



Bringing Pap Smears to the Home Environment

The Challenge in Women's Health

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Agenda

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Cervical Cancer Screening:
What It Is

02

ASM Data

03

Cervical Cancer Screening:
What It Could Be

04

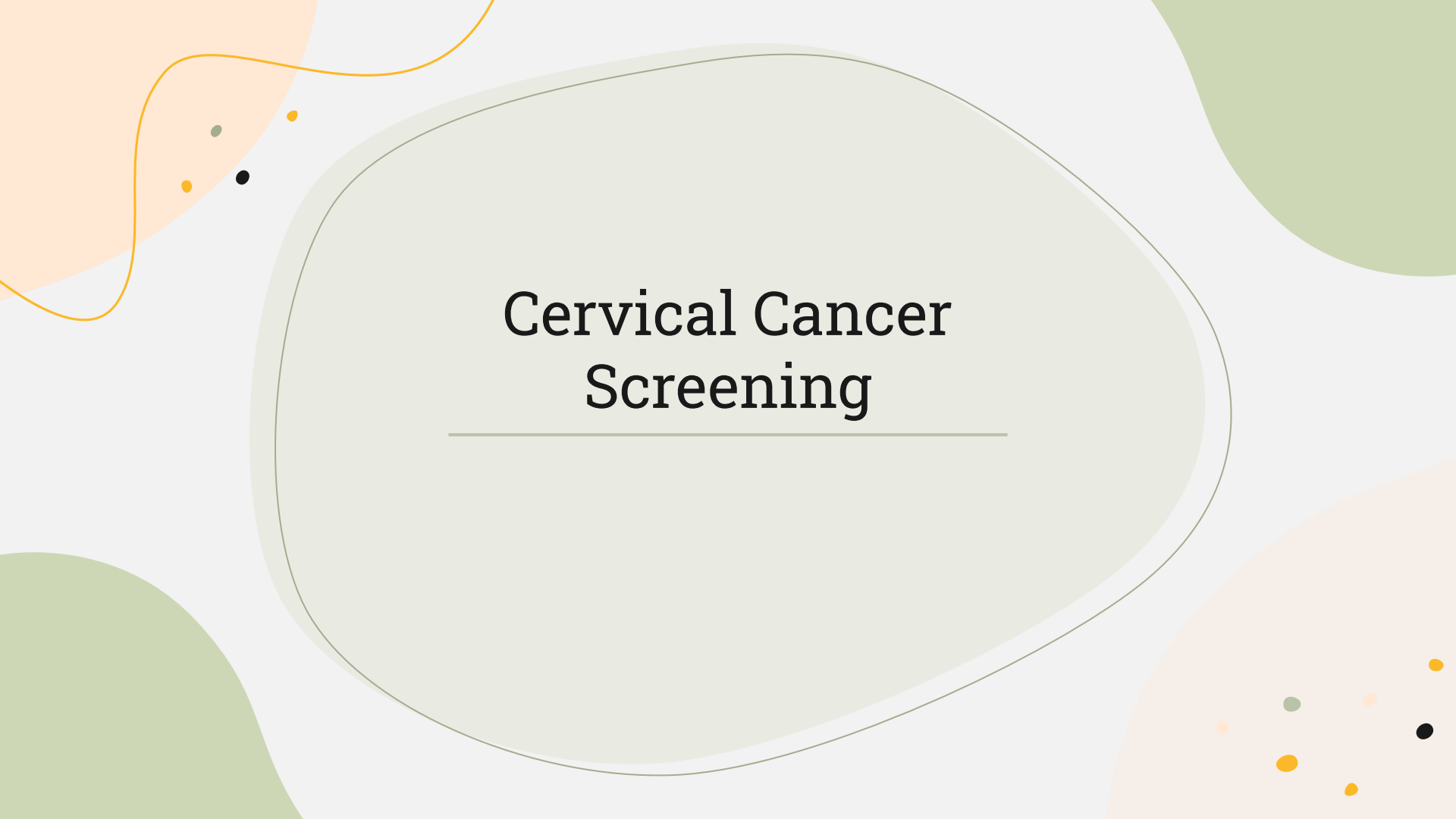
STD Screening

05

ASM Data

06

Takeaway Points



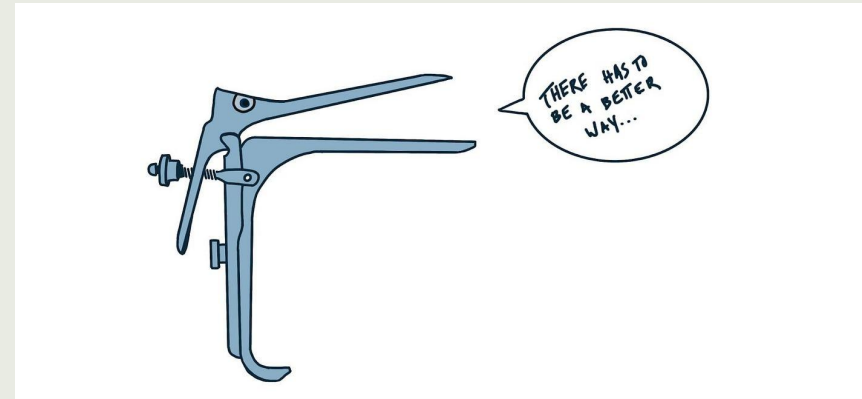
Cervical Cancer Screening

The background features several large, overlapping, wavy shapes in shades of sage green and light orange against a white background. The shapes are soft-edged and organic in form, creating a modern, minimalist aesthetic.

How many of you screen for cervical cancer?

HPV

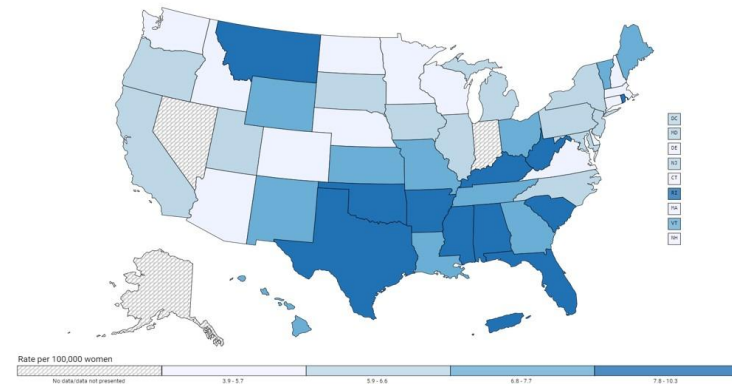
- HPV → precancer → cancer
 - 99.7% of cervical cancer cases are caused by persistent hrHPV infections (Okunade)
- Can be sexually transmitted
 - 90% of anal and cervical cancers
 - 70% of vaginal and vulvar cancers
 - 60% of penile cancers
 - 60% to 70% of oropharyngeal cancers?
