

HPV Global Action

In partnership with the
Consortium for Infectious Disease Control
Presents



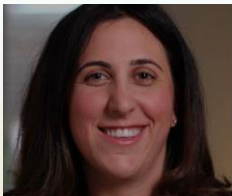
The role of HPV Testing in the Acceleration of the Elimination of Cervical Cancer

Presenters:



Dr. Susie Lau, MD, MSc, FRCS(C)

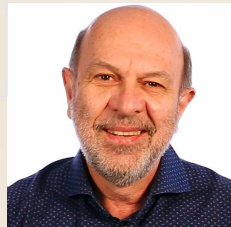
- Associate Professor and Director of McGill Gynecologic Oncology



Dr. Samara Perez, PhD

- Clinical psychologist, McGill University Health Center
- Assistant professor, Department of Oncology, McGill University
- Research, Evaluation, and Policy Affairs, HPV Global Action

Moderator:



Dr. Marc Steben MD, CCFM, FCFM

- Co-President, HPV Global Action
- Chair, Canadian Network on HPV Prevention
- Board Member & Chair of Education Committee, International Papillomavirus Society

November 3, 2021

This educational program is made possible through the support of **Roche Diagnostics Canada**
The opinions expressed in this webinar are those of the presenters and do not necessarily reflect the views
of CIDC, HPV Global Action or their partners

Webinar Objectives

- 1-Explain the value of the HPV testing shift in cervical cancer screening
- 2-Communicate about the potential benefits and harms of HPV testing
- 3-Counsel efficiently about HPV testing

Administrative Information

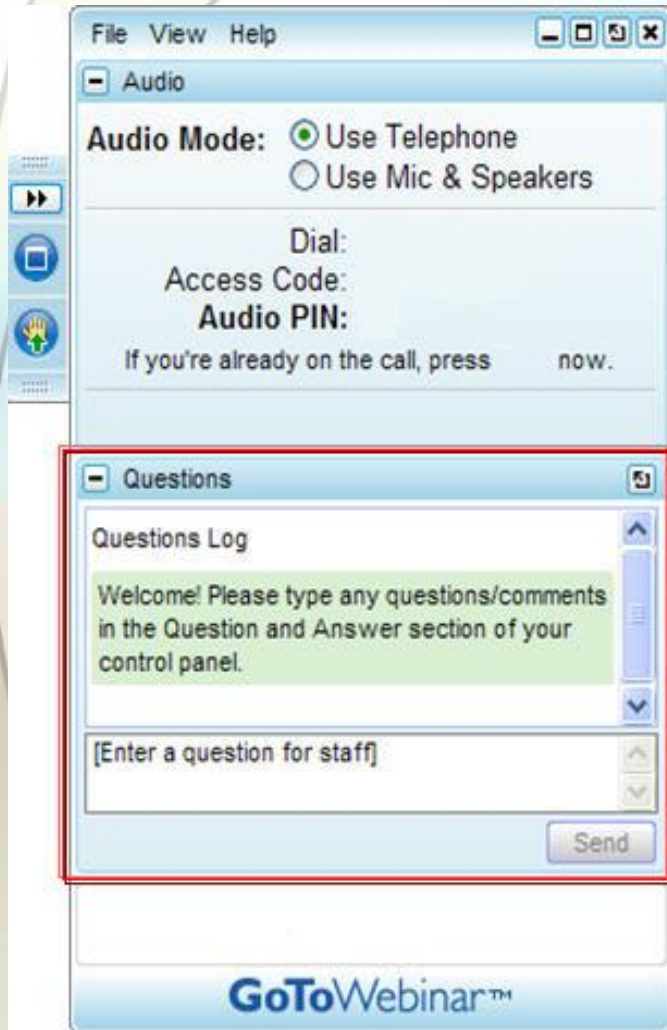
How to participate:

- You can hear the audio for today's webinar via your computer by selecting "Use Mic & Speakers"
- Or, to join by phone, select "Use Telephone" in your Audio window. Info for dial in then will be displayed
- Submit your text question using the Questions pane & click 'Send' button
- Questions will be answered at the end of the presentation
- Submit at any time by typing in the "Questions" pane on the control panel

NOTE: For **mobile device** users:

- To open the questions pane, tap on the "?" or "Questions"
- To change your audio setting, tap on the "Settings" icon

Note: A recording of the presentation will be made available at www.CIDCgroup.org and www.hpvglobalaction.org



Slides and Video Recording

The webinar **Slides and Recording** will be archived at:

www.hpvglobalaction.org and at www.CIDCgroup.org

Evaluation Survey:

<https://www.surveymonkey.com/r/P3TJBN9>

Completion of survey is requested – all registered participants will receive an email with this link

Moderator



Dr. Marc Steben, MD, CCFM, FCFM

- Co-President, HPV Global Action
- Chair, Canadian Network on HPV Prevention
- Family Physician, Family Medicine Group La Cité du Parc Lafontaine, Montreal, QC
- Board Member and Chair of the Education Committee, International Papillomavirus Society

Presenter



Dr. Susie Lau, MD, MSc, FRCS(C)

- Associate Professor and Director of McGill Gynecologic Oncology

THE VALUE OF THE HPV TESTING SHIFT IN CERVICAL SCREENING

NOVEMBER 3. 2021

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MCGILL UNIVERSITY, SMBD JEWISH
GENERAL HOSPITAL



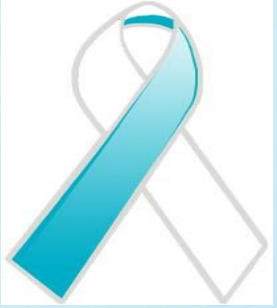
DISCLOSURES



- GlaxoSmithKline GSK (remotely on advisory board)
- Merck Canada Inc. (remotely on advisory board)

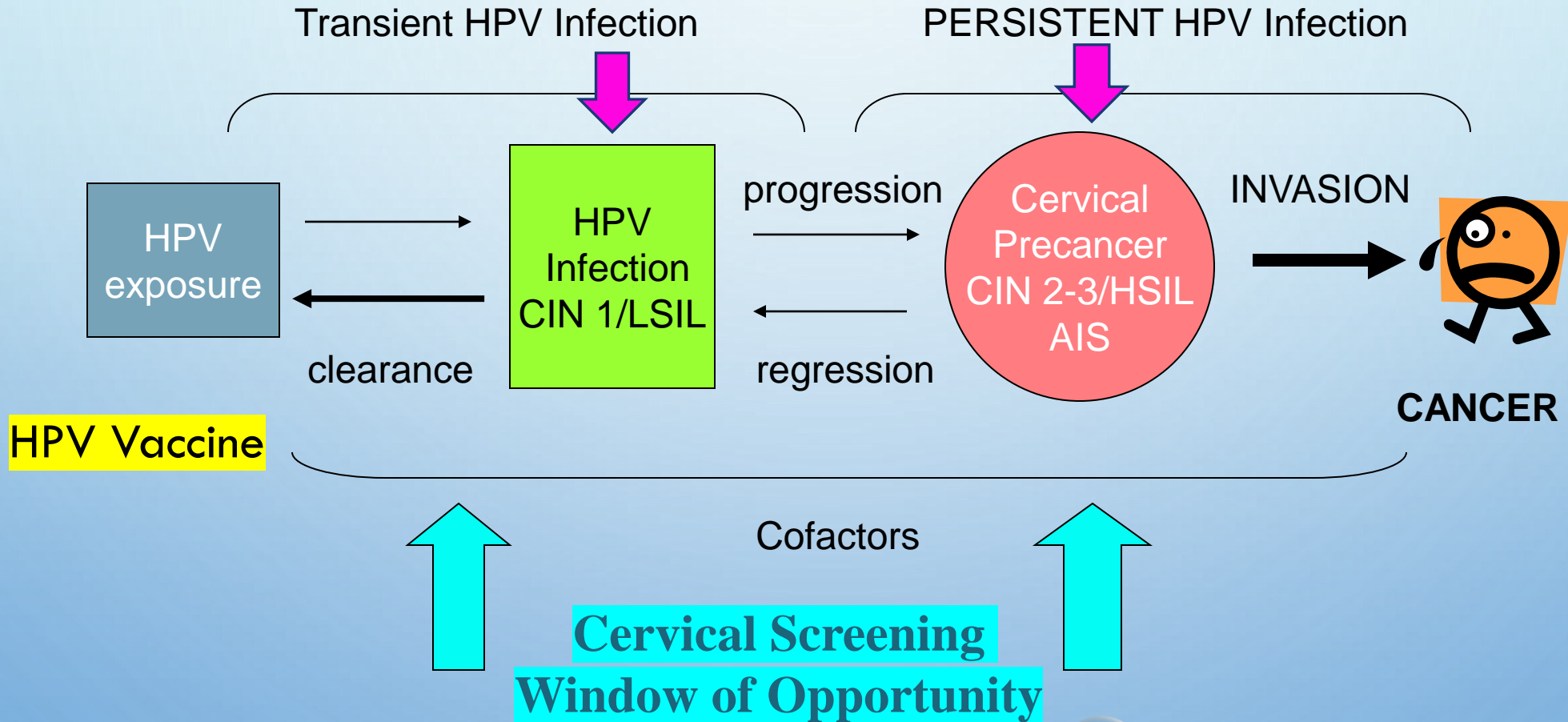
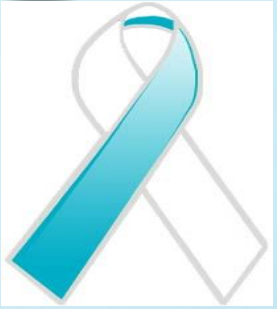


