

PILOT STUDY IN UAE -COMPARING SELF-COLLECTED VS CLINICIAN-COLLECTED HPV SAMPLES FOR SCREENING.

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BACKGROUND:

- ❖ Cervical cancer is the fifth leading female cancer overall and the third most common female cancer in women in the UAE
- ❖ About 99% of all cervical cancer cases are linked to infection with sexually transmitted ‘high-risk’ types of human papillomavirus (HPV)
- ❖ In recent years, HPV detection in cervical samples has been demonstrated to be more effective than cervical cytology for the primary screening of cervical cancer.
- ❖ Self-collection of samples is reported to be highly acceptable and preferred by most women, worldwide.
- ❖ Self-collection has significant benefits over traditional sampling in terms of cost, coverage, and patient convenience.

AIM:

- ❖ To compare the efficacy of self-collected samples versus clinician-collected samples in the detection of HPV by PCR, using a self-sampling device (Qvintip, Aprovix, Stockholm, Sweden).
- ❖ To determine the patient-reported acceptability and preference for the sampling technique using a feedback form.

STUDY DESIGN/ METHODS :

- ❖ Approved by Dubai Scientific Research Ethics Committee with reference no. DSREC-04/2022_03, dated 16th June 2022
- ❖ 100 women attending the Gynecology clinic, in Latifa Hospital
- ❖ Informed written consent.
- ❖ The patient collected a self-sample at the hospital.
- ❖ A clinician obtained a sample using the Qvintip sampling device.
- ❖ The samples were promptly sent to the laboratory for analysis with the Aptima HPV assay.
- ❖ After the procedure, participants completed a brief questionnaire regarding the acceptability and preference of the sampling technique

Inclusion criteria	Exclusion criteria
Sexually active Women of age group 25-65 yrs	Pregnant women
who are due for cervical cancer screening	currently bleeding/having periods
	who already had total hysterectomy for benign conditions
	not willing for self-Sampling techniques

