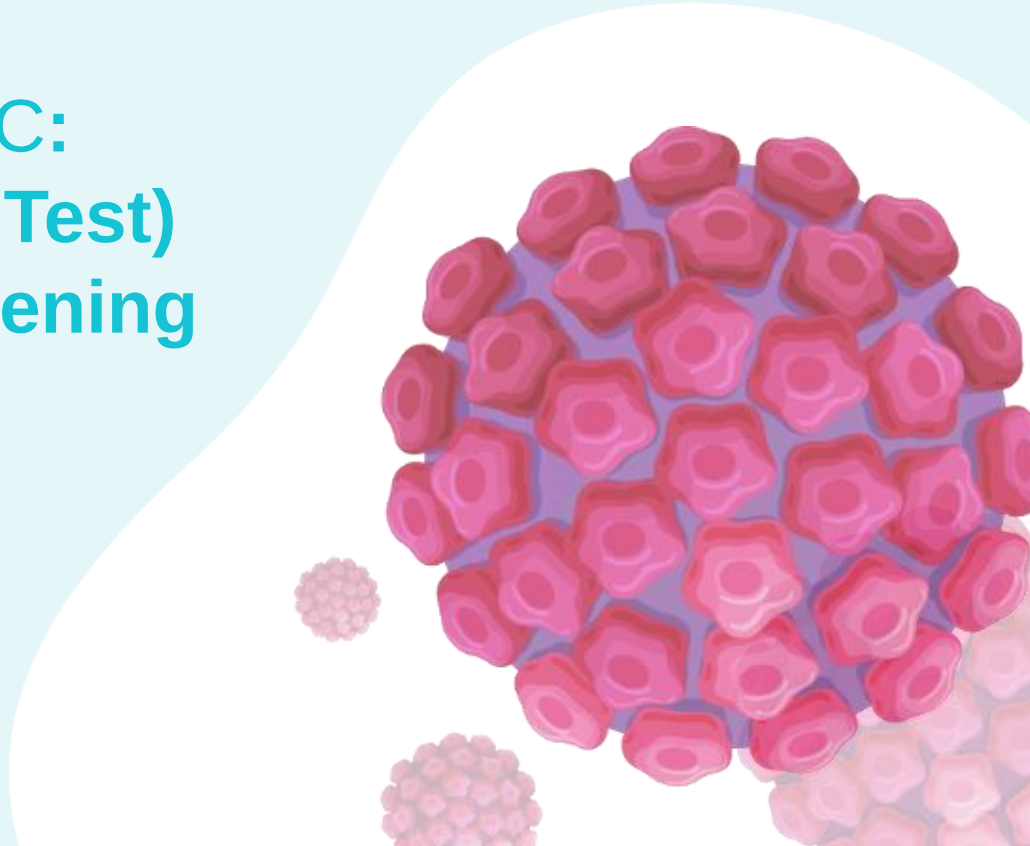
BC CANCER

Provincial Health Services Authority

Cervix Screening in BC: **From Cytology (Pap Test) to HPV Primary Screening**

November 27, 2023



We acknowledge with gratitude, that we are gathered on the traditional, ancestral and unceded territories of the ***xʷməθkʷəy̓əm (Musqueam), Sḵwx̱wú7mesh Úxwumixw (Squamish), and səl̓ílwətaʔ (Tsleil-Waututh) First Nations*** *who have nurtured and cared for the lands and waters around us for all time. I give thanks for the opportunity to live, work and support care here.*

Provincial Health Services Authority

Learning Objectives

- Describe the evidence and rationale for transitioning to HPV primary screening in BC
- Identify the HPV collection methods that will be available in BC and their eligibility criteria
- Explain the possible HPV test results and the recommended follow-up process
- Describe key messages when discussing HPV test results with patients
- State where to access available resources for providers and patients

Speakers

Dr. Gina Ogilvie

Tier 1 Canada Research Chair, Global Control of HPV Related Diseases and Cancer

Professor, School of Population and Public Health, UBC

Associate Director, Women's Health Research Institute

Senior Public Health Scientist, BC Centre for Disease Control

Laura Gentile

Operations Director, Cervix Screening and Colon Screening, BC Cancer

Laurie Smith

Research Program Manager, Global Control HPV Related Diseases/HPV FOCAL

Disclosures

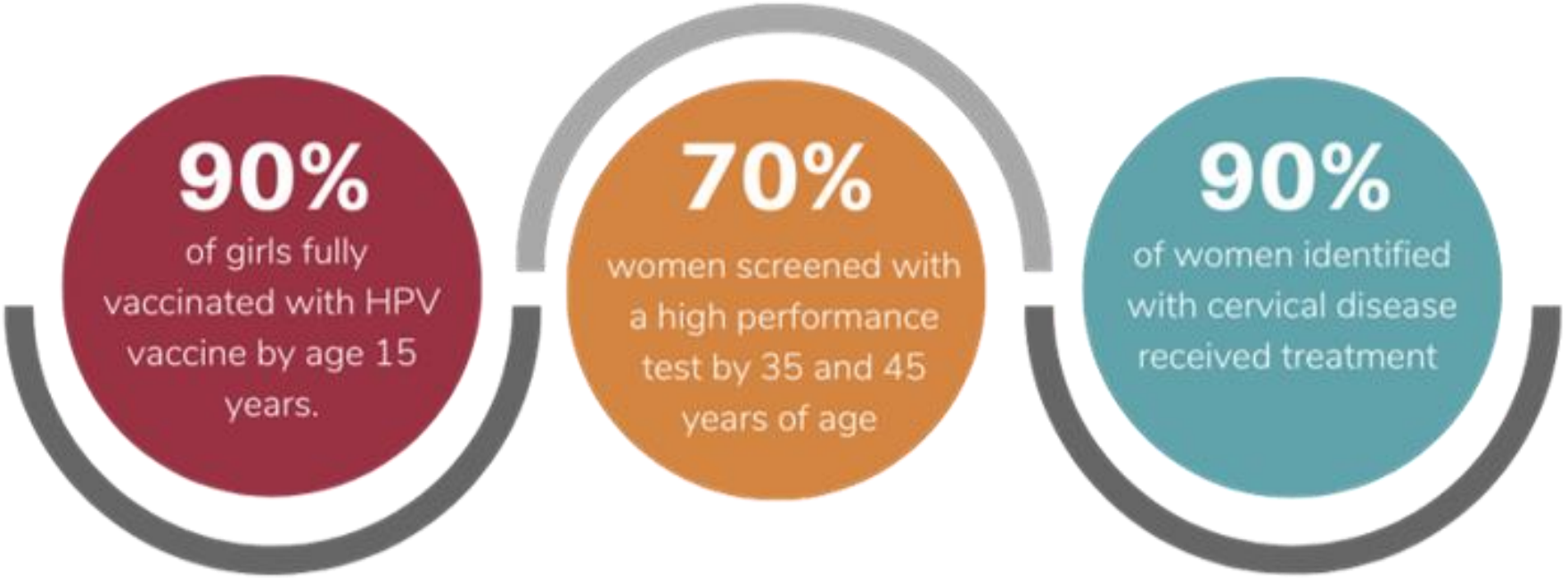
The speakers have nothing to disclose.

Format

- 90-minute webinar
  - 45-minute presentation
  - 45-minute Q&A
- Speaker and slides visible on the screen
- Questions submitted at slido.com #cervixscreening or click the link in your email (upvote your favourite questions )
- Questions will be answered after the presentation
- Email cpd.education@ubc.ca for support

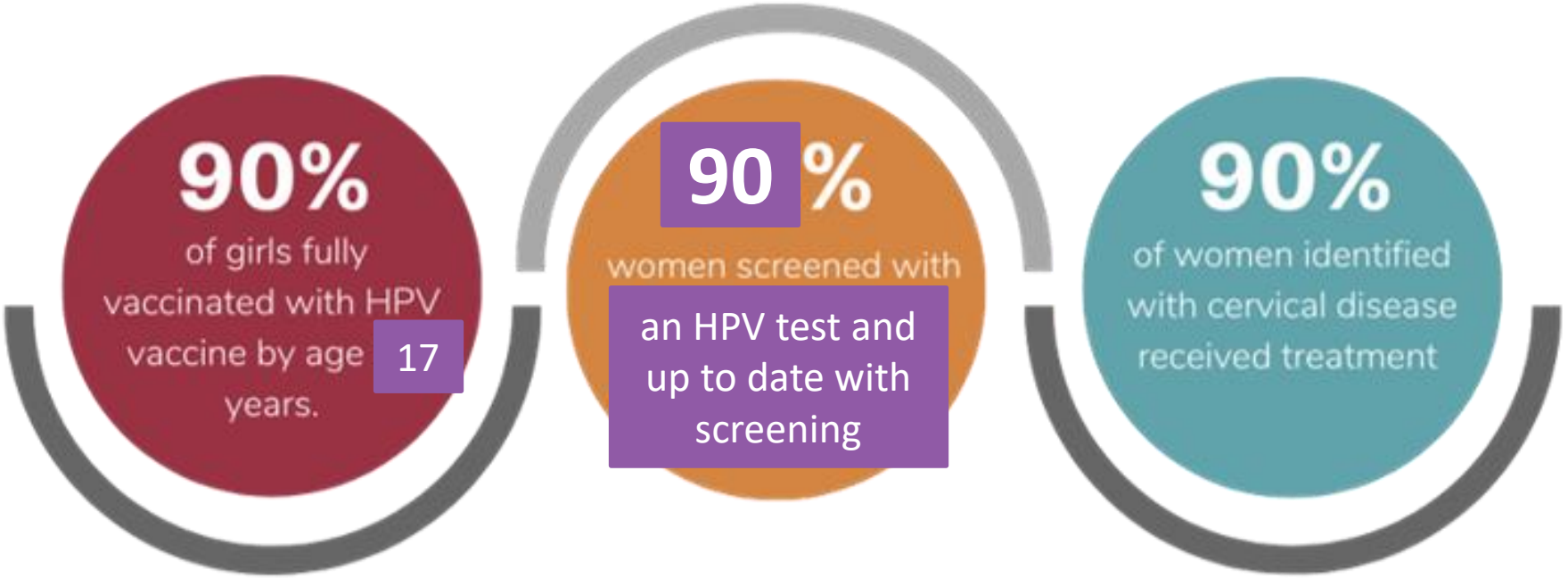
Background

WHO 2020 Strategy for Cervical Cancer Elimination as a Public Health Risk



(World Health Organization, 2021)

CPAC 2020 Strategy for Cervical Cancer Elimination as a Public Health Risk



(Canadian Partnership Against Cancer)

Science of
HPV and Cervical Cancer

Human Papillomavirus (HPV)

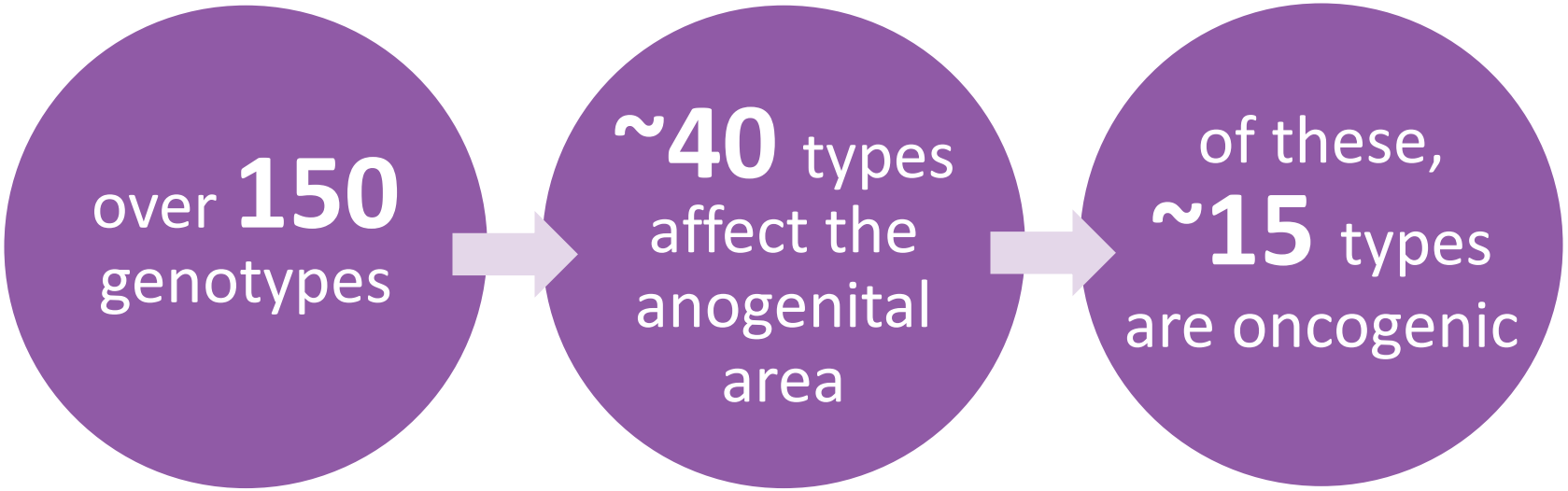
- The **most** common STI globally
- Transmitted sexually through intimate skin-to-skin contact – not necessarily intercourse
- Any sexually active person is at risk for HPV
  - **~80%** of sexually active people will be exposed to HPV at some point
  - Newly sexually active and young adults under age 30 are at highest risk of HPV acquisition
- Majority of newly acquired HPV infections resolve (undetectable by testing) within 1 to 2 years
  - Most are asymptomatic

Types of HPV

Oncogenic/High-Risk HPV

- There are about 15 types of hr-HPV – these can be associated with various cancers if not spontaneously cleared by the body
- When a hr-HPV infection persists (usually >10 years), it may cause changes to cells that can lead to cervical cancer
- hr-HPV types 16 and 18 cause 70% of cervical cancer and pre-cervical cancers around the world
- In 2020: An estimated 1350 people were diagnosed with cervical cancer in Canada, with over 400 women dying from this preventable cancer annually

Human Papillomavirus (HPV) and Cervical Cancer



Oncogenic HPV is associated with over 99% of cervical cancer cases globally

Prevention

Cervical cancer is almost *entirely* preventable through:

1) **Primary Prevention (Vaccination)**
   - HPV vaccination is ideally given to people before they become sexually active and are exposed to HPV
   - HPVV offers the best immune response when given to those under the age of 15, but still effective if given later
   - Recommended post treatment for cervical dysplasia to prevent recurrence
   - It's never too late to receive the vaccine

Prevention

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2) **Secondary Prevention (Screening)**
   - Detecting and treating pre-cancer before it becomes invasive

Science and Evidence of HPV Screening

HPV FOCAL: Clinical trial of HPV v Pap smear

- Largest North American randomized clinical trial evaluating primary HPV testing for screening
- Compared primary HPV testing every 4 years (HPV arm) to liquid-based cytology testing (cytology arm) every 2 years
- Over 25,000 BC women participated from 2008 through 2016

HPV FOCAL: Outcomes

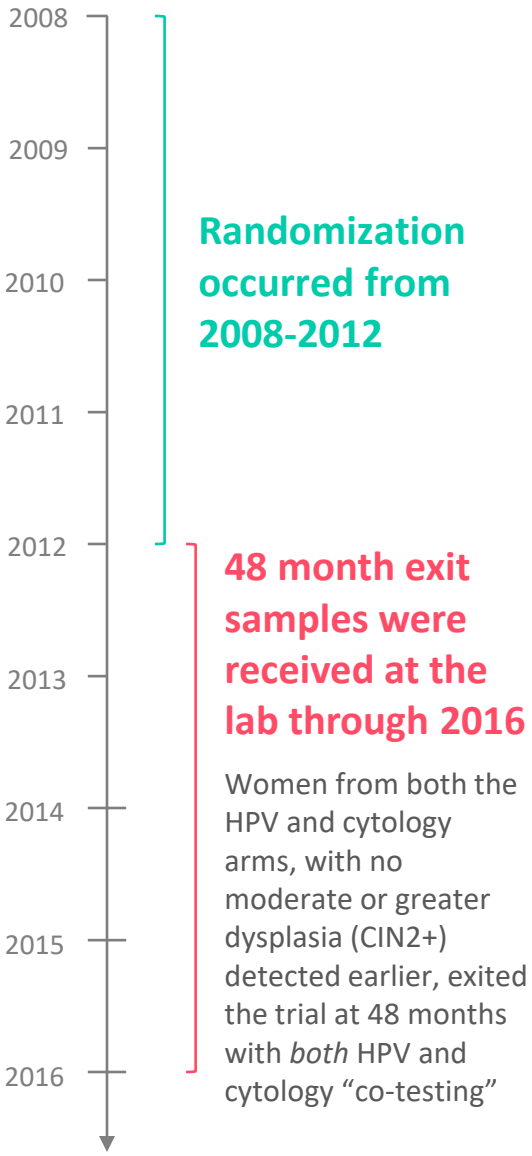
Primary Outcome:

- CIN grade 3 or worse (CIN3+) detected at 48 months in the control and intervention arms evaluated and compared as a surrogate marker for estimating reductions in incidence of cervical cancer

Main Secondary Outcomes:

- CIN2+ detected in the control and intervention arms at 48 months
- Evaluation of the impact of primary HPV testing on colposcopy services through evaluation of colposcopy referral rates
- Cost-effectiveness analyses

HPV FOCAL



Randomization occurred from 2008-2012

48 month exit samples were received at the lab through 2016

Women from both the HPV and cytology arms, with no moderate or greater dysplasia (CIN2+) detected earlier, exited the trial at 48 months with *both* HPV and cytology "co-testing"

HPV Arm

Baseline HPV Testing
n=9540

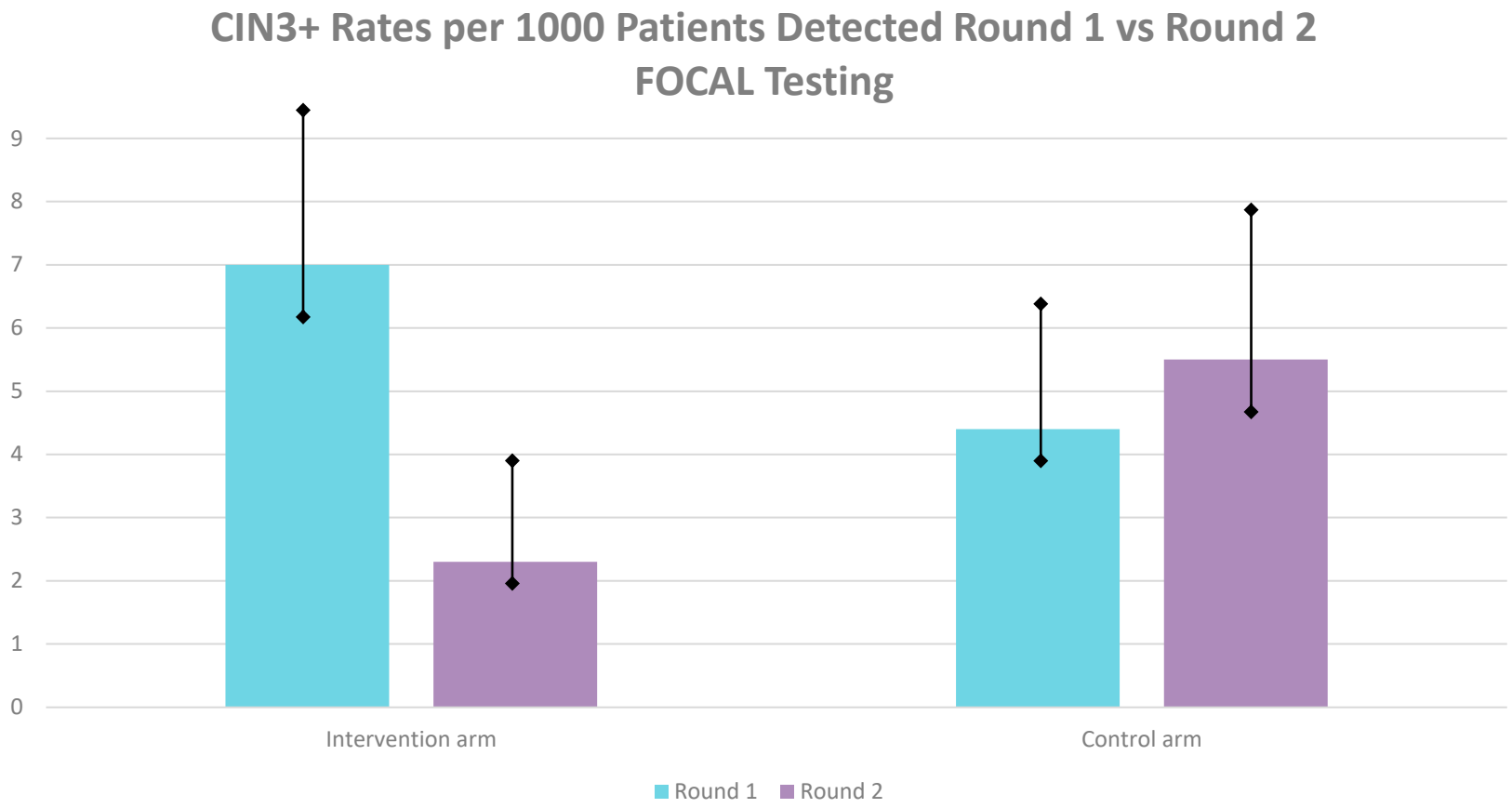
Exit HPV & Cytology
n=8296

Cytology Arm

Baseline Cytology Testing
n=9398

Exit HPV & Cytology
n=8078

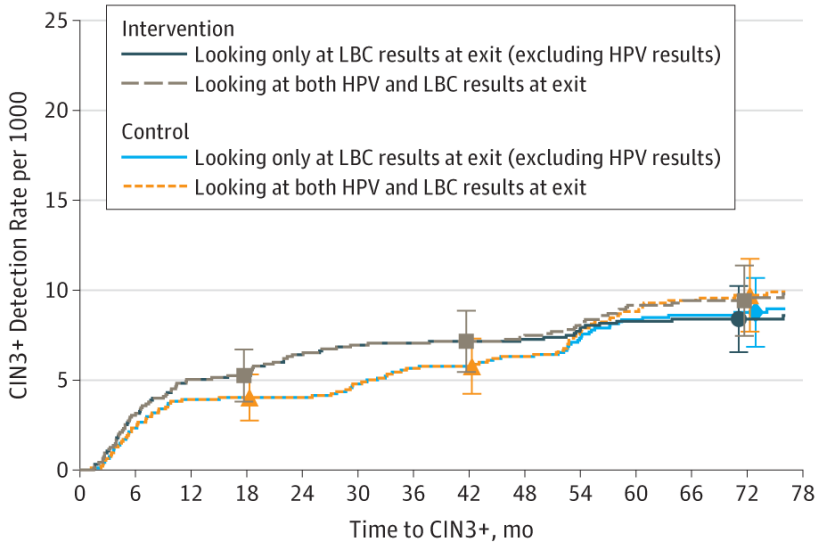
HPV FOCAL: CIN3+ Rates per 1000 Patients Detected



HPV FOCAL Results: 48 Months

- There were 8296 women in the intervention (HPV) and 8078 in the control (LBC) group who completed 48 months
- At 48 months, significantly less CIN3+ and CIN2+ was detected in the HPV vs. LBC group
- HPV group CIN3+ incidence: 2.3/1000 (95% CI, 1.5-3.5); and 5.5/1000 (95% CI, 4.2-7.2) in the LBC group.
  - CIN3+ risk ratio: 0.42 (95% CI, 0.25-0.69)
- HPV group CIN2+ incidence rate at 48 months: 5.0/1000 (95% CI, 3.8-6.7) and 10.6/1000 (95% CI, 8.7-12.9) in the LBC group
  - CIN2+ risk ratio: 0.47 (95% CI, 0.34-0.67)

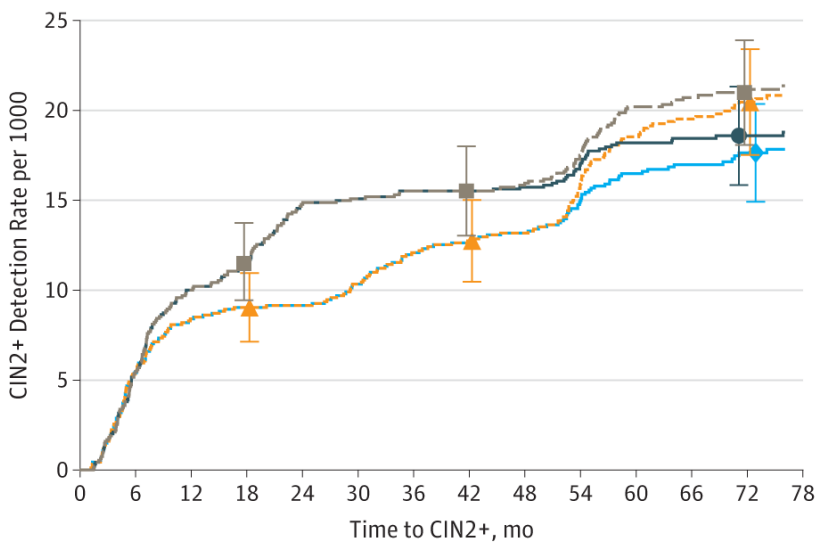
A Cumulative CIN3+ incidence



No. at risk

LBC	9457	9354	9234	9105	8971	8372	5594
HPV	9552	9442	9345	9269	9094	8554	5801

B Cumulative CIN2+ incidence



No. at risk

LBC	9457	9312	9186	9045	8907	8283	5521
HPV	9552	9395	9266	9190	9015	8455	5733

HPV FOCAL Results: Baseline Negative

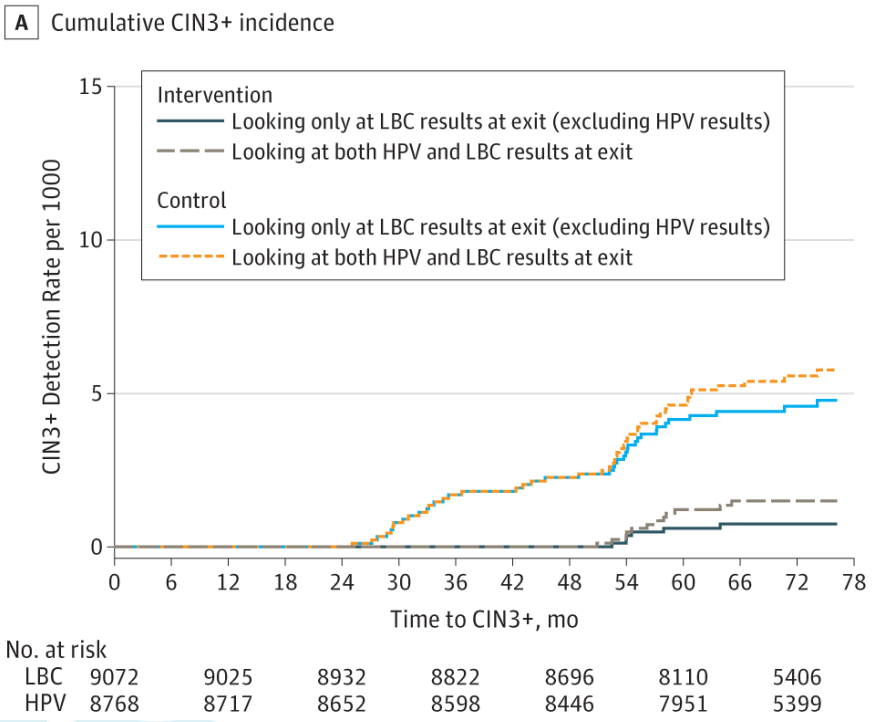
- At baseline, there were 8769 women with HPV negative results (HPV arm) and 9074 women with negative LBC results (LBC arm)

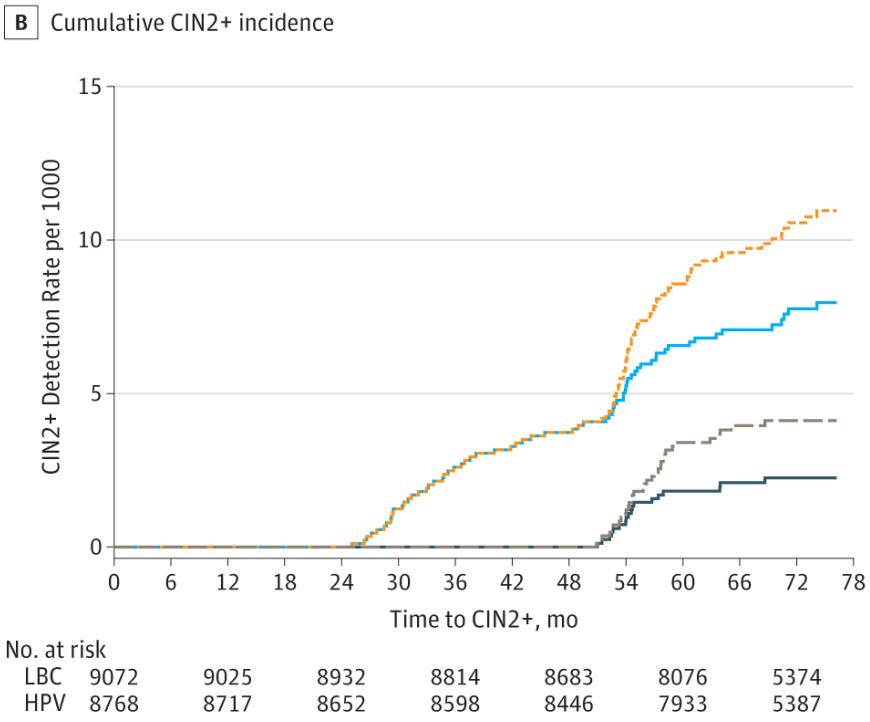
At 48 months:

- HPV group CIN3+ incidence: 1.4/1000 (95% CI, 0.8, 2.4); and 5.4/1000 (95% CI, 4.1, 7.1) in the LBC group
  - CIN3+ risk ratio: 0.25 (95% CI, 0.13, 0.48)
- HPV group CIN2+ incidence rate at 48 months: 3.6/1000 (95% CI, 2.6, 5.1) and 10.0/1000 (95% CI, 8.2, 12.3) in the LBC group
  - CIN2+ risk ratio: 0.36 (95% CI, 0.24, 0.54)

Screening Interval

Cumulative CIN3+ & CIN2+ Incidence for baseline HPV and LBC negative women attending 48-month Exit Screen





HPV FOCAL-DECADE: Outcomes

- **10 years after a negative HPV test**: participants had **one-third the risk of pre-cancer** compared to those who had a negative Pap Smear
  - At trial exit, over eight times more high-grade CIN lesions would have been missed by cytology (25 out of 8296 screened, 0.301%) than by HPV-based screening (3 out of 8078 screened, 0.037%).
  - In the Cytology Arm, three rounds of cytology at 24-month intervals (baseline, 24-month and exit) did not detect the 25 lesions that were detected by one HPV-based screen (at exit)

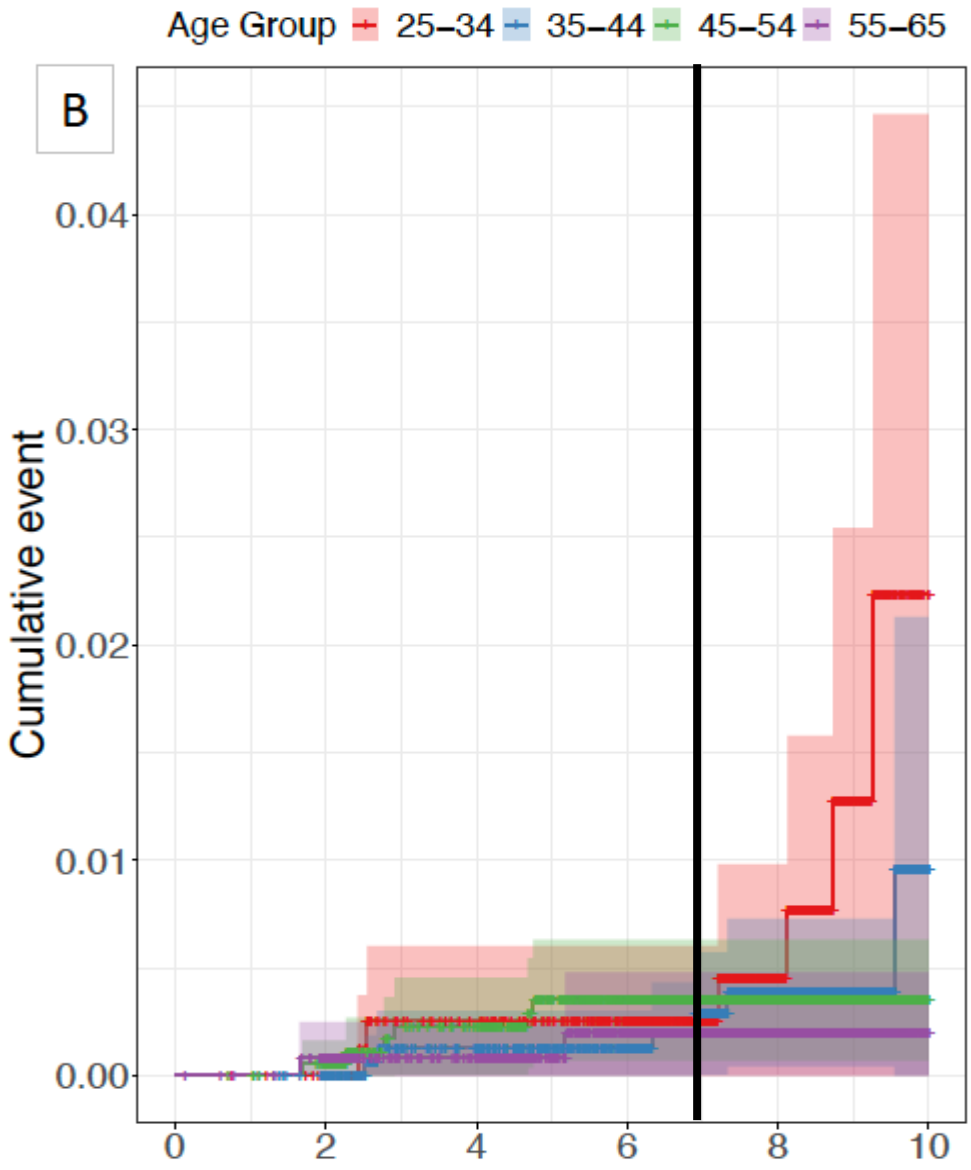
HPV FOCAL-DECADE Cohort

- Women from the safety arm of the FOCAL trial received an HPV test at baseline and liquid-based cytology at 24-month study exit
- Safety arm women who were HPV negative (N = 5537) were followed for up to 10 years through the BC Cancer Cervix Screening Program to track detection of CIN2+/CIN3+

