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Reply to Letter to the Editor Re: Self-Sampling as an Intervention to Promote Cervical Cancer Screening Among Women With HIV

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We agree with Ms. Delgado and Dr. Segura¹ that it is important to promote cervical cancer screening among women living with HIV (WLHIV), and appreciate their interest in our article, “A Randomized Trial of Human Papillomavirus Self-Sampling as an Intervention to Promote Cervical Cancer Screening Among Women With HIV.”²

It is interesting to consider the 9% difference in follow-up cytology testing found in our study as worthy of further investigation, despite its lack of statistical significance. This study was originally powered to detect a 30% difference in follow-up cytology testing within 6 months, comparing women testing HPV positive to HPV negative, and women testing HPV positive to those in the information-only group. Therefore, the study was underpowered to detect smaller differences, such as the aforementioned 9% difference in follow-up cytology. There was no statistical comparison between HPV negative and information-only groups because that was not an aim of the study.

It is important to note that the letter writers’ suggestion of “baseline confounding” is not germane to this study. As stated in our article, in a subgroup analysis of women with previous cytology results (n=71), history of abnormal cytology was not a significant predictor of completing follow-up cytology in bivariate logistic regression analysis. Neither was study group (HPV positive, HPV negative, information-only) a significant predictor of cytology completion. Therefore, in the absence of statistically significant effects from either the study group variable or the purported confounding variable, there was no evidence of confounding in this study.

As we point out, our sample size was too small to detect small differences in outcome that might be interesting on a population level, but perhaps not clinically significant in a real clinic setting. Continued research in this area with larger sample sizes could help determine the effects of using HPV self-sampling for WLHIV who decline pelvic examinations. This approach would allow clinicians to screen more WLHIV, and continue discussions about self-care and cervical cancer screening with women as they age.

References

1. Human Papillomavirus DNA self-testing to promote cervical cancer screening practices of WLHIV: Revisiting the evidence.”<LWW to insert correct citation>

2. Murphy J, et al. A Randomized Trial of Human Papillomavirus Self-Sampling as an Intervention to Promote Cervical Cancer Screening Among Women With HIV. *J Low Genit Tract Dis.* 2016; 20(2): 139–44. [PubMed: 27015260]

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