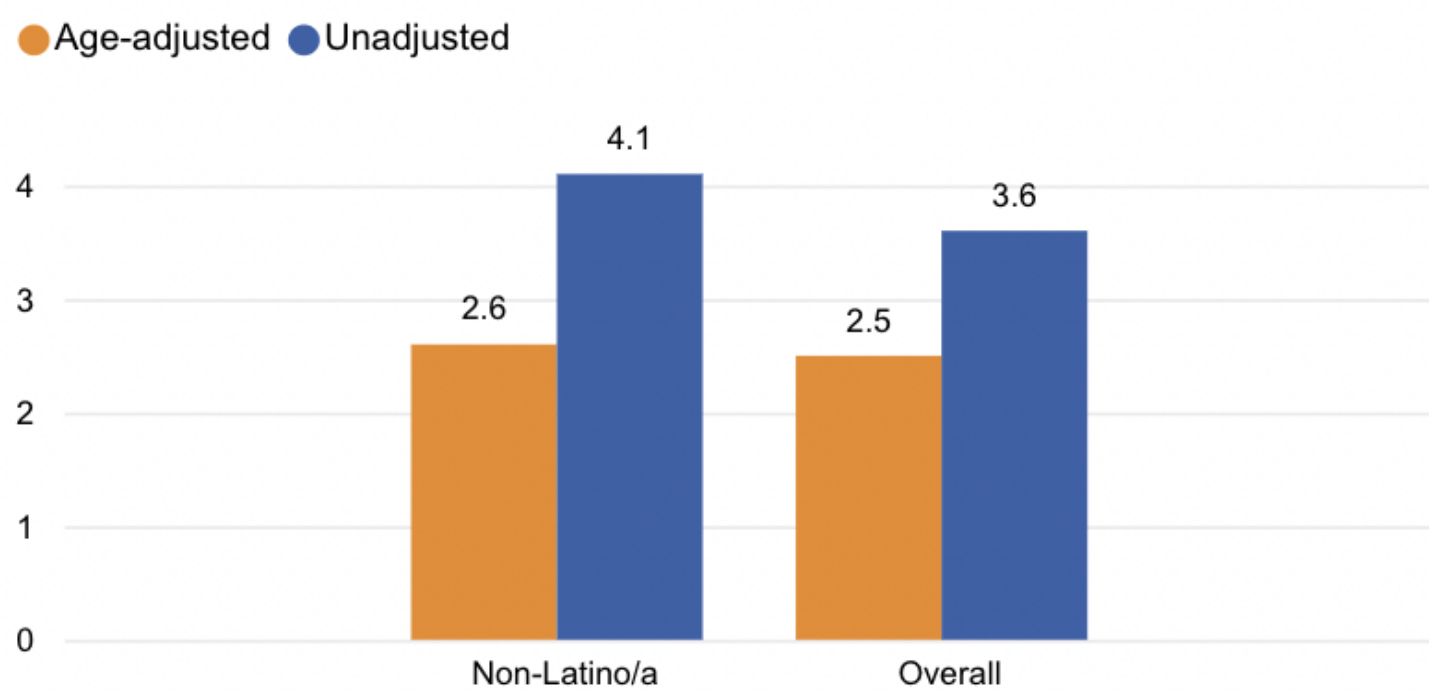


# USE OF SELF-COLLECTED HPV SWABS FOR CERVICAL CANCER SCREENING

## Background and Need

- ❖ One in 4 women do not receive regular HPV screenings
- ❖ Half of new cervical cancers occur among people who are not screened
- ❖ The requirement to undergo a speculum exam in a clinic setting is a barrier to screening
- ❖ A self-swab HPV option empowers individuals to collect their own specimen, in private, at a time and place of their choosing

**Rate of hpv-related cancers cancer deaths per 100,000 population in Jackson County for the years of 2017 - 2021**



Source: Oregon Health Authority, Oregon State Cancer Registry

## Target Population

Individuals with a cervix, between the age of 30 and 65, who are due for routine cervical cancer screening

This trauma-informed approach could especially benefit under-screened individuals who are hesitant to get a pelvic exam, including those with a history of sexual assault, transgender and non-binary people, and those with practical barriers such as work and parenting commitments

## Evidence Base for this Approach

- A meta-analysis of test agreement between self-collected and physician-collected HPV samples (26 studies and 10,071 participants) found a high level of agreement between the two (Aubyn et al 2022)
- There is a higher overall self-sampling accuracy for amplification-based DNA assays compared to signal amplification-based DNA or RNA assays (Aubyn et al 2022)
- A review of self-collection programs concludes this approach has great potential to increase equity in cervical screening (Hawkes et al, 2020)
- The World Health Organization strongly recommends the use of self-screening to achieve cervical cancer control by 2030

## Project Goals and Activities

### Overall Goal:



Reduce and eliminate cervical cancer morbidity and mortality disparities by increasing cervical cancer screening rates among under-screened and underserved Southern Oregon residents

### Short-term Goals:

1. Implement and evaluate a pilot self-sample screening program at West Medford Health Center, resulting in the distribution of 100 self-collection kits, and the return of 50 self-collected specimens.
2. Identify facilitators and barriers to self-sampling and determine feasibility and acceptability of expanding this approach to all La Clinica centers.