Screening Interval

Risk of CIN2+ detection remains low across all age groups for about 7 years after negative HPV test, then increases for younger age groups

(Gottschlich et al. CEBP 2021)



Cumulative risk of CIN2+ and CIN3+ over follow-up

Cumulative risk of CIN2+ and CIN3+ detection over follow-up among HPV negative women										
	Overall		3 years [A]		5 years [A]		8 years [A]		10 years [A]	
	P-Ys	N	%	95% CI	%	95% CI	%	95% CI	%	95% CI
CIN2+	39699.5	20	0.17	(0.06 to 0.28)	0.21	(0.09 to 0.34)	0.35	(0.18 to 0.53)	0.82	(0.27 to 1.37)
CIN3+	39699.5	7	0.07	(0.00 to 0.15)	0.07	(0.00 to 0.15)	0.13	(0.02 to 0.23)	0.20	(0.02 to 0.39)

[A] years post-baseline HPV testing in FOCAL trial

One study found an 8-year cumulative risk of CIN2+ after a negative cytology screen = 1.04% (Mesher et al, 2010)

Primary HPV Trials

- Consistent evidence that primary hrHPV screening led to statistically significant increase in detection of CIN3+ in the initial round by ~ 2-3X
- In trials with second round, had reduced rates of CIN3+ in HPV arm
- Rates of colposcopy higher were overall higher in HPV
- By 10 years out, colposcopy rates were lower than cytology screening

Results from HPV FOCAL and Other Studies

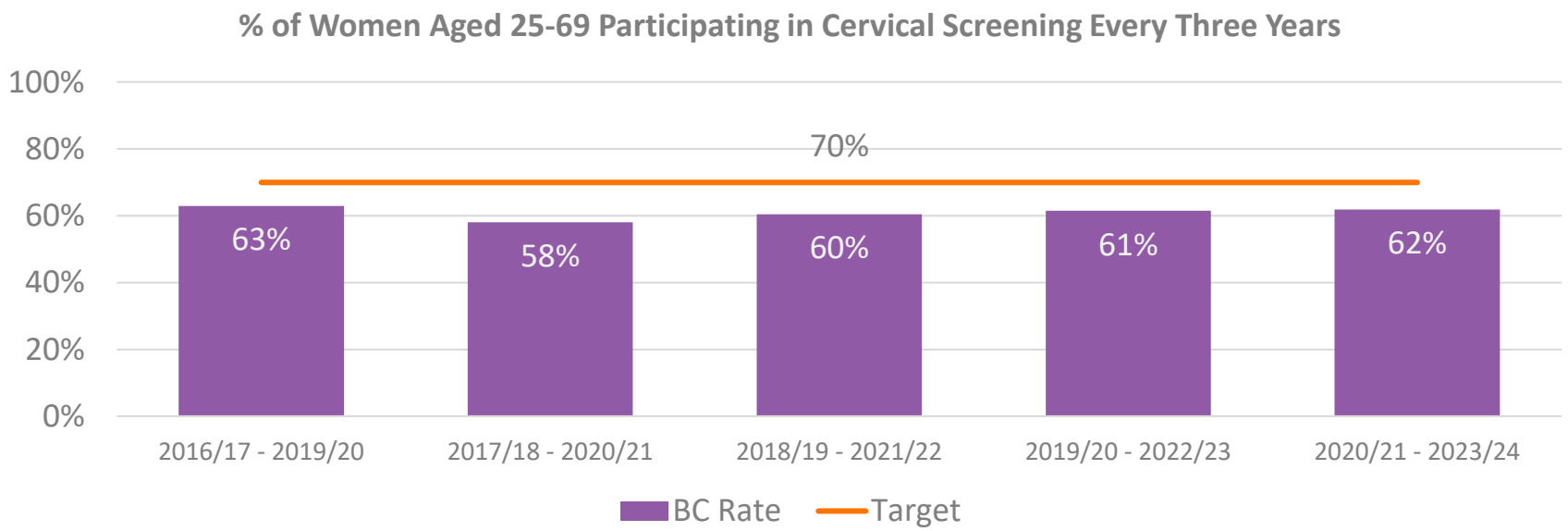
- The use of primary HPV testing compared to cytology resulted in significantly lower likelihood of CIN3+ 4 years later: HPV testing identified cervical dysplasia earlier and better (Ogilvie et al JAMA 2018)
- With one single negative HPV test: the long term risk of CIN2+ was low, up to at least 7 years of follow-up = supporting extension of screen interval in average risk individuals (Gottschlich et al. CEBP 2021)
- In a Cochrane review of over 40 studies (>140,000 women): results showed that HPV testing less likely to miss cases of CIN2+ and CIN3+ (Koliopoulos et al. Cochrane Database 2017)

Considerations for Over-Screening

- Cervix self-collection offers opportunity to improve screening coverage
- Coupled with extended interval of screening every 5 years
- Important considerations however on risk of over-screening
  - Established that treatment for cervical dysplasia has reproductive consequences:
    - Consistent elevated risks of preterm birth and low birth weight
  - Not like other STI testing
  - Need to ensure that we don't over-screen and screen more frequently than needed as risk of unintended harm of fertility outcomes
  - Particularly important as being offered to reproductive age women/individuals and preserving fertility potential is paramount

Improve Participation Rates

- Approximately 17% of 25-69 year olds do not have a primary care provider in B.C.
- On average, participation is around 60% (target participation: 70%)



Practice Change: Self-screening can reduce barriers to screening, improve health equity, and increase the number of people participating in screening.

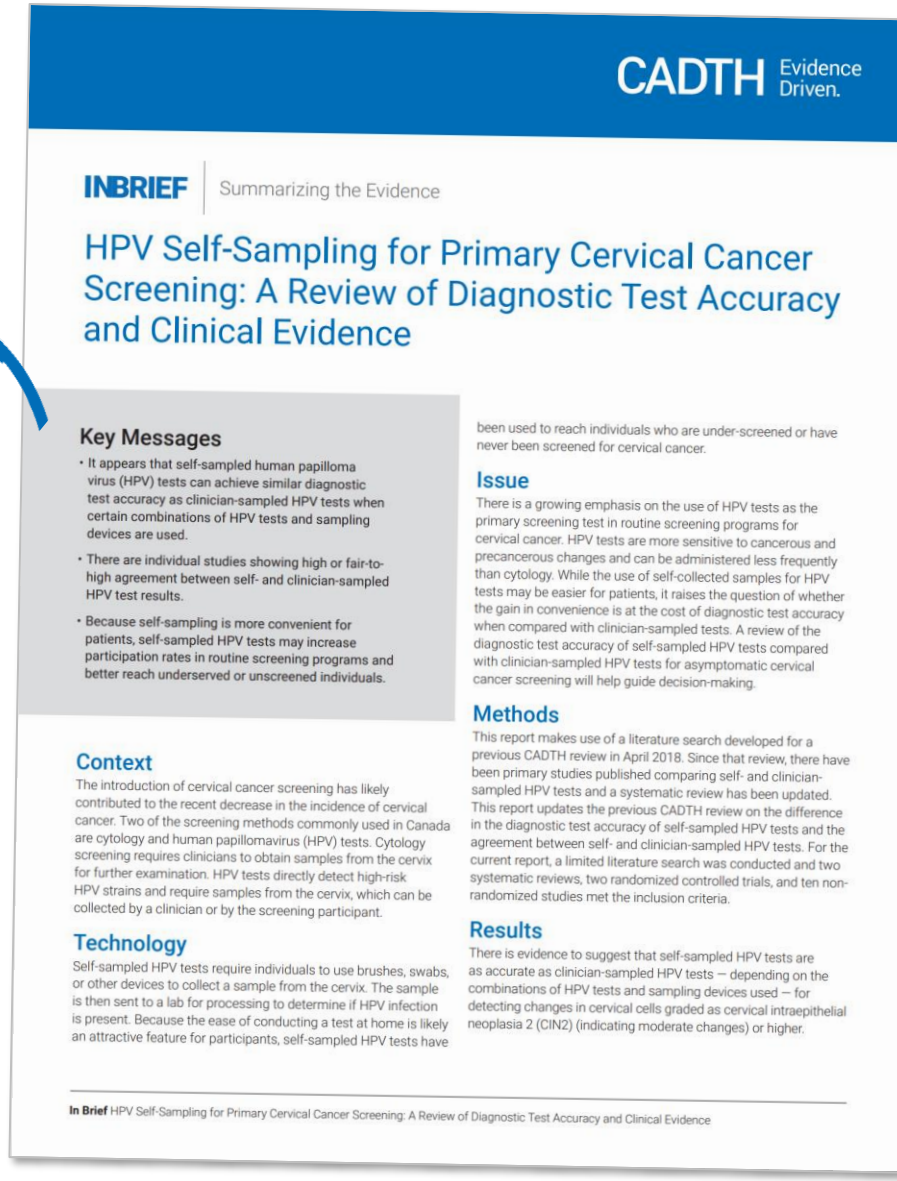
HPV Self-Collection

- HPV testing offers innovative approaches for screening beyond clinician/clinic-based care (to increase reach and coverage)
- Provides opportunities to decrease barriers when face-to-face care not feasible (COVID)
- HPV testing on self-collected samples provides similar results to provider collected samples (Arbyn et al. BMJ 2018)
- Highly acceptable (Australia and Netherlands currently offering self-collection in their national programs)

CADTH Report (September 2019)

Key Messages

- There are individual studies showing high or fair-to-high agreement between self- and clinician-sampled HPV test results
- Because self-screening is more convenient for patients, self-screening HPV tests may increase participation rates in routine screening programs and better reach underserved or unscreened individual



CADTH Evidence Driven.

INBRIEF | Summarizing the Evidence

HPV Self-Sampling for Primary Cervical Cancer Screening: A Review of Diagnostic Test Accuracy and Clinical Evidence

Key Messages

- It appears that self-sampled human papilloma virus (HPV) tests can achieve similar diagnostic test accuracy as clinician-sampled HPV tests when certain combinations of HPV tests and sampling devices are used.
- There are individual studies showing high or fair-to-high agreement between self- and clinician-sampled HPV test results.
- Because self-sampling is more convenient for patients, self-sampled HPV tests may increase participation rates in routine screening programs and better reach underserved or unscreened individuals.

Context

The introduction of cervical cancer screening has likely contributed to the recent decrease in the incidence of cervical cancer. Two of the screening methods commonly used in Canada are cytology and human papillomavirus (HPV) tests. Cytology screening requires clinicians to obtain samples from the cervix for further examination. HPV tests directly detect high-risk HPV strains and require samples from the cervix, which can be collected by a clinician or by the screening participant.

Technology

Self-sampled HPV tests require individuals to use brushes, swabs, or other devices to collect a sample from the cervix. The sample is then sent to a lab for processing to determine if HPV infection is present. Because the ease of conducting a test at home is likely an attractive feature for participants, self-sampled HPV tests have been used to reach individuals who are under-screened or have never been screened for cervical cancer.

Issue

There is a growing emphasis on the use of HPV tests as the primary screening test in routine screening programs for cervical cancer. HPV tests are more sensitive to cancerous and precancerous changes and can be administered less frequently than cytology. While the use of self-collected samples for HPV tests may be easier for patients, it raises the question of whether the gain in convenience is at the cost of diagnostic test accuracy when compared with clinician-sampled tests. A review of the diagnostic test accuracy of self-sampled HPV tests compared with clinician-sampled HPV tests for asymptomatic cervical cancer screening will help guide decision-making.

Methods

This report makes use of a literature search developed for a previous CADTH review in April 2018. Since that review, there have been primary studies published comparing self- and clinician-sampled HPV tests and a systematic review has been updated. This report updates the previous CADTH review on the difference in the diagnostic test accuracy of self-sampled HPV tests and the agreement between self- and clinician-sampled HPV tests. For the current report, a limited literature search was conducted and two systematic reviews, two randomized controlled trials, and ten non-randomized studies met the inclusion criteria.

Results

There is evidence to suggest that self-sampled HPV tests are as accurate as clinician-sampled HPV tests — depending on the combinations of HPV tests and sampling devices used — for detecting changes in cervical cells graded as cervical intraepithelial neoplasia 2 (CIN2) (indicating moderate changes) or higher.

Canadian Task Force Recommendations: Pelvic Exams

"The CTFPHC recommends not performing a screening pelvic examination to screen for noncervical cancer, pelvic inflammatory disease, or other gynecological conditions in asymptomatic women."

- The recommendation applies to screening pelvic examination in asymptomatic, nonpregnant, adult women
- Pelvic examination is appropriate in other clinical situations, such as for diagnosis of gynecological conditions when women present with symptoms or for follow up of a previously diagnosed condition
  - Patients with symptoms are advised to see a primary care provider, no self-screen

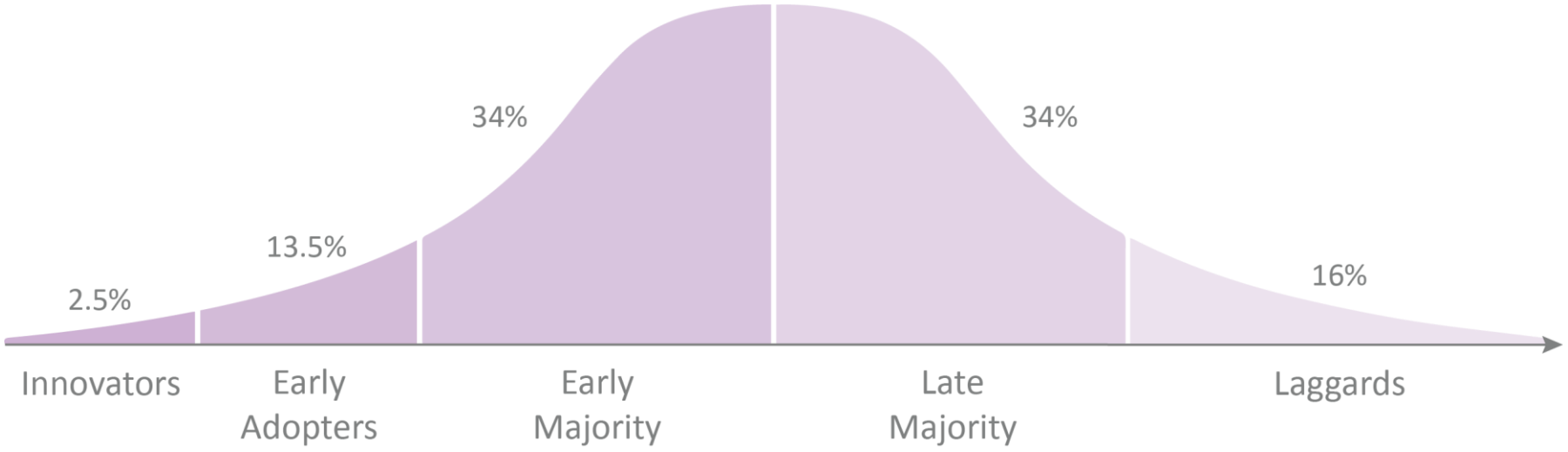
Benefits of Cervix Self-Screening

- Can be easily completed wherever the patient feels safe and comfortable
- Reduces barriers to screening and can improve participation and equity in screening
  - Barriers such as history of trauma and cultural sensitivities
  - Difficulty accessing a primary care provider
  - Difficulty getting a Pap test appointment
  - Enables screening for unattached patients

Practice Change: Patients can request a self-screening kit through the Cervix Screening Program.

Preparing for the Transition Across B.C.

