



DEPARTMENT OF EPIDEMIOLOGY
UNIVERSITY of WASHINGTON
School of Public Health



Does Mailing Unsolicited HPV Self-Sampling Kits to Women Overdue for Cervical Cancer Screening Impact Uptake of Other Preventive Health Services?

Hitomi Kariya^{1,3}, Diana S.M. Buist², Melissa L. Anderson², John Lin¹, Hongyuan Gao², Linda K. Ko¹, Rachel L. Winer^{1,2}

University of Washington¹, Kaiser Permanente Washington Health Research Institute², Washington State Department of Health³

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Introduction

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1 in 4 U.S. women are underscreened for cervical cancer.



Mailing self-sampling HPV kits is an emerging option to reach out to underscreened women (individuals with a cervix).



The impact of mailing HPV kits on receipt of other recommended preventive services is unknown.

Research Question

Does mailing HPV self-sampling kits to women underscreened for cervical cancer result in a decrease or increase in other preventive services uptake?

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Photo retrieved from <https://www.washington.edu/news/2019/11/06/mailed-self-sampling-kits-helped-more-women-get-screened-for-cervical-cancer/> (socialmediasl444/Flickr)



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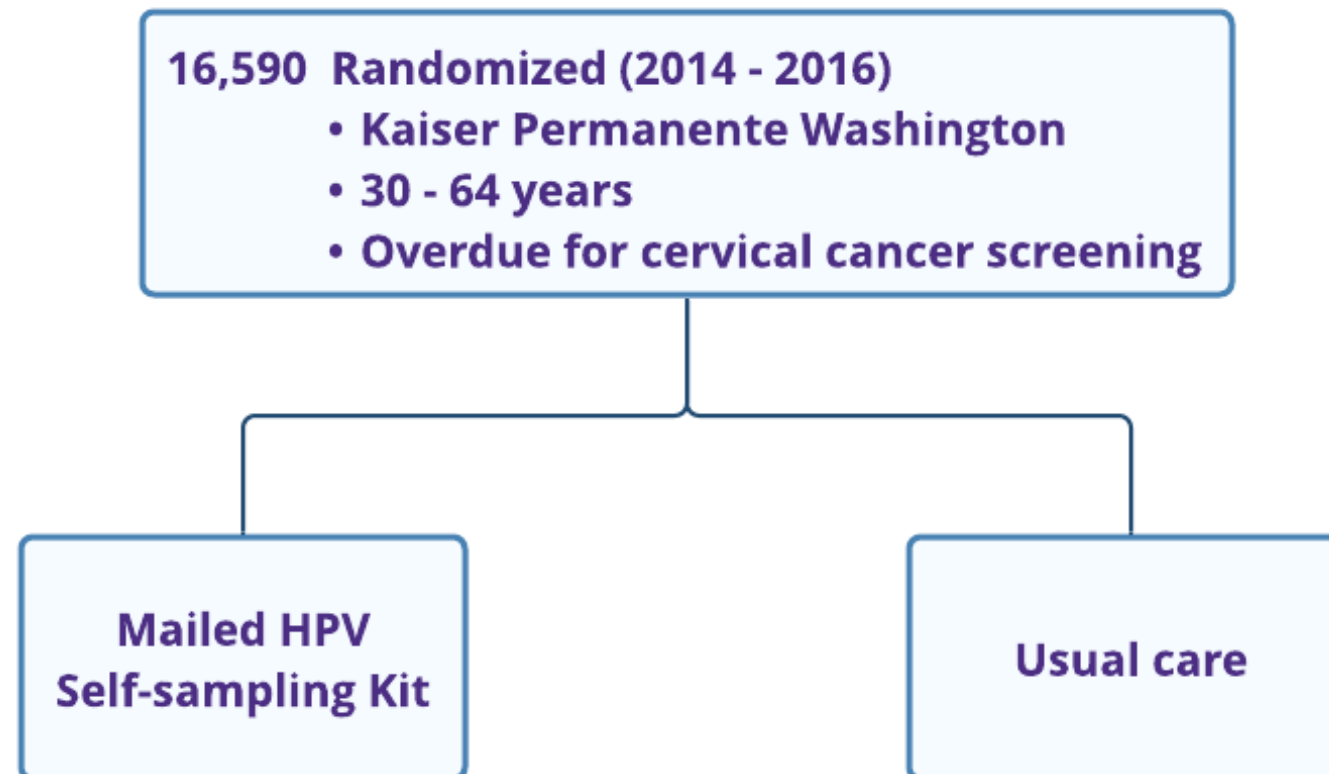
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Methods