- Risk factors: multiple sexual partners, smoking, HIV
- Screen w/ “pap smears” starting at age 30*



CDC, 2020

- 7 per 100,000 women developed cervical cancer
 - Of the 7, 2 died
- 11,542 cases of cervical cancer cases were reported

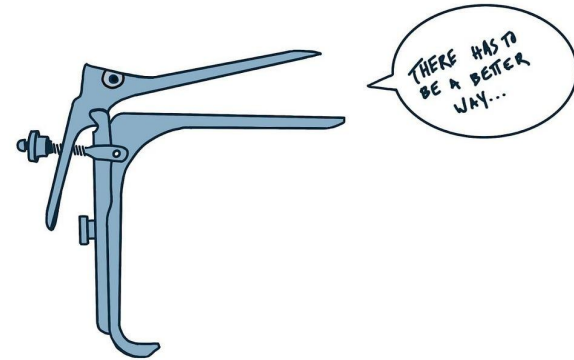
Rate of New Cancers in the United States, 2020
Cervix, All Ages, All Races and Ethnicities, Female



Source - U.S. Cancer Statistics Working Group. U.S. Cancer Statistics Data Visualizations Tool, based on 2022 submission data (1999-2020); U.S. Department of Health and Human Services, Centers for Disease Control and Prevention and National Cancer Institute; <https://www.cdc.gov/cancer/dataviz>, released in November 2023.

Statistics

- 26% use condoms (Asgary)
- 51% smokers (Asgary)
- 76.5% self-reported being screened within the last 3 years (Asgary)*
 - 65% assumed a normal result or did not get f/u
 - 7.8% had abnormal results
- 25-29% have never been screened (Wittenberg)
- 50% do not know how often they need to be screened (Asgary)



