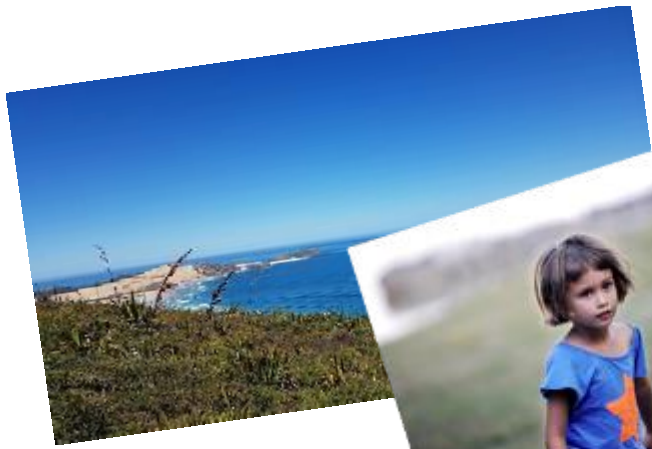




The 41st New Zealand Sexual Health Society
CONFERENCE 2019
JAMES COOK HOTEL GRAND CHANCELLOR • WELLINGTON
14 - 16 NOVEMBER 2019

He Tapu Te Whare Tangata (the sacred house of humankind) Research to inform HPV-based cervical screening for Māori

Dr E Jane MacDonald
Te Tātai Hauora O Hine
Centre for Women's Health Research
Victoria University of Wellington
Friday 15th November 2019



Tipping Point

- The tipping point is the critical point in an evolving situation that leads to a new and irreversible development....

He Tapu Te Whare Tangata (the sacred house of humankind)

Research to inform HPV-based cervical screening for Māori

Anna Adcock
Kendall Stevenson
E Jane MacDonald
Beverley Lawton

Fiona Cram
Wendy Dallas-Katoa
Areta Koopu
Stacie Geller

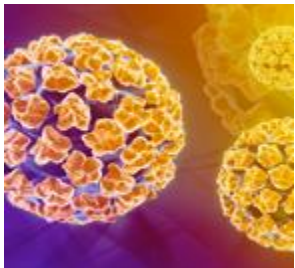
Tracey Cornell
Tania Mataka
Tania Rangiwhetu
Naieta Gifkins

Merilyn Hibma
Peter Sykes
Lorna Denmead
Bronwyn Rendle

He Tapu Te Whare Tangata

(the sacred house of humankind)

1. Research to inform cervical screening strategies for Māori women
2. Does the offer of HPV self-testing to under-screened women increase the rate of cervical screening? a randomised controlled community trial - interim results
3. Exploration of the cervical screening clinical pathway



He Tapu Te Whare Tangata

- NZ screening programme failing Māori
- 67% screened (vs 78.4% NZE/Other)
- Majority cervical cancers (85%) occur in women not regularly screening
- Māori 2X incidence 2.5X mortality
- HPV based screening
 - more effective
 - more accessible – the HPV self-test

- <https://minhealthnz.shinyapps.io/nsu-ncsp-coverage/>
- Smith MA, Edwards S, Canfell K. 2017. Cancer Causes & Control 28(12): 1393-404.
- Hider P, Dempster-Rivett K, Williman J, et al. NZMJ, 2018, Volume 131 Number 1472
- Arbyn M, Smith SB, Temin S, et al. BMJ 2018;363:k4823 <https://doi.org/10.1136/bmj.k4823>

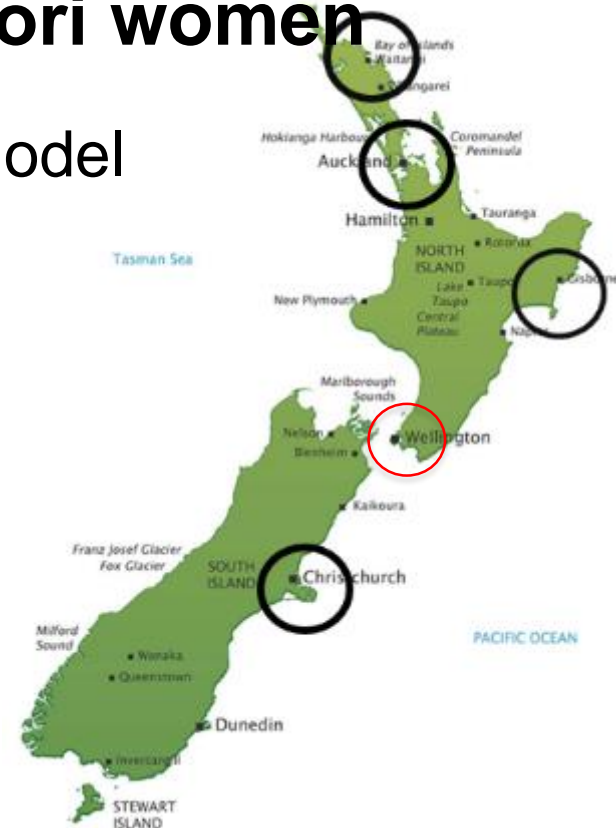
Inclusion criteria

- Underscreened
 - no smear for 4 or more years
 - never screened
- 25 -69 years old

