



CervicalCheck

Market research 2021

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Cervical screening

- Cervical screening checks the health of your cervix.
- All women and people with a cervix aged 25-65 are eligible for CervicalCheck.
- Cervical screening is one of the best ways to protect yourself from cervical cancer.
- It's not a test for cancer; it's a test to help prevent cancer from developing.



HPV cervical screening – the facts

- HPV cervical screening was introduced in March 2020.
- HPV cervical screening checks cell samples to see if you have any of 14 high-risk types of human papillomavirus (HPV). Two of these high-risk types cause 7 out of 10 cervical cancers.
- If HPV is found (in 10-15% of those who are tested), the same sample will be checked for abnormal cells, which may turn into cancer if left untreated.
- For every 1,000 people screened, about 20 will have abnormal cells.
- With HPV first cervical screening, about 18 of these will have these cells detected through screening – with cytology/ smear test (old screening test), only 15 of these were detected.
- Out of the 20 with abnormal cells, 2 will not be detected by screening and may develop into cervical cancer.



Research results





Research aim & objectives

Research aim: Identify and explore peoples' perceptions of screening services in Ireland and what drives and inhibits them to attend screening.

- Gain insights into awareness, knowledge and understanding of screening in Ireland.
- Understand public sentiment and trust of screening services.
- Explore what drives and inhibits attendance at screening appointments.
- Identify knowledge gaps about screening services, limitations of screening and interval cancers.
- Measure awareness and impact of communications campaigns and explore preferred communications channels for engaging with target audiences.



Research approach



HCW Interviews

8 interviews were conducted with healthcare workers to understand their experience on the ground

July-August



Online Survey

2,000 nationally representative interviews were completed to effectively measure and quantify findings

Sept-Oct



Focus Groups

11 focus groups were carried out to delve deeper into findings and to understand the 'why' behind the results

December



CervicalCheck research overview

- National survey was among 782 eligible for cervical screening.
- 4 focus groups, broken down by age group, mix of urban and rural.
- Where there was a difference in knowledge, results are provided for different age groups (25-35, 36-44, 45-65).



High levels of awareness

- 96% are aware of 'CervicalCheck'.
- 90% know it's extremely/ very important to do regular screening.
- 91% plan to attend their next cervical screening appointment.
- 74% feel positive towards CervicalCheck.
- 76% say early detection/ diagnosis is a benefit of cervical screening.
- GPs are most cited information source (71%).





Low levels of knowledge

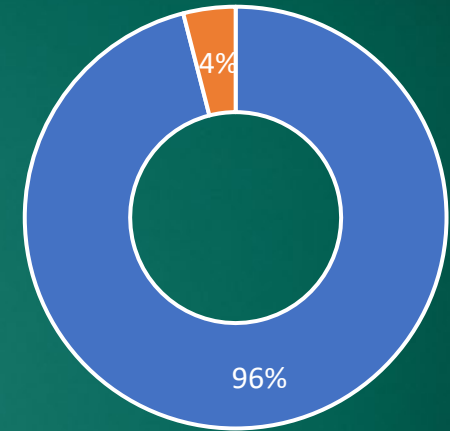
- 20% know very little/ nothing about cervical cancer.
- Only 51% know that regular cervical screening can reduce the risk of developing cervical cancer.
- 59% are not confident in spotting symptoms of cervical cancer.
- 27% know very little/ nothing about cervical screening.
- 74% believe cervical screening is a diagnostic test.
- 21% think they don't need to worry about developing cervical cancer if they go for regular screening.
- 51% are not aware of the introduction of HPV cervical screening.
- 52% know very little/ nothing about HPV.



