

## Cervical cancer screening beyond traditional barriers

The PREVENT Project implementation study, published in the *Lancet Public Health* by Aime Powell and colleagues, showed success in cervical cancer screening for Aboriginal and Torres Strait Islander women in Western Australia.<sup>1</sup> The study's achievement of 36% participation rates and 95% same-day colposcopy completion among women who tested positive for human papillomavirus represents a major advance in addressing screening disparities that affect marginalised populations globally.

The data presented are compelling: among 108 participants, 22 (21%) tested positive for oncogenic human papillomavirus, with no high-grade cervical abnormalities detected.<sup>1</sup> Remarkably, 107 (99%) participants endorsed recommending this approach to others, highlighting the profound acceptability of culturally safe, community-driven screening approaches.<sup>1</sup> These findings resonate with similar challenges faced by indigenous populations worldwide, for which traditional screening participation rates remain critically low.

International evidence reinforces these disparities. American Indian and Alaska Native women in the Pacific Northwest face particularly stark realities, with cervical cancer screening rates of only 57.1–65.0%, well below the national average of 73.5%.<sup>2</sup> These data underscore the urgent need for innovative approaches that transcend conventional screening models. Innovative work from India shows that community-based, multicomponent interventions can improve cervical cancer screening behaviour among women from rural areas, with one randomised controlled trial achieving a remarkable increase from 4.1% baseline screening rates to 71.5% participation at 6 months through nurse-led education,

telephonic reminders, and navigation support.<sup>3</sup>

The concept of indirect financial toxicity emerges as an underexplored barrier extending beyond direct medical costs. In one study, 72% of women from low-income backgrounds perceived financial barriers to cervical screening, with screening appointment costs (71%) and future treatment costs (44%) most commonly cited.<sup>4</sup> However, the hidden costs prove equally challenging: lost wages from missed work (6%), transportation expenses (5%), and childcare arrangements create cascading financial burdens.<sup>4</sup> Internationally, patients from rural areas face particularly severe challenges, with transportation costs often exceeding screening fees and travel times requiring full-day absences from work.<sup>5</sup>

The PREVENT Project's same-day approach directly addresses these indirect costs by eliminating multiple clinic visits and extensive travel requirements. For indigenous communities spanning vast distances—for which women might travel more than 600 kilometres for colposcopic assessment—this represents transformative change.<sup>1</sup>

The implementation science approach adopted by Powell and colleagues<sup>1</sup> provides a replicable framework for addressing these multifaceted barriers. By integrating point-of-care testing, self-collection, and immediate specialist assessment within existing community structures, this model transcends traditional screening limitations. The success metrics show scalability potential for diverse marginalised populations.<sup>1</sup>

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