

# HPV self-sampling article collection: e-manuscript summaries

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## [Original Article] Strategies to reach marginalized women for cervical cancer screening: A qualitative study of stakeholder perspectives

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**URL:** <http://www.current-oncology.com/index.php/oncology/article/view/3851/2618>

**DOI:** <https://doi.org/10.3747/co.25.3851>

**Background** Self-sampling for human papillomavirus (HPV) has the potential to reach marginalized populations that are underserved for cervical cancer screening. However, before implementing an alternative screening strategy such as self-sampling for under- and never-screened women, the key processes, facilitators, and barriers to reform need to be understood.

**Methods** A descriptive qualitative study was conducted that involved semi-structured interviews with Canadian and international cancer screening health care providers and policy-makers. Respondents were purposively selected from a list of thirty stakeholders generated through an environmental scan. The interviews were transcribed verbatim and analyzed using directed content analysis.

**Results** Nineteen stakeholders participated in the interviews. Most respondents thought that self-sampling was an appropriate cervical screening alternative for hard-to-reach populations, as it addressed barriers to cervical screening related to various social determinants of health. All respondents emphasized that transitioning to HPV primary screening would catalyze a policy shift towards self-sampling. Clinician respondents were less enthusiastic about self-sampling strategies since that discouraged women's appointments with primary care providers, because cervical screening offered an opportunity to discuss other preventive health topics. There also was little consensus between respondents on whether the state of evidence was satisfactory to integrate a self-sampling option into policy, or whether more Canadian research was needed.

**Conclusion** Canadian cervical cancer screening stakeholders should collaborate to identify the knowledge gaps that researchers should address and leverage the existing literature to implement tailored, patient-centred alternative cervical screening strategies. The transition to

HPV primary screening would be a key first step in the broad implementation of HPV self-sampling in Canada.

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## [Original Article] Completing the cervical screening pathway: Factors that facilitate the increase of self-collection uptake among under-screened and never-screened women, an Australian pilot study

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**URL:** <http://www.current-oncology.com/index.php/oncology/article/view/3916/2620>

**DOI:** <https://doi.org/10.3747/co.25.3916>

**Objectives** To examine factors that enhance under-screened and never-screened women's completion of the self-collection alternative pathway of the Renewed National Cervical Screening Program (NCSPP) in Victoria, Australia.

**Background** With the Australian NCSPP changing, starting on 1 December 2017, the Medical Services Advisory Committee (MSAC) recommended implementing human papillomavirus (HPV) testing using a self-collected sample for under-screened and never-screened populations. In response, a multi-agency group implemented an HPV self-collection pilot project to trial self-collection screening pathways for eligible women.

**Methods** Quantitative data were collected on participation rates and compliance rates with follow-up procedures across three primary health care settings. Forty women who self-collected were interviewed in a semi-structured format, and seven agency staff completed in-depth interviews. Qualitative data were used to identify and understand clinical and personal enablers that assisted women to complete self-collection cervical screening pathways successfully.

**Results** Eighty-five per cent (10 women) of participants who tested positive for HPV successfully received their results and completed follow-up procedures as required. Two remaining participants also received HPV-positive results. However, agencies were unable to engage them in follow-up services and procedures. The overall participation rate in screening (self-collection or Pap test) was 85.7% (84 women), with 79 women self-collecting. Qualitative data indicated that clear explanations on self-collection, development of trusting, empathetic relationships with health professionals, and recognition of participants' past experiences were critical to the successful completion of the self-collection pathway. When asked about possible inhibitors to screening and to following up on results and appointments, women cited poor physical and mental health, as well as financial and other structural barriers.

**Conclusion** A well-implemented process, led by trusted, knowledgeable, and engaged health care professionals who can provide appropriate support and information, can assist under-screened and never-screened women to complete the HPV self-collection pathway successfully.

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### [Original Article] Self-collection for under-screened women in a National Cervical Screening Program: pilot study

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**URL:** <http://www.current-oncology.com/index.php/oncology/article/view/3915/2624>

**DOI:** <https://doi.org/10.3747/co.25.3915>

**Background** Commencing 1 December 2017, Australia introduced human papillomavirus (HPV)-based cervical screening. As part of this Australian renewed National Cervical Screening Program (NCSP) women who are either never- or under-screened and who refuse a practitioner collected sample will be able to collect their own sample for cervical screening. The aim of this study is to examine the quantitative results of a pilot study into the acceptability of the self-collection alternative pathway.

