

Acceptability of HPV self-collection and the role of telehealth: a prospective, randomized study stratified by menopausal status

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Topic: Cervical

Objectives

We investigated the acceptability and feasibility of high-risk human papilloma virus (HPV) self-collection and the utility of telehealth instruction in facilitating self-collection among postmenopausal patients compared to premenopausal patients.

Methods

We conducted a prospective, randomized study of people eligible for cervical cancer screening, stratified by menopausal status, to undergo standard written or telehealth-based instructions for HPV self-collection. English speaking individuals residing in Oregon, with a cervix, eligible for primary HPV testing, and with access to a video-capable device were included. Patients with prior hysterectomy, trachelectomy, diagnosis of cervical cancer, or pelvic radiation for gynecologic cancer were excluded. We compared preference for and opinions about self-collection and HPV test results, by randomization group and stratified by menopausal status using descriptive statistics.

Results

Among 123 patients enrolled, 61 identified as postmenopausal with a median age of 57 years. Overall, 88.5% of postmenopausal participants preferred self-collection to provider-collection. There were no significant differences between pre- and postmenopausal participants in terms of test preference, discomfort, ease of use, or perceptions of self-collection. While the majority of postmenopausal participants who received telehealth instructions found it helpful, only 6.1% considered telehealth instructions necessary to complete self-testing. There was no difference in opinion of telehealth by menopausal status.

Conclusions

HPV self-collection is feasible and acceptable to both pre- and postmenopausal women. There are no significant differences in preference for provider- versus self-collection when stratified by menopausal status. Nearly 90% of postmenopausal participants preferred self-collection of HPV samples to provider-collection. Telehealth instruction does not add significant value to this patient population.

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