ASM

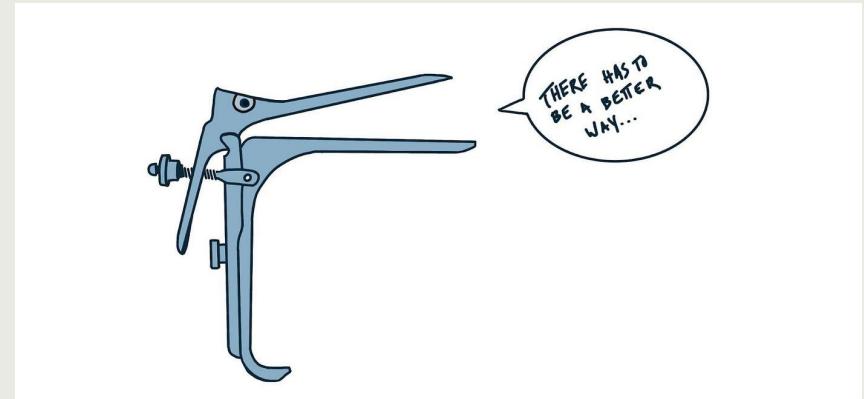
- North Fort Worth
- Info from Epic
- Biologically female
- Physically, psychiatrically able to undergo screening
- 23-61 years old
- Able to regularly f/u w/ team
- N = 25

Only 4/25 are up-to-date on
cervical cancer screening

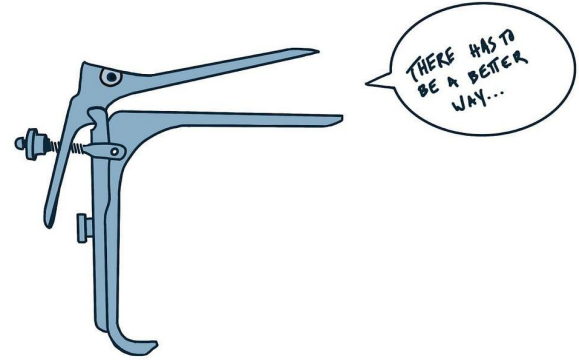
- Most overdue: last cervical cancer screening was in 1978
- 6/25 have never had cervical cancer screening

Barriers

- Pain, discomfort
- H/o sexual trauma
- “Humiliating”, “embarrassing”
- Not comfortable w/ medical provider
- Thinks it was already done (pap smear vs. pelvic exam)
- Other priorities
- Too many things going on (“If something is bad, I really will not be able to handle that”)
- Mental health
- Want to be “well” or “healthy” beforehand
- Belief that you either have cancer or you don’t
- Low familiarity w/ “cervical cancer screening”

