



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

## A path forward towards accelerating cervical cancer eradication

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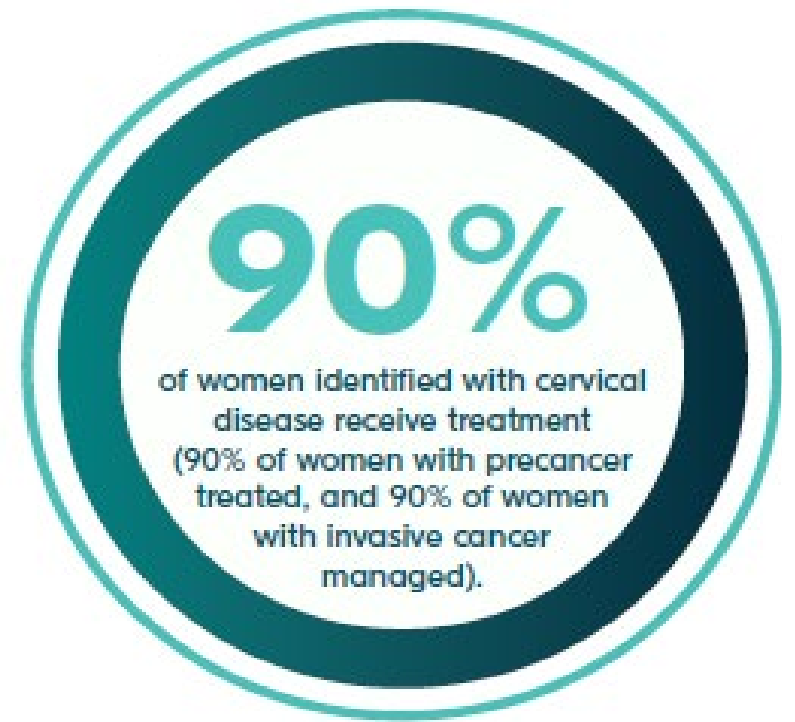
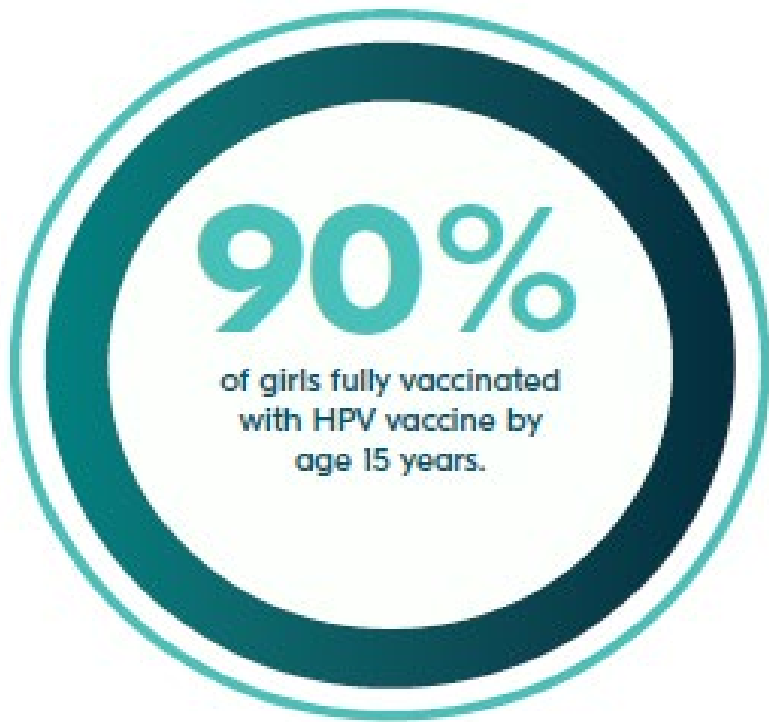
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**#ResearchForWomen**

