

BMJ Open Understanding facilitators and barriers to follow-up after abnormal cervical cancer screening examination among women living in remote areas of Romania: a qualitative study protocol

Linda Nyanchocka ¹, Andreea Damian,² Mari Nygård¹

To cite: Nyanchocka L, Damian A, Nygård M. Understanding facilitators and barriers to follow-up after abnormal cervical cancer screening examination among women living in remote areas of Romania: a qualitative study protocol. *BMJ Open* 2022;12:e053954. doi:10.1136/bmjopen-2021-053954

► Prepublication history and additional supplemental material for this paper are available online. To view these files, please visit the journal online (<http://dx.doi.org/10.1136/bmjopen-2021-053954>).

Received 31 May 2021
Accepted 04 February 2022



© Author(s) (or their employer(s)) 2022. Re-use permitted under CC BY-NC. No commercial re-use. See rights and permissions. Published by BMJ.

¹Department of Research, Cancer Registry of Norway, Oslo, Norway

²Institute of Oncology "Prof. Dr. Ion Chiricuța" Cluj-Napoca (IOCN), Cluj-Napoca, Romania

Correspondence to

Ms Linda Nyanchocka;
lnyanchocka@gmail.com

ABSTRACT

Introduction In 2020 in Europe, Romania had the second highest incidence and mortality rates of cervical cancer, after Montenegro. To address cervical cancer in the country, the Romanian government established a national cervical cancer screening programme in 2012. The programme provides free testing as well as free treatment in the event of cervical precancer diagnosis for women 25–64 years old with health insurance who are referred from a programme-registered general practitioner. Participation in screening, retesting and follow-up for detected precancerous lesions is suboptimal, thus reducing the overall effectiveness of the programme.

Aim The overall aim of the study is to examine facilitators and barriers to cervical cancer screening follow-up after an abnormal cervical cancer screening examination among underserved women living in remote areas of Romania. We have the following specific research questions: (1) what are the knowledge, perspectives and experiences of women living in remote areas of Romania with cervical cancer screening and (2) what are the knowledge, perspectives and experiences of women living in remote areas of Romania with follow-up information and services after abnormal cervical cancer screening results.

Method We will conduct an exploratory qualitative study using semi-structured interviews. Data analysis will be based on the thematic analysis outlined by Braun and Clarke. We will use QSR International's NVivo V.12 as the qualitative data analysis software for both data management and analysis.

Ethics and dissemination Study findings will inform recommendations for the Romania national policy for the cervical cancer screening programme, with a particular focus on underserved women living in remote areas with limited access to healthcare services. They will also be disseminated to relevant conferences and meetings. Ethics approval was obtained from Romania (Ref. 199/1501.2021 application no. 661/15.01.2021) and Norway (Ref. 12929853).

BACKGROUND

Cervical cancer is one of the most common cancers in women after breast, colorectal and lung cancer.¹ Cervical cancer represents

Strengths and limitations of this study

- This study protocol provides guidance on how to design qualitative research in remote areas to improve cervical cancer screening, ultimately supporting the WHO efforts to eliminate cervical cancer globally.
- The qualitative nature of this study provides an in-depth understanding of the knowledge, perceptions and experiences of women living in remote areas with follow-up information and services after an abnormal cervical cancer screening examination.
- This study includes feedback and insight from women attending cervical screening as well as community nurses involved in conducting cervical screening, particularly the development of the interview guide to provide suggestions on developing questions that are important and relevant to them.
- This study is limited to the experiences of women living in remote communities located in two counties, Dolj and Gorj, in Romania.

a major public health problem for large numbers of women globally.¹ Persistent infection with high-risk human papillomavirus (HPV) is the main cause of cervical cancer. This situation has resulted in the development of prophylactic vaccines to prevent HPV infection and HPV assays that detect nucleic acids of the virus to be used in organised cervical cancer screening programmes.² This development has led to global efforts such as WHO launching a global initiative in 2018 to scale up vaccination and early detection followed by treatment to eliminate cervical cancer as a public health problem during the 21st century.³

