

## Evidence assessment: Summary of a systematic review

### Who is this summary for?

This summary is for clinicians, policy makers, district health managers, non-governmental associations and community based associations.

## Interventions targeted at women to encourage the uptake of cervical screening

### Key findings

Human papillomavirus (HPV) infection is an important cause of cancer of the cervix. Increasing the uptake of screening is of great importance in controlling this disease through early detection and treatment of pre-cancerous changes before malignancy evolves. Invitation letters may improve the uptake of cervical cancer screening.

### Background

The Papanicolaou or Pap smear, screening test is used world-wide and is primarily aimed at detecting pre-cancerous changes within the cervix. A number of interventions exist to promote the uptake of cervical cancer screening. It is unclear how effective these interventions may be.

### Question

What interventions targeting women are effective in encouraging the uptake of cervical screening?

**Cervical cancer in Cameroon:** In Cameroon, the rate of cervical pre-cancerous lesions is high, especially in rural regions. The cost of screening and knowledge gaps among health workers are significant impediments to the uptake of screening. It is unclear which methods of enhancing and implementing cervical cancer screening are most feasible and cost-effective.

Summary of systematic review		
	What the review authors searched for	What the review authors found
<b>Studies</b>	Randomised controlled trials (RCTs) and cluster RCTs of universal, selective or opportunistic cervical cancer screening.	Thirty-eight RCT's were included in the review, including six cluster RCTs
<b>Participants</b>	All women eligible to participate in a cervical cancer screening programme as defined by the entry criteria for that programme. Women due or overdue were all considered for inclusion.	Women eligible to participate in cervical cancer screening in primary care and community clinics. Specific ethnic groups like Afro-American, Chinese, Latina and Vietnamese-American women were also included.
<b>Interventions</b>	All interventions aimed at encouraging women to participate in cervical cancer screening were eligible. The authors considered: invitations, reminders, education, message framing, counselling, risk factor assessment, procedures and economic interventions.	Seventeen trials evaluated the effectiveness of invitation letters; three trials evaluated printed materials; two trials examined the use of counseling; two trials evaluated risk factor assessment. Only one procedure was identified in two quasi-RCTs (access to a health prevention nurse).
<b>Controls</b>	Control groups had no intervention or usual care	Control groups had no intervention or usual care
<b>Outcomes</b>	Uptake or non-uptake of cervical screening recorded in health service records or by self-report. The following secondary outcomes were considered: <ul style="list-style-type: none"> <li>• Booking of appointments;</li> <li>• Reported intentions to attend screening;</li> <li>• Attitudes to screening;</li> <li>• Knowledge of screening;</li> <li>• Satisfaction with screening service;</li> <li>• • Costs of the interventions.</li> </ul>	The outcomes identified were uptake of cervical cancer screening, booking of appointments, costs and acceptability of the intervention.
<b>Date of the most recent search:</b> March 2011.		

**Review citation:** Lewin S, Munabi-Babigumira S, Glenton C, Daniels K, Bosch-Capblanch X, van Wyk BE, Odgaard-Jensen J, Johansen M, A  
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### Summary of Findings table

Outcomes	Relative effect (95% CI)	No of participants (studies)	Quality of the evidence (GRADE)	Comments
Uptake of screening (invitation)	1.65 (1.44, 1.90)	105881 (15 studies)	⊕⊕⊕⊖ low	Most of the studies were at moderate risk of bias. Some publication bias was detected.
Uptake of screening (counselling)	1.23 (1.04, 1.45)	393 (2 studies)	⊕⊕⊕⊖ low	
Uptake of screening (enhanced risk assessment)	1.52 (0.58, 3.95)	145 (2 studies)	⊕⊕⊕⊖ low	

## Applicability

The majority of the studies are from developed countries (16 of the trials were performed in the USA, 9 in Australia, 7 in the UK, 2 in Canada, 20 in Sweden, 1 in South Africa and 1 in Italy) and so the applicability of these interventions in developing countries is unclear.

## Conclusions

Invitations and education increased the uptake of cervical cancer screening. Health practitioners can use these interventions encourage the uptake of cervical cancer screening.

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### Prepared by

Lawrence Mbuagbaw; Pierre Ongolo-Zogo: Centre for the Development of Best Practices in Health, Yaoundé, Cameroon

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