

## **Abstract:**

### **Proficiency in Cervical Cancer Screening in Substance Use Disorder Patients vs Non-Substance Use Disorder Patients**

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**Background:** Patients with diagnosed substance use disorders (SUD) are more likely to suffer from inequitable access to primary care resources. While there are multiple factors that play into this fact, some of the most prominent involve patient concerns of stigmatization and provider discomfort with screening and management of SUD. Regardless of the reason, the question is raised of how these constraints affect SUD patients' healthcare outcomes, specifically those deemed preventable? Many studies around the world have shown poorer cervical cancer screening rates and higher prevalence of cervical cancer/cervical dysplasia in SUD patients. Oddly, some of these same studies have shown higher rates of healthcare utilization by patients with SUD. This study aims to examine the rate of cervical cancer screening in females with diagnosed SUD compared to those without SUD within a Federally Qualified Health Center (FQHC).

**Methods:** This was a retrospective chart review utilizing Erie Health's electronic medical record (EMR) system, Centricity. Participants were female patients over the age of 20 receiving their care at Erie Health. Inclusion criteria for SUD categorization included patients in this age range with a history of Alcohol Dependence, Opioid Abuse, Opioid Dependence or Other Psychoactive Substance Use. Patients without these diagnoses were placed in the non-SUD category. Exclusion criteria included any patient with documented diagnosis or history of cervical cancer. Results: Using the discriminants above, 13,869 charts were pulled from the Erie EMR. Of these female patients, 97.8% did not have SUD and 2.2% did have SUD. Of the women without SUD, 75.5% had been screened for cervical cancer compared to 71.8% of women with SUD.

**Conclusions:** There was no statistically significant difference in screening rates for cervical cancer between females with and without SUD. Interestingly, there was a statistically significant difference in screening rates between females with SUD over age 40 versus those 40 and younger. The prevalence of female patients with SUD was also noted to be significantly lower than the national average (about 5-7%). However, overall cervical cancer screening rates were comparable to national statistics (about 74-76%). This bares the question of whether or not we as providers have been inefficiently screening for SUD or if we are simply doing a poor job at screening for cervical cancer amongst all of our female patients? Further limitations in this study include the scarce number of diagnosis codes used to categorize SUD patients. An additional data pull request was submitted to include patients with Cocaine and Opiate dependence/abuse as well as those patients with a history of cocaine, opiate or alcohol dependence in remission. The results of this new data request is still pending.