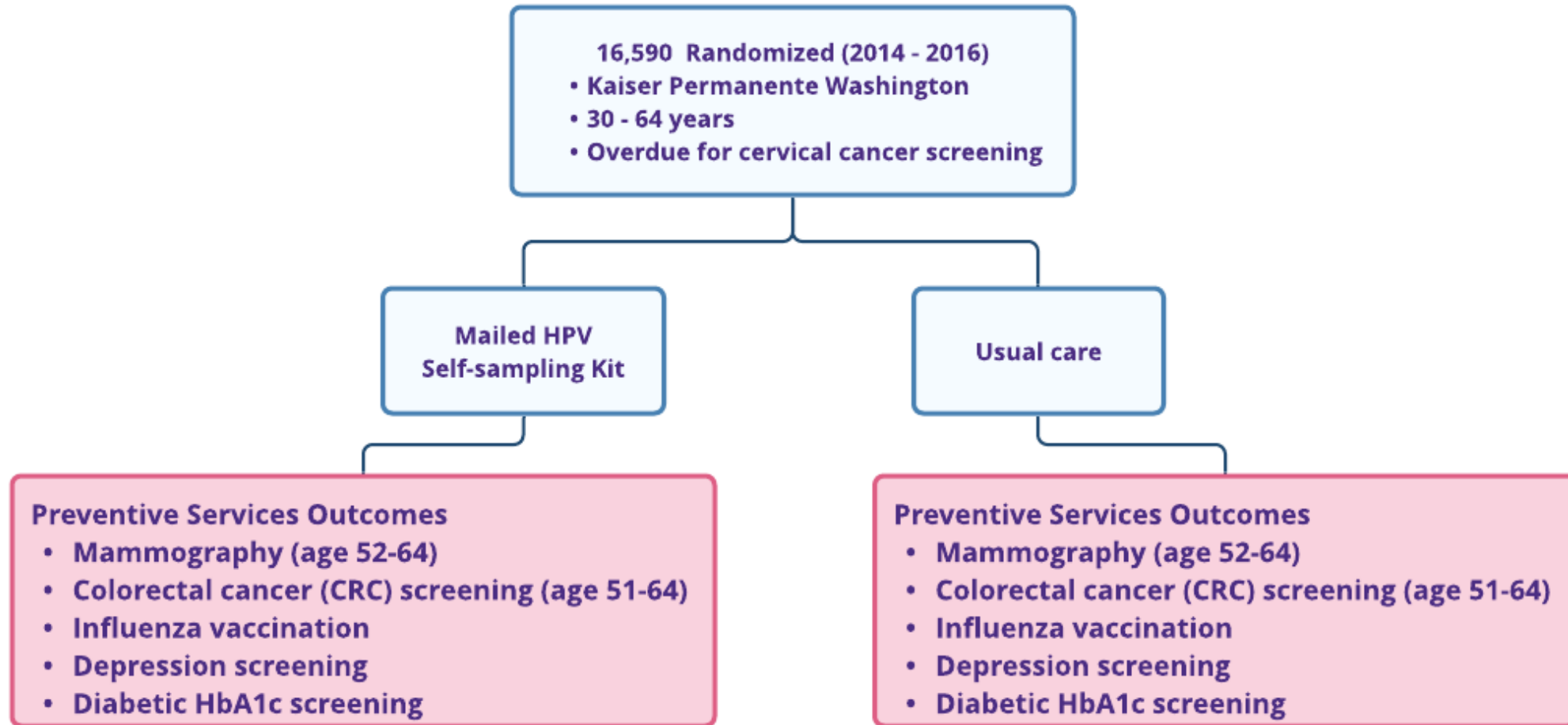
Methods – Sample Population

Home-based Options to Make cervical cancer screening Easy (HOME) trial



Methods – 1) Primary Analysis

Preventive services outcomes tracked for
12 months after randomization



Methods – 2) Secondary Analysis

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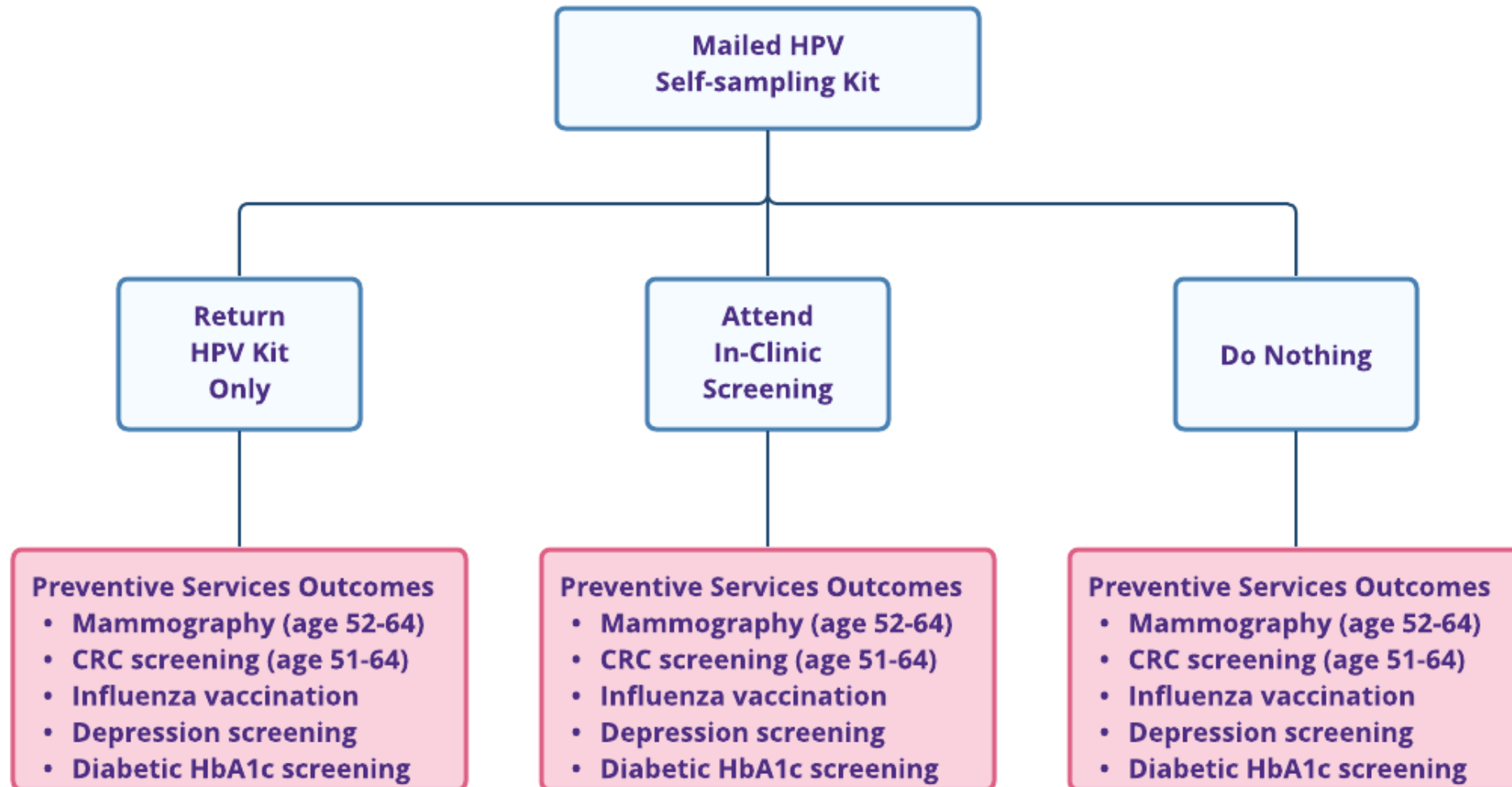


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Preventive services outcomes tracked for
12 months after randomization



Methods – Statistical Analysis

- ❖ Separate logistic regression models to estimate odds ratios (ORs) for each preventive service
- ❖ Adjustment for demographic & health history variables



