



Self-collection Webinar Series:

Landscapes of Self-collection Testing

October 30, 2025



Presentation Objectives



By the end of this presentation, attendees will:

1

Understand the burden of cervical cancer in the US, be familiar with current and proposed changes to screening guidelines

2

Understand the impact of social drivers of health on uptake of cervical cancer screening

3

Review the evidence and effective implementation strategies for HPV self-collection

Presentation Topics



1

Background: Cervical cancer screening and impact of social drivers of health

2

HPV Self-collection Testing: Who, what, where, when, why, and how

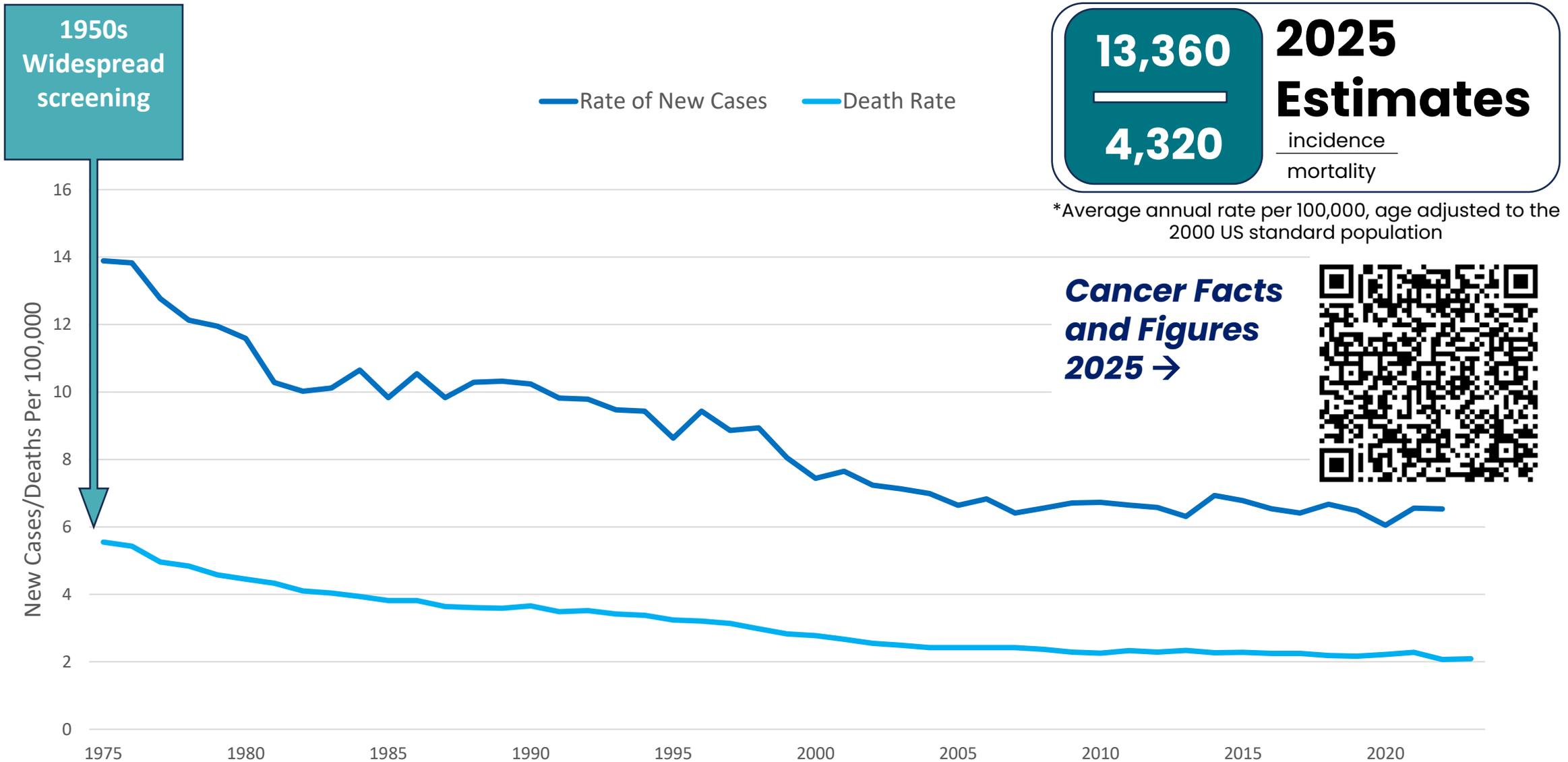
3

Putting HPV Self-collection Testing into Practice



Background

Cervical Cancer Incidence and Mortality

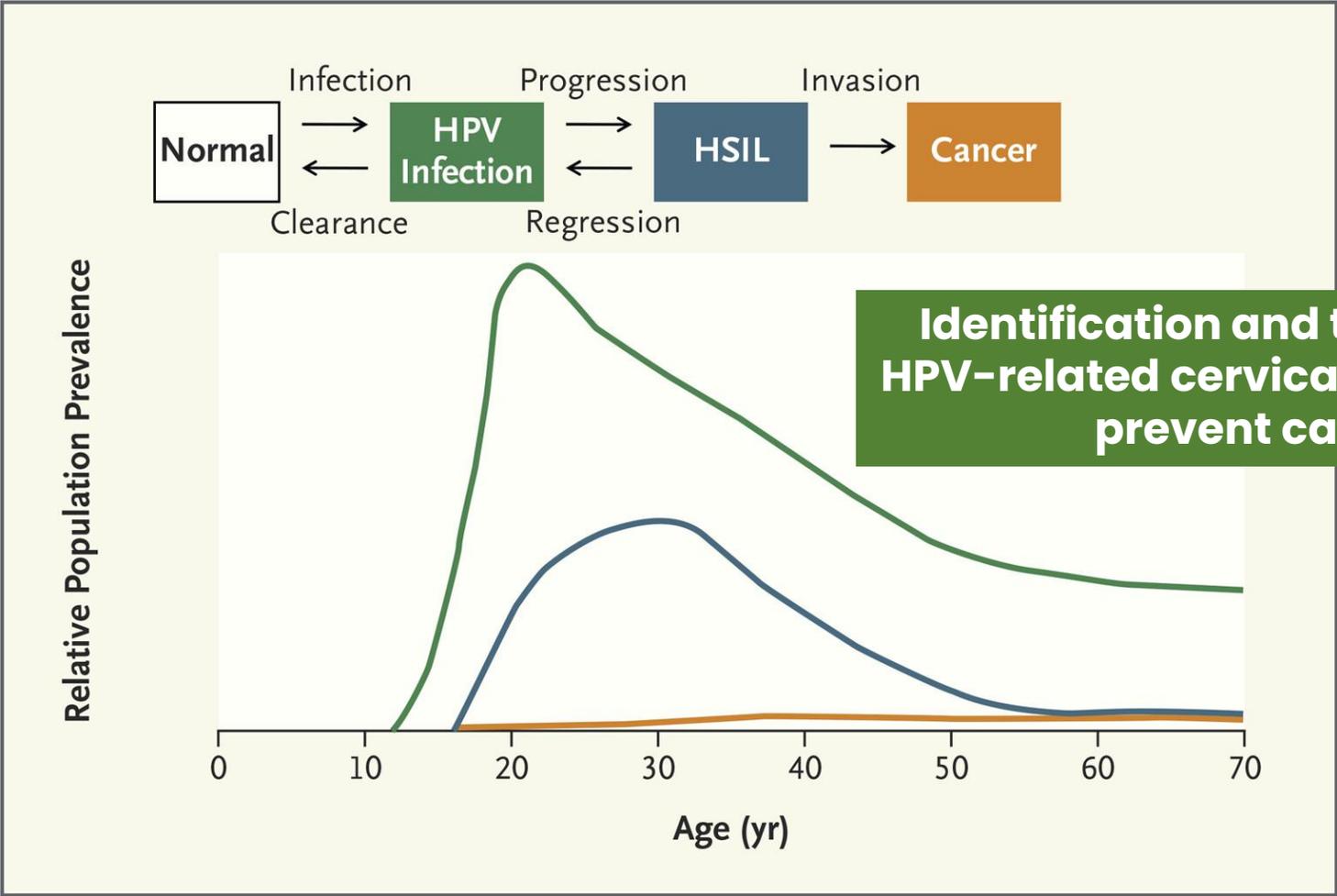


The Natural History of Cervical Cancer

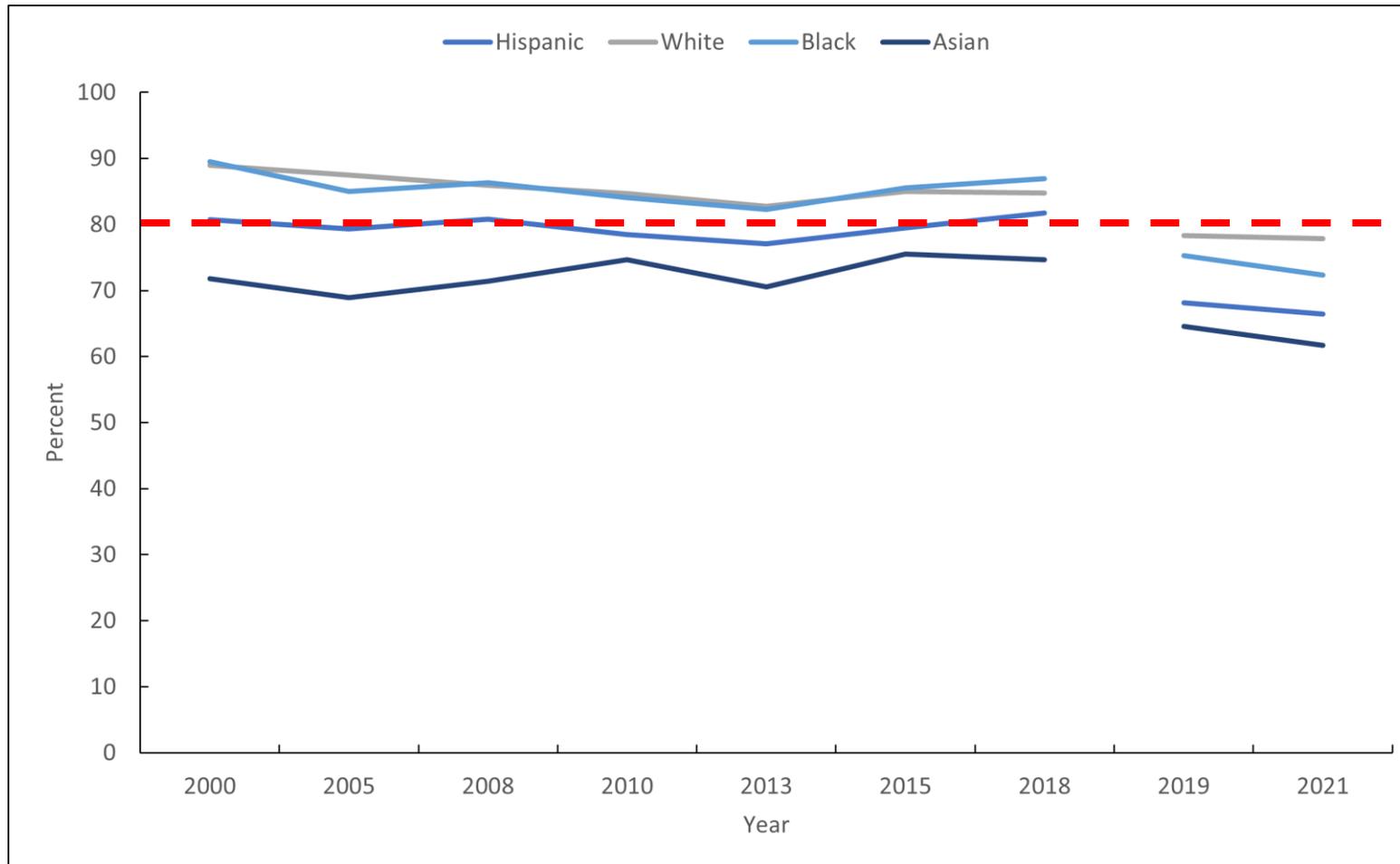


Almost all cases of cervical cancer are caused by high-risk types of human papillomavirus (HPV)

HPV-Related Cervical Disease



Trends in Cervical Cancer Screening* (%) Women 21 to 65 Years and Older, 1987–2021

