



Primary HPV DNA based cervical cancer screening at 25 years: Views of young Australian women aged 16–28 years

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ABSTRACT

Background: Revised Australian guidelines have been announced under the Renew[®] program to commence screening at 25 years of age with HPV testing in 5-yearly intervals, in 2017. We conducted a study of young Victorian women to assess attitudes towards a change in cervical screening practice.

Methods: An online survey was conducted of young women aged 16–28 years enrolled in the Young Female Health Initiative (YFHI) study at the Royal Women's Hospital, Melbourne, to assess attitudes towards delaying the age of cervical screening, widening screening intervals and screening with HPV DNA testing, prior to the announcement of the renewal.

Results: Of 149 respondents (response rate 75%), mean age was 23.2 (range 16–27) years. Most (85/131, 65%) were concerned about delaying the age of cervical screening until 25 years. The majority (79% (106/135) were willing to undertake primary screening with HPV testing, whilst 66% (88/133) were willing to undertake HPV testing from 25 years, only 34% (45/132) were willing to undertake such screening every five years. Those willing to change screening practice were more likely to perceive that people important to them would expect them to do so; to have been vaccinated; and to value the importance of national guidelines ($p \leq 0.05$). While 69% (95/136) of participants indicated that a positive HPV test would be a source of worry, 76% (103/136) reported they would not feel ashamed about it.

Conclusion: Targeted health campaigns are needed to address the concerns of young women prior to the introduction of new cervical screening guidelines in 2017.

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1. Introduction

For over two decades the organised National Cervical Screening Program (NCSP) in Australia has recommended Papanicolaou (Pap) testing biennially from 18 years, or two years after the onset of sexual activity, whichever occurs later [1]. The three-year screening par-

ticipation rate is 70.3%, resulting in a halving of the incidence and mortality of cervical cancer (to 6.9 and 1.8 per 100 000 women/year in 2011–2012, respectively) since the introduction of the organized NCSP in 1991 [2]. New guidelines were announced under the Renew[®] program with recommendations to utilize human papillomavirus (HPV) testing from age 25 at 5-yearly screening intervals from 2017 [3]. This stems from a multitude of factors including the high three-dose HPV vaccination coverage in our target population of school-aged females (73% across all socioeconomic groups) [4]; with the resultant decline in high grade abnormalities in vaccinated women [5]. Furthermore it is due to an improved understanding of

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HPV-related disease [6,7] including the infrequent occurrence of invasive cervical cancer in younger women [2]; the desire to avoid investigation and treatments with potential for obstetric harm, for cervical dysplasia which may otherwise naturally regress [6,8]; and the data suggesting minimal impact on cervical cancer incidence in women ≤ 25 years despite screening [7]. Currently delayed cervical cytology screening is underway in the United Kingdom (to 25 years) and the United States (to 21 years) [9,10]. However newer technology (HPV testing) has demonstrated greater sensitivity for detection of cervical intraepithelial neoplasia 2 or more (CIN 2+) compared to cytology alone [11], and a higher negative predictive value of CIN3+ of over 96% [12]. Thus a longer duration of protection can be expected. The Swedescreen study has demonstrated that 5-yearly HPV testing is as sensitive for CIN2+ as three-yearly cytology [13]. Population studies from the Netherlands (where 5-yearly HPV testing is used in primary screening) demonstrates improved protection against CIN3 and cervical cancer compared to cytology [14].

It is estimated that under-screening contributes to around 60–80% of cervical cancers in countries with screening programmes [15,16].

During this era of change, it is important, that women understand and comply with cervical screening recommendations. However, linkage between the Victorian Cervical Cytology Registry in Australia, and the National HPV Vaccination Program Register for 2009–2011, demonstrates lower three-year screening participation in vaccinated compared to unvaccinated women: 21.7% lower (54.2% versus 75.9% respectively) for 25–29 year olds; and 55.7% lower (21.4% versus 77.1% respectively) in the 30–34 year old age group [17].

