

Introduction
Cervical cancer death has declined by 50% in the United States due to Papanicolaou tests. Prevention requires screening and vaccination. Despite scientific strides, lesbians and women who have sex with women (WSW) continue to have low screening rates. This can lead to late detection, resulting in early death.
Objectives
This research seeks to analyze low cervical cancer screening rates in lesbians and WSW. Health Care Providers' (HCP) denial of tests, knowledge deficit of sexual health practices, and discriminatory attitudes are examined as barriers to screening access. Health beliefs among WSW such as "protective immunity" might contribute to misconceptions of sexual risk for cervical cancer. Race is evaluated for screening.
Methods
<p>*A systematic review was conducted through PubMed, American Journal of Public Health, and sexuality/gender journals.</p> <p>*The United States and Australia were considered for this review.</p> <p>*"Homosexuality, female" and "cervical cancer screening" were utilized which included "lesbian" and "WSW" as these were not independently available under MeSH.</p>

Results of Systematic Review		
Study (identity/behavior), sample (=n), demographics (race, location), qualitative/quantitative	Findings	Study limitations
<p>*Terms extracted from chosen studies were: "lesbian", "gay", "bisexual", "queer", "stud", "butch", "dyke", and "other" for identity. "Women who have sex with women" for behavior was prominent in all studies</p> <p>*Sample sizes ranged from 28-1,006 participants in the reviewed studies</p> <p>*Participants of color (Latino/a, black, and Asian) comprised about 10-15% of the samples at most (the exception of the national survey 2013 - Tracey et al. at >20%)</p> <p>*10 studies utilized qualitative methods – in-depth interviews, focus groups, content analysis, document review, 9 studies utilized mix-methods, 9 studies used quantitative surveys</p>	<p>*Lesbians experience screening rates at 43.3% compared to 68.5% of heterosexual women in 2014. Lesbians have 75% lower odds of having a Pap test in the last year and 87% lower odds of ever having a Pap compared to heterosexual women.</p> <p>*"Protective Immunity" was found among HCPs and Lesbians/WSW. Protective immunity is the perception that men carry and transmit disease and that women do carry inherent risk/do not have "real" sex</p> <p>*Health care providers did not often think that lesbians and WSW were at risk for cervical cancer screening due to lack of male partners</p> <p>*Lesbians/WSW had differing understanding of cervical transmission due to risk perception. In one study, 93% of lesbians and WSW did not use dental dams, gloves, or finger cots</p>	<p>*Lesbian and bisexual women were underrepresented in cervical cancer screening and incidence studies.</p> <p>*Only convenience sampling and snowball sampling techniques were used and resulted in self-identified Lesbians and WSW, capturing only self-identified participants.</p> <p>*White lesbians and WSW were overrepresented in these studies despite a higher incidence rate among women of color (black, Latina/o, Asian). In 2014, the general rate 7.8 new cases per 100,000 women versus the rate among black women: 9.9 new cases per 100,000 and Latina/o women: 10.9 new cases per 100,000.</p>

Implications and Conclusion
<p>*WSW were most likely to undergo cervical cancer screening with an HCP who demonstrated respect, a non-judgmental attitude, and sexual health knowledge for WSW</p> <p>*WSW held "protective immunity" beliefs, the assumption that sex with women is safer and has less associated sexual risk than sex with men</p> <p>*WSW of color, primarily black and Latina participants, were underrepresented. Poor recruitment and sampling across studies were cited as limitations. Increased engagement efforts for outreach are needed</p> <p>*Terminology of gender and sexuality should be explored for limiting recruitment for cervical cancer screening (i.e. person does not use particular gender/sexuality terms, thus eliminating participation in research)</p> <p>*Barriers to screening must be analyzed (i.e. insurance status, structural discrimination and homophobia)</p>

Citations
<p>-Tracy JK, Lydecker AD, Ireland L. Barriers to cervical cancer screening among lesbians J Womens Health (Larchmt). 2010;19(2):229-237</p> <p>-Brown JP, Tracy JK. Lesbians and cancer: An overlooked health disparity Cancer Causes Control. 2008;19(10):1009-1020.</p> <p>-Dolan KA. Lesbian Women and Sexual Health: The Social Construction of Risk and Susceptibility. Binghamton, NY: Haworth Press; 2005.</p> <p>-Agenor M, Krieger N, Austin SB, Haneuse S, Gottlieb BR. Sexual orientation disparities in papanicolaou test use among US women: The role of sexual and reproductive health services Am J Public Health. 2014;104(2):e68-73.</p> <p>-Tracy JK, Schluterman NH, Greenberg DR. Understanding cervical cancer screening among lesbians: A national survey BMC Public Health. 2013;13:442-2458-13-442.</p> <p>-Waterman L, Voss J. HPV, cervical cancer risks, and barriers to care for lesbian women Nurse Pract. 2015;40(1):46-53;</p>