

The impact of CervicalCheck controversy on public trust and blame for interval cancers^{1, 2}

Olga Poluektova*, Deirdre A. Robertson, Alexandros Papadopoulos, Peter D. Lunn

ESRI Research Bulletins provide short summaries of work published by ESRI researchers and overviews of thematic areas covered by ESRI programmes of research. Bulletins are designed to be easily accessible to a wide readership.

INTRODUCTION

Screening programmes play a crucial role in the early detection of cancer or precancerous changes, but they have inherent limitations related to uncertainty in results. While some false positives and false negatives are inevitable, inaccurate results can damage trust in these programmes and reduce participation, diminishing their effectiveness.

Regraded screening results were at the centre of the 2018 CervicalCheck controversy, where some women developed cervical cancer after participating in cervical screening. These women were either not informed or not informed properly about the result of a later clinical audit of their screening sample. This research investigated the impact of this controversy on public trust and the attribution of blame for interval cancers – cancers diagnosed after a negative screening result. It also used an experiment to test the impact of new official information materials, which are partly designed to correct misconceptions by enhancing understanding about screening.

DATA AND METHODS

We conducted a comparative study between Ireland, where the controversy occurred, and Scotland, where it did not. Scotland was chosen due to its similar population and screening programme. Data was collected from 872 eligible

¹ This Bulletin summaries the findings from: Poluektova O., Robertson D.A., Papadopoulos A., and Lunn P.D. “Trust in Cervical Screening and Attributions of Blame for Interval Cancers Following a National Controversy”, *British Journal of Health Psychology*. Available at: <http://doi.org/10.1111/bjhp.12727>

* Correspondence: Olga.Poluektova@esri.ie

² This research was funded by the National Screening Service/ESRI Research Programme investigating public perceptions of cervical screening.

participants in Ireland and 400 in Scotland, all females aged between 23 and 65 in Ireland and between 23 and 64 in Scotland.

In Ireland, participants were randomly divided into treatment and control groups. The treatment group received official information materials about cervical screening.

All participants answered questions about their trust in the screening programme and completed a quiz assessing their understanding of the screening's purpose, benefits, and limitations. They then read (fictional) vignettes describing women who developed cervical cancer despite being screened. The details of these vignettes varied in relation to the woman's past screening attendance, detection of false negative results, and how advanced the cancer was. Participants then evaluated to what extent they felt the different organisations and individuals involved were to blame for the cancers described in the vignettes.

RESULTS

Trust in the screening system was significantly lower in Ireland compared to Scotland, indicating that the CervicalCheck controversy has negatively impacted trust in screening. Irish participants exhibited particularly low trust levels towards the laboratories analysing screening samples and the screening results. Similarly, participants in Ireland assigned more blame than participants in Scotland to the screening programme in cases of detectable abnormal cells in previous screening samples (false negative results) and advanced cancer stages.

The new information materials aimed at correcting misconceptions had a positive impact. Although trust in the screening service among the group in Ireland who read the materials did not reach the same level as in Scotland. Compared to the control group, this group that read the materials also had higher trust and attributed less blame for interval cancers, compared to the control group. Better comprehension of screening was associated with attributing less blame.

CONCLUSIONS

The results confirm that the CervicalCheck controversy continues to have an impact on trust in cervical screening in Ireland. Trust can be challenging to restore. However, the findings also demonstrate the benefits of investing in transparent, accessible information materials that address misconceptions and provide detailed information about screening processes. Such efforts will likely enhance trust in screening programmes and reduce attributions of blame for limitations inherent in the screening process. Lastly, the study shows how experimental methods can be used to test and improve important health communication materials.