



HPV Self-Collection to Promote Trauma-Informed, Equitable Cancer Screening

Elizabeth Chen, BS²; Simran Gidwani, MD¹; Jane Samaniego, MS, PMP³; Job Godino, PhD³; Megha Shankar, MD¹

¹University of California San Diego, Division of General Internal Medicine, Department of Medicine, ²University of California San Diego, Department of Biological Sciences, ³Laura Rodriguez Research Institute, Family Health Centers of San Diego



Background

- Cervical cancer is the 4th most common cancer amongst women worldwide with virtually all cervical cancer caused by Human Papilloma Virus (HPV)¹
- Professional guidelines now include HPV self-collection as an acceptable form of cervical cancer screening test based on safety and efficacy data⁶
- HPV self-collection is minimally invasive and can be done at home or in clinic⁶
- Traditional Pap smear reduces cervical cancer rates effectively by 70% but requires invasive pelvic examinations that can be difficult to access due to stigma, fear, and trauma histories⁵⁻⁸
- Successful implementation in clinical settings remains poorly understood particularly in FQHCs that serve historically marginalized and under-screened patient populations

Aims/ Purpose

- Identify barriers to implementing HPV self-swab for cervical cancer screening in clinical settings in San Diego
- Implement an educational objective to address these barriers to advance equity in cervical cancer screening

Methods

- In March 2026, primary care and OB/GYN clinicians at FHC were administered a survey to identify barriers to implementation of HPV self-collection
- Participant recruitment focused on clinicians with patient cervical cancer screening rates below 65% (n=100)
- Survey questions included demographics, current cervical cancer screening practices, and implementation factors around HPV self-collection

Results

Figure 1: Characteristics of Clinicians that participated in Cervical Cancer Screening Practices Survey with screening rates below <65%

Years Experience		Race	
< 5 years	8	White	9
5-9 years	4	Asian	1
10-14 years	3	Did not answer	11
Gender Identity			
15-20 years	3	Female	11
> 20 years	3	Male	9
		Did not answer	1

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Figure 2: CCS Screening Method Most Commonly Used for Average Risk Patients aged 30-65

