

PRIMARY SCREENING FOR CERVICAL CANCER IN LOW RESSOURCE SETTING: SELF- VS CLINICIAN-COLLECTED SAMPLING FOR HPV DETECTION



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OBJECTIVE: Cervical cancer screening by cytology in low resource setting is difficult to implement due to logistical problem as "speculum collected sampling". Self-collection of High-Risk Human Papillomavirus (HR-HPV) may become a valuable screening test. Our aim was to determine the agreement between HR-HPV DNA test results on self- vs clinician-collected samples.



METHODS: Since July 2009, we initiated a study to evaluate the accuracy of cervical cancer screening in Cameroon based on self-collected HPV sampling. Six hundred sixty-six patients aged between 30-65 years old have been included. Women collected a vaginal self-sampling for HPV test using a flocked swab (*ESwab®*, Copan, Brescia, Italy) before undergoing screening with clinician-collected HPV sample, visual inspection with acetic acid (VIA) and cytology. The HPV test was done by a Real Time molecular assay (*Abbott Real Time High Risk HPV test®*). Kappa (K) test was used to determine the concordance between self- and clinician-collected HPV samples.

RESULTS: The samples were successfully analyzed in 98% of the cases. Data were completed for 548 patients. **The HPV prevalence was of 15%.** Abnormal cytology (ASC-US or more) was identified in 6.4% of women. HPV tests were positive in 47.1% of patients with abnormal cytology and in all women with high grade squamous intraepithelial lesions.

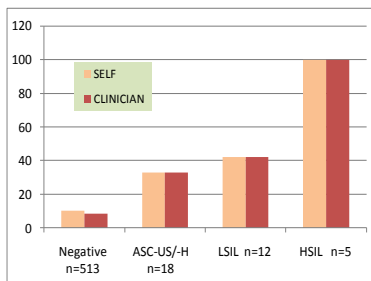
Agreement of HPV testing results between self- and clinician - collected samples

		Clinician 	
		HPV +	HPV-
Self 	HPV +	47	22
	HPV -	13	466

Global agreement (513/548): **93.6%**
K=0.71



Self vs Clinician HPV positivity by cytological diagnosis



Global agreement 100% in positive cytology
K=1

CONCLUSION: Preliminary data suggest that self-vaginal HPV sampling compares very favorably with clinician cervical HPV sampling and with cytological results.