



Advancing NIH Research on the Health of Women: A 2021 Conference

A path forward towards accelerating cervical cancer eradication

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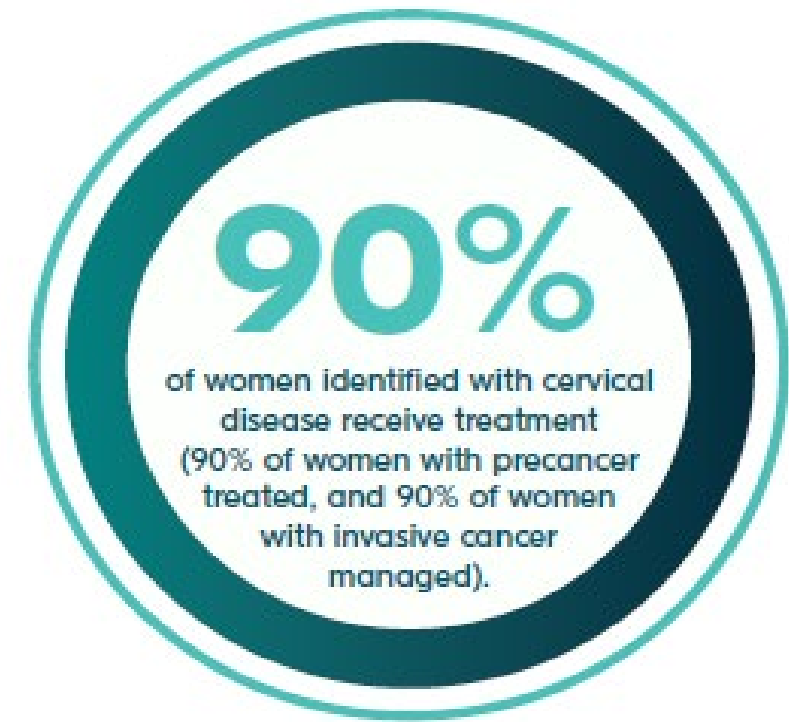
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#ResearchForWomen

Disclosures

- Funded by: NCI, AHRQ, PCORI and CDC
 - Co-I on Completed NCI trial: Home-Based Options to Make Cervical Cancer Screening Easy (HOME) trial NCT02005510 (R01 CA168598)
Clinical outcomes in underscreened females
 - PI on NCI trial Self-Testing Options in the Era of Primary HPV Screening for Cervical Cancer Trial (STEP) - NCT04679675 (R01 CA240375)
Screening uptake and completion by different outreach strategies stratified by screening history
- Employed by Kaiser Foundation Health Plan of Washington

