WAGO 2025 ANNUAL MEETING
ORAL ABSTRACT

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Western Association of Gynecologic Oncology

Implementation of primary HPV-based cervical cancer screening across a countywide health system

Patrick Marta, MD, Harbor-UCLA Medical Center, Olive View-UCLA Medical Center

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Objectives

To determine compliance rates with primary HPV-based cervical cancer screening by age and provider type within the first year of implementation in a countywide health system.

Methods

This retrospective cohort study included patients age ≥ 21 who underwent cervical cancer screening from 3/2024 to 2/2025. This correlates with the first 12 months after implementation of primary HPV-based cervical cancer screening in a countywide health system. Data were abstracted from electronic medical records, including age, provider type (OBGYN or non-OBGYN), provider location, screening method (primary HPV, cytology w/ reflex, co-testing), and results. Descriptive statistics and chi-squared tests were used for comparisons. A historical cohort (3/2023-2/2024) was identified for cost analysis and normalized to reflect a similar patient number and cytology reflex rate as the primary study group.

Results

Between 3/2024 and 2/2025, 2165 (16%) patients underwent cytology with reflex, 8775 (65%) had primary HPV testing, and 2484 (19%) had co-testing. For patients age 21-29, age-appropriate cervical cancer screening was cytology with reflex, and compliance rates were 89.7% (range 85.5% to 93.1% by month). For patients age 30+, age-appropriate cervical cancer screening was primary HPV testing, and compliance rates were 79.2% (range 73.9% to 82.0% by month) (Figure 1). There was no significant difference between compliance rates for correct screening by OBGYN vs non-OBGYN providers in patients age 21-29 (89.4% vs 92.5%, p=0.08). There was a significant difference between compliance rates for correct screening by OBGYN vs non-OBGYN providers in patients age 30+ (76.5% vs 85.9%, p< 0.001). The transition to primary HPV screening resulted in normalized cost savings of $207,472 over 12 months.

Conclusions

Implementation of primary HPV-based cervical cancer screening for patients age 30+ achieved high compliance rates within a countywide health system. Non-OBGYN providers demonstrated higher compliance with the updated screening guidelines, but differences in patient risk profiles may contribute to this variation. The transition to primary HPV-based screening also led to significant cost savings, suggesting affordability for safety-net health systems while promoting equitable access to guideline-based care.

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