



Cervical Screening – Breaking down barriers

Geetha Indira FRCOG, MD; Saleena Moideenkutty FRCOG, MD; Rehana Zaman FRCOG, MD
Department of Obstetrics and Gynaecology, Nobles Hospital, Isle of Man.

Abstract

The uptake of cervical screening in the UK has been almost steadily declining and is currently at 69.9%. This is of concern as cervical cancer is the most common cancer in the UK among women aged less than 35. Previous estimates suggest, screening prevents 70% of cervical cancer deaths, but 83% of deaths could be prevented if everyone attended regularly.

Here we present the case of a 38yr old lady who did not attend cervical screening out of her phobia for hospitals and doctors. She has been diagnosed with advanced cervical cancer, and is now under palliative care.

This is a reminder on the importance of reaching out to these women and developing alternative methods of screening like self-sampling for HPV to break down the barriers that make women opt out of conventional screening.

Introduction and background

Cervical cancer today is largely preventable, mainly as a result of two excellent tools- cervical screening and HPV vaccination. Yet, cancer of the uterine cervix remains the second most common cancer in women aged 15 to 44 years. About 99.7% of cancer cervix is caused by Human Papilloma Virus. The latest NHS England data says that about 30% of women aged between 25-64 have never had a smear, or are not up to date with it. The fact that cervical screening uptake in UK has almost steadily declined from 75.7% in 2011 to 69.9% in 2022 is worrisome. The current uptake of cervical screening on the Isle of Man is 76.4%.

Case Summary

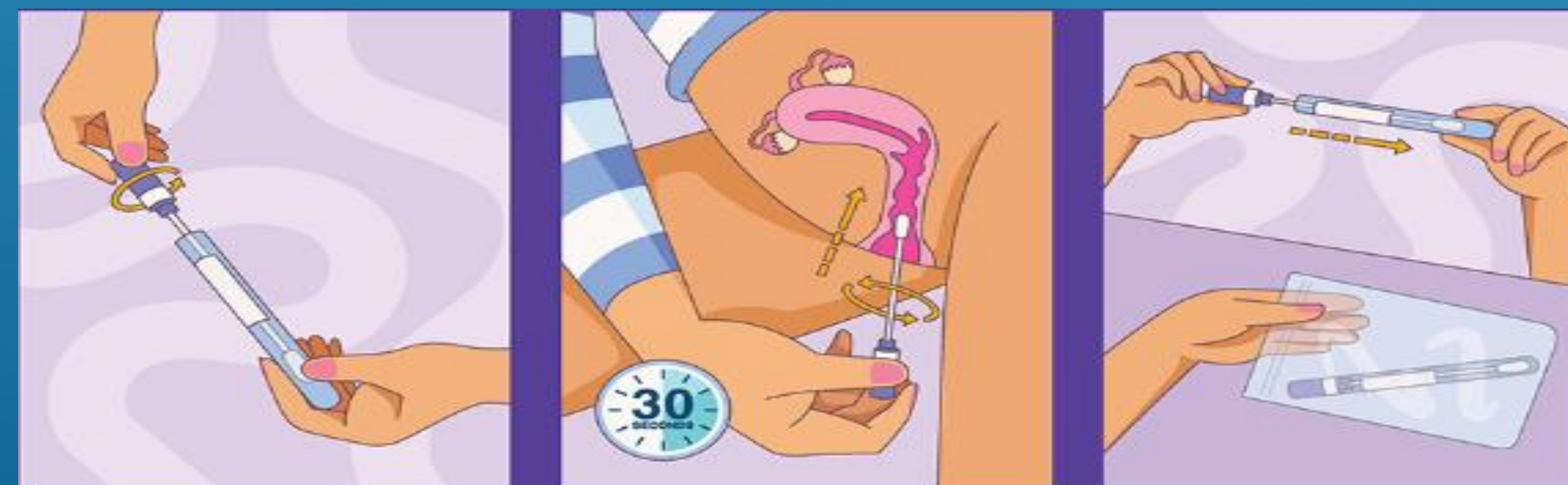
Our patient had an urgent referral to our colposcopy clinic in view of suspected cervical cancer. The private GP who referred her, told us that she suffered from extreme phobia towards hospitals. She is a 38year old who had never had a smear in the past, was otherwise fit and well with no significant medical or surgical history and a non-smoker. She had two vaginal deliveries in the past, the first being a homebirth and the second, a hospital delivery due to shortage of midwifery staff, to take care of home birth, when she came in active labour, delivered soon after, and left the hospital. She had visited her GP only once in the past.

She was seen the very next day in the colposcopy clinic. She was suffering from an offensive vaginal discharge for the last 4-6 months, which she tried to treat with OTC medications. Examination, the vagina appeared grossly normal, there was a large greyish lesion covering the cervix, from which multiple punch biopsies were taken.

The biopsy report showed a poorly differentiated adenocarcinoma. Strong block type staining with P16 suggested an HPV associated carcinoma. MRI and PET scan showed a bulky cervical tumour with positive lymph nodes in the broad ligaments and lateral pelvic walls. The final diagnosis was a Stage 3c adenocarcinoma of the cervix with tumour extension to upper vagina and parametrium. She underwent chemo radiotherapy as planned. Initially there was good, but partial response to treatment. Unfortunately, a follow up CT scan showed para aortic node involvement and free fluid in the pelvis suggesting peritoneal involvement. Currently she is on palliative chemotherapy and immunotherapy with the aim to control disease and improve quality of life and survival.

Discussion

Most studies have endorsed that barriers to cervical screening were embarrassment, intending to go but not getting round to it, fear of pain, worry about what the test might find, worry that the test may be done by a man, or a bad experience in the past. Four barriers showed significant independent associations with screening status: difficulty making an appointment, not getting round to going, not being sexually active and not trusting the test. One way of overcoming some of the practical and emotional barriers to cervical screening may be to offer human papillomavirus (HPV) self-sampling. In a study by Cancer Research UK, results have revealed that 51.4% of women eligible for cervical screening would prefer self-sampling for cervical screening, when the patient takes their own sample, over being tested by a clinician if they were offered a choice. Self-sampling is accurate at identifying high-risk HPV; and can effectively detect CIN2+ (cervical intraepithelial neoplasia grade 2 or worse). Evidence from several countries suggests self-sampling could be an effective way of increasing cervical screening uptake within an organised programme. Many countries are now offering self-sampling to women who are non-attenders at their national screening programs. Among the 48 countries with HPV-based programs, 17 (35%) report having introduced self-sampling in their national programs or guidelines, either for under screened populations in eight countries or as the primary screening option for all women in nine countries.



Conclusion

There is mounting evidence to recommend that women who are non-attenders to the cervical screening programme should be offered self-sampling for HPV as an alternative in an attempt to further reduce the incidence of invasive carcinoma of the cervix



References

- NHS England Data – on cervical screening uptake
- NHS Digital – cervical screening programme-coverage statistics
- New Insights on self-sampling for cervical cancer – Cancer Research UK (April 2022)
- Jo's Cervical Cancer Trust – overcoming barriers to cervical screening
- Barriers to cervical screening in England – A population based survey (Jo Waller 2009)
- Self-sampling for cervical screening offered at point of invitation –a cross sectional study of preferences in England (Journal of Medical Screening, April 2022)
- World-wide use of HPV self-sampling for cervical cancer screening –Preventive Medicine volume 154, January 2022