The changing landscape of cervical screening — What does the future hold for women living with HIV?

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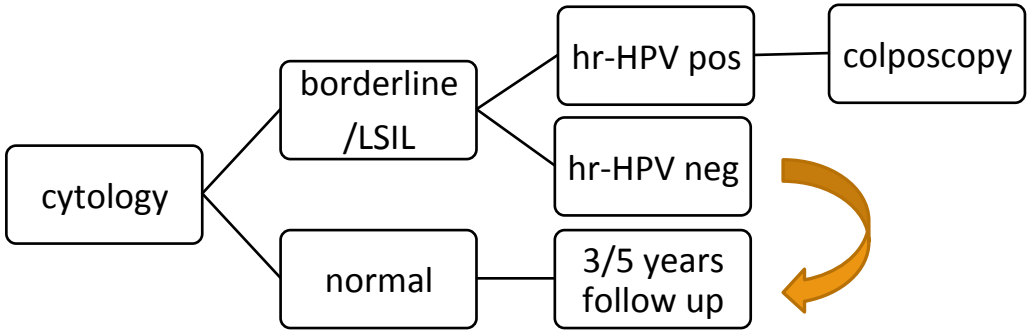
UK-CAB MEETING JULY 2017

Background

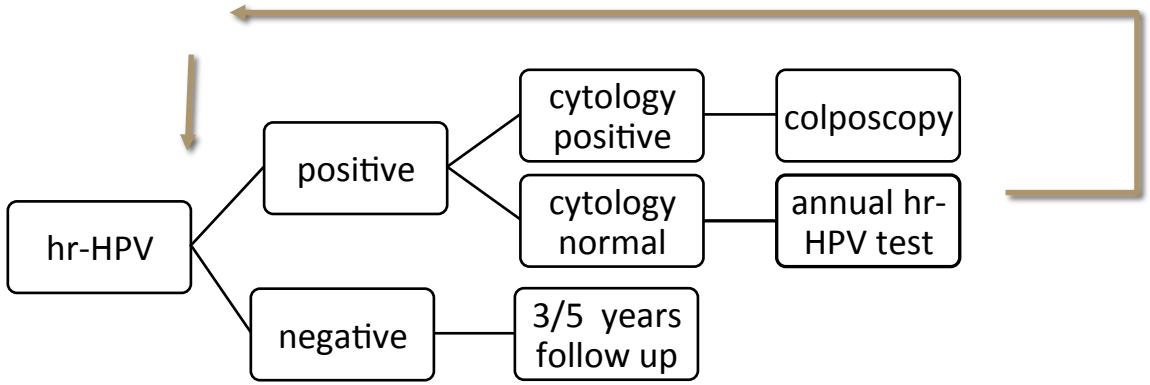
- Over 99% of cervical cancer is caused by persistent infection with certain high-risk (HR) types of human papillomavirus (HPV).

- Primary HPV screening involves testing the cervical sample for HR HPV DNA initially, and it's been shown to provide 60-70% greater protection against invasive cervical carcinomas compared with cytology.

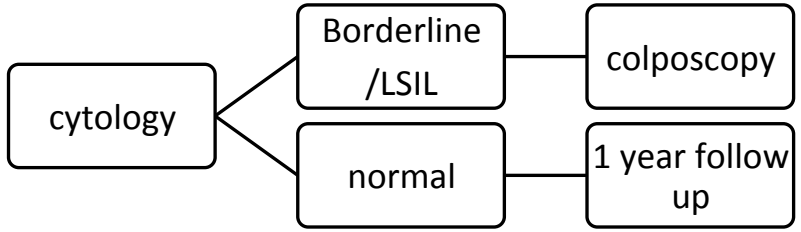
Current cervical cancer screening



New guidelines -from 2019



Current cervical cancer screening- BHIVA



Research question

- Can we identify a group of women living with HIV, who can benefit from increased cervical cancer screening intervals?

- An extensive work has been done in the last decade, exploring the potential benefits of incorporating HPV DNA into routine cervical screening practices; to which extent can these results apply to women living with HIV?

What we need to know

- The level of immune function required to have a protective effect on cervical dysplasia

- Prevalence of HPV in women currently living with HIV in the UK

Feasibility study

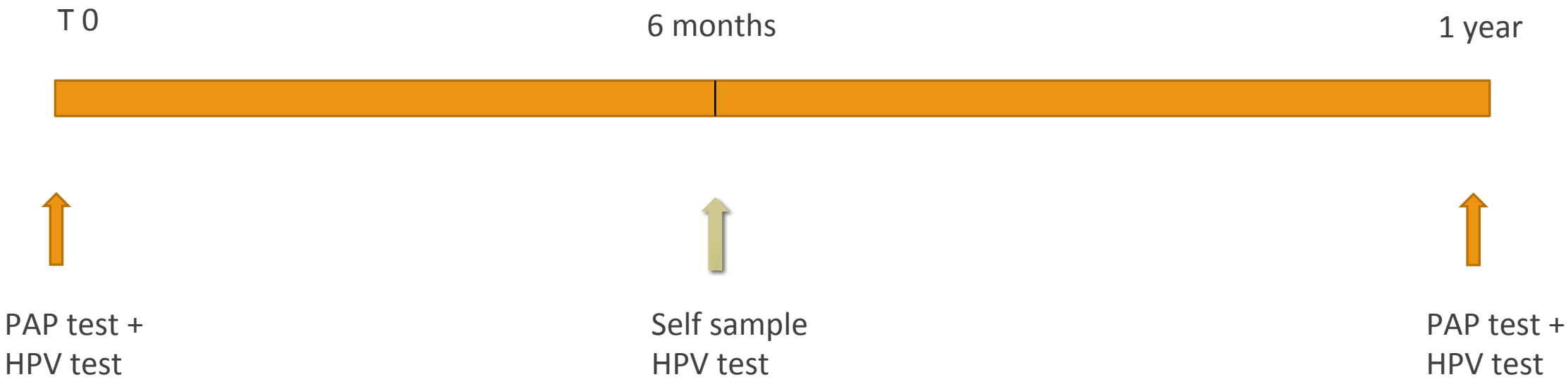
Qualitative analysis

To assess acceptability of the study with questionnaires (?) on :

- the perception of cervical cancer risk
- the idea of being tested less frequently
- acceptability of collecting data on sexual history
- acceptability of self-samples for HPV test
- how to cope with HPV positive results
- ???????

Pilot study (on 50 women)

To assess recruitment, retention of care, a preliminary estimate for the purposes of powering a full-scale study of cost-effectiveness.



Duration of the feasibility study

Qualitative analysis: 6 months

Pilot study: 20 months

Analysis of the results: 4 months

TOTAL DURATION OF THE STUDY: 30 months