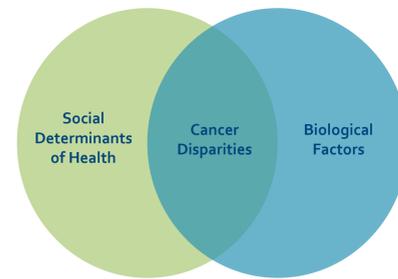
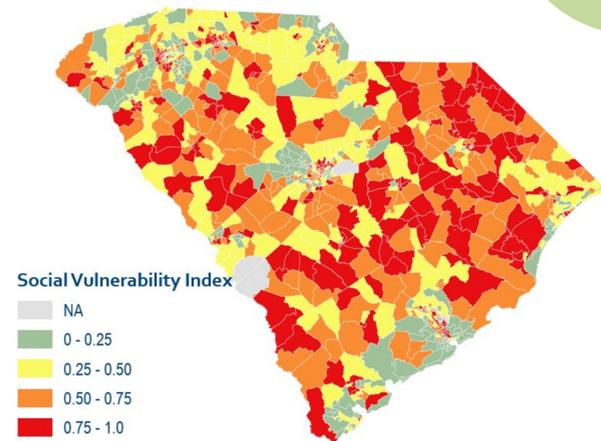


BACKGROUND

- South Carolina ranks 13th highest in the nation for cancer mortality rates.
- Improving cancer screening rates could help to reduce these mortality rates.
- Unfortunately, Black people and rural people in South Carolina have higher cancer incidence and mortality rates, and lower cancer screening rates than other population groups.
- Patient navigation is an evidence-based approach, based on adult learning theory, social cognitive theory, social support theory and competency evaluation.
- The barrier-focused patient navigation intervention includes active listening techniques.



Unemployment
Lack of health insurance
Poverty
Lack of education
Lack of transportation



METHODS

- To address South Carolina's rural cancer disparities, the investigators are testing the effects of a centralized, protocol-driven patient navigation intervention in reducing cancer screening barriers.
- Participants are randomly selected from a statewide health system in South Carolina based on their overdue status for guideline-supported cancer screening, oversampling for rural residence.

Navigators:

- Focus on identification of potential participants
- Identify barriers to care/needs of patients
- Implement a plan to actively address these barriers to care/needs

RESULTS

- Since the inception of this one-arm study on 10/20/2023, 1,191 of the 3,777 sampled patients have been contacted for the study sample.
- **Table 1** shows 3,777 MUSC Health RHN patients to date have been identified as being out of window for cancer screening based on the specific evidence-based screening guidelines for each cancer type. Of this number, 1,843 (48.8%) needed breast cancer screening; 311 (8.2%) needed cervical cancer screening; 328 (8.7%) needed colorectal cancer screening; 1,048 (27.7%) needed lung cancer screening; and 247 (6.5%) needed prostate cancer screening. Black or African American patients (n=1,604; 42.5%) and White or European American patients (n=2,029; 53.7%) comprise the majority of program participants. Women are overrepresented in the program to date; 2,864 (75.8%) of the participants are women, and 913 (24.2%) of the participants are men. This is due to the oversampling of women for breast cancer screening, based on the goals of the program. In terms of the rural to urban ratio, 2,928 (77.5%) of the participants are rural residents of South Carolina, and 769 (20.4%) of the participants reside in urban areas of South Carolina. The age range of participants is 21-81 years, with a mean age of 57.9 years (s.d. = 9.3 years).