START WITH WHY...



- May 19, 2018 World Health Organization (WHO)
- Call to Action: Elimination of cervical cancer by 2030
- “Cervical cancer is one of the most preventable and treatable forms of cancer as long as it is prevented with HPV vaccination, detected early, and managed effectively.”
- Challenge: Vaccinate 90% girls under 15 for HPV, screen with primary HPV testing 70% eligible women at ages 35 and 45, have appropriate follow up and treatment from screening for 90% of women

Cervical Cancer Pathway



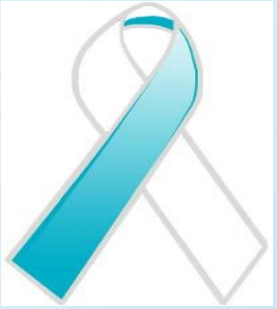
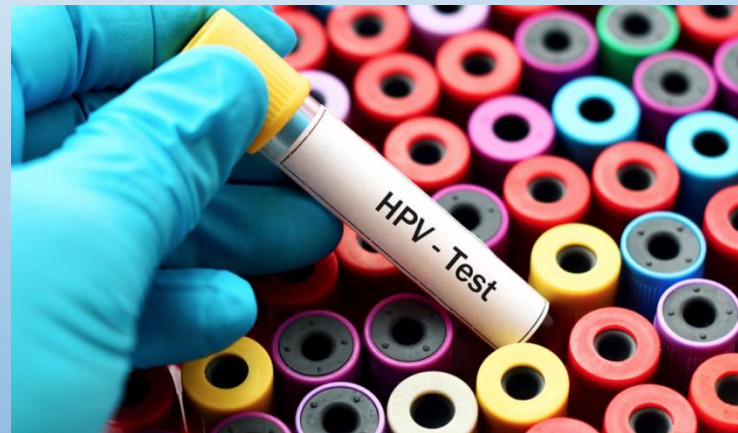
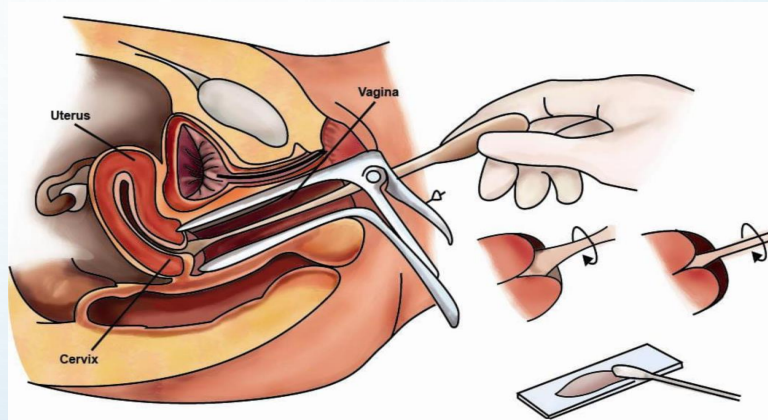


SECONDARY SCREENING

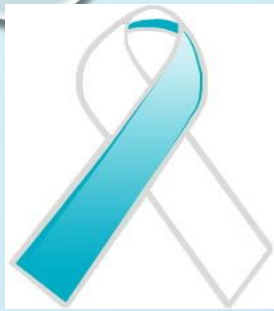
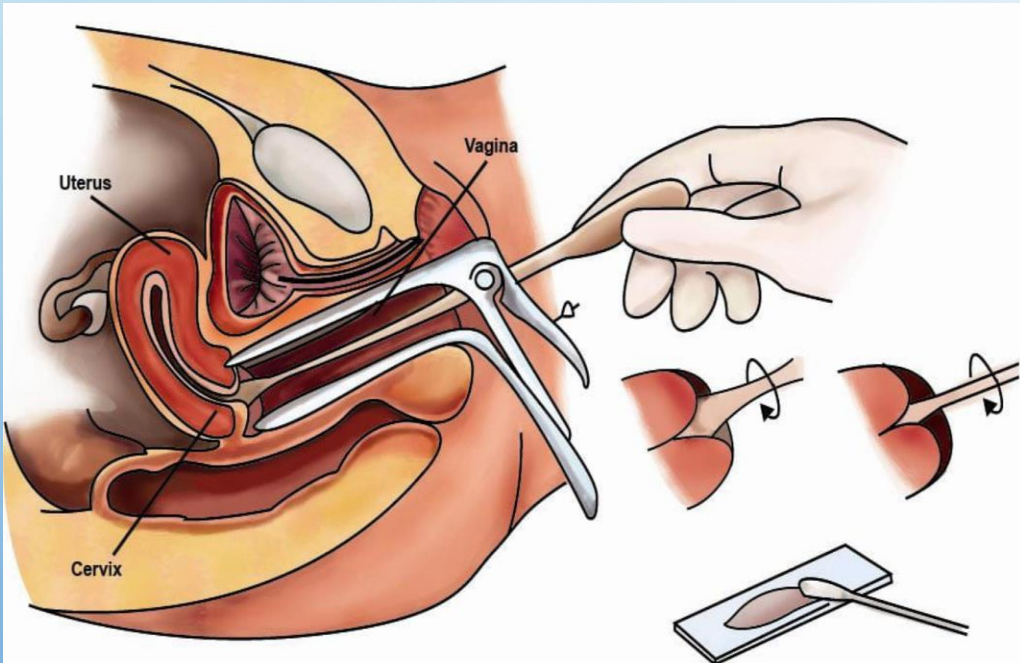
SECONDARY PREVENTION STRATEGIES ATTEMPT TO **DIAGNOSE (PRECANCER)** AND TREAT AN EXISTING DISEASE IN ITS **EARLY** STAGES BEFORE IT RESULTS IN SIGNIFICANT MORBIDITY (CANCER).

HOW TO DETECT EARLY?