Acceptability and uptake of HPV self-testing for never/under-screened Māori women

- Kaupapa Māori Distributed Research Model
 - Interviews (N106)
 - Survey (N397)
 - Interviews (N15) with health providers

Anna Adock



Results

- Whakamā (bodily autonomy), fear of pain/discomfort, time, money
- Yes to self-test (73%)
- Yes to follow-up if test positive (88%)
- If test positive - refer to colposcopy

Adcock A, Cram F, Lawton B, et al. Acceptability of self-taken vaginal HPV sample for cervical screening among an under-screened Indigenous population. Australian and New Zealand Journal of Obstetrics and Gynaecology 2019;59(2):301-07. doi: 10.1111/ajo.12933

RCT

He Tapu Te Whare Tangata

Does the offer of Human Papilloma Virus self -testing to under-screened women increase the rate of cervical screening? a randomised controlled community trial (RCT)

- Self test vaginal swab vs cervical smear
 - Randomised clinics not women
 - 3 control clinics (n~500), 3 intervention clinics (n~500)
 - Te Tai Tokerau/Northland
 - Focussed on Māori women but did not exclude other ethnicities



RCT

- Recruitment March 2018- August 2019
- HPV genotyping - Abbott Real-time High Risk HPV assay * distinguishing HPV-16 and HPV-18 from 'other' high-risk types and from negative samples.
- 'Other' = 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 66, 68

*Jenny Grant, HoD Molecular Pathology, Southern Community Laboratories, Dunedin



Intervention clinics

- Training for health workers, clinicians
- Opportunistic – clinic
- Outreach – home, Marae, community centres
- Outreach health workers – NGOs, Primary care clinics, known in their community

Interim results (intervention group only)

Of 500 eligible under-screened Māori women

- 263 (52.6%) accepted the swab
- 24 (4.8%) chose a cervical smear
- **287 (57%) had a cervical screen**

Interim results- who took the swab

Of the 263 swabs

- 233 (88.6%) were taken by the patient
- 30 (11.4%) were taken by the nurse/doctor

Interim results-where swab was taken

- 63 (24%)took swab at home
- 192 (73%) took at clinic
- 8 (3%) not specified

HPV positive

- 32 (12.2%) had results positive for HPV 16, 18 or 'other'
- 8 had 16/18
- 26 had 'other'
- All positives were referred to colposcopy.

Colposcopy

- 32 colposcopy referrals
- 3 DNAs
- 1 pregnancy – awaiting colposcopy postpartum
- 5 women with CIN II/III
- Lletz Loops – all were types 16/18
- 1 went onto cone biopsy – microinvasion



Final analysis

- Rate of screening in the intervention clinics compared to the rate of cervical smears in control clinics
- W & S
- Wait and see

Qualitative mahi - screening journeys

Dr Kendall Stevenson

HPV self-test journey for women

- Declined (N4)
- Accepted (N9)
- Colposcopy (N7)

Preliminary findings

Accept the self-test

- Positive feedback from all women so far
- Rangatiratanga over their wellbeing
- The service is coming to them, rather than vice versa
- **More likely to re-screen** rather than ignoring the recalls

Preliminary findings

- Decline the self-test
 - Women are steeped in their beliefs that interventions are unnecessary and dangerous
 - Would rather not know if they are sick
 - Some have changed their minds following further information → self-tested

Preliminary findings

Colposcopy journey

- Majority of these women have been scared
- Fear that they have cancer is fuelled by a lack of information provided to them - turning to Google
- Fear also fuelled from fast processing to colposcopy
- All request greater education regarding HPV

What do we now know?

- HPV self-testing more effective and more accessible than current smear
- More acceptable for under-screened Māori wahine
- Potential to reach 50+% under-screened
- Appropriate HPV education required for communities and health providers
- Outreach work is vital

What do we now know?

- 58 000 underscreened Māori wahine
- HPV self testing could reach 50% of them

Where are we?

- Globally cervical screening is changing to test HPV virus as the primary test - several countries have switched including Scandinavia and Australia
- Self testing has been incorporated into some countries screening programmes- Netherlands, Australia, Malaysia, Denmark (Jan 2020),
- Why are we being left behind in Aotearoa?
- Political will is not there

HPV self-test is an equity tool

- Delays in implementing it into policy will cost health and lives of women in Aotearoa
- HPV testing on cytology specimens will increase inequities
- **Urgency required!**
- **This IS a tipping point!**
- **This is political**
- HPV self-testing should be included in a new cervical screening programme and this should happen as soon as possible

A stylized graphic of a house with a grey outline and a light pink interior, serving as a background for the text.

**Kia ora koutou
Nā Te Tātai Hauora o Hine
Centre for Women's Health
Research**

e.jane.macdonald@vuw.ac.nz