



National Institute for Public Health
and the Environment
Ministry of Health, Welfare and Sport

Framing cervical cancer screening messaging: challenges and gaps to address

HPV Board– June 1st, 2023

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Disclosure

I have no conflict of interest



United Action
Against Cancer



All screening programmes
do some harm.

Some screening programmes
do good as well as harm.

For some screening programmes,
the benefits outweigh the harms.



CANCER SCREENING

Benefits and harms



BENEFITS

- Reduced severity and morbidity
- Less invasive treatment
- Reduced incidence
- Reduced deaths

HARMS

- Overdiagnosis
- Overtreatment
- False positives
- False negatives
- Harmful physical and psychological effects of a screening test

United Action
Against Cancer





WE CAN END CERVICAL CANCER

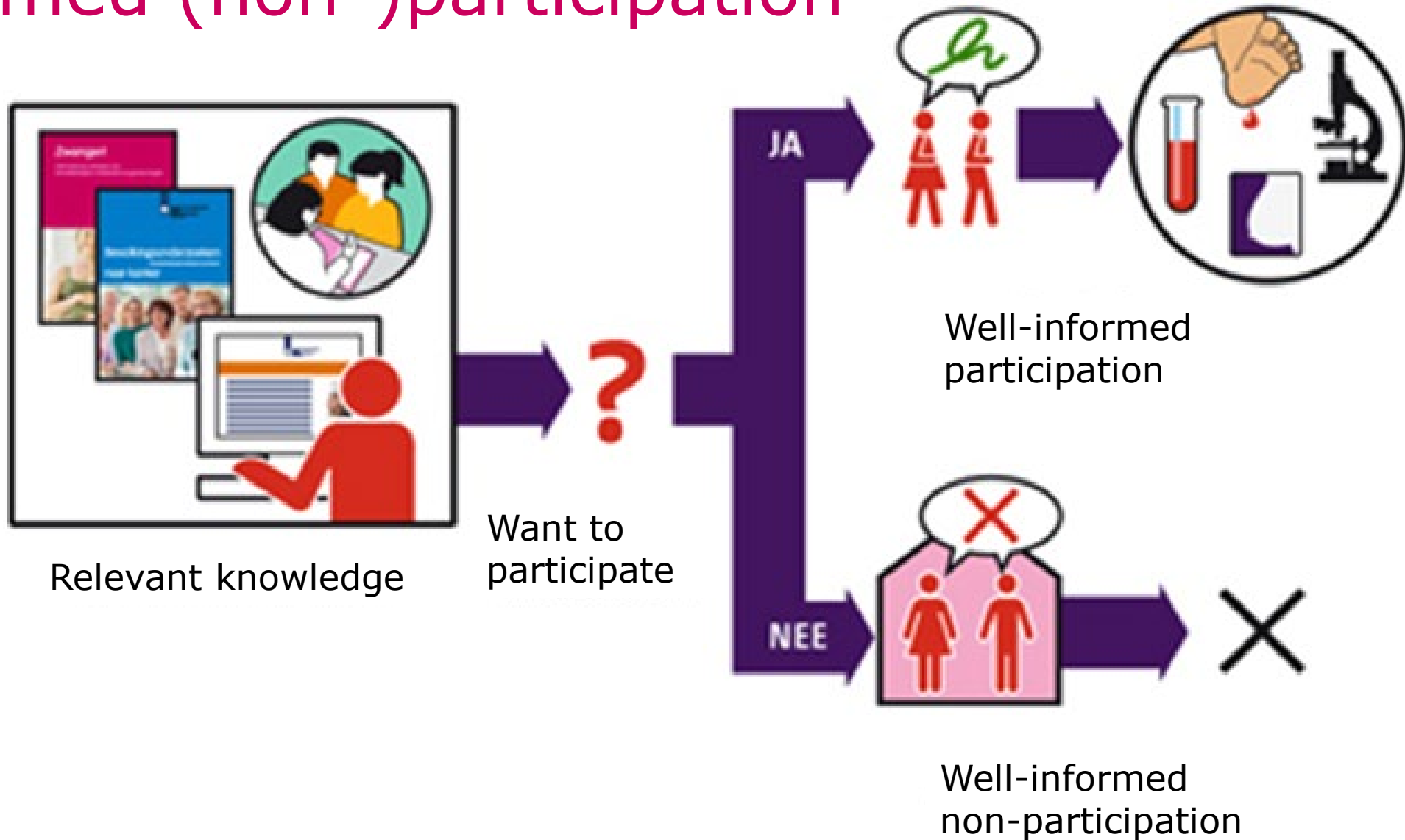
**Get Informed.
Get Screened.
Get Vaccinated.**

70%

of women are screened
with a high-performance
test by 35 years of age and
again by 45 years of age.



