

Revolutionizing Cervical Cancer Screening: Self-Swab HPV Testing to Advance Access and Equity

Jamie Osborn MD

Population Health Officer, La Clinica Del Valle, Medford, Oregon

Josborn@laclinicahealth.org





I have no disclosures.

I wish I did.



FQHC in Medford, Oregon

130,467 patient visits for 32,603 patients at 32 locations

37% patients identify as Latine

70% patients are either Medicaid or uninsured

6000 patients are unhoused



Formal Learning Objectives

- Update family physicians on the new evidence-informed options for cervical cancer screening, including primary HPV provider- and patient-collection options
- Explore how HPV self-swabs can improve access and equity but also result in increased patient navigation needs
- Share resources to support implementation of an HPV self-sampling program that includes identification of eligible patients, outreach, workflows, scripting, and training

What is HPV and why do we care?



Human Papilloma Virus

More than 200 subtypes

Fifteen High-Risk Subtypes (hrHPV)

- (16 and 18 -> 66% cervical cancers)

Responsible for over 39,000 cases of cancer each year in USA

By gender assumed at birth: 22,500 female, 16,800 male

- Cervix: 11,000
- Oropharynx: 16,000 M >>> F
- Anus: 7600 F > M
- Penis: 1000
- Vagina, Vulva: 3700

▪ <https://www.cdc.gov/cancer/hpv/cases.html>

Studies on HPV show:

85-91% of people get exposed to HPV virus by age 45

53% HPV + in sexually active females age 20-24

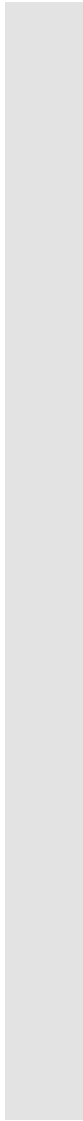
90% of people clear the virus within 2 years, younger patients clear it especially well.

- 80% of people under age 30 will clear CIN1; 30% will clear CIN3.
- Less than 5% with untreated CIN3 progress to cancer within 5 years; 20% in 10 years; Drops to 0.7% if adequately treated.

It is impossible to know if the infections clear completely or only go latent. We do know for sure that latency occurs—it is like herpes simplex or herpes zoster. As long as our HPV tests are negative we consider it "gone," whether latent or cured.

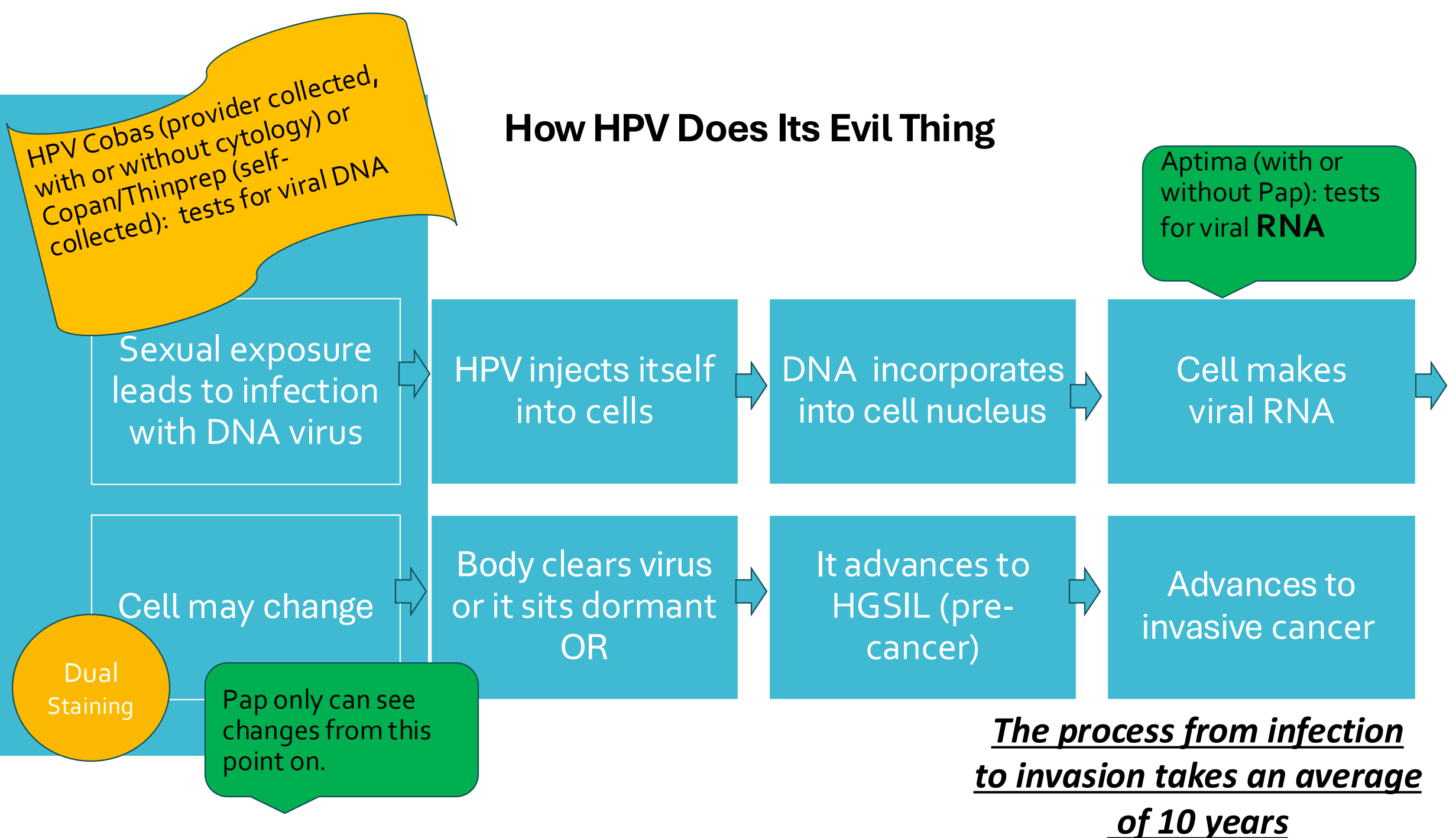
Who shoulders the BURDEN of HPV?