Despite advances in technology for cervical cancer control, women in low/ and middle-income countries (LMICs) are highly vulnerable to cervical cancer, with about 90% of cases and deaths from cervical cancer occurring in LMICs.^{3,4} Cervical cancer

screening tests such as the Papanicolaou (Pap) and HPV DNA tests are effective ways to detect cervical cancer.^{3 5} Combined programmes of HPV vaccination and cervical cancer screening have significantly reduced the burden of cervical cancer primarily in high-income countries. However, the burden remains greater in LMICs because of no vigorous mass vaccination, limited screening tests and few treatment facilities.^{3 5 6}

Failure to pursue follow-up after an abnormal cervical cancer screening could lead to cervical cancer, yet little is known about adherence to recommended follow-up after an abnormal cervical cancer screening result.⁷ Evidence for some of the reasons that contribute to failure to follow-up among women after an abnormal cervical cancer screening result include lack of guideline-adherent clinical management, appropriate care and breakdowns at the provider, patient and/or system levels of care for women with abnormal results.⁷

Romania has the highest incidence and mortality rates of cervical cancer: 22.6 and 9.6 per 100 000 women, respectively.⁸ Current estimates indicate that every year in Romania, 3308 women receive a diagnosis of cervical cancer and 1743 die from the disease.⁹ The Romanian government established a national cervical cancer screening programme in 2012. The programme provides free testing as well as free treatment in the event of a cervical cancer precancer diagnosis for all women 25–64 years old when they are referred from a programme-registered general practitioner. However, retesting and follow-up of detected precancerous lesions are covered for only women with health insurance. Despite the initiation of the national cervical cancer screening programme, participation is low, especially among minority Roma women and other ethnic groups.¹⁰ One study of Roma women's (non)participation in cervical cancer screening in Romania found major differences in perspectives on screening between users and providers. The study recommended that to improve attendance, all women needed to be involved in the planning, mobilisation, implementation and evaluation of the programme to build trust between those offering screening and the potential participants.¹¹

With a goal to reduce the incidence of and mortality from cervical cancer in Romania, a European-funded project was created: 'Strengthening at National Level the Capacity of the Romanian Health Sector to implement organized screening for cancers amenable to cost-effective early detection', also known as CEDICROM 2 (2019–2021). This project aims to improve the quality assurance of integrated preventive and curative medical services related to cervical cancer prevention among the disadvantaged population at risk living in communities in remote areas in Romania. It is a follow-up of CEDICROM 1 (2014–2017), which aimed to strengthen the national capacity to implement well-organised and sustainable screening programmes for cervical and breast cancer. One of the key learning points from CEDICROM 1 was the suboptimal follow-up care services provided to

women with abnormal cervical cancer screening results in the programme.

Finding cervical cancer often starts with an abnormal HPV test or Pap smear result. This will lead to further tests, which can lead to a diagnosis of cervical cancer or precancer. All adult women should undergo periodic cervical cancer screening, which aims to detect precancerous lesions, that is, abnormalities in cells of the cervix. When found, precancerous lesions must be followed up and treated. Therefore, follow-up abnormal cervical cancer screening is of key importance and can save lives. Our overall aim is to examine facilitators and barriers to cervical cancer screening follow-up among women living in remote areas of Romania. We have the following specific research questions: (1) what are the knowledge, perspectives and experiences of women living in remote areas of Romania with cervical cancer screening and (2) what are the knowledge, perspectives and experiences of women living in remote areas of Romania with follow-up information and services after abnormal cervical cancer screening results.

METHODS AND ANALYSIS

Qualitative study design

We will conduct an exploratory qualitative study using semi-structured interviews. This research method will provide opportunities to explore women's knowledge, perspectives and experiences related to cervical cancer screening testing and follow-up care.^{12–14}

Study sample and recruitment

We plan for data collection between July and January 2022. We will use purposive sampling to ensure that the perspectives of women who participated in the cervical cancer screening programme will be included. Purposive sampling is widely used in qualitative research to identify and select information-rich cases.^{15 16} The study sample will recruit women ≥25 years old who participated CEDICROM 1 or 2, had an abnormal Pap smear or positive HPV test result and were required to receive follow-up care. Study participants will be identified in the cervical cancer screening register database of CEDICROM 1 and 2, which has the contact list of women who attended the cervical cancer screening programme.