DEMOGRAPHIC INFORMATION- AGE, BMI, PARITY OF PARTICIPANTS

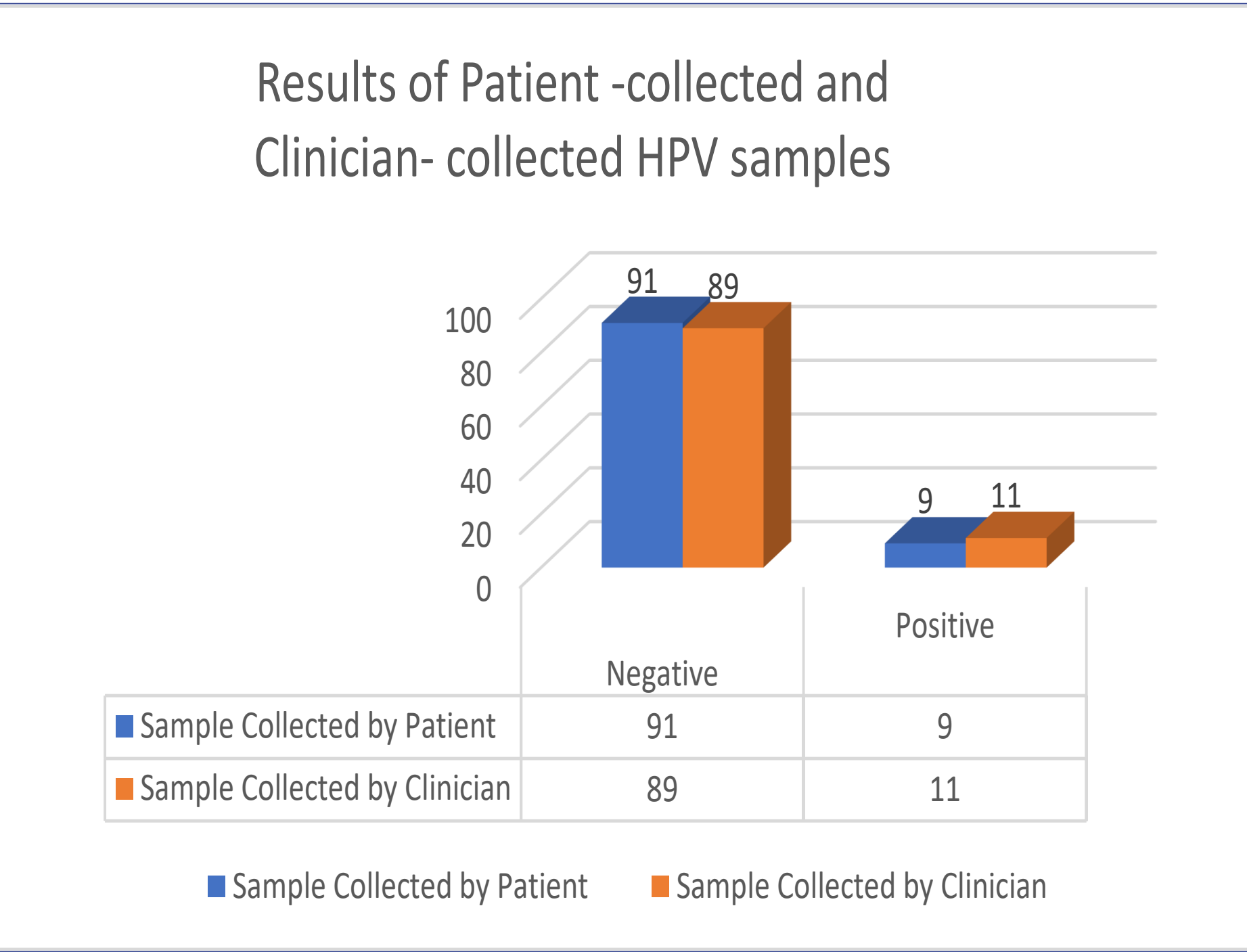
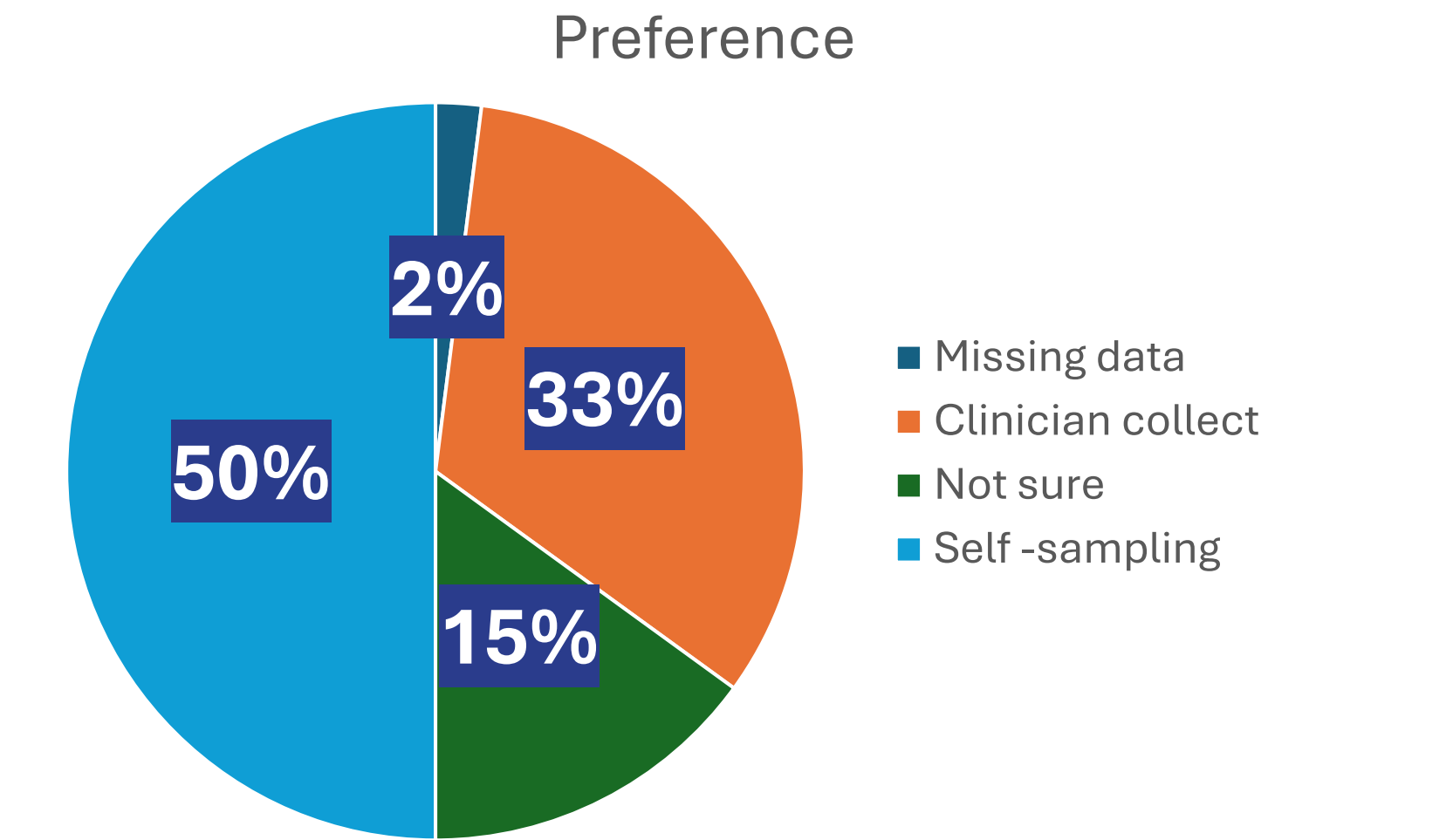
Characteris tic	Mean	Median	Standard deviation	Minimum - Maximum
Age (years)	40.31	41.0	7.94	25-58
BMI(kg/m ²)	30.004	29.00	5.2615	21-44
Parity	3.27	3.00	2.453	0-13