- Every 2 minutes a woman dies of cervical cancer. These are often young women with young children.
 - Burden of disease and death rests in sub-Saharan Africa
- Vaccines that cost less than \$10 there in the past with vaccine funding programs cost \$300 here, so there is an economic incentive for companies to keep vaccines in high income countries.
- With vaccine funding at the state level drying up, uninsured patients will pay \$1000 dollars to get a three vaccine catch-up series
- Testing is held by family medicine and gynecology/maternity care practices who have limited capacity
- Testing for HPV in the past meant an intrusive and often traumatic experience of a speculum exam
- How do people bring their cervix for care when they have to work or care for children or parents, and cycle times which aim for 40 minutes actually often exceed 2 hours?



Cool stuff about HPV
that we might have
learned in pathology
class

How HPV Does Its Evil Thing



Pub quiz!

- In what year did USA (ACIP) first endorse HPV vaccination for adolescent girls? • 2006
- In what year did USPSTF first endorse HPV co-testing for cervical cancer screening? • 2012
- In what year did USPSTF first endorse an HPV-only option for cervical cancer screening? (For those over age 29) • 2018
- In what year did FDA approve HPV self-collected screening tests for cervical cancer? • 2024

Since 2024, we are in a time of rapid transition; organizations, labs, guidelines, and providers are *maybe* not keeping up.

HPV Vaccination

- CDC: 2 vaccines, 6 months apart age 11-12
- ACIP: age 9-26
 - Two shots if started prior to age 15
 - Three shots (0, 1-2, 6 month) if started age 15 or later
 - Catch up for some between 26-45, lower benefit
- NNV to prevent one cancer is 47
- 300 million vaccines worldwide with no serious adverse reactions reported
- Single dose vaccine programs in 67 countries



The Photo by PhotoAuthor is licensed under CCYISA.

How Many Vaccines?

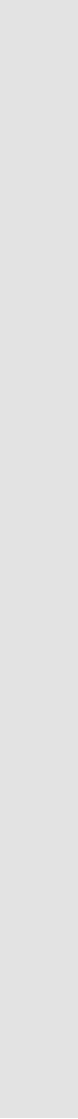
Is a single vaccine effective?

ESCUDDO (Scotland) trial Dec 2025 showed noninferiority of 1 vaccine prior to age 13 was 97% effective to prevent persistent 16/18 x 5 years

IARC (India) single dose noninferior in 10 year prevention

NNV for HPV to prevent a precancer or cancer

	Girls age 9	Girls 10-20	Women 21-25	Add boys	Add women 26-35
NNV	48	64	369	512	771



Why consider
HPV Self- Swab?

Equity demands more screening

30% of eligible people with a cervix don't get adequate screening

Disproportionate impact on those in poverty, rural areas, ethnic/racial and gender-identity minorities

Cervical cancer outcomes are worse in persons of color

Patients most impacted by barriers are now even more afraid to come in and be seen

The people who are most likely to die of cervical cancer are unvaccinated women who have never been screened, often moms with young children

- BUT...

Women are
worth it
&
we can't
possibly
do enough
Paps

Access to primary care office visits are incredibly pinched, especially for patients who need screening most

- La Clinica has about 5000 patients due for cervical cancer screening
 - Assuming average of 30 minutes per visit
 - 2500 hours just doing pap smears
 - 1.5 Full time Equivalent provider time
- For us, this would be about 8% of our total annual visit availability.

Acceptability and Accuracy of HPV Self-Swab

- Primary HPV screening is better than cytology with or without reflex HPV
 - Those who screen with (-) HPV (compared to pap) have 17% lower risk of invasive cervical cancer
 - Patients with baseline negative HPV have lower risk of invasive cancer compared to baseline negative cytology (1.3 vs 9.1 per 100,000 person-years)
- Clinician-collected similar to patient-collected results
 - 89% agreement (85% positive and 92% negative)
- Home collection* pilot study showed increased screening by 14% in overdue patients (*late in 2025 FDA approved Teal Wand. Other direct-to-patient home-test options are not yet FDA approved)

Primary HPV (meaning "test the HPV first") Screening

Up Side

Now the preferred method for women ages 30-65

Most cost-effective and efficient method

May remove barriers of navigating a clinic visit and having a pelvic exam

Down side

Higher positive test rate (not necessarily false positive) doubles the risk of being referred for colposcopy because folks are being picked up earlier in the screening process

Labs are largely unprepared.

Brief Guideline Comparison

(includes
when to
stop
testing)

Wiser A, Quinlan JD. Cervical cancer screening. *Am Fam Physician*. 2026; 133 (2): 137-144

TABLE 2

Comparison of Screening Guidelines for Individuals at Average Risk for Cervical Cancer

Age	2024 USPSTF (draft recommendation)	2020 American Cancer Society and 2026 update
< 21 years	Recommends against screening	No screening is recommended
21-24 years	Cytology alone every 3 years	No screening is recommended
25-29 years	Cytology alone every 3 years	Primary HPV testing every 5 years with clinician-collected sample or every 3 years with self-collected sample Cotesting* every 5 years or cytology alone every 3 years are acceptable options if primary HPV screening is limited or not available
30-65 years	Primary HPV screening every 5 years with clinician- or patient-collected sample Cotesting* every 5 years or cytology alone every 3 years is an alternative to primary HPV screening	Primary HPV screening every 5 years with clinician-collected sample or every 3 years with self-collected sample Cotesting* every 5 years or cytology alone every 3 years is acceptable if primary HPV testing is limited or not available
> 65 years	Recommends against screening in those who have had adequate screening and are not otherwise at high risk for cervical cancer	Discontinue screening if negative primary HPV screening (preferred) or negative cotesting (acceptable) at 60 and 65 years of age, or three consecutive negative cytology tests performed at the recommended screening interval with last test at age 65 years (acceptable) Self-collected primary HPV vaginal specimens should follow 3-year testing interval
After hysterectomy	Recommends against screening after hysterectomy with removal of the cervix and no history of CIN2+ or cervical cancer	Individuals without a cervix and without a history of CIN2+ in the past 25 years or any history of cervical cancer should not be screened

Note: In 2018, the USPSTF published a recommendation statement on screening for cervical cancer and included the following recommendation: In patients 21-29 years of age, screen every 3 years with cytology alone. In those 30-65 years of age, screen every 3 years with cytology alone, then every 5 years with high-risk HPV testing alone, or every 5 years with cotesting. The American College of Obstetricians and Gynecologists, Society of Gynecologic Oncology, American College of Physicians, and American Academy of Family Physicians support the 2018 recommendations.