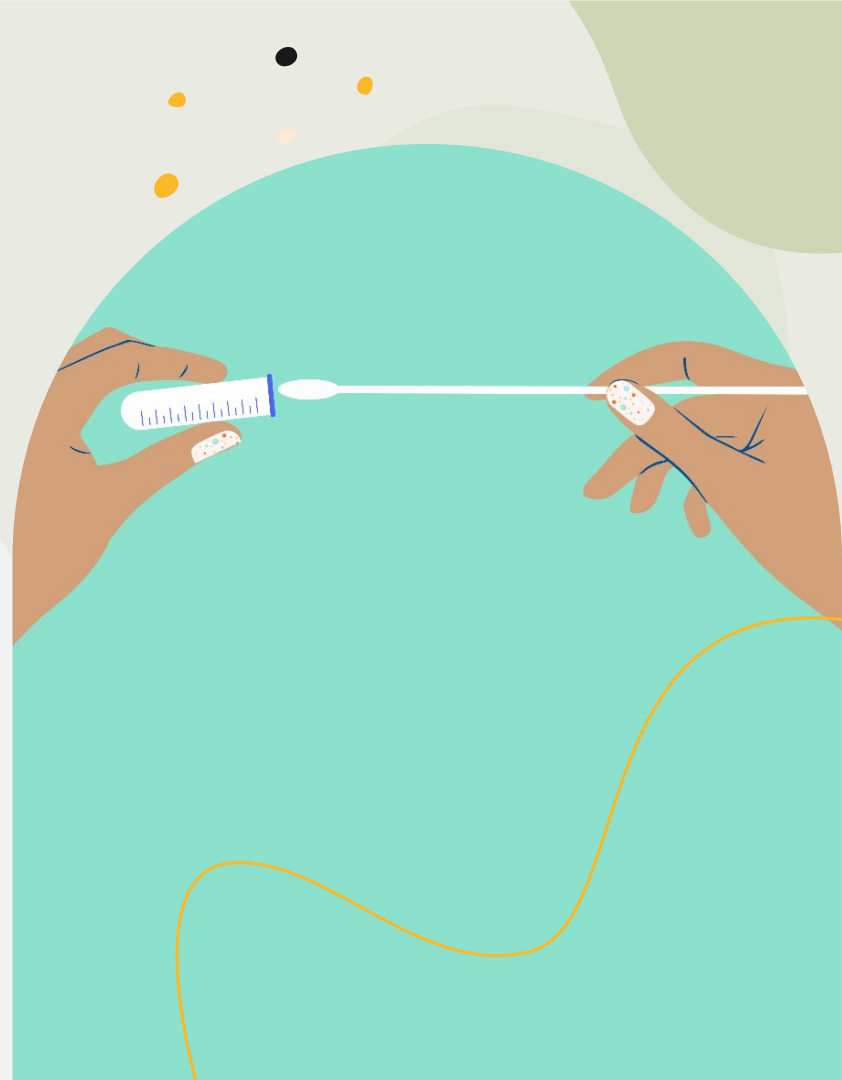


What if there IS a better way?

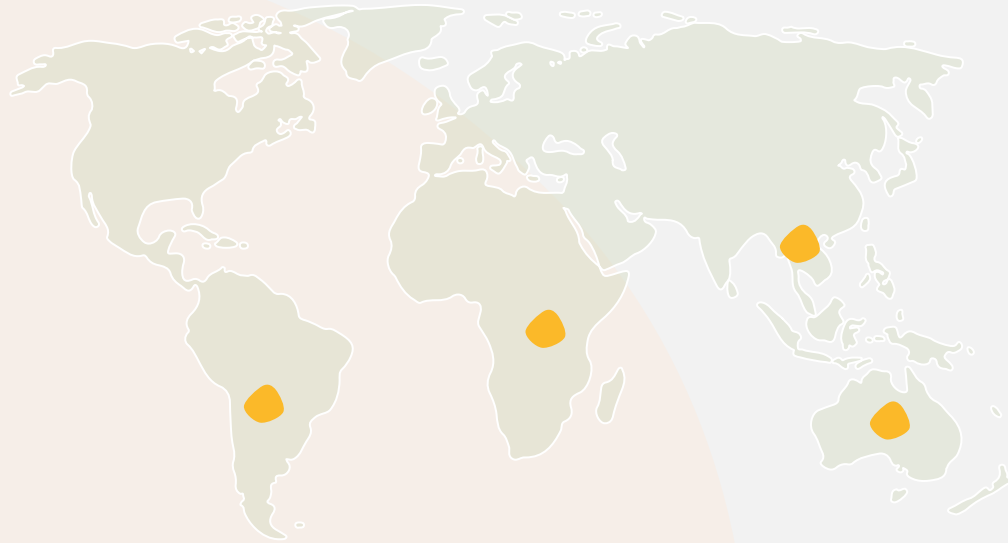


Self-Swab for HPV

- Pt does the swab
- Collect exfoliated cells from cervicovaginal canal
- Recommended by the World Health Organization as a mode of cervical cancer screening
- Similar or more accurate than cytology screening and clinician-collected sample (Di Gennaro, Costa, Arbyn, Serrano)
- Di Gennaro study: doubled the # of pts who underwent cervical cancer screening
- Pt empowerment



HPV Self-Swabs



Self-swabs for...



Underscreened



Argentina
Australia
Denmark
Ecuador
Finland
France
Myanmar
Sweden



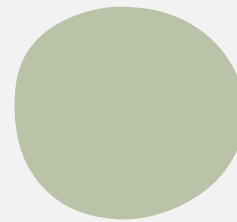
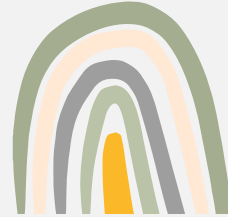
Primary



Albania
Kenya
Guatemala
Honduras
Malaysia
Netherlands
Peru
Rwanda
Uganda

Self-Swab Trials in the U.S.

- Atlanta, GA
- Newark, NJ
- Ann Arbor, MI
- Chapel Hill, NC
- Houston, TX
- Oklahoma City, OK
- Albuquerque, NM
- Pittsburgh, PA
- Birmingham, AL
- Baltimore, MD
- New Orleans, LA
- Miami, FL
- Richmond, VA
- New York, NY
- Cleveland, OH
- Seattle, WA
- San Juan, PR
- Minneapolis, MN
- New Haven, CT
- Philadelphia, PA
- Jackson, MI
- Salt Lake City, UT
- Cincinnati, OH
- Louisville, KY
- Boston, MA *



Is ASM/JPS/Fort Worth
using self-swabs for
cervical cancer
screening?

We're working on it...