### Project Activities:

- Med-line search to identify most effective, FDA-approved self-tests: BD Onclarity HPV Assay and Roche's Cobas 6800 identified
- Advocacy with Labcorp and ScreenWise
- Create self-screen policy, protocol and workflow
- Develop patient education materials in English and Spanish
- Identify and flag under-screened patients
- Train outreach staff and lab technicians
- Outreach and navigation performed by CHWs and lab personnel
- Assess referral completion patterns between patient- and clinician-collected sample
- Year-end review and evaluation



La Clinica lab technician Angelica Quevado and Dr. Jamie Osborn, population health officer, discuss a lab test kit at West Medford Health Center

## Evaluation and Outcome Measures

Long-term success will be defined as an increase in La Clinica's UDS cervical cancer screening measure. We aim for a six percent increase in screening rates over three years, increasing from 60.6% in 2022, to 66.6% by 2025.

### Cervical Cancer Screening Rate at La Clinica: 2020 – 2023

2020	2021	2022	YTD 2023 (through 9/1/23)
56.8%	56.5%	60.6%	63.8%

Source: La Clinica UDS measures

Short-term success is achieved if we determine feasibility and acceptability of cervical cancer self-screening in our setting and develop and implement a self-screening policy and workflow which can be rolled out to other clinic sites.

### Process Evaluation Questions:

- What is the most effective way to identify those due for screening?
- What is the best way to offer a self-testing kit?
- Do patients report any difficulty in correctly collecting self-swabs?
- Are patients returning self-collected test kits for processing?
- What follow-up is needed for those who do not return swabs?
- Is self-screening acceptable and successful in the primary care clinic setting? In home and community locations?
- What is the most effective approach for referral and follow-up?

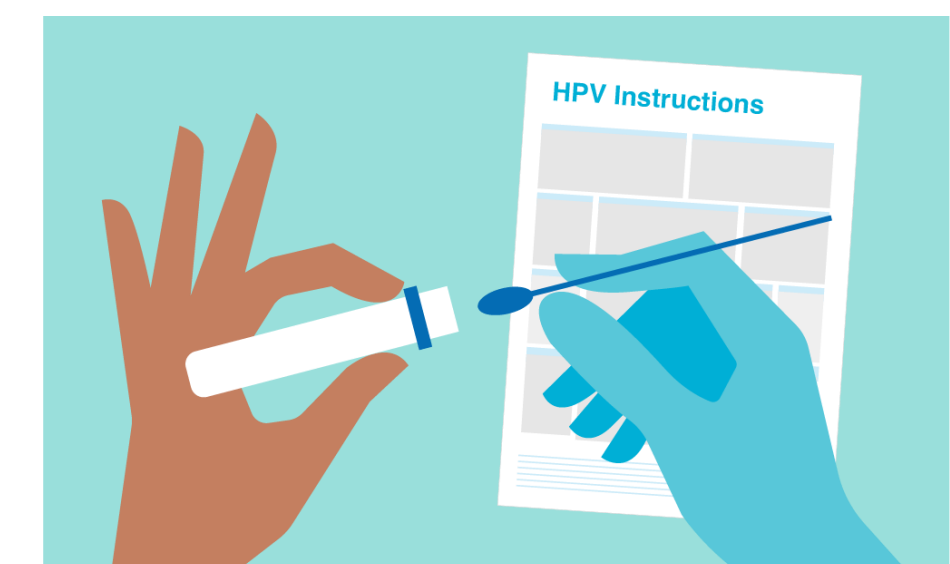


Image credit: Canadian Partnership Against Cancer

## References/Acknowledgements

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### References:

- ❖ Arbyn et al. *Meta-analysis of agreement/concordance statistics in studies comparing self- vs clinician-collected samples for HPV testing in cervical cancer screening.* Int. J. Cancer. 2022;151(2):308-312.
- ❖ Hawkes et al. *Self-Collection for Cervical Screening Programs: From Research to Reality.* Cancers (Basel). 2020 Apr 24;12(4):1053.