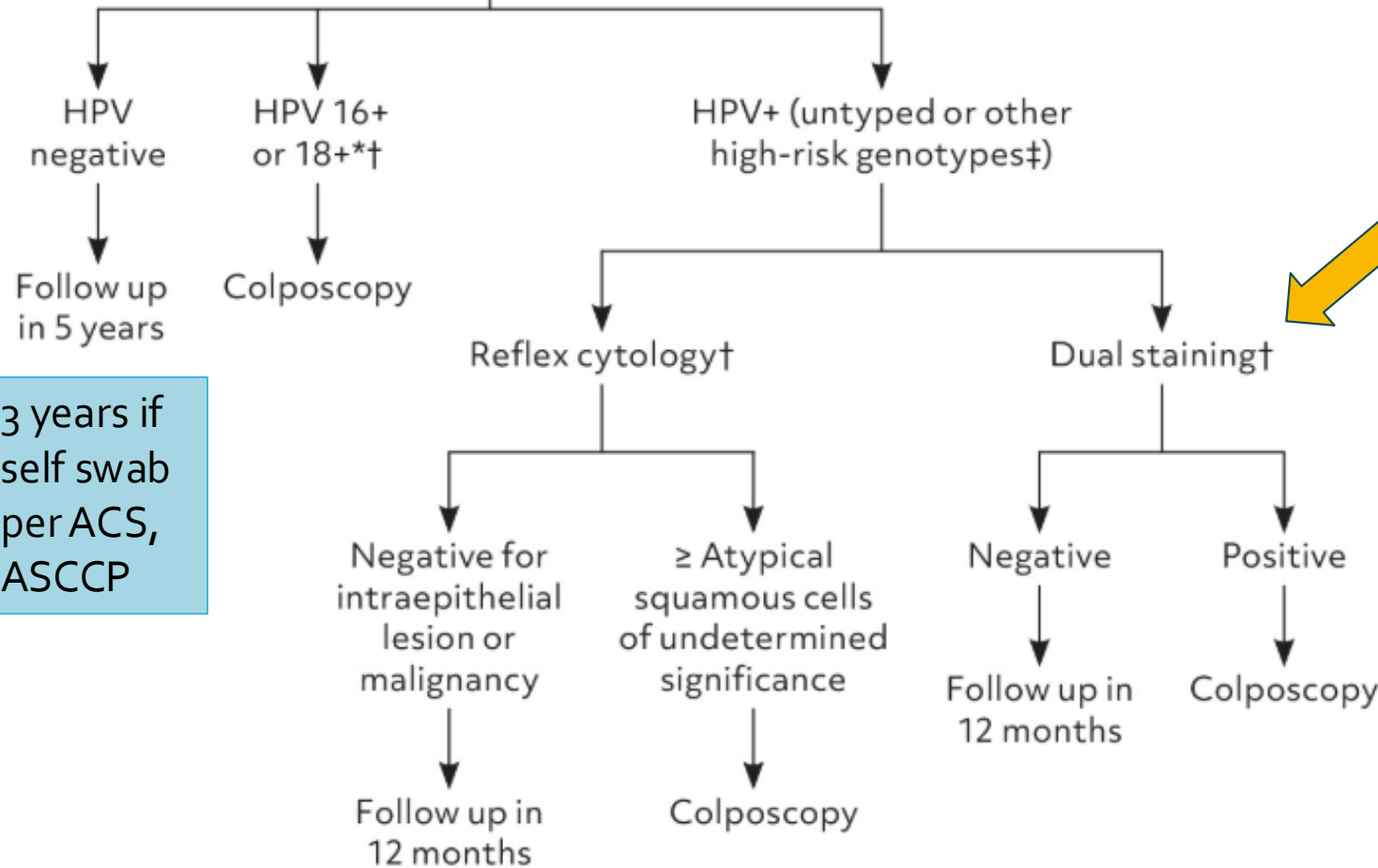
CIN2+ = cervical intraepithelial neoplasia 2 or greater; HPV = human papillomavirus; USPSTF = US Preventive Services Task Force.

*—Cotesting is HPV testing in combination with cytology.

Information from references 19, 22, 24, and 37.

Primary HPV screening

"Primary HPV screening" assumes *clinician-collected* in most instances



3 years if self swab per ACS, ASCCP

Dual staining sounds cool but we can't access it yet inside LabCorp or Quest as of 2026

