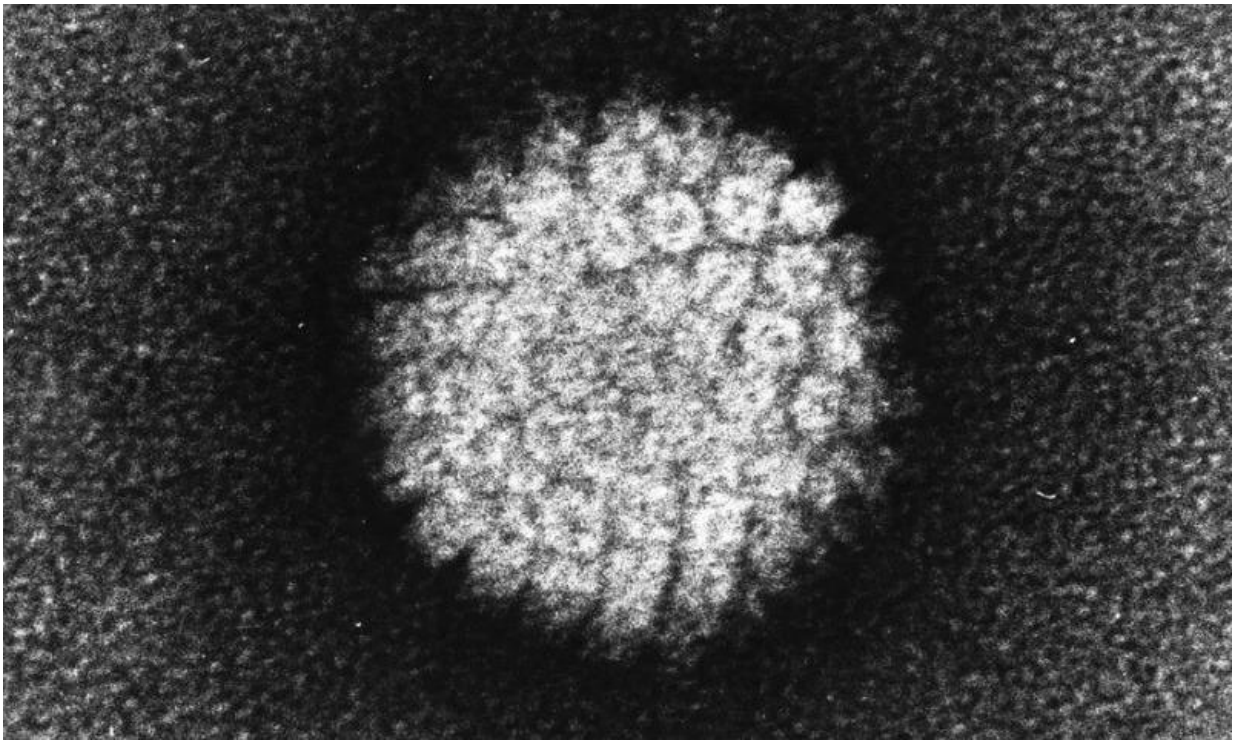


Self-testing cervical cancer screening could save Māori women's lives

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Electron micrograph of a negatively stained human papilloma virus (HPV) which occurs in human warts. Credit: public domain

Cervical cancer is the second leading cause of cancer death for Māori women aged 25–44 and Māori women are more than twice as likely as New Zealand European women to be diagnosed with, and three times more likely to die from, the disease.

Most cervical cancers occur in women who have either not received screening or had infrequent screening, and 34 percent of Māori women, compared with 21 percent of New Zealand European women, do not attend regular screening.

The study looked at whether Māori women who have not been screened regularly would want to do a new self-test looking for the cancer-causing Human Papilloma Virus (HPV).

HPV screening is more effective at preventing [cervical cancer](#) and its associated premature death than the current smear test and the new technology enables women to screen themselves.

The study found the most frequently cited barrier to current screening was whakamā—embarrassment, shyness, and/or reticence. A lack of time and fear of discomfort or pain were also leading barriers.

But three out of four [study participants](#) would be likely or very likely to do a self-test for HPV, with nine out of ten reporting being likely or very likely to attend a follow-up if they tested positive.

The findings are informing the ongoing development of the Ministry of Health's National Cervical Screening Programme, with self-testing being explored as an option for making screening more accessible once HPV primary screening is introduced.

International HPV self-testing acceptability studies of other Indigenous and ethnic minority women had similar findings but this is the first study of Māori women.

The study, conducted through face-to-face hui (meetings) and a survey, involved more than 500 Māori women, as well as healthcare providers such as smear/sample takers, general practitioners, nurses and clinic

staff.

"Self-collected vaginal specimens can be used for HPV screening and recent evidence suggests they provide sensitivity and specificity equal to clinician-collected specimens for detecting high-risk HPV types. We need to implement this new cancer prevention screen as soon as possible to save lives," says Anna Adcock, a Research Fellow in Te Tātai Hauora o Hine and co-lead of the study along with Professor Beverley Lawton, the Centre's Director, and Dr. Fiona Cram, Director of Māori research company Katoa Ltd.

"Hui participant responses to the idea were generally very positive, with women using terms such as 'easier', 'more comfortable', 'less intrusive' and 'brilliant'. Our findings suggest that, implemented in a flexible and culturally sensitive way, HPV [self-testing](#) could be very acceptable for Māori women who find current screening unacceptable."

Dr. Jane O'Hallahan, Clinical Director of the Ministry of Health's National Screening Unit, says, "This research provides valuable information to help us make our screening programme more responsive to Māori women's needs."

Findings from the study have also informed Te Tātai Hauora o Hine's Health Research Council of New Zealand-funded randomised controlled trial under way in Northland to see whether the offer of the HPV self-test increases cervical screening uptake for never-screened and under-screened women. The trial has been successful so far and the offer has been taken up by about 45 percent of eligible women. "This shows women like doing their own test," says Anna Adcock.

Provided by Victoria University of Wellington

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