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Results



Demographic Characteristics of Participants

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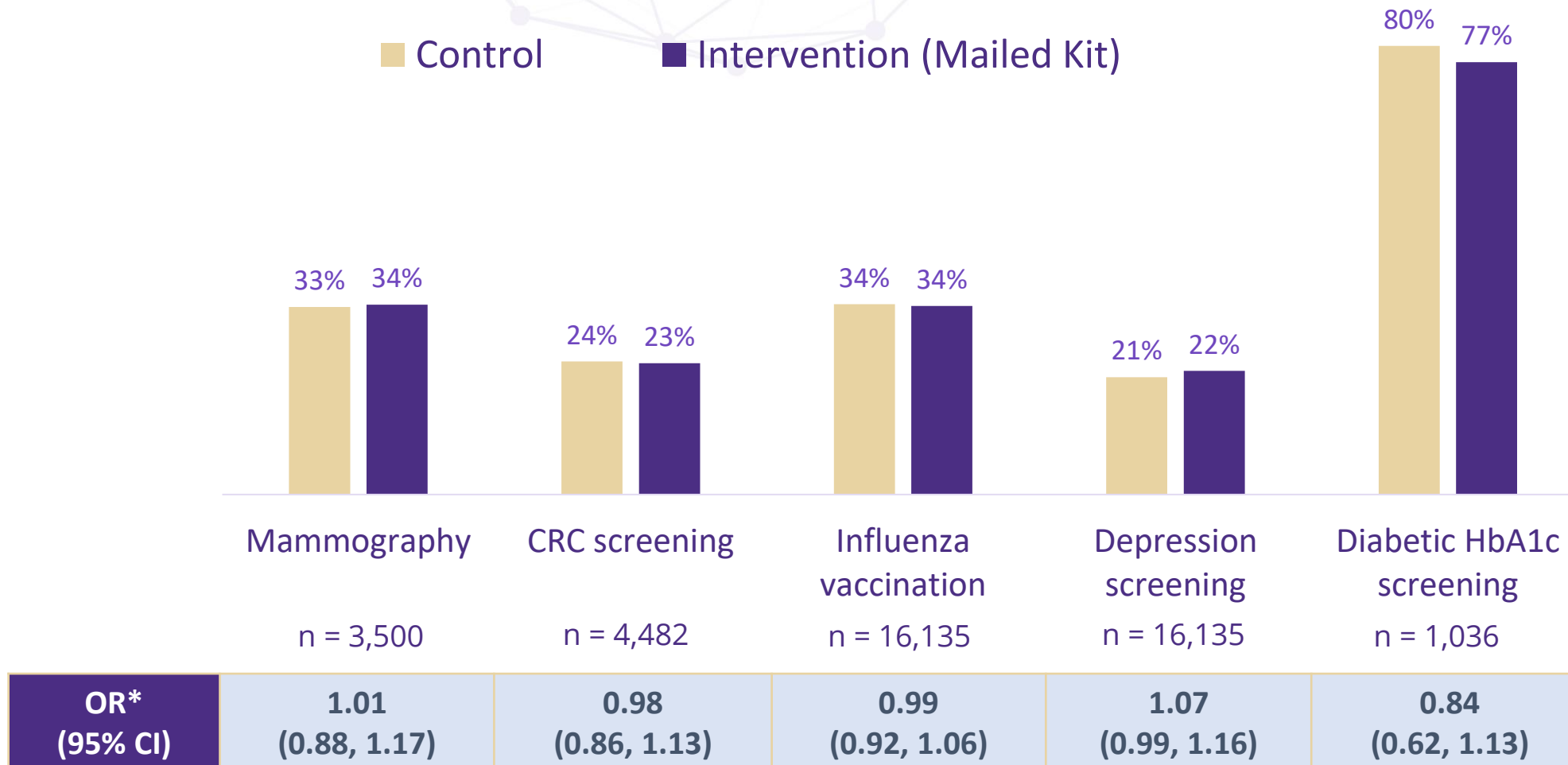
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- ❖ More than 70% were non-Hispanic White.
- ❖ More than 70% lived in a census block with a median annual household income greater than \$50,000 U.S. dollars.
- ❖ More than 75% were enrolled in KPWA for 5 years or more.

