

# Review of: "Reassessing Cervical Cancer Prevention: Evaluating the NHS Cervical Cancer Screening Programme Through the Health Belief Model and Global Health Promotion Strategies"

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Potential competing interests: No potential competing interests to declare.

Dear Authors

I would like to congratulate you for your work on this important topic. However, I have a few comments:

## 1. General comment:

Authors aimed to systematically analyse and assess the effectiveness of the NHS Cervical Screening Programme in preventing cervical cancer, with a particular focus on screening coverage, timeliness, and the impact of sociocultural factors. However in results there is no mention of the exact findings after data analysis. It would be useful to discuss the cited studies in terms of statistical data rather than a crude conclusion.

## 2. Introduction:

- a. Epidemiology – Absolute figures about number of deaths per year due to cervical cancer in UK is mentioned twice and both are different i.e. 1121 (ICO/IARC HPV information center, 2023) and 850 (Buskwofie, David-West & Clare, 2020). It would be useful to quote the latest one.
- b. It would also be useful to know the modality of screening test, screening intervals, coverage of cost of screening provided by the NHS.

## 3. NHS cervical screening program:

Has the screening coverage of NHS cervical screening programme shown a particular trend ? Since the authors have mentioned that it has shown variability in recent years. What do authors speculate could be cause for this trend in recent years apart from the perceived barriers which have been prevailing at all times.

## 4. Methodology

- a. From the manuscript it is unclear if it is a review or a systematic review as authors have mentioned that systematic study and comparative analysis was performed but it is not depicted anywhere in results.
- b. It is mentioned that search was conducted across multiple academic databases and search engines, they all need to be depicted.

- c. It should be depicted that which type of articles were searched? How many retrieved, how many excluded with reasons as per the exclusion criterion and finally how many included in analysis. If feasible in a flow chart form.
- d. What statistics were used?

5. NHS cervical screening program critique:

From the 2022-2023 Cervical Screening Standards Data Report it would be prudent to know these details if feasible:

- a. Screening coverage among the ethnic minority communities, emigrants, marginalised communities (high risk) etc especially how many women were invited for screening and what percentage turned up?
- b. "76% women availed there results within the recommended timeline." What is the result in other dimensions e.g. how many screen positive women followed up at referral clinics, timeline to get appointment in referral clinics etc which might be a better determinant of the quality of functioning of the system.
- c. "Data from the 2022-2023 Cervical Screening Standards Data Report highlights significant disparities in screening coverage, particularly among younger women and disadvantaged communities." What are these numbers?
- d. "The concept of developing healthy public policies is expressed in the law requiring all eligible women to have yearly cervical screenings (Cancer Research UK, 2023)." Cervical screening is not performed yearly, request authors to recheck, for cytology based screening, smear is done once in three years.

6. Social, cultural and ethical critique:

Authors have repeatedly highlighted that socioeconomic factors and cultural barriers impede screening. It would be useful to summarize the specific factors seen the among the UK population so that those could be targeted.

7. Recommendations for policy makers:

Authors have considered younger women a high risk group. What age group are they thinking about?

8. Recommendation for future studies:

Authors have recommended several directions for future studies. Most of these are already proven or are being done. It would be useful to conclude and recommend in terms of heath belief model findings to improve screening coverage.

- a. There is high quality evidence to suggest HPV testing as the most cost effective primary screening test and is currently also recommended by the WHO.
- b. The target age group for HPV vaccination and screening differs. Hence it might not be useful to integrate them. Rather long term studies assessing the screening rates post vaccination could be conducted especially the impact on mortality from cervical cancer.
- c. The critical role of HPV vaccine in cervical cancer is also well established. Reference: Falcaro M, Castañon A, Ndlela B, Checchi M, Soldan K, Lopez-Bernal J, Elliss-Brookes L, Sasieni P. The effects of the national HPV vaccination programme in England, UK, on cervical cancer and grade 3 cervical intraepithelial neoplasia incidence: a register-based observational study. *Lancet*. 2021 Dec 4;398(10316):2084-2092. It would be useful to assess the social

determinants of vaccine uptake.

- d. The role of Point of care HPV tests could be discussed in this context as it has the potential to overcome sociocultural barriers especially for marginalised women.