

“It Has Saved Thousands Of Lives, So Why Change It?”

Women’s Online Responses To Cervical Cancer Screening Changes In Australia



THE UNIVERSITY OF
SYDNEY

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WISER
HEALTHCARE

A RESEARCH COLLABORATION FOR REDUCING
OVERDIAGNOSIS AND OVERTREATMENT

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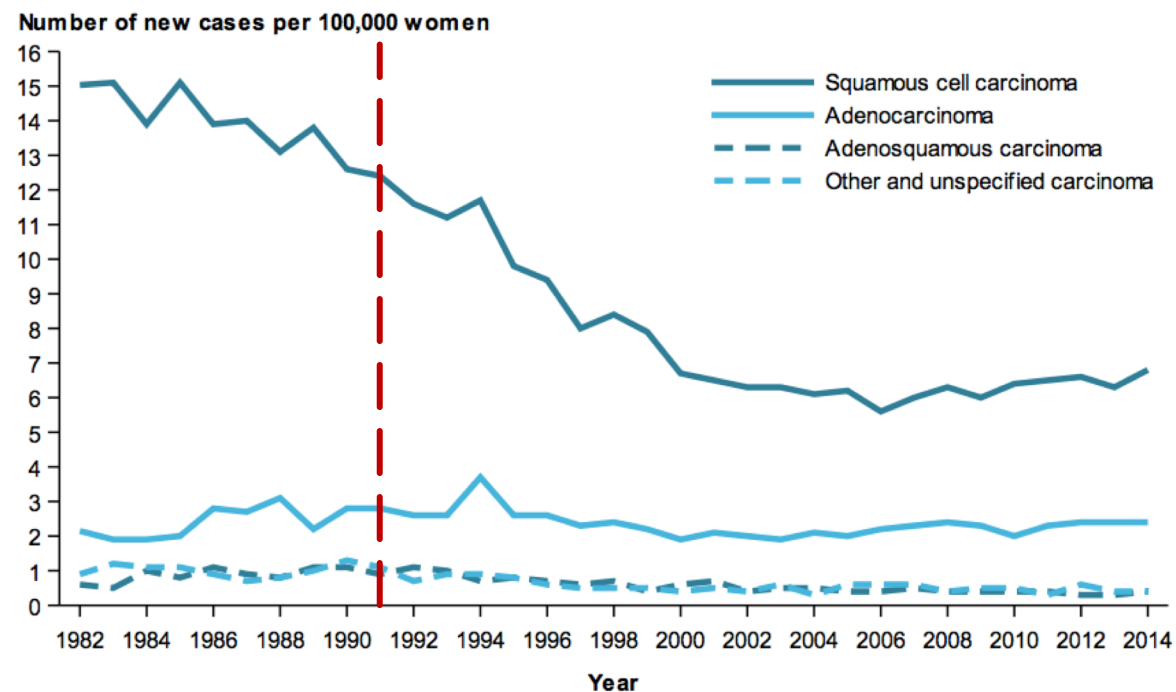


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Change	New program (2017 -)	Old program (1991-2017)
Test technology	HPV DNA testing	Pap smear – cytology
Interval	5 yearly	2 yearly
Age of first invitation	From 25 years	From 18 years or 2 years after first age of sexual activity
Age of last screening	'Exit test' between 70 and 74 years of age	Screening ends at 69 years of age



Source: AIHW Australian Cancer Database 2014. Data for this figure are available in Table A6.3.

Figure 4.3: Incidence of carcinoma of the cervix (squamous cell carcinoma, adenocarcinoma, adenosquamous carcinoma and other and unspecified carcinomas) in women aged 20–69, 1982 to 2014

WHY THE CHANGE?