The main inclusion criteria for the study are as follows:

- ▶ Adult women ≥25 years old.
- ▶ Women who participated in the CEDICROM 1 and 2 cervical cancer screening programme who had an abnormal Pap smear or a positive HPV test result and were required to receive follow-up care.

The sample size for qualitative studies usually depends on the point when data saturation is reached (ie, the point when new data does not add to a better understanding of the studied phenomenon but rather repeats what was previously expressed¹⁷). Considering that the point of saturation cannot be specified in advance, we planned to conduct between 20 and 40 interviews according to

usual points of data saturation reported in qualitative studies.¹⁸ If we do not achieve saturation based on participant responses and recurring themes, we will increase the number of interviews accordingly. We will determine data saturation during data collection, when new discoveries from the interviews do not add further insights.^{19 20}

Data collection and recording

The interview guide will focus on the following components. The goal is to have open-ended questions and only probe if needed to allow the participants to express their experiences with receiving follow-up after an abnormal cervical cancer screening result and lack of follow-up care.

- ▶ Participant background information.
- ▶ Cervical cancer screening and abnormal result information experience and test results.
- ▶ Women's experiences with follow-up information and services after an abnormal cervical cancer screening result.
- ▶ Perceived needs and barriers to obtain medical follow-up care after an abnormal cervical cancer screening result.
- ▶ Future recommendations to improve the cervical cancer screening experience.

We will conduct all interviews in Romanian, using a local researcher who speaks Romanian. Additionally, the local researcher will follow the project and ensure scientific rigour during fieldwork by routine meetings with the main researcher (LN). The interviews will be conducted, recorded and transcribed verbatim in Romanian, then translated to English by using a professional translation and transcription service. The data collection tools are all included in the supplementary material: the patient information sheet (online supplemental appendix 1), participant consent form (online supplemental appendix 2) and semi-structured interview guide (online supplemental appendix 3). These items were all translated to Romanian.

Data collection and modifications due to COVID-19

With consideration of the current COVID-19 pandemic, we plan to conduct data collection in two phases to avoid gathering a large number of study participants in one area and spread out the invitations to potential participants. This process will also require more travel to the study locations over the data collection period (July–January 2022). Both phases will target women from Gorj and Dolj counties in the southwest region of Romania. Because of time considerations, COVID-19 and the geographic spread of Romania, we will limit our data collection to Gorj and Dolj counties (including several cities), which will provide us with experiences from women in only these locations and therefore will not be representative of the other counties in Romania. We are also limited to locations that implemented CEDICROM 1 and 2 and therefore guaranteed that women had cervical cancer screening.

The main modification of this study is limiting the data collection to semi-structured interviews only versus semi-structured interviews and focus groups. The change to the data collection methodology regarding semi-structured interviews aims to limit the gathering of more than two people at a time to ensure COVID-19 preventive measures (ie, social distancing up to 1 m, use of sanitiser and wearing a mask during the interview process). Additionally, we wanted to include more counties, but because of the restrictions, we modified our focus to ensure access to and feasibility with the two counties because we have existing contacts and an established network from the overall CEDICROM 2 programme. This situation will limit our study focus to women's experiences in Dolj and Gorj versus other counties in Romania.

Also, because of travel restrictions, the main researcher (LN) may not be physically present during the interviews to assist the local researcher in Romania who is responsible for data collection. To ensure adequate involvement by the main researcher, LN will be involved in the interview process via remote access if she is unable to travel and otherwise in person when possible. This situation will allow the main researcher to observe the conduct of the interviews and participant reactions that are important to contextualise and interpret the study findings. All data collected in the field will be securely stored by using password protection and maintained by the main researcher (LN). The data will be stored both in Romania by the local researcher and in Norway, at the Cancer Registry of Norway, by the main researcher (LN).