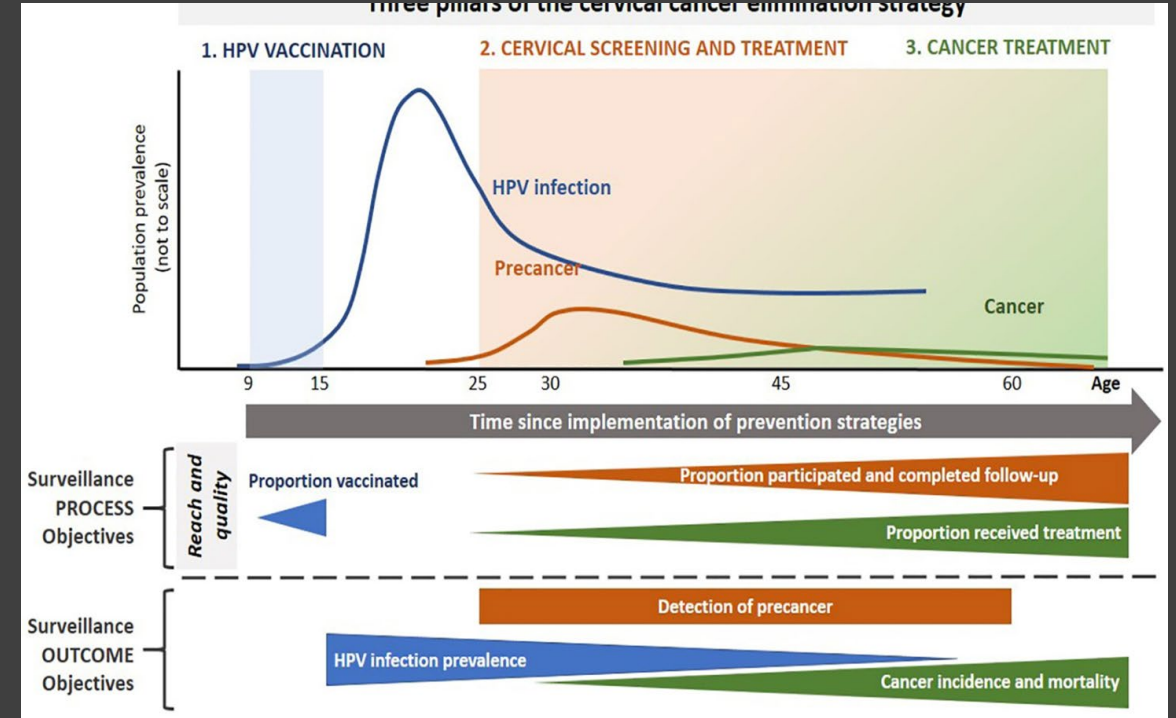


Global strategy to accelerate the elimination of cervical cancer as a public health problem



Achieving the 90-70-90 targets by 2030 would result in over 62 million cervical cancer deaths averted by 2120.