Sentiment towards CervicalCheck

- 96% are aware of 'CervicalCheck'.
- 74% feel positive towards CervicalCheck.
 - early detection/ saves lives (37%)
 - good service/ positive past experience (26%)
- Those who don't feel positive mentioned:
 - negative media coverage (59%)
 - fears of misdiagnosis (25%)
- However, media coverage also acts as a motivator, highlighting the need to attend screening and that cancer can develop between screening appointments.
- More accurate results would make people feel more confident.
- HCWs feel that the sentiment doesn't always reflect the important role the service may play in preventing illness and deaths.

Awareness of CervicalCheck



■ Yes ■ No



Trust in CervicalCheck

65%

Puts the interests
of people first

34%

Admits
responsibility when
things go wrong

67%

Provides high
quality and safe
health care

73%

Communicates in a
way that's easy &
straightforward for
me to understand



Cervical cancer

- **Every year in Ireland, about 300 people get cervical cancer; 90 women die from it.**
- Only 38% have a good level of knowledge of cervical cancer; however, this is on par with knowledge of breast cancer (among those eligible for breast screening).
- Only half (51%) know that regular cervical screening can reduce the risk of developing cervical cancer; this varies by age:
 - 25-35: 45%
 - 36-44: 57%
 - 45-65: 49%



Cervical cancer – symptoms

- **Screening is for people who seem to be healthy; they do not have any symptoms of cervical cancer.**
- 58% look out for symptoms of cervical cancer
- 41% are confident in spotting symptoms of cervical cancer
- Those that don't look for symptoms, don't know what to look out for; this is highest among the younger age group:
 - 25-35: 69%
 - 36-44: 58%
 - 45-65: 51%
- 19% think cervical screening is for people who have symptoms; HCWs highlighted the need to clarify that screening is for a healthy population.



Interval cancer

- 73% of general population are aware that cancer can occur between screening appointments (called an interval cancer).
- None in the CervicalCheck focus groups had heard the term 'interval cancer'; sounds like 'something negative'. The term is unknown but knowledge of cancer developing between screening is evident as 81% knew it was possible to develop cancer between screenings.
- However, 21% think they don't need to worry about developing cervical cancer if they attend regular screening.
- Raised discussion about communications on the screening interval, and the idea of 'cervical cancer elimination'.



- **Almost all cases of cervical cancer are caused by HPV.**
- Understanding and knowledge of HPV varies by age cohort.

	25-35	36-44	45-65
HPV can cause cervical cancer	65%	77%	65%
A person could have HPV for many years without knowing it	66%	78%	66%
HPV can be passed on through sexual activity	61%	72%	65%
HPV can be passed on by genital skin-to-skin contact	46%	55%	47%
Most sexually active people will get HPV at some point in their lives	39%	47%	31%
HPV usually doesn't need any treatment	21%	21%	12%
Your body can clear HPV itself	26%	28%	11%

16%

Have a good understanding of HPV

20%

Think HPV has visible signs and symptoms

33%

Unsure if men can get HPV



Cervical screening

- Only 29% have a good level of knowledge about cervical screening.
- Cervical screening is seen as an early warning system to detect abnormalities in the cervix.
- However, the misconception that screening is a diagnostic test for cancer is still present.
- It is seen as a vital way of checking your health and ensuring peace of mind.



Early Detection / Detecting Abnormalities

“Because abnormal cells can be found and removed before they turn into cancerous cells and spread through the body”

“Because cervical cancer is much more treatable if found early”

“It catches any signs of cancer”

“To detect cancer”



Preventative Measure

“To prevent onset of cervical cancer”

“To avoid cervical cancer by checking for abnormalities in the cells”

“To possibly detect early any abnormalities, viruses, or cancerous or pre-cancerous cells”

“To stop cancer cells before they develop”



Ensure Full Health / Peace of Mind

“For your own peace of mind”

“It is very important for one’s health”

“To stay safe or as safe as cervical screening can be”