Ensuring study quality

To further ensure rigour and trustworthiness, this study will be guided by Guba and Lincoln's concepts for defining and investigating quality in qualitative research that can be considered parallel to quantitative research concepts of validity and reliability.^{19 21 22} The concepts include credibility, transferability, dependability, confirmability, audit trails and reflectivity. The concepts are inter-related, and thinking through them from the onset and incorporating them in a study will improve the study rigour. This process will be detailed further on how we will apply them in the main manuscript with study findings.

Regarding addressing the sensitivity of the topic and the potential stigma it carries for the women, the interviewer(s) will be cognizant of the participant(s) emotional responses that can arise due to the topic and great stigma connected to women who have an abnormal Pap smear and/or HPV-positive test result. The interviewer(s) will discuss this beforehand and will immediately remind the interviewee that they can stop the interview at any time. In addition, if the women would like to continue, the interviewer(s) will provide ample time for them to feel at ease and only continue if they allow it. We will also ensure participant privacy by providing a quiet, well-ventilated room for interviewing.

Data analysis

Our approach is based on the thematic analysis outlined by Braun and Clarke.²³ The steps include (1) transcription and checking transcripts with recordings for accuracy; (2) open coding from interview responses performed by at least two researchers independently; (3) agreement of initial codes discussed among the researchers and an initial codebook developed; (4) developing the code structure used for analysing the remaining responses with openness that include new codes and refining existing ones; and (5) themes and subthemes identified from the final code structure and their relationships presented.²³ The initial coding framework for our analysis will be inductively derived from the data. In this sense, our approach will include a bottom-up development of analytic categories and themes. We will use QSR International's NVivo V.12 as the qualitative data analysis software for both data management and analysis.

Strengths and limitations

The qualitative study findings will provide an overview of facilitating factors and barriers to pursue follow-up after an abnormal cervical cancer screening test result. This is the first study in Romania to investigate follow-up after cervical cancer screening; therefore, it provides an opportunity for future research to better understand women's needs and how to improve healthcare services. One main limitation of this study is the current COVID-19 pandemic that has affected the communities where we planned to conduct our study. Hence, we have modified the study to the best of our capacity to ensure safety precautionary measures according to the Romanian government.

Patient/public involvement

This study will include women attending cervical cancer screening and community nurses involved in providing cervical cancer screening feedback and insight into the study development. A cervical cancer survivor reviewed our interview guide and the appropriateness of the questions planned; additionally, she provided comments on what questions could be most important. Also, two Romanian nurses who participated in cervical cancer screening reviewed the interview guide and provided comments to improve it. Therefore, we focused on both women with cervical cancer screening experience and nurses. The involvement of other patients/the public was limited because of the pandemic and the limited access to the community we planned to conduct our study in.

Ethics

Permission to conduct the study was obtained before the study from Romania and Norway. In Romania, "Prof. Dr. Ion Chiricuță" Cluj-Napoca on the Ethical Committee of the Oncology Institute approved the project (Ref. 199/1501.2021 application no. 661/15.01.2021). In Norway, a privacy-related impact assessment was conducted to identify and analyse how data privacy might be affected, following institutional Data Protection

guidelines (Ref. 12929853). Moreover, an information sheet describing the study in detail and the role of the study participants was developed in English and translated to Romanian. Informed consent will be obtained from all participants before data collection. Anonymity and privacy will be maintained throughout the study. Participants will be allowed to withdraw from the study at any point in the research process, without consequences. The consent form and interview guide were written in English and translated to Romanian. Participants who cannot write and read will be briefed about the aim and nature of the study and asked to provide oral consent to participate in the study.

Twitter Linda Nyanchoka @LindaNyanchoka

Acknowledgements The authors sincerely thank Margrethe Meo, Trude Andreassen, Gunvor Aasbø, Adriana Melnic, Florian Nicula, Roxana and Jivulescu for their insight, time and input on the development of this study protocol.

Contributors LN conceived the study with feedback from MN and AD; all authors read and approved the final manuscript.

