American Cancer Society®

NATIONAL ROUNDTABLE ON CERVICAL CANCER

Self-collection Webinar Series:

Landscape of Self-collection Testing

October 30, 2025

Presentation Objectives

By the end of this presentation, attendees will:

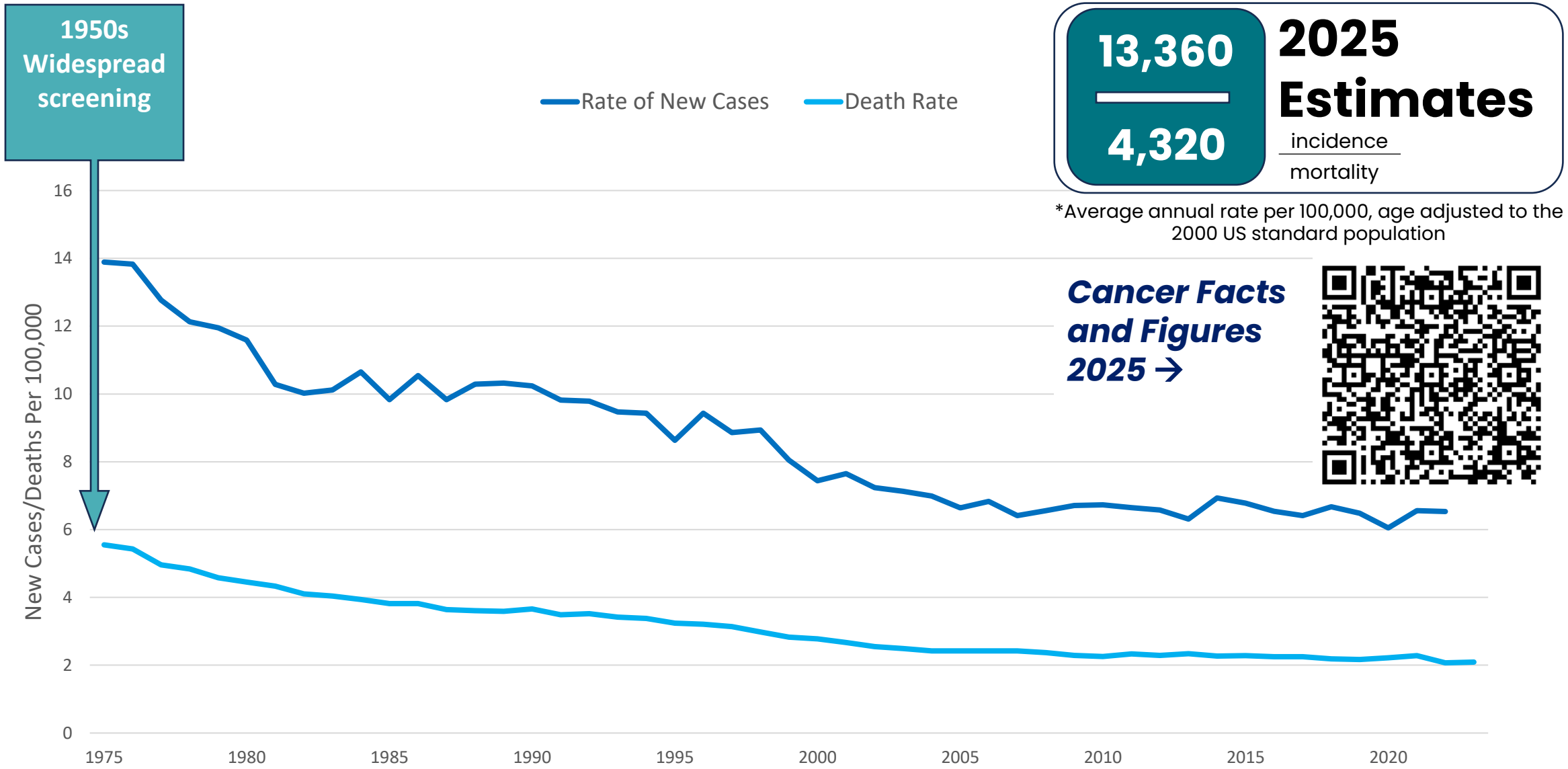
1. **Understand the burden of cervical cancer** in the US, be familiar with current and proposed changes to screening guidelines
2. **Understand the impact of social drivers of health** on uptake of cervical cancer screening
3. **Review the evidence and effective implementation strategies** for HPV self-collection

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



13,360 / 4,320

2025 Estimates

incidence / mortality

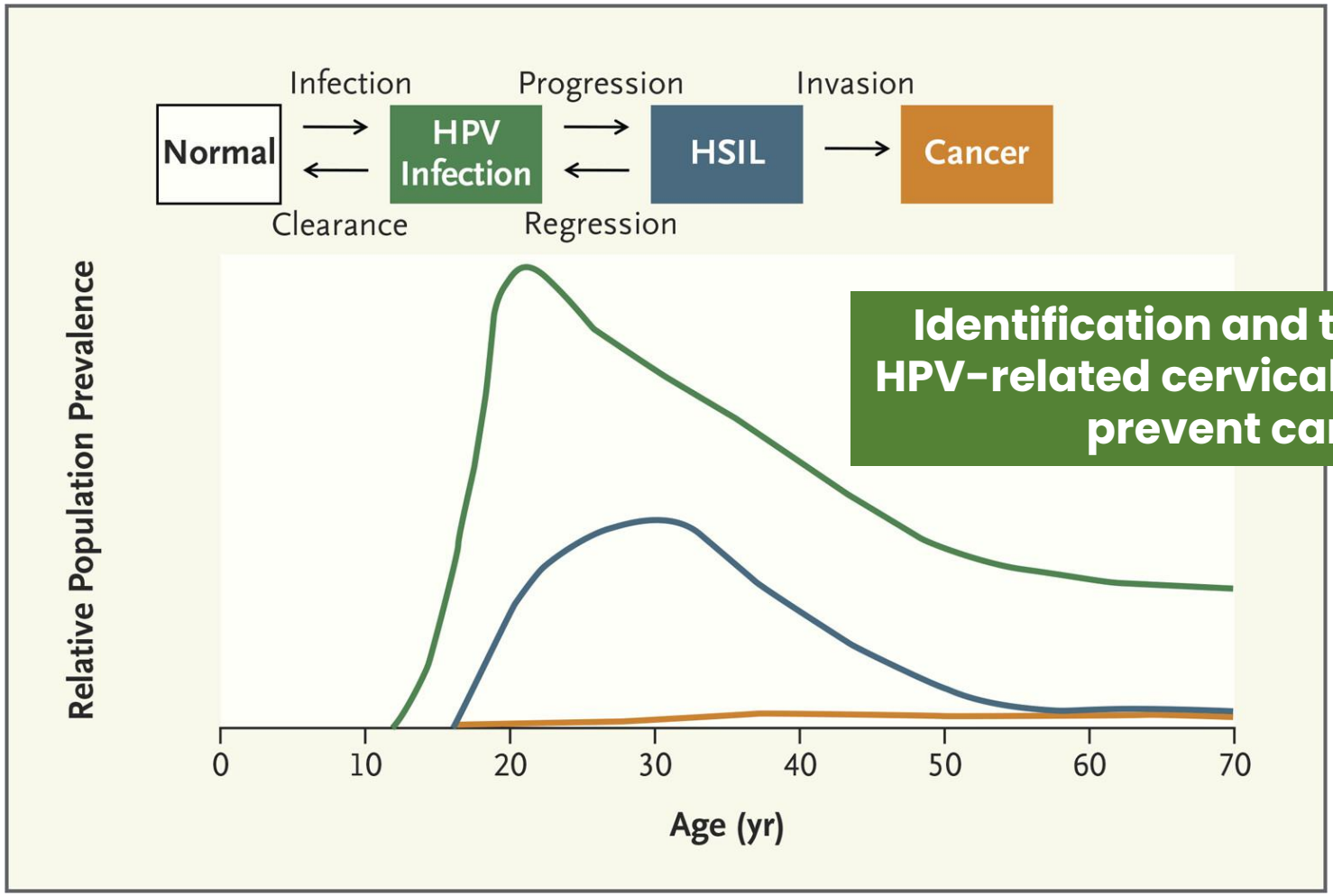
*Average annual rate per 100,000, age adjusted to the 2000 US standard population

