

**EMBARGOED FOR RELEASE until December 29, 2016 – 5:00 PM (ET)**

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## **BREAST AND CERVICAL CANCER SCREENING RATES ARE LOW IN WOMEN WITH ADVANCED KIDNEY DISEASE**

### **Highlights**

- In a recent study, most women with advanced chronic kidney disease had not received breast or cervical cancer screening in recent years.
- Older age, greater comorbidities, and lower income were associated with a lower rate of screening.

*Cancer risk is elevated in people with chronic kidney disease.*

**Washington, DC (December 29, 2016)** — A new study indicates that many women with advanced kidney disease are not receiving recommended breast or cervical cancer screening, even though they face a higher risk of developing cancer than women in the general population. The findings appear in an upcoming issue of the *Clinical Journal of the American Society of Nephrology* (CJASN).

Cancer is a significant cause of illness and death in patients with chronic kidney disease (CKD), with an approximately twofold higher prevalence than the general population. The increased risk appears to be specific for urinary tract, viral-related, digestive, and breast cancers. Therefore, breast and cervical cancer screening is especially important in women with CKD.

A team led by Germaine Wong, PhD, (The University of Sydney, in Australia), Jade Hayward, and Danielle Nash, PhD (Institute for Clinical Evaluative Sciences, ICES Western facility, in Ontario, Canada) examined patterns of breast and cervical cancer screening in women based on CKD stage and age. The retrospective study included information from 2002 to 2013 from the Ontario, Canada administrative healthcare databases. For their analyses on breast cancer screening and cervical cancer screening, the investigators included 141,326 and 324,548 women, respectively.

Older women with co-morbidities and with advanced stage kidney disease requiring dialysis were less likely to undergo routine breast and cervical cancer screening compared with younger women with early stage CKD. The two-year cumulative incidences of breast cancer screening were 61% among women without CKD, 54% for those with CKD stage 3, 37% for CKD stages 4 and 5, and 26% for women with kidney

failure who were on dialysis. Similar patterns were observed for the three-year cumulative incidences of cervical cancer screening. Older age, greater comorbidities, and lower income were associated with a lower rate of screening.

“These results reflect the inherent healthcare priorities of dialysis patients: older women on dialysis may not have the capacity to deal with the complexity of dialysis management and may have potentially neglected less imminent issues such as preventive healthcare and early cancer detection,” said Dr. Wong. “Given that cancer screening has the potential to improve cancer outcomes, targeted strategies to inform shared decision making in screening is critical.”

In an accompanying editorial, Deidra Crews, MD, ScM and Waseem Khaliq, MBBS, MPH, (Johns Hopkins University School of Medicine) noted that “enhanced coordination of care between nephrologists, general practitioners and women’s health care providers may serve to promote cancer screening among women with CKD. Ultimately, however, nephrologists may forge long-term trusting relationships with kidney patients that will afford them the greatest opportunity to engage in shared-decision making together and select the cancer screening plan that is most appropriate for the patient’s individual health status and personal priorities.”

Study co-authors include Eric McArthur, Jonathan Craig, Stephanie Dixon, Deborah Zimmerman, Abhijat Kitchlu, and Amit Garg.

Disclosures: The authors reported no financial disclosures.

The article, entitled “Patterns and Predictors of Screening for Breast and Cervical Cancer in Women with Chronic Kidney Disease,” will appear online at <http://cjasn.asnjournals.org/> on December 29, 2016, doi: 10.2215/CJN.05990616.

The editorial, entitled “Screening Women with CKD for the ‘Emperor of All Maladies’,” will appear online at <http://cjasn.asnjournals.org/> on December 29, 2016.

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