Informed (non-)participation



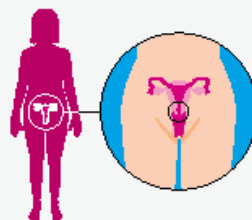


Informatie bevolkingsonderzoek baarmoederhalskanker

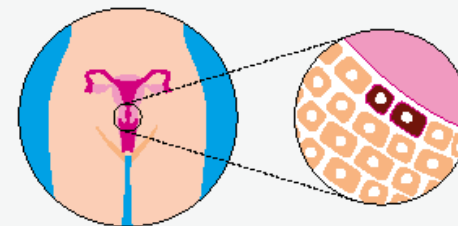
- 1 Deze brief is een uitnodiging voor een gratis onderzoek.



- 2 Het is een onderzoek van de baarmoeder-hals. Dit heet een uitstrijkje.



- 3 In de baarmoeder-hals ontstaat heel soms kanker.



- 4 Dat merkt u zelf niet. Maar de dokter kan wel zien of er cellen zijn die kanker kunnen worden.



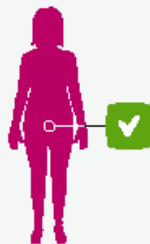
- 5 Dat is meestal goed te behandelen.



- 6 Hoe eerder het ontdekt wordt, hoe beter het is voor uw gezondheid.



- 7 Daarom is een uitstrijkje belangrijk.



- 8 Wilt u meedoen aan dit onderzoek? Bel dan met uw huisarts voor een afspraak.

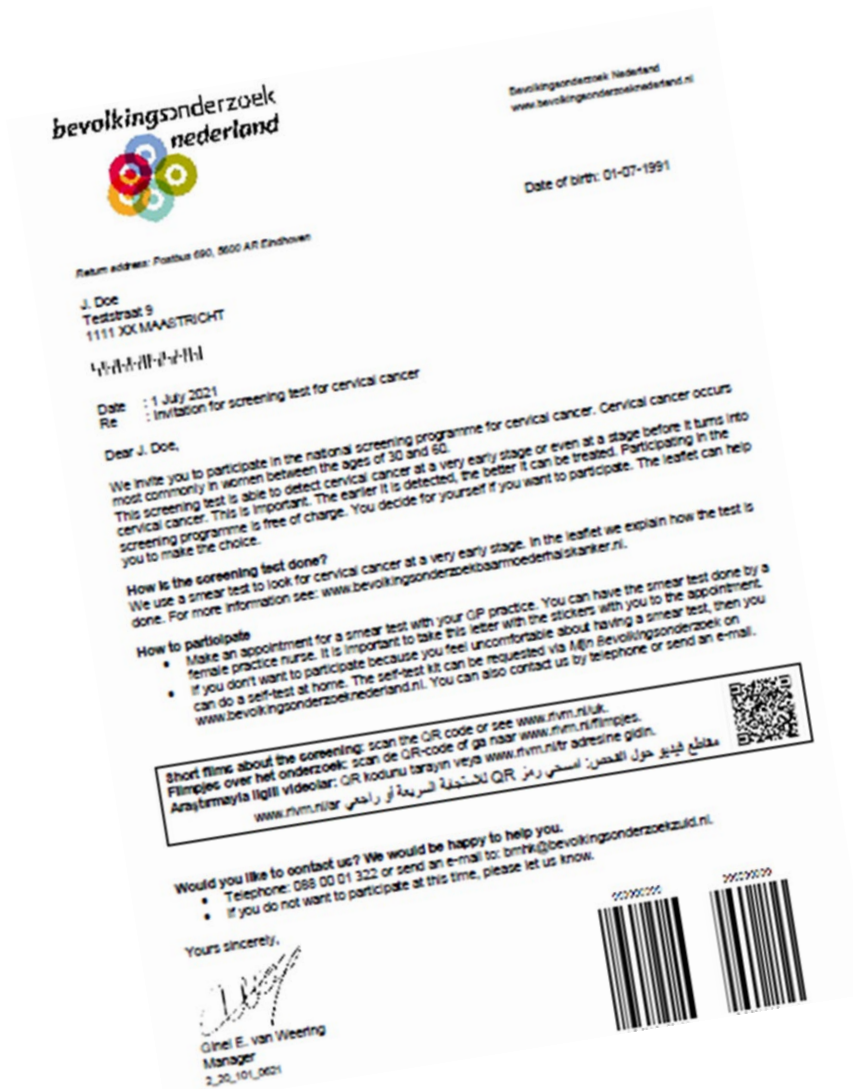


- 9 Meer informatie over het uitstrijkje leest u in onze folder.





