

**Submission Id: 3901**

**Title**

*Primary care provider and staff views on HPV self-sampling to address cervical cancer screening disparities*

**Priority 1 (Research Category)**

Screening, prevention, and health promotion

**Presenters**

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**Abstract**

Context: Somali patients in the U.S. experience persistently low cervical cancer screening rates due to a complex mix of barriers. Primary care clinic-based HPV self-sampling could effectively increase cervical cancer screening rates in Somali women by positioning providers to address some key screening barriers, enabling clinics to opportunistically fit in HPV self-sampling in the clinical encounter, and providing an alternative modality for patients. Research to date has focused primarily on mailing HPV self-sampling kits to patients, and less is known about offering HPV self-sampling during the patient encounter in the primary care clinic setting.

Objective: Primary care providers and staff were asked for their views on implementing HPV self-sampling in clinic. Findings will be used to inform an effectiveness-implementation study testing the impact of offering HPV self-sampling as an option for cervical cancer screening for Somali patients.

Study Design: Primary care providers and staff participated in semi-structured interviews, exploring their views on HPV self-sampling and their anticipated needs or barriers to implementing this approach in the clinic setting and clinical encounter. The Consolidated Framework for Implementation Science (CFIR) was used to inform the interview guide.

Analysis: Interviews were recorded and transcribed. A thematic analysis using the constructivist version of grounded theory was undertaken.

Population Studied: 30 primary care providers and staff in two clinics in Minneapolis, Minnesota who serve large Somali patient populations.

Results: Providers and staff anticipate positive patient reactions to the option of HPV self-sampling, although some voiced concern about patients perceiving HPV self-sampling as a less effective option, and worry about the lack of a physical exam. HPV self-sampling was mostly viewed favorably as a modality to help increase screening and was seen as straightforward to integrate into existing clinic workflows. Providers largely lacked awareness of the evidence supporting the accuracy of HPV self-sampling for cervical cancer screenings and felt clinic wide staff and patient education would be needed.

Conclusions: HPV self-sampling in clinic was viewed favorably, particularly to reach under-screened populations, and was seen as being easy to implement in current workflows. Clinic-wide education on the current evidence on HPV self-sampling will be essential to support implementation.