It is unclear how Australian women will respond to further policy changes regarding cervical screening. Delaying screening and

widening screening intervals have resulted in increased cervical screening non-attendance both in screen-eligible women in the United States [18], and in England [19].

The primary objective of the study was to identify whether young Australian women in the state of Victoria who were recruited via Facebook were willing to delay cervical screening until 25 years, undergo HPV testing instead of Pap screening and extend the screening interval to 5-yearly. Predictive factors and barriers for undertaking such changes were also assessed and could inform educational messages as the Renew is implemented.

2. Materials and methods

2.1. Participants

Women aged 16–28 years were recruited through the Young Female Health Initiative (YFHI) study at the Royal Women's Hospital, Melbourne, prior to the announcement to the Australian community of the future cervical screening guideline changes [3]. YFHI evaluates interactions between key health domains in young Victorian women. Women are recruited through the social network site Facebook, a novel method as previously published [12]. Briefly, Facebook users who clicked on a YFHI advertisement, were directed to a secure study website (www.yfhi.org) and invited to express interest. Respondents were telephoned to assess eligibility. Those <18 years underwent a mature minor assessment by the researcher, or invited to obtain parental/guardian consent [20]. Females aged 16–25 years, residing in Victoria and willing to complete online health modules were included in the original YFHI cohort in 2010, with the oldest participants now 28 years of age. Women were excluded if they did not consent or were perceived to have inadequate understanding of the purpose and procedures of the study.

Table 1
Summary of key questionnaire domains.^a

Screening concept	Scale items ^b
<ul style="list-style-type: none"> Attitudes and intention towards HPV testing instead of cytology Attitudes towards HPV testing at widening screening intervals Attitudes towards delaying cervical screening until 25 years Attitudes towards HPV testing from age 25 at widening screening intervals The primary endpoint was defined as a response to the statement: 	<ul style="list-style-type: none"> I would be willing to have an HPV test to screen for cervical cancer instead of a Pap smear I would be willing to have an HPV test to screen for cervical cancer every [year] or [3 years] or [5 years] or [10 years] instead of a Pap smear every two years I am concerned about delaying the age of cervical screening until 25 years of age. Having an HPV test to screen for cervical cancer [from age 25] [and every year/ 3 years/ 5 years/10 years] instead of a Pap smear every 2 years would be: Accurate/ Safe/ Protect my health/ Acceptable I would be willing to have an HPV test to screen for cervical cancer from age 25 and every five years thereafter, instead of a Pap smear every two years, after becoming sexually active: (responses from 1 strongly disagree to 7 strongly agree)
<ul style="list-style-type: none"> Subjective norms: direct 	<ul style="list-style-type: none"> If national guidelines recommended having an HPV test to screen for cervical cancer instead of a Pap smear, most people who are important to me would think I should/expect me to have an HPV test instead of a Pap smear I would feel under social pressure to have an HPV test to screen for cervical cancer instead of a Pap smear
<ul style="list-style-type: none"> Subjective norms: indirect 	<ul style="list-style-type: none"> If national guidelines recommended having an HPV test to screen for cervical cancer instead of a Pap smear my parents /general practitioner (GP) /gynaecologist /teachers /religious leader/ friends/ partner/ role models would think I should have an HPV test to screen for cervical cancer instead of a Pap smear What my parents/ GP/ gynaecologist/ teachers/ religious leader/ friends/ partner/ role models think is important to me
<ul style="list-style-type: none"> Perceived behavioural control 	<ul style="list-style-type: none"> I am confident I could have an HPV test to screen for cervical cancer instead of a Pap smear: Disagree/Agree For me to have an HPV test instead of a Pap smear would be: Easy/Difficult Whether or not I would have an HPV test of a Pap smear would be entirely up to me: Disagree/Agree How much control would you have over whether you had an HPV test to screen for cervical cancer instead of a Pap smear? No Control/Complete Control

^a Table is not the complete survey.

^b Results were dichotomized ≤ 4 and >4 from a 7 point likert scale.

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