PAP SMEAR VS HPV TESTING

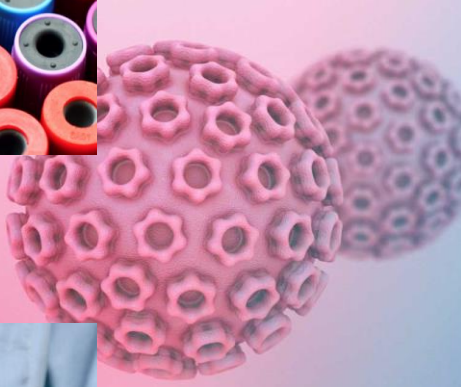


PAP SMEAR



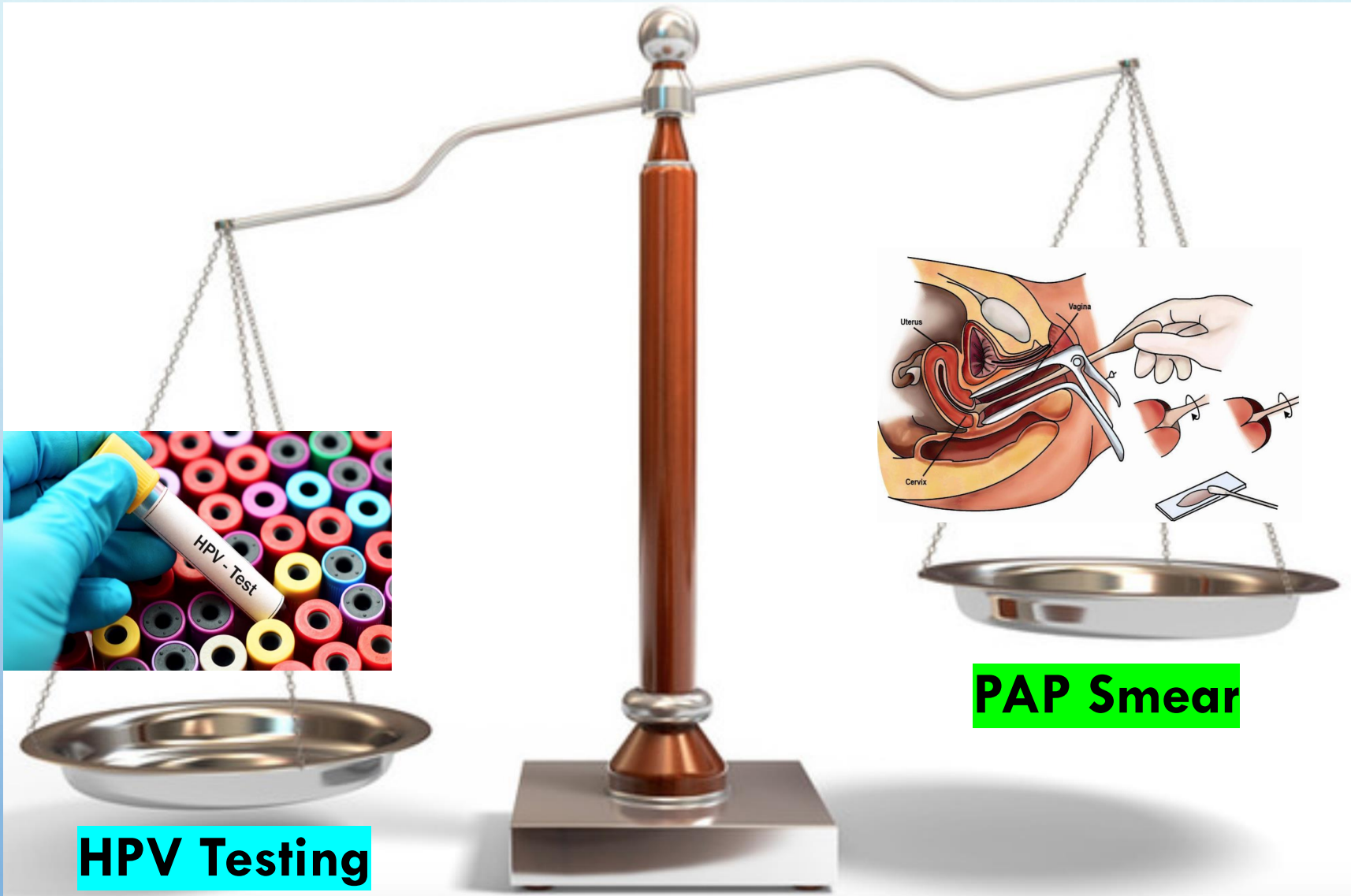
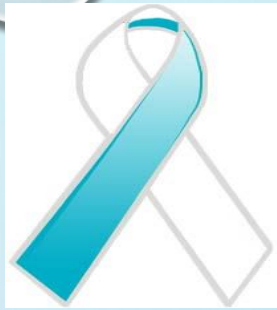
- George Papanicolaou 1941
- Requires sampling the cells of the transformation zone of the cervix
- Observing under the microscope to identify precancerous cells which if possibly left untreated, may eventually lead to cancer
- The Canadian Task Force on Preventive Health Care (CTFPHC) recommends routine screening for cervical cancer:
 - Every 2-3 years
 - For women aged 25-69

HPV TESTING

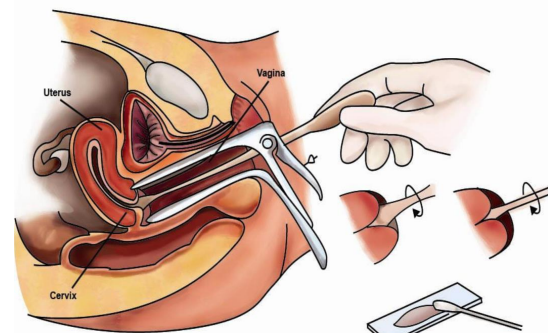


- German virologist Harold zur Hausen 1983
- By 1999, found that 99.7% of cervix cancers are caused by HPV
 - HPV 16 and 18 cause 71%
 - HPV 31, 33, 45, 52, 58 cause 19%
- 15 High Risk (HR) HPV types considered :
 - A “necessary“ cause of cervix cancer
- Specimen taken from cervicovaginal cells
 - Typical gynecologic examination
 - Self-sampling
- Human papillomavirus (HPV) with genotyping by polymerase chain reaction (PCR)

90%



HPV Testing



PAP Smear

The NEW ENGLAND JOURNAL of MEDICINE

ESTABLISHED IN 1812

OCTOBER 18, 2007

VOL. 357 NO. 16

Human Papillomavirus DNA versus Papanicolaou Screening Tests for Cervical Cancer

Marie-Hélène Mayrand, M.D., Eliane Duarte-Franco, M.D., Isabel Rodrigues, M.D., Stephen D. Walter, Ph.D., James Hanley, Ph.D., Alex Ferenczy, M.D., Sam Ratnam, Ph.D., François Coutlée, M.D., and Eduardo L. Franco, Dr.P.H., for the Canadian Cervical Cancer Screening Trial Study Group*

CCAST Randomized Control Trial

- Women 30-69 years with abnormal Pap or positive HPV test underwent colposcopy and biopsy
- Outcome: Identify HSIL
- N=10 154



HPV testing:

- Sensitivity to detect CIN 2/3
94.6% [95% CI 84.2-100]
- Specificity to detect CIN 2/3
94.1% [95% CI 93.4-94.8]

Pap testing:

- Sensitivity to detect CIN 2/3
55.4% [95%CI 33.6-77.2]
- Specificity to detect CIN 2/3
96.8% [95%CI 96.3-97.3]

As compared with Pap testing,
HPV testing has greater
sensitivity for the detection of
CIN

Effect of Screening With Primary Cervical HPV Testing vs Cytology Testing on High-grade Cervical Intraepithelial Neoplasia at 48 Months

The HPV FOCAL Randomized Clinical Trial

[Gina Suzanne Ogilvie](#), MD, FCFP, DrPH,^{1,2} [Dirk van Niekerk](#), MB, ChB, Mmed, FFPATH, LMCC, FRCPC,^{3,4} [Mel Krajden](#), MD, FRCPC,^{1,2} [Laurie W. Smith](#), RN, BN, MPH,⁴ [Darrel Cook](#), MSc,^{2,4} [Lovedeep Gondara](#), MS,⁴ [Kathy Ceballos](#), MD,⁴ [David Quinlan](#), MD, FRCSC,¹ [Marette Lee](#), MD, FRCSC, MPH,⁴ [Ruth Elwood Martin](#), MD, FCFP, MPH,¹ [Laura Gentile](#), MHA,⁴ [Stuart Peacock](#), DPhil,^{5,6,7} [Gavin C. E. Stuart](#), MD, FRCSC,¹ [Eduardo L. Franco](#), DrPH, FRSC, FCAHS, OC,⁸ and [Andrew J. Coldman](#), PhD⁴