Our Journey to HPV Self- Swab

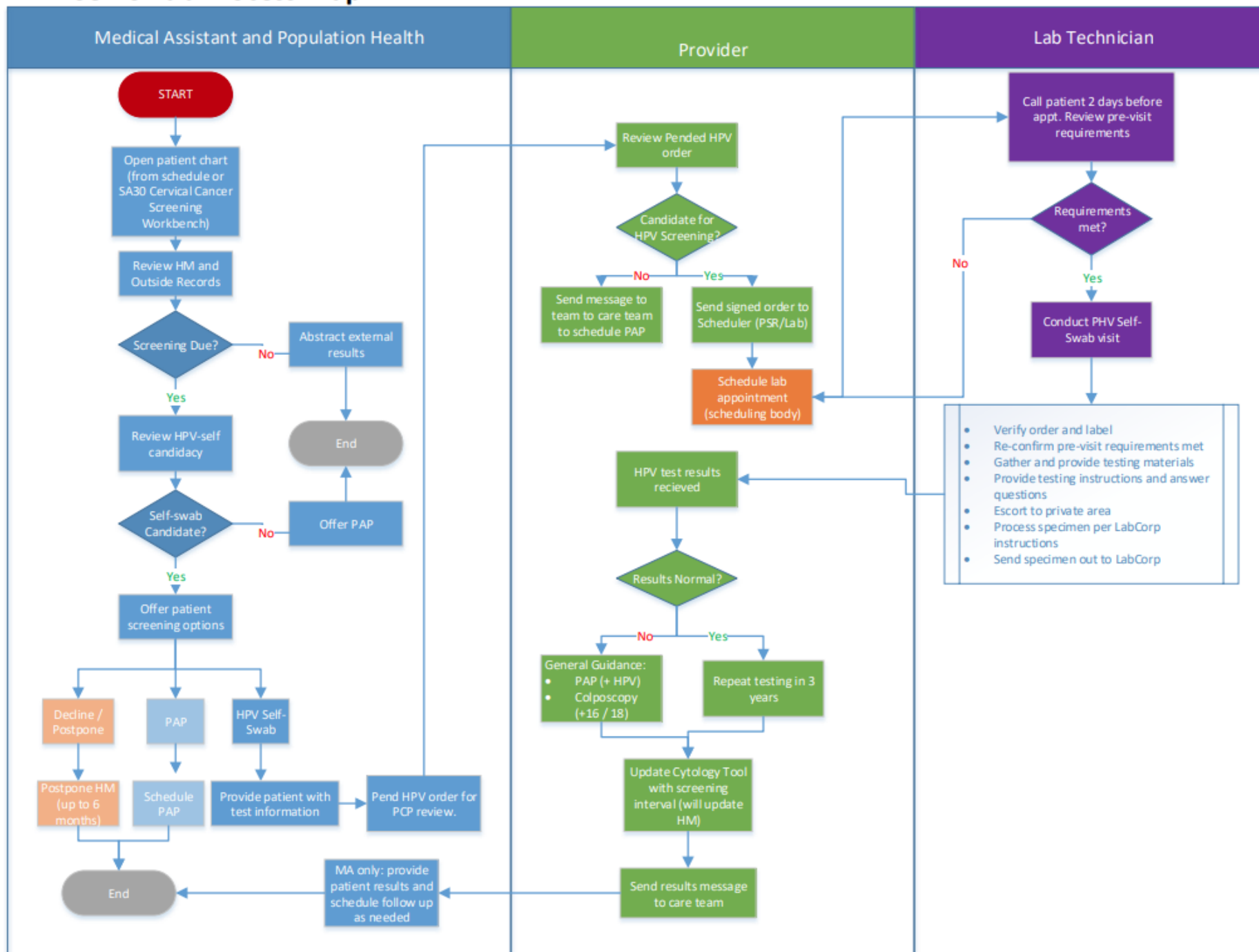
- Grant from Knight Cancer Center to pilot HPV self-swab in late 2023
 - Swab is used all over the world, but---wait, what?---not FDA approved yet in USA!
 - Our lab partner, LabCorp, was not able to offer support outside FDA approval
- Partnered with MyLabBox (direct to patient vender) to provide self-swabs at 2 sites July 2024
- FDA approval came in May 2024
 - Over age 25-30 depending on which test/screening recommendations used
 - **Only in a medical setting** (not for home-based testing yet)
 - Kits not ready at our lab contracted partner
- LabCorp and Quest have approval to do in their patient service centers in April 2025
 - We launched co-training in summer of 2025 for our internal lab sites

Our Workflow

How we walked a patient through the process

- Started Self-Swabs at 2 sites, now all sites trained
- Population Health Specialists do outreach calls by birth month for persons who are due for cervical screening.
 - Self-swab offered to all over 30 with a cervix; if patient 25-29 expresses hesitation, PHS offers to inquire with provider
- Send message for provider review, provider reviews and signs order if patient eligible, forwards for scheduling in lab visit.
- Lab tech reminds patient 2 days prior
- Lab tech confirms patient eligible for testing that day, gives patients swab and instructions in collecting the sample.
- Results processed as usual through electronic health record
- In pilot, a staff member with expertise in gender affirming care called patients to get feedback.
- In our pilot, our Population Health Manager tracked results and prompted follow up if not completed and Population Health Officer did post-test clean up on patients who had errors in follow up plan.
 - It's new, people make mistakes.
 - ASCCP decision aid is available at no cost [online](#) or by purchasing the [mobile app](#).

HPV Self-Swab Process Map



What did patients and providers say?

Provider Voice (Kelly Church, FNP):

“I have been signing off on so many screenings from patients I never thought would get them done! What you are doing is truly making a difference – especially to our highest risk patients.”



Patient Voice:

“This was the most trauma-informed, easily accessible experience! I think we all struggle with these appointments, and this way (self-swab) makes it a big relief for me.”

Hypothetical population of 100 individuals undergoing self-collection: screening population

Visit 1
100
people

100 Individuals screen with self-collection

Note may be done in office, laboratory setting +/- primary care visit

90 test negative,
screening is complete

3 Individuals test positive
for HPV16 or 18

7 Individuals test positive
for other HPV types

Visit 2
10
people

Colposcopy

Pap or DS

Visit 3
3
people

4 are NILM (normal)

3 are abnormal
(ASC-US or higher)