Cancer Prevention through Vaccination with Long Sojourn time



US population of females aged 30-64

73,180,000

18,295,000

14,000

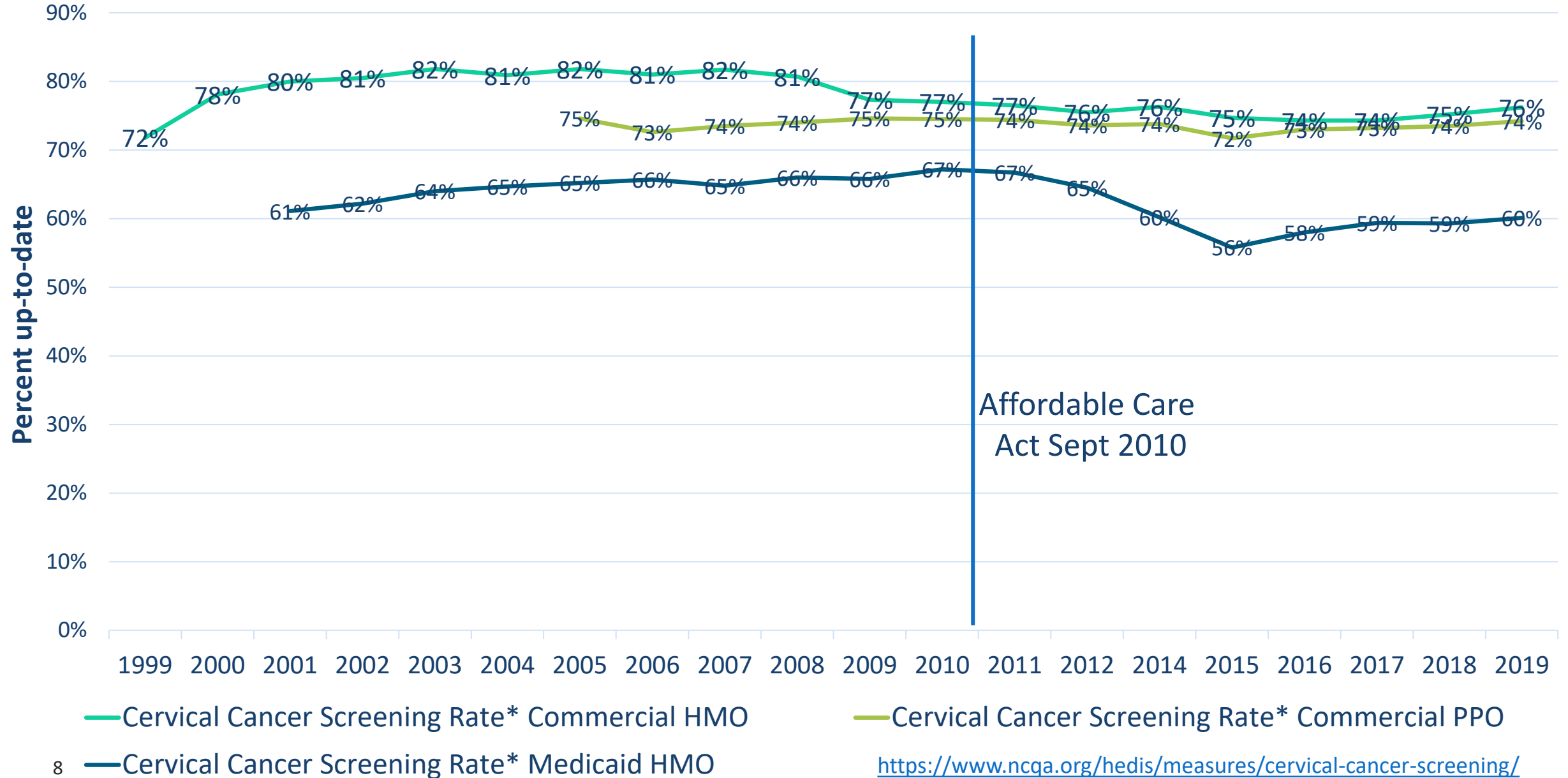
50%

A word cloud featuring various terms related to barriers and factors influencing knowledge. The word 'knowledge' is the largest and most central. Other prominent words include 'fear', 'bodyimage', 'time', 'childcare', 'inconvenience', 'transportation', 'financial', 'cultural', 'distance', and 'work'. The words are arranged in a circular pattern around the central 'knowledge' word, with some overlapping. The colors of the words are: 'fear' (light blue), 'bodyimage' (green), 'time' (dark blue), 'childcare' (dark blue), 'inconvenience' (dark blue), 'knowledge' (dark blue), 'transportation' (dark blue), 'financial' (dark blue), 'cultural' (dark blue), 'distance' (green), and 'work' (green).

