

WAGO 2025 ANNUAL MEETING

ORAL ABSTRACT



High-risk, low-resource: overcoming barriers to cervical cancer prevention

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Objectives

The overall incidence of cervical cancer has declined due to screening and vaccination. Marginalized populations, particularly Hispanic communities, continue to experience high cervical cancer burden. This study reports the barriers to and outcomes of cervical cancer screening among a predominantly Hispanic, uninsured population.

Methods

The Houston PAP Project provides no-cost cervical cancer screening and dysplasia treatment to underserved Hispanic individuals in Houston. We conducted a retrospective study of patients seen at the Houston PAP Project. Data were collected from medical records and included sociodemographic characteristics, patient-reported social determinants of health (SDOH), cytology results, HPV testing, and pathology findings. Social vulnerability index (SVI) was calculated using patient addresses.

Results

Between 03/2022 and 08/2024, 662 patients were seen. Mean age was 43.6. A total of 91.1% primarily spoke Spanish, and 93.2% were uninsured. A total of 93.7% reported a prior pap smear, but 59.6% hadn't been screened in 5-10 years. Additionally, 25.4% reported a history of abnormal pap results. Only 8.3% of patients had received HPV vaccination. Of patients who underwent screening (N=618), 13.3% (82/618) had abnormal results. Of HPV-positive cases, 9 were HPV 16, 5 were HPV 18, and 42 were non-16/18 high-risk HPV. A total of 18 patients (3.0%) required cervical biopsies, of which 4 CIN1, 1 CIN2, and 1 CIN3. Regarding SDOH, 35.5% reported housing instability, 49.5% food insecurity, 40.5% significant stress, and 20% cited transportation, financial and literacy barriers. Overall, 80.2% had ≥ 1 SDOH barrier. Median distance to the clinic was 11.9 miles. High SVI was associated with higher rates of high-risk HPV (non 16/18) ($p=0.03$).

Conclusions

These findings highlight the need for cervical cancer screening among underserved Hispanic populations. We found a higher rate of abnormal screens (13.3%) than reported in the literature (8.6%), as well as increased risk of high-risk HPV (non 16/18) among patients in socially vulnerable areas. One percent had precancerous lesions, which were successfully treated, thereby preventing progression to cervical cancer. This study demonstrates a targeted intervention area to address SDOH for improving cervical cancer prevention in high-risk communities.