Cummulative colposcopy referral rates (per 1000) were similar between both groups.
HPV testing 106.2 (95% CI 100.2-112.5);
LBC 101.5 (95% CI 95.6-107.8)

Primary HPV testing resulted in significantly lower likelihood of CIN 3+ at 48 months compared with cytology (2.3/1000 vs 5.5/1000)



HPV FOCAL Randomized Control Trial
Objective: To evaluate the confirmed cumulative incident CIN3 or worse (CIN3+) detected up to and including 48 months by **primary HPV testing** (n=9552) alone or **liquid-based cytology** (n=9457)

- If HPV testing negative, return for testing in 48 months
- If LBC negative, return for testing in 24 months and if negative return for testing at 48 months
- At 48 month exit exam, all had both HPV testing and LBC co-testing
- 224 collaborating clinicians in Metro Vancouver and Greater Victoria
Accrual Jan 2008 to May 2012 with follow up through Dec 2016



NEW CERVICAL CANCER CASES

- **50%** Never had pap smears
- **10%** Not screened within 5 years
- 10% Inappropriate management/
noncompliant follow up
- 14-33% Failure of screening tests



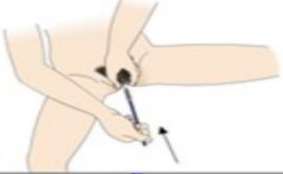
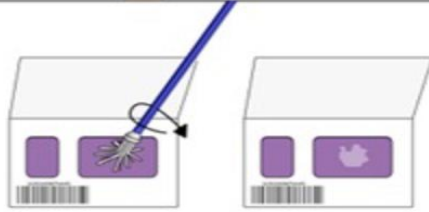

BARRIERS TO CERVICAL SCREENING

PROBLEM

- Lack of access (physician/clinic)
- Fear or shame of abnormal result
- Geographical barriers
- Time limitations
- Cultural or religious considerations

SELF-SAMPLING HPV TESTING

Step by step instructions how to perform the self-sampling

- 
 - Wash your hands!
 - Pick up the sampling card.
 - Place the card on a dry surface
 - Open the card by lifting the protecting flap.
- 
 - Remove the sampling tool from its package by the blue handle. Do not touch the bristles.
- 
 - Assume a relaxed position (or lie down).
 - Insert the sampling tool into the vagina until you feel a resistance (7–10 cm).
 - Turn the brush once and remove.
- 
 - Press the bristles at the card and rotate against the coloured area on the right side.
 - Dispose off the sampling tool.
 - The sample will make the card change colour.
 - Let the card air dry for 10–20 minutes.
 - Fold back the protective flap over the card.
- 
 - Put the card in the envelope.
 - Seal the envelope.
 - Send in the card to the lab by regular mail.

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

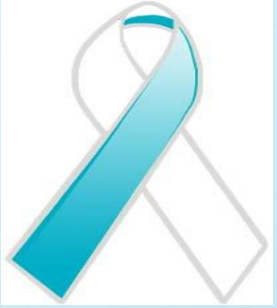
Diagnostic test accuracy of self-sampled high-risk HPV tests

- In the updated meta-analysis by Arbyn et al., Self-sampled HPV tests based on PCR for the **detection** of CIN2+ did not have statistically different sensitivity or specificity compared with clinician-sampled tests.
- In the RCT by Polman et al., Self- and clinician-sampled PCR- based HPV tests were similarly accurate for the **detection** of CIN2+ or CIN3+.

Agreement of self- and clinician-sampled high-risk HPV tests

- Based on available evidence, self-sampled HPV tests could provide similar accuracy to clinician-sampled tests, particularly for PCR-based HPV tests.

Self-sampling for human papillomavirus (HPV) testing: a systematic review and meta-analysis



Ping Teresa Yeh,¹ Caitlin E Kennedy,¹ Hugo de Vuyst,^{2,3} Manjulaa Narasimhan³

- 33 studies (29 RCT and 4 observational studies)
- Greater screening uptake among HPV self-sampling participants compared with control (RR: **2.13**, 95%CI 1.89-2.40)
- Effect size varied by HPV test kit dissemination method, whether **mailed directly** to home (RR: **2.27**, 95% CI 1.89-2.71), offered **door-to-door** (RR **2.37**, 95% CI 1.12-5.03), or requested on demand (RR: 1.28, 95% CI 0.90-1.82)
- Meta-analysis showed no statistically significant difference in linkage to clinical assessment/treatment between arms (RR: 1.12, 95% CI 0.80-1.57)

WHAT FREQUENCY OF TESTING IS NECESSARY?



Canadian Task Force
on Preventive Health Care

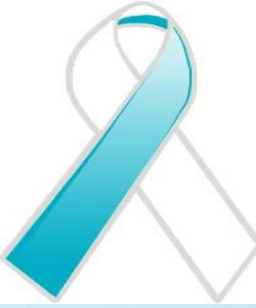
Pap smear screening:

- For women aged **25 to 69** we recommend routine screening for cervical cancer every **3** years.
- For women aged \geq **70** who have been adequately screened (i.e., 3 successive negative pap tests in the last 10 years), we recommend that routine screening may cease. For women aged 70 or over who have not been adequately screened we recommend continued screening until 3 negative test results have been obtained.



Primary HPV testing:

- Those aged **25 to 65** should have a primary HPV test every **5** years.
- Those over age **65** who have had regular screening in the past 10 years with normal results and no history of CIN2 or more serious diagnosis within the past 25 years should stop cervical cancer screening. Once stopped, it should not be started again.



Action Plan for the Elimination of Cervical Cancer in Canada

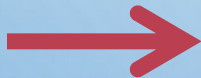
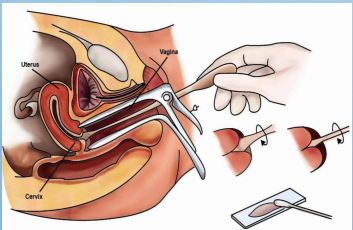


Every year, more than 1,300 people in Canada are diagnosed with and 400 die from cervical cancer. Canada has set the goal of eliminating cervical cancer by 2040: an ambitious target, but an achievable one. Cervical cancer is highly preventable and curable. We have the proven HPV vaccine. We know which screening approaches are most effective in reaching those who are underserved. We have engaged partners from across Canada to design the way forward.



To Improve Screening Uptake:

To Improve Detection:



HPV testing

An infographic with a pink header that reads "HPV SELF-SAMPLING IMPROVES SCREENING FOR CERVICAL CANCER". The main text says "Cervical cancer is the 4th most frequent cancer in women." and "This can contribute to ELIMINATING CERVICAL CANCER as a public health problem by 2030." It features an illustration of a woman's reproductive system and a group of diverse women. Below this, it lists "HPV self-sampling is:" followed by a checklist: "Easy", "Painless", "Convenient", "Cheap", and "Private". At the bottom, it includes the hashtag "#SelfCare", the logo for "hrp" (Human Reproduction Programme), and the "World Health Organization" logo.