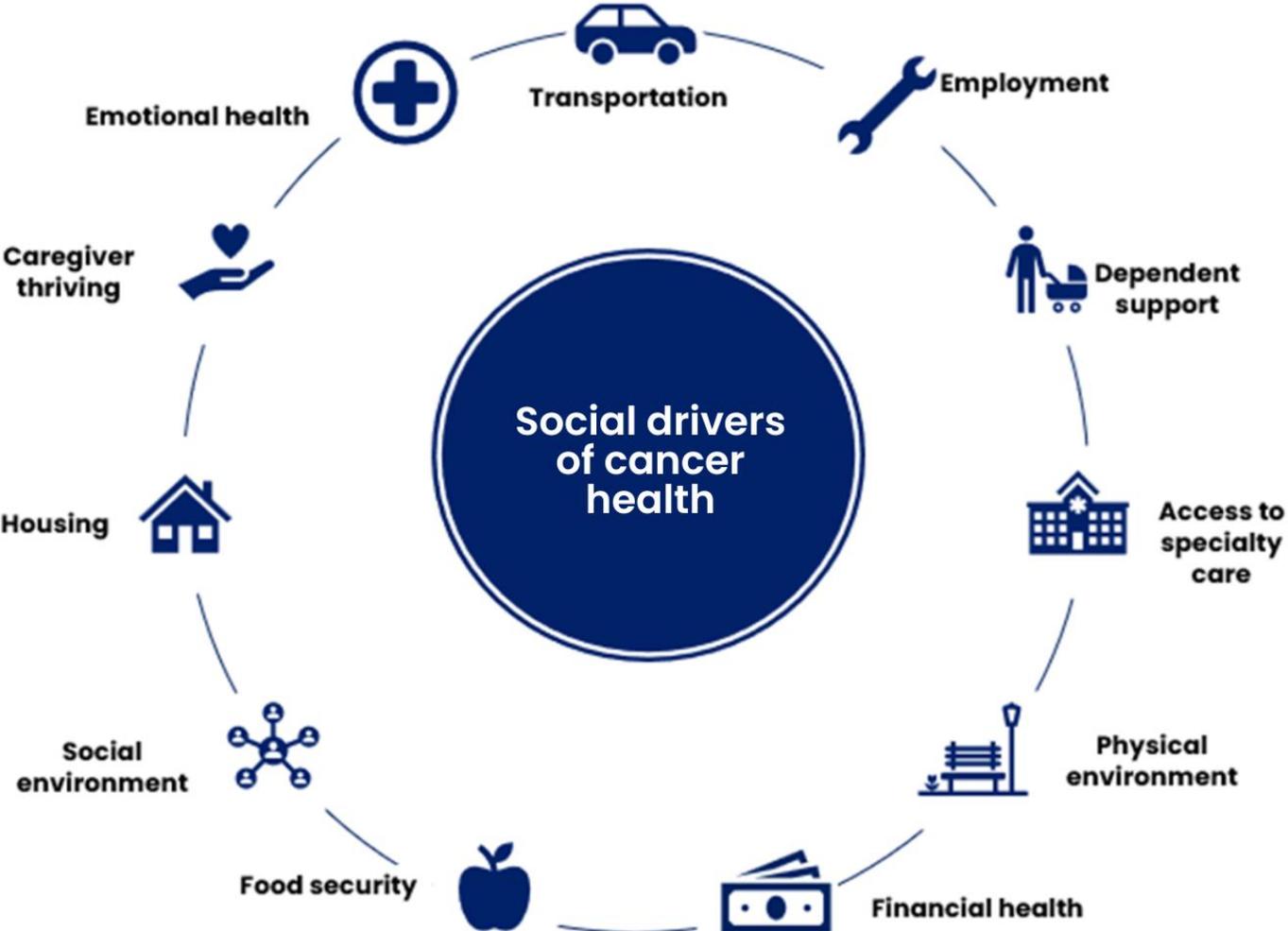


Estimates are age adjusted to the year 2000 US population standard using 4 age groups: 21-29, 30-39, 40-49, and 50-65 years. The National Health Interview Survey (NHIS) underwent a significant redesign in 2019, preventing comparability to prior years indicated by the line break. *Cervical cancer screening is defined as Pap test in the past 3 years (2000-2021) among females 21-65 years or HPV and Pap co-testing in the past 5 years (2015-2021) among females 30-65 years who have not had a hysterectomy; hysterectomy data not available in 2003. Up-to-date cervical cancer screening data not available in the NHIS 2023. Primary HPV testing estimates are not available due to questionnaire limitations.

Source: National Health Interview Surveys, 2000-2021.

- American Cancer Society. *Cancer Prevention & Early Detection Facts & Figures 2025*. Atlanta: American Cancer Society; 2025-2026. <https://www.cancer.org/research/cancer-facts-statistics/cancer-prevention-early-detection.html>

Social Drivers of Health Are Often Barriers to Cancer Screening



Without access to resources that **protect, improve, and maintain good quality of life** people experience **cancer health disparities.**

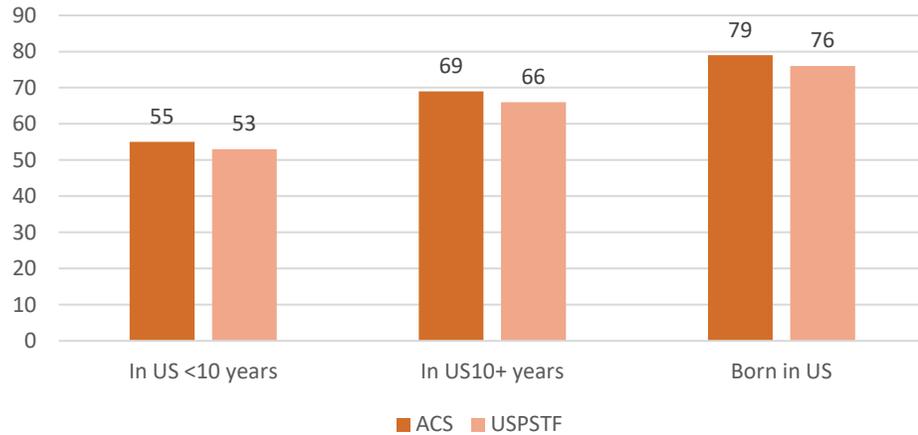
Learn more about health equity and cancer disparities →



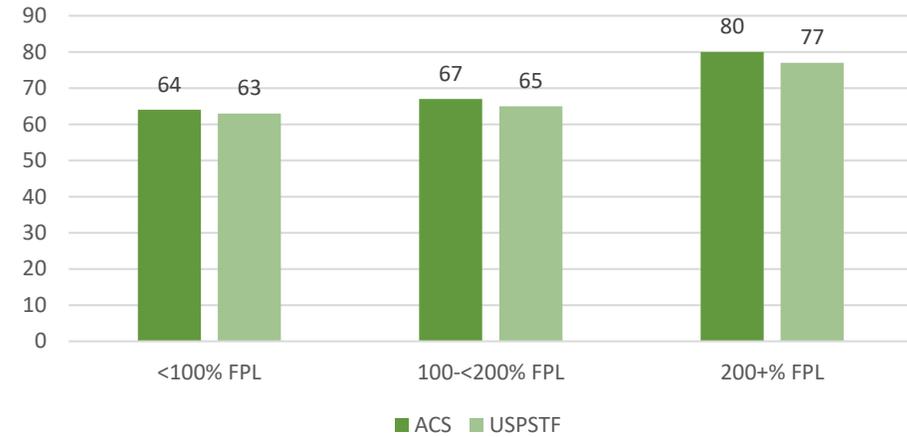
Social Factors & Cervical Cancer Screening



