0.021</td>
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<tr>
<td>CRC screening</td>
<td></td>
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<tr>
<td>Non-obese</td>
<td>1.00</td>
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</tr>
<tr>
<td>Obese</td>
<td>0.75 (0.62-0.91)</td>
<td>0.004</td>
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Physician Barriers

- In-depth interviews of 15 family physicians
- Mail survey of family physicians in New Jersey (response rate 53%, N=255)

Attitudes: Managing Obesity

- Agree or strongly agree:
  - Dealing with obesity and weight loss is frustrating (66%)
  - Treatment for obesity is often ineffective (51%)
  - Not enough reimbursement to discuss weight loss (45%)
  - Pessimistic about patient success (34%)

Attitudes: Severely Obese Patients

- Frequently or almost always encounter:
  - Patients lack discipline to lose weight (78%)
  - Patients want an easy way out (71%)
  - Patients do not have time to exercise (62%)
  - Patients have psychological problems (57%)
  - Patients are not motivated (52%)

Difficulty with exams

- "I can’t get her up onto the examination table easily to perform any exam. I’m also very concerned that I’m going to do an inadequate exam and therefore, shy away from doing an inadequate exam, for example, pap smears. I have done a breast exam on her, but I have not done a pap smear on her since I’ve known her… I have the fear that I’m going to get the person up in that position and then not be able to get the job done.”

- “…cause of the sheer size of the breasts, it’s hard to feel anything, which, I guess, is one of the other reasons I don’t do them. I’m not sure I really pick up much, or add much, because of the amount of fat that makes it hard to feel anything.”
Availability of Supplies for Obese Patients

<table>
<thead>
<tr>
<th>Item</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>x-large bp cuffs</td>
<td>84%</td>
</tr>
<tr>
<td>large speculums</td>
<td>82%</td>
</tr>
<tr>
<td>armless chairs</td>
<td>67%</td>
</tr>
<tr>
<td>x-large gowns</td>
<td>57%</td>
</tr>
<tr>
<td>scale over 300 lbs</td>
<td>43%</td>
</tr>
<tr>
<td>large exam tables</td>
<td>33%</td>
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</tbody>
</table>

Overcoming Patient Barriers

- “Some women are embarrassed… don’t want to take their clothes off… And often I will give them a gown and say, ‘I’m going to step out of the room while you put this on, and I’ll be back with a nurse.’ And there have been a couple of occasions where they say, ‘I just prefer not to have the exam done.’ Or you come back and they don’t have the gown on… or, they put the gown on top of their clothes.”

Patient Barriers

- 3 focus groups with African-American women (N=18)
  - Mean age: 52.9, 53.3, 50.6
  - Mean BMI: 52.1, 40.3, 42.2
- In-depth interviews with 33 women with obesity
  - 16 African-American
  - Mean age 55.8 (s.d. 8.6)
  - Mean weight 263 pounds (s.d. 45)
  - 11 women up-to-date with both screenings

Embarrassment

- “[The pap smear] was very humiliating, very embarrassing because I have a problem with mobility and I cannot, um, it was just horrible! He had to call a nurse in and help me to hold my leg open and out, you know… it would take a lot for me to get another one.”

Friedman et al. Obesity, 2012; 20 (8): 1611-1617
**Increased Pain**

- “It hurts like hell, because I have big breasts and you smash them flat as a rock, a pancake. And they somehow find breast tissue on your back, under your arm, and try to squeeze all of that around, too.”

**Disrespectful treatment**

- “They just really treated me like not even a second rate or third rate citizen… and if you have low self-esteem issues, which you tend to if you’re really overweight- when you have a doctor who’s treating you that way, there’s no inspiration, there’s no confidence, there’s no acceptance.”

**Doctors blaming weight**

- “They look at you and they look at your size and they say you’re not healthy. I don’t care you can have a hangnail and because you’re overweight, it’s because of your weight. You can have a hangnail… they don’t even like go through the procedures.”

**Lack of proper equipment**

- “I don’t want to go to the doctor’s office and not be able to put a gown on, that was the number one thing. That was the original reason why I wouldn’t go… [You] have your chest hanging out anyway, I don’t need my behind hanging out too.
- “Exam tables are kind of narrow, and when you have to get an exam like a Pap smear that can be a little uncomfortable. Because, you know, you have to put your feet up in these stirrups and it’s already a little narrow- the thing that you’re on, so I get a little nervous. Sometimes some of the equipment could better accommodate-be wider.”

**Women screened vs. not screened**

- Similar barriers regarding embarrassment, pain, inadequate equipment, and weight bias in health care settings

- Women who received screening exhibited the ability to force themselves to complete uncomfortable or feared tasks
  - “I have to do this no matter what”
  - “I do what I have to do”
  - “I just put it out of my mind”

**Self-discipline and Self-motivation**

- “Personally I think, for me, it’s mindset. I mean it might be embarrassing, but it’s something that has to be done. So you have to decide for yourself that I got to do this, no matter what.”

- “I just kind of took a deep breath and went forward. I knew I had to get this done.”

- “So even if you’re uncomfortable, get your butt out the door and go. That’s it.”
Conclusions

- Obese women, especially severely obese women, have lower rates of breast and cervical cancer screening and lower adherence to physician recommendations for cancer screening
- We elucidated several physician and patient barriers
- Interventions are needed targeting physicians, the office setting, and patients

Conclusions

- Physicians and Office Settings
  - Education on weight loss treatments, physical examination techniques, community resources
  - Strategies for bias-free practices
    - Do not blame patients for their weight problems or always focus on weight
    - Use sensitive language when discussing weight
    - Weigh patients only when medically indicated
    - Avoid comments about weight that may be perceived offensive
    - Obtain appropriate sized medical equipment and office furniture
  - Yale Rudd Center for Food Policy & Obesity

Conclusions

- Patients
  - Consider measuring personality to stratify intervention efforts
    - Low self-discipline/self-motivation
      - motivational interviewing, coaching in coping skills and emotion management
    - High self-discipline/self-motivation
      - education and reminders

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Team Members

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