Abstract

Factors Associated with Early Diagnosis and Access to Care among Immigrant Women with Cervical Cancer in Italy: Protocol for a Multicenter Mixed-Methods Study

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Citation: Gorgati, E., Cuoco, A., Lotfi, F., Boughriou, M., Zendehdel, K., Boffetta, P., & Biagioli, V. (2026). Factors associated with early diagnosis and access to care among immigrant women with cervical cancer in Italy: Protocol for a multicenter mixed-methods study. *International Journal of Health Supplements*, 1(Suppl. 2), 180–181. https://doi.org/10.82051/ijhs-2026-Suppl2

Introduction. Despite being largely preventable through HPV vaccination and screening, cervical cancer remains a significant public health burden and a marker of health inequalities. In Italy, immigrant women account for more than 2.6 million residents and have a more than threefold higher risk of disease compared with Italian women, lower participation in screening programs, and reduced adherence to follow-up after abnormal results, with diagnosis at a younger age and at more advanced stages. However, evidence on the determinants of access to early diagnosis and care among immigrant populations remains limited. The aim of this study was to generate an in-depth understanding of the factors influencing early diagnosis and access to care among immigrant women in Italy from high-migratory-pressure countries diagnosed with cervical cancer or high-grade squamous intraepithelial lesions (HSIL).

Methods. This study is part of the DCIMIT project supported by AIRC (MFAG 30481). It is a non-profit, observational, cross-sectional, multicenter study using a convergent mixed-method design. A competitive enrollment model will be implemented across 10 participating sites. A total of 300 immigrant women, comprising 50% with HSIL and 50% with cervical cancer, will be enrolled during follow-up visits. The quantitative phase includes a questionnaire collecting clinical, sociodemographic, social integration, quality-of-life and behavioral data, experiences of discrimination, and perceived barriers and facilitators to care. A subsample of approximately 60 participants will undergo semi-structured interviews exploring their lived experiences of early diagnosis and access to care. Quantitative and qualitative data will be analyzed separately and subsequently integrated.

Results. Ethical approval from the coordinating center has been obtained. The study is ongoing, with recruitment planned over a two-year period. The study is expected to estimate the prevalence of key determinants of access to early diagnosis and care and identify differential patterns across ethnic subgroups. Integration of quantitative and qualitative findings will provide a comprehensive understanding of barriers and facilitators to care.

Discussion. An integrated understanding of individual, sociocultural, and organizational determinants may inform future targeted healthcare and organizational strategies aimed at reducing inequalities in access to prevention, early diagnosis, and care, thereby strengthening equity in oncological screening programs.

Keywords: Early Diagnosis, Healthcare Access, Immigrant Women

Funding: This study is part of the DCIMIT project, supported by AIRC (MFAG 30481). **Conflict of Interest:** The authors declare no conflict of interest.