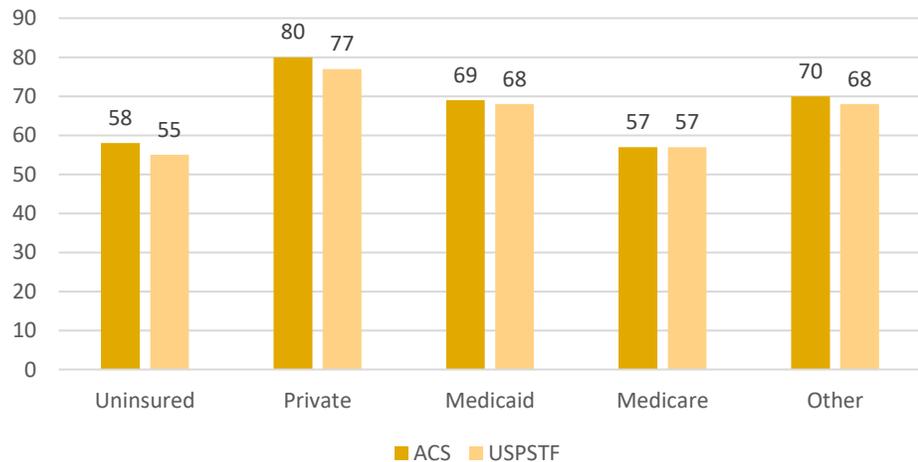
Immigration Status



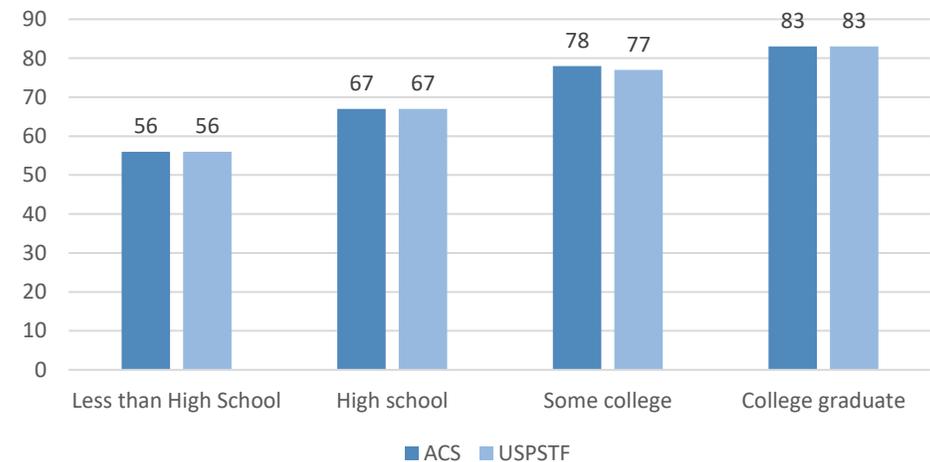
Income



Health Insurance



Educational Attainment



Variations by Geography and Clinical Setting



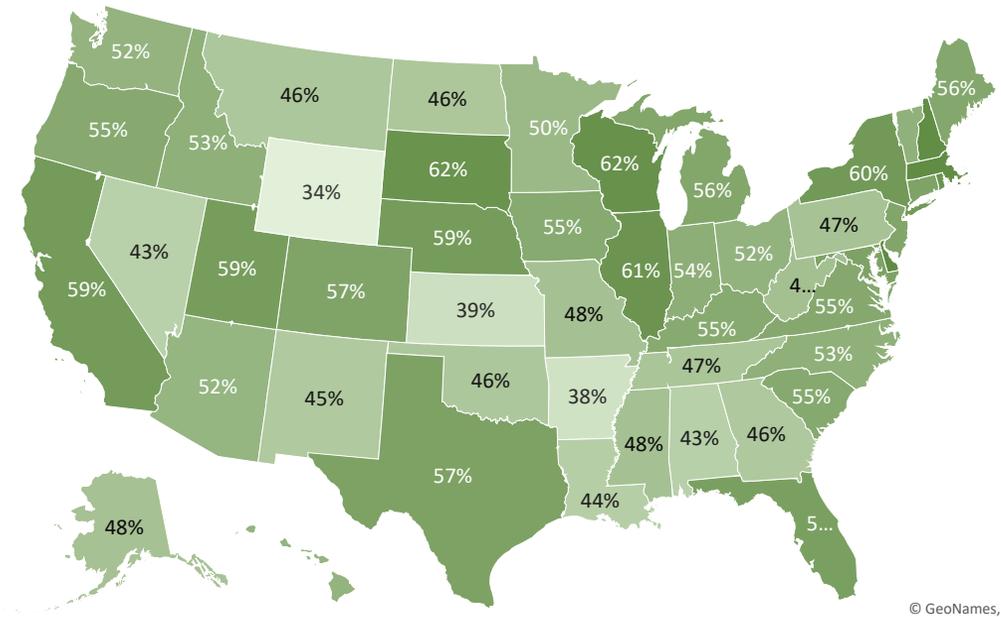
2020 State Level Cancer Screening Rates
BRFSS Data

Cervical Cancer Screening Rates 69% 83%



2024 FQHC Cervical Cancer Screening Rates
HRSA Uniform Data System (UDS) Data

Cervical Cancer Screening Rates 34% 67%

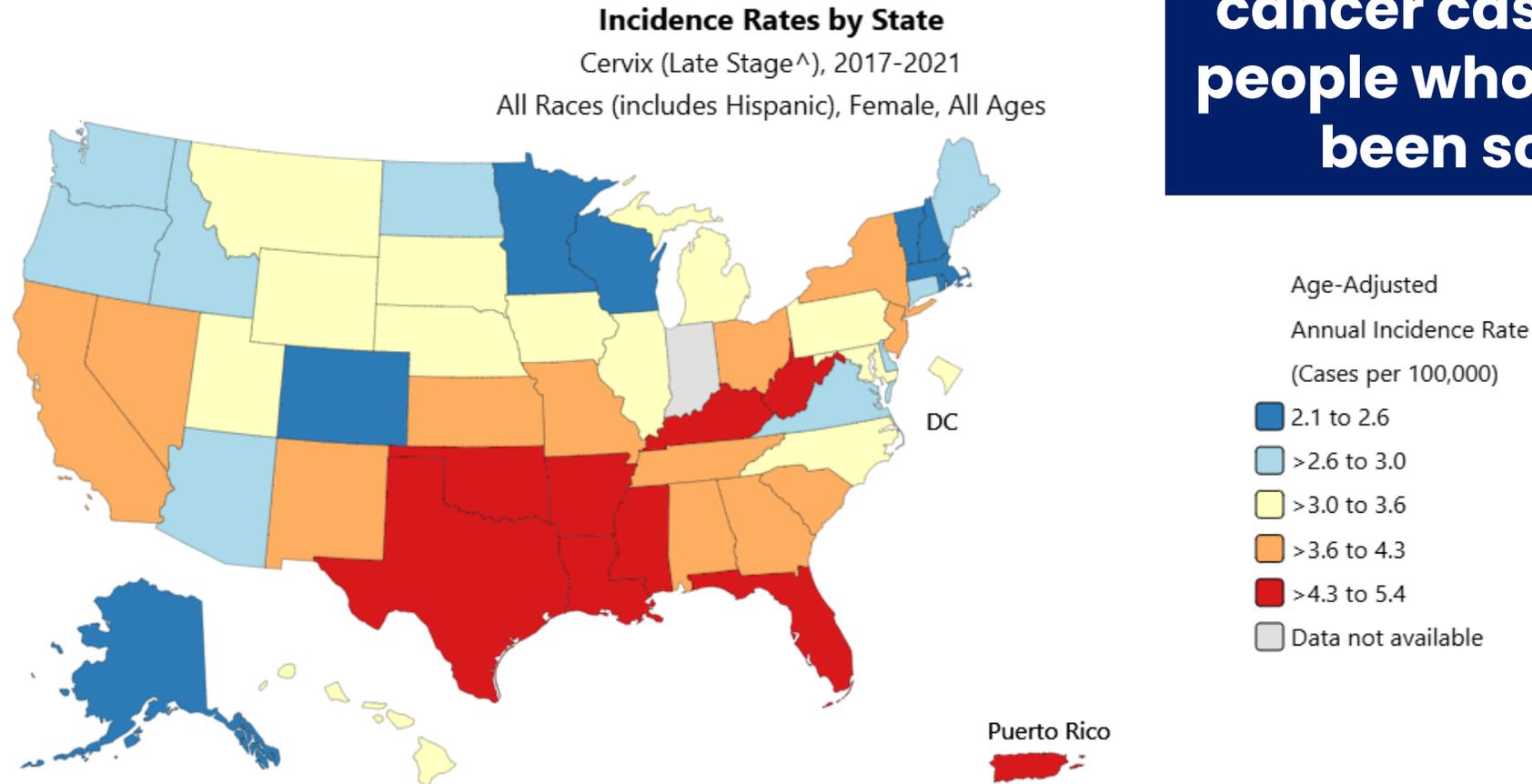


Cancer screening is lower among populations served by FQHCs both nationally and across states.

