

Self-Collection for HPV Testing Can Improve Cervical Cancer Screening Rates Among Asian American Women

An HPV self-sampling option vastly increased engagement in cervical cancer screening among Korean, Vietnamese and Chinese women in the U.S.

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BALTIMORE – Asian American women given the option to collect their own sample for human papillomavirus (HPV) testing after an educational workshop completed cervical cancer screening at much higher rates compared with workshop attendees who were referred to clinics, according to results presented at the [18th AACR Conference on the Science of Cancer Health Disparities](#), held September 18–21, 2025.

HPV infection, especially with high-risk variants such as HPV16 and HPV18, is [linked](#) to essentially all cases of cervical cancer, and Pap smear tests can help identify women who might be at risk of developing cervical cancer. But despite the disease being almost wholly preventable with current tools, some women are unable to benefit from traditional clinic-based cervical cancer screening, explained [Carolyn Fang, PhD](#), associate director for population science and professor in the cancer prevention and control program at Fox Chase Cancer Center – Temple Health and the presenter of the study.

“Rates of cervical cancer screening are lower among Asian American women compared with other populations, and our prior studies identified psychosocial and logistical issues as top reasons. Our goal was to evaluate whether offering women the ability to self-collect a vaginal sample for HPV testing would increase their participation in cervical cancer screening,” said Fang.

Fang and colleagues enrolled 1,140 Asian American women between ages 30-65; 99.8% of them were foreign-born and 47% had never had a Pap smear test. All participants attended a community educational workshop on cervical cancer that included site referrals with free or affordable screening options, and roughly half were then given HPV self-sampling kits with instructions in English, Korean, Vietnamese, and Chinese.

The option to self-collect a sample for HPV testing greatly improved completion of cervical cancer screening.

Six months after the workshop, 87% (480/552) of the women who received self-sampling kits returned a completed sample, whereas 30% (176/588) of those who were referred to a clinic had received a Pap test. Approximately 14% (66/480) of self-sampled women tested positive for HPV, and 9% (42/480) had high-risk HPV variants and were navigated to follow-up care.

“Our findings indicate that a targeted, culturally sensitive, convenient, and private option really appealed to women, and may help us get closer to the ultimate goal of eliminating cervical cancer,” said Fang, who noted that several professional organizations are now updating their guidelines to consider HPV self-sampling.

Moving forward, Fang and colleagues plan to investigate whether self-sampling will enhance women’s engagement with clinical care and screening over time, especially those who do not have a regular health care provider.

“By increasing women’s familiarity and comfort with testing, we hope to empower women to seek regular gynecologic care as well as reduce their anxiety and embarrassment associated with these procedures,” Fang said.

In addition to access to self-collection kits, Fang emphasized the importance of developing community-clinical linkages to ensure that women receive the appropriate follow-up when needed.

Limitations of the study include the lack of follow-up to determine whether women with high-risk HPV variants completed the appropriate care, and that only Chinese, Korean, and Vietnamese populations were included, and therefore the findings may not be generalizable to other Asian American groups.

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