# 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



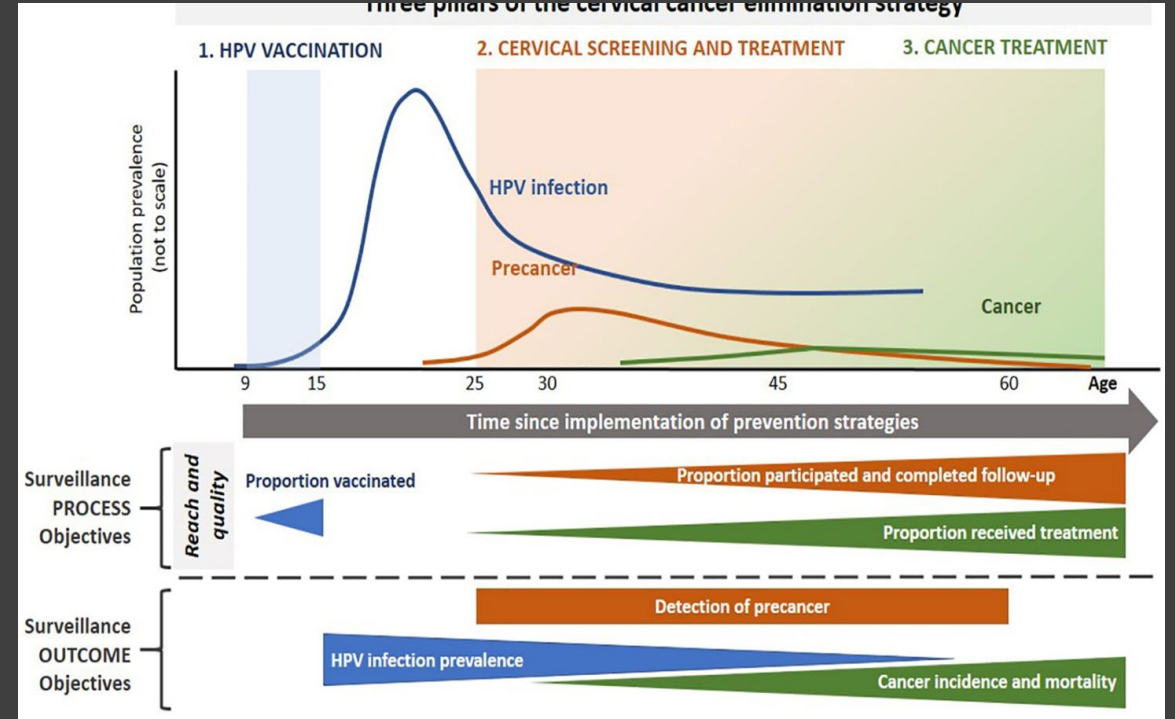
Global strategy to accelerate the elimination of cervical cancer as a public health problem