Higher sensitivity

Compared to cytology-based screening, HPV testing has increased sensitivity to detect high-grade pre-cancerous Cervical Intraepithelial Neoplasia (CIN) or cervical cancer in all age groups ^(1,2)

Longer negative predictive value

Rates of invasive cervical cancer in HPV-screened women are significantly lower than those in cytology-screened women at about 5-6 years of follow-up, demonstrating long-lasting benefit of this screening method ⁽¹⁾

No benefit to screening young women

Pre-cancerous cervical abnormalities in women younger than 25 years are common and mostly transient

Population based case-control studies show that screening women under the age of 30 does not result in decreased incidence of cervical cancer ⁽³⁻⁵⁾

Effective approach in vaccinated population

'Compass' trial in Australia: 5-yearly HPV vs 2.5-yearly cytology in 5000 Victorian women 25-64 years old ⁽⁶⁾

Largely vaccinated population

HPV screening detected an increased number of high-grade cervical lesions compared to cytology

The Government has “secretly bungled” the new cervical screening program.

Delays and confusion cloud roll-out of new cervical cancer screening program

February 28, 2017 12.28pm AEDT



GOVERNMENT'S CANCER SCREENING BUNGLE

THOUSANDS of Australian lives could be put at risk after the Federal Government secretly bungled its new national cancer screening programs. Rollout of new cervical and bowel cancer screening programs have been delayed at least six

Fears as cancer test rollout bungled

change.org

Petitioning Prime Minister of Australia Malcolm Turnbull and 3 others

May 1st Changes to Pap Smears



Sign this petition



71,606 have signed. Let's get to 75,000.

First name
Last name
Email

 Share with Facebook friends

Sign

AIMS & METHODS

- **Aim** - analyse the petition content of the open-ended comments to identify objections and concerns to the renewed NCSP
- **Ethics** - The University of Sydney Human Research Ethics Committee reviewed and approved this study [project number 2017/300]
 - No consent from commenters
 - All comments publicly available on Change.org and Terms and Conditions of Change.org cover use of their posted information
- **Dataset** – 19,633 comments downloaded to Excel, & recorded chronologically. Comments randomised & 2000 selected for analysis (10%)
- **Analysis** – Content analysis – 19 codes, grouped to 4 themes
 - 2 authors with 0.95 Cohen's kappa – “Nearly perfect agreement”

RESULTS – “I Am Signing Because...”

- Theme 1 – Women’s Health & Women’s Rights
- Theme 2 – Politics & Gendered Issues
- Theme 3 – Cost & Healthcare Funding
- Theme 4 – Specific Changes to the Program

Open Access

Research

BMJ Open ‘It has saved thousands of lives, so why change it?’ Content analysis of objections to cervical screening programme changes in Australia

Helena M Obermair, Rachael H Dodd, Carissa Bonner, Jesse Jansen,
Kirsten McCaffery

THEME I – WOMENS' HEALTH AND RIGHTS

- 32.6% of comments implied that the changes to the cervical screening program would de-value and threaten women's health
 - *“Every woman matters”*
 - *“I have three daughters and I want them to be healthy”*
- 22% of commenters argued from personal experience in opposing the changes
 - *“I had an abnormal Pap smear result at 23, it could've been cancer by 24 and under these new changes I wouldn't have known until I was 25!?”*
- 7.6% of comments expressed opposition to men making decisions related to women's health
 - *“Why should a man, who will never get cervical cancer, decide my fate”*
 - *“Time to let women have control, choice and safety over their own bodies!”*

THEME 2 – POLITICS & GENDERED ISSUES

- Comments expressed that the current Australian Prime Minister and government were putting women's health at risk (13.6%)
 - *“The government is going too far this time”*
 - *“The amount of money the government waste on things of little to no importance and then to cut back on something as important as this just doesn't make sense”*
- Many comments expressed the view that these changes would not be occurring if the Australian Prime Minister was a woman, if there were more female members of Parliament or if the Prime Minister had personally known someone affected by cervical cancer