Self-sampling HPV testing

Presenter



Dr. Samara Perez, PhD

- Clinical psychologist, McGill University Health Center
- Assistant professor, Department of Oncology, McGill University
- Research, Evaluation, and Policy Affairs, HPV Global Action

HPV Global Action/ VPH Action Globale in partnership with the Consortium for Infectious Disease Control (CIDC)

November 3 and 5 2021



The Role of HPV Testing in the Acceleration of the Elimination of Cervical Cancer

Samara Perez, PhD

McGill University Health Center

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Montreal, Quebec, Canada



Centre universitaire
de santé McGill



McGill University
Health Centre



No Conflicts of Interest to Declare

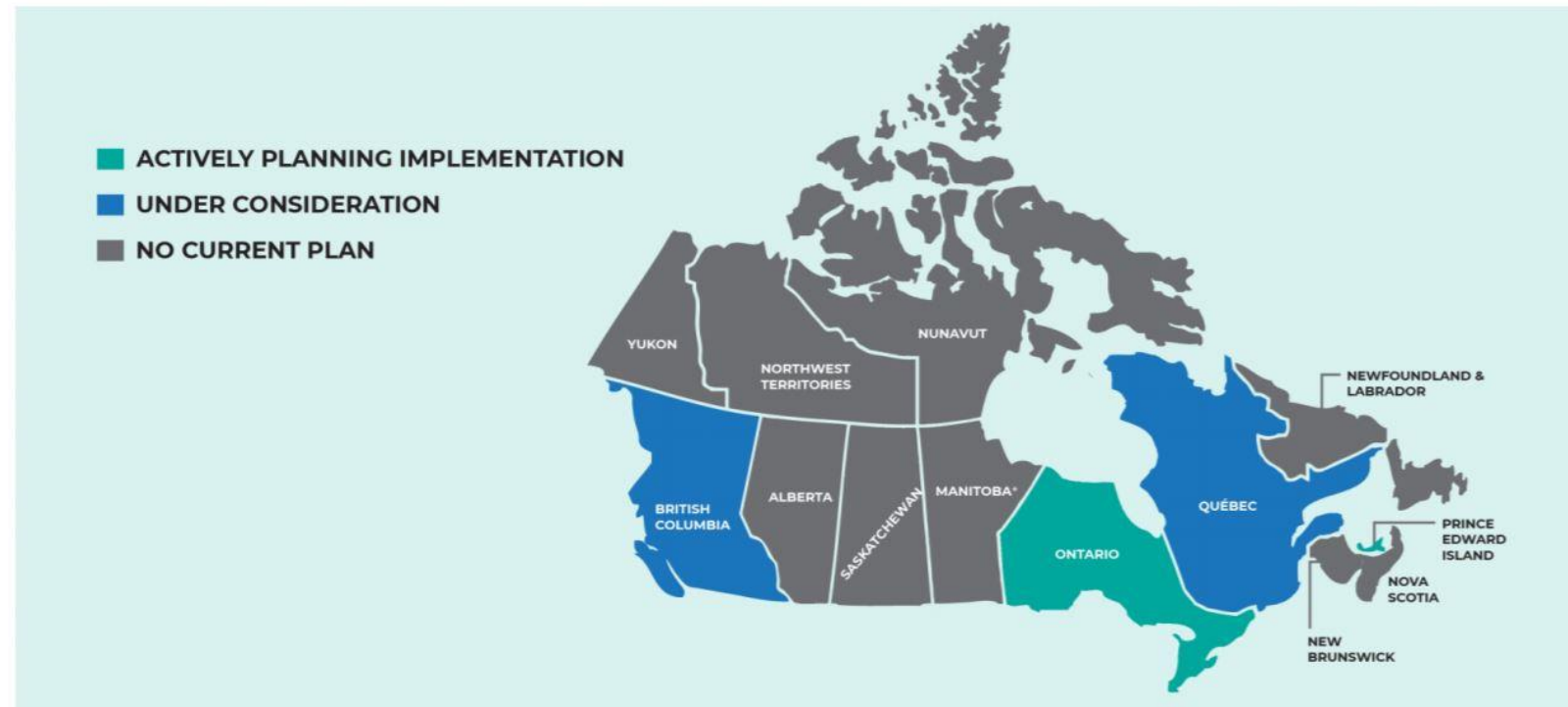
Objectives

- 1) Discuss the potential barriers and facilitators of HPV test acceptability
- 2) Communicate and Counsel efficiently about HPV testing

The shift to HPV testing

- In theory, HPV testing was adopted as primary screening in Quebec, Ontario, and BC, but it's not on the calendar.
- In reality: Ontario has technically been “ready” since 2013, yet still no HPV testing
- Recommendations of major health organizations in the US, Europe, and Australia currently include HPV testing for primary cervical cancer screening
- National HPV test-based organized cervical cancer screening programs already implemented in: Australia, England, Wales, Scotland, Netherlands

Figure 8. Current Status of Implementation of HPV Testing for Primary Screening in Canada (July 2019)



Psychosocial barriers of HPV test acceptability

May 1st Changes to Pap Smears



 **Isabella Rossi** a lancé cette pétition adressée à Malcolm Turnbull (Former Prime Minister of Australia) et à 3 autres

 **Pétition fermée**

Cette pétition avait 70 999 signataires



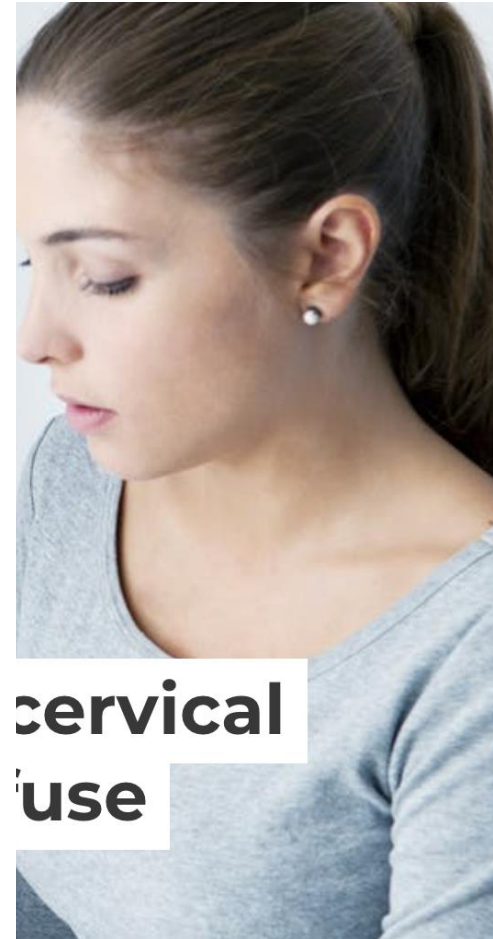
Malcolm Turnbull:
Stop May 1st ...



Partager sur
Facebook



Envoyer un e-mail aux
ami.e.s



cervical
use



Review Article

Factors associated with human papillomavirus (HPV) test acceptability in primary screening for cervical cancer: A mixed methods research synthesis

Ovidiu Tatar^{a,*}, Erika Thompson^b, Anila Naz^a, Samara Perez^{a,c}, Gilla K. Shapiro^{a,c}, Kristina Wade^a, Gregory Zimet^d, Vladimir Gilca^c, Monika Janda^f, Jessica Kahn^g, Ellen Daley^h, Zeev Rosberger^{a,c}



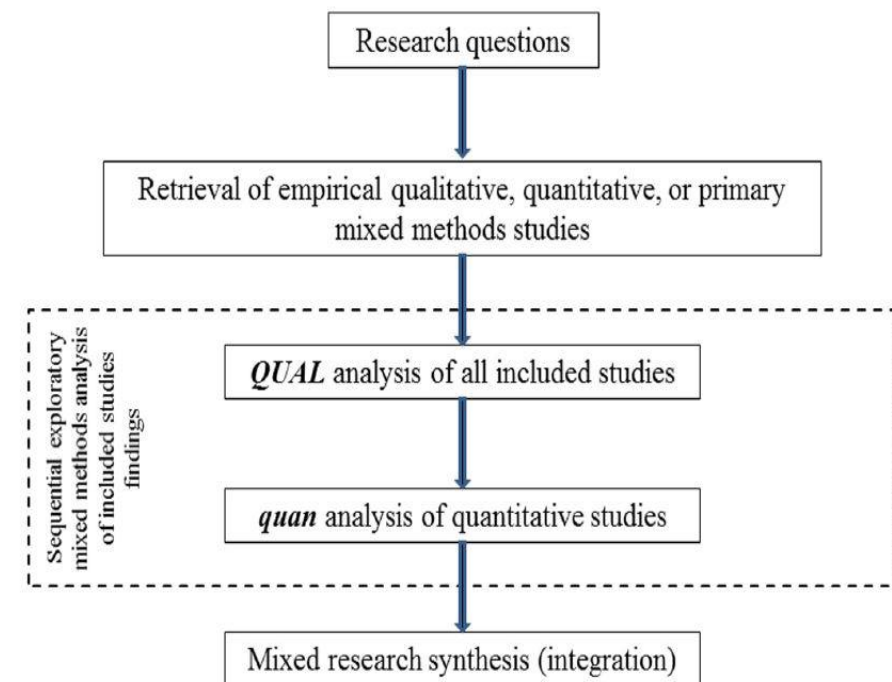
➤ Research questions:

- What are the psychosocial factors related to HPV testing in primary screening for cervical cancer?
- What is the influence of these factors on women's acceptability of HPV testing in primary screening for cervical cancer?

