Guide interviews – gynaecologists

Please note: this document is intended as a guide for interviewers to lead the interviews with local gynaecologists. Although it is important that interviewers cover all the points listed below, the order of topics and questions can and should be adapted to make sure that the flow of discussion is kept as natural as possible. Key questions that need to be asked are marked with a key symbol 🔑.
The questions should not be considered prescriptive and can be rephrased into the interviewers own wording. The probes can be used if the participants do not answer spontaneously to the question or reminders for the moderator to get more detailed responses. Time blocks are assigned to each section of the guide as an indication to avoid running out of time before exploring the most important questions.

Introduction

1) Welcome the participant and introduce yourself (informal part of the interview).

2) Thank the participants for participating in the study.

   Thank you for agreeing to participate in this interview. There are no right or wrong answers to any of our questions – we are interested in your own perceptions, experiences and insights. We are having this discussion to understand the current cervical cancer situation in your country, and to get a better view on the current demand and supply of cervical cancer screening in your country.

3) Provide practical information and ask permission to record:

   The interview should take approximately one hour, depending on how much information you would like to share with us. With your permission, I would like to audio record the discussion because I don't want to miss any of your comments. The recording will be transcribed and analyzed. All responses will be kept confidential and your responses will only be shared with research team members. We will ensure that any information we include in our report does not identify you as the respondent. You may decline to answer any question or leave the discussion at any moment.

4) Let the participant fill in the informed consent.

5) Ask if they have any questions about what you just explained.

Core Topics

I will now start asking you some questions about cervical cancer and screening in your country.

OBJECTIVES	TOPICS	QUESTIONS	TIPS FOR THE MODERATOR
I. PERCEPTIONS ABOUT THE CERVICAL CANCER SITUATION IN THE COUNTRY (10 min)	*Burden of disease*	What can you tell me about the burden of disease in your country (incidence, mortality)? 🔑 **PROBES** • Are you under the impression that cervical cancer is an important health issue that needs attention in your country? • Do you have an idea about the incidence of HPV in your country? • Do you think the burden is high compared to other countries? If yes, what would be the driving factors for this difference? • Do you think that cervical cancer incidence and mortality are higher in some population groups or regions than in others? If yes, why would that be?	
II. KNOWLEDGE AND EXPERIENCE OF CERVICAL CANCER SCREENING PROGRAMMES (20 min)	*Screening*	Are you familiar with cervical cancer screening? 🔑 **PROBES** Are you involved in cervical cancer screening in any way? ➔ If yes, how? ○ Is cervical cancer prevention or treatment part of your daily practice as a medical doctor? ➔ If not, who is offering and/or performing cervical cancer services in your country?	*Link to next question.*
	Screening programmes	How are cervical cancer screening programmes being organised in your country/region? 🔑 **PROBES** • What screening method is being used as standard care? • Do you know whether <u>cervical cancer screening policies and/or guidelines</u> available in your country? • Do you know if current screening practices follow the <u>national</u> screening policies/guidelines? If not, why would	*Implementation level.* *Implementation level.* *Link with policy level.*

		that be? What are the barriers to effective implementation of current cervical cancer policies? • Do you know if current screening practices follow the international screening policies/guidelines? • Do you know if a screen-and-treat or screen-triage-and-treat approach is being used? • What can you tell me about the referral and treatment options? Are they equally available in the country? • Do you recall any mechanism of communication, feedback or consultation with policymakers? If not, do you think such mechanisms would have any added value, and why?	
	Screening programmes: strengths and weaknesses	In your opinion, what are the strengths and weaknesses of current screening activities in your country/region? 🔑 **PROBES** • What are the barriers to effective implementation of current cervical cancer policies? • To what extent are screening devices for cervical cancer screening and laboratory infrastructure available in your country/region? (SUPPLY) • To what extent is trained health and laboratory personnel available in your country/region? • *For those performing cervical cancer screening:* do you feel like you have been sufficiently trained for this? • What are the referral options and systems for follow-up across different levels of care? • In which facilities are gynaecologists/oncologists/pathologists available? If there is a lack: what is the reason (lack of training opportunities, high training costs)? • Is cervical cancer screening integrated in HIV/AIDS services? What is your opinion about this approach?	Focus on barriers of the system If not addressed above.
	Screening coverage	How would you estimate the current level of screening coverage achieved in your country/region? 🔑	

