

# Acceptability of Self-Collected Sampling for HPV Testing among African American Women in the Mississippi Delta

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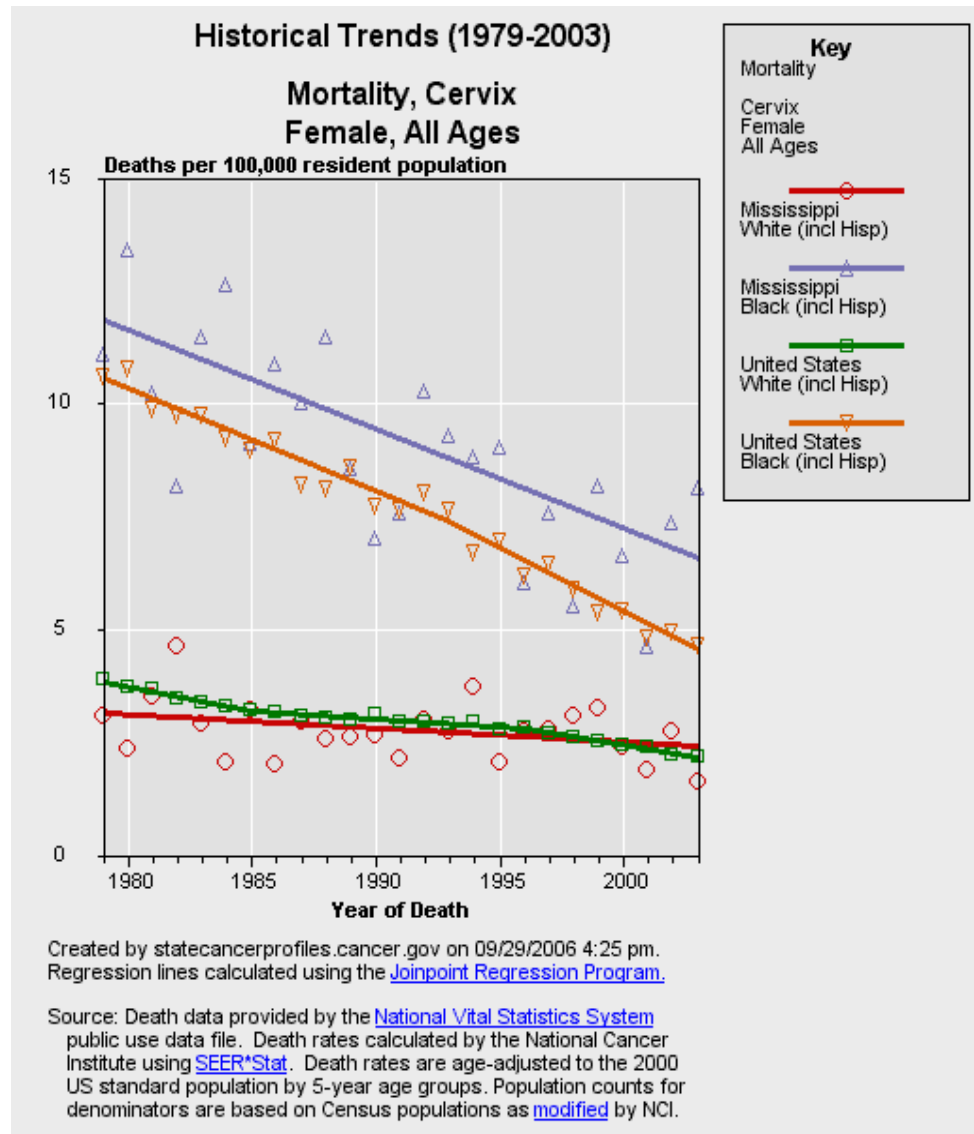
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Supported by the National Cancer Institute, grant#U01 CA86128

Deep South Network for Cancer Control

# Why African Americans in the Mississippi Delta?



# Background

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- ✓ It has been established that HPV is a causal agent of cervical cancer and that HPV infection is present in 99.7% of cervical carcinomas
- ✓ HPV testing could be the most effective approach to early detection of cervical cancer
- ✓ HPV DNA testing has been approved by the FDA

# Background

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- ✓ Studies have suggested that HPV testing may be more effective than Pap Smear in early detection of cervical cancer given its high sensitivity and reliability
- ✓ Previous studies have examined the sensitivity and predictive value of HPV detection by comparing self-collected and clinician-collected samples for HPV testing with encouraging results