	Overall (N=3,777)
Screening Group	
Breast	1,843 (48.8%)
Cervical	311 (8.2%)
Colorectal	328 (8.7%)
Lung	1,048 (27.7%)
Prostate	247 (6.5%)
Race	
American Indian or Alaska Native	14 (0.4%)
Asian	13 (0.3%)
Other Asian	13 (0.3%)
Asian Indian	1 (0.0%)
Black or African American	1,604 (42.5%)
Native Hawaiian or Other Pacific Islander	2 (0.1%)
Other Pacific Islander	1 (0.0%)
White or European American	2,029 (53.7%)
Other	52 (1.4%)
Patient Refused	8 (0.2%)
Unknown	40 (1.1%)
Gender	
Female	2,864 (75.8%)
Male	913 (24.2%)
Rurality	
Nonrural	769 (20.4%)
Rural	2,928 (77.5%)
Unknown	80 (2.1%)
Age	
Mean (SD)	57.9 (9.3)
Range	21.2 - 80.9
Unknown	20 (0.5%)

CONCLUSIONS

- Navigators address health-related screening needs of the predominantly rural participants by highlighting the importance of cancer screening, collaborating with their primary care providers to obtain cancer screening orders, scheduling cancer screening appointments, and providing transportation resources, if needed. The intervention serves as a national model for promoting equity in cancer screening.
- As shown in **Table 2**, 294 (24.7%) of the 1,191 contacted patients to date confirmed they have had screening or plan to screen at a community site while another 382 (32.1%) have scheduled a screening appointment. Of these individuals who scheduled an appointment, 269 (70.4%) completed navigation-assisted screening.

	Navigation-assisted screening completed (N=269)	Has or plans to complete screening in community (N=294)	Navigation in progress (N=43)	Navigation declined or lost to follow-up (N=585)	Total (N=1,191)
Screening Group					
Breast	188 (69.9%)	202 (68.7%)	19 (44.2%)	295 (50.4%)	704 (59.1%)
Cervical	13 (4.8%)	19 (6.5%)	5 (11.6%)	48 (8.2%)	85 (7.1%)
Colorectal	14 (5.2%)	30 (10.2%)	8 (18.6%)	45 (7.7%)	97 (8.1%)
Lung	31 (11.5%)	26 (8.8%)	6 (14.0%)	168 (28.7%)	231 (19.4%)
Prostate	23 (8.6%)	17 (5.8%)	5 (11.6%)	29 (5.0%)	74 (6.2%)
Race					
American Indian or Alaska Native	1 (0.4%)	0 (0.0%)	0 (0.0%)	3 (0.5%)	4 (0.3%)
Asian	3 (1.1%)	1 (0.3%)	0 (0.0%)	4 (0.7%)	8 (0.7%)
Other Asian	2 (0.7%)	2 (0.7%)	0 (0.0%)	4 (0.7%)	8 (0.7%)
Black or African American	143 (53.2%)	127 (43.2%)	24 (55.8%)	207 (35.4%)	501 (42.1%)
American White or European American	113 (42.0%)	153 (52.0%)	19 (44.2%)	338 (57.8%)	623 (52.3%)
Other	2 (0.7%)	6 (2.0%)	0 (0.0%)	13 (2.2%)	21 (1.8%)
Patient Refused	1 (0.4%)	1 (0.3%)	0 (0.0%)	2 (0.3%)	4 (0.3%)
Unknown	4 (1.5%)	4 (1.4%)	0 (0.0%)	14 (2.4%)	22 (1.8%)
Gender					
Female	227 (84.4%)	250 (85.0%)	32 (74.4%)	452 (77.3%)	961 (80.7%)
Male	42 (15.6%)	44 (15.0%)	11 (25.6%)	133 (22.7%)	230 (19.3%)
Rurality					
Nonrural	38 (14.1%)	53 (18.0%)	6 (14.0%)	132 (22.6%)	229 (19.2%)
Rural	222 (82.5%)	229 (77.9%)	37 (86.0%)	440 (75.2%)	928 (77.9%)
Unknown	9 (3.3%)	12 (4.1%)	0 (0.0%)	13 (2.2%)	34 (2.9%)
Age					
Mean (SD)	56.4 (7.8)	57.0 (9.0)	57.0 (8.2)	57.7 (10.0)	57.2 (9.2)
Range	25.4 - 76.9	21.9 - 78.6	30.0 - 73.0	21.2 - 80.8	21.2 - 80.8
Unknown	1 (0.1%)	0 (0.0%)	1 (0.1%)	0 (0.1%)	2 (0.2%)

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