Invitational letter



“You decide for yourself if you want to participate. The leaflet can help you to make the choice.”



Invitational letter

PREVIOUS

Screening enables us to discover at an early stage whether you have cervical cancer or a preliminary stage of it. Early detection makes it possible to treat cervical cancer better or even to prevent it from developing.

There is no charge for taking part in the screening programme.

Whether you participate or not is for you to decide. The screening has advantages and disadvantages. This brochure will help you to make a decision.

CURRENT

This screening test is able to detect cervical cancer at a very early stage or even at a stage before it turns into cervical cancer. This is important. The earlier it is detected, the better it can be treated.

Participating is free of charge.

You decide for yourself if you want to participate. The leaflet can help you to make the choice.



Leaflet

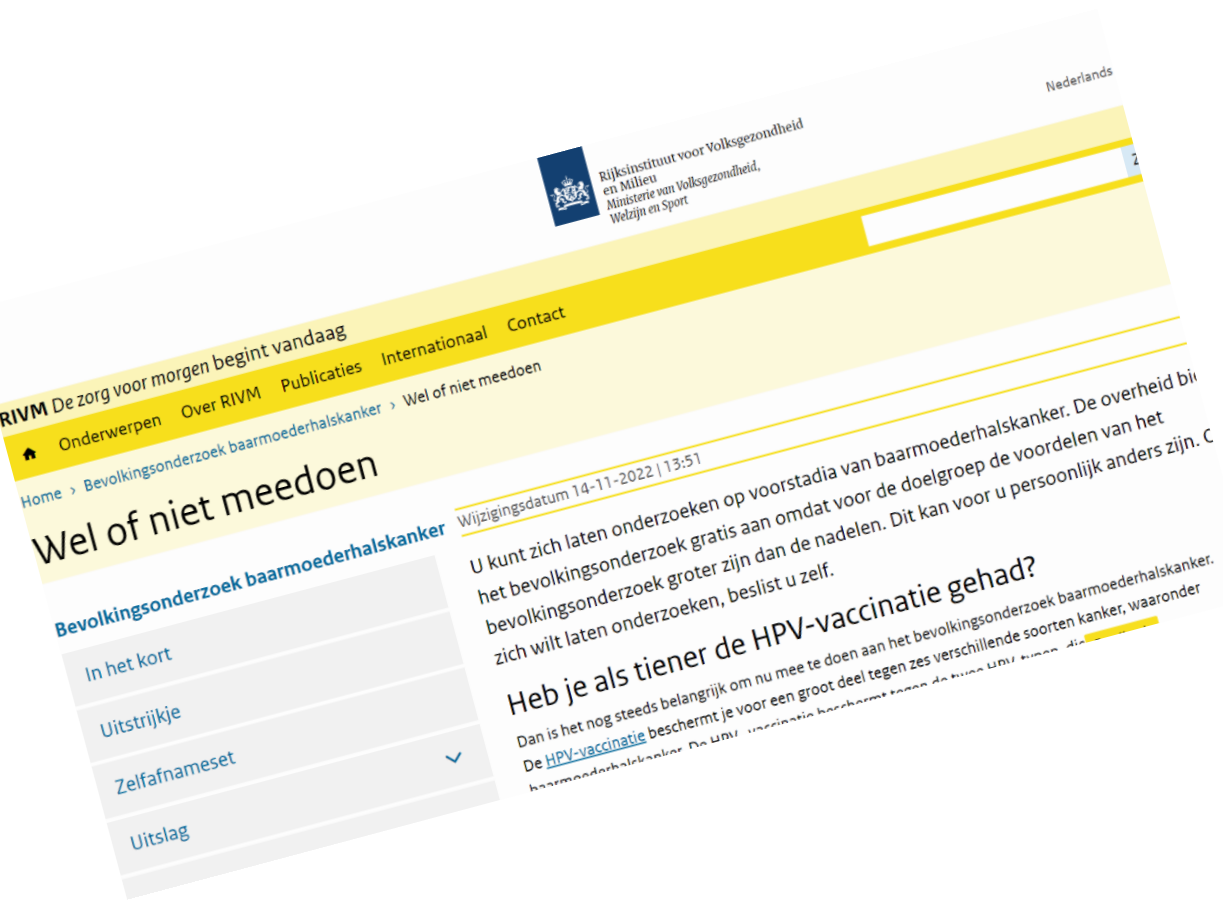


It is your decision

- › Just like any other medical test, the screening has advantages and disadvantages. The government provides this screening because the advantages outweigh the disadvantages. This may vary from person to person.
- › Whether you want to participate is your decision. The screening is particularly successful in detecting precancerous tissue changes. Treatment of a precancerous abnormality can prevent cervical cancer from developing. This is an advantage.
- › The screening also has disadvantages. For the sake of certainty, precancerous tissue changes are nearly always treated. Although they can also go away on their own. In such cases, treatment would not have been necessary.



Website



Advantages

- > With screening, you have a smaller chance of getting cervical cancer
- > With screening, you have a smaller chance of dying from cervical cancer because of early detection

Disadvantages

- > With screening, there is a chance of unnecessary treatment
- > With screening, we might miss your cancer (sensitivity 82-92%)
- > You may find screening uncomfortable



Complex information

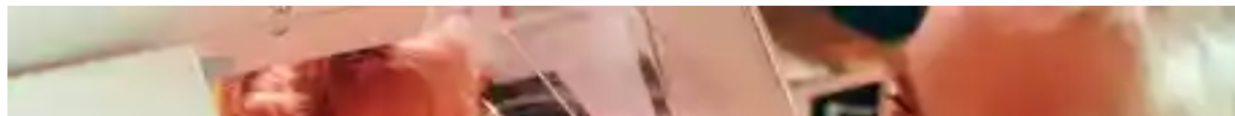
Support the Guardian

The Guardian