1 year follow-up

Colposcopy

We appear to be about 3
times estimated HPV
positivity rate at LC

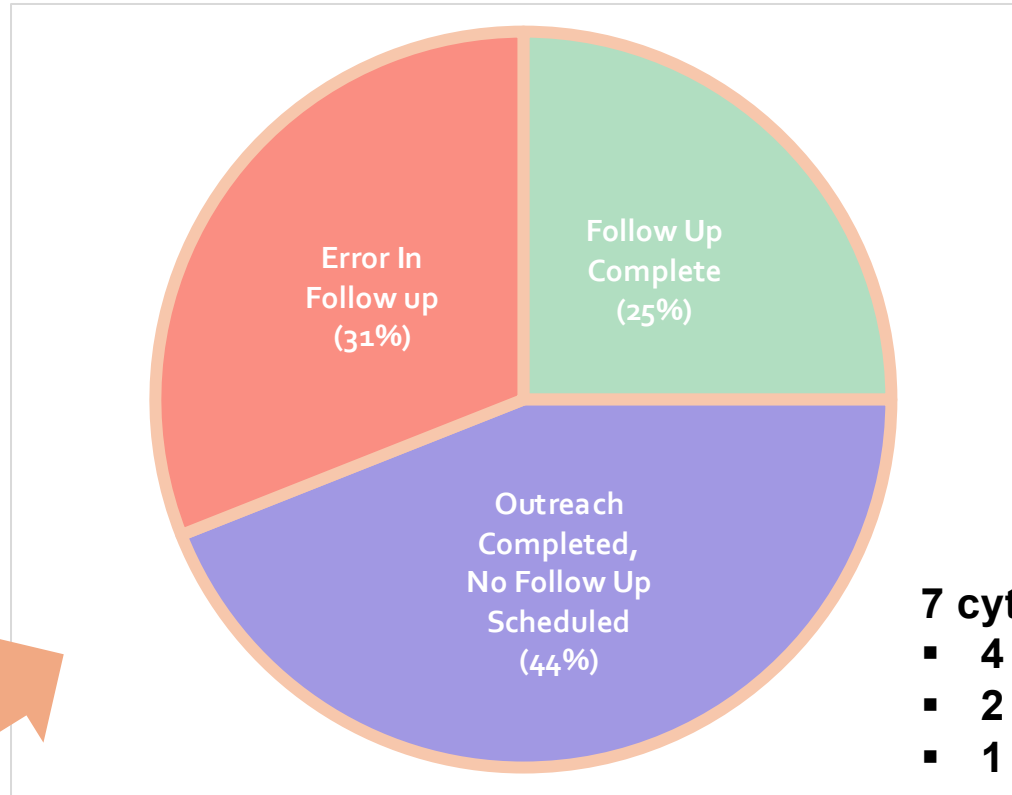
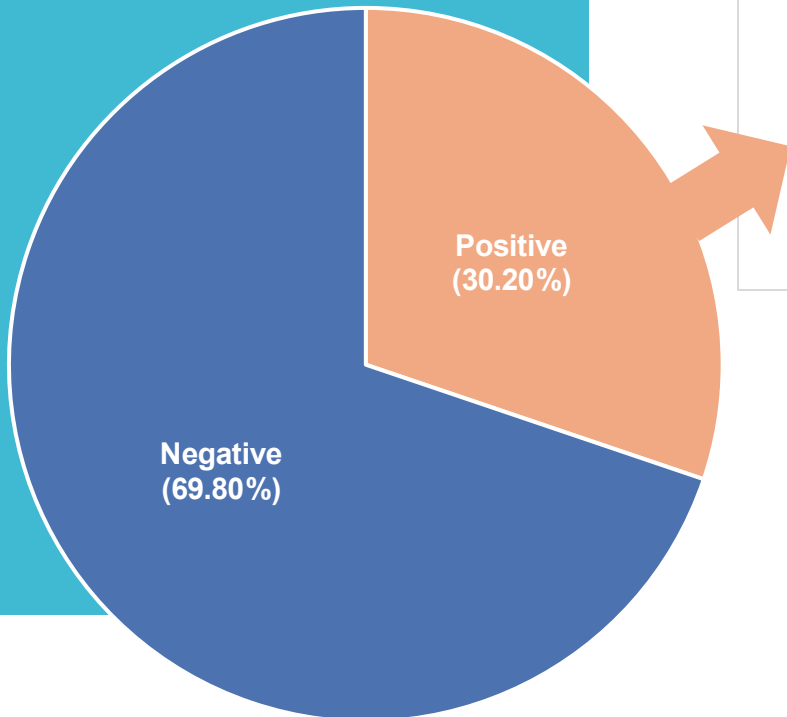


Improving lives through the prevention and
treatment of anogenital & HPV-related diseases

LC Pilot Results July-Dec 2025

53 patients screened

- 37 negative results
- 16 positive results (~3× expected)
 - 2 rescreened negative (*protocol error*)



7 cytology follow-ups

- 4 Normal
- 2 Unsatisfactory
- 1 LSIL (*colposcopy normal*)

9 pending follow-up (*outreach in progress*)

	# ordered	Total screened	Positive (abnl) Screen	Our % positive	Natl expected + rate	16/18 subtype positive	% 16/18 Positive (the evil subtypes)	Natl expected rate 16/18 positive
Pilot (7/24-7/25)	53	53	16	30%	10	2	4%	1
Roll-out (8/25-4/26)	114	60	6	15%	10	2	5%	1
TOTAL		113	22	19.4%	10%	4	3.5%	1%

We are twice the expected rate of positive tests!
It suggests we are reaching higher risk people
(who never would have agreed to screening without this test?)



This is nearly FOUR TIMES the expected rate of bad HPV subtypes tests!
It suggests this methodology is finding people who are higher risk of cancer.



Pilot Learnings

- 1. More screening = more follow up.** ASCCP data predicted a 10% HPV-first positivity rate; Our population had a **30% positivity rate**, indicating we were reaching a higher risk/under-screened population. (Dual Staining may help reduce the need for colpo in future)
- 2. Provider training is essential.** There was a high provider error rate in follow up of positive or indeterminate self-swab results. Since FDA approval, ASCCP has clearer guidelines about how to follow up a positive test. EPIC is finally supporting HPV-only testing in its cervical cancer screening tracking tool. Even so...20% errors.
- 3. Patients are not yet familiar with this option.** Collaboration on patient-facing materials is complex when targeting different subgroups within the under-screened community. In our case, Latinx, transgender, and under-insured White subgroups may prefer different approaches rather than a "one size fits all" poster.
- 4. Supporting non-clinical staff takes effort.** Training outreach and lab teams in gender-neutral, trauma-informed language required extra time and resources. While shifting Pap appointments to these teams eases the clinic's load, they're less experienced discussing cervical screening or sensitive topics like sexual practices. Personal Health Navigators might also be essential to this process.

American Society
for Colposcopy and
Cervical Pathology
(ASCCP)
recommends

- Clinician-collected cervical specimens are preferred, and self-collected vaginal specimens are acceptable. **Self-collection is superior to Pap testing and overcomes barriers to screening.**
- Self-collection can be offered to eligible patients (but not to patients who need cytology or have a positive HPV result)
- Self-collected HPV negative screens should be repeated in **3 years**

Self swab or clinician collected?