		PROBES • Do you know if there is a demand of women to get screened for cervical cancer? (DEMAND) • Do you recall cervical cancer screening coverage being higher in some population groups or regions than others? If yes, why would that be? • Do you recall screening coverage changing over time in your country/region? If so, how has it changed and why would that be? • Are health information systems in place to document screening coverage (cancer registries, electronical medical and health records)?	Link to next question

III. BARRIERS AND FACILITATORS OF CONVENTIONAL SCREENING **(10 min)**		What are reasons for women that complicate going for cervical cancer screening OR what do you think are reasons or barriers that lead women to not participate in screening? 🔑 **PROBES** Do you think any of these barriers could influence cervical cancer screening: • Lack of or inadequate health infrastructure • Availability of and distance to healthcare services • Insufficient knowledge about cervical cancer (risk perception) • Gynaecological examination by (male) doctor • Religion • Family/husband • Judgement/discrimination • Stigma (related to sexual health, STIs) • Fear of test result	Probe with 'anything else?' until the participants cannot think of any more reasons. Be cautious about giving examples but make sure the responses address known barriers in the literature.
		How could the barriers we talked about be reduced? 🔑	

Thank you very much for sharing your perspectives with me. Given your expertise, we could use your advice on one last topic. In order to raise the screening participation rate among women, alternative screening methods are being explored. We will use the information of our formative research, which includes these interviews, next to interviews with policymakers and FGDs with women, community representatives and primary healthcare providers and a subsequent survey with women, to develop a country-specific screening strategy.

The screening strategy will include a new screening tool which is a portable, battery-powered device compatible with self-sampling that detects both HPV DNA as well as two proteomic biosensors. The test can be offered in any setting and results are available in less than 24 hours, eliminating the need for sample storage, lab infrastructure, etc. This enables a cervical cancer screening strategy that goes into communities (instead of being provided in a healthcare centre). In short, with this tool it will be possible to offer an HPV DNA test, based on self-sampling, that can generate same day results without the need of a trained specialist, a health facility or lab infrastructure.

V. PERCEPTIONS ON SELF-SAMPLING AND COMMUNITY-BASED SCREENING **(20 min)**		What do you think about a **self-sampling** test as an alternative method to standard screening practices? 🔑 **PROBES** • What benefits could a self-sampling screening test bring? • What could be the disadvantages? What do you think about offering self-sampling in community settings? 🔑 **PROBES** • What benefits could community-based screening bring? • What could be the disadvantages? In your opinion, would community-based self-sampling be more efficient and/or effective compared to current provider-taken cervical cancer screening services?🔑 **PROBES on self-sampling** • Would you think women would prefer to take a self-sample compared to conventional practices? **PROBES on community-based screening** • Would you think women would prefer to get screened in their community instead of in a healthcare center?	
		Do you believe community-based self-sampling fits the intended audience (i.e. women eligible for cervical cancer screening in your country/region)? 🔑 **PROBES** • In your opinion, how consistent is community-based self-sampling with the needs of the women? • Will it be possible to accomplish the same goals as the current on-site screening services?	
		Do you think this type of test would be accepted by women in your country?	

		➔ If no, why not?	
		Do you think it would be feasible to perform a pilot intervention offering community-based self-sampling? ➔ If no, why not? What would be the challenges? ➔ If yes, next question.	
		In your opinion, how difficult would it be to integrate community-based self-sampling into the national program? **PROBES** Would it be feasible the organize a national program based on this tool?	
		In your opinion, will it be possible to observe/track if women who test positive (during the pilot study) go for follow-up care? **PROBES** Do you have any advice on how we can fortify or guarantee follow-up care?	