Over Half of Cervical Cancer Diagnoses are Late Stage



Half of all cervical cancer cases occur in people who have never been screened



Created by statecancerprofiles.cancer.gov on 08/22/2025 8:59 am.

<https://statecancerprofiles.cancer.gov/incidencerates/index.php>

Cervical Cancer Screening is a Process



76% of eligible patients are up to date on screening

47% with abnormal cervical cancer screen receive colposcopy within 3 months

Median time from biopsy to cancer treatment initiation 68.5 days

Opportunity to improve cancer outcomes



HPV Self-Collection Testing

Cervical Cancer Screening Tests



New!



Pap Test

- Cytology



Co-test

- Cytology + HPV DNA test
- 8 tests FDA-approved with cytology



Primary HPV test

- HPV DNA test
- Clinician-collected sample



Self-collection HPV Testing

- HPV DNA test
- Patient-collected sample in clinical setting

Phasing out

ACS preferred

If options are limited, clinicians should encourage their patients to get screened with whatever tests they have access to.

Learn more about HPV testing →



ACS vs. ACOG vs. Draft USPSTF Cervical Cancer Screening Recommendations



	American College of Obstetricians and Gynecologists (ACOG), 2020 ¹	Draft US Preventative Services Task Force (USPSTF), 2025 ²	American Cancer Society (ACS), 2020
Age to start screening	21	21	25
Screening test options and intervals	<p>Ages 21-65: Cytology alone, every 3 years <i>OR</i></p> <p>Ages 21-29: Cytology alone, every 3 years</p> <p>Ages 30-65: Cytology plus HPV testing, every 5 years <i>OR</i></p> <p>Ages 21-29: Cytology alone, every 3 years</p> <p>Ages 30-65: HPV testing alone, every 5 years</p>	<p>Ages 21-29: Cytology alone, every 3 years</p> <p>Ages 30-65: Clinician- or patient-collected high-risk HPV testing alone, every 5 years</p> <p>Alternative to HPV testing alone for ages 30-65: Cytology alone, every 3 years <i>OR</i> HPV testing plus HPV testing (cotesting), every 5 years</p>	<p>Ages 25-65+ Preferred: HPV testing alone every 5 years <i>OR</i></p> <p>Acceptable: Either Cytology plus HPV testing every 5 years <i>OR</i> Cytology alone every 3 years</p>
Age to end screening	65 if 3 consecutive negative Pap tests <i>OR</i> 2 negative cytology plus HPV tests <i>OR</i> 2 negative HPV tests <i>AND</i> no abnormal tests within the prior 10 years with the most recent within the prior 5 years <i>AND</i> no CIN2+ within the prior 25 years.		

USPSTF Guidelines are currently being drafted to include self-collection testing and will be finalized in the coming months.

ACS cervical cancer screening guidelines →



How effective is HPV self-collection testing?



Three meta-analyses have been done to evaluate HPV self-collection testing

- **More sensitive** at detecting CIN2+ than cytology alone in the first round of screening*
- **Comparable sensitivity and high agreement** with clinician-collected primary HPV testing samples

ARTICLES | VOLUME 15, ISSUE 2, P172-183, FEBRUARY 2014

[Download Full Issue](#)

Accuracy of human papillomavirus testing on self-collected versus clinician-collected samples: a meta-analysis

Dr Marc Arbyn, DrTMH | Freija Verdoodt, PhD • Prof Peter J F Snijders, PhD • Viola M J Verhoef, MD • Eero Suonio, MD • Lena Dillner, PhD • et al. [Show all authors](#)

Detecting cervical precancer and reaching underscreened women by using HPV testing on self samples: updated meta-analyses

Marc Arbyn,¹ Sara B Smith,² Sarah Temin,³ Farhana Sultana,^{4,5} Philip Castle,^{2,6} on behalf of the Collaboration on Self-Sampling and HPV Testing

INNOVATIVE TOOLS AND METHODS
Short Report



Meta-analysis of agreement/concordance statistics in studies comparing self- vs clinician-collected samples for HPV testing in cervical cancer screening

Marc Arbyn^{1,2} | Philip E. Castle^{3,4} | Mark Schiffman⁴ | Nicolas Wentzensen⁴ | Brandy Heckman-Stoddard³ | Vikrant V. Sahasrabudhe³



HPV self-collected screening is more sensitive and accurate than the Pap test alone and about as accurate as clinician-collected HPV testing.

**although less specific, so better suited to a screening test; a more sensitive test is better at ruling out a condition—a negative result is likely a true negative, while a more specific test is better at ruling in a condition— a positive result is more likely to be a true positive*

Which self-collection tests are FDA-approved for primary HPV screening?



Self-collection kits for the healthcare settings

Roche
cobas[®]
with Copan 522C.80 swab or
Evalyn[®] Brush

BD
Onclarity[™]
with Copan 522C.80 swab

Abbott
Alinity M
with simpli-COLLECT[™] HPV
Collection Kit or Evalyn[®]
Brush

Device for home collection

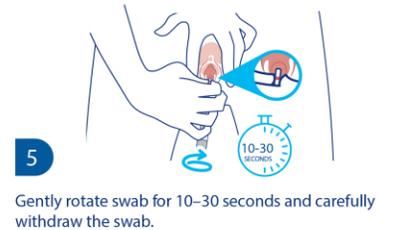
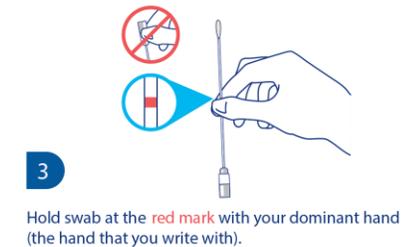
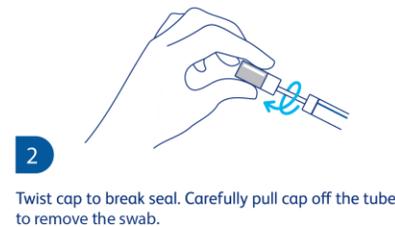
Teal Health
Teal Wand[™]
**in CA, NY, FL*

How is HPV self-collection test done? (cont'd)



In-clinic Patient Self-collection Steps for Copan Swab (device partnered with BD and Roche)

1. Wash hands
2. Open the swab carefully. Avoid touching the area below the red mark towards the tip.
3. Hold the swab at the red mark.
4. Use your other hand to spread the skin of the vaginal opening and carefully insert the swab into the vagina up to the red mark.
5. Gently rotate the swab for 10–30 seconds and then remove the swab.
6. Place the swab back in the tube and make sure the cap is secured.
7. Give your healthcare provider the recapped swab.



Pictures: adapted from Becton, Dickinson and Company (BD)

Not shown: Evalyn® brush approved for use with Roche

Acceptability of Self Collection



Benefits

- Easy to perform
- Less embarrassment
- No or less pain
- Privacy

Harms

- Potential to miss physical exam findings

Patients report high acceptability across multiple settings



Self-collection may be more appealing to patients with limited mobility, history of sexual trauma, gender diversity, medical mistrust, or discomfort with speculum exams.

Who is eligible for HPV self-collected cervical cancer testing?