Funding This project is a part of CEDICROM 2. It received grants from EEA/Norway grants (project no.: RO-HEALTH-0002).

Competing interests None declared.

Patient consent for publication Not applicable.

Provenance and peer review Not commissioned; externally peer reviewed.

Supplemental material This content has been supplied by the author(s). It has not been vetted by BMJ Publishing Group Limited (BMJ) and may not have been peer-reviewed. Any opinions or recommendations discussed are solely those of the author(s) and are not endorsed by BMJ. BMJ disclaims all liability and responsibility arising from any reliance placed on the content. Where the content includes any translated material, BMJ does not warrant the accuracy and reliability of the translations (including but not limited to local regulations, clinical guidelines, terminology, drug names and drug dosages), and is not responsible for any error and/or omissions arising from translation and adaptation or otherwise.

Open access This is an open access article distributed in accordance with the Creative Commons Attribution Non Commercial (CC BY-NC 4.0) license, which permits others to distribute, remix, adapt, build upon this work non-commercially, and license their derivative works on different terms, provided the original work is properly cited, appropriate credit is given, any changes made indicated, and the use is non-commercial. See: <http://creativecommons.org/licenses/by-nc/4.0/>.

ORCID iD

Linda Nyanchoka <http://orcid.org/0000-0003-0822-6736>

REFERENCES

- Arbyn M, Weiderpass E, Bruni L, *et al*. Estimates of incidence and mortality of cervical cancer in 2018: a worldwide analysis. *Lancet Glob Health* 2020;8:e191–203.
- Schlecht NF, Kulaga S, Robitaille J, *et al*. Persistent human papillomavirus infection as a predictor of cervical intraepithelial neoplasia. *JAMA* 2001;286:3106–14.
- Gultekin M, Ramirez PT, Broutet N, *et al*. World Health organization call for action to eliminate cervical cancer globally. *Int J Gynecol Cancer* 2020;30:426–7.
- Richardson LA, Tota J, Franco EL. Optimizing technology for cervical cancer screening in high-resource settings. *Expert Rev Obstet Gynecol* 2011;6:343–53.
- World Health Organization. *World health assembly adopts global strategy to accelerate cervical cancer elimination*. WHO, 2020.
- Arbyn M, Gultekin M, Morice P, *et al*. The European response to the who call to eliminate cervical cancer as a public health problem. *Int J Cancer* 2021;148:277–84.
- Perkins RB, Adcock R, Benard V, *et al*. Clinical follow-up practices after cervical cancer screening by co-testing: a population-based study of adherence to U.S. guideline recommendations. *Prev Med* 2021;153:106770.

- 8 WHO. Romania. Available: <https://gco.iarc.fr/today/data/factsheets/populations/642-romania-fact-sheets.pdf>
- 9 Bruni LAG, Serrano B, Mena M. ICO/IARC information centre on HPV and cancer (HPV information centre). In: *Human Papillomavirus and Related Diseases in the World Summary Report*. 17, 2021.
- 10 Andreassen T, Melnic A, Figueiredo R, et al. Attendance to cervical cancer screening among Roma and non-Roma women living in north-western region of Romania. *Int J Public Health* 2018;63:609–19.
- 11 Andreassen T, Weiderpass E, Nicula F, et al. Controversies about cervical cancer screening: A qualitative study of Roma women's (non)participation in cervical cancer screening in Romania. *Soc Sci Med* 2017;183:48–55.
- 12 Côté L, Turgeon J. Appraising qualitative research articles in medicine and medical education. *Med Teach* 2005;27:71–5.
- 13 Halcomb EJ, Davidson PM. Is verbatim transcription of interview data always necessary? *Appl Nurs Res* 2006;19:38–42.
- 14 McGrath C, Palmgren PJ, Liljedahl M. Twelve tips for conducting qualitative research interviews. *Med Teach* 2019;41:1002–6.
- 15 Patton MQ. *Qualitative evaluation and research methods*. SAGE Publications, 1990.
- 16 Setia MS. Methodology series module 5: sampling strategies. *Indian J Dermatol* 2016;61:505.
- 17 Saunders B, Sim J, Kingstone T, et al. Saturation in qualitative research: exploring its conceptualization and operationalization. *Qual Quant* 2018;52:1893–907.
- 18 Nyanchoka L, Tudur-Smith C, Porcher R, et al. Key stakeholders' perspectives and experiences with defining, identifying and displaying gaps in health research: a qualitative study protocol. *BMJ Open* 2019;9:e027926.
- 19 Shenton AK. Strategies for ensuring trustworthiness in qualitative research projects. *Education for Information* 2004;22:63–75.
- 20 Hennink MM, Kaiser BN, Marconi VC. Code saturation versus meaning saturation: how many interviews are enough? *Qual Health Res* 2017;27:591–608.
- 21 Glonti K, Hren D. Editors' perspectives on the peer-review process in biomedical journals: protocol for a qualitative study. *BMJ Open* 2018;8:e020568.
- 22 Lincoln YS, Guba EG, Pilotta JJ. *Naturalistic inquiry*. . sage, 1985: 9. 438–9.
- 23 Braun V, Clarke V. Using thematic analysis in psychology. *Qual Res Psychol* 2006;3:77–101.