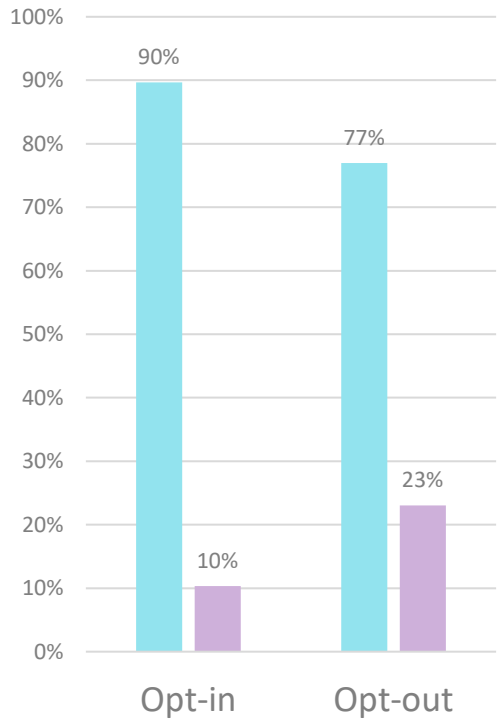
Technology Adoption Curve



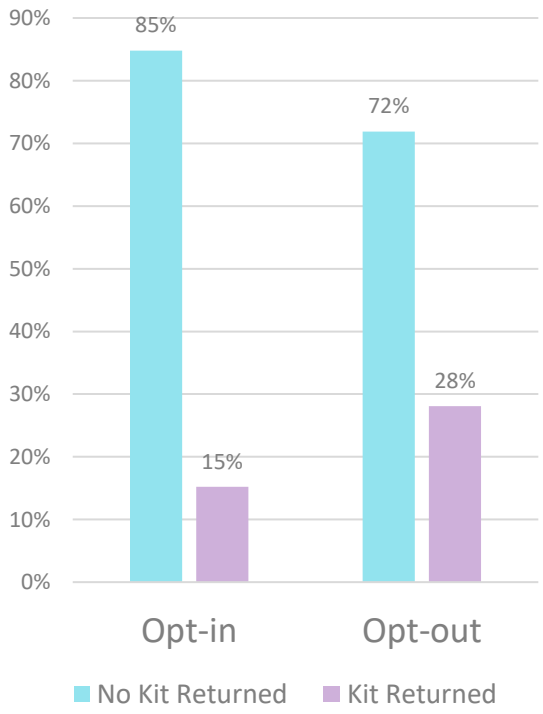
Cohort Comparison: Kits Returned

As of July 17, 2023:

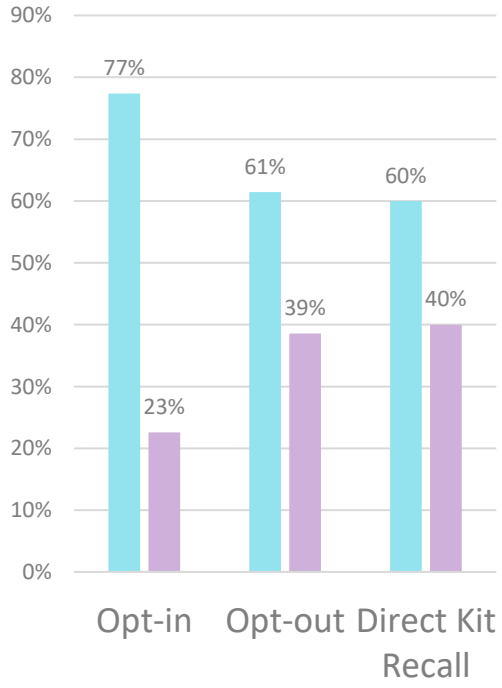
Cohort 1
Total returned = 3,198



Cohort 2
Total returned = 3,741



Cohort 3
Total returned = 5,787



Considerations

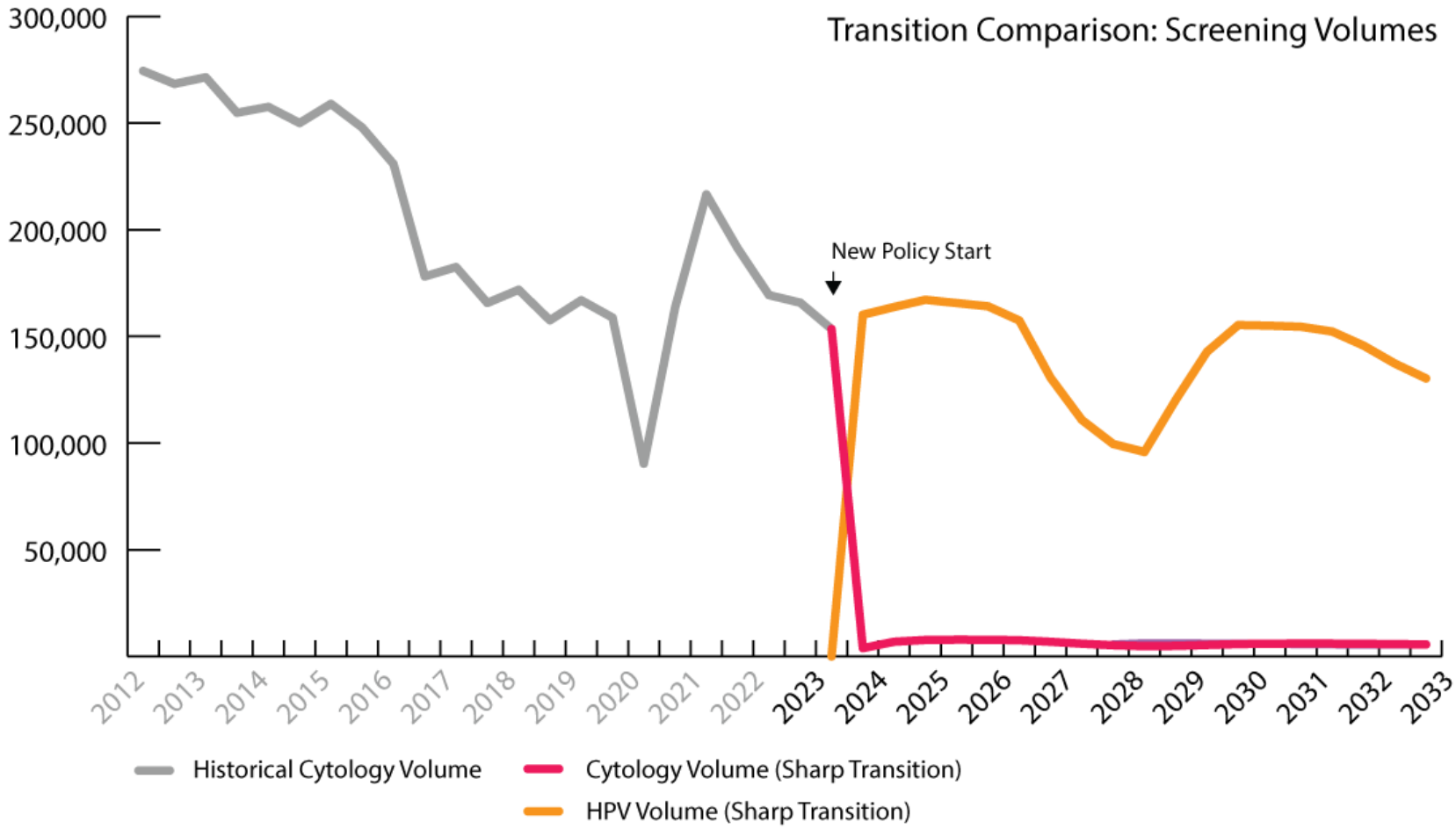
Choice is Important	• For Patients and Providers
Adoption Rate	• How fast? • To what extent?
Opt-Out Kits	• Too soon to send kits directly when patients are due

Modeling Work

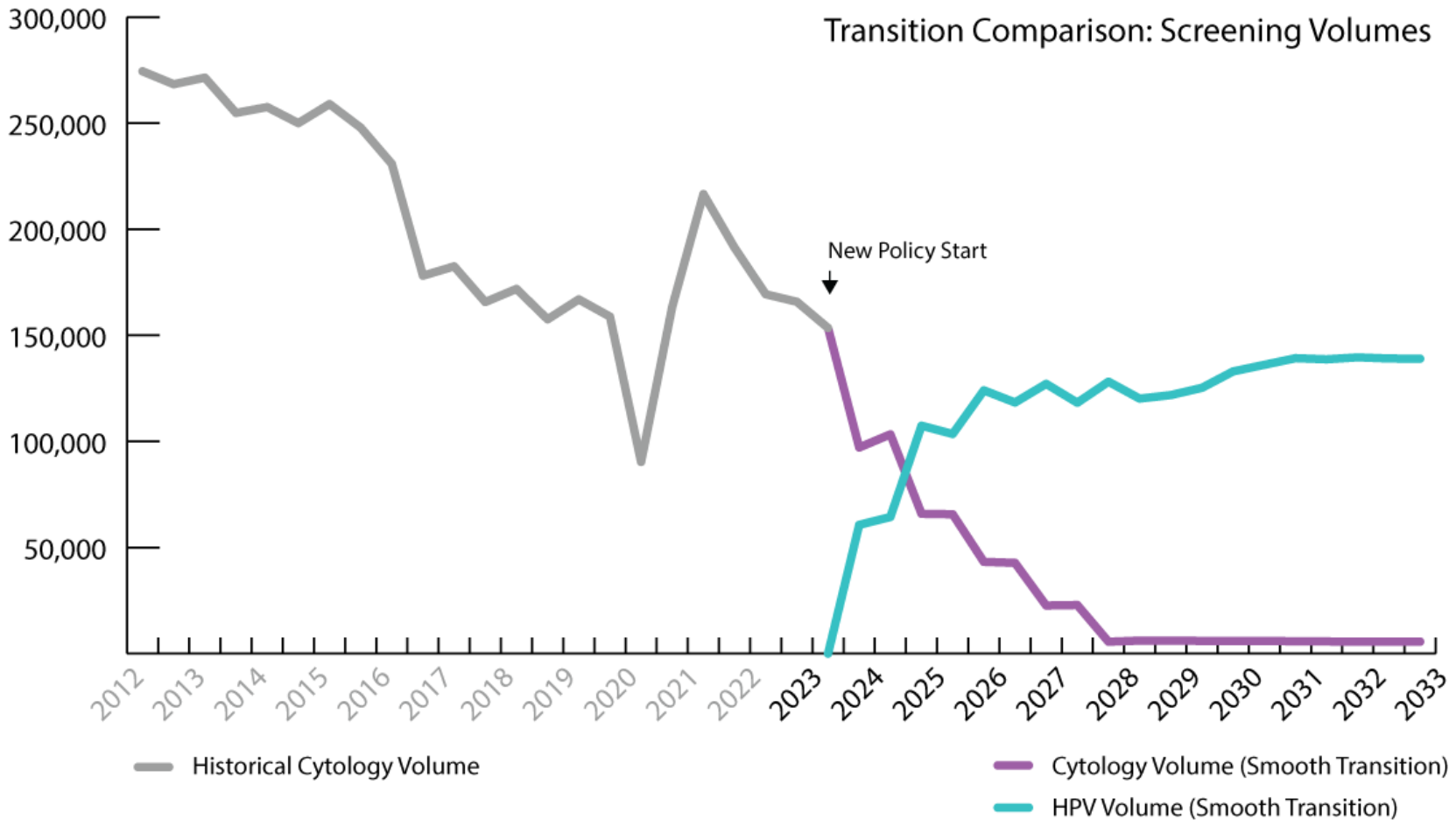
Markov Model

- Used to project future volumes based on the probability of expected screening outcomes and observed participant behavior
- Used model to see the impact of different implementation strategies to estimate future
  - Screening volumes
  - Colposcopy volumes
  - Treatment volumes
- Sensitivity analysis was completed for
  - Positivity rate
  - Participation rate
  - Follow-up algorithms

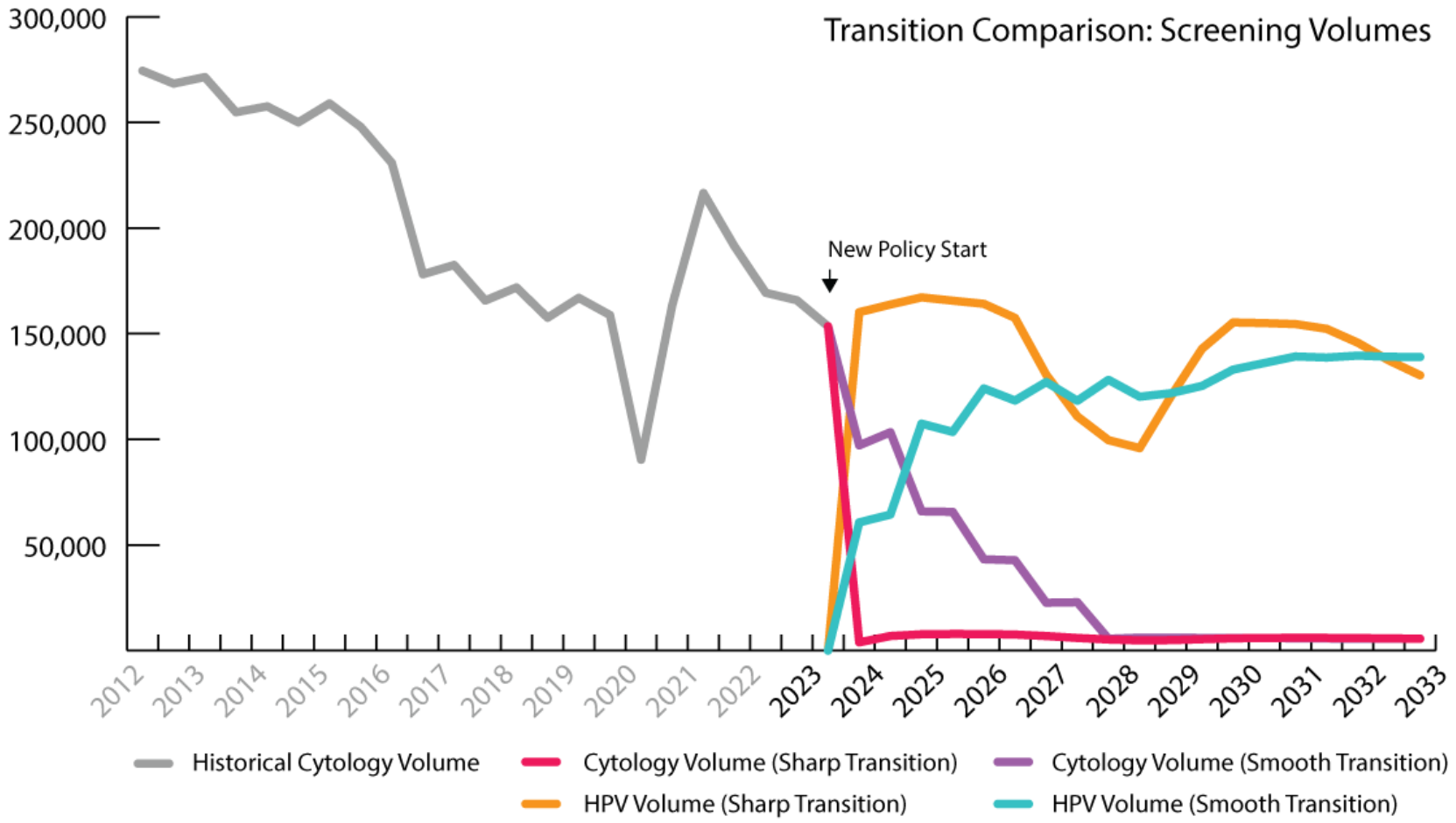
Transition Rate Options: Screening Volumes (Sharp)



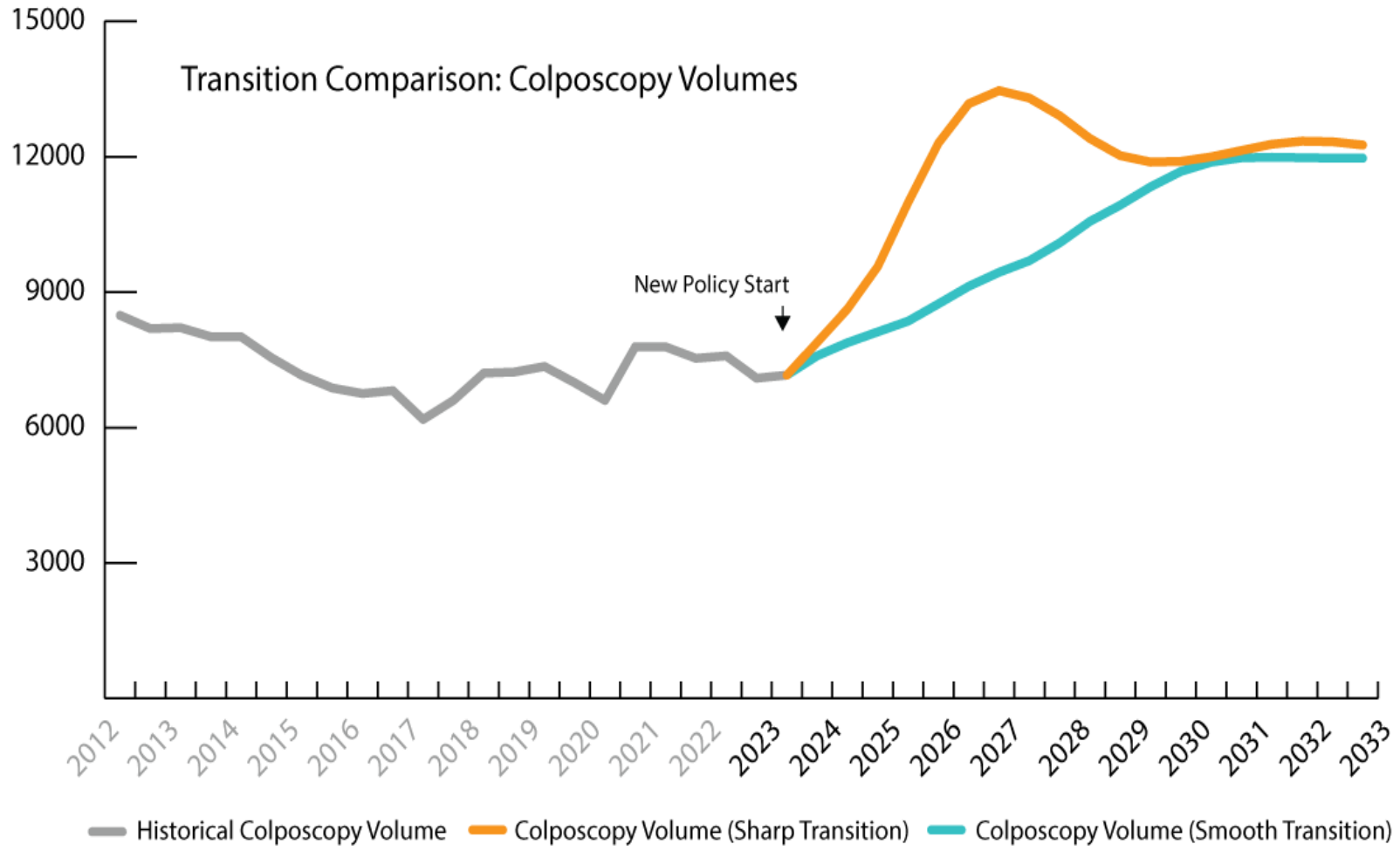
Transition Rate Options: Screening Volumes (Smooth)