Patients who are eligible

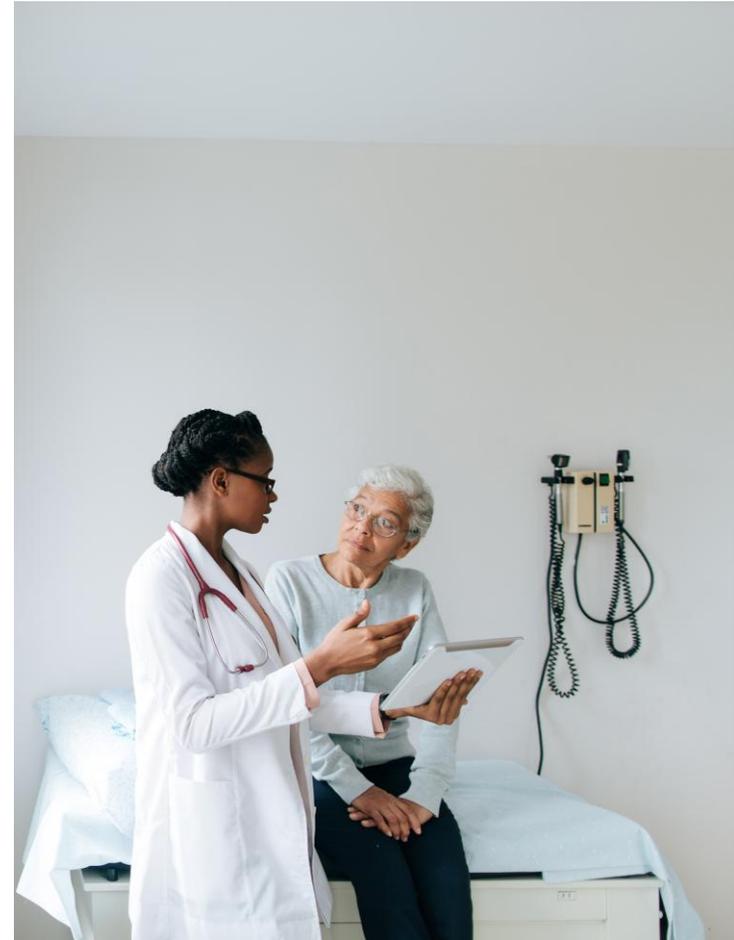
- Must be eligible for primary HPV testing

Patients who should still have a clinician collected screening test

- HIV+ or other immunosuppression
- History of in utero DES exposure
- Presence of a gynecologic symptoms (in need an examination)

Other considerations

- Age under 30
- Medicare coverage



Where can cervical cancer screening be performed?

Before Self-Collection

- Healthcare professional with training to do a pelvic exam
- Often requires a standalone appointment
- Specialized office equipment

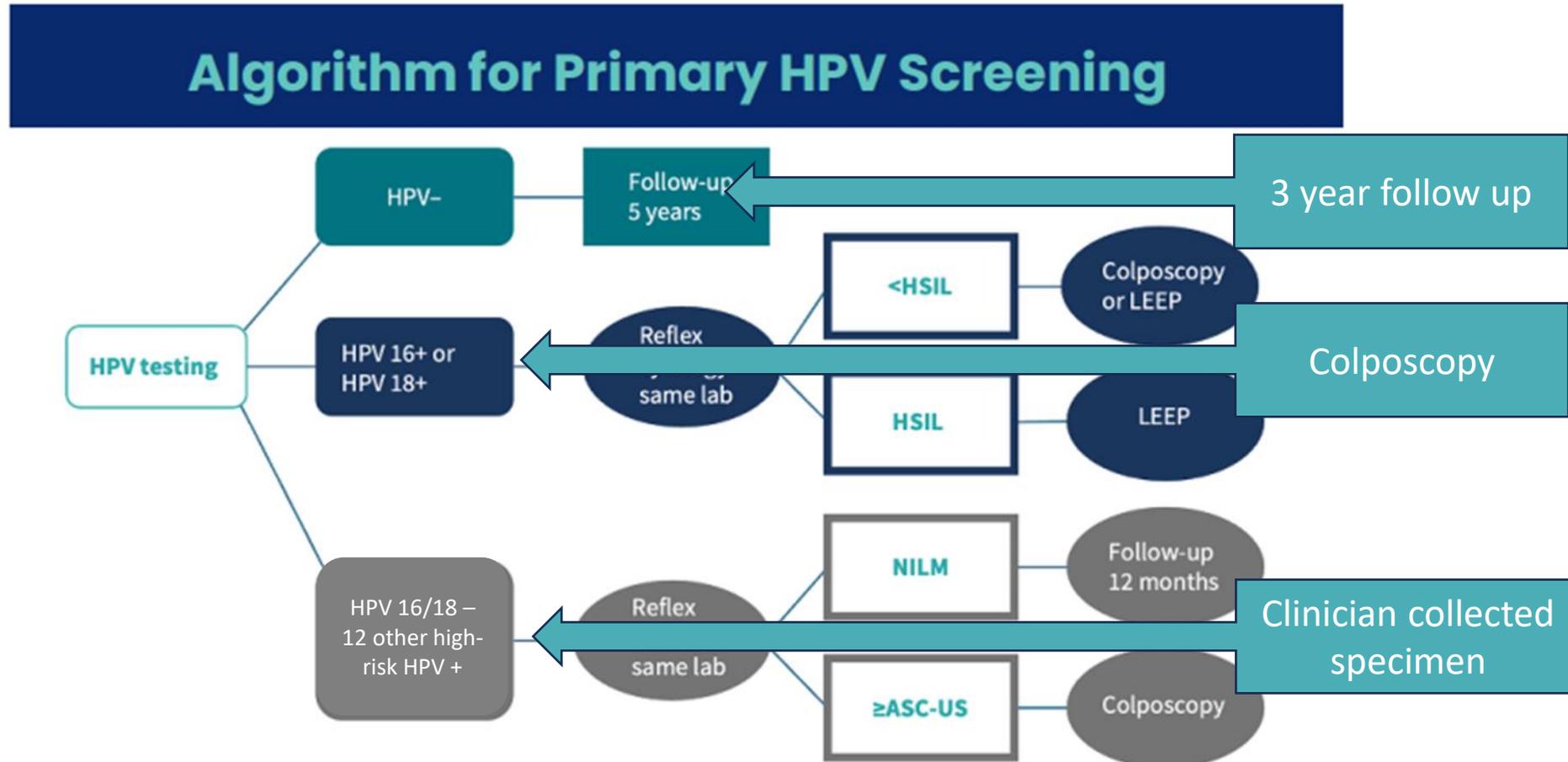
After Self-Collection

- Any healthcare professional
- Can be part of any appointment, lab, or radiology visit
- Any private setting



Clinicians who offer in-clinic self-collection do not need to do a speculum exam, freeing up time to address other patient concerns.

What changes about follow-up?



ACS-US, atypical squamous cells of undetermined significance; HPV, human papillomavirus; HSIL, high-grade squamous intraepithelial lesion; LEEP, loop electrosurgical excision procedure; NILM, negative for intraepithelial lesion or malignancy.

**This may change with more evidence and/or with USPSTF updates*

Enduring Guidelines: <https://dceg.cancer.gov/research/cancer-types/cervix/enduring-guidelines>

Self-collection compared to clinician collection summary



	Clinician-collected	Self-collection
Who takes the sample?	Clinician	Patient
Where is the sample taken from?	Cervix	Vagina
Is a speculum used?	Yes	No
What lab test is run?	PCR to detect HPV DNA/HPV genotyping	PCR to detect HPV DNA/ HPV genotyping
What other tests can be run on the sample?	Pap/cytology, dual stain	None
Next steps if HPV+?	Patient will need to return only if colposcopy is required	Patient will need to return. If HPV16/18+, for colposcopy. If positive for other HPV+, for Pap or dual stain
How often should screening occur if HPV-?	Every 5 years	Every 3 years
Is it more accurate than Pap testing alone?	Yes	Yes



Putting HPV Self-Collection Testing into Practice

Talking to patients about self-collection?