Cancer Facts and Figures 2025 →

The Natural History of Cervical Cancer

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

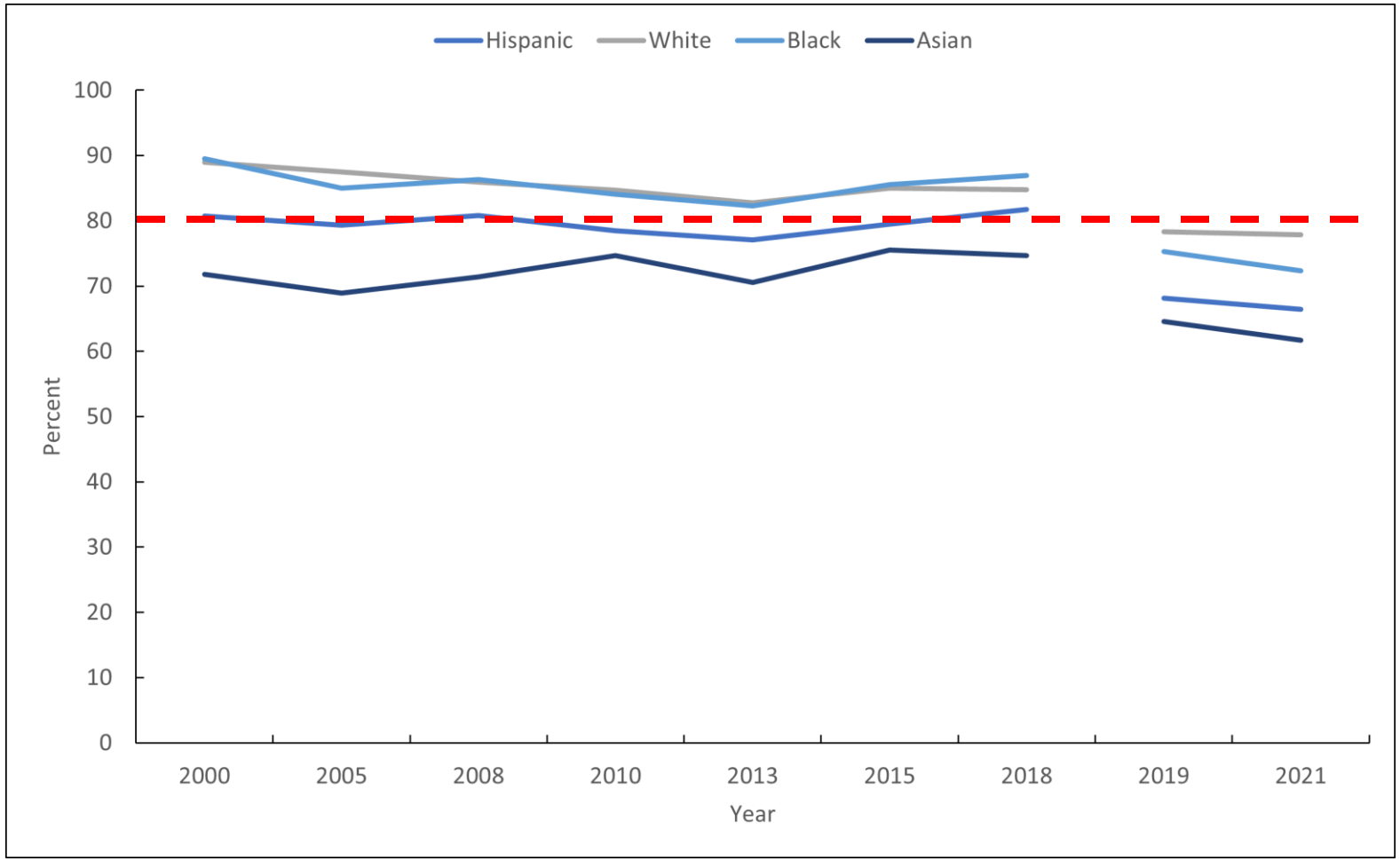
HPV-Related Cervical Disease



Identification and treatment of HPV-related cervical changes can prevent cancer

Schiffman M, Solomon D. N Engl J Med 2013;369:2324-2331. DOI: 10.1056/NEJMcp1210379

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

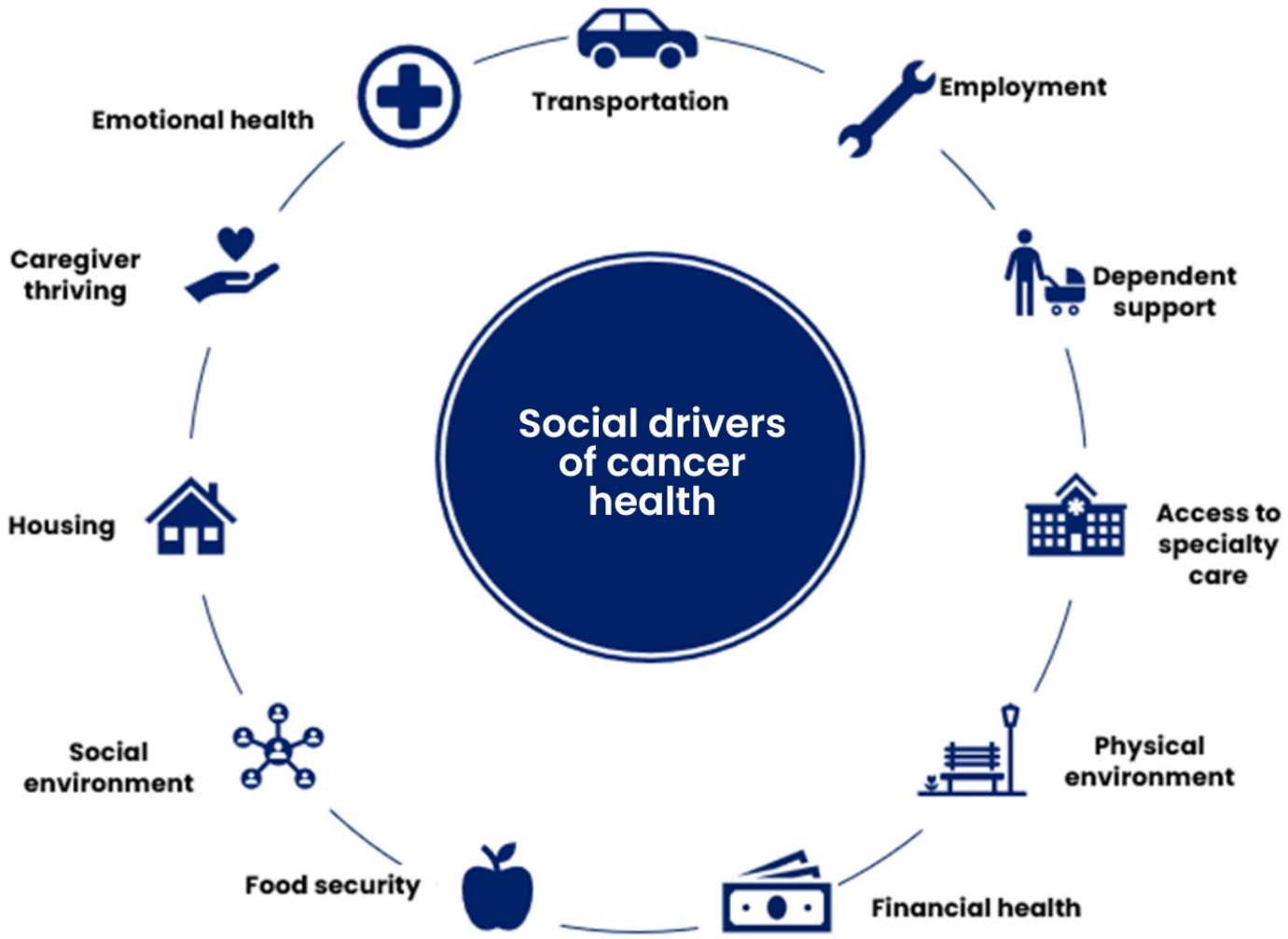


Estimates are age adjusted to the year 2000 US population standard using 4 age groups: 21-29, 30-39, 40-49, and 50-65 years. The National Health Interview Survey (NHIS) underwent a significant redesign in 2019, preventing comparability to prior years indicated by the line break. *Cervical cancer screening 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