Psychologist Gerd Gigerenzer has investigated this, using figures for a screening test for bowel cancer as an example. If the prevalence of cancer is 0.3%, the sensitivity of the test was 50% and the false positive rate was 3%, the doctors were asked, what is the probability that someone who tests positive actually has colorectal cancer?

The NHS fails to inform patients that nearly 10% of people who test positive for colorectal cancer go on to unnecessary and risky treatments

Margaret
McCartney





Complex information

FAQ: Is self-sampling just as reliable as a clinician taken smear?

- The relative sensitivity for detecting CIN3+ was 0.94 (0.90-0.97) for self-collection versus clinician-collection. The relative specificity was 1.02 (1.02-1.02) for self-collection versus clinician-collection.

Or:

- With self-sampling, there is a slightly bigger chance that we miss your cancer, but also a smaller chance that we send you to the gynecologist unnecessary

Or:

- Yes, self sampling is just as reliable.



Communicating risk



Geen verder onderzoek nodig

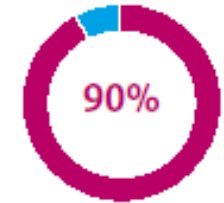
U heeft geen HPV. Verder onderzoek is niet nodig. Bij de volgende uitnodigingsronde kunt u weer meedoen met het bevolkingsonderzoek.

Er is een controle-uitstrijkje nodig bij de huisartspraktijk

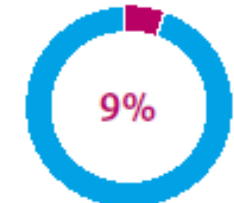
Een nieuw uitstrijkje over 12 maanden is belangrijk. Dan kunnen we uw cellen weer controleren. U krijgt hiervoor automatisch een uitnodiging van Bevolkingsonderzoek Nederland.

Er is verder onderzoek nodig bij de gynaecoloog

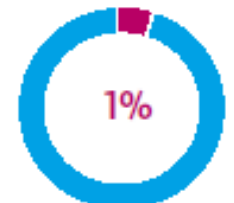
De huisarts verwijst u naar de gynaecoloog. Die doet verder onderzoek en kijkt of behandeling nodig is.



90 van de 100 deelnemers krijgen deze uitslag.



9 van de 100 deelnemers krijgen deze uitslag.



1 van de 100 deelnemers krijgt deze uitslag.



But, despite our efforts:

- > More than 60% has already made the decision to (not) participate before even opening the invitation letter.
- > Just 18% of clients uses our information leaflet

So, well-informed decision-making may be a utopia...





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www.rivm.nl/en/cervical-cancer-screening-programme