About 1 in 10 patients will receive a positive result.



If patient receives a positive result for HPV 16 or HPV 18, they must be referred for colposcopy (speculum exam included).



If the patient receives a positive result for other HPV (not 16 or 18) using Roche, or if they have HPV types grouped as 45, 33/58, 31, 52/35/39/68, or 51 using BD, the patient must return for a speculum exam for dual-stain or cytology testing.

**Learn
more
about
HPV
testing**



Considerations when putting HPV self-collection testing into practice



Test results:

- All use a PCR assay to detect the same 14 HPV types.
- Results include HPV 16/18 genotyping.

Before implementing:

- First step is making sure your practice can offer primary HPV testing.
- Check with your lab to ensure they can work with one of these options.
- Contact the manufacturer to get both written and video-based instructions for proper use.

Learn more about transitioning to primary HPV testing on the National Roundtable on Cervical Cancer website →



Insurance coverage for HPV self-collection tests?

Self-collection testing is primary HPV testing.

- Primary HPV testing is part of current USPSTF cervical cancer screening recommendations, which informs most coverage decisions for most major insurance plans for patients over 30 yo.
- Since CPT codes already exist for primary HPV testing, how the sample is collected is not expected to change the billing code.
- The same ICD-10 code is used for all cervical cancer screening tests, including self-collection (cervical cancer screening visit code Z12.4).



USPSTF, United States Preventive Services Task Force
CPT, current procedural terminology

Follow-up pathways will change



↑
More abnormal screenings may be identified

Referral needs will change within the system. Patient assistance must be available.

Opportunity to improve cancer outcomes

IT and EHR Considerations



EHR Order

Create a new vaginal self-collect order.

CPT Codes

Self-collected and clinician-collected samples use the same laboratory HPV test code.

ICD-10 Visit Codes

Use existing cervical cancer screening visit code Z12.4 for self-collect visits and for return visits, if needed.

Screening interval

Adjust EHR reminders and prompts for the appropriate intervals.

EHR, electronic health record
IT, information technology
CPT, current procedural terminology
ICD-10, International Classification of Diseases 10

Key Takeaways



- 1 SDOH impact cervical cancer screening uptake.**
Current screening rates are lower in people who are minoritized, low-income, LGBTQ+, and recent immigrants. Members of these groups are at the highest risk for cervical cancer.
- 2 HPV Self-collection testing is a new screening option.**
An advantage of self-collection is that it may be more acceptable to patients with limited mobility, history of sexual trauma, transportation barriers, medical mistrust, or discomfort with speculum exams.
- 3 HPV Self-collection testing should be repeated after 3 years if result is negative.**
This is expected to increase to five years after more research is done.*
- 4 Patients must return for follow-up if the HPV self-collection testing result is positive.**
About 1 in 10 results is expected to be positive.
- 5 HPV Self-collection testing is primary HPV testing.**
It is expected to be covered by insurance and the CPT codes and ICD-10 codes are not expected to change.

**USPSTF draft recommends five years for women aged 30-65.*

ACS National Roundtable on Cervical Cancer Self-collection Resources



Cervical Cancer Screening with the HPV Self-collection Test

Preparing for Self-collection Clinician Communication Guide

FDA-approved Self-collection HPV Testing

Human papillomavirus (HPV) self-collection testing is FDA-approved for use in a health care setting when the patient and clinician agree that a clinician-collected cervical specimen is not the preferred option.¹ FDA-approved lab platforms and collection devices must be used.

This approach can reduce barriers for all eligible people with a cervix to get screened to help prevent cervical cancer. Self-collected (vaginal) and clinician-collected (cervical) specimens perform similarly when tested for HPV.^{2,3}

According to the American Society for Colposcopy and Cervical Pathology (ASCCP) and Enduring Consensus Cervical Cancer Screening and Management Guidelines (Enduring Guidelines), clinician-based HPV tests are preferred for surveillance after abnormal screening tests, colposcopy, or precancer treatments.⁴

Cervical cancer screening by vaginal specimen self-collection for HPV testing can increase health equity by expanding access and focusing efforts on those never screened or overdue for screening.

FDA-approved Lab Platforms and Collection Devices

BD	Onclarity with Copan 522C.80 swab	Check with your lab to ensure that this new option is available.
Roche	cobas® with Evalyn brush or Copan 522C.80 swab	Contact the manufacturer of the device you are using to get both written (print) and video-based instructions on how to use the device properly and safely.

Patient Eligibility for Self-collection

- Asymptomatic and eligible for primary HPV testing
- No symptoms of abnormal bleeding
- Not HPV positive
- No active menstrual bleeding or use of vaginal product within two days
- No history of cervical cancer
- No DES exposure

Talking Points for Patients Eligible for Cervical Cancer Screening With Self-collection

- Vaginal self-collection for HPV testing is a new screening option.
- While positive HPV results from self-collected specimens (about 1 in 10) require a follow-up speculum exam, clinician-collected cervical specimens can be used for reflex testing (such as cytology or dual stain), eliminating the need for an additional visit.

Self-collected HPV Test Results

The American Cancer Society defers to the ASCCP and Enduring Guidelines for cervical cancer screening surveillance as shown below.⁵

Screening interval: every three years

Not detected: Repeat for colposcopy

Not detected (i.e., without extended genotyping): Clinician-collected cervical specimen for cytology or dual stain

9/66 detected with extended genotyping: Repeat at clinician's discretion

Not detected with extended genotyping: Clinician-collected cervical specimen for cytology or dual stain

HPV Self-collection with EHR: Information technology department to create a new vaginal self-collection order reminders and prompts for the appropriate intervals.

Self-collection and clinician collection use the same laboratory HPV test code.

ICD-10 codes: Cervical cancer screening visit code Z12.4 for self-collection visit and also for return for speculum exam (screening cytology or dual stain).

For the latest resources from the American Cancer Society National Roundtable on Cervical Cancer, scan the QR code or visit <https://cervicalroundtable.org/resource-center>

1. FDA. Accessed April 7, 2025. <https://www.fda.gov/news-events/press-announcements/fda-roundtable-may-17-2024>
2. Blake F, Castle F. Collaboration on Self-Sampling and HPV Testing. Detecting cervical precancer and reaching underscreened HPV samples: updated meta-analysis. *BMJ*. 2016;353:g4823. doi:10.1136/bmj.g4823
3. Wentzmann N, Heckman-Stoddard B, Sahasrabudhe W. Meta-analysis of agreement/concordance statistics in studies of self-collected samples for HPV testing in cervical cancer screening. *Int J Cancer*. 2022;152(2):209-212. doi:10.1002/ijc.33967
4. NCI. Enduring Consensus Cervical Cancer Screening and Management Guidelines. Accessed April 7, 2025. <https://www.aacr.org/news-events/roundtable-on-cervical-cancer-screening-from-the-enduring-guidelines-effect>
5. ASCCP. Enduring Guidelines Process. Accessed April 7, 2025. <https://www.asccp.org/guidelines-enduring-guidelines-process>

©2024 American Cancer Society, Inc. No. 8837.20 Rev. 4/25

Cervical Cancer Screening With the HPV Self-collection Test

This document provides answers to questions about HPV (human papillomavirus) self-collection testing for women and people with a cervix for cervical cancer screening.

