

Factors Associated with Missed Follow-up After Abnormal Cervical Cancer Screening at an Urban Safety-Net Hospital in Louisiana

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Cervical cancer remains a significant public health concern despite advances in screening and prevention. Timely follow-up after an abnormal cervical cancer screening result is essential to detect and treat precancerous lesions before progression to invasive disease. Louisiana consistently ranks among the states with the highest cervical cancer incidence and mortality rates, underscoring the need to better understand barriers to follow-up care. The objective of this study was to identify barriers to follow-up after abnormal cervical cancer screening through a structured literature review and evaluate factors associated with missed follow-up appointments among women receiving care at University Medical Center.

A literature review was conducted to identify reported barriers to follow-up after abnormal cervical cancer screening and inform variable selection for a retrospective chart review. Data were abstracted from the EPIC electronic health record at UMC and recorded in the LACervixCare database. Eligible women were aged 21–65 years with an abnormal cervical cancer screening result requiring follow-up in 2025. A total of 1,634 medical records were reviewed for eligibility. Variables identified through the literature review were abstracted when documented in the medical record. Differences in follow-up attendance were evaluated using the Wilcoxon rank-sum test for age and chi-square or Fisher's exact tests for categorical variables. Univariable and multivariable logistic regression models were used to estimate associations between participant characteristics and missed follow-up.

The literature review identified national follow-up nonadherence rates ranging from 5% to 30% after abnormal cervical cancer screening and highlighted common barriers, including limited health literacy, communication challenges, inadequate insurance coverage, transportation difficulties, and competing work or childcare demands. Reported strategies to improve follow-up included patient reminders, education, outreach or navigation, and improved patient-provider communication.

Of 1,634 records reviewed, 408 women met inclusion criteria. Among these women, 332 (81.4%) attended follow-up and 76 (18.6%) were no-shows. The median age was 25 years. The largest racial group was Black or African American (47%), followed by White (31%). Most women were single (85%), 57% had an established primary care provider, 46% had private health insurance, and 93% reported no transportation needs. Nearly half (49%) resided in Jefferson Parish, while 29% lived in Orleans Parish. Most demographic and healthcare access characteristics were similar by follow-up status. No-show was higher among women with missing marital-status documentation than among those with documented marital status (45.5% vs 17.1%). In a model adjusted for age, race, ethnicity, and insurance status, missing marital-status documentation remained associated with greater odds of no-show (aOR = 4.53, 95% CI: 1.80–11.42; $P = .001$).

Although the literature identified several patient- and system-level barriers, most measured demographic and healthcare access characteristics were not significantly associated with follow-up attendance. This suggests that other barriers not routinely captured in the EHR

record may contribute to missed follow-up. Missing marital-status information may be a marker of unmeasured patient circumstances or incomplete intake rather than an effect of marital status itself. Future research should evaluate these barriers directly and examine strategies such as reminders and navigation to support follow-up after abnormal cervical cancer screening.