# A randomized trial of a community health worker led intervention using HPV self-sampling to increase cervical cancer screening among minority women: Preliminary findings













#### Supported by:

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#### **SUCCESS Vision**

Through increased cervical cancer screening we can eliminate cervical cancer health disparities in our local community

Contribute towards our nation's ongoing effort towards the reduction and ultimate elimination of cancer health disparities

#### Team:

PIs

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Project Coordinators

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**CHEs** 

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# How to reduce cervical cancer disparities

- Improve Access to Care
- Community Health Workers are effective!
- Need to find a better screening test than
- USPSTF 2012 Guidelines
  - women aged 30 to 65 year: screening with Pap smear every 3 years or with a combination of Pap and HPV testing every 5 years
- Emerging evidence suggests that HPV testing followed by cytology in women with positive HPV test results may be reasonable strategy

#### Cervical Cancer Screening:

Ann Intern Med. 19 June 2012

"Reduction of cervical cancer morbidity and mortality will require novel strategies for screening. Self-collected swabs for HPV testing...is one such strategy that holds promise for addressing the disparities in cervical cancer screening"

- Advantages of HPV self- screening
  - Do not need see a doctor!!
  - Can be done by the woman herself
  - Can be done even if having menses
  - May be more culturally appropriate

#### Outreach Core

From January to September 2013, we conducted 155 Community Events

- -44 Health Fairs
- -42 Community Presentations
- -37 Information table
- -9 radio interviews
- -23 Community Advisory Board (CAB) meetings

In sum, we have reached over 10,000 individuals with our health messaging and motivated more than 30% of unscreened women to get a Pap smear.



## Maria in Hispanic/Latino Site



### Valentine in Little Haiti site



#### Linabell at South Dade site



#### **SUCCESS Main Research**

- RCT of 600 women who have not been adequately screened for cervical cancer
- Primary Outcome: Self-reported cervical cancer screening at 6 months
- Secondary Outcomes: cervical cancer knowledge, access to care, time to follow-up and further testing among women having abnormal screens.
- Subgroup analyses: site and race/ethnic group

#### Recruitment

- 200 women at each site over 3 years
- Rapid eligibility screen in community based locations and if eligible contact info for follow up home visit
- FQHC sites with UM and CAB input decides best recruitment strategy
- UM research staff with CHWs follow up with participant, obtain consent and do baseline intake survey
- In ARM 2 and 3 CHWs do follow up educational session and do intervention
- UM staff do 6 month follow up survey

# Role of Community in Study? They are doing the study!!

- Developed idea for study with us
- They find the women, do the education, and do the intervention
- They coordinate the CABs for us
  - Extremely valuable input (recruitment, results notification)
- Two Bi-weekly meetings
  - Leadership review progress, troubleshoot
  - UM CHEs meet with CHWs weekly review progress
- What does UM do?
  - Scientific leadership / clinical trial methodology
  - Do IC, initial and 6 month f/u
  - Bean counters, data management and analysis
  - Writing, posters, papers, etc

