Cervical cancer remains a significant public health challenge in Louisiana, ranking 10th in incidence and 5th in mortality rates across the United States. Despite the availability of primary preventative methods, the state experiences high rates of cervical cancer among women. Early detection through HPV and Pap Smear tests is critical, yet data from the Louisiana Tumor Registry (2016-2021) reveals that over 50% of women are diagnosed at regional and distant stages, where 5-year survival rates drop to 56% and 16%, compared to 88% for localized stage diagnoses.

Socio-demographic barriers significantly impact the stage at diagnosis. This study focuses on identifying underserved areas and populations to support Louisiana’s cervical cancer elimination initiative. It evaluates the influence of urban-rural residency and poverty status on the stage at diagnosis for non-Hispanic Black (NHB) and non-Hispanic White (NHW) women. Findings indicate that NHB women are more likely to be diagnosed at advanced stages than NHW women, regardless of metro or non-metro residency. Additionally, women in non-metro areas, particularly NHB women, are less likely to receive a localized stage diagnosis. High-poverty regions correlate with fewer localized diagnoses, with NHB women in these areas faring worse than their NHW counterparts.

This research underscores the need to prioritize NHB, non-metro, and high-poverty populations to enhance early detection and improve survival rates. It highlights the necessity of targeting non-metro and high-poverty regions in Louisiana’s cervical cancer elimination efforts.