➤ Eligibility: Psychosocial factors related to women's acceptability of HPV testing in primary screening for cervical cancer

➤ Methodology: Systematic review-PRISMA; 7945 articles screened; 22 articles retained

➤ Qualitative: Deductive-Inductive Thematic Analysis informed by the Health Belief Model and Theory of Planned Behavior



Adapted from Sandelowski et al. (2006) and Heyvaert et al. (2013)

Qual indicates qualitative dominant method of analysis; quan indicates non-dominant quantitative method of analysis

POSSIBLE FACILITATORS

- High perceived severity of cc
- High perceived susceptibility of cc
- High perceived susceptibility of HPV infection
- High perceived benefits of the HPV test
- Increased HPV knowledge
- Increased HPV test knowledge
- Use of health information channels
- Healthcare system factors
- Sociodemographics: white
- Sociodemographics: Higher education
- Sociodemographics: Higher household income

- General attitudes and beliefs related to cc screening
- Perceived subjective norms
- Increased perceived behavioral control

- High safety of HPV test
- Health behaviors (e.g., HPV vaccinated)
- Adherent to cc screening

POSSIBLE BARRIERS

- Sociodemographics: Marital status single

- Negative attitudes toward delayed start of screening and/or increased screening interval to 5 or 10 y

- Negative emotions and perceptions related to HPV testing

CONTRADICTIONARY EVIDENCE

- Sociodemographics: Older women (≥ 40)

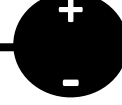
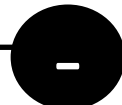
- Negative perceived emotional reaction to HPV results
- Screening test preference
- Interventions
- Existing personal medical history
- Sexual history

NO IMPACT

- High perceived severity of HPV infection
- High cc screening knowledge

- Family history of cancer

HPV TEST
ACCEPTABILITY



LEGEND

- Health Belief Model
- Theory of Planned Behavior
- Additional Factors

Are Health Care Professionals Prepared to Implement Human Papillomavirus Testing? A Review of Psychosocial Determinants of Human Papillomavirus Test Acceptability in Primary Cervical Cancer Screening

Ovidiu Tatar, MD, MSc,^{1,2} Kristina Wade, BSc,² Emily McBride, MSc,³ Erika Thompson, PhD,⁴
Katharine J. Head, PhD,⁵ Samara Perez, PhD,⁶ Gilla K. Shapiro, MPA/MPP, PhD,⁷ Jo Waller, PhD,⁸
Gregory Zimet, PhD,⁹ and Zeev Rosberger, PhD^{2,10}

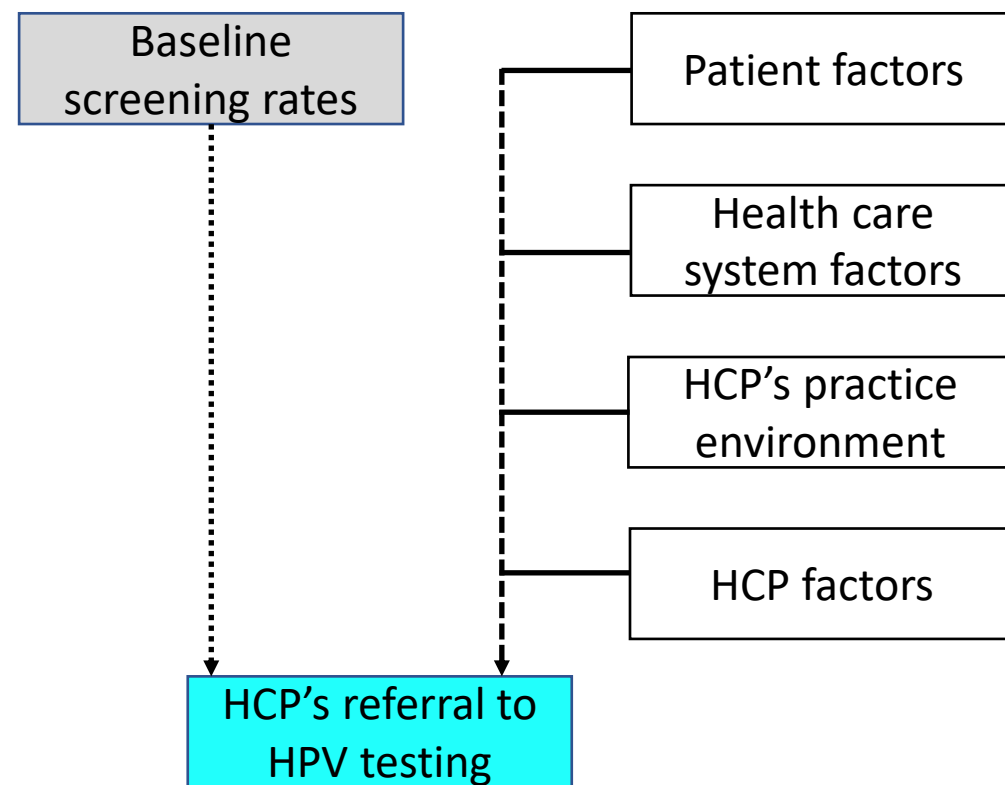
➤ Research question:

- How do psychosocial factors influence HCPs' acceptability of HPV testing in primary screening for cervical cancer?

➤ **Eligibility:** HCPs knowledge, attitudes, beliefs, and acceptability related to using HPV testing in primary cervical cancer screening

➤ **Methodology:** Comprehensive review; 8837 references screened; 32 articles retained

➤ Organization of factors based on the Patient Pathway framework: possible barriers; possible facilitators and contradictory evidence



POSSIBLE FACILITATORS

POSSIBLE BARRIERS

CONTRADICTIONARY EVIDENCE

NO IMPACT

- High perceived severity of cc
- High perceived susceptibility of cc
- High perceived susceptibility of HPV infection
- High perceived benefits of the HPV test
- Increased HPV knowledge
- Increased HPV test knowledge
- Use of health information channels
- Healthcare system factors
- Sociodemographics: white
- Sociodemographics: Higher education
- Sociodemographics: Higher household income

- General attitudes and beliefs related to cc screening
- Perceived subjective norms
- Increased perceived behavioral control

- High safety of HPV test
- H. behaviors: no smoking
- HPV vaccinated
- Adherent to cc screening: regular Pap test

- Sociodemographics: Marital status single

- Negative attitudes toward increased screening interval to 5 or 10 years and/or delayed start of screening

- Negative emotions and perceptions related to HPV testing e.g., stigma

- Sociodemographics: Older women (≥40)

- Negative perceived emotional reaction to HPV results
- Screening test preference
- Interventions (educational)
- Existing personal medical history
- Sexual history