Who is eligible for HPV self-collection

ELIGIBLE

- Prefers to avoid speculum exam
- Clinician-collection not available
- Not menstruating
- No vaginal product use in past 2 days

NOT ELIGIBLE (needs pap)

- HIV+
- DES exposed
- Age 21-24
- Symptoms (e.g., abnormal bleeding)

Clinician collection preferred

PREFERRED

- Those without barriers to pelvic exam

STRONGLY PREFERRED

- History of HPV+, abnormal result, colposcopy, LEEP



Provider collected swab

- Around 4% more accurate if cervix visualized
- Requires provider appt but option to collect cytology at same time
- Requires undressing (not great for trauma-informed care, ?childcare); but some patients want "everything checked" and for some pts may be empowering.
- Permits visual assessment of cervix and vulva (lesions, inflammation, discharge, polyps)



HPV self-swab

- Within acceptable accuracy
- Requires lab visit only but may require second in-person visit for cytology
- Preserves privacy and avoids trauma
- More accessible to vulnerable populations
- Might delay diagnosis of conditions causing avoidance of in-person exam (dyspareunia)

Testing Nitty-gritty



Details of what the HPV swab tests for,
who should get it, how to do it correctly

Which tests are Quest and Labcorp offering?

- Copan FLOQSwabs
- Compared to Cobas (used for provider collected samples) it has 88% agreement on 16/18 positivity and 91% agreement on negativity.
- Reports a composite hrHPV as positive or negative.
 - High-risk HPV types include HPV 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 66, and 68
- Specifically identifies HPV 16 and 18 as positive or negative
 - while detecting the presence of the remaining 12 high-risk types as a pooled result
- Cost \$104 (Quest)
- Turn Around Time (Labcorp) -2 to 4 days

Collection of self-collected specimen

Users should read and carefully follow instructions. If you have any questions or difficulties with the collection process described below, please ask your healthcare provider for more information.

Should unexpected events not described in these instructions occur during self-collection, inform your healthcare provider.

- 
1 Wash your hands with soap and water before starting.
- 
2 Open the swab just before use and be careful not to touch any surfaces with the swab tip.
- 
3 Twist and pull cap to remove the swab from the tube.
- 
4 Hold the swab at the red mark.
- 
5 Standing in a comfortable position, use the free hand to spread the skin of the vaginal opening while carefully inserting the swab into the vagina up to the red mark.
- 
6 Gently rotate the swab for 10 to 30 seconds.
- 
7 Place the swab back into the tube until you hear a CLICK.
Once completed, wash your hands and provide the swab/tube to your healthcare professional.

WARNINGS:

Inform your healthcare provider if you have used any substances such as vaginal creams, gels, lubricants, etc. within 24 hours prior to collection.

Do not use:

- during pregnancy or in the three months after giving birth
- if recently undergone gynecological surgery
- in case of unusual bleeding or pelvic pain

Specimen collection during the menstrual cycle has not been evaluated.

In the 3 days prior to self-collection of a vaginal sample, do not use vaginal ovules, creams or washes, vaginal contraceptives or condoms.

In the 2 days prior to self-collection of a vaginal sample, do not engage in sexual intercourse or have an ultrasound scan or gynecological examination.



Obtención de muestra de autorrecolección

Los usuarios deben leer y seguir cuidadosamente las instrucciones. Si tiene alguna pregunta o dificultad con el proceso de obtención que se describe a continuación, consulte a su profesional de la salud para obtener más información.

En caso de que ocurran eventos inesperados no descritos en estas instrucciones durante la autorrecolección, informe a su proveedor de atención médica.

- 
1 Lávese las manos con jabón y agua antes de comenzar.
- 
2 Abra el hisopo justo antes de usarlo y tenga cuidado de no tocar ninguna superficie con la punta del hisopo.
- 
3 Gire y quite la tapa para retirar el hisopo del tubo.
- 
4 Sostenga el hisopo en la marca roja.
- 
5 Parado en una posición cómoda, use la mano libre para extender la piel de la abertura vaginal mientras inserta cuidadosamente el hisopo en la vagina hasta la marca roja.
- 
6 Gire suavemente el hisopo durante 10 a 30 segundos.
- 
7 Vuelva a colocar el hisopo en el tubo hasta que escuche un sonido de CLIC.
Una vez completado, lávese las manos y proporcione el hisopo/tubo a su profesional de atención médica.

ADVERTENCIAS:

Informe a su proveedor de atención médica si ha usado alguna sustancia como cremas vaginales, geles, lubricantes, etc. dentro de las 24 horas previas a la obtención.

No usar:

- Durante el embarazo o en los tres meses posteriores al parto.
- Si se ha sometido recientemente a una cirugía ginecológica.
- En caso de sangrado inusual o dolor pélvico.

No se ha evaluado la obtención de muestras durante el ciclo menstrual.

En los 3 días anteriores a la obtención propia de una muestra vaginal, no use óvulos, cremas o lavados vaginales, anticonceptivos vaginales ni preservativos.

En los 2 días anteriores a la obtención propia de una muestra vaginal, no tenga relaciones sexuales ni se realice una ecografía ni un examen ginecológico.



Lab tech processing instructions

COPAN FLOQSWABS® SAMPLE SUSPENSION

Suspension of self-collected specimen

Sample handling instructions for self-collected sample using Copan FLOQSwabs® for use with the Cobas® HPV Test. Self-collected sample must be placed into medium after sample has been collected.

Handle the collected sample with care.

- Read all instructions before starting sample suspension.
- For sample collection, follow the collection device manufacturer's Instructions for use.
- Once the sample has been collected, continue with the following instructions to preserve the sample.



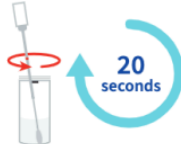
1
Carefully uncap the vial containing medium and place it on a stable, flat surface.



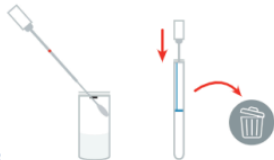
2
Slowly pull the FLOQSwab cap off to remove the swab from the tube. Minimize touching the inner walls of the tube as you remove the FLOQSwab.



3
Hold the vial with one hand. With the other hand, place the FLOQSwab tip into the vial until the FLOQSwab tip is fully immersed in the medium and touching the bottom of the vial.



4
Holding onto the vial, swirl the FLOQSwab along the inner vial wall for 20 seconds while ensuring the swab remains immersed in the medium. Be careful not to splash.



5
Carefully draw the FLOQSwab up along the inner vial wall until the tip is no longer immersed in the medium. Hold the tip against the inner vial wall to drain fluid off of the swab. Place the FLOQSwab into the tube and discard.



6
Re-cap the vial and tighten until the lines on the cap and vial meet or slightly overlap to prevent leakage. Store upright.