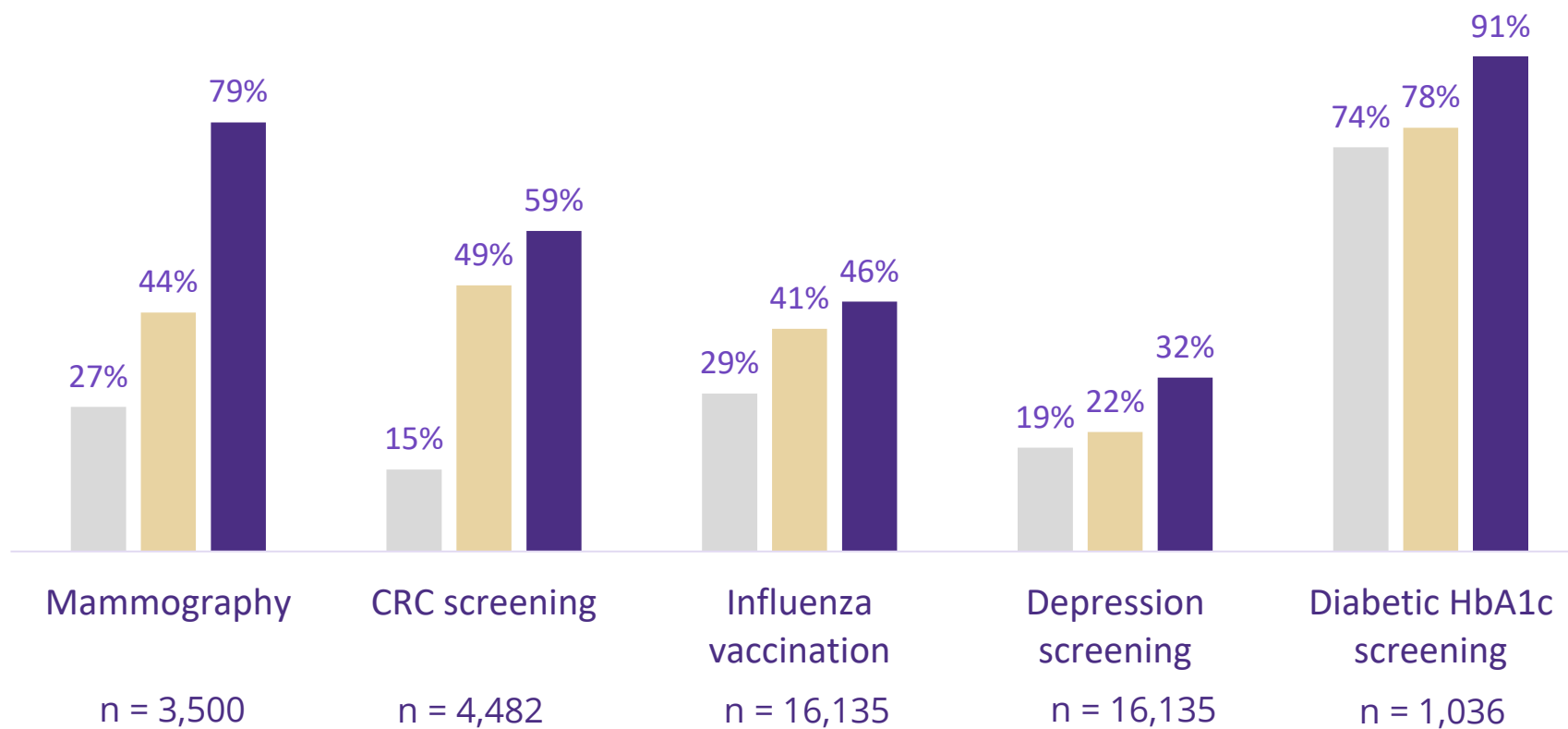
Primary Analysis: Preventive Service Uptake by Randomization Arm



* ORs for influenza vaccination, depression screening, and diabetes screening were adjusted for length of health plan enrollment.

Secondary Analysis: Within-Intervention Arm Comparison

■ Did nothing ■ Completed kit only ■ Attended Pap screening



* Mammography adjusted for randomization year. CRC screening and depression screening adjusted for time since last Pap screening.

OR* (95% CI)	Completed kit only	2.26 (1.56, 3.26)	5.05 (3.57, 7.14)	1.67 (1.41, 1.98)	1.09 (0.89, 1.33)	1.23 (0.57, 2.65)
	Attended Pap	11.81 (8.11, 17.19)	7.31 (5.57, 9.58)	2.06 (1.82, 2.32)	1.79 (1.57, 2.05)	3.35 (1.49, 7.52)



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Discussion



Strength/Limitation

Strength

- All eligible women were enrolled under a waiver of consent.
 - Reduced participation bias, recall bias, and social desirability bias

Limitation

- The results may not be generalizable to other populations.
 - Women who are adherent to screening
 - Women with no insurance or other geographies
 - Women with limited English proficiency

Conclusion

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Mailing HPV self-sampling kits to women who were underscreened for cervical cancer did not result in a decrease or increase in adherence to preventive services.



Among those mailed kits, preventive services uptake was highest in those who screened in the clinic.



Integrated healthcare delivery systems need to target how to engage hard-to-reach populations in preventive care and consider additional strategies.



Thank you!

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Questions?