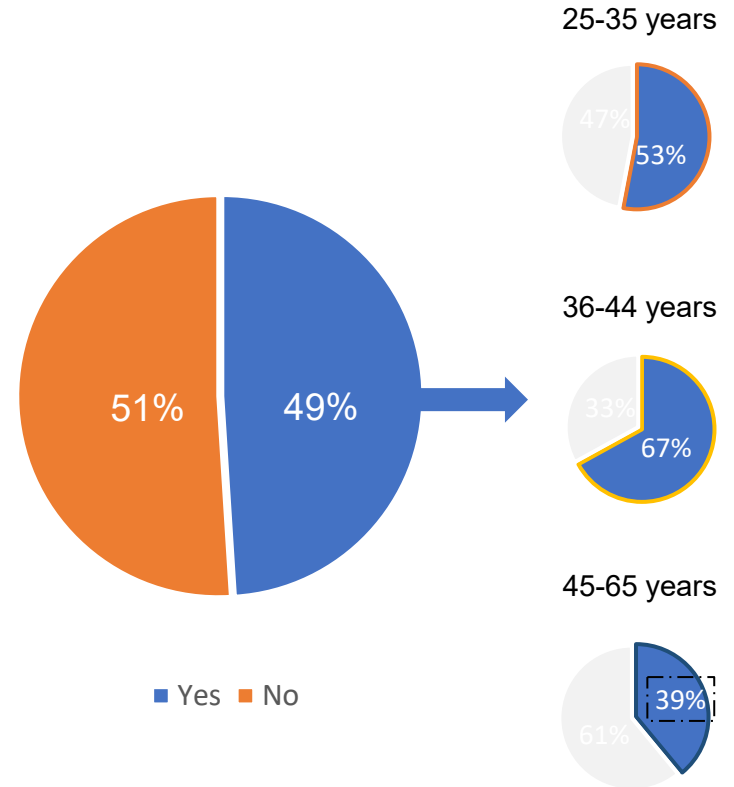
“It’s women safety”

“It’s a vital health check”



HPV cervical screening

- **People aged 30-44 will now be screened every 5 years instead of every 3 years. It is safe to wait for 5 years between tests if you do not have a HPV infection.**
- 49% are aware of HPV cervical screening; however, this varies by age cohort.
- The introduction of the HPV first test is new news for many and raises questions.
- Only 31% are aware of the change in intervals between screening appointments.
 - 25-35: 38%
 - 36-44: 41%
 - 45-65: 22% (the interval has not changed)
- Some concerns raised as to the length of screening intervals.



Why attend screening

- High levels of awareness of the importance and benefits of regular screening.
- Reasons for attending cervical screening include:
 - peace of mind (51%)
 - afraid of developing cervical cancer in the future (42%)
 - receiving an invitation to attend (41%)
 - part of healthcare routine (40%)

90%

Know it's extremely/ very important to attend regular screening

76%

Say early detection/ diagnosis is a benefit of cervical screening

91%

Plan to attend their next cervical screening appointment



Misconceptions and knowledge gaps

25%

Disagree/ unsure that they need to attend cervical screening if they're not sexually active.

19%

Think cervical screening is for people who have symptoms.

33%

Think cervical screening can diagnose cancer in other areas (e.g. womb, ovaries).

74%

Believe the purpose of cervical screening is to diagnose cervical cancer.



Limitations of screening

- 65% don't know what the limitations of screening are.
- However, the focus groups confirmed that there can be confusion around the word 'limitations'. As when presented with statements:
 - 81% knew it was possible to develop cancer between screenings.
- 1 in 5 know limitations to mean false positives / negatives or the inability of the test to be 100% accurate.

HE Barriers to attending screening

- Some of the barriers differ according to age, with older cohorts finding it more embarrassing and uncomfortable.

	25-35	36-44	45-65
The screening process is uncomfortable	36%	36%	44%
The screening process is embarrassing	32%	40%	42%
A fear of the screening process and how it's done	32%	31%	38%

- 6% of those who have been invited don't attend at all. Reasons given were: believe they are low risk, not sexually active, fear/ anxiety around the process, embarrassment and pregnant at the time.
- Issues with physically attending, e.g. time off work, travel costs, is also a barrier.
- HCWs report poor attendance by lower socioeconomic and some minority groups for screening generally.

