Age Related Influence on Screening Coverage and Satisfaction with CervicalCheck

Abstract:
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The aim of this study was to evaluate levels of satisfaction of women attending the CervicalCheck programme and reasons for the age differential in screening uptake. A questionnaire was sent to 5,000 randomly selected screeners with a normal smear test (3,500 aged 25-44, 1,500 aged 45-60). Almost all in both age groups said they would return if invited (98.5%; 98.5%) and recommend the service to family/friend (99.6%; 99.5%). The single independent predictor of would recommend to family/friend was willingness to return to CervicalCheck (OR=31 (5.2-183.7)). Predictors of would return if invited were knowledge of when due to return (OR=2.5 (1.3-5.0)) and having contacted or having received a letter of invitation from CervicalCheck (OR=3.1 (1.6-6.1)). Independent predictors of knowledge of when due to return were older age group (OR=0.5 (0.4-0.7)) and willingness to return to CervicalCheck (OR=3.2 (1.2-6.3)). The GP is particularly important in informing older women and encouraging attendance.

Introduction
CervicalCheck is the nationwide cervical cancer screening service for Ireland, provided by the National Cancer Screening Programme in conjunction with GPs, other primary care providers and hospitals. In the first round of screening, it was observed that screening coverage was significantly higher in the younger population age under 45. The aim of this study was to evaluate levels of satisfaction experienced by women who had a smear test under the CervicalCheck programme, with a normal smear test result, and to explore the reasons for the age differential in screening uptake.

Methods
A questionnaire was sent to 5,000 randomly selected screeners at screening from two age groups (3,500 to women aged 25-44 years, 1,500 to women aged 45-60 years, representing the total population of screened women) who had a normal smear test result. A reminder was sent to all women one month post initial survey. SAS Version 9.1 was used for data analysis. Chi-square tests were used to compare responses rates between the younger and older age groups. Backward stepwise logistic regression was used to determine independent positive predictors(s) of (i) would recommend CervicalCheck to family or friend and (ii) would return if reinvited to CervicalCheck and (iii) knowledge of when due to return to CervicalCheck.

Results
The response rate overall was 51.6 per cent (age 25-44, 45.7%; age 45-60, 63.9%). Under half (45.1%) of those responding indicated they had received an invitation letter; the remainder indicated they had been registered with the programme by their GP on their visit (35.3%), had contacted the programme directly (17.4%) or did not recall (1.8%). Younger women (<45 years) were more likely than older women (45-60 years) to have become aware of CervicalCheck via their GP (43.7% vs. 38.8%; p=0.05) and family (17.8% vs. 10.9%; p<0.01).

1,753 women sought more information following invitation, 53.5% from their GP, 28.4% from the internet, including the CervicalCheck website; among these, a greater proportion of younger women used the internet (25.6% vs. 9.7%; p<0.0001). Younger women were better informed regarding when to return for routine smear; 74.6% of younger women ticked in 3 years/when invited by CervicalCheck compared to 60.1% of older women. The GP and Practice Nurse are of particular importance in informing older women about CervicalCheck and may inform initiatives aimed at improving coverage among older women. The GP and Practice Nurse are of particular importance in informing older women about CervicalCheck and encouraging attendance. Use of the internet by the current cohort of older women attending CervicalCheck for information about CervicalCheck or cervical screening is limited.

Discussion
There is a high level of satisfaction overall among women attending CervicalCheck. It is suggested that individual preferences exist among women in respect of both the treatment they receive and the amount of information they require, and that concordance with these preferences leads to increased satisfaction. The level of understanding regarding optimal frequency of screening is poor, particularly among older women. The website does not appear to be used greatly by older women to access information, with just 5.8 per cent of those needing additional information looking at the CervicalCheck website. Knowledge of when to return for screening was associated with a willingness to return. Those who were happy to return were also happy to recommend to family and friends, which should assist with improving coverage into the future. The response was less than in other studies conducted by the NSSH of attenders to BreastCheck, reflecting the lower response in younger women.

While this study does not address reasons for non-attendance specifically this study does highlight different routes for informing older and younger women about CervicalCheck or cervical screening initiatives aimed at improving coverage among older women. The GP and Practice Nurse are of particular importance in informing older women about CervicalCheck and encouraging attendance. Use of the internet by the current cohort of older women attending CervicalCheck for information about CervicalCheck or cervical screening is limited.
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References

Comments: