This research investigates how Hispanic and Arab women—two populations of women in the U.S. who are consistently underscreened—respond to the option of self-administered human papillomavirus (HPV) testing as a method of cervical cancer prevention, and how likely they would be to use self-testing as a first step in preventive screening. Though significant gains have been made in preventing cervical cancer, it continues to cause morbidity and mortality among women in the United States, particularly among these women who are screened infrequently or not at all. Recognition of the strong causal relationship between persistent, high-risk HPV infection and the development of cervical cancer has led to the development of HPV DNA tests to be used for cervical cancer screening. In the U.S. HPV testing is used in conjunction with traditional Pap tests, though there is increasing evidence and support for the use of HPV testing alone as a primary cervical cancer screening tool. Novel health screening devices have been developed that allow women to self-screen for HPV, which may offer opportunity to simplify the cervical cancer screening process for women who are not accessing screening services.

### Objectives

This research presents new quantitative and qualitative data on the likelihood to use and sense of self-efficacy in using HPV self-screening devices for cervical cancer screening purposes. The study identifies and elaborates specific implementation challenges and policy implications associated with incorporating self-administered HPV testing into the cervical cancer screening protocol targeted at underscreened populations in the U.S.

### Methods

This study uses a cross-sectional survey & interviews to explore Hispanic and Arab women’s likelihood to use a self-administered screening test for cervical cancer, their sense of self-efficacy in doing so, and the concerns they may have about using the test. Participants were between the ages of 30 and 65, and living in the United States.

### Procedure for HPV self-sampling

1. Open kit with self-sampling wand (cotton swab) and tube
2. Slide the wand into your vagina until it stops. Rotate the wand once, and take it out
3. Let the wand dry for a minute.
4. Put the cotton swab portion of the test into the tube provided.
5. Put the cap on the tube & place in the sampling wand

### Results

**Participants’ knowledge of HPV, cervical cancer, and what causes cervical cancer**

- **Did you know that HPV is the primary cause of cervical cancer?**
  - Yes: 76.7%
  - No: 23.3%

**Have you heard of cervical cancer or HPV?**

- **Yes:** 99.6%
  - **No:** 0.4%

**If you haven’t heard of cervical cancer or HPV, where did you hear those terms?**

- **Yes:** 99.0%
  - **No:** 1.0%

**Likelihood of all participants to use or prefer a self-screening test for cervical cancer**

- **Not at all:** 3.9%
  - **Very likely or likely:** 96.1%

**Likelihood of using a tampon-like versus urinary-based self-screening test for cervical cancer**

- **Urinary sample:** 52.0%
  - **Tampon sample:** 48.0%

**Likelihood of uninsured/insured women to use or prefer a self-screening test for cervical cancer**

- **Uninsured:** 46.9%
  - **Insured:** 53.1%

**Likelihood of Hispanic women compared to Arab women to use or prefer a self-screening test for cervical cancer**

- **Hispanic:** 68.5%
  - **Arab:** 31.5%

**Likelihood of using a self-screening test for cervical cancer**

- **No:** 9.9%
  - **Yes:** 90.1%

**Policies implications & Conclusions**

- **Changing landscape:** HPV testing will replace PAP as primary screening test for cervical cancer.
  - **Potential to make significant strides in prevention of cervical cancer among the subpopulations where the disease is most prevalent.**
  - **Changing guidelines:** physician buy-in and patient education are critical (ensure continued physician support)
  - **Significant logistical, follow-up protocol, treatment challenges.**
  - **Need cost effective analysis of lower cost of testing, less patient testing, avoidance of future treatment expenses.**
  - **Role of the ACO, what about unscreened patients?**
  - **Unknown Impact of HPV vaccine coverage and HPV-based screening for diagnosing and preventing in other diseases.**
  - **Renal testing screen criteria Add: ease of use/access, ‘disparity’**
  - **EDUCATION IS INEQUIITY:** empower women with knowledge and skills to screen themselves.