

# Acceptability of self-testing methods for cervical screening in the LGBTQIA+ community

R Hawkins<sup>3</sup>, J C Davies-Oliveira<sup>1,2</sup>, L Malcolmson<sup>3</sup>, E Thorpe<sup>3</sup>, EJ Crosbie<sup>1,2,3</sup>



1. Gynaecological Oncology Research Group, Division of Cancer Sciences, University of Manchester, Faculty of Biology, Medicine and Health, Manchester, UK
2. Department of Obstetrics and Gynaecology, St Mary's Hospital, Manchester University NHS Foundation Trust, Manchester Academic Health Science Centre, Manchester, UK London, UK
3. Christie NHS Foundation Trust, NIHR Manchester Biomedical Research Centre, Manchester, UK

## Background

Cervical cancer is caused by persistent infection with high-risk types of the human papillomavirus (hr-HPV) and testing for this virus is now firmly routed in most primary cervical screening programmes. Cervical screening has been shown to reduce the number of those dying from the disease by up to 70% (1) and is key to the worldwide campaign to eliminate cervical cancer (2). Despite this, general cervical screening uptake in the UK is 70.2% and is even less in some communities such as the LGBTQIA+ (3,4).

The main universal barriers to screening are access, embarrassment and the speculum examination. The LGBTQIA+ community have specific barriers including stigma/discrimination from healthcare providers, female only waiting rooms, heteronormative/cisgender patient education materials and misinformation about low-risk perception (3). **Many of these barriers could potentially be overcome with at-home, self-screening options.**

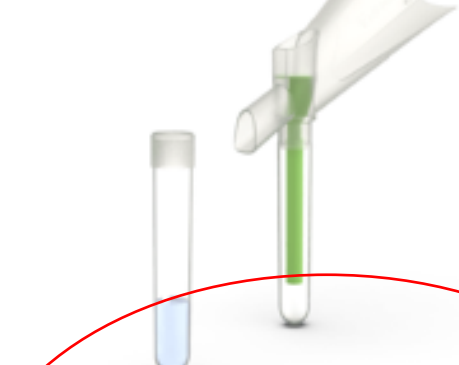
Vaginal self-sampling is non-inferior to cervical sampling for hr-HPV detection (5) and urine sampling shows promising accuracy and is the most acceptable method (5). The ACES team at the University of Manchester are currently validating the diagnostic test accuracy of a urine HPV test as a cervical screening test.

### Vaginal swab



- As accurate as current screening method
- 20% increase in uptake in non-attenders

### Urine



- Promising accuracy
- Most acceptable method
- Further research required

### Knowledge about HPV

Acceptability of these testing methods is key to increasing cervical screening uptake.

## Aims

The aims of this study were to explore the following within the LGBTQIA+ community –

- Previous knowledge and experience of cervical screening
- Barriers and facilitators to attending current cervical screening
- Acceptability of self-sampling methods for cervical screening