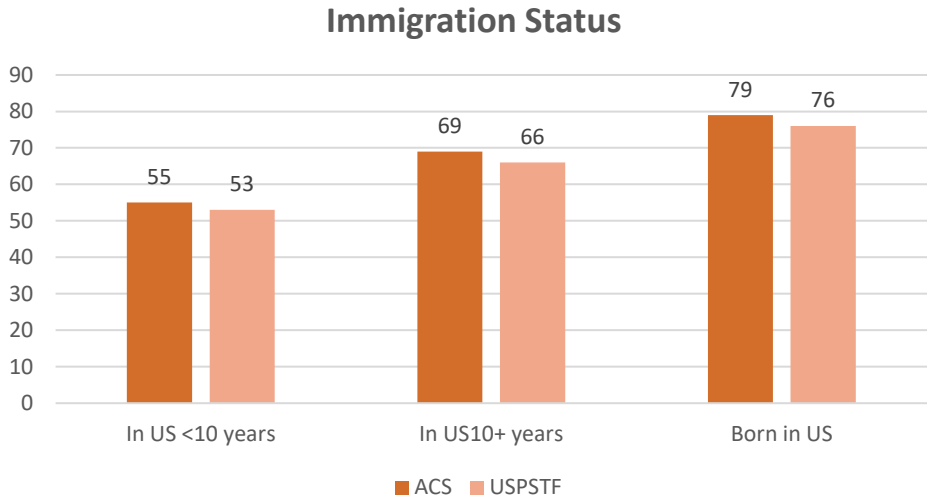
Social Drivers of Health Are Often Barriers to Cancer Screening

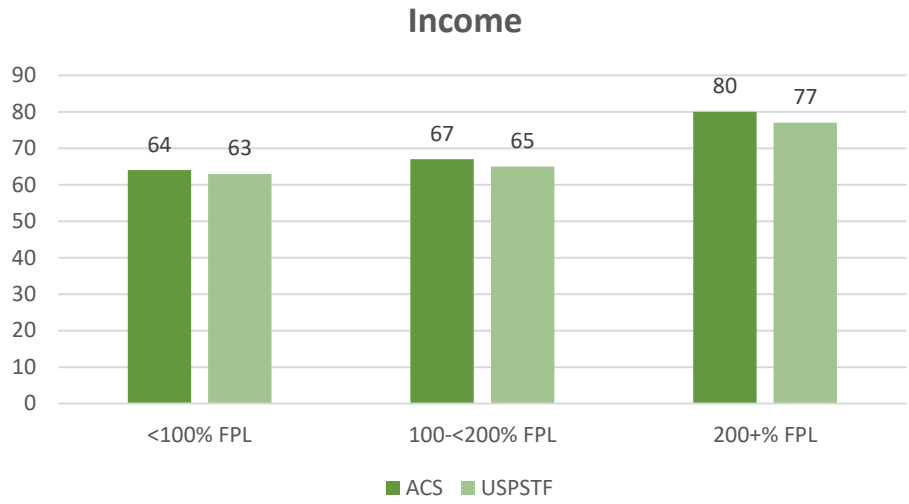


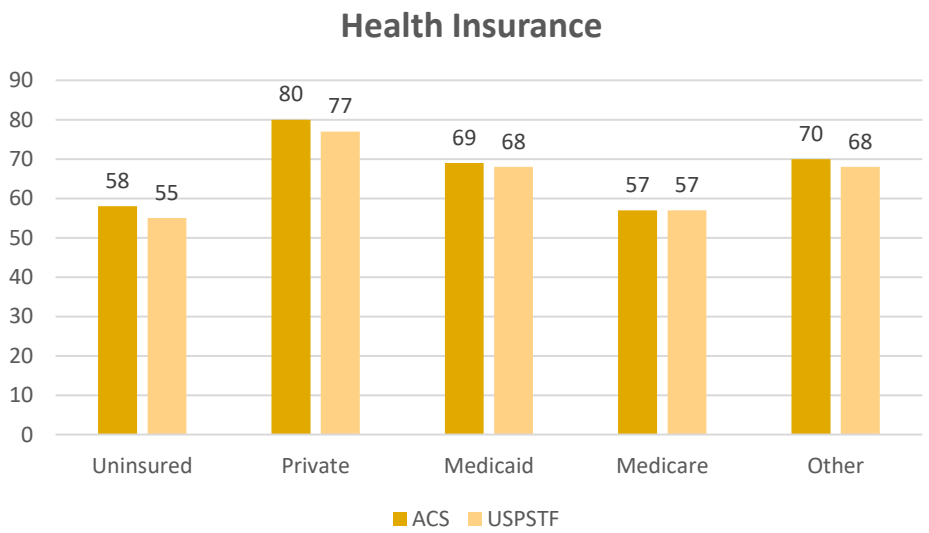
Without access to resources that **protect**, **improve**, and **maintain good quality of life** people experience **cancer health disparities.**

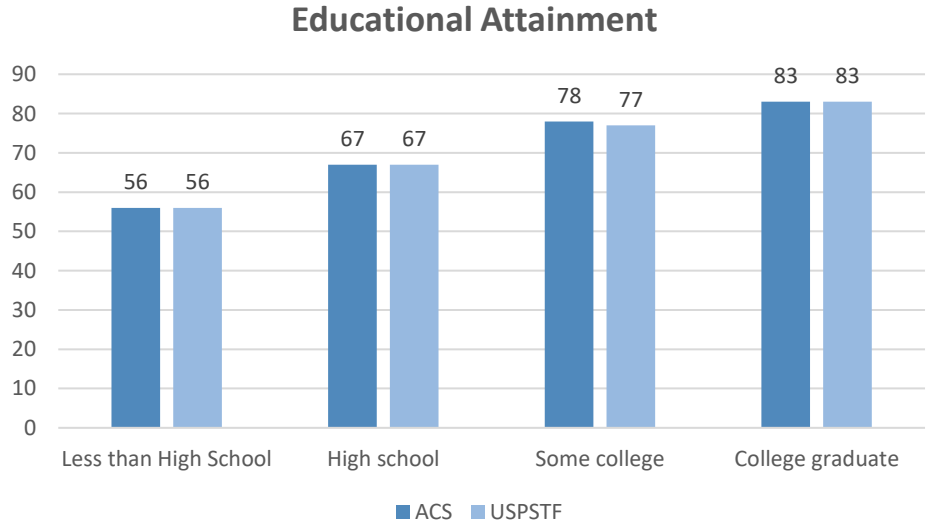
Learn more about health equity and cancer disparities→