Abnormal Cervical Screening and Follow-up Care among Women in Romania: A Qualitative Study

Appendix 1. Participant Information Sheet

We would like to invite you to take part in our research study. Before you decide whether to participate, it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully and feel free to ask if you would like more information. Please also feel free to discuss this with anyone you wish.

What is the purpose of the study?

This study aims to explore the different experiences of women with cervical cancer screening and follow up, mainly women living in communities from remote areas in Romania.

The study will focus on women who participated in CEDICROM 1 and 2, experiences with follow-up care after an abnormal HPV or Pap test result from a cervical cancer screening among women who participated in CEDICROM 1 & 2. All adult women should undergo periodic cervical cancer screening. Screening aims to detect precancerous lesions, that is, abnormalities in the cells of the cervix, which, if left untreated, can develop into cervical cancer. When found, precancerous lesions must be followed-up and treated.

Why have I been chosen to take part?

You have been asked to take part because you participated in CEDICROM 1 and 2, and had a cervical cancer screening. Your insight and experience on cervical screening and follow-up of care after the screening will be highly appreciated, which will be used to inform and improve the national cancer screening programme policy in Romania

Do I have to take part?

It is completely up to you to take part. If you do decide to take part, you asked to sign a consent form. If you decide to take part but then change your mind, you are free to do so at any time without giving a reason.

What will happen if I take part?

You will take part in an interview with a researcher, Adriana Melnic, to share your experiences and knowledge about your cervical cancer screening and follow-up care. The interview will last approximately 40 - 60minutes, or as long as you would like to talk about your experience. With your permission, the interview will be audio recorded. You can stop the interview at any time, and you do not have to answer a particular question if you do not want to.

Where will the interview take place?

The interview will be carried out in person in Romania.

Are there any risks in taking part?

We do not expect there to be any risks or discomfort associated in this research study. However, if you feel uncomfortable then you can stop the interview at any time, without giving a reason.

Are there any benefits in taking part?

Abnormal Cervical Screening and Follow-up Care among Women in Romania: A Qualitative Study

You will be helping inform a national programme in Romania aimed to improve cervical cancer prevention and treatment.

Will my participation be kept confidential?

All the information that you give us will be kept strictly confidential. The procedures for handling, processing, storing and destroying the data will comply with the Data Protection Act of 1998.

This means that only the researchers will see what you have said. The audio-recording of your interview will be identified by a code number only. These audio-recordings will be transcribed, and identifying details such as place names and people's names removed from the transcripts. We will use quotes from the interviews in the write-up of the study but will ensure no one can be identified from these.

At the end of the study the research data, including consent forms, anonymised interview transcripts, field notes and your contact details, will be kept (in locked filing cabinets and/ or password protected at the Cancer Registry of Norway) for up to ten years.

What will happen to the results of the study?