Transition Rate Options: Screening Volumes (Combined)



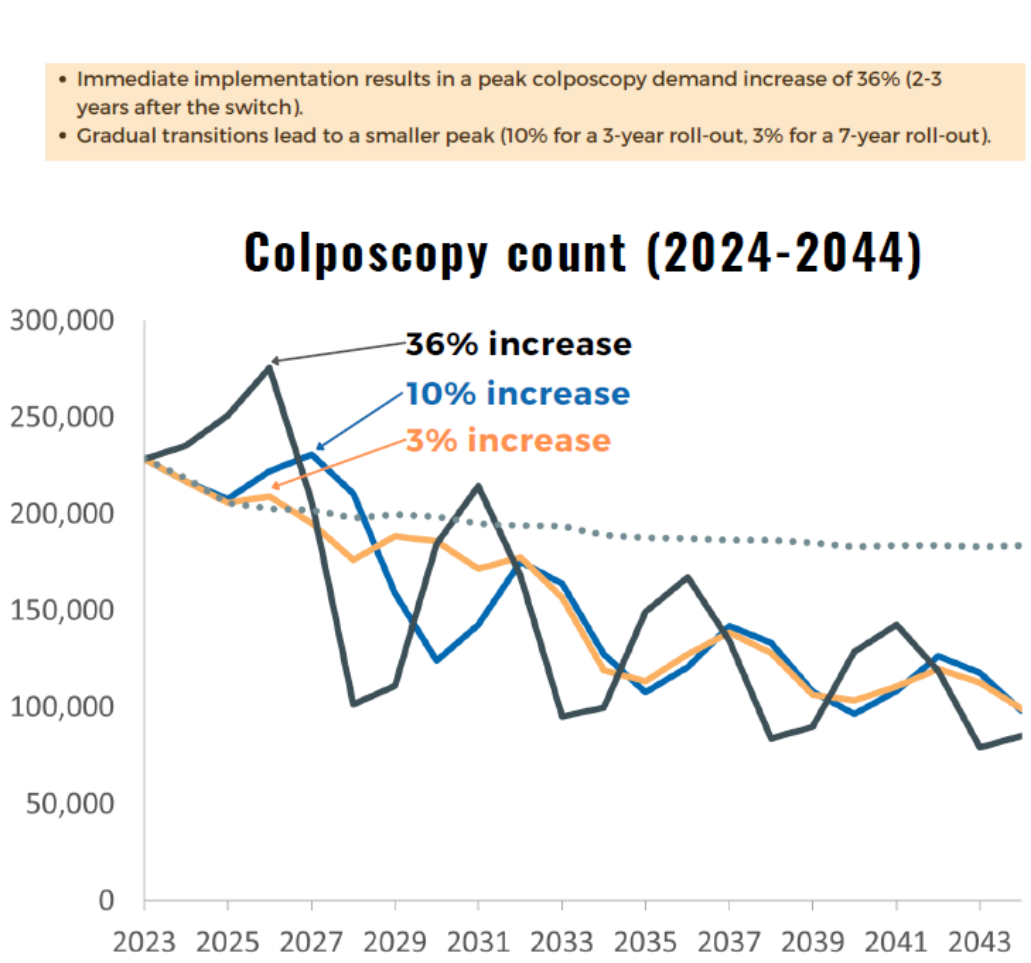
Transition Rate Options: Colposcopy



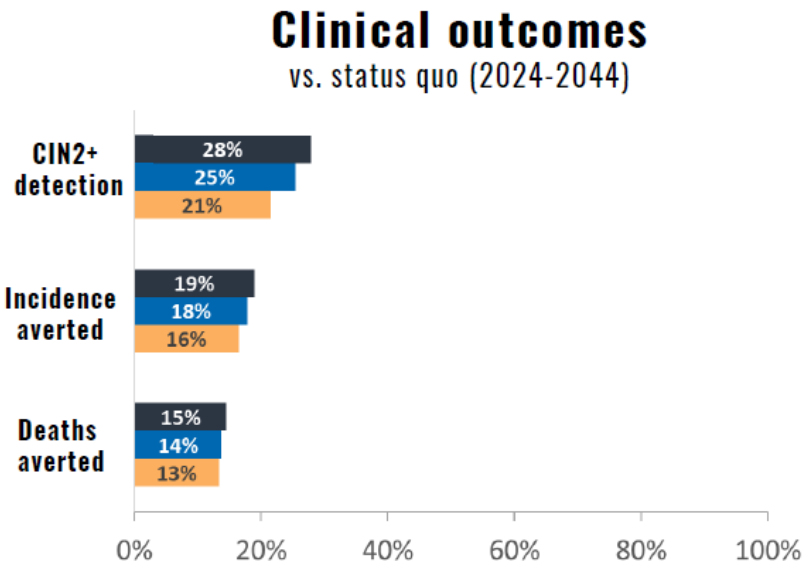
Swift or Steady – Roll Out HPV Primary Testing

Garaszczuk R, Yong J, Than J, Nadeau C, Sun Z, Garner R, Coldman A.

- Immediate implementation results in a peak colposcopy demand increase of 36% (2-3 years after the switch).
- Gradual transitions lead to a smaller peak (10% for a 3-year roll-out, 3% for a 7-year roll-out).



Clinical outcomes are similar between immediate and gradual roll-out.



Gradual HPV test rollout lowers colposcopy demand while maintaining clinical effectiveness compared to immediate rollout.

Implementation Plan

At New Policy Launch: January 2024

Provider-Collected Cervix Screening

Available to anyone ages 25-69 due for screening

- Samples would be triaged at the lab to either undergo HPV testing **or** cytology based on patient age initially
  - Year 1: Age 55 or older = HPV Testing
    By year 4: All screening eligible ages
  - *Why?* Allows for a stepped down volume of cytology screening to smooth yearly screening volumes due to the interval change from three years with cytology to five years with HPV

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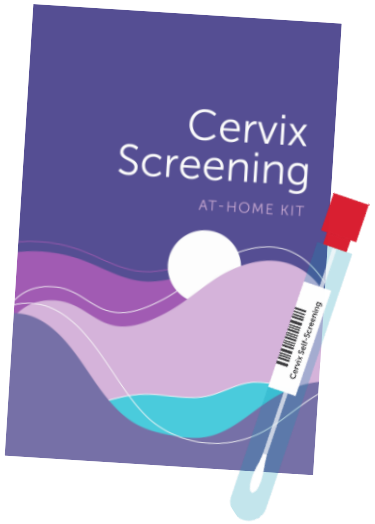
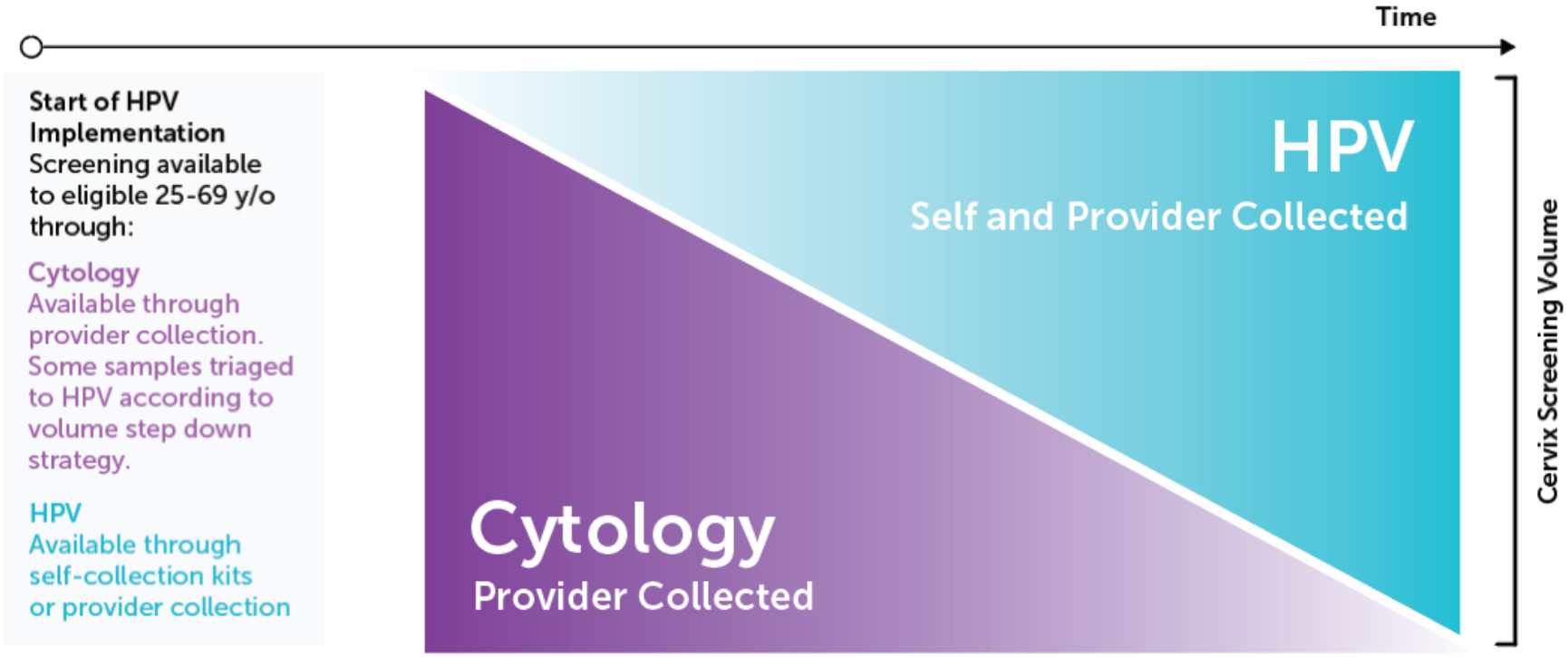
Cervix Self-Screening

Available to anyone ages 25-69 due for screening



Expected Screening Volumes by Type Over Time

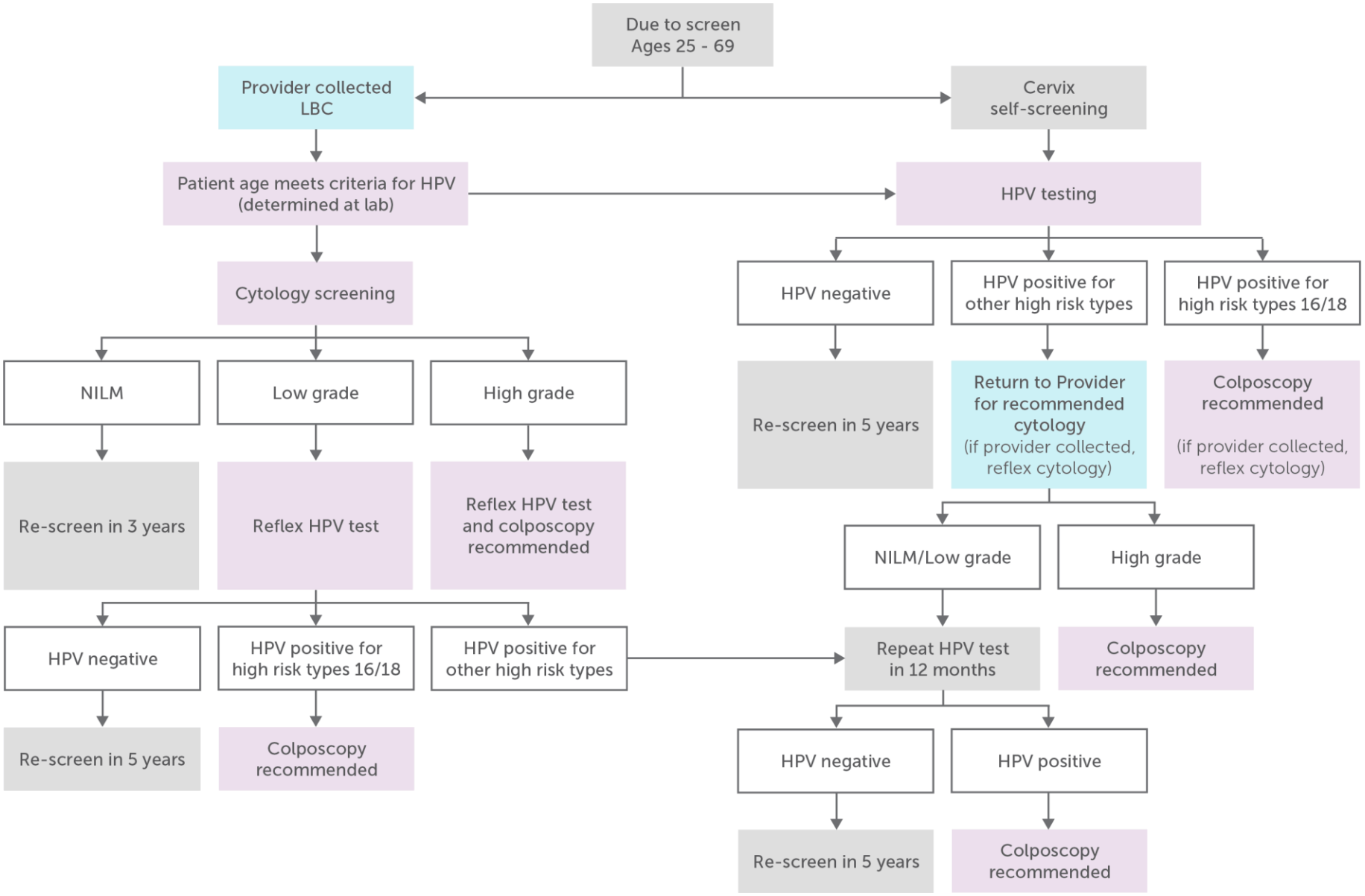


Who is Eligible for Cervix Self-Screening?

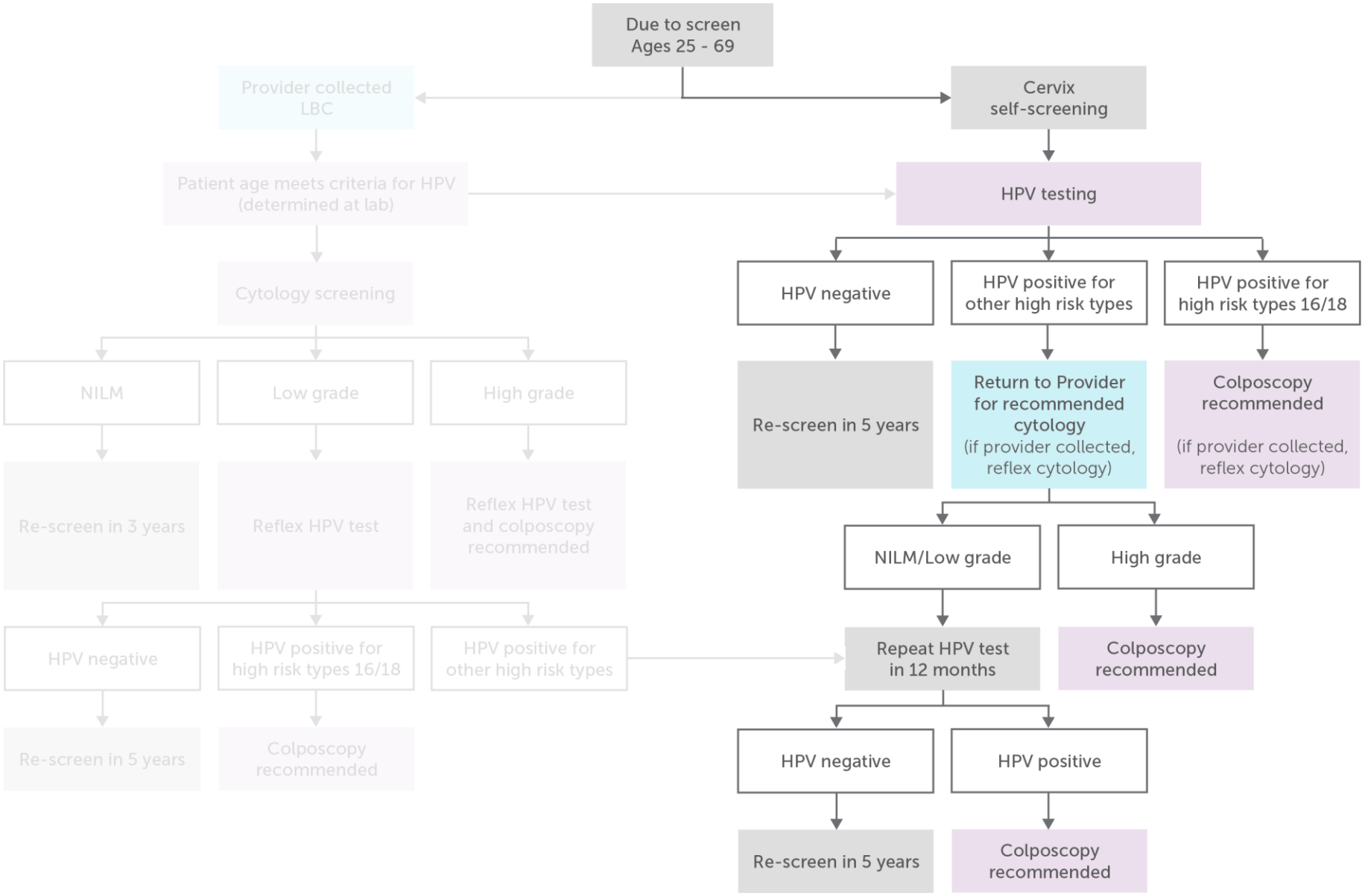
Anyone in B.C. aged 25 to 69 who:

- Has a cervix, including women and TTGD (Two-Spirit, transgender and gender-diverse) people
- Is due for screening;
- Has ever had sexual contact;
- Has not been recommended for a cotest as their next screen;
- Not pregnant;
- No pessary;
- No AIS ever; **and**
- Is registered with the Medical Services Plan.