Social Factors & Cervical Cancer Screening





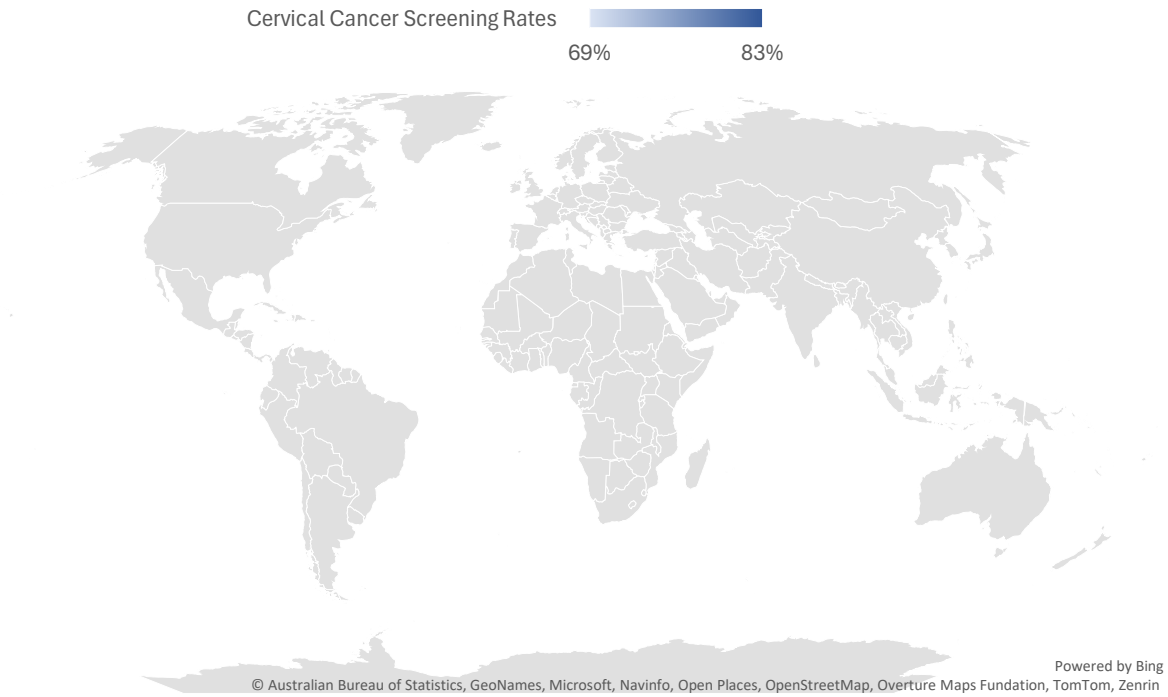




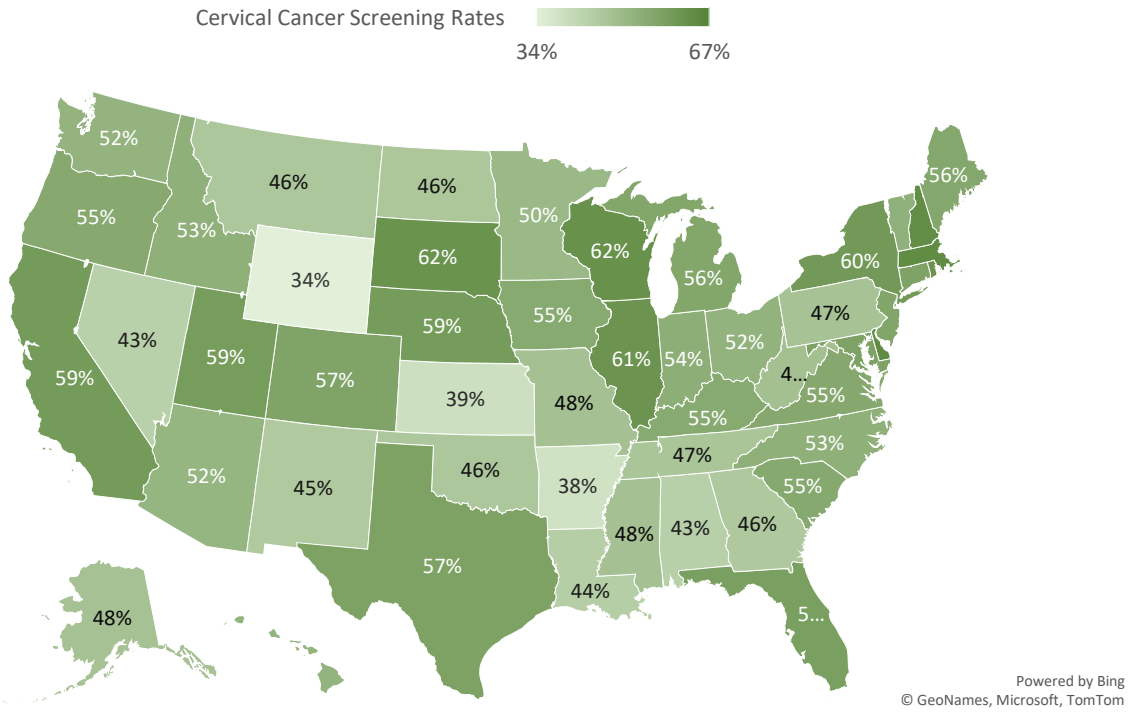
American Cancer Society. *Cancer Prevention & Early Detection Facts & Figures 2025*. Atlanta: American Cancer Society; *2025-2026*. https://www.cancer.org/research/cancer-facts-statistics/cancer-prevention-early-detection.html

