

OP19.2

Effects of numerical information on cervical screening intentions in HPV-vaccinated women: A randomised study

Mie Sara Hestbech(1), D Gyrd-Hansen(2), J Kragstrup(1), V Siersma(1), J Brodersen(1,3)

(1) *The Research Unit for General Practice and Section of General Practice, University of Copenhagen, Copenhagen, Denmark*

(2) *COHERE, University of Southern Denmark, Odense, Denmark*

(3) *Primary Health Care Research Unit, Zealand Region, Denmark*

Corresponding author: PhD Fellow Mie Sara Hestbech, Copenhagen University, The Research Unit for General Practice And Section of General Practice, Copenhagen, Denmark. E-mail: mie.hestbech@sund.ku.dk

Background and Aim: in a few years, women in a number of countries will be covered by two preventive programmes targeting cervical cancer: HPV vaccination and cervical screening. The HPV-vaccines are expected to prevent approximately 70% of cervical cancers. In Denmark, the first women vaccinated as adolescents will soon enter the cervical screening programme. When the incidence of a condition screened for decreases, the benefits and harms also decrease. Moreover, the benefits probably decrease more than the harms. Thus, the premises on which these women make a choice about participation in cervical screening are relevantly different from the premises in the generations before the HPV-vaccine.

We aimed to investigate the effects of different types of information on intention to participate in cervical screening among women offered HPV-vaccination.

Methods: We developed a web-based questionnaire and information intervention. A random sample of Danish women from the birth cohorts 1993-95 was randomised to one of three different (numerical or non-numerical) information modules about harms and benefits of cervical screening or to no information (controls). The main outcome measure was intention to participate in cervical screening.

Results: We found a significantly lower proportion intending to participate in screening in the groups of women receiving numerical information modules compared to controls. There was no statistically significant difference between controls and women receiving non-numerical information about benefits and harms of screening. When providing information about benefits and harms of screening in two steps, firstly without considering HPV-vaccination and lastly considering HPV-vaccination, we found a significantly lower intention to participate in screening after the last step.

Conclusions: Women are sensitive to numerical information about the benefits and harms of cervical screening. HPV-vaccinated women are sensitive to information about the expected changes in benefits and harms of cervical screening after implementation of HPV-vaccination.