STD Screening

Williams (2018): Review



7.3% to 39.9%

STI prevalence



7.8%

Gonorrhoea/chlamydia
(Highest in younger women)



52.5%

Hepatitis C
(Highest in older men)

Studies checked gonorrhoea, chlamydia, HCV, syphilis only.

Tuddenham (2022): Review



70%

...of HSV or trichomoniasis infections have few/no symptoms

53-100%

...of extragenital gonorrhea or chlamydia infections have few/no symptoms

We need to be **screening**, not just testing!

ASM

- Locations of STD testing
 - 8 ASM
 - 6 ER
 - 2 inpatient
 - 1 PCP
 - 1 OBGYN
 - 1 jail

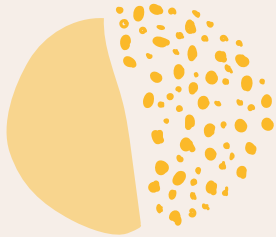
- 10/25 had STD testing in 2023
- 5/25 have never had STD testing

ASM

- 6/20 had true STD screening
 - Declined STD swab d/t “I have to pee”, lack of privacy; everyone else was receptive
- 14/20 had sx
- 13/20 were tested for HIV
- 12/20 were tested for gonorrhea, chlamydia
- 10/20 were tested for syphilis
- 9/20 were tested for hepatitis C
- 5/20 were tested for trichomonas

What is your workup for...

Oral lesions?



Dysuria?



Assault/exposure?



ASM

- Dysuria
 - Gonorrhoea, chlamydia
 - Gonorrhoea, chlamydia, syphilis
 - HIV
- Oral lesions
 - Gonorrhoea, chlamydia, syphilis, HIV, hepatitis C
 - Syphilis, HIV, hepatitis C
- Genital lesions
 - Syphilis, HIV, hepatitis C
 - Gonorrhoea, chlamydia, syphilis, trichomonas
- Assault
 - Syphilis, HIV, hepatitis C
 - Gonorrhoea, chlamydia, HIV
- Vaginal discharge
 - Gonorrhoea, chlamydia, trichomonas
- Pelvic/suprapubic pain
 - Gonorrhoea, chlamydia, trichomonas (x2)
- Exposure
 - Gonorrhoea, chlamydia, trichomonas
- Sepsis
 - Gonorrhoea, chlamydia, HIV
- IVDU
 - Syphilis, HIV, hepatitis C

ASM

- 1/13 (+)HIV
- 3/12 (+)gonorrhea
- 2/12 (+)chlamydia
- 4/10 (+)syphilis
- 5/9 (+)hepatitis C
- 3/5 (+)trichomonas

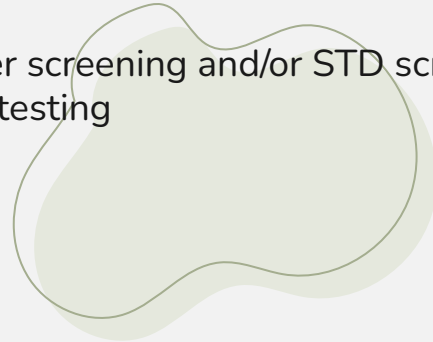
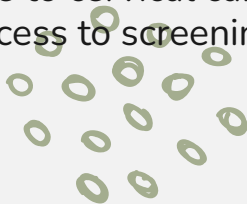
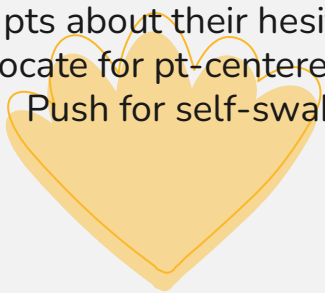
- Purely screening
 - 2/6 (+)HCV (new dx)
 - 1/6 (+)trichomonas
- Birth control types
 - Bilateral tubal ligation
 - Nexplanon
 - Depo-Provera
 - OCPs
 - Vast majority are not on any form of contraception



Things to Consider

Takeaway Points

- Unhoused pts are at high risk for cervical cancer for multiple reasons
- Education/counseling should be a large component of outreach
 - Pap smear vs. pelvic exam
 - How often pts should be screened
- We should also be screening, not just testing, for STDs
 - Some infections/pts are asymptomatic
- We are underscreening for STDs/not testing for all pertinent STDs
- Establish a protocol within your group/institution about what should be included in STD screening/testing
- Ask pts about their hesitance to cervical cancer screening and/or STD screening
- Advocate for pt-centered access to screening/testing
 - Push for self-swabs!



Thank you!

Questions?

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