**We aim to help shape an inclusive future for cervical screening.**

## Methods

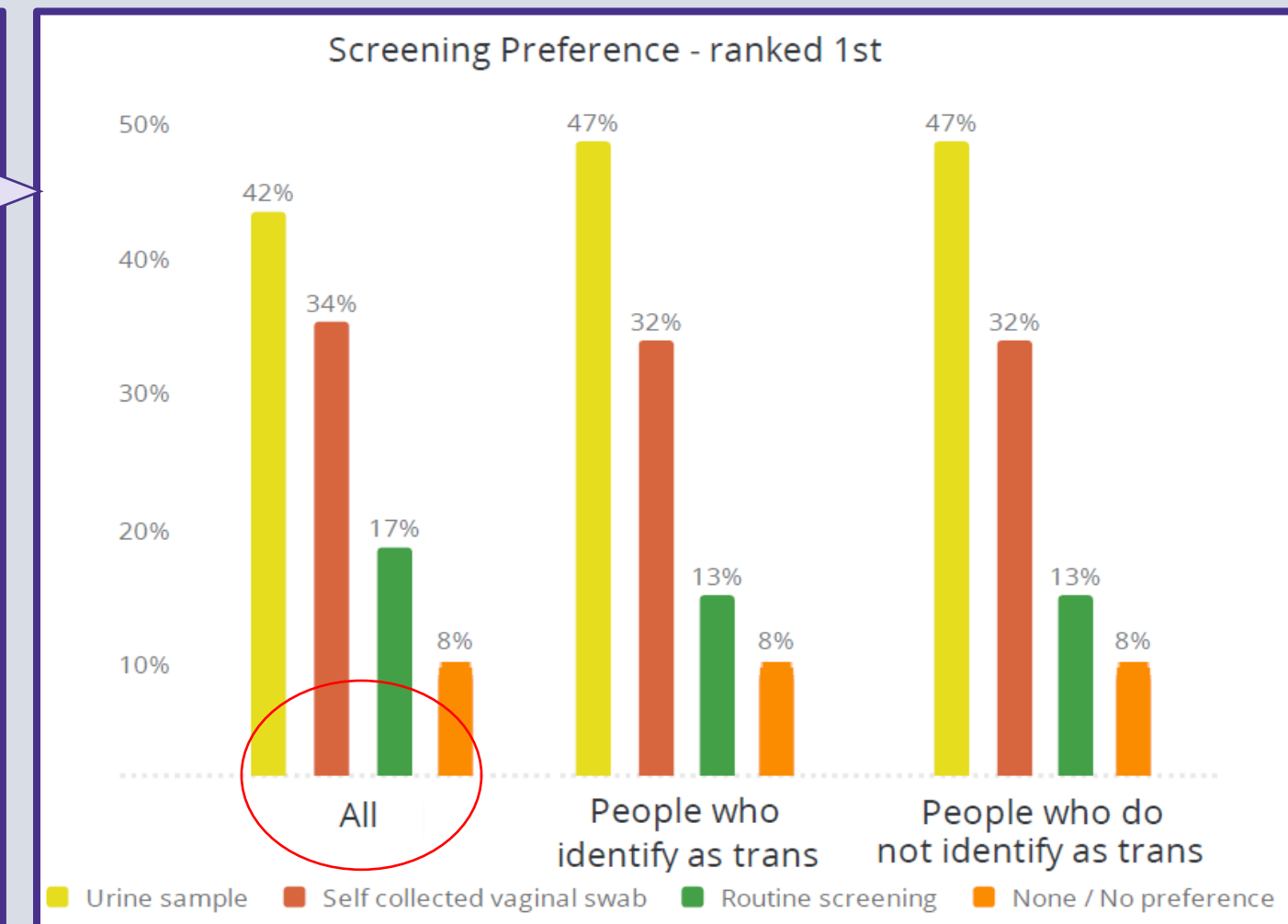
An online survey was co-designed with individuals who identified as 16+, LGBTQIA+ and with a cervix. The survey used both open and closed questions to explore the research question.

The ACES LGBTQIA+ survey was distributed between January-February 2022 via twitter and with the help of our partner stakeholders.

The results of the survey were disseminated via the **ACCESS 4 ALL LGBTQIA+ Inclusive Screening public event at HOME Manchester** on the 16<sup>th</sup> June 2022.



### Screening Preferences



## Next Steps

- A qualitative study with up to 40 participants (interviews and focus groups) to explore further the experiences, barriers and acceptability of alternative cervical screening amongst LGBTQIA+ people.
- Disseminate video outputs from the ACES ACCESS 4 ALL Cervical Screening event with the help of charity partners.

With thanks to...



