



Narrative Barriers to Cervical Cancer Screening

Diane M Harper MD, MPH, MS

Marilyn Roubidoux MD

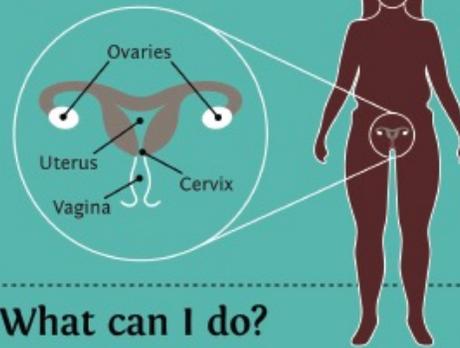
University of Michigan

End Cervical Cancer

▶▶▶▶ in Indian Country

What is cervical cancer?

Cervical cancer is a disease where abnormal cells grow on the cervix.



What can I do?



GET VACCINATED

The human papillomavirus (HPV) vaccine is recommended for everyone **ages 9-26** to protect against HPV cases that lead to 9 out of 10 cervical cancers. *Learn more at: AICAF.org/hpv*



PRACTICE SMART SEX

Use protection and talk with your sexual partners: anyone who has ever had anal, vaginal or oral sex can get HPV.



QUIT SMOKING

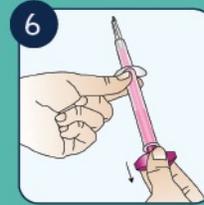
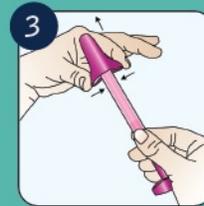
Smoking weakens the immune system, making it harder for the body to fight HPV infection. *Learn more at: AICAF.org/quit*



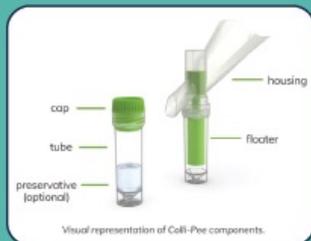
GET SCREENED

Cervical cancer is highly curable when detected and treated early.

Vaginal HPV Detection



Urine HPV Detection



Results from prior study among
disenfranchised women
without up to date
cervical cancer screening



Aim 1:

The aim of this work is to evaluate the barriers and experiences of American Indian and Alaska Native women

In development for The Last Mile Initiative, a NCI-sponsored trial, creating the evidence to allow self-sampling to be FDA approved for cervical cancer screening

Background

- Cervical cancer disproportionately affects Native communities. American Indian and Alaska Native women are nearly twice as likely to develop cervical cancer compared to white women and four times as likely to die from it.
- Additionally, they are often diagnosed at its later stages, making successful treatment and cure more difficult.
- American Indian and Alaska Native women have the highest rates of HPV associated cancer.



Background

- American Indians and Alaska Natives cite a number of barriers to cancer screening such as cultural reluctance to access Western medicine for nonacute health problems, transportation difficulties, lack of childcare, negative perception of health providers, long waits for appointments, poor patient-provider communication, provider time pressures and an underfunded health system.
- Prior Harper studies have shown that the most salient barrier to cervical cancer screening is the pelvic exam technique among other under- or unscreened populations.



Population Needed

- Native American/Alaska Native people with a cervix
- Ages 25-65 years old
- Last cervical cancer screening 3 or more years ago
- Not currently pregnant
- Must have a US post office mailing address

Study Design

- With discussion with the community partner, we will establish the most appropriate way to deliver and collect home self-sampling kits for primary HPV screening
- Urine and Vaginal kits
- Written survey about their experiences and beliefs with cervical cancer screening
- Written survey about experiences using the self-sampling kits

Study Design

- Oral interview by phone/zoom about cervical cancer screening experiences that will be recorded, transcribed and analyzed for thematic content
- Incentive for participation
- With discussion with the community partner, we will establish the local follow up procedures for women who test positive and need further medical testing

Aim 2:

The aim of this work is to evaluate the barriers and experiences of American Indian and Alaska Native women with physical disabilities



Background

- Women with physical disabilities (WWPDs) are half as likely to undergo cervical cancer screening and, therefore, more likely to have a late-stage disease at diagnosis, with higher mortality than women who are not disabled. Black or Indigenous people/women of color (BIPOC) have 2.5 times the rate of physical disability than white women. Furthermore, compared to white women, BIPOC women have twice the rate of developing cervical cancer and four times the rate of dying.
- Cervical cancer screening has evolved from cytology alone, through co-testing, to primary HPV testing with a reflex test for non-16/18 HPV positivity. Primary HPV testing does not require a speculum exam for sampling. Therefore, self-screening with vaginal devices or non-clean catch urine are options for women with physical disabilities (WWPD).



Population Needed

- Native American/Alaska Native women with a self-defined physical disability
- Has a cervix
- Ages 25-65 years old
- Not currently pregnant

Study Design

- Urine and Vaginal kits
- Written survey about their experiences and beliefs with cervical cancer screening
- Written survey about experiences using the self-sampling kits
- Oral interview by phone/zoom about cervical cancer screening experiences that will be recorded, transcribed and analyzed for thematic content
- Incentive for participation

Thank You!



Diane M Harper MD MPH MS

harperdi@med.umich.edu

FAMMED-MISSH@med.umich.edu