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Title

Awareness and acceptance of primary HPV testing by clinician vs self-sampling among cervical cancer screening-eligible women

Priority 1 (Research Category)

Women's health

Presenters

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Abstract

Context: In 2019, only 73.5% of women were up to date with cervical cancer screening (National Health Interview Survey); lower rates are expected with COVID-related delays. Primary human papillomavirus (HPV) screening is endorsed by the US Preventive Services Task Force and preferred by the American Cancer Society, but uptake is low. Once FDA-approved, primary HPV self-sampling may address screening barriers by providing flexibility in screening time and location. However, insight into patients' understanding of primary HPV screening is limited. Objective: Evaluate awareness of the primary HPV screening option and acceptance of clinician vs self-sampling in screening-eligible women. Study Design/Analysis: Cross-sectional survey. Setting: Midwest health system. Population: Screening-eligible women aged 30-65 with a primary care clinician. Intervention: Mailed survey. Outcome measures: Awareness of the primary HPV test screening option, acceptance of clinician vs self-sampled primary HPV screening and expected convenience, embarrassment, ease, and pain of self-sampling vs clinician sampling. Results: We obtained responses from 351 (23.4%) of women sampled, primarily non-Hispanic white, married, rural, college-educated, and screening-adherent. 18.9% were aware of primary HPV testing as a screening option which was associated with having prior HPV testing (p=.003). After a brief description of primary HPV testing was provided within the survey, acceptability of the option was 82% for clinician-sampling and 76% for self-sampling. Clinician-sampling acceptability was associated with higher income (p=0.009); self-sampling acceptability was associated with higher income (0.002) and higher education (p=0.02). Most women expected self-sampling to be more convenient (94%), less embarrassing (85%), easier (85%) and less painful (81%) than clinician-sampling. Compared with clinician-sampling, age (p=.04) and education (p=.02) were predictive of reporting self-sampling being easier and marital status was predictive of reporting self-sampling being less embarrassing (p=.01) after accounting for these factors as well as geography of residence (rural vs urban) and income. Conclusion: Educational interventions are needed to inform patients about the primary HPV test as a screening option and to prepare for anticipated FDA-approval of self-sampling. These data suggest that screening-eligible women recognize many benefits to self-sampling which may improve screening rates.