*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%

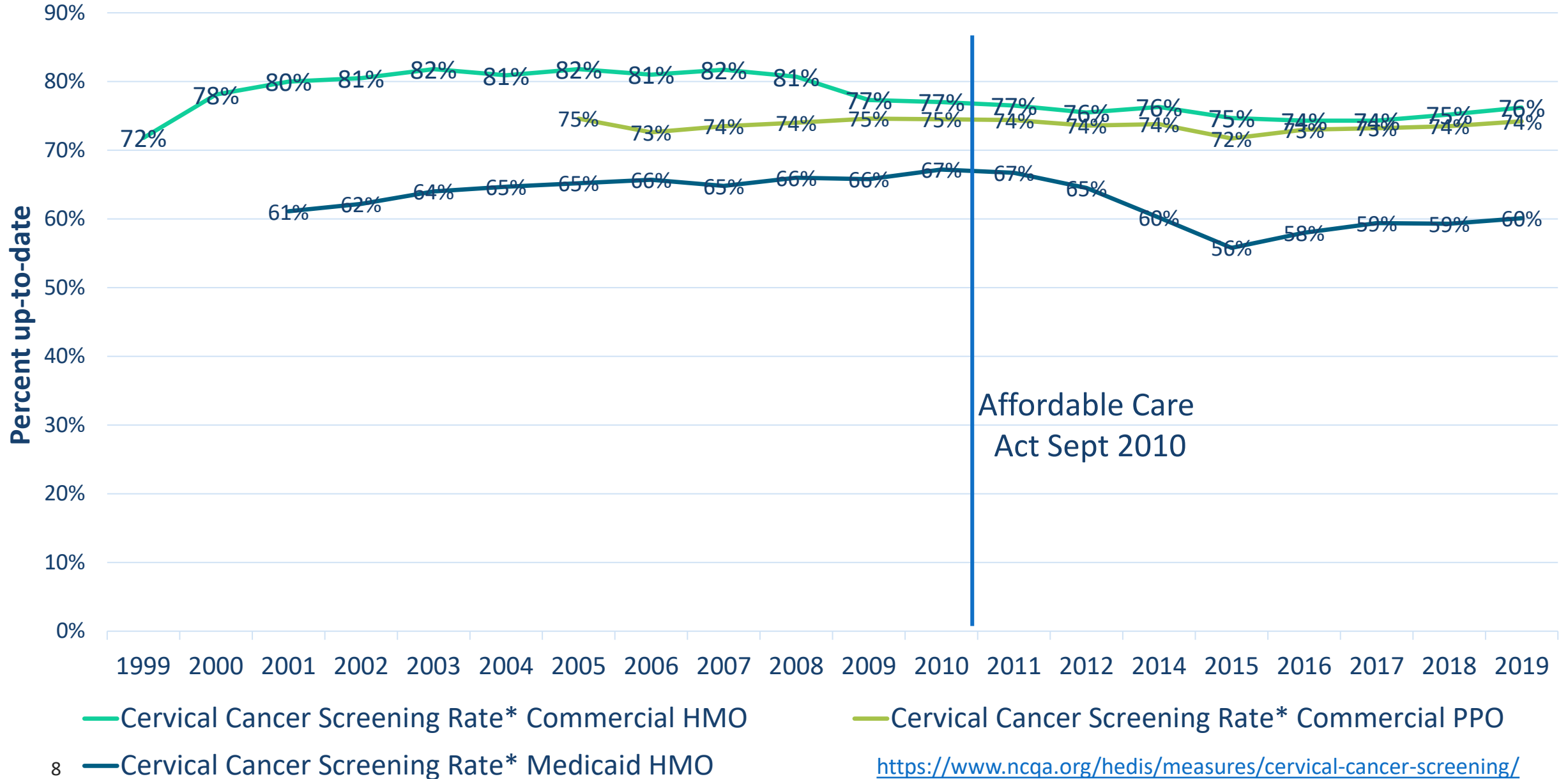


A word cloud featuring the word "knowledge" as the largest and most prominent term. Other words include "fear", "bodyimage", "time", "childcare", "inconvenience", "transportation", "financial", "cultural", "work", and "distance". The words are arranged in a roughly triangular shape, with "knowledge" at the base. The colors used are shades of blue, green, and cyan.

knowledge

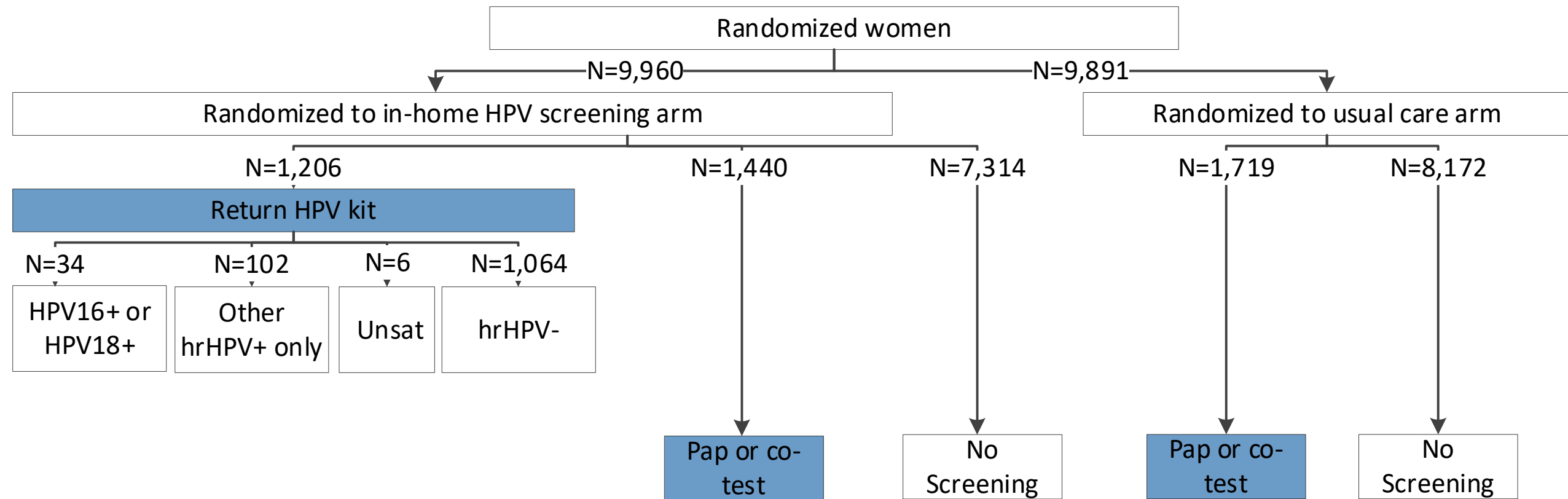
fear  
bodyimage  
time  
childcare  
inconvenience  
transportation  
financial  
cultural  
work  
distance