Variations by Geography and Clinical Setting

2020 State Level Cancer Screening Rates
BRFSS Data



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

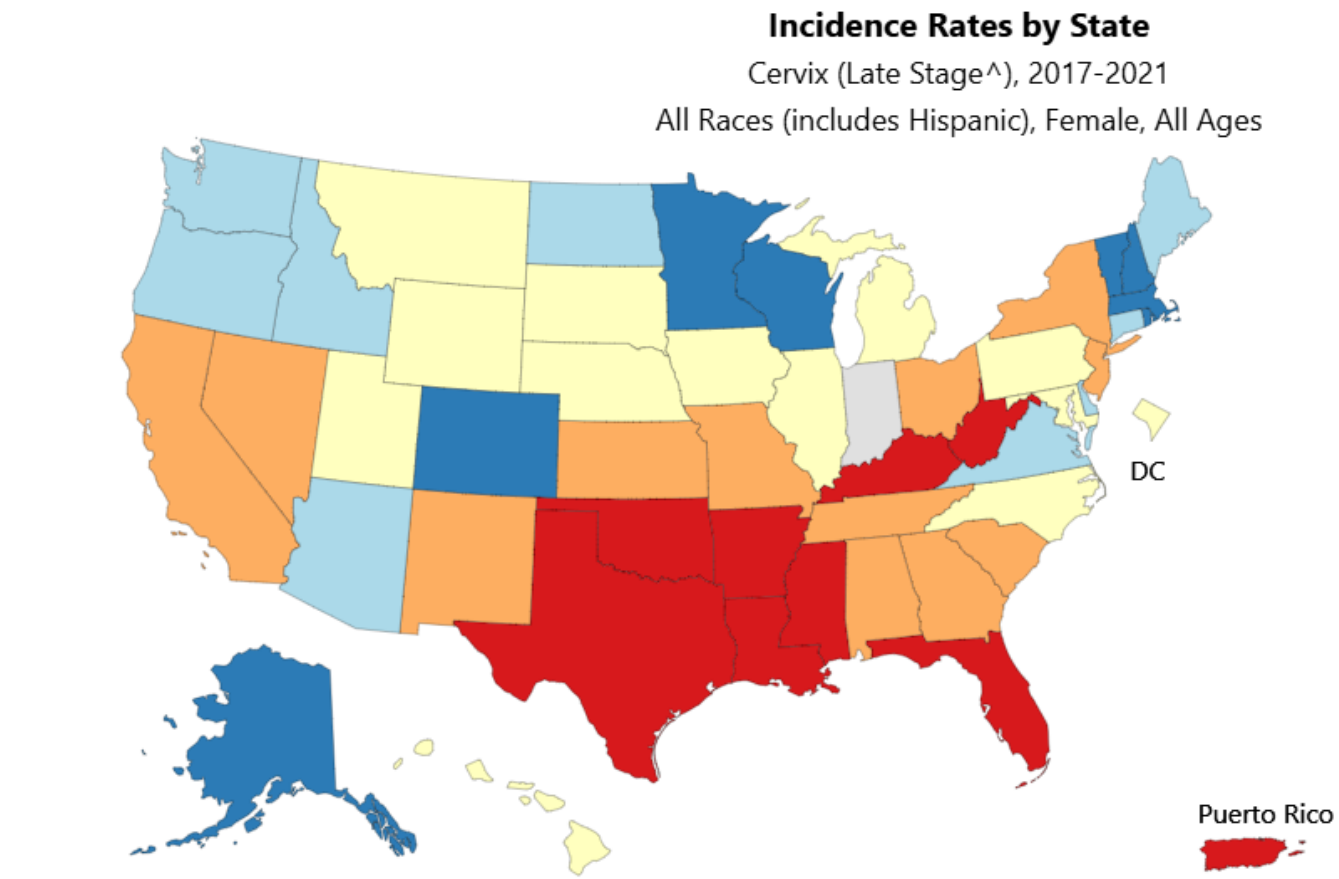


Cancer screening is lower among populations served by FQHCs both nationally and across states.

National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health
HRSA Health Center Program Uniform Data (UDS) Data, 2024. https://www.hrsa.gov/foia/electronic-reading . Accessed 9/1/2025. Calculations and data visualization by the American Cancer Society.
Amboree TL, et al. JAMA Intern Med. 2024;184(6):671–679. doi:10.1001/jamainternmed.2024.0693

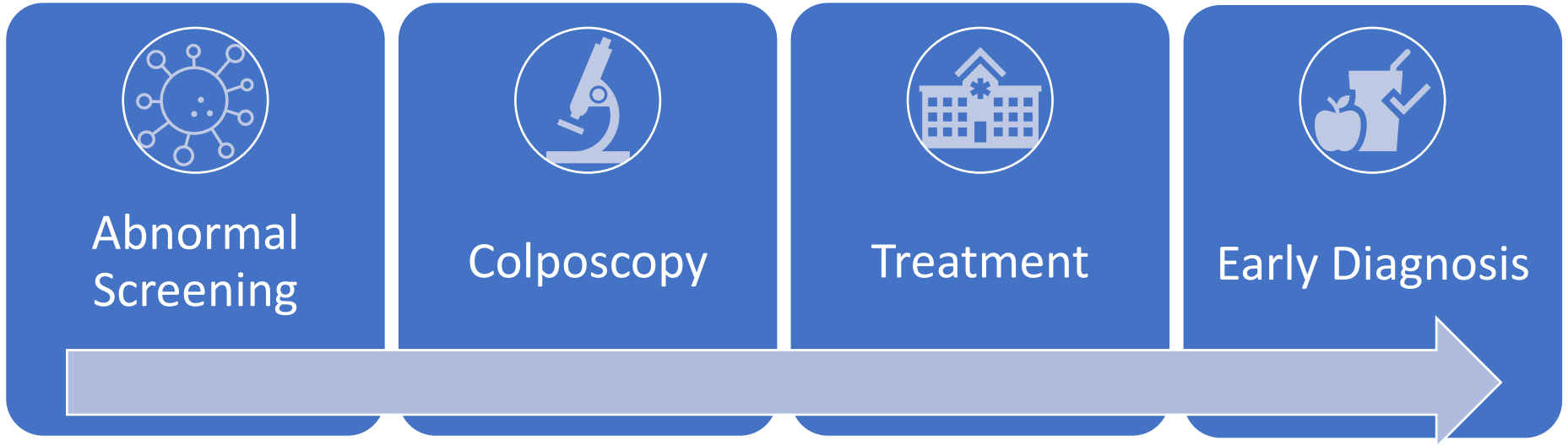
Over Half of Cervical Cancer Diagnoses are Late Stage

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



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

https://cancerstatisticscenter.cancer.org/screening-and-risk/hpv-test

Alimena S, et al. Obstet Gynecol. 2023 Nov 1;142(5):1125-1134. doi: 10.1097/AOG.0000000000005313.
Liang, Jessica et al. American Journal of Obstetrics & Gynecology, Volume 233, Issue 3, 186.e1 - 186.e9

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 Cancer Society

	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	**Ages 21-65:** Cytology alone, every 3 years *OR* **Ages 21-29:** Cytology alone, every 3 years **Ages 30-65:** Cytology plus HPV testing, every 5 years *OR* **Ages 21-29:** Cytology alone, every 3 years **Ages 30-65:** HPV testing alone, every 5 years	**Ages 21-29:** Cytology alone, every 3 years **Ages 30-65:** Clinician- or patient-collected high-risk HPV testing alone, every 5 years **Alternative to HPV testing alone for ages 30-65:** Cytology alone, every 3 years *OR* HPV testing plus HPV testing (cotesting), every 5 years	**Ages 25-65+ Preferred:** HPV testing alone every 5 years *OR* **Acceptable:** Either Cytology plus HPV testing every 5 years *OR* Cytology alone every 3 years
Age to end screening	**65** if 3 consecutive negative Pap tests *OR* 2 negative cytology plus HPV tests *OR* 2 negative HPV tests *AND* no abnormal tests within the prior 10 years with the most recent within the prior 5 years AND 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.

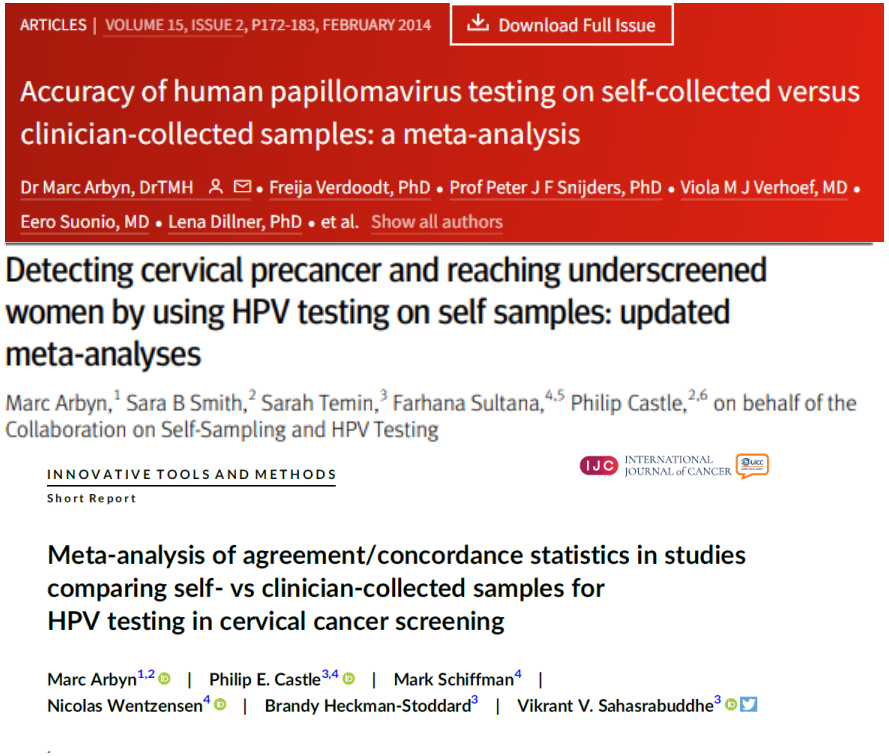
ACS cervical cancer screening guidelines →

How effective is HPV self-collection testing?