# Background

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- ✓ Some studies have examined acceptability of self-collected sampling for HPV testing. However...
- ✓ Self-collected sampling was obtained at the doctor's office
- ✓ Women were recruited at clinics (perhaps a compliant group in terms of cervical cancer screening)
- ✓ Limited findings on factors associated with acceptability
- ✓ Lack of theory-based assessments

# Purpose of the study

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- ✓ To examine the contextual variables associated with “acceptability” of self-collected sampling for HPV testing as well as preference (Pap Smear vs. self-collected sampling) among African American women 30 years of age and older in the Mississippi Delta
- ✓ To develop a theory-based (PEN-3 and Health Belief Model), culturally-relevant questionnaire based on the results of the qualitative data

# Method

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- ✓ 8 focus groups (N=87) with African American women 30 years of age and older in the Mississippi Delta
- ✓ 30 women attending public primary care clinics for a routine Pap smear
- ✓ 57 women who reported not having a had a Pap smear in the past three years recruited in the community

# Participants

Variable	Community (n=57)	Clinic (n=30)
<b>Age<sup>1</sup></b>	43.2 (10.64; 29-78)	41.0 (13.09; 18-81)
<b>Education (years)<sup>1</sup></b>	12.1 (2.71; 6-22)	12.0 (2.75; 7-20)
<b>Marital status</b>		
Single	54.4%	50.0%
Married or living together	21.1%	40.0%
Separated/Divorced	17.6%	6.6%
Widowed	7.0%	3.3%
<b>Having children</b>	94.7%	90.0%
<b>Currently employed</b>	47.4%	56.7%
Full time	52.9%	86.7%
<b>Health insurance coverage</b>	57.1%	70.0%
<b>Monthly income at home (US\$)<sup>2</sup></b>		
# of individuals supported by this income	1,000 (0-50,000) 3 (1-7)	1,225 (200-4,166) 3 (1-5)
<b>Have heard about HPV</b>	41.1%	40.0%

<sup>1</sup> Mean (Standard Deviation; Range)

<sup>2</sup> Median (Range)



# Results

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- ✓ **Perceived susceptibility** due to lack of knowledge, lack of financial resources, and not engaging in screening for fear of results. Fatalism (particularly the belief that God will protect them) was an important factor when discussing perceived susceptibility.
- ✓ Most women acknowledged the **severity** of cervical cancer, but they were not aware of the link between HPV and cervical cancer.

# Results

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- ✓ Women acknowledged the **benefits** in getting a Pap Smear
- ✓ **Barriers** to Pap smear included:
  - ✓ Lack of health insurance
  - ✓ Lack of financial resources
  - ✓ Lack of transportation
  - ✓ Embarrassment/discomfort
  - ✓ Procrastination
  - ✓ Fear of results

*"We as women, especially black women no news, is good news. So we won't go, we could be hurting or anything. We'll be just like well, take a Tylenol; it could be something serious, but we as a black race are scared to go to the doctor, and a lot of us can't afford to go to the doctor..."*

# Results

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- ✓ Most women were receptive to self-collected sampling for HPV testing at home

*"I don't like to go to the doctor and so you will have more people home testing because a lot of people don't want that discomfort or embarrassment"*

# Results

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- ✓ Women were divided with regard to preference
- ✓ The ones preferring a Pap smear stated that they would rather have a dr/nurse doing it and that they would not feel comfortable doing it themselves for fear of “not doing it right” or hurting themselves
- ✓ The ones preferring self-collected sampling indicated privacy and the fact they did not need to wait at the clinic as the main reasons

# Results

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- ✓ Overall, participants indicated that given detailed instructions and demonstration at the clinic, they would be willing to try it. Some concerns included confidentiality (e.g., sampling getting lost in the mail), cost, getting results mixed up with another patient, and fear of hurting themselves

*"If I do it at home by sending it off it might get mixed up. I just take mine while I'm there and I know where it is at. If I send it off it might get lost in the mail".*

# Conclusions

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- ✓ African American women 30 years of age and older in the Mississippi Delta were receptive to self-collected sampling for HPV testing at home
- ✓ They were divided with regard to preference for a Pap Smear and self-collected sampling for HPV testing
- ✓ No differences were found between women recruited in the clinic and women recruited in the community