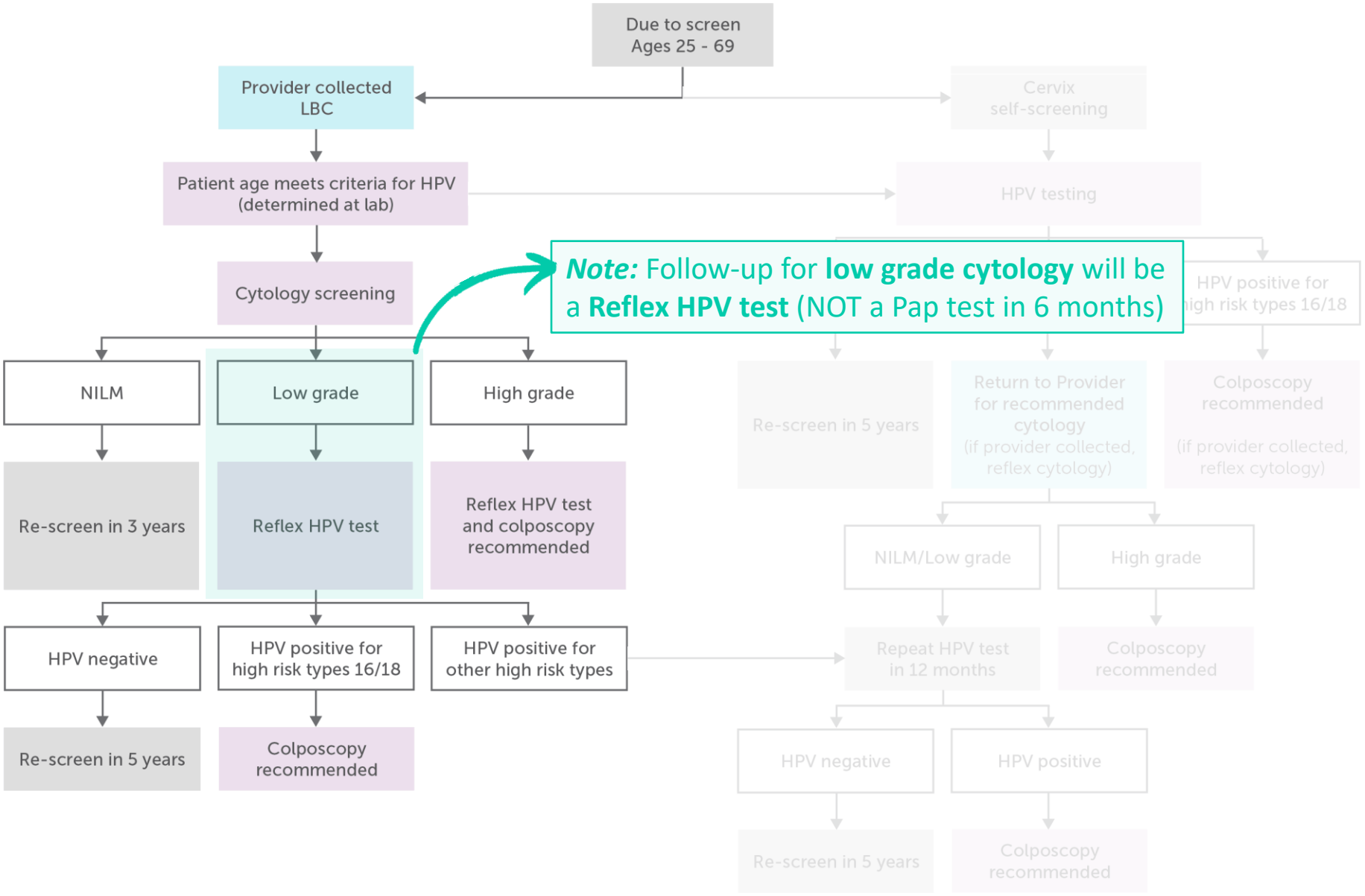
Screening Algorithm



Screening Algorithm



Screening Algorithm



When Would a Patient Require a Provider-Collected Sample?

Complete cervix screening using provider-collected (LBC method) if a patient:

- Will undergo a speculum exam anyways
- Has difficulty getting to the office (distance, time off work, etc…)
  - Taking an LBC specimen may prevent the patient from needing another in-person visit if their self-screening test is positive
- Patient does not regularly interact with the health system
  - Taking an LBC specimen may prevent the patient from needing another in-person visit if their self-screening test is positive
- Has a disability, mobility challenge or a body habitus that makes self-screening difficult
- Requires a cotest (HPV and cytology testing) for screening

Who Needs a Cotest?

Cotests are recommended for:

- Post CIN 2 or CIN 3 excisional treatment and discharged from colposcopy, patient should have 1 negative cotest prior to returning to HPV screening every 3 years
- Post AIS excisional treatment and discharged from colposcopy
  - Patient should have a cotest every 3 years until age 69 (not immunocompromised)
  - Patient should have a cotest every year until age 74 (immunocompromised)
- Post total hysterectomy and a history of CIN 2, CIN 3 or AIS, patient should have a negative cotest prior to discontinuing cervix screening

Unattached Patients

- HPV test ordered by using a Screening Program Valid Practitioner Number
  - Negative test results
    - Reported to patient, re-screen in 5 years
  - Positive test results
    - Divisions identified a clinic for each CHSA in their community where patients would be linked for follow-up, if the test result was positive
    - Reported to patient
    - Notify linked clinic in the patient's community
    - Facilitated referral to colposcopy, if colposcopy recommended

How to Request Self-Screening Kits

Patients

- At launch, patient cervix screening recall notices will advise patients that self-screening is now available in BC
- There will be provincial advertising and awareness building regarding availability of self-screening
- Invitations to never and under-screened people will be sent out offering self-screening
- Patients can contact BC Cancer to request a kit by calling 1-877-702-6566 or use the website kit request form
- Eligibility will be check by the program to ensure a patient is due to screen and that they have not been recommended for a cotest

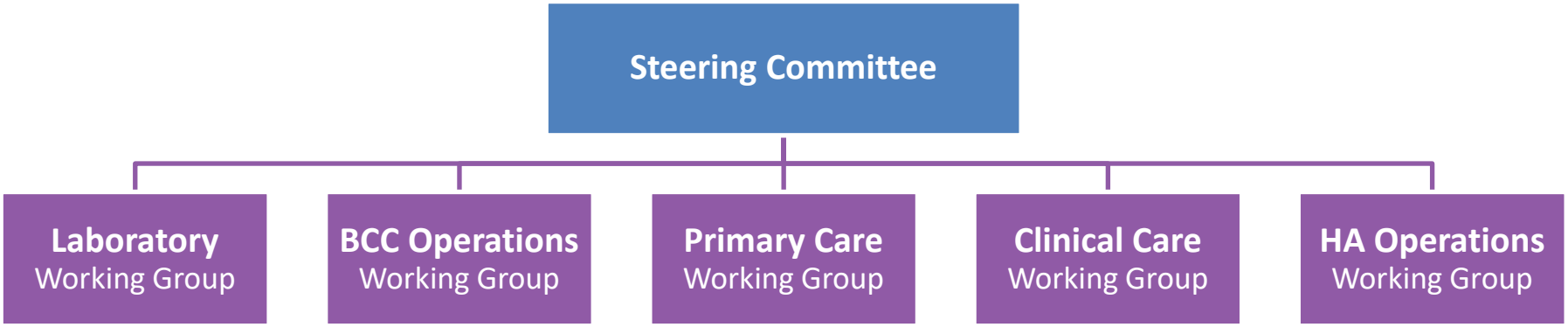
Clinics:

- Clinics will have the option of requesting self-screening devices through the current LBC supply order process
- It is important to check eligibility prior to providing a self-screening device

Resource Development and Engagement

Implementation Governance

- Established multiple working groups with **over 50 health care providers** across disciplines and across the province



Implementation Governance

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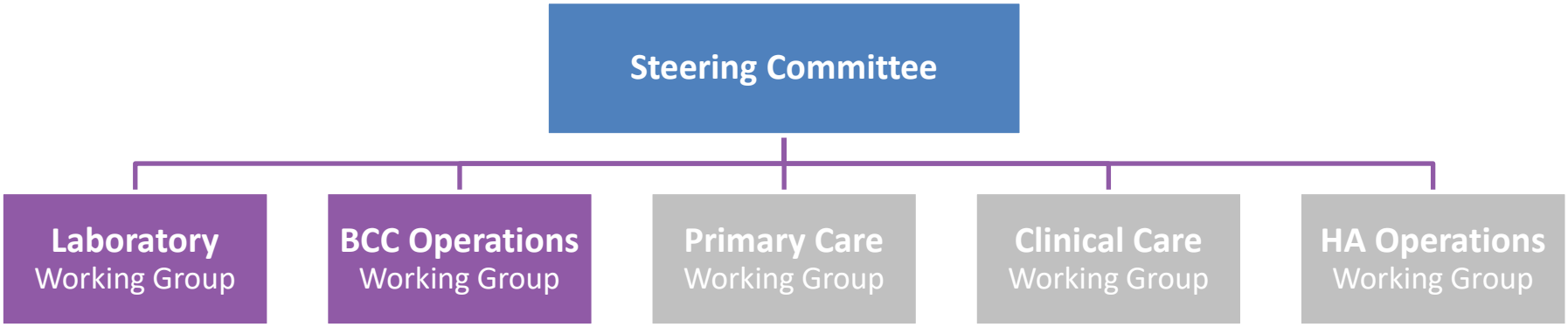

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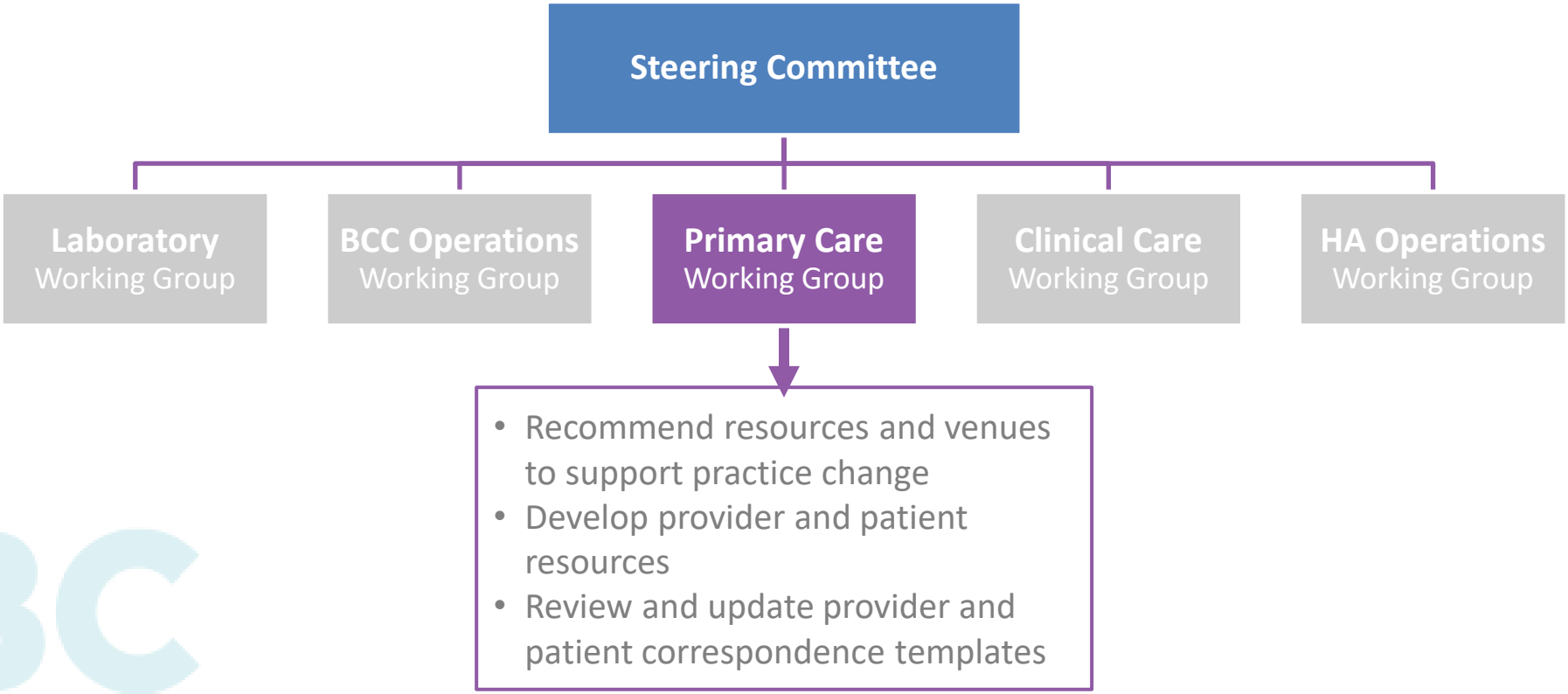

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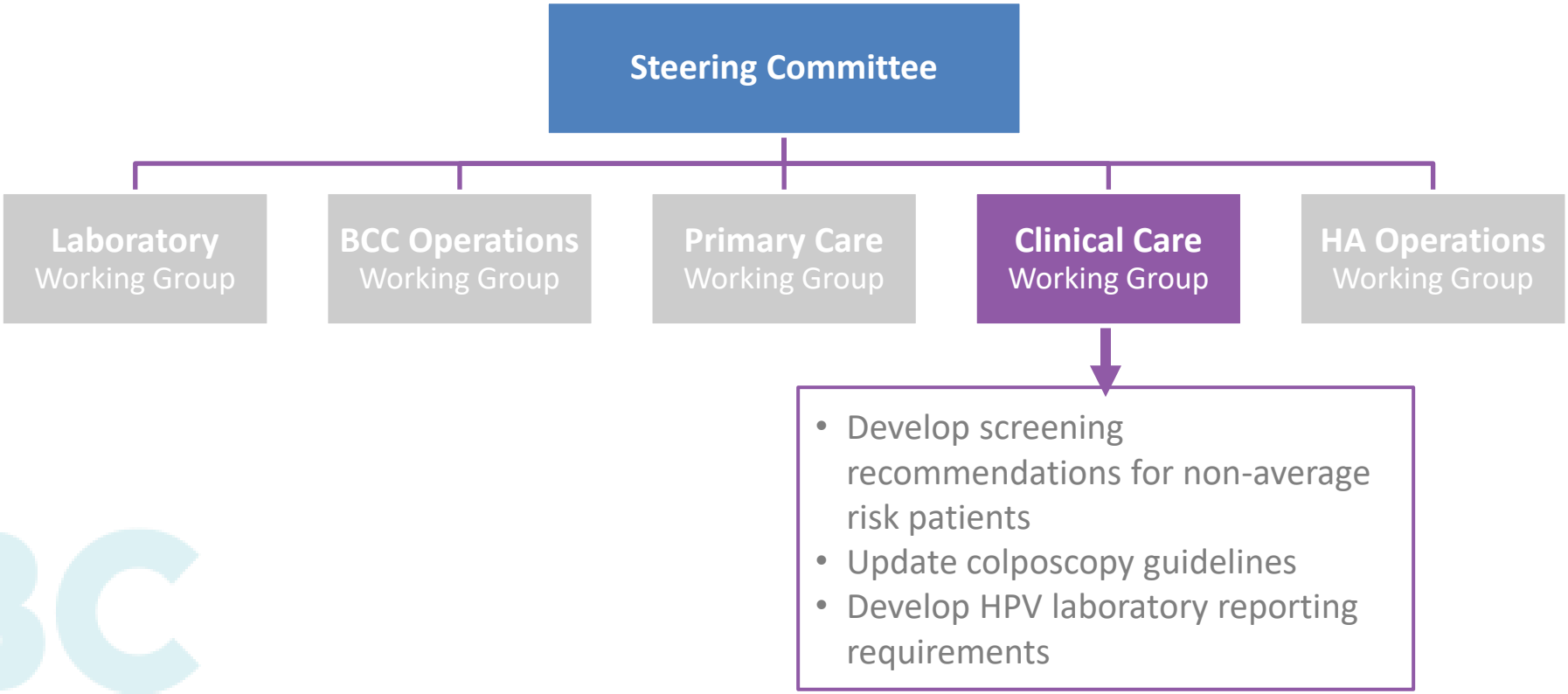