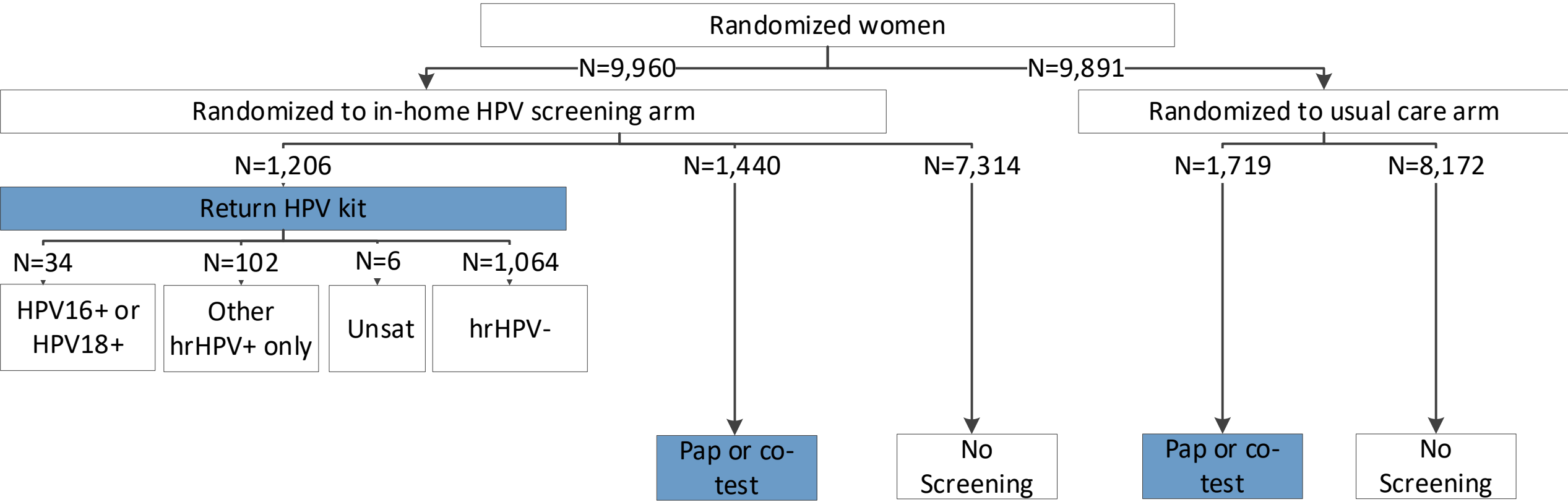
knowledge

fear
bodyimage
time
childcare
inconvenience
transportation
financial
cultural
distance
work

Percent up-to-date with cervical cancer screening by insurance status in the US

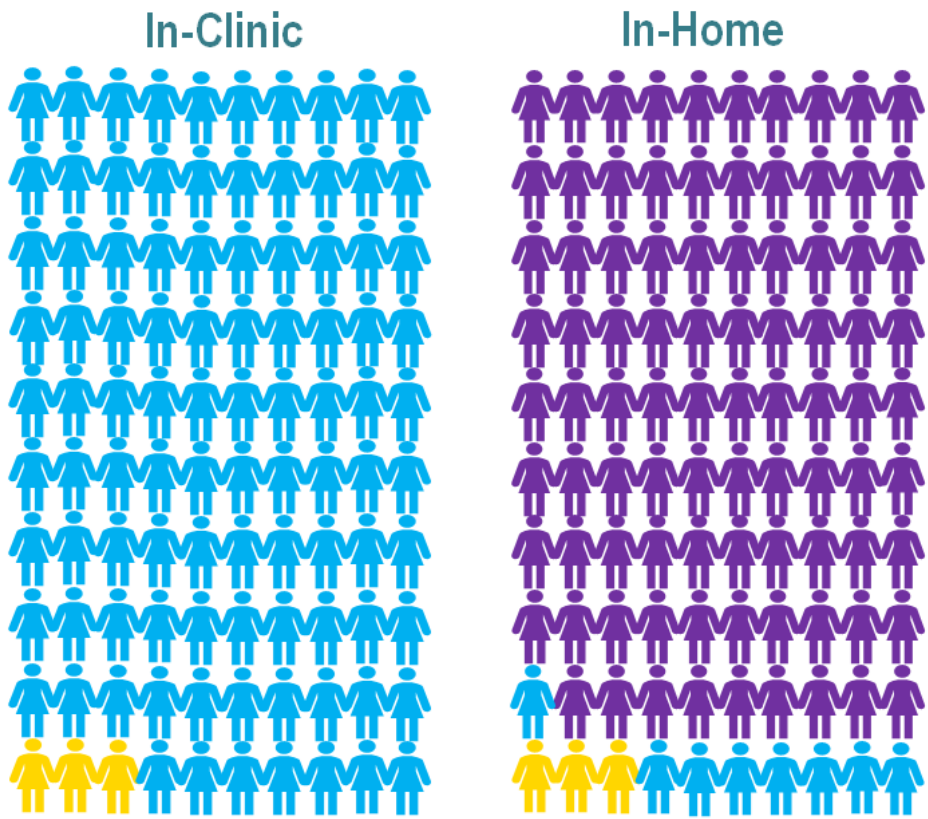







	Mailed HPV Kit	Usual Care	RR (95% CI)
Screening initiation	2646 (26.6%)	1917 (17.4%)	1.53 (1.45-1.61)
Screening completed	2618 (26.3%)	1917 (17.4%)	1.51 (1.43-1.60)