American Cancer Society | National Roundtable on Cervical Cancer

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

IJC INTERNATIONAL JOURNAL of CANCER

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 Schiffman[4] | Nicolas Wentzensen[4] | Brandy Heckman-Stoddard[3] | Vikrant V. Sahasrabuddhe[3]

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?

American Cancer Society | National Roundtable on Cervical Cancer

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

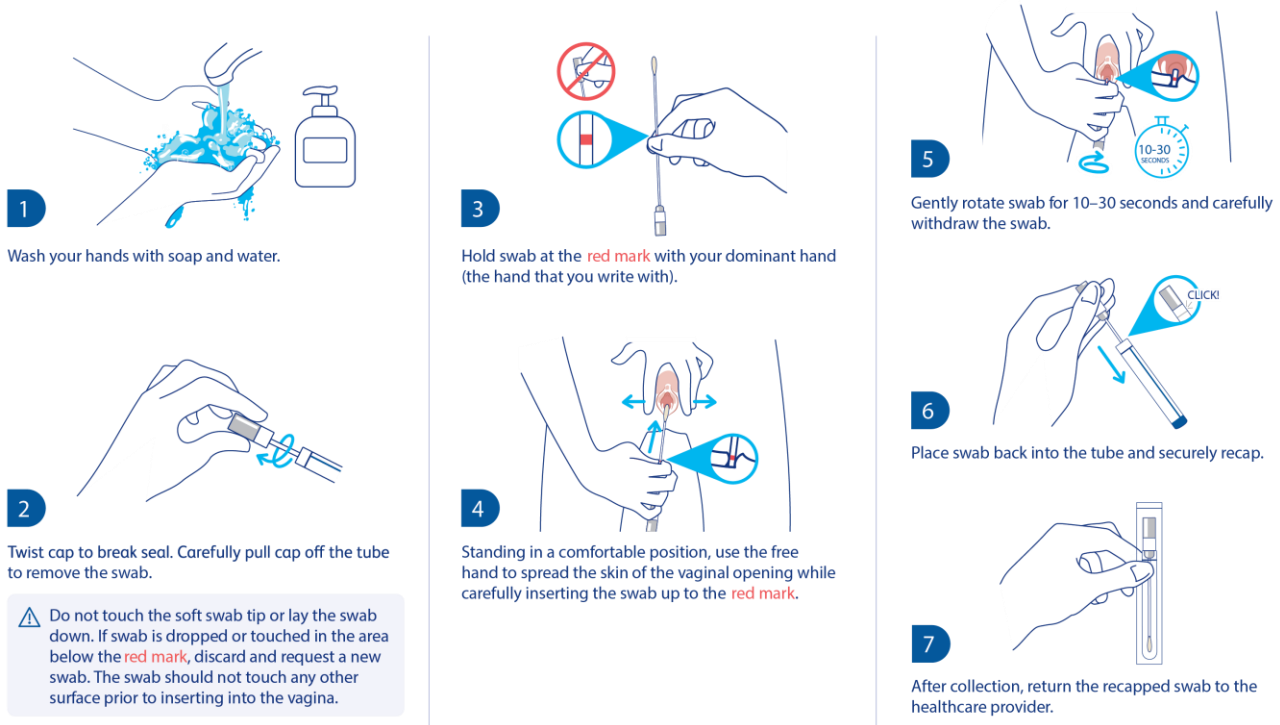
Device for home collection

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.

Morgan K, et al. Journal of Lower Genital Tract Disease 23(3):p 193-199, July 2019. | DOI: 10.1097/LGT.0000000000000476

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

Patients who are eligible

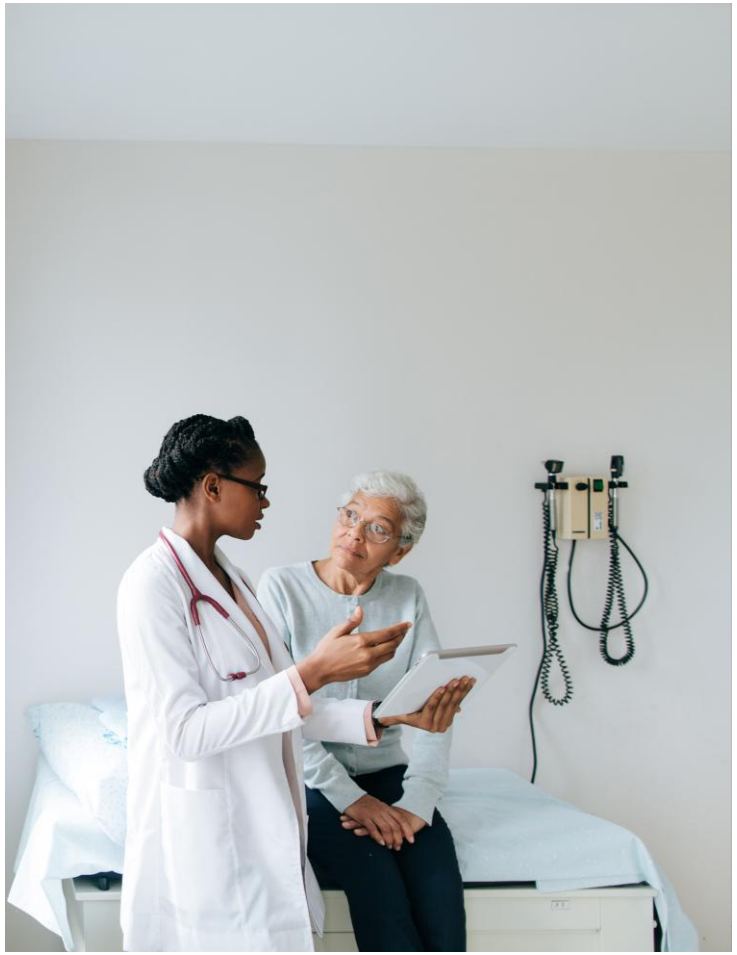
- Must be eligible for primary HPV testing