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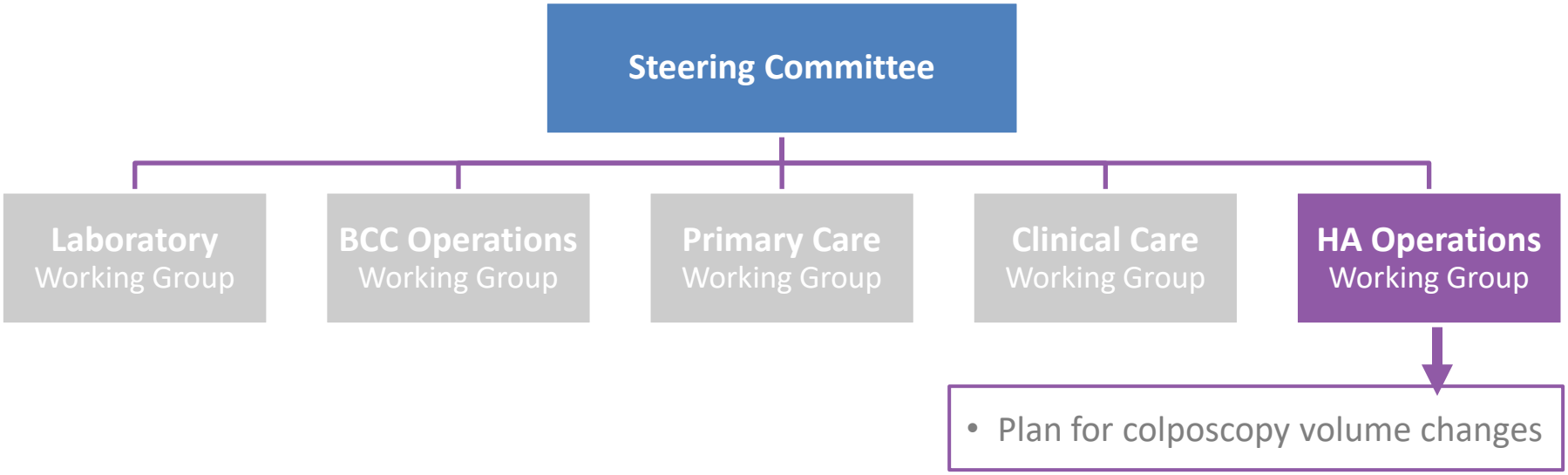


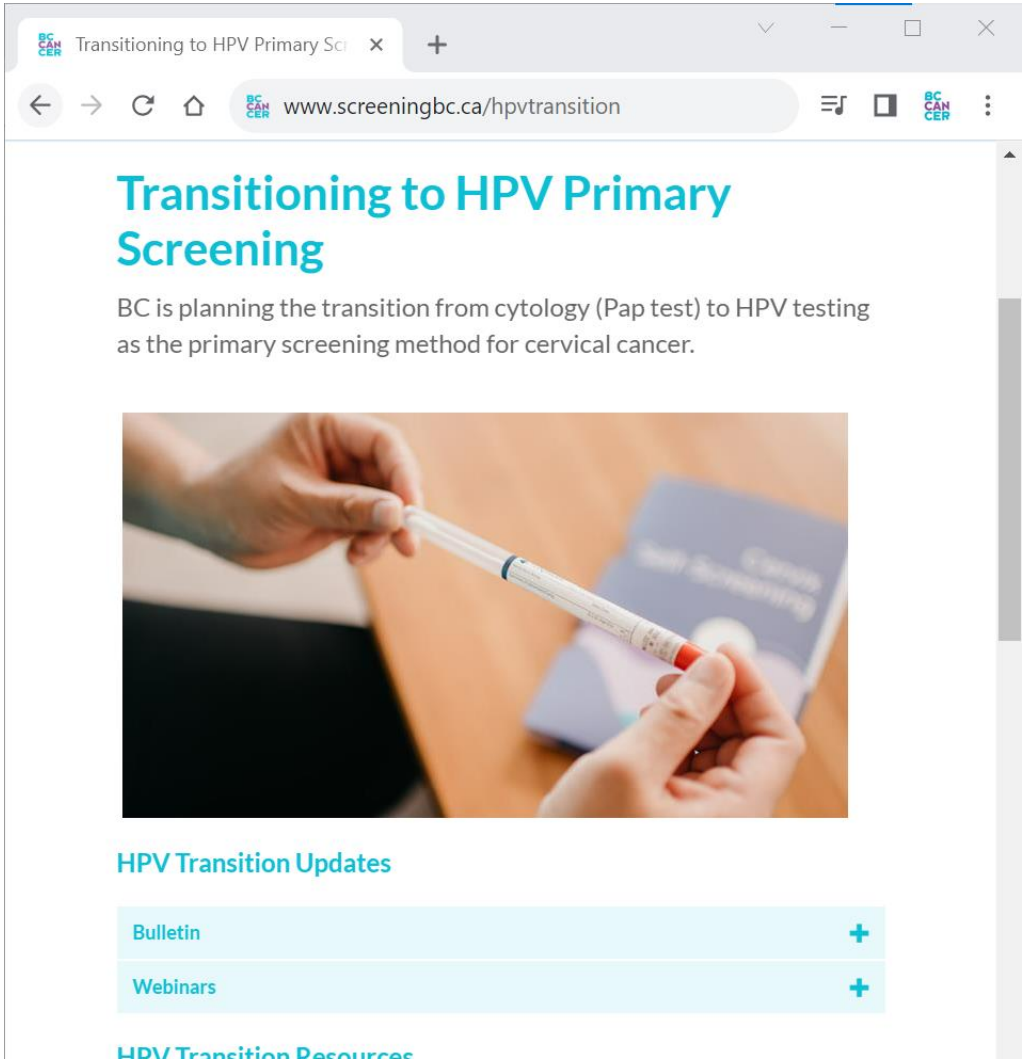
Preparing for the Transition Across B.C.

Bookmark the HPV Screening Transition Webpage

- Link: www.screeningbc.ca/hpvtransition
- Access the most current updates and resources on the BC Cancer website

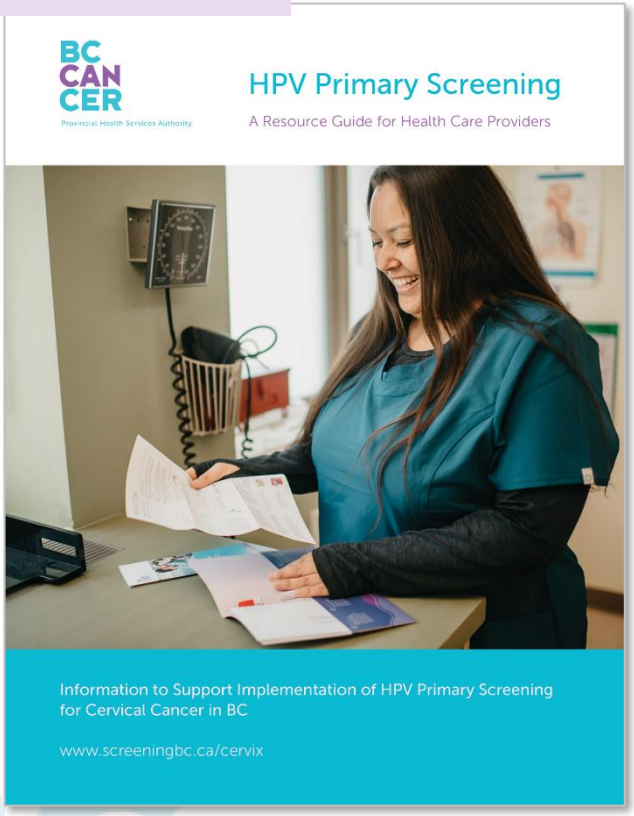
Interested in signing up for email updates?

Contact Melissa.Yan@bccancer.bc.ca to sign up.

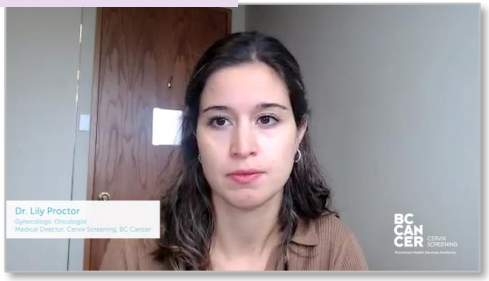


Coming Soon: Provider Resources

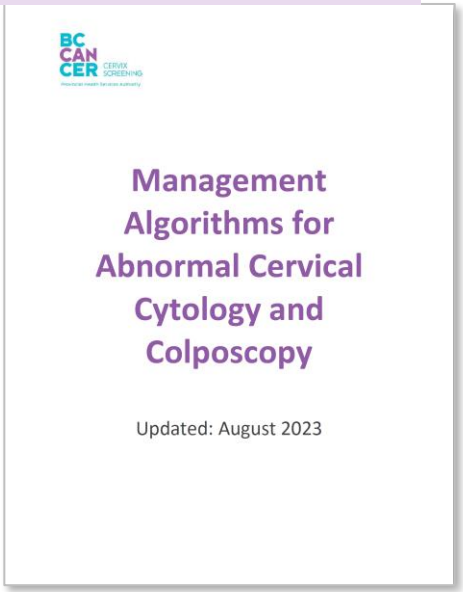
Resource Guide



Recorded Clips featuring Clinical Experts



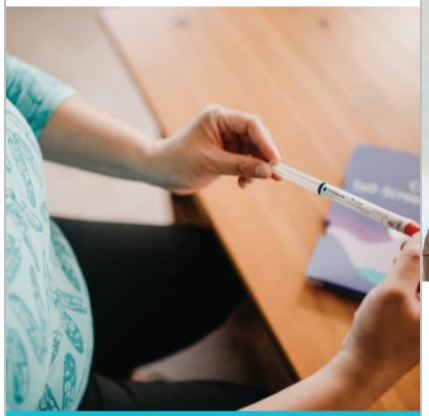
Colposcopy Guidelines



Overview Document

Patient Brochure: Cervix Self-Screening

BC CANCER CERVIX SCREENING
Provincial Health Services Authority

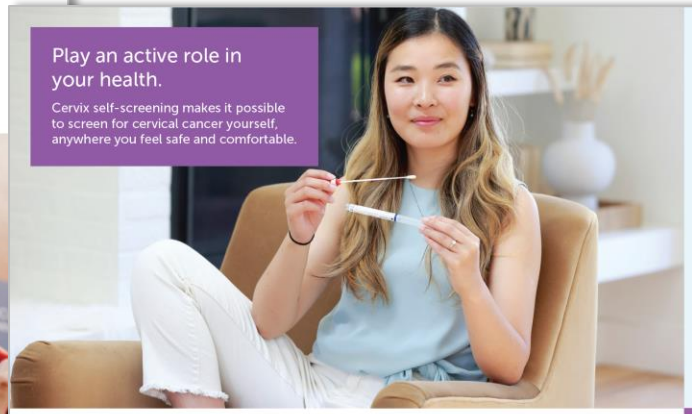


Cervix Self-Screening

The power to screen is in your hands.

Screen for cervical cancer yourself, anywhere you feel safe and comfortable.

screeningbc.ca/cervix



Play an active role in your health.

Cervix self-screening makes it possible to screen for cervical cancer yourself, anywhere you feel safe and comfortable.

What are the benefits of cervix self-screening?

- It tests for HPV, the virus that causes the changes to the cells of the cervix that lead to cervical cancer.
- You don't need to see a health care provider or have a speculum (pelvic) exam.
- You can do it yourself, anywhere you feel safe and comfortable, including within the privacy of your home or at your local health centre.
- It's very easy to do: you use a small, Q-tip like swab to collect a sample from your vagina.
- It is painless, easy to complete and is provided free of charge.
- HPV testing is very accurate. Because it's so accurate, if your test shows you don't have HPV, you can wait 5 years for your next screen.

Will I do it correctly? Will it hurt?

Cervix self-screening is easy and should not hurt. Follow the instructions inside your kit to take a good sample. Only a small vaginal sample is needed. The test result will tell you if it's done right, so no need to worry.

What will my results mean?

If no HPV is found, it's highly unlikely you have abnormal cells on your cervix. You don't need to screen again for another 5 years.

If HPV is found, this doesn't mean you have or will develop cancer. It does mean more visits with a health care provider are needed. Depending on your result, you may need a Pap test or a colposcopy (a procedure used to look at the cervix more closely).

Cervix self-screening involves testing for HPV

Unlike a Pap test that looks for abnormal cell changes, HPV testing looks for the virus that causes these abnormal cell changes. It can find people who are at risk of cell changes.

How Cervical Cancer Develops

Not all HPV infections cause cancer. If cervical cancer is going to develop, it usually takes 10 years or more. Most infections will go away on their own without causing any problems.

HPV Testing

Cervix self-screening uses HPV testing to look for HPV in your vagina. HPV testing does not need a sample from your cervix.

Pap Testing

A Pap test is when a health care provider collects cells from your cervix. Your sample is looked at under a microscope for any cell changes caused by HPV.

How to get screened

1 Get a self-screening kit

If you are eligible, order a kit online (screeningbc.ca/cervix) or by phone (1-877-702-6566). The kit will arrive by mail in a plain, unmarked package. You can also pick one up at a participating health centre.

2 Complete the test

Follow the instructions carefully and complete the test anywhere you feel comfortable and safe. The test is painless and very easy to do.

3 Return the kit for testing

Drop off your completed kit at your nearest post box on the same day you collect your sample. Your results will be sent to you 4 to 6 weeks after mailing your kit. You can also see your results online: healthgateway.gov.bc.ca

If you prefer a Pap test or have symptoms

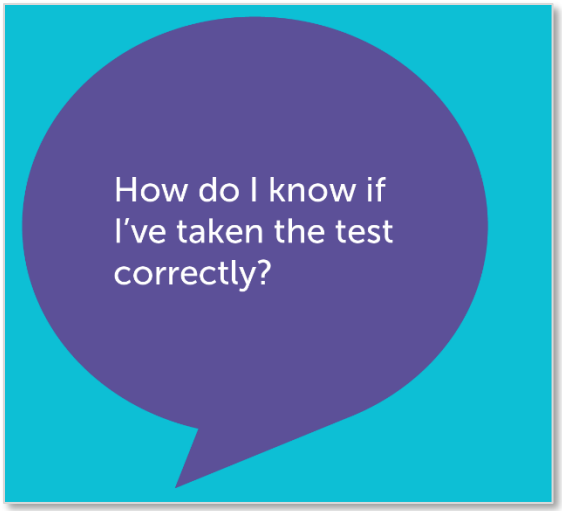
If you don't want to complete self-screening or have any symptoms, please schedule a Pap test with a health care provider. Visit screeningbc.ca/cervix to find a clinic near you.

