

## **Oral Abstract 11:** Implementation and Early Outcomes of HPV Self-Collection in a Safety-Net Health System

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Topic  
Cervical

### Objectives

To evaluate the early uptake, completion, and results of an HPV self-collection program implemented across multiple sites of a large safety-net health system.

### Methods

We performed a retrospective review of patients intending to undergo cervical cancer screening (CCS) using HPV self-collect within the healthcare setting of a large safety net health system between August 2025 and February 2026. Implementation design included adding HPV self-collect to the EHR CCS order set, standardized patient education with multilingual handouts and QR codes to instructional videos, and staff training. Data extracted from a disease management EHR report of all CCS results included monthly test volume (ordered vs. completed), time to test completion, self-collection location for patient instruction and specimen receipt (clinic vs laboratory), HPV self-collect results, and follow-up cytology for non-16/18 hrHPV positive tests.

### Results

During the study period, 901 HPV self-collect tests were ordered for 722 unique patients of which 352 (49%) were completed. Monthly testing volume increased over time (Table 1). Median time to test completion was 1 d (range 1-10 d) for clinic and laboratory locations. Test completion was highest in the ambulatory care network (204; 58%), followed by hospital-based clinics (127; 36%), and correctional health (21; 6%). Completion rates differed by collection location, with higher completion for clinic vs. laboratory sites (72% vs. 45%;  $p < 0.001$ ). Among completed tests, HPV 16+ was detected in 8 (2%), HPV 18+ in 1 (0.3%), and non-16/18 hrHPV in 25 (7%), while 318 tests (90%) were negative. Among patients positive for non-16/18 hrHPV, 16 (64%) returned for follow-up cytology, 6 (24%) had follow-up scheduled, and 3 (12%) had no follow-up. Cytology among those with follow-up demonstrated NILM in 10 (63%), ASCUS in 4 (25%), LSIL in 1 (6%), and HSIL in 1 (6%). HPV self-collect screening resulted in 15 patients (4%) requiring colposcopy.

### Conclusions

HPV self-collection is a feasible and scalable strategy for cervical cancer screening in a safety-net population. Our early data inform strategies for continued efforts to strengthen uptake, care coordination and downstream management of HPV self-collect.

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