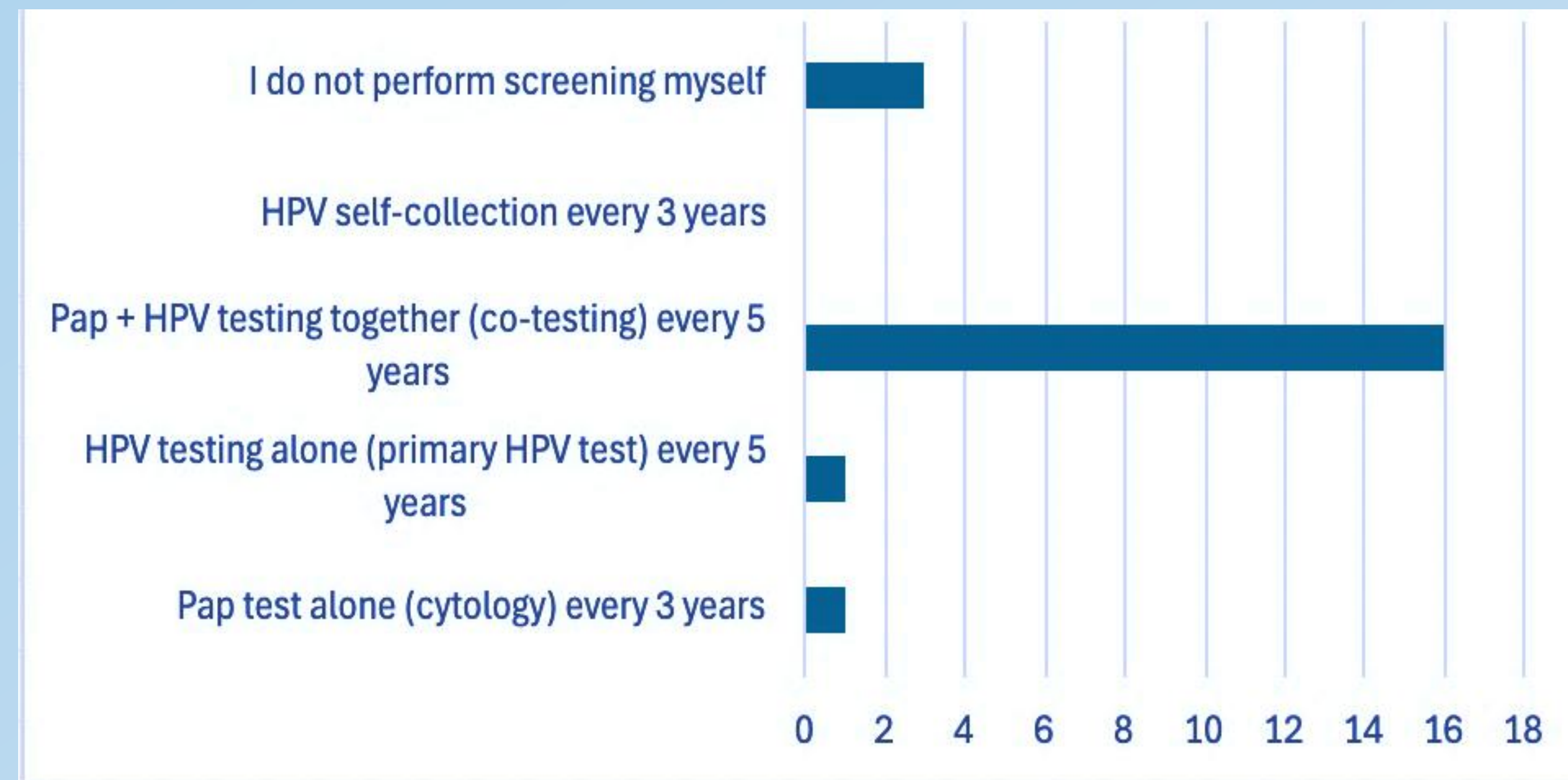


Figure 3: Provider Comfort with Offering HPV Self- Collection to Patients

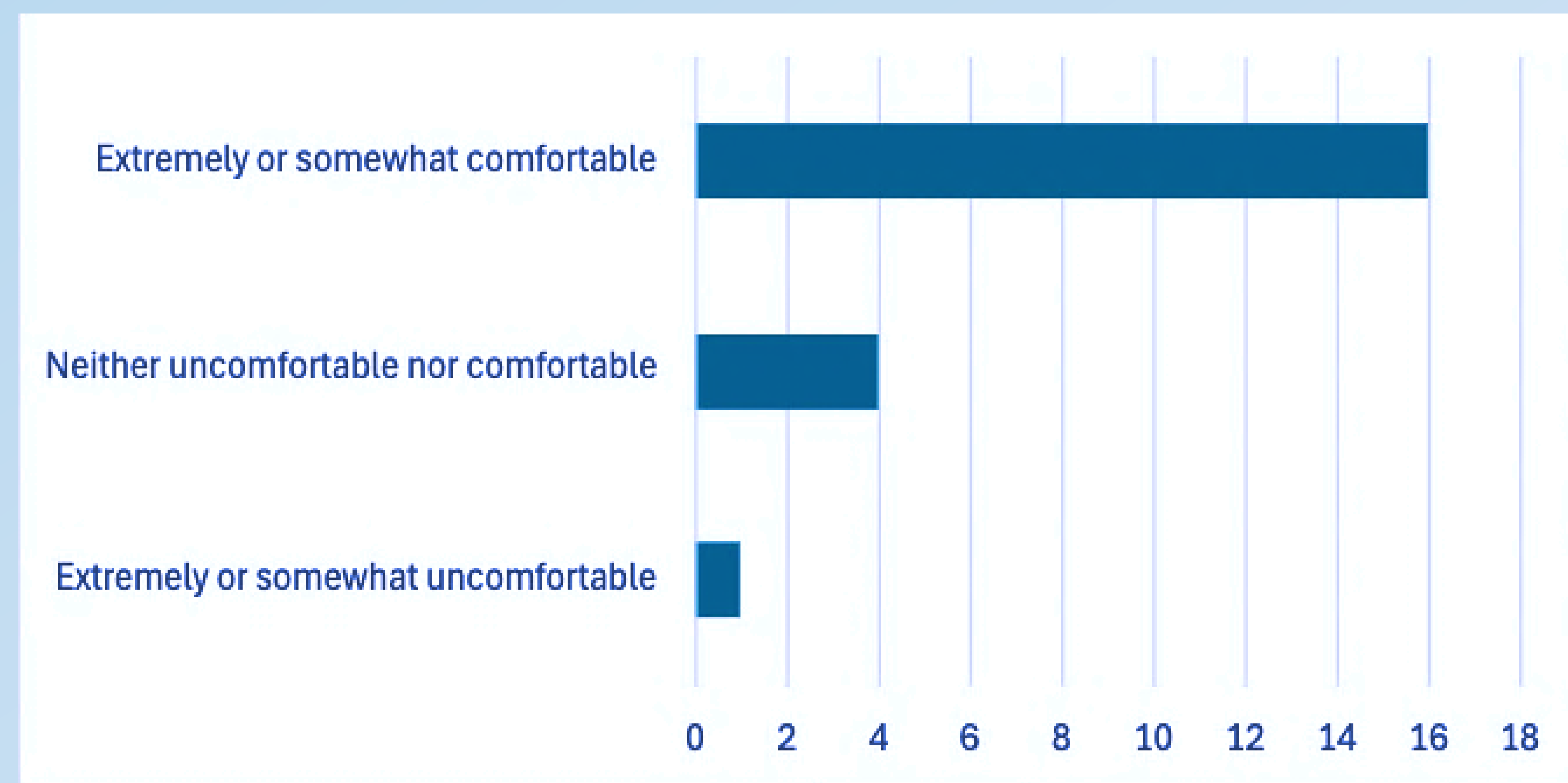


Figure 4: Top Three Provider- Encountered Barriers to HPV Self-Collection

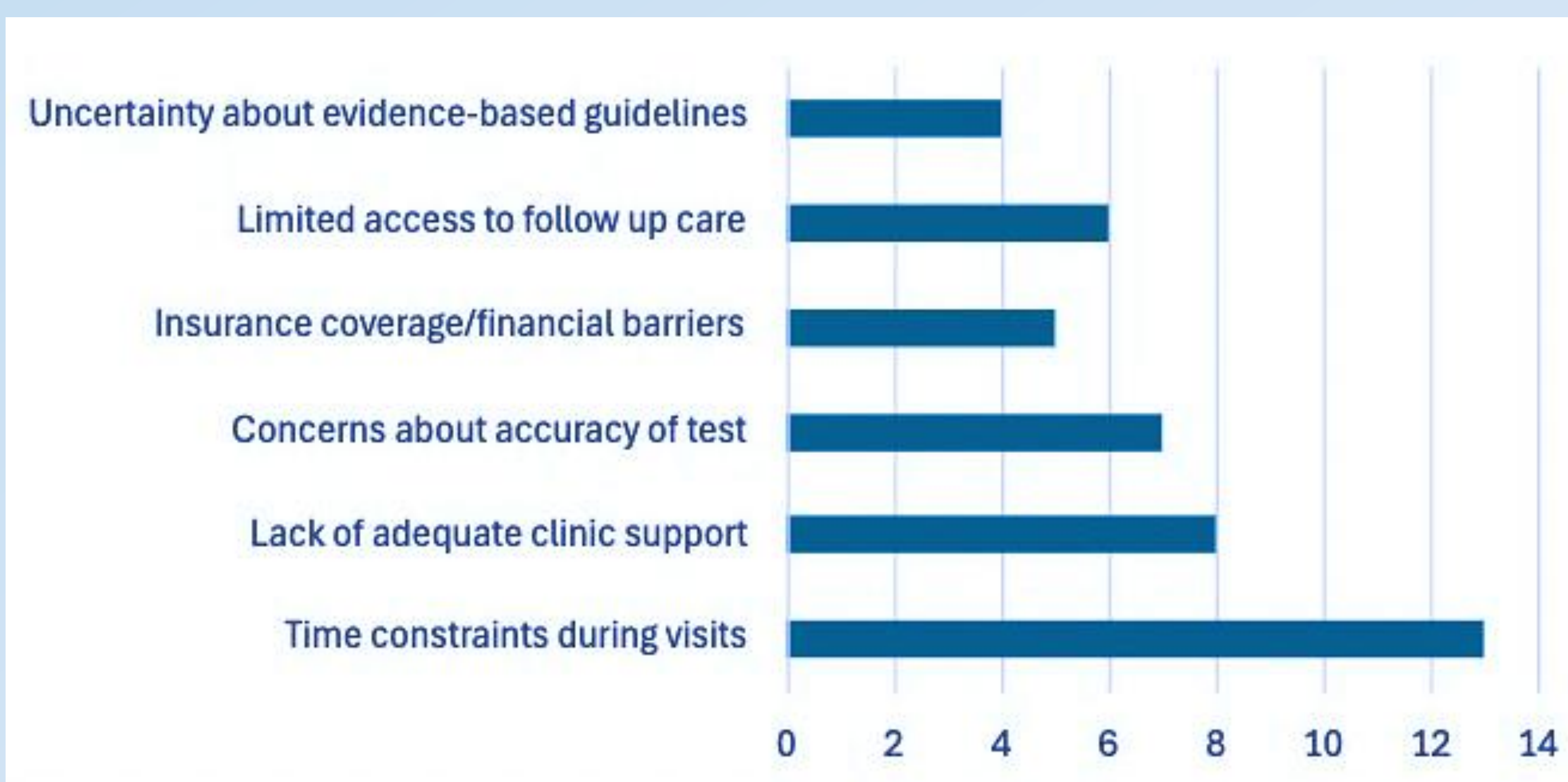
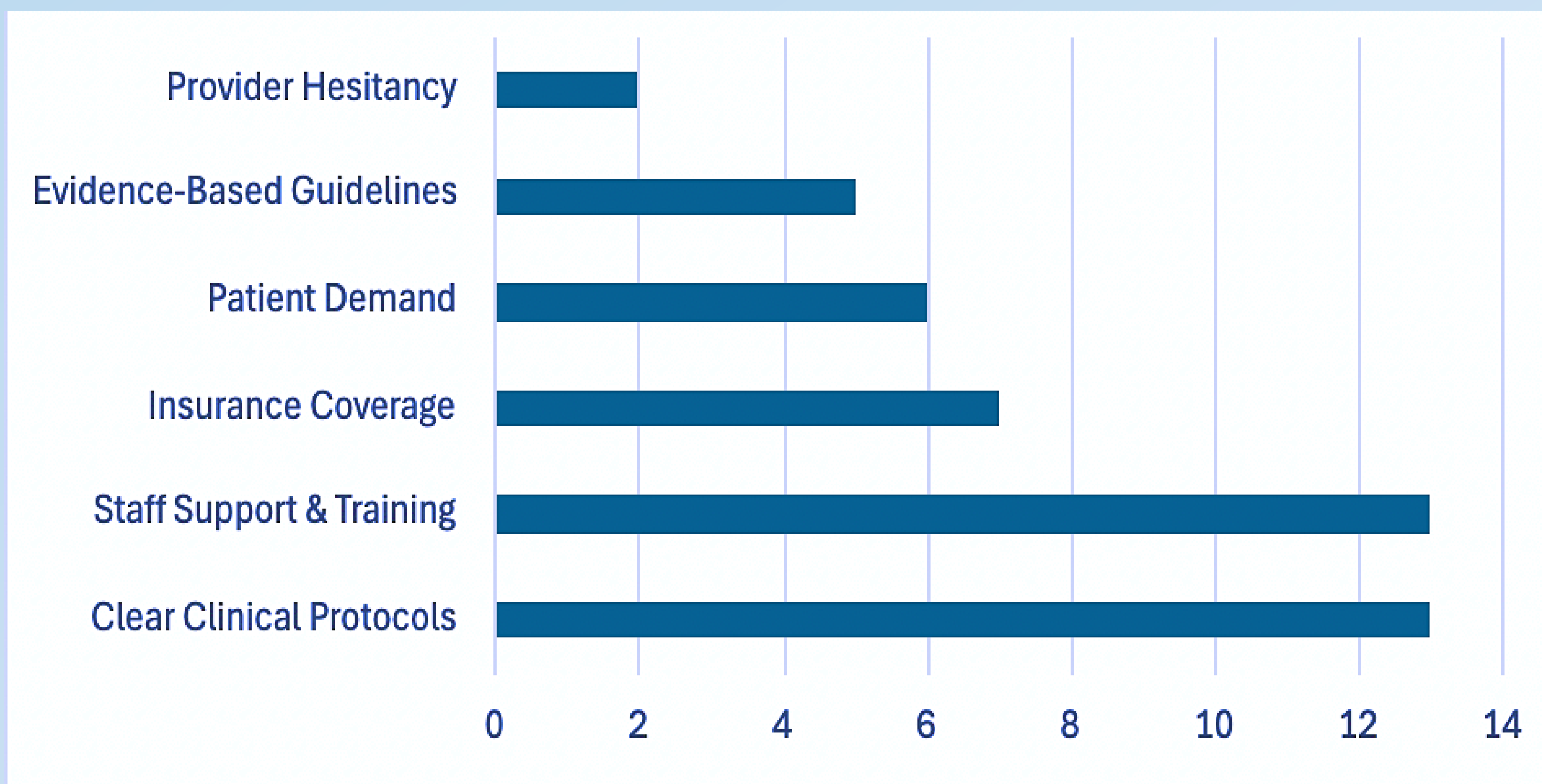


Figure 5: Provider-Reported Needs for Implementation of HPV Self-Collection (N = 21)



Discussion

Conclusions

- Discordance between most providers noting comfort with offering HPV self-collection kits to patients and no providers using HPV self-collection as their most used CCS method
- Implementation is primarily limited by system-level factors, like staff support and protocols, rather than individual-level constraints
- With education regarding workflow and ordering practices, the implementation process and patient counseling can be more streamlined

Future Directions

- Provider education interventions on HPV self-collection to properly educate and increase accessibility (first one planned for June 2026)
- Providers will be given tip sheets that will streamline protocol related to barriers for: time constraints, clinic implementation, insurance coverage information, and efficacy data
- Future research can assess screening uptake after informing and addressing gaps in HPV self-collection to advance equity in cervical cancer screening

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