Patient Brochure: Cervix Self-Screening Results

- Available in English, Punjabi, Simplified Chinese and Traditional Chinese

Coming Soon: Patient Guide

- One-stop source of answers for frequently asked questions
- Can be easily shared
- Focused content ensures patients are getting the information they want and need



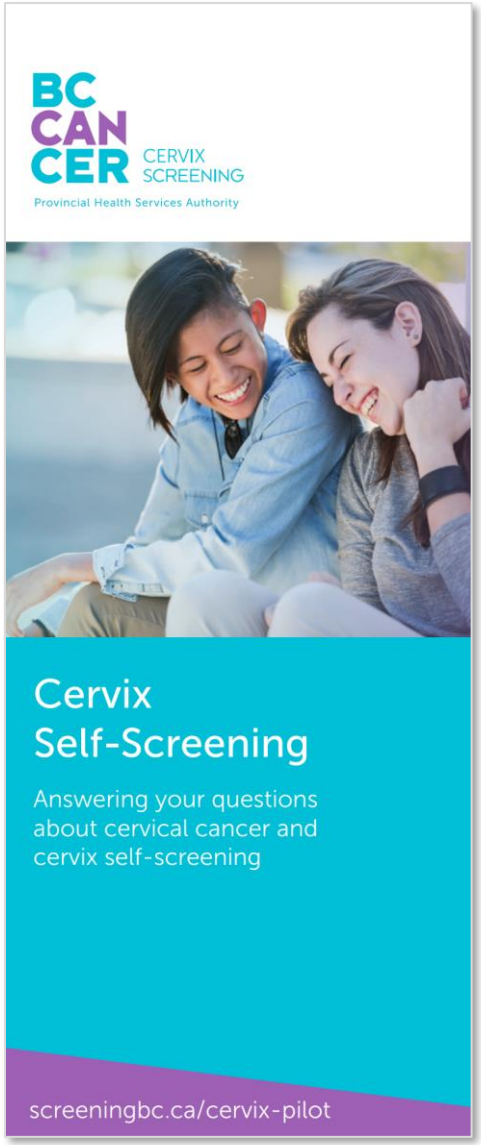
Patient Videos

Ongoing Education Opportunities

1. Webinar: Tuesday, February 13th
2. Planned webinar through the Nurse and Nurse Practitioners Association: January 2024
3. Materials will be sent out by mail
4. Patient and provider materials can be ordered through our usual order form
5. Post go-live webinar: May/June

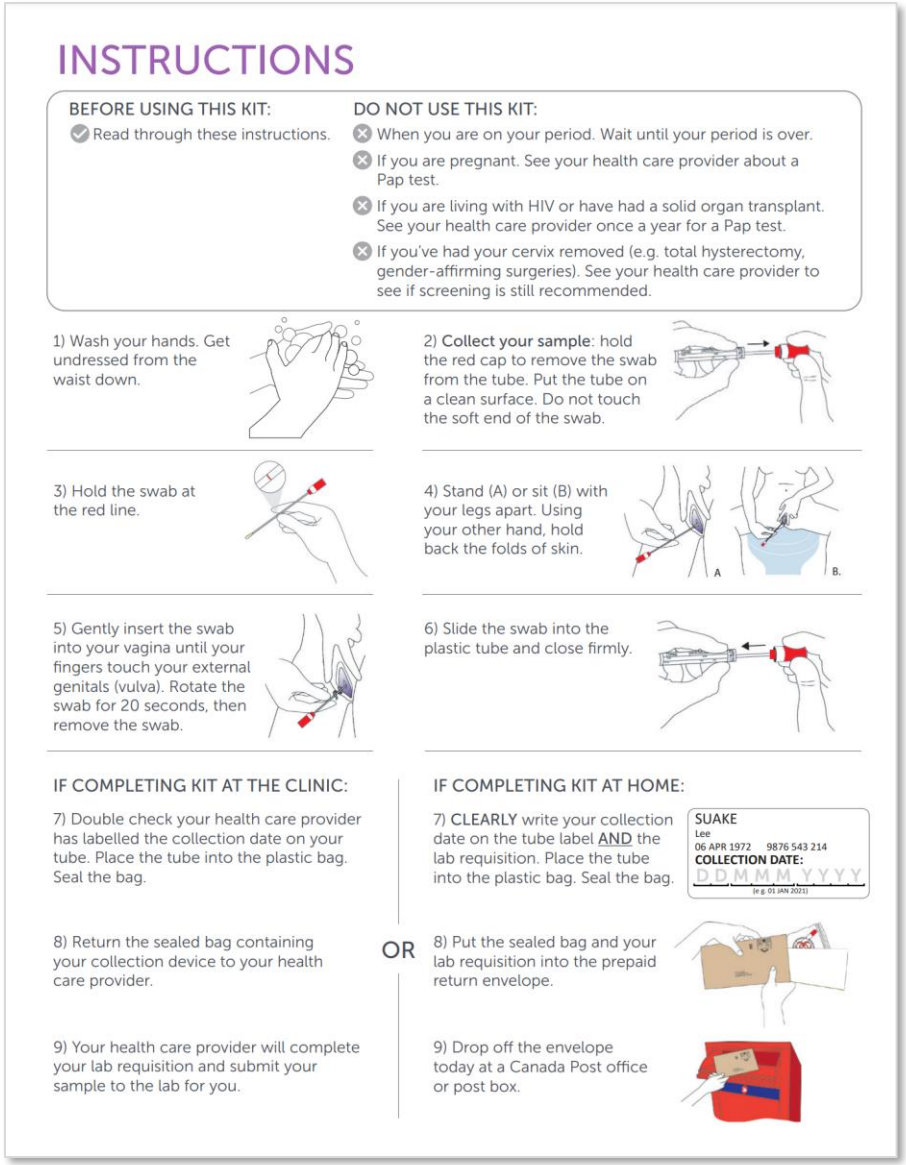
What's in the Kit?

1. **Brochure:** Answering Your Questions About Cervix Self-Screening



What's in the Kit?

1. **Brochure:** Answering Your Questions About Cervix Self-Screening
2. **Instructions**



INSTRUCTIONS

BEFORE USING THIS KIT:

- Read through these instructions.

DO NOT USE THIS KIT:

- When you are on your period. Wait until your period is over.
- If you are pregnant. See your health care provider about a Pap test.
- If you are living with HIV or have had a solid organ transplant. See your health care provider once a year for a Pap test.
- If you've had your cervix removed (e.g. total hysterectomy, gender-affirming surgeries). See your health care provider to see if screening is still recommended.

1) Wash your hands. Get undressed from the waist down.

2) **Collect your sample**: hold the red cap to remove the swab from the tube. Put the tube on a clean surface. Do not touch the soft end of the swab.

3) Hold the swab at the red line.

4) Stand (A) or sit (B) with your legs apart. Using your other hand, hold back the folds of skin.

5) Gently insert the swab into your vagina until your fingers touch your external genitals (vulva). Rotate the swab for 20 seconds, then remove the swab.

6) Slide the swab into the plastic tube and close firmly.

IF COMPLETING KIT AT THE CLINIC:

7) Double check your health care provider has labelled the collection date on your tube. Place the tube into the plastic bag. Seal the bag.

8) Return the sealed bag containing your collection device to your health care provider.

9) Your health care provider will complete your lab requisition and submit your sample to the lab for you.

OR

IF COMPLETING KIT AT HOME:

7) **CLEARLY** write your collection date on the tube label **AND** the lab requisition. Place the tube into the plastic bag. Seal the bag.

SUAKE
Lee
06 APR 1972 9876 543 214
COLLECTION DATE:
D D M M M Y Y Y Y
(e.g. 01 JAN 2021)

8) Put the sealed bag and your lab requisition into the prepaid return envelope.

9) Drop off the envelope today at a Canada Post office or post box.

What's in the Kit?

1. **Brochure:** Answering Your Questions About Cervix Self-Screening
2. **Instructions**
3. **Collection device** (COPAN FLOQSwab®)

What's in the Kit?

1. **Brochure:** Answering Your Questions About Cervix Self-Screening
2. **Instructions**
3. **Collection device** (COPAN FLOQSwab®)
4. **Plastic bag**
5. **Pre-paid return envelope**

HPV Testing:
What Your Patients Want to Know

HPV Primary screening projects have been conducted in BC for over 15 years. Through this work, we have learned a lot from patients regarding their questions and concerns.

There are two main themes surrounding questions:

1. **HPV testing itself** (what is HPV, why change, safety of extended interval)
2. **Implications for HPV positive results** (cancer risk, partner notification, etc.)

Top Questions: The Change to HPV Primary Screening

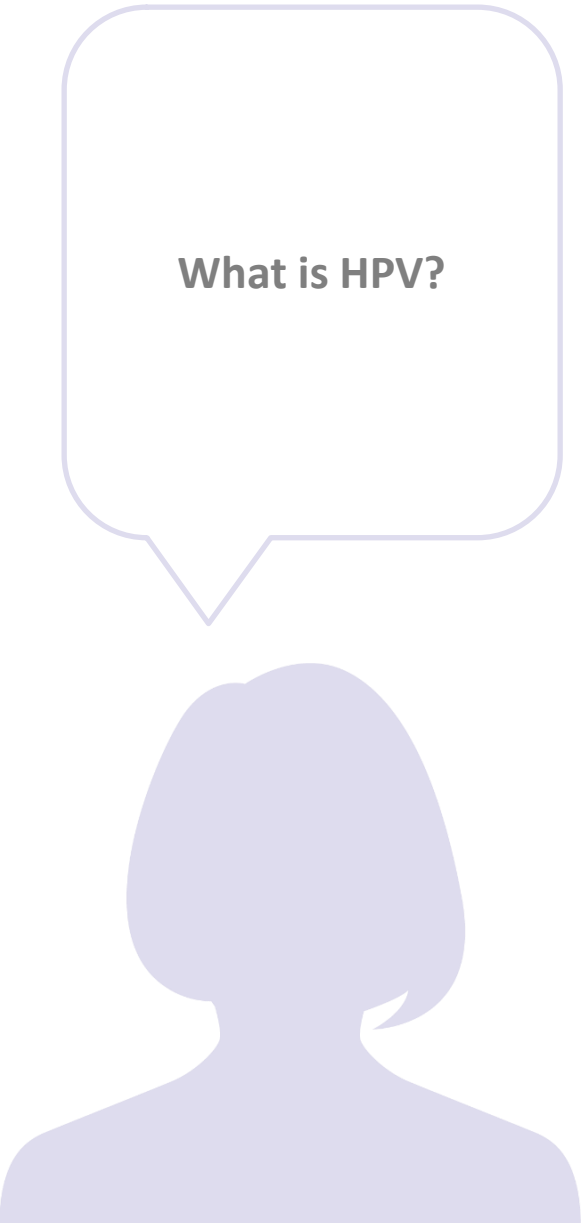
What is HPV?

What does HPV have to do with cervical cancer?

I've been getting Pap smears for years, why change?

Why would I not need another screen for 5 years if I'm HPV negative? I'm worried something will be missed during that time?

Effective Messaging: “What is HPV?”



- There are >100 types of HPV – some of which are associated with various cancers. Others are not (ex: the HPV types causing AGW). It’s transmitted via skin to skin intimate sexual contact.
- HPV is VERY common and most sexually active people will be exposed at some point.
  - *Emphasize the high prevalence* – it’s the most common STI (this helps “normalize” HPV)
- Most HPV infections are harmless and resolve spontaneously, without a person even knowing they were infected
- However, in some cases, an infection with a high-risk type of HPV does not resolve, and if it persists for many years, may develop into cervical cancer

Effective Messaging: “Why Change?”

I’ve been getting Pap smears for years, why change?

- HPV has *always* been the cause of cervical cancer and abnormal Paps – but, we can now detect if HPV is present, identifying those at risk for cell changes *earlier* and better than we could with the Pap
- The Pap has identified cells already changed by HPV – with HPV testing we’re looking for the virus that causes those changes
- Hr-HPV testing for cervix screening is enhanced cervical screening technology

Effective Messaging: “Why the Extended Interval?”

Why would I not need another screen for 5 years if I’m HPV negative? I’m worried something will be missed during that time?

- When someone is HPV negative, we have confidence that no pre-cancer cell changes have occurred. HPV testing is very good at detecting what it’s meant to detect and because of this, we can extend the time between screens
- HPV screening every 5 years is as **safe** as a Pap smear every 3 years
- Cervical cancer takes many years to develop – the reason the Pap testing is done every 2-3 years is to improve its performance and ensure it does not miss anything, *not* because cervical cancer happens quickly

What do your patients want to know about self-screening?

Is this as accurate as having my doctor take the sample?

Yes! Research has demonstrated that taking the sample yourself is as accurate as having your doctor take the sample.

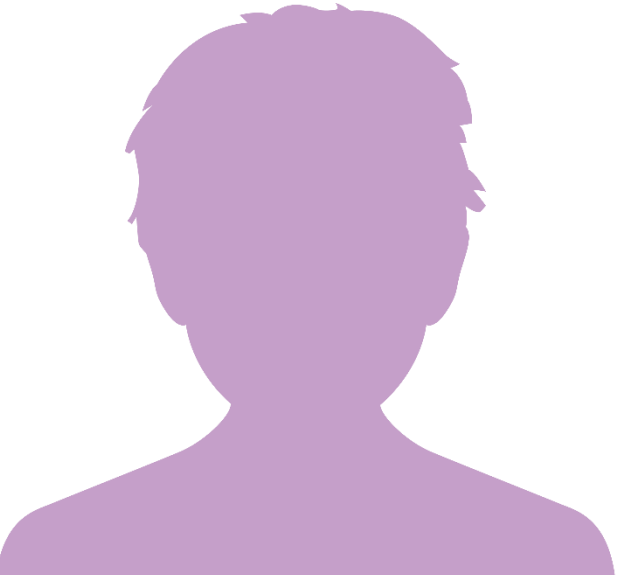
What do your patients want to know about self-screening?

Will I do it correctly?

With self-screening, the sample is collected by swabbing the vaginal walls – you do not need to take cells from your cervix. If you follow the instructions and rotate the swab for 20 seconds around your vaginal wall, you are doing it correctly!

What do your patients want to know about self-screening?

Will this hurt?



Self-collection should be painless, as the swab is very small and does not need to be inserted very far into the vagina.

Questions After Receipt of HPV Positive Results

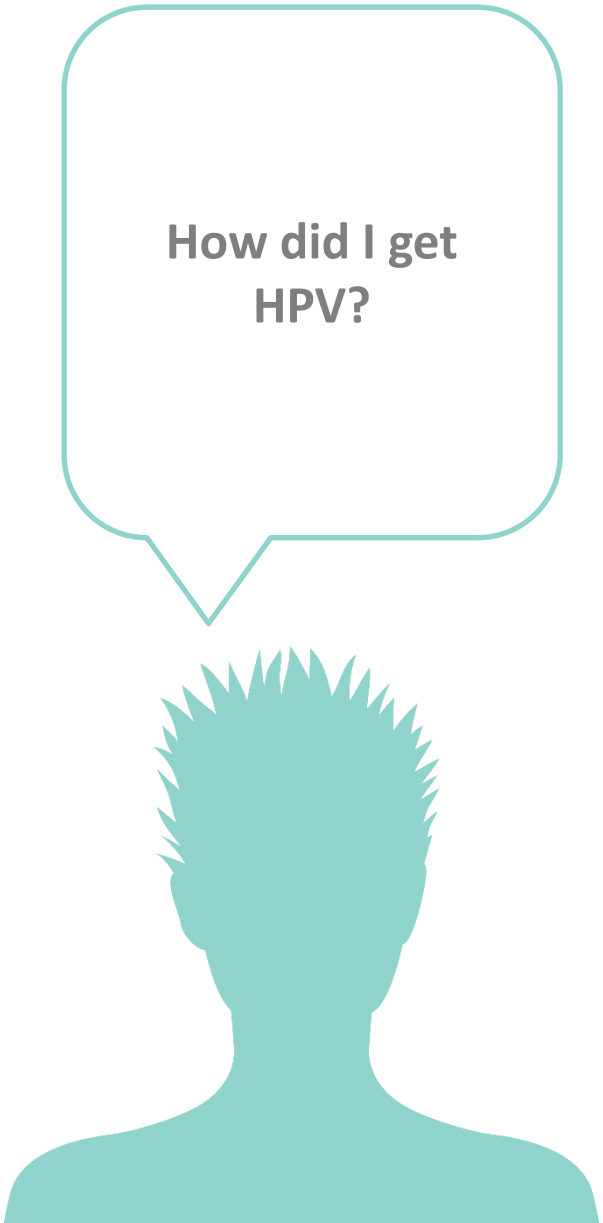
- Does this mean I have cervical cancer, or will get cervical cancer?
- How could I have HPV? I've been with the same partner for years?
  - *Or:* I've only had one partner, how can I have HPV?
- Has my partner been unfaithful? *Or*, Will my partner think I've been unfaithful?
- Who gave me HPV and when did I catch it?
- Do I need to tell my partner about my HPV result?
- How do I tell my partner about my HPV result?
- Does my partner need to be tested?

Effective Messaging: “Do I Have Cervical Cancer?”

Remind them about the high prevalence of HPV – how common it is. Reassure them that most of the time it’s harmless and it’s very possible it will resolve on its own.

- Having HPV does not indicate a person has or will develop cervical cancer
- The positive HPV result allows providers to ensure the person receives appropriate follow-up – often earlier than they may with the Pap smear
- Early detection and treatment is what prevents progression to cervical cancer

Effective Messaging: “How Did I Get HPV?”



- Most sexually active people will be exposed at some point – it’s unrealistic to expect that a person won’t be exposed to HPV
- It’s not possible to know who gave you HPV or when you were infected
- Having HPV does not indicate promiscuity or infidelity – it could have been acquired years ago
- Often, HPV is passed back and forth between partners

Effective Messaging: “Do I Need to Tell My Partner?”

- Partner notification is a personal choice
- Hr-HPV testing for cervix screening is not to be considered the same as routine STI testing (ex: STI testing for CT/GC). The purpose of routine STI testing is to offer testing and treatment those with an STI and their recent partners.
- There is no medical reason to notify a partner of cervix screening HPV results
- It’s likely both partners have been exposed at the time the infection is detected
- Reassure no shame/blame for having HPV
- There’s no approved screening test for HPV related cancers in males. If the partner has a cervix, and is eligible for screening, they should be screened

Questions?

Submit your questions at **www.slido.com**

- Event code: **#cervixscreening**
- Upvote your favourite questions

Thank you!

Attendance form:
https://bit.ly/cervix-attendance

Evaluation form:
https://bit.ly/cervix-eval