45%

Fear of finding something wrong

40%

Uncomfortable process

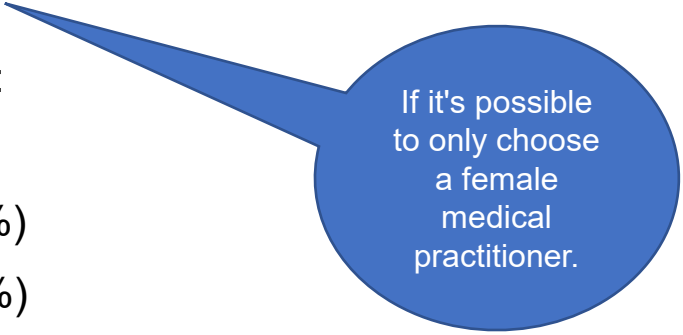
39%

Process is embarrassing



What to communicate

- Share positive news stories, e.g. people who caught symptoms early.
- Use statistics to highlight the importance of the service, e.g. how many cases were found and could be treated.
- Reassurance needed if HPV or abnormalities are found, it is not uncommon and is treatable.
- Address barriers to attending screening.
- Further information is required on the below topics:
 - the symptoms of cervical cancer (48%)
 - how to reduce their risk of cervical cancer (44%)
 - the link between HPV and cervical cancer (32%)



If it's possible
to only choose
a female
medical
practitioner.



What to communicate

25-35

- The practicalities of the test, e.g. free, quick.
- Explain what to do once you turn 25 and how to check you are registered
- Explain what happens during screening for first timers, reducing the fear due to horror stories.

If I'd have known what the process actually was, I wouldn't have been so worried about going.

A blue speech bubble with a tail pointing towards the top-left, containing white text.

35-65

- Further educate on the HPV first test and what the changes are – explain the full end to end process.
- Work to rebuild trust by showcasing what has been done to improve processes.
- Communicate that cervical screening is important for your health now and in the future – don't put it on the long finger.



How to communicate – language

- Need to be mindful of language used to ensure clarity of information; overtly medical language, e.g. diagnose, diagnostic, feels cold, induces fear and are seen as negative.
- Research showed that:
 - 74% believe the purpose of cervical screening is to diagnose cervical cancer.
 - This reflects lack of clarity as to what cervical screening does and perhaps confusion with diagnosis of cancer/ detecting abnormalities, which may lead to cancer.
- ‘Limitations’ and ‘interval cancer’ are not clear but are understood when explaining what the limitations are (without using the word ‘limitations’) and that cancer can occur between screenings.



How to communicate – communications channels

- 59% would like to receive the invitation by letter, but for 25-34, the majority prefer email.
- 41% acknowledged that receiving an invitation was a motivator to attend screening. This correspondence could include more information about the process, particularly for those who are attending for the first time.
- GPs are most cited information source (71%) and 32% mentioned advice from GP/ HCP as a motivator to attend screening. It was suggested that they could play more of a role in asking about screening and explaining symptoms to watch out for.
- Influencers could play a role in both raising awareness of screening and helping to normalise the process and make it part of everyday conversation. Older cohorts would like to hear from people like them, who may have found abnormalities / survived cervical cancer.
- Some discuss screening online to access peer advice and the shared experience.



Performance of communications campaigns

- Radio ads and out of home (OOH) advertising ran in March 2021.
- Radio ads were heard by 30%.
After hearing the ad:
 - 72% would be encouraged to book their appointment.
 - 73% feel more informed about HPV cervical screening.
- OOH was seen by 20%.
 - 68% feel more informed about HPV cervical screening.
 - 67% know how to check they are registered for CervicalCheck.