Why is cervical cancer screening with an HPV test important?

HPV is common. Most people will get it during their life. It usually clears with time, but when the infection is not cleared by the body, it can cause changes in cells that can lead to cervical cancer. Regular screening can help prevent cervical cancer by finding changes caused by HPV and, if needed, treating the changes.

What is the HPV self-collection test?

The HPV self-collection test is a safe and effective new screening option. The Food and Drug Administration has approved HPV self-collection testing. Instead of a health care professional doing a pelvic exam to collect your sample from your cervix, you collect a sample from your vagina.

Sometimes, people do not want their health care provider to do a pelvic exam for reasons such as trouble getting on the exam table, pain with the exam, or a history of sexual trauma. HPV self-collection testing provides a way to screen without an exam.

How does it work?

The test is easy to do. You will get instructions before you start, as each test is a little different. To collect your sample, you insert the device into your vagina, turn it, and then take it out. After collecting the sample, it is sent to the lab for HPV testing.

Is it accurate?

HPV self-collection works as well as samples collected by a health care provider. It is available in many countries around the world.

What can I expect from HPV test results?

- Most people (~90 out of 100) will have no HPV infection. HPV testing should be repeated every 3 years.
- Some people (~7 out of 100) have an HPV infection present that needs a follow-up examination and Pap test with a health care provider to guide next steps.
- A few people (~3 out of 100) will need a colposcopy. Colposcopy is when a provider takes a closer look at your cervix and takes samples of tissue (biopsy) to guide next steps.

Source: Egeman D, Chung L-C, Chou X, et al. Risk Estimates Supporting the 2018 ASCCP Risk-Based Management Consensus Guidelines. *J Low Genit Tract Dis*. 2020;24(2):133-143. doi:10.1097/LGT.000000000000029.

to collection by a health care provider?

If for screening when a health care provider collects your sample for doing self-collection. If a health care provider collects the sample for an ne cells from the cervix to do a Pap test if needed.

not be used for a Pap test because the cells are from the vagina, and not a follow-up visit and pelvic exam if your HPV test is positive.

HPV self-collection testing?

option for primary HPV testing. You should have a pelvic exam if you have ne bleeding. Talk with your health care provider to find out if your clinic and if you are eligible.

testing, scan the QR codes or visit the websites listed.

in Cancer  Visit the American Cancer Society National Roundtable on Cervical Cancer website at cervicalroundtable.org.



Preparing for Self-collection: Clinician Communication Guide



Check out Resource Center



Questions

References



1. Siegel RL, Giaquinto AN, Jemal A. Cancer statistics, 2024. *CA Cancer J Clin.* 2024;74(1):12-49. doi:10.3322/caac.21820
2. Islami F, Guerra CE, Minihan A, et al. American Cancer Society's report on the status of cancer disparities in the United States, 2021. *CA Cancer J Clin.* 2022;72(2):112-143. doi:10.3322/caac.21703
3. Fontham ETH, Wolf AMD, Church TR, et al. Cervical cancer screening for individuals at average risk: 2020 guideline update from the American Cancer Society. *CA Cancer J Clin.* 2020;70(5):321-346. doi:10.3322/caac.21628
4. FDA. BD Onclarity HPV Assay. Premarket approval. Accessed August 14, 2024. <https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfpma/pma.cfm?ID=P160037S017>
5. FDA. cobas HPV. Premarket approval. Accessed August 14, 2024. <https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfpma/pma.cfm?ID=P190028S009>
6. Cuzick J, Clavel C, Petry KU, et al. Overview of the European and North American studies on HPV testing in primary cervical cancer screening. *International journal of cancer.* 2006 Sep 1;119(5):1095-101.
7. Arbyn M, Smith SB, Temin S, Sultana F, Castle P; Collaboration on Self-Sampling and HPV Testing. Detecting cervical precancer and reaching underscreened women by using HPV testing on self samples: Updated meta-analyses. *BMJ.* 2018;363:k4823. doi:10.1136/bmj.k4823.
8. Arbyn M, Verdoodt F, Snijders PJ, et al. Accuracy of human papillomavirus testing on self-collected versus clinician-collected samples: a meta-analysis. *Lancet Oncol.* 2014;15(2):172-83. doi:10.1016/S1470-2045(13)70570-9
9. Arbyn M, Castle PE, Schiffman M, Wentzensen N, Heckman-Stoddard B, Sahasrabudhe VV. Meta-analysis of agreement/concordance statistics in studies comparing self- vs clinician-collected samples for HPV testing in cervical cancer screening. *Int J Cancer.* 2022;151(2):308-312. doi:10.1002/ijc.33967.
10. American Cancer Society. HPV testing. Updated June 3, 2024. Accessed August 14, 2024. <https://www.cancer.org/cancer/risk-prevention/hpv/hpv-and-hpv-testing.html>
11. National Cancer Institute Division of Cancer Prevention. NCI Cervical Cancer 'Last Mile' Initiative. Accessed August 14, 2024. <https://prevention.cancer.gov/major-programs/nci-cervical-cancer-last-mile-initiative#about>
12. Becton, Dickinson and Company. Self-Collection with the BD Onclarity™ HPV Assay. Accessed August 14, 2024. https://static.bd.com/documents/eifu/ZMG_500077590_EN_A_01.pdf
13. Provider Workgroup 2024. American Cancer Society National Roundtable on Cervical Cancer. Primary HPV Screening Provider Needs. Accessed August 14, 2024. <https://docs.google.com/presentation/d/10d0UaDyM7ba8KS3SzDIZJKIPFEJwFA3V/edit#slide=id.p1>
14. Polman NJ, Ebisch RMF, Heideman DAM, et al. Performance of human papillomavirus testing on self-collected versus clinician-collected samples for the detection of cervical intraepithelial neoplasia of grade 2 or worse: A randomised, paired screen-positive, non-inferiority trial. *Lancet Oncol.* 2019;20(2):229-238. doi:10.1016/S1470-2045(18)30763-0
15. American Cancer Society National Roundtable on Cervical Cancer. Preparing for Self-collection: Clinician Communication Guide. Available soon.
16. American Cancer Society National Roundtable on Cervical Cancer. Primary HPV Screening for Cervical Cancer Screening: Technical Guide for Coding and Billing. November 2023.

Self-collection Webinar Series

Target Audience:
FQHCs and Safety Net Health Systems



 | 

Self-Collection Webinar Series
Preparing for HPV Self-Collection Testing: System Readiness & Tracking
Thursday, December 4
1:00 p.m. ET

Join ACS NRTCC for a deep dive into how FQHCs and safety-net health systems are assessing and preparing for the integration of self-collection methods into routine screening.

**Session 2 | Thursday, December 4:
System Readiness & Tracking**



 | 

Self-Collection Webinar Series
Preparing for HPV Self-Collection Testing: Implementation
Thursday, January 15
1:00 p.m. ET

Gain practical insights into what it takes to implement self-collection successfully.

Register Now

**Session 3 | Thursday, January 15:
Implementation**

Scan the QR or visit the Upcoming Webinar Page at cervicalroundtable.org





Thank You