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









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 NCT02005510 (R01 CA168598)

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

## In-Clinic



## In-Home



Colposcopy needed



In-clinic testing



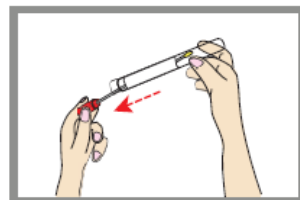
Home test  
negative, screening  
complete



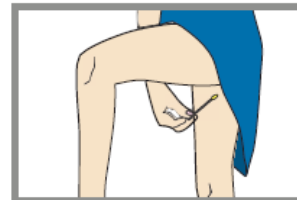
## Instructions for Your Cervical Cancer Screening Kit



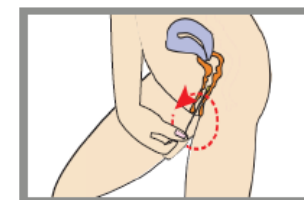
*Please do not use this kit if you are pregnant.*



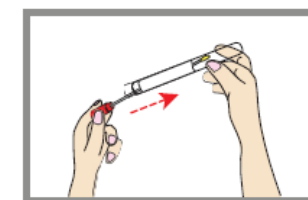
STEP 1



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



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

Colin Malone<sup>1</sup>, Jasmin A Tiro<sup>2</sup>, Diana SM Buist<sup>3</sup>, Tara Beatty<sup>3</sup>, John Lin<sup>1</sup>, Kilian Kimbel<sup>3</sup>, Hongyuan Gao<sup>3</sup>, Chris Thayer<sup>4</sup>, Diana L Miglioretti<sup>3,5</sup> and Rachel L Winer<sup>1,3</sup> 

*J Med Screen*  
2020, Vol. 27(3) 146–156  
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DOI: 10.1177/0969141319885994  
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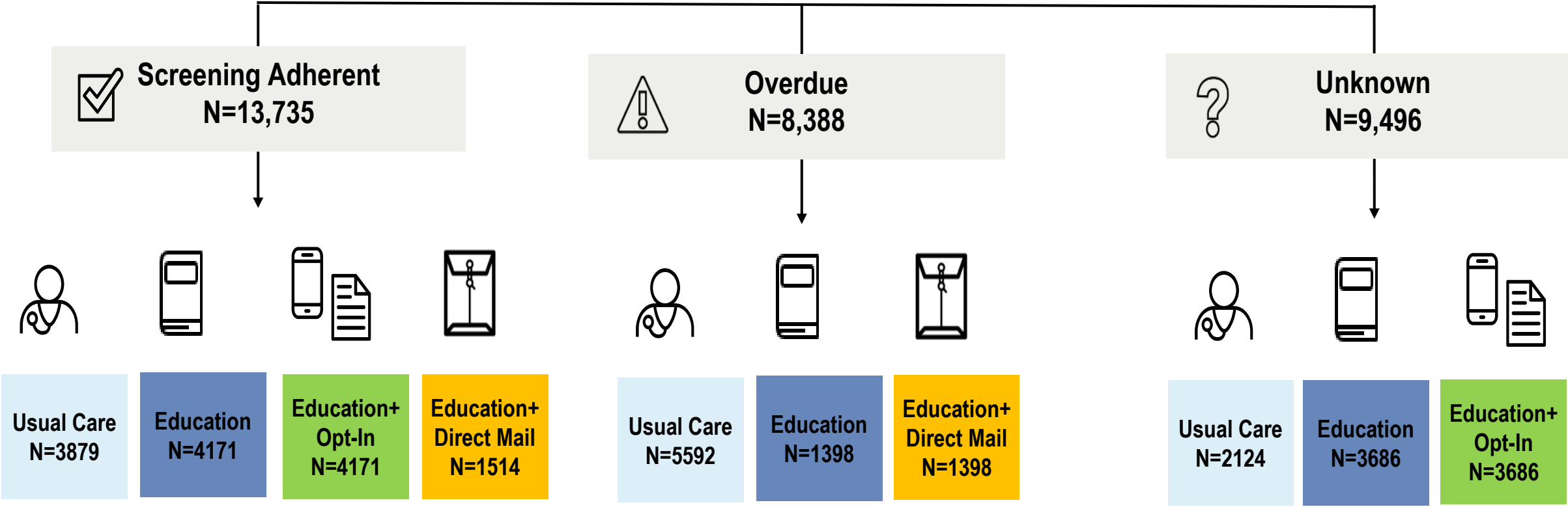
NCT02005510  
R01 CA168598