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 NCT02005510 (R01 CA168598)



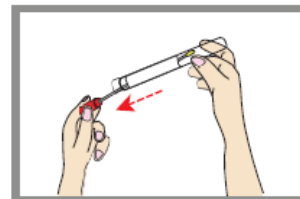
-  Colposcopy needed
-  In-clinic testing
-  Home test negative, screening complete



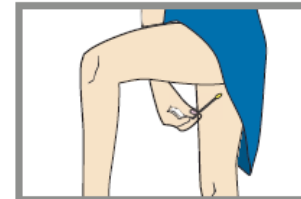
Instructions for Your Cervical Cancer Screening Kit

 KAISER PERMANENTE.

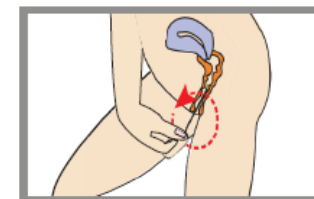
Please do not use this kit if you are pregnant.



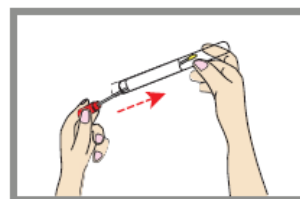
STEP 1



STEP 2



STEP 3



STEP 4

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NCT02005510 (R01 CA168598)


NCT04679675 (R01 CA240375)




Understanding Patients' Perspectives and Information Needs Following a Positive Home Human Papillomavirus Self-Sampling Kit Result

Jasmin A. Tiro, PhD,¹ Andrea C. Betts, MPH,^{1,2} Kilian Kimbel, BA,³ Diana S.M. Buist, PhD,³ Constance Mao, MD,⁴ Hongyuan Gao, MS,³ Lisa Shulman, MSW,³ Colin Malone, MPH,⁵ Tara Beatty, MA,³ John Lin, BA,⁶ Chris Thayer, MD,⁷ Diana L. Miglioretti, PhD,^{3,8} and Rachel L. Winer, PhD^{3,5}

Reactions of women underscreened for cervical cancer who received unsolicited human papillomavirus self-sampling kits