**Methods** Eligible participants were offered the opportunity to collect their own sample. Those who agreed were given a flocked swab and an instruction sheet and took their own sample in an area of the health care clinic that afforded them adequate privacy. These samples were then given to clinic staff who returned them to Victorian Cytology Service (vcs) Pathology for HPV nucleic acid testing.

**Results** Of 98 eligible women, seventy-nine undertook self-collection for HPV-based cervical screening. Seventy-seven produced valid results, 14 were positive for oncogenic HPV,

with 10 undertaking follow-up. Three women were found to have cervical squamous abnormalities with two of those being high-grade intraepithelial squamous lesions.

**Conclusion** The pilot study for self-collection for cervical screening produced quantitative data that were similar to that already reported in the literature, but had a much higher rate of acceptance compared with self-collection programs based in the home.

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### [Review Article] Knowledge of HPV/cervical cancer and acceptability of HPV self-sampling among women living with HIV: A scoping review

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**URL:** <http://www.current-oncology.com/index.php/oncology/article/view/3855/2611>

**DOI:** <https://doi.org/10.3747/co.25.3855>

Cervical cancer rates are disproportionately high among women living with the human immunodeficiency virus (WLHIV). Cervical cancer is preventable through HPV screening, regular Pap tests, and early cancer detection. Evidence indicates that HPV and cervical cancer screening are suboptimal among WLHIV, who face a myriad of access barriers. Considering that screening is an effective first-line defense to cervical cancer, we conducted a scoping review with the aim of gaining a better understanding about: (1) the knowledge and perceptions of HPV and cervical cancer screening among WLHIV; and (2) the acceptability of self-sampling for HPV among WLHIV. We searched five electronic databases for peer-reviewed articles that were published in English within the last ten years, reported on studies with HIV-positive women who were aged 16 or older, and satisfied the topics of the review. A total of 621 articles were found. After accounting for duplicates and unmet criteria, 17 articles and 1 abstract, reporting on studies in the United States and Africa, were included in this review. The review highlighted that most WLHIV had inadequate knowledge of HPV transmission and cervical cancer prevention, which influenced their perceptions of risk and susceptibility. Screening barriers included misconceptions about Pap tests, fear of diagnosis of serious illness, perceived pain, embarrassment, bodily modesty, and limited access to female health care providers. This review also affirms that self-sampling is an acceptable and promising screening option for WLHIV. Implications for policy, research, and practice are discussed.

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**[Review Article] HIV-positive MSM's knowledge of HPV and anal cancer self-sampling: A scoping review**

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**URL:** <http://www.current-oncology.com/index.php/oncology/article/view/3856/2619>

**DOI:** <https://doi.org/10.3747/co.25.3856>

Human papillomavirus (HPV) infection is the cause of anal squamous cell cancer (ASCC) in 80% of cases. Available research has also shown high prevalence of anal HPV infection among men who have sex with men (MSM). However, HPV vaccination is low among MSM in Canada. In light of this information, we conducted a scoping review with the aim of exploring (1) the knowledge of HPV and anal cancer among HIV-positive MSM and (2) the acceptability of HPV and anal cancer self-sampling in this population. In conducting the review, we searched

five electronic databases for peer-reviewed articles and abstracts published in English, between 2007 and 2017. A total of 803 articles were retrieved; after accounting for duplicates (n=40) and unmet criteria (n=754), a total of 794 articles were excluded. A final total of nine articles were used in this review. Results of this review show that HIV-positive MSM have limited knowledge regarding the risks of anal cancer associated with HIV and HPV coinfection. Furthermore, there is limited research on HPV and anal cancer self-sampling in this population. However, the review of available studies suggested that HIV-positive MSM were open to anal cancer self-sampling. It also identified potential barriers to self-sampling. In conclusion, we provide suggestions and future directions for policy-makers and educators to develop inclusive and accessible strategies to reach HIV-positive MSM regarding anal cancer education and self-screening.

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