- High perceived severity of HPV infection
- High cc screening knowledge

- Family history of cancer

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+
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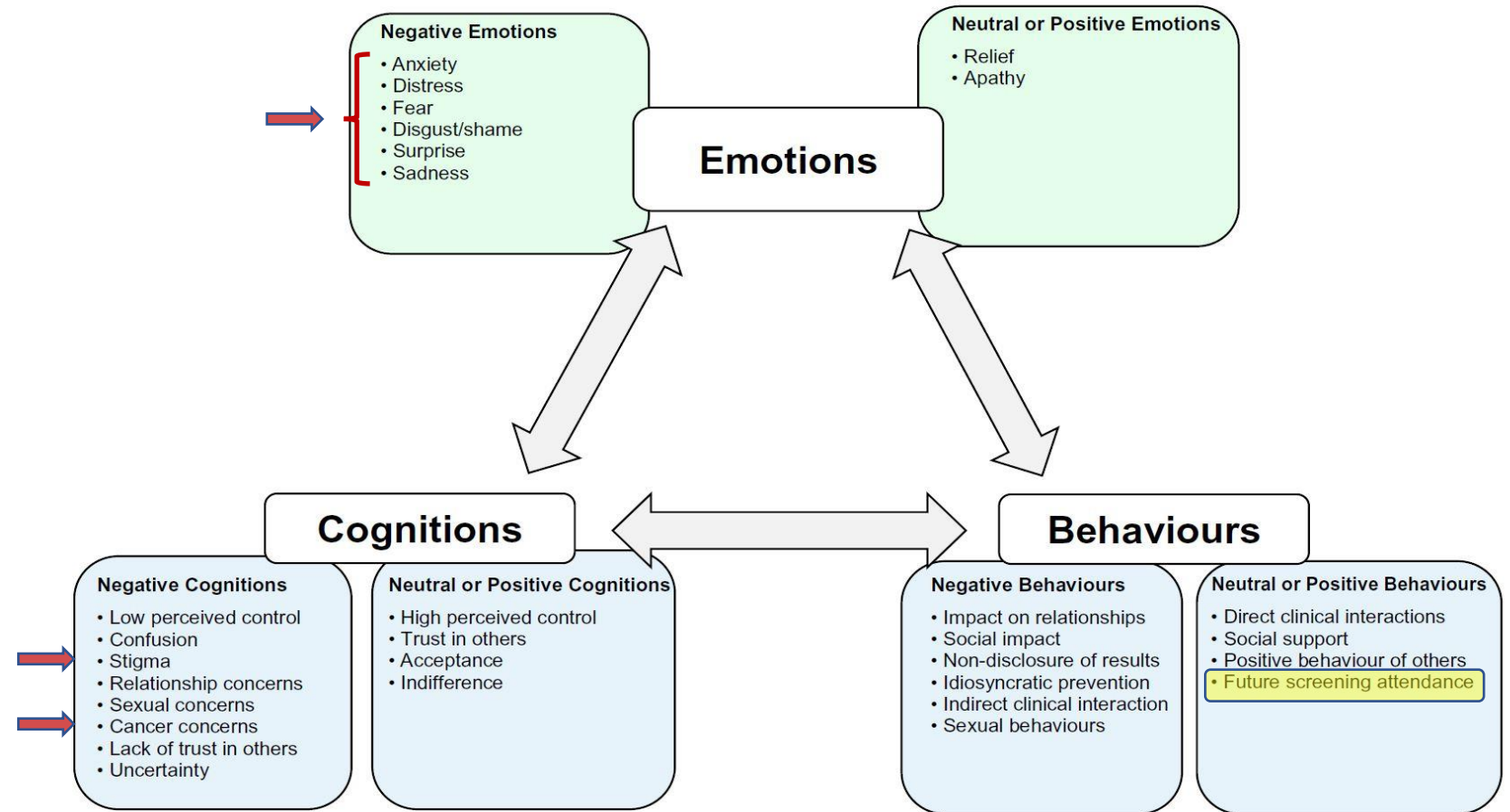
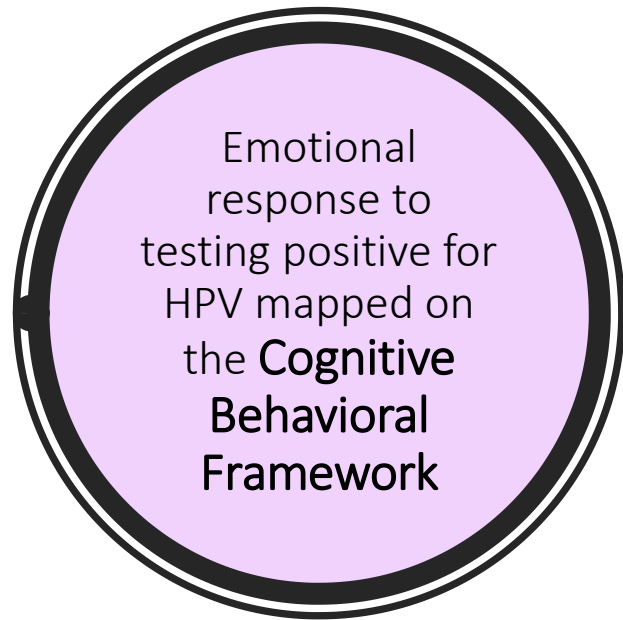
HPV TEST ACCEPTABILITY

LEGEND

- Health Belief Model
- Theory of Planned Behavior
- Additional Factors

Emotional response to testing positive for human papillomavirus at cervical cancer screening: a mixed method systematic review with meta-analysis

Emily McBride^a, Ovidiu Tatar^{b,c}, Zeev Rosberger^{c,d}, Lauren Rockliffe^e, Laura M. Marlow^f, Rona Moss-Morris^g, Navdeep Kaur^{b,c}, Kristina Wade^{c,d} and Jo Waller^{b,f}



Communicating with women on the test itself and those who are HPV +

Remember the facilitators

- Explain the **benefits** of HPV testing in **simple, clear** language
 - ✓ HPV testing is better... More sensitive
 - ✓ HPV test can prevent more high-grade cervical cancer lesions
 - ✓ Uses modern technology to look for HPV DNA
 - ✓ HPV test is safe
 - ✓ Its easier... less intrusive
 - ✓ You can do it in the privacy of your home or in the doctor's office,
 - ✓ You can do it your self (HPV self sampling test)

Communicating with women on the test itself and those who are HPV +

Remember the facilitators

- Provide **knowledge/information** about HPV (general) and HPV testing
 - ✓ HPV is normal and common - 7 in 10 Canadians will have HPV at any given point in time
 - ✓ Highlight the asymptomatic nature of HPV, while encouraging women to monitor for specific cervical cancer symptoms (e.g., unusual bleeding, pain from sex).
 - ✓ Strong research evidence that the HPV tests outperforms the pap test
 - ✓ Acknowledge that might be new to them, but speak to other countries, the science, major organizations who support the shift from Primary Pap to Primary HPV
 - ✓ Communicate the rationale for the interval change to help reassure women
 - ✓ Research shows that if HPV DNA is not found, women are at very low risk for cervical cancer and do not need to screen for cervical cancer as often as with the Pap test (e.g. every 5 years)

Communicating with women on the test itself and those who are HPV +

- Remember the barriers
 - Low SES, non-white, non-HPV vaccinated are less likely to accept
 - Single women
 - Recognize the emotional impact – the fear, the embarrassment,
 - ✓ Normal cytology means no cancer . Highlight that HPV is NOT direct precursor to advanced cervical cancer
 - ✓ Cervical cancer is a disease of latency – highly likely you did not acquire HPV from your current partner
 - ✓ Remain open to engage in validating and normalizing their emotional experience
 - ✓ Some women do feel embarrassed, and that's okay.
 - ✓ Encouraging individuals high in intolerance of uncertainty to bring a supportive relative or friend to appointments

Communicating with women on the test itself and those who are HPV +

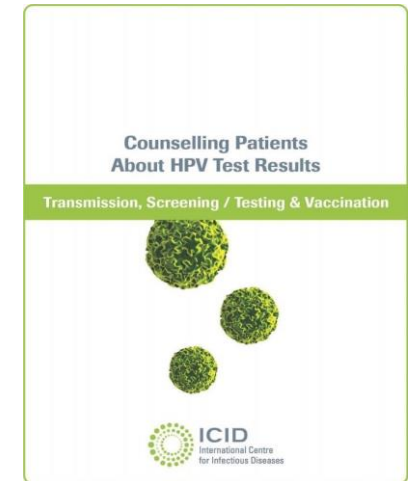
- Remember the facilitators and barriers for HCPs
 - Stay informed with provincial guidelines and increase your own HPV and HPV testing knowledge
 - Know your own **biases**
 - Acknowledge and accept your own discomfort/uncertainty regarding the change in start age and screening intervals. The science is there to back it up!
 - As an HCP, **support the shift** from Primary Pap to Primary HPV
 - I am getting an HPV test... If you were my daughter/sister/friend, I would recommend she get the HPV test
 - If you are comfortable talking about sex/sexual infections, patients much less likely to feel uncomfortable