After the study has finished, the results will be submitted for publication in an academic journal and presented at conferences. It will also help provide recommendations for cervical cancer screening programmes in Romania.

If you would like to receive a copy of the findings please let us know by using the contact information provided and we will happily provide you with one.

What will happen if I want to stop taking part?

If you decide at any point that you no longer wish to be part of the study, then you can withdraw without giving a reason. You can also ask for your data to be removed from the study and destroyed.

What if I am unhappy or if there is a problem?

If you are unhappy, or if there is a problem, please feel free to let us know by contacting, Andreea Itu at Email: itu.andreea@yahoo.com, Tel: +40 756 601 901, or Linda Nyanchoka, Tel : +33 75 34 29 417 Email: lnyanchoka@gmail.com who will try to help or put you in touch with someone who can.

Who is funding the research?

This research is funded by EEA/Norway Grants

Who is doing this research?

The research and interviews will be conducted by Adriana Melnic, adrianamelnic@yahoo.com

How can I find out more?

Just get in touch with Andreea Itu from The Oncology Institute "Prof. Dr. Ion, Chiricuta" Cluj-Napoca Email: itu.andreea@yahoo.com, Tel: +40 756 601 901, who will be happy to answer any questions you might have.

Appendix 2. Participant consent form

Title of the research project: Abnormal Cervical Screening and Follow-up Care among Women in Romania: A qualitative study

Abnormal Cervical Screening and Follow-up Care among Women in Romania: A Qualitative Study

Researcher: Linda Nyanchoka

Please initial box

1. I confirm that I have read and have understood the information sheet dated
[] for the above study. I have had the opportunity to consider the
information, ask questions and have had these answered satisfactorily. ☐
2. I understand that my participation is voluntary and that I am free to withdraw at any time
without giving any reason, without affecting your rights. In addition, should I not wish to
answer any particular question or questions, I am free to decline. ☐
3. I understand that, under the Data Protection Act 1998, I can ask for access to the information
I provide and request the destruction of that information if I wish. ☐
4. I agree for the data that I provided to be archived at the Cancer Registry of Norway. I
understand that other authorised researchers will have access to this data only if they agree to
preserve the confidentiality of the information as requested in this form. ☐
5. I agree to take part in the above study. ☐

Participant name

Date

Signature

Name of person taking consent

Date

Signature

Researcher

Date

Signature

Researcher

Linda Nyanchoka
Cancer Registry of Norway
Ullernchaussen 64, 0379 Oslo

Tel: +33 75 342 94 17

Email: lnyanchoka@gmail.com

Researcher

Andreea Itu
The Oncology Institute "Prof. Dr. Ion
Chiricuta" Cluj-Napoca

Tel: +40 75 66 01 901

Email: itu.andreea@yahoo.com

Abnormal Cervical Screening and Follow-up Care among Women in Romania: A Qualitative Study

Appendix 3. Semi-structured interview guide

Abnormal Cervical Screening and Follow-up Care among Women in Romania: A qualitative study			
Date:	Interviewer:		
Archival #:	In person:	Start Time:	End Time:
Background (information about interview participant)			
1) Tell me, a little about yourself?			
✓ (e.g. age, setting, ethnical group, education, living conditions, health insurance)			
Cervical Screening			
2) Cervical screening experience (knowledge on type of screening)			
✓ Probe: e.g. HPV, Pap smear testing, both			
3) Cervical screening information provided after screening including results interpretation, and follow up instructions			
✓ Probe:			
○ Results provided			
○ Interpretation of results			
○ Type of follow-up required i.e. where and how to receive follow-up care			
Knowledge and experiences with follow-up services after abnormal cervical screening results			
(Did interviewee receive follow-up if so talk about experience, if not talk about reasons that didn't permit follow-up)			
4) Knowledge of follow-up services available?			
5) Experiences with follow-up care after abnormal cervical screening?			
or			
6) Experiences with lack of follow-up care after abnormal cervical screening?			
7) What are your perceived barrier to follow-up care after abnormal cervical screening?			
8) What are your perceived needs to follow-up care after abnormal cervical screening?			