7
The sample can now be processed with the cobas® 4800 HPV Test or cobas® HPV.

Glossary

FLOQSwab/Swab: The self-collection device used to collect sample.

Vial: A container which contains 20 mL of clear solution. The specimen you collect will need to be transferred into this container and this container will be sent to the lab for processing.

Tube: A protective container that the self-collected device will come in and can be used to temporarily store the collection device after the sample has been collected.

Medium: This refers to the liquid in the vial.

What about at-home self-swab collection?

- FDA just approved first device (Teal Wand) for home self-collection.
- 92% agreement with clinician collected swab. Only for use with Roche Cobas so far.
 - Supply chain issues, there are l-o-n-g wait lists to get them.
- Caveat: In our experience, mailing FIT kits sometimes yielded interesting returns such as kits with names scratched out or returned kits that were expired.



Case presentations

What would you offer ... Marilyn M

- 61 y/o cisgender heterosexual female seeing you for hospital follow up
- Adequate prior screenings and no uro-gyn symptoms, due for screening in June 2026
- Not sexually active in last couple of years but lots of upcoming specialty appts
- When you mention she sighs and asks, "Do I *really* have to come in for that darn pap? Again?"

A: Yes, we should do a Co-test pap with HPV

B: Sort of, we could do a provider-collected cervical HPV with reflex to cytology (feels like a pap to the patient)

C: No, you could do an HPV self-swab

What would you offer... Kimmy Schmidt

- 31 year old cisgender bisexual female who lived in a bunker in Indiana with a doomsday cult leader and his other 3 "wives" for the last 15 years
- Unvaccinated for HPV, never screened for cervical cancer.
- Labs done prior to visit showed positive HIV, with rapid antiviral treatment initiated last week.

You offer her the HPV vaccine series plus

A: Co-test (HPV with pap)
repeat in 5 years

B: Co-test (HPV with pap)
repeat q 1 year x 3 years

C: Patient-collected HPV self-swab repeat in 3 years

What would you offer... Gem

- 27 year-old transgender male (he/him) with a cis-gender female partner
- Organ inventory including uterus and cervix; here for testosterone refill
- No current GU symptoms, never screened for cervical cancer, NE implant in place for contraception
- History of sexual trauma as a teen, very uncomfortable with notion of pelvic exam to the point of tears

Your best recommendation is

A: Referral to local OB/GYN or women's health center for a pap (Nah, that won't feel weird at all.)

B: Pap under anesthesia

C: Defer testing until later when he feels ready

D: Self-swab HPV test

Summary and resources

We think HPV Self Swab testing is worth it

- So do USPSTF and ACS and ASCCP
- So do our patients and providers
- So do the lab and research communities
- So does Oregon: SB 1527
 - Just passed: require insurers to cover follow up testing to cervical cancer tests (just like mammo and CRC screening) and federal requirements for this start 2027.
- Just remember: change takes time + energy + a whole lot of other things (see complex change matrix at the end of the presentation)

Resources

- [NRTCC Self-collection Clinician Communication Guide](#) - a general preparation tool for clinics/clinicians
- [Cervical Cancer Screening With the HPV Self-Collection Test](#) - a patient-facing FAQ sheet for women and people with a cervix
- [AFP Cervical Cancer Screening](#) Article from Feb 2026
- ASCCP decision aid is available at no cost [online](#) or by purchasing the [mobile app](#).
- Contact Jennifer Woodland, population health manager at La Clinica, for outreach workflows, scripts, and Epic smartphrases at jwoodland@LaClinicaHealth.org

Knight Cancer Center Resources

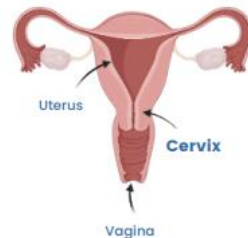


CERVICAL CANCER

What is it and how can I screen for it?

What causes cervical cancer?

- Nearly all cases of cervical cancer are caused by the Human Papillomavirus (HPV).
- HPV is spread by oral, anal, and vaginal sexual activity.
 - 80% of people are exposed to the HPV virus at some point in their lives.
 - 90% of people's bodies may clear the virus within two years
 - Persistent HPV drives most HPV-related cancers.

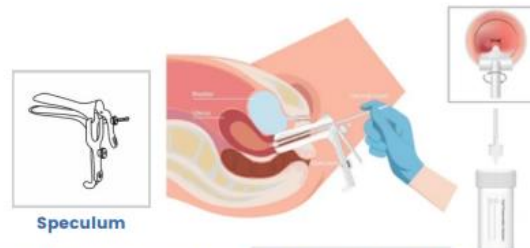


Who needs cervical cancer screening?

- Cervical cancer screening begins at age 21 and ends at age 65 for most people.
- Cervical cancer screening looks for pre-cancer, or cancer in the cervix.



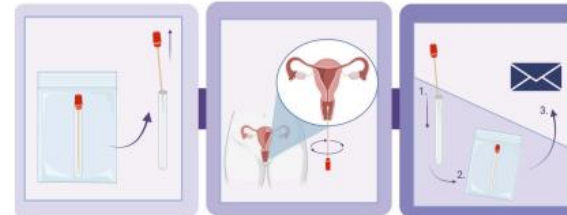
Provider-Collected Cervical Cancer Screening Test:



One cervical cancer screening test for patients is done by a healthcare provider in a clinic setting. The provider:

1. First places a speculum within the vagina,
2. Then swabs a soft, cervical brush around the cervix to collect cells.
3. This cervical sample is sent to a laboratory.

Self-Collected Cervical Cancer Screening Test:



The newest cervical cancer screening test can be done by patients in a clinic setting. Patients:

1. Can sit or stand to collect their own specimen.
2. Insert a swab 2 inches into the vagina,
3. Turn or rotate the swab around the vaginal walls for 10-30 seconds. It should not hurt.
4. Then put the swab into a tube and hand it to your provider.

Regardless of the screening strategy, results will be available online or from your provider's office.

More questions? Ask your provider today.



CÁNCER DE CUELLO UTERINO

¿Qué es y cómo puedo detectarlo?

¿Qué causa el cáncer de cuello uterino (cáncer cervical)?