RESULTS OF PATIENT-COLLECTED AND CLINICIAN-COLLECTED SAMPLES

Results	Sample Collected by Patient n (%)	Sample Collected by Clinician n (%)
Negative	91 (91%)	89 (89%)
Positive	9 (9%)	11(11%)
Total	100 (100%)	100 (100%)

CROSS TABULATION BETWEEN SAMPLES BY CLINICIAN VS SAMPLES BY PATIENTS

		Sample collected by patients n (%)		Kappa value	p value
Sample collected by clinician n (%)	Results	Negative	Positive	0.889	<0.001
	Negative	89 (89.0%)	0 (0.0%)		
	Positive	2 (2.0%)	9 (9.0%)		



RESULTS:

HPV positivity rates between the self collected and clinician collected specimens using Aptima HPV assay of E6/E7 mRNA for 14 high risk types, is in fair agreement. More than 90% of women were happy with the self collection technique.

FREQUENCY DISTRIBUTION OF SCORES FOR EASINESS, COMFORTABILITY, PAIN, EMBARRASSMENT, AND CONFIDENCE IN SELF-SAMPLING

Dimension	No of respondents n (%)	Response Category	n (%)
Easiness	100(100%)	Very difficult	2(2%)
		Difficult	3(3%)
		Easy	37 (37%)
		Very easy	58(58%)
		Missing data	0%
Comfortability	98(98%)	Very uncomfortable	1(1.02%)
		Somewhat uncomfortable	6(6.12%)
		Comfortable	25(25.5%)
		Very comfortable	66(67.34%)
		Missing data	2%
Pain	98(98%)	Felt pain	14(14.2%)
		No pain	84(85.7%)
		Missing data	2%
Embarrassment	97(97%)	Embarrassed	14(14.4%)
		Not-embarrassed	83(85.5%)
		Missing data	3%
Confidence	97(97%)	Confident	63(64.9%)
		Not-confident	34(35.0%)
		Missing data	3%

CONCLUSION:

This study explores the HPV self-sampling technique and its acceptability and preference among the multicultural population of the UAE. Understanding the preferences for self-sampling is essential to achieve the WHO global target of 70% HPV screening coverage by 2030. Therefore, HPV screening programs could consider offering this alternative option for home use, which may increase cervical cancer screening uptake and lessen the strain on clinical infrastructure.

References:

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