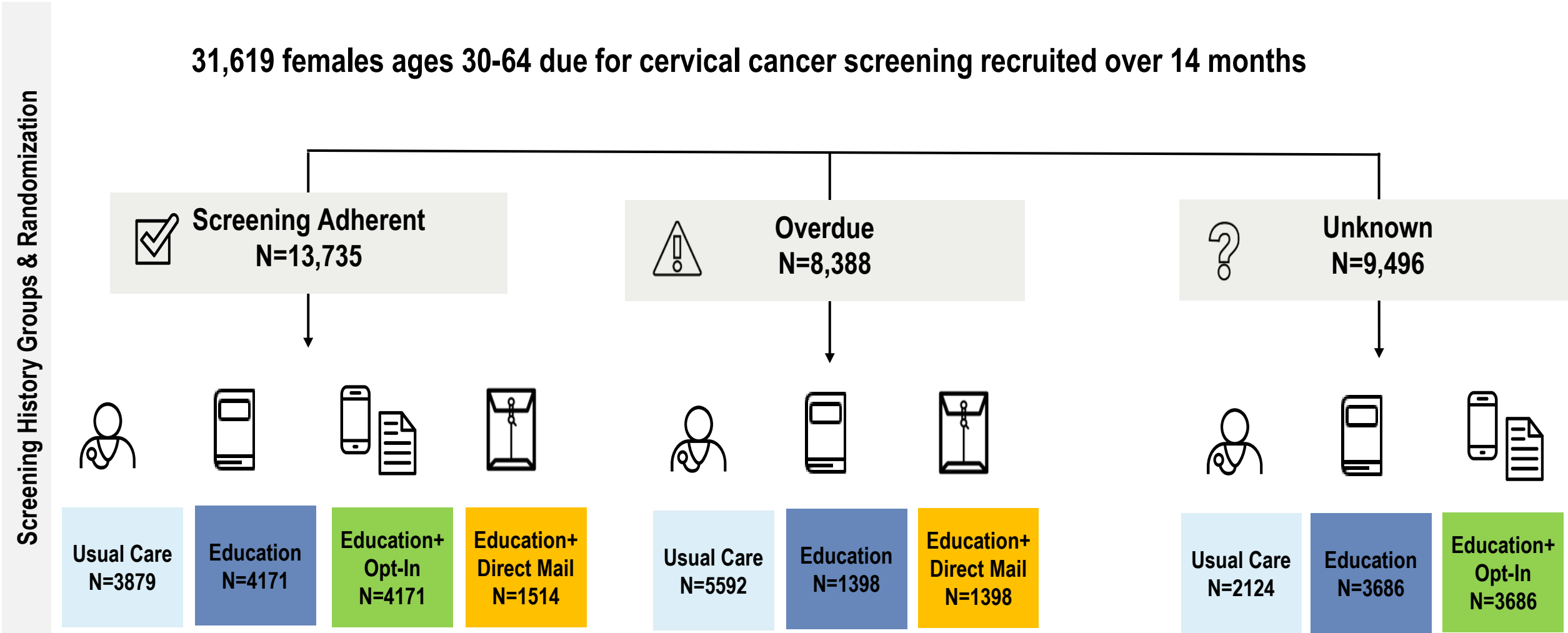
Colin Malone¹, Jasmin A Tiro², Diana SM Buist³, Tara Beatty³, John Lin¹, Kilian Kimbel³, Hongyuan Gao³, Chris Thayer⁴, Diana L Miglioretti^{3,5} and Rachel L Winer^{1,3} 

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NCT02005510
R01 CA168598

Self-Testing options in the Era of Primary HPV screening for cervical cancer STEP Trial

31,619 females ages 30-64 due for cervical cancer screening recruited over 14 months




Cervical Cancer Screening Postpandemic: Self-Sampling Opportunities to Accelerate the Elimination of Cervical Cancer

Taja Lozar¹⁻³
Rahul Nagvekar⁴
Charles Rohrer ⁵
Racheal Shamiso Dube
Mandishora^{6,7}
Urska Ivanus ^{3,8,9}
Megan Burke Fitzpatrick ^{1,5}