Case Example

- 35-year-old woman, few partners before marriage, smoker since high school, married for 12 years, two children
- Avoided screening and health care visits throughout her life, fearful of receiving 'bad news'
- Attends her first screening at the urging of her husband and receives a positive result for HR-HPV but her follow-up Pap is negative

Relevant information to share with the patient

- Complex responses require **sensitive** interventions
- Mechanisms of **transmission** of HPV, **risk** factors, and **need** for surveillance
- Importance of **follow-up**
- Be aware-more health information may increase anxiety and communication avoidance, if patient experiences high **intolerance of uncertainty**
- Patient should be **reassured** about their **information-seeking style**
- If patient **desires**, then provide **brief pamphlet**
- With patient **permission** her partner could be invited to receive the detailed information and **assist patient in health seeking behavior**



https://static1.squarespace.com/static/5b855e9a75f9ee482638631e/t/5d2b4e13ea35d400015d1839/1563119126672/CI+DC+Booklet_HPVCounseling_2019July14_Final+Version.pdf

Case Example

- 30 years old, single woman;
- Previous pap smears at age 17 and 20 were negative
- Now **HPV test positive** with subsequent Pap smear indication a high-grade intra-epithelial lesion (HSIL)
- Delay in appointment for colposcopy
- **Anxious, diminished appetite and sleep disturbance**

Relevant information to share with the patient

- ✓ Provide disease **specific** information
- ✓ Provide strong **reassurance** and **emotional support**
- ✓ At initial discussion, rapid **psychosocial screening** by standard brief psychometrically valid questionnaire (e.g., GAD-7 or PHQ-9)
- ✓ Specific **mental status questions** regarding sleep, appetite, excessive worry/fear, attention, change in activities of daily living
- ✓ Provide **information** about link b/w HPV, CIN, and Cancer
- ✓ **Emphasize** since HPV test is more specific, led to earlier intervention and closer follow-up
- ✓ Reassure about prognosis
- ✓ If persistent distress, **consider referral** to an experienced psychosocial-sexual-oncology health professional

Conclusions

- Embarrassment and other psychosocial barriers may initially be problematic towards HPV testing, but over time as education and knowledge increase, these diminish, as social norms around screening evolve
 - Women talk!
- The negative emotional impact of a positive HPV test result could be attenuated by HCPs and women's support systems
- Use your influence as a health care provider to increase facilitators and overcome barriers
 - Stay updated to increase own confidence in delayed start age and screening intervals.
- You KNOW your patients best.
 - Try to match health messages to individual differences reduce negative psychological outcomes
 - Tailored messages increase positive and reduce negative outcomes by making information more personally relevant

We will know much more VERY soon!

- We are conducting a national survey of Canadian women ($n = 4650$) designed to understand Canadian women’s knowledge, attitudes, beliefs, and preferences (134 items) regarding the changes in cervical cancer screening

For each of the following nine questions, use the same strategy as in the example above to select **one** situation that you prefer **least** AND **one** situation that you prefer **most**. The questions may seem repetitive, but the last part of each sentence is different (where it says “every X years”). [SELECT ONE “LEAST PREFERRED” AND ONE “MOST PREFERRED” OPTION] [DISPLAY “every X years” IN BLUE]

Question 1		
LEAST preferred	Options	MOST preferred
	Cervical cancer screening with the Pap test every 3 years	
	Cervical cancer screening with the HPV test every 3 years	
	Cervical cancer screening with the HPV test using HPV self-sampling every 3 years	
	Cervical cancer screening with both the Pap test and the HPV test every 3 years	

Rosberger et al (2019). *Ensuring a Successful Transition from Pap to HPV DNA Testing in Primary Cervical Cancer Screening: Exploring and Listening to Canadian Women’s Needs is Critical for Effective Public Policy Change*. Funded by CIHR

We will know much more VERY soon!

The results are critical to inform us how, to whom and in what way HPV screening programs might be presented to women optimally

- It will tell us what Canadian women worry about, care about, prefer...
- Ultimately, will be very useful and helpful for the content of letters (explaining the change, HPV-positive results letters) and in training/interventions for sample-takers or HCPs who discuss HPV results with women

Rosberger et al (2019). *Ensuring a Successful Transition from Pap to HPV DNA Testing in Primary Cervical Cancer Screening: Exploring and Listening to Canadian Women's Needs is Critical for Effective Public Policy Change*. Funded by CIHR

Thank you for your attention

Samara Perez

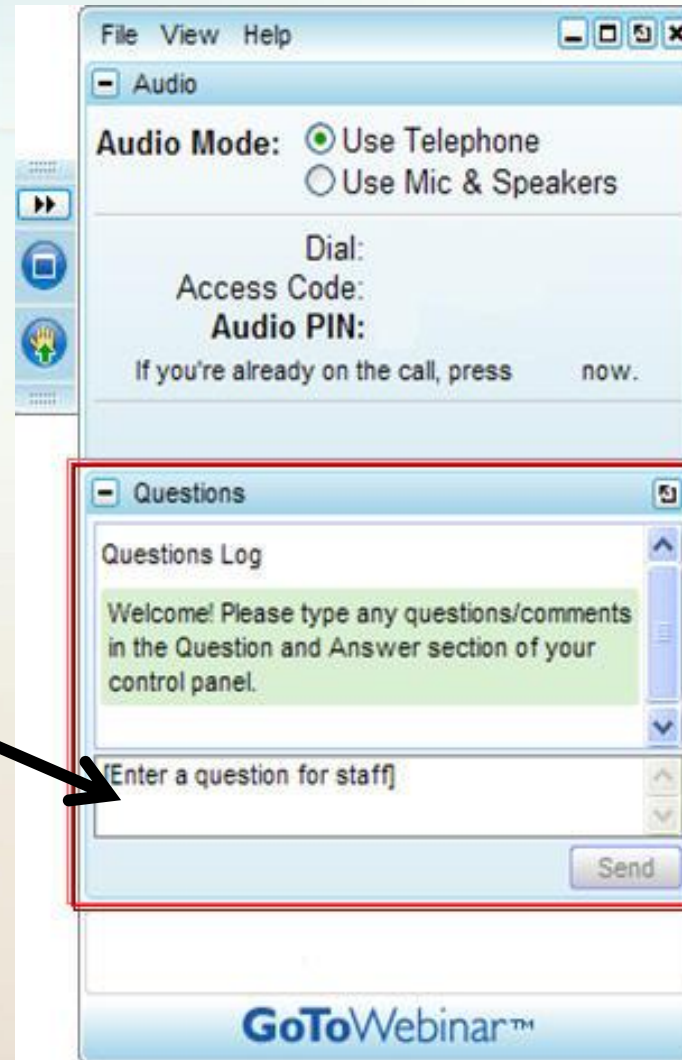
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Question & Answer Period

On a computer, submit your text question using the Questions pane

NOTE: On a mobile device, tap on the “?” to open the questions pane



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The role of HPV Testing in the Acceleration of the Elimination of Cervical Cancer

- **Evaluation:** <https://www.surveymonkey.com/r/P3TJBN9>
- **Slide Set, Video recording, HPV documents at:**
www.hpvglobalaction.org & www.CIDCgroup.org

Next webinar: Wednesday, November 10, 2021

HPV head and neck cancers: We need a control strategy now!

Thank you for participating!

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The opinions expressed in this webinar are those of the presenters and do not necessarily reflect the views of CIDC, HPV Global Action or their partners