## ACES LGBTQ+ public user involvement group

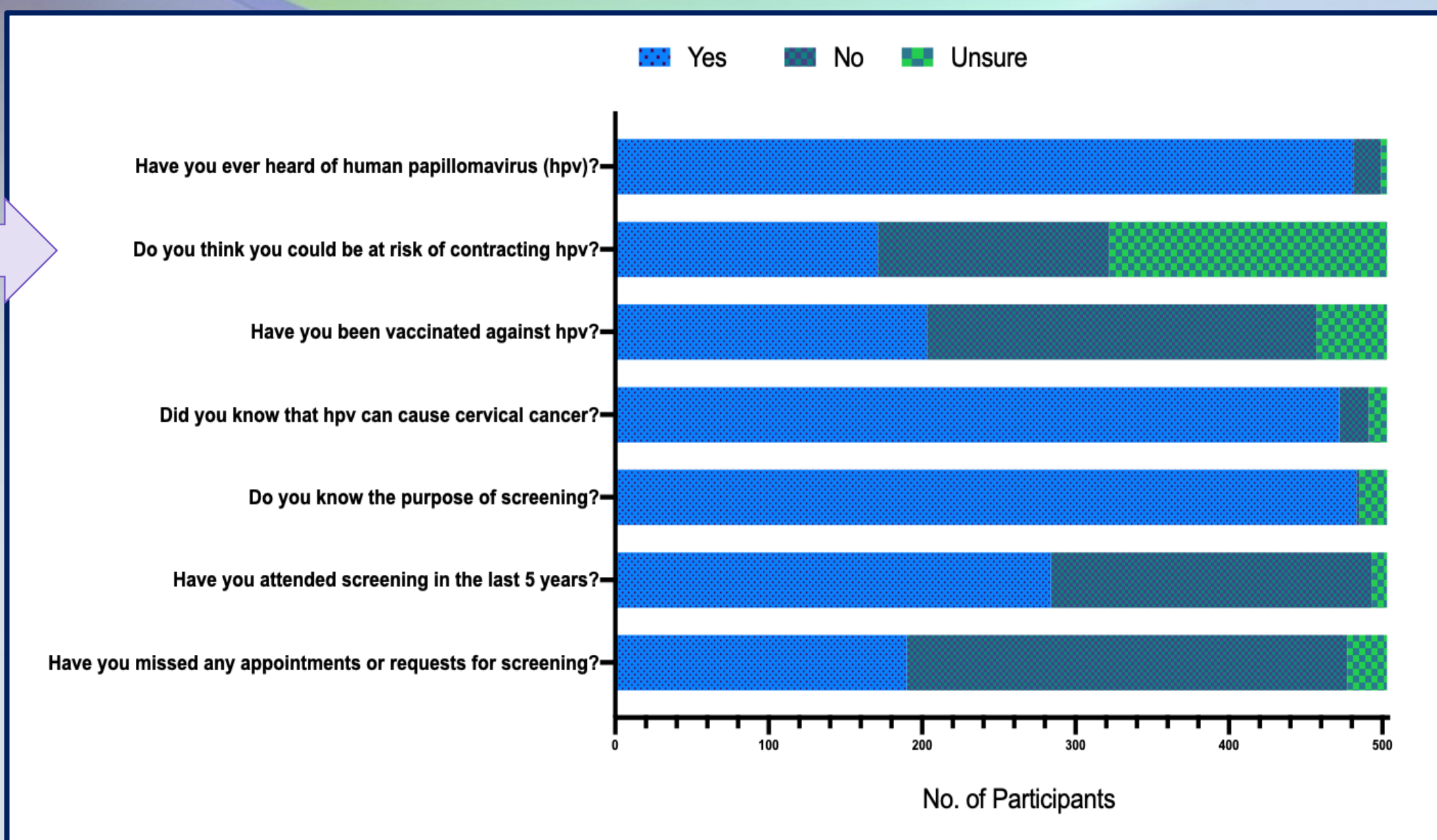
This study was co-created with the ACES LGBTQ+ User Involvement group.

- 12 members
- 1 online session to co-create survey and aims
- Supported 3 revisions of the ACES LGBTQ+ survey
- Supported questionnaire dissemination
- Regrouped to co-create the community event



## Results: 503 completed survey responses

- 21 of responses were from outside of the UK
- High representation from the **transgender community** with **44%** of participants identifying as transgender
- **Sexual Identity** - 160 Bisexual, 129 Lesbian, 96 Other (including pansexual and queer), 53 Asexual and 36 Gay participants
- **303** participants had an **experience of disability** including physical and learning disability



## Key findings

- **Barriers** to attending screening are **provider and procedure related**
- Self-sampling methods **showed great acceptability** for cervical screening with **urine sampling** being the most accepted especially amongst people who identify as trans
- **An at-home self testing option** is likely to increase the number of individuals who attend
- **Education and awareness around cervical screening is needed**

References

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