# 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

Screening History Groups & Randomization




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

Taja Lozar<sup>1-3</sup>  
Rahul Nagvekar<sup>4</sup>  
Charles Rohrer <sup>5</sup>  
Racheal Shamiso Dube  
Mandishora<sup>6,7</sup>  
Urška Ivanus <sup>3,8,9</sup>  
Megan Burke Fitzpatrick <sup>1,5</sup>

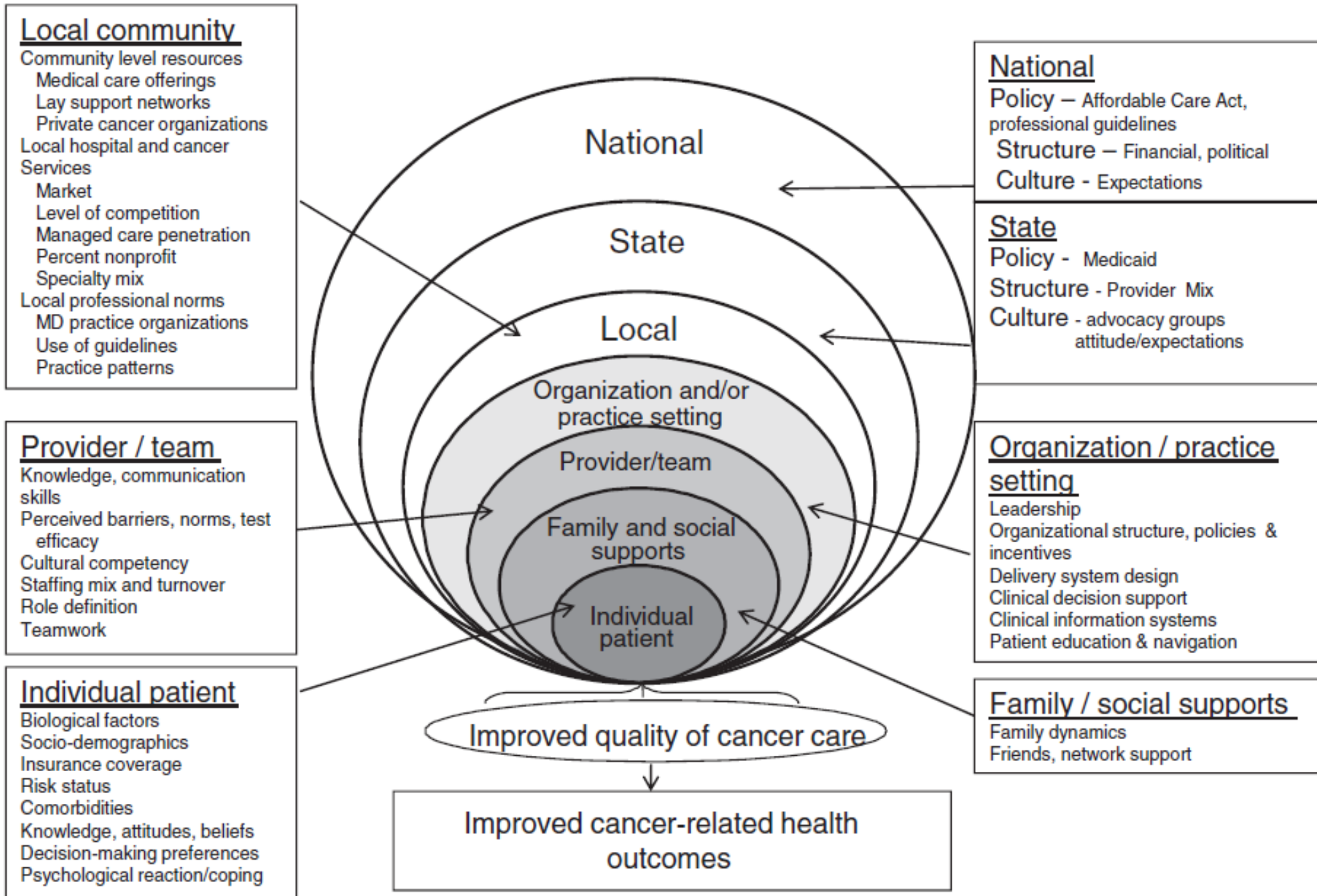
 [Comment on this paper](#)

**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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