#### Success Main Research

Numbers from CHWs

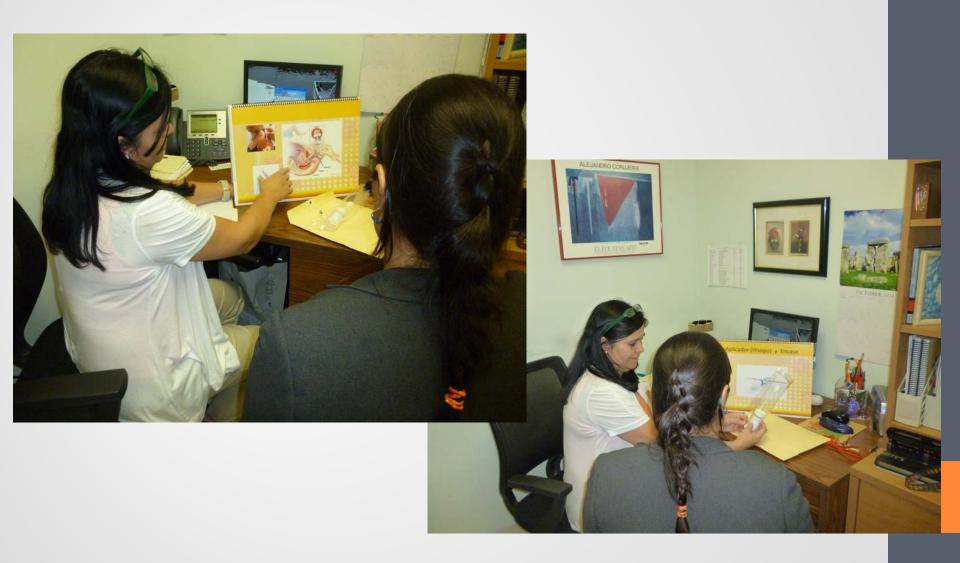
Assessed Total: 3,842

HI=1,569 LH=1, 222 SD=1,051

Eligible Total: 1005

HI=322 LH=396 SD=287

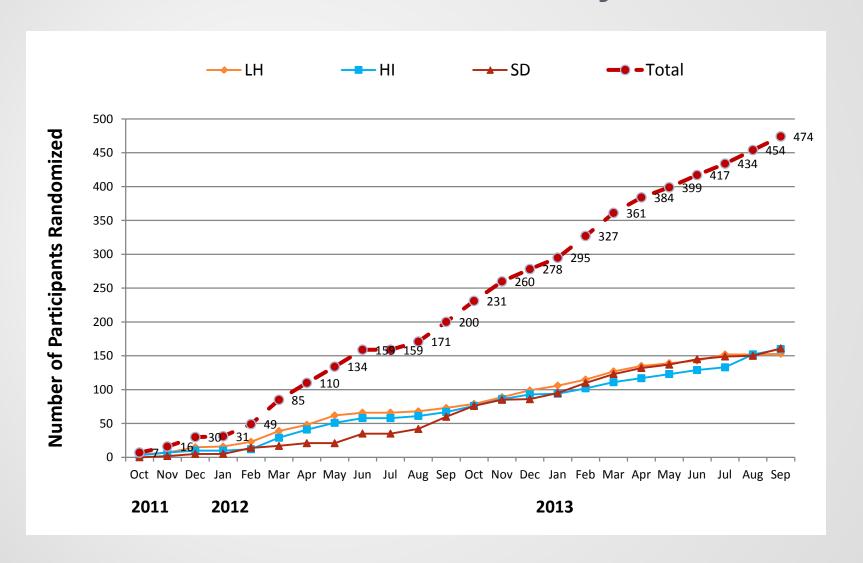
#### CHW in Arm 3 Education Session



## HPV Sampler Kit

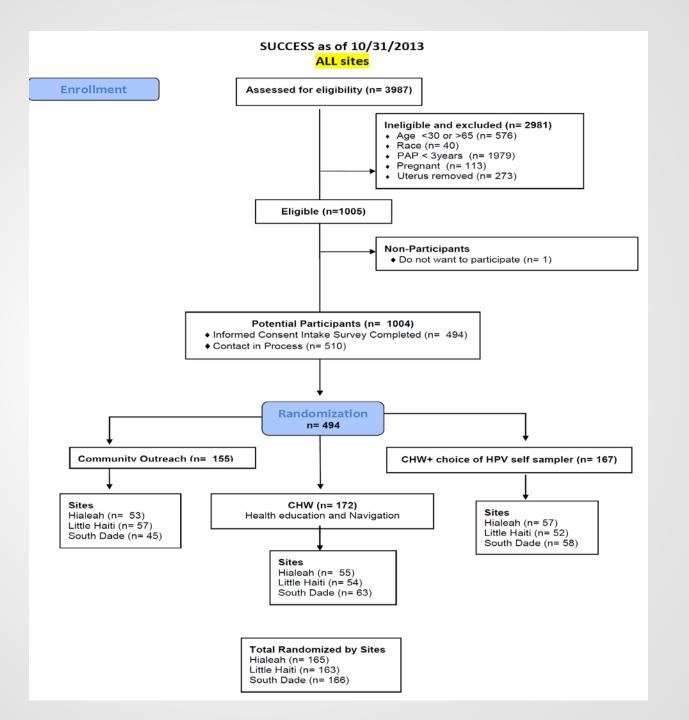


### Cumulative Randomized by Site



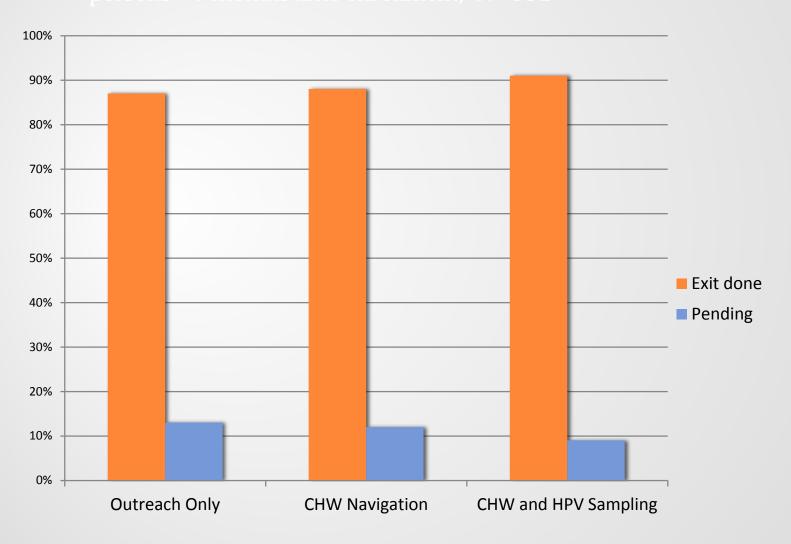
### Participants by Site





#### Completed 6-month follow up

persons > 9 months after enrollment, N= 331



#### **HPV Positivity Rate**

Site	Arm 3-HPV pos=23 of N=87*	Arm 3 %	HPV samplers from El	El %
Hialeah	7/32	21%	4/27	15%
Little Haiti	12/33	36%	11/38	29%
South Dade	4/22	18%	5/19	26%
Total	23/87	26%	20/84	24%