

Can STD Clinics Reach Women in Need of Cervical Cancer Screening? If They Can, Does It Matter?

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Background

- In the U.S., cervical cancer screening and follow-up disparities persist for women of color and uninsured women.¹
- The few existing systems-level studies²⁻⁴ suggest opportunities to increase cervical cancer screening and follow-up among medically underserved women, including uninsured women and women who are race/ethnic minorities.
- STD clinics are potentially good environments for cervical cancer screening because they tend to serve populations without insurance, populations who are race/ethnic minorities, and populations with a prevalence of high risk HPV ranging from 27-42%.^{5,6}
- This study seeks to identify whether an urban STD clinic could reach women who are underscreened for cervical cancer.

Methods

- This study was part of an organizational adoption and clinical outcomes study conducted from June 2012-January 2014 at the Bell Flower STD Clinic (BFC) in Indianapolis, Indiana. BFC is a dedicated STD clinic associated with the Marion County Health and Hospitals Corporation.
- Women ages 30-50 years seeking a clinician exam at BFC were invited to receive cervical cancer screening: co-testing with liquid based cytology and HPV DNA testing.
- Variables of interest included sociodemographics (age, race/ethnicity), health system access (being insured, having a regular doctor, time of last Pap smear), cervical cancer screening outcomes and whether the patient was reached for results provision. Data for this study were provided from an enrollment survey, laboratory report and study observations of patient results contact.

Results

Sample

123 women, reflective of BFC patient demographics: 56% Black/non Hispanic, 36% White/non Hispanic, 6.5% Hispanic. Mean age was 37.9 years (SD: 5.1 range 30-50).

Indicators of Need for and Desire of Cervical Screening (Table 1)

- 99% acceptance rate to participate in screening. 91% of the sample was available to receive results when contacted.
- 78% of the sample reported not having a regular doctor
- 47.9% (N=94) reported not having a pap smear in the last 3 years. 29% (N=94) reported not having a pap smear in the last 5 years.

Early Detection Value of STD Clinic-Based Testing

- 23.6% were high-risk HPV+. 82.8%(24 of 29 participants) did not have a regular doctor.
- 11.4% had high risk cervical cancer outcomes: testing positive for high risk HPV and having a pap smear outcome of \geq ASCUS. 85.7% of this group (12 of 14 participants) did not have a regular doctor.

Table 1: Reported Pap Test History by Regular Doctor (N=94)

Reported Last Pap Smear	N(%)	No Regular Doctor OR(CI)
This year	3 (3.2)	.86 (.73-1.0)**
1-2 years ago	46 (48.9)	.59 (.22-1.54)
3-5 years ago	16 (17)	1.3 (.36-5.4)
5 or more years ago	28 (29.8)	3.3 (.91-12.4)*
Never had a pap smear	1 (1.1)	-
Total	94	

* Significant at the $p \leq .05$ level

** Significant at the $p \leq .01$ level

Associations with race/ethnicity and age were ns.

Conclusions

- Findings suggest that an STD clinic could be an effective venue to reach women in need of cervical screening.
- If STD clinics provided cervical cancer, it could potentially decrease cervical cancer screening disparities especially among women who are uninsured and otherwise underserved by the healthcare system.
- As cervical cancer health disparities involve not only initial screening but follow-up colposcopy access, it will be important to know not only whether and how STD clinics provide cervical cancer screening, but whether (and how) they refer or navigate patients to colposcopy when needed.

References

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