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



Source: ACS NRTCC Preparing for Self-Collection: Clinician Communication Guide

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

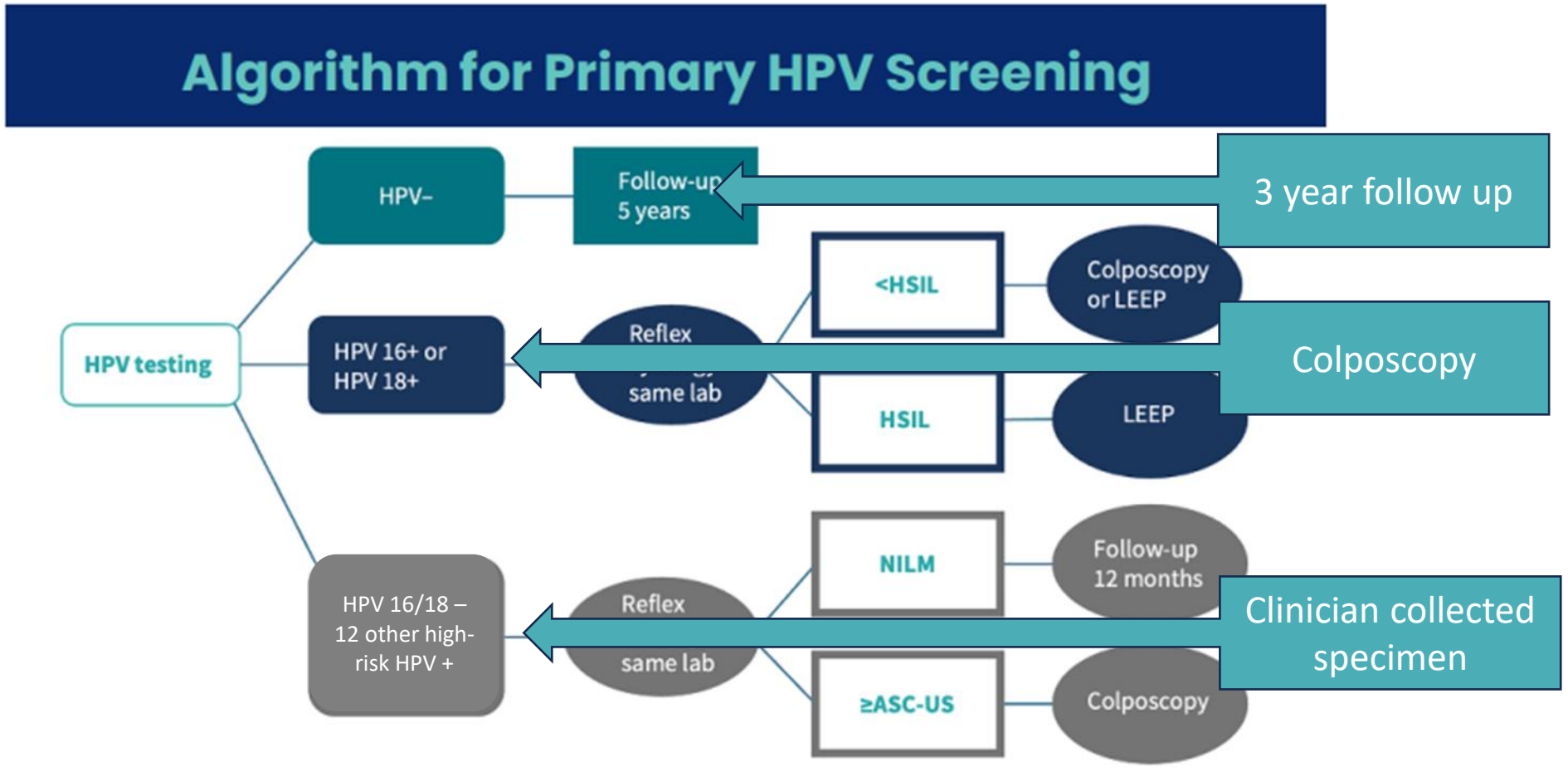
After Self-Collection

- 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.

Source: ACS NRTCC Preparing for Self-Collection: Clinician Communication Guide

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?

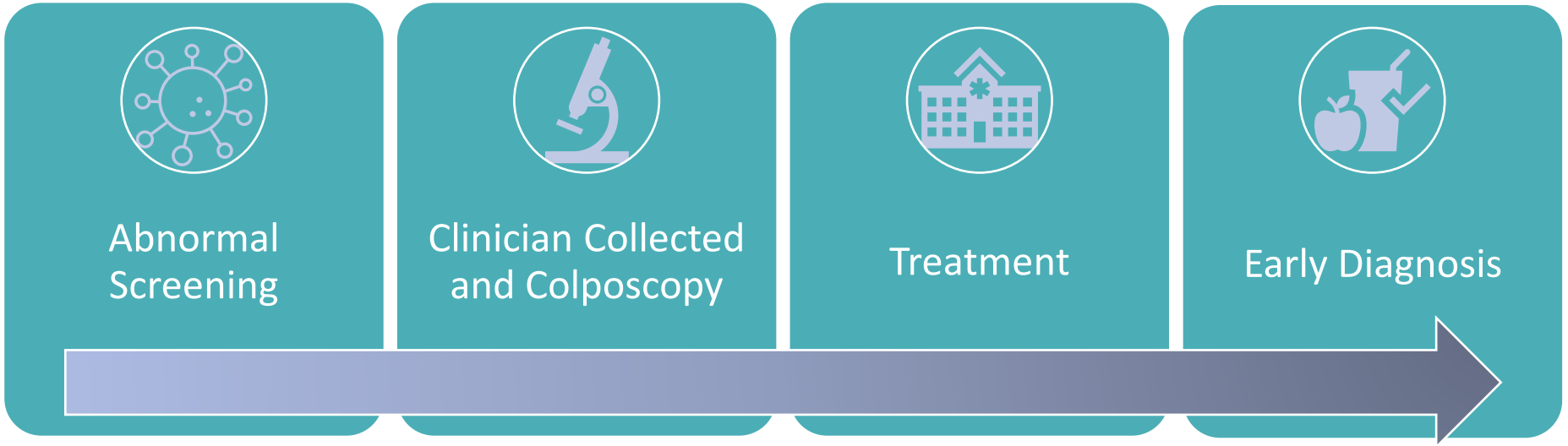
Self-collection testing is primary HPV testing.

- 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

Source: https://cervicalroundtable.org/wp-content/uploads/2023/11/Technical-Guide-for-Coding-and-Billing-for-Primary-HPV-Screening-FINAL.pdf

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

https://cancerstatisticscenter.cancer.org/screening-and-risk/hpv-test
Alimena S, et al. Obstet Gynecol. 2023 Nov 1;142(5):1125-1134. doi: 10.1097/AOG.0000000000005313.
Liang, Jessica et al. American Journal of Obstetrics & Gynecology, Volume 233, Issue 3, 186.e1 - 186.e9

IT and EHR Considerations

EHR Order	CPT Codes	ICD-10 Visit Codes	Screening interval
Create a new vaginal self-collect order.	Self-collected and clinician-collected samples use the same laboratory HPV test code.	Use existing cervical cancer screening visit code Z12.4 for self-collect visits and for return visits, if needed.	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.

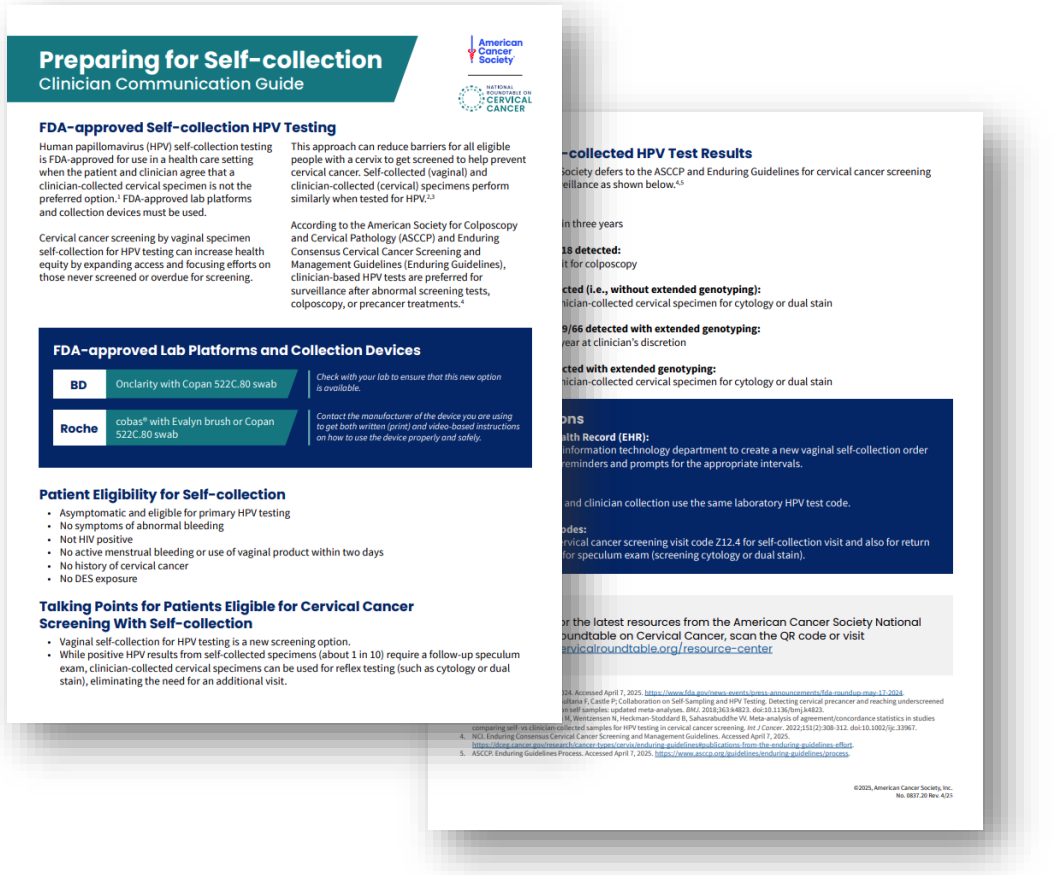
3 **HPV Self-collection testing should be repeated after 3 years if result is negative.**
This is expected to increase to five years after more research is done.*

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.