- Casi todos los casos de cáncer de cuello uterino son ocasionados por el virus del papiloma humano (VPH).
- El VPH se transmite por vía oral, anal y vaginal.
 - El 80% de las personas ha estado expuesto al virus del VPH en algún momento de su vida.
 - El organismo del 90% de las personas puede eliminar el virus en dos años.
 - El VPH persistente provoca la mayoría de los cánceres relacionados con el VPH.

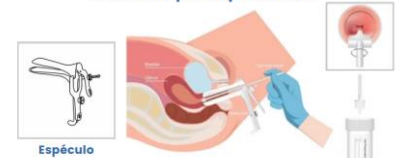


¿Quién necesita una prueba de detección del cáncer de cuello uterino?

- La detección del cáncer de cuello uterino comienza a los 21 años y finaliza a los 65 para la mayoría de las personas.
- La prueba de detección del cáncer de cuello uterino busca el pre-cáncer o el cáncer de cuello uterino.



Prueba de detección del cáncer de cuello uterino realizada por el proveedor:



Un proveedor de atención médica realiza una prueba de detección del cáncer de cuello uterino para pacientes en un entorno clínico. El proveedor:

1. Primero coloca un espéculo dentro de la vagina,
2. A continuación, pasa un cepillo cervical suave alrededor del cuello uterino para recoger células.
3. Esta muestra cervical se envía a un laboratorio.

Prueba de detección del cáncer de cuello uterino realizada por la paciente:



Las pruebas de detección del cáncer cervical más recientes son realizadas por las pacientes en un entorno clínico. Las pacientes:

1. Pueden sentarse o levantarse para recoger sus propios ejemplares.
2. Introducir un hisopo 5 cm en la vagina,
3. Girar o rotar el hisopo alrededor de las paredes vaginales durante 10-30 segundos. No debe doler.
4. A continuación, introducir el hisopo en un tubo y entregarlo a su proveedor.

Independientemente de la estrategia de detección, los resultados estarán disponibles en línea o en la consulta de su proveedor.

¿Tiene más preguntas? Pregunte hoy mismo a su proveedor.

Scripting

Outreach (Population Health or MA)

- I'm calling because our records indicate that it's time for your cervical cancer screening, also known as a Pap smear. We can schedule this appointment with your regular primary care provider or with one of our providers specializing in reproductive health.
- *If patient declines or is over 30, or no access for in-person testing with PCP, offer Self Swab*
- La Clinica has recently started offering a new way of testing for cervical cancer, called the HPV self-swab. This test can be completed in place of a Pap smear for people over age 30 with no abnormal PAP history. We would schedule you for an appointment with our lab, and you would collect the specimen yourself. This test is covered by your insurance.
- HPV “Human Papilloma Virus” is responsible for most cases of cervical cancer. This self-swab tests for presence of the virus. This test does not check the cervix for changes like a traditional PAP, and therefore does not require a physical exam. If you are interested, I will send a message to your PCP to see if they agree this test is right for you.
- Use dot phrase .HPVSELF in telephone note

Contact Jennifer Woodland, population health manager at La Clinica, for outreach workflows, scripts, and Epic smartphrases at jwoodland@LaClinicaHealth.org

Patient fact sheet in English and Spanish



Cervical Cancer Screening with HPV Self-Swab

We're offering you a new, easy way to screen for cancer of the cervix. This guide explains the test and how it's different from screenings done in the past.

What is cervical cancer and how is it diagnosed?

Cervical cancer (cancer of the cervix) starts inside the vagina at the lowest part of the uterus or womb. This cancer can often be found and treated before it causes health problems.

Traditionally, testing is done by a doctor or other medical provider during a "Pap smear" office visit. The healthcare provider uses a speculum to look inside the vagina to see the cervix. Then they collect cell samples with a soft brush for lab testing.

Now we can use a screening test that looks for Human Papillomavirus (HPV) DNA. HPV is the virus that causes cervical cancer. This test can be done either with a Pap smear or in place of a Pap smear for people over age 30.

What is different about this HPV self-swab test?

You can do this test yourself, without a doctor's visit! The self-swab test is used in many other countries, and is now FDA approved in the USA.

How does testing work and how do I get results?

This test is billed to your insurance. State programs also cover the cost for those without insurance. We'll make you a lab appointment, give you the swab, and send the swab you collect to the lab. You and your provider will get results in your chart.

If the test is negative, it's good for 5 years. If the test is positive for HPV, you'll need more testing, including a Pap smear, to decide what to do next.



Prueba de VPH para la detección de cáncer de cuello uterino por autotoma

Le ofrecemos una forma nueva y fácil de detectar el cáncer de cuello uterino. Esta guía explica la prueba y en qué se diferencia de las pruebas que se hacían antes.

¿Qué es el cáncer de cuello uterino y cómo se diagnostica?

El cáncer de cuello uterino comienza dentro de la vagina en la parte más baja del útero o matriz. Este cáncer a menudo se puede detectar y tratar antes de que cause problemas de salud.

Tradicionalmente, la prueba la realiza un médico u otro proveedor de atención médica durante una visita para una prueba de Papanicolaou. El proveedor utiliza un espéculo para mirar dentro de la vagina y observar el cuello uterino. Luego recoge muestras de células con un cepillo suave para enviarlas al laboratorio.

Ahora podemos usar una prueba de detección que busca ADN del Virus del Papiloma Humano (VPH). El VPH es el virus que causa el cáncer de cuello uterino. Esta prueba se puede hacer con una prueba de Papanicolaou o en lugar de una prueba de Papanicolaou para personas mayores de 30 años.

¿Qué tiene de diferente esta prueba del VPH por autotoma?

Usted puede hacerse esta prueba, sin necesidad de ir al médico. La prueba por autotoma se usa en muchos otros países y ahora está aprobada por la FDA en Estados Unidos.

¿Cómo funcionan las pruebas y cómo obtengo los resultados?

Esta prueba se factura a su seguro médico. Los programas estatales también cubren el costo para quienes no tienen seguro médico. Nosotros le haremos una cita en el laboratorio, le daremos el hisopo y enviaremos la muestra que usted recoja al laboratorio. Usted y su proveedor recibirán los resultados en su historial médico.

Si la prueba es negativa, el resultado es válido por 5 años. Si la prueba es positiva para VPH, necesitará más pruebas, incluyendo una prueba de Papanicolaou, para decidir los siguientes pasos.

Complex Change Management Matrix



Questions?