THEME 3 – COST & HEALTHCARE FUNDING

- 9.9% of commenters believed that the changes to cervical screening were a ‘cost-cutting exercise’, part of ‘budget cuts’, and that money was being ‘taken’ from women’s health
 - *“This is just another government cost-cutting exercise”*
- 6% of comments conveyed the importance of maintaining funding for health care in general, and many expressed the importance of ensuring that health care and Pap smears should remain affordable and accessible to all women
 - *“Healthcare should be free in the lucky country”*
 - *“It is vital that Pap smears are affordable to all women”*
- Others were concerned that changes would increase government costs in the long-term, due to subsequent increased cases of cervical cancer and increased treatment costs
 - *“The government think they are saving money with this program, but they don’t think of the financial burden on the health care system when there is an increasing in women’s cancers as a result”*

THEME 4 – OPPOSITION TO SPECIFIC COMPONENTS OF THE CHANGED SCREENING PROGRAM

- Change to the screening interval from 2- to 5-yearly was the most frequently expressed specific concern (16.9%)
 - *“In my early 20's my Pap smear results went from 'clear' to 'CIN3' within the 2 year timeframe for testing....if it had been a 5 year gap between testing I probably wouldn't be here.”*
 - *“No one can predict aggressiveness of the cancer...5 years is preposterous and could be a death warrant!”*
- Opposition to increased age of first screening invitation (18 → 25) was expressed in 8.8% of comments
 - *‘A friend at age 19 during a regular Pap smear discovered cancerous cells - if she was meant to wait ‘til 25 for her first one she would be dead.’*
- Only 2.7% of comments expressed hesitation with the HPV test itself
 - *‘So far testing for HPV isn't advanced enough.And doesn't cover all cancers ... I ask you to do what's right and protect your women and keep the Pap smear testing unchanged.’*
 - *“Not all cervical cancer is caused by HPV and there are many types of cancers caught by the Pap smear testing. I was fortunate enough that my Pap smear caught my cells just in time. I wasn't really showing any of the warning signs so I can say the Pap smear saved my life.’*

STRENGTHS & LIMITATIONS

First study to analyse reasons for opposition to the 2017 Australian cervical screening changes in the wider population since their announcement and public discussion

Large sample – based on 2,000 randomly selected original comments from a sample of almost 20,000

Important petition

One of the biggest petitions on “Change.org” in 2016 and 2017

Responses from President of the AMA, the Minister for Health & Australia’s Chief Medical Officer

Likely unrepresentative sample

Likely not representative of the majority of Australian women, but simply a vocal minority

Absence of demographic information about petitioners

- Women or men
- Australian?
- Lower, average, higher health literary or educational status
- Likely, the petition attracted responses from persons with a greater interest in health policy or women’s health
- May also represent a group with increased personal or family history of cervical cancer

CONCLUSIONS

- Commenters felt that that under the renewed program, an increased number of cervical cancers would be missed or diagnosed at an advanced stage
- **BIGGEST CONCERN** = Change to the screening interval from 2- to 5-yearly, followed by later age of onset of screening (from 18 or 20 to 25 years of age)
- BUT, generally, a lack of opposition to a change from Pap smears to HPV testing itself!
- Misconceptions and misinformation about the rationale for changes
 - Women's health
 - Politics
 - Cost incentives & budget cuts

Petition against cervical screening changes 'woefully misinformed', says AMA

WHY IS THIS IMPORTANT

- International changes
- Future changes to cervical screening with increased HPV vaccine coverage and decreasing incidence of cervical cancer

Implications for Practice

- Increased appreciation of anxiety & focus on education of women and understanding of the rationale behind the changes

Evidence-based communication

- Increased sensitivity of the new HPV screening test compared to cytology to detect pre-cancerous cervical abnormalities and cervical cancer → screening can be less frequent while still detecting almost all cervical abnormalities (2)
- Although rare cancers can develop quickly, cervical cancer is generally slow-growing and has a long pre-cancerous period, with mean times for progression from low-grade to high-grade cervical abnormalities of cervical cancer between 5.7 and 7.4 years (8)
- Risk of cervical abnormalities over 5 years is lower for a HPV negative finding than a negative Pap smear result
- Most cervical abnormalities in women under the age of 25 tend to regress by themselves, so testing early may lead to unnecessary invasive procedures (4).
- Incidence and mortality of cervical cancer in women under 25 is very low and this has not changed since the introduction of the Pap smear screening program (9)

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