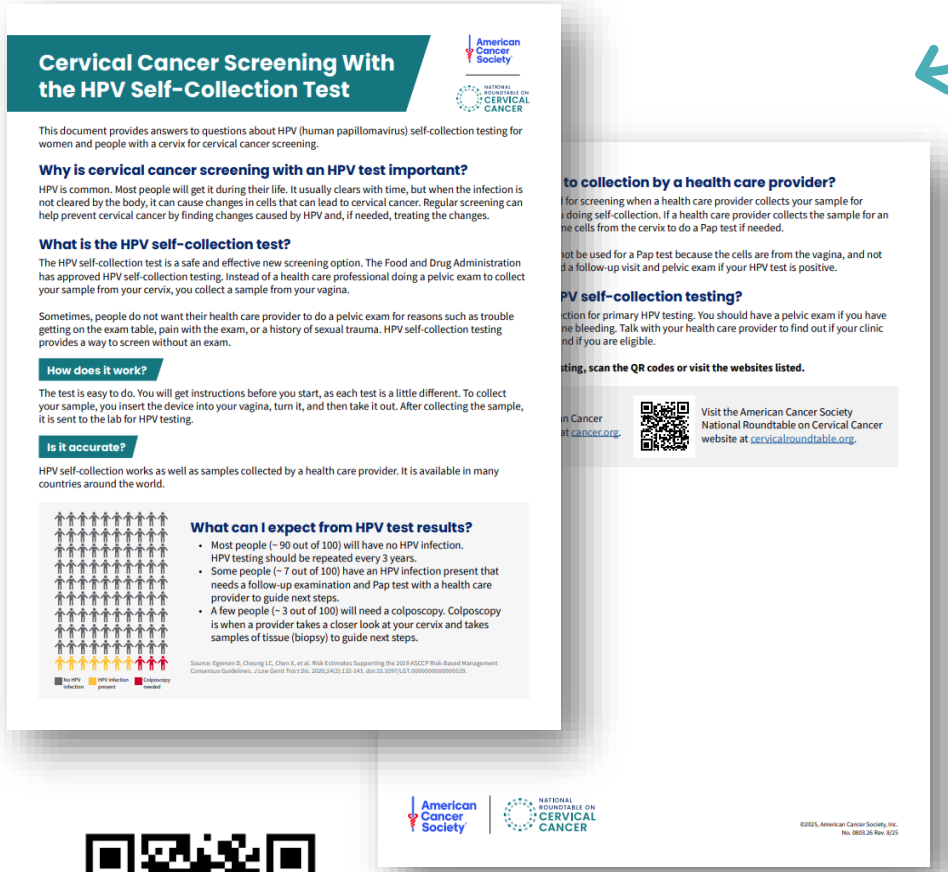
**USPSTF draft recommends five years for women aged 30-65.*

ACS National Roundtable on Cervical Cancer Self-collection Resources



Preparing for Self-collection: Clinician Communication Guide

Cervical Cancer Screening with the HPV Self-collection Test



Check out Resource Center

Questions

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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/10d0UaDyM7ba8KS3SzDlZJKlPFEJwFA3V/edit#slide=id.p1
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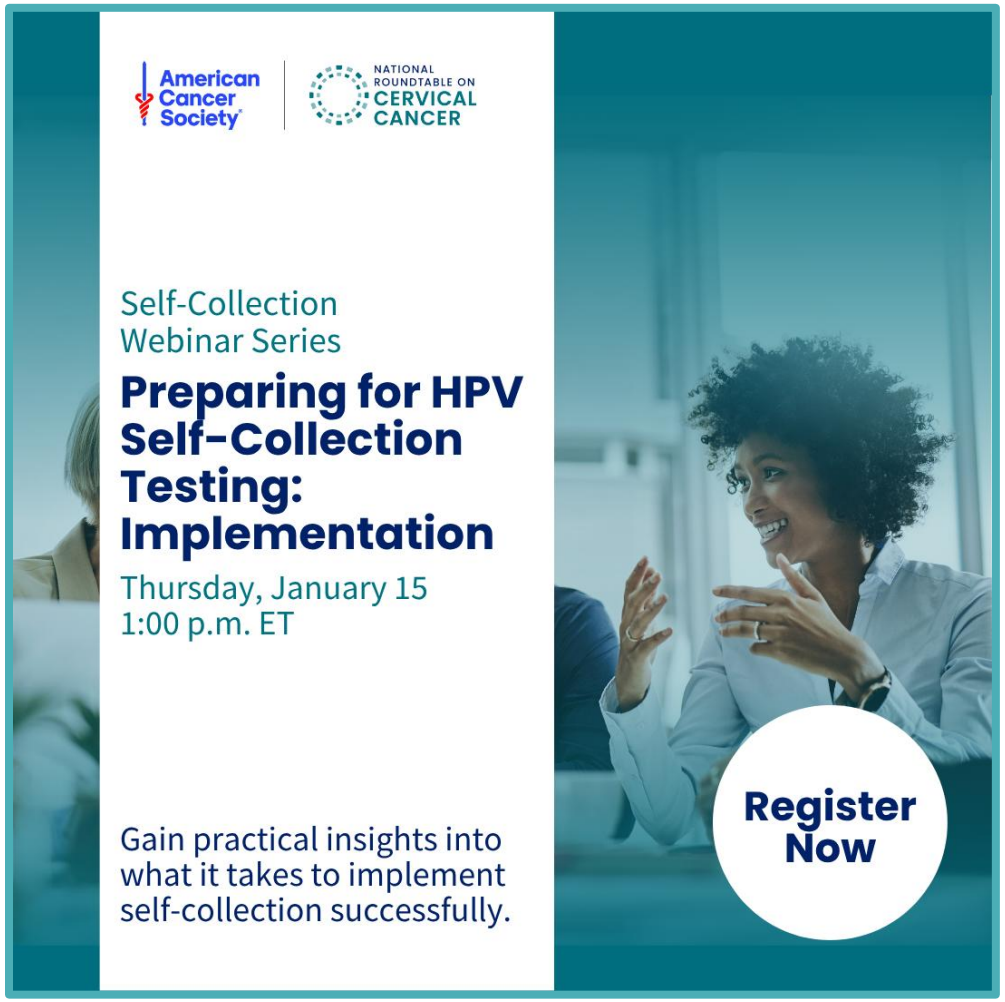
15. American Cancer Society National Roundtable on Cervical Cancer. Preparing for Self-collection: Clinician Communication Guide. Available soon.
16. American Cancer Society National Roundtable on Cervical Cancer. Primary HPV Screening for Cervical Cancer Screening: Technical Guide for Coding and Billing. November 2023.

Self-collection Webinar Series

Target Audience:
FQHCs and Safety Net Health Systems



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

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

Session 3 | Thursday, January 15:
Implementation

Thank You