

# Intentions to participate in cervical and colorectal cancer screening during the COVID-19 pandemic

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## Introduction:

- Widespread disruptions to screening programmes between March-June 2020 due to the pandemic.
- This may have led to potential changes in
  - public attitudes towards cancer screening and
  - reduced intention to participate.
- Potential for long-term adverse impact on cancer outcomes.

## Aim:

To examine risk factors for low intentions to take part in cervical and colorectal cancer screening following the first national lockdown in the UK.

## Methods:

**What?** UK-wide adult population based online survey.

**When?** Between August-September 2020.

**How?** Participants recruited via CRUK online platform and HealthWise Wales, supplemented with social media recruitment. Subsample (n=30) of participants recruited to take part in semi-structured interviews.

## Measures included:

- Demographics
- Intentions to take part in cervical and/or bowel screening
- Barriers to cervical and/or bowel screening
- Attitudes to attending healthcare settings
- Concern about delays to cancer screening and diagnosis

## Analysis:

Logistic regression used to identify correlates of screening intentions.

## Results:

	Cervical	Bowel
<b>Sample</b>	N=2319	N=2502
<b>Intention to attend/complete screening</b>	73.5% (1704)	84.3% (2109)
<b>Now less likely to attend/complete than before pandemic</b>	29.5% (684)	18.6% (466)

- Previous non-participation was the strongest predictor of low intentions for cervical (aOR 26.31, 95% CI: 17.61-39.30) and bowel (aOR 67.68, 95% CI: 33.91-135.06) screening.
- Interview participants expressed concerns about visiting healthcare settings but were keen to participate when screening programmes resumed.

*I was due to have a smear test in February but I cancelled it because I didn't feel comfortable going, knowing about the pandemic. It was right at the end of February and I thought, actually I'm not sure about that..... I felt like the, the risk to my health at that point outweighed the benefit of having the screening (63959480, Female, age 28)*

## Recommendations:

- Need to restore/improve participation in screening and reduce barriers for non-responders. Possible solutions include:
  - Nationally co-ordinated screening campaigns (with clear public health messaging)
  - Person-centred approach offering flexibility and choice (i.e. online booking system; via community pharmacies)
  - Choice of HPV sampling methods (i.e. self-sampling vs clinician)
  - Risk-stratified screening for higher risk groups