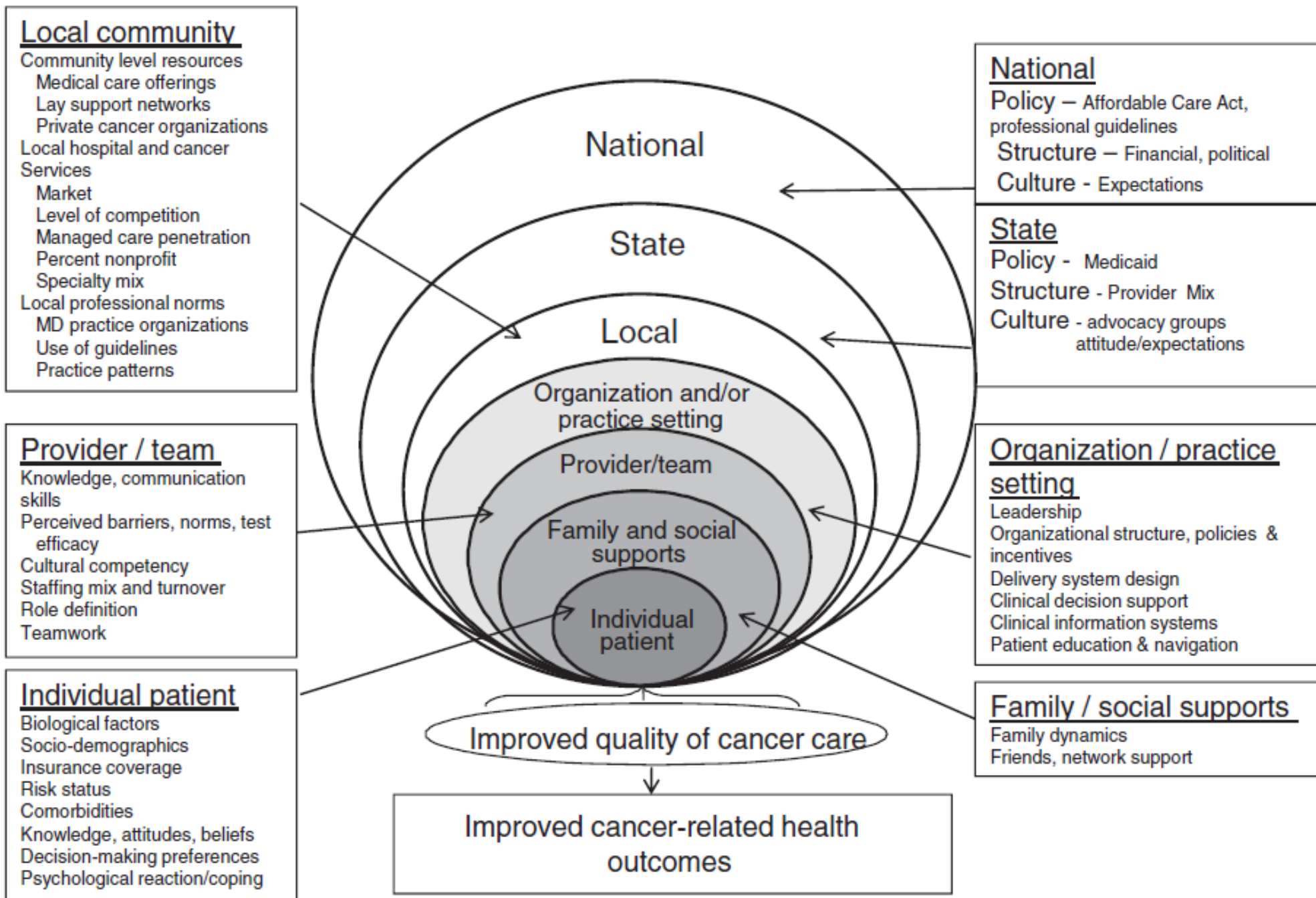
 [Comment on this paper](#)

**Relative Sensitivity of ID NOW and RT-PCR for Detection of
SARS-CoV-2 in an Ambulatory Population: Clinical Evaluation, Systematic Review
and Meta-analysis**

Yuan-Po Tu, Jameel Iqbal,  Timothy O'Leary

doi: <https://doi.org/10.1101/2020.12.07.20245225>

Now published in eLife doi: [10.7554/eLife.65726](https://doi.org/10.7554/eLife.65726)



Recommendations

- Learn from COVID
 - ✓ Primary prevention & education: What has worked to address vaccine hesitancy, how have complex scientific concepts been relayed to the public
 - ✓ Self-collection: increase validation and implementation evaluations
 - ✓ Speed
- Multi-everything
 - ✓ Multi-level, multi-site, multi-modalities (mixed methods), multi-lingual & multi-cultural
- Invest in training for researchers to communicate to various stakeholders
- Reform NIH funding paradigm
 - ✓ Faster
 - ✓ Innovative funding mechanisms (e.g., UG3-UH3; NIDDK PAR-20-160)



Thank you

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