

Mailed Self-Collection HPV Tests Boost Cervical Cancer Screening Rates

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June 12, 2025 By MD Anderson Cancer Center

- Real-world study found self-collection tests were effective at increasing cervical cancer screening participation in underserved U.S. populations
- Women who received the self-collection kits were more than twice as likely to participate in screening compared to those who received only a telephone reminder
- These results could inform cervical cancer screening health policy

Mail-in self-collection tests for human papillomavirus (HPV) more than doubled cervical cancer screening participation among never- and under-screened U.S. women, according to a first-of-its-kind study from researchers at The University of Texas MD Anderson Cancer Center.

In the real-world, randomized, PRETIS study, published today in [JAMA Internal Medicine](#), 41% of those who received self-collection tests and a telephone reminder participated in cervical cancer screening, compared to just 17% of those who received only a telephone reminder. Adding patient navigation support to self-collection tests and the telephone reminder further increased participation rates to 47%.

"Too many women, especially those who are uninsured, live in rural areas or come from marginalized and underserved communities, aren't getting screened for cervical cancer," said lead author [Jane Montealegre, PhD](#), associate professor of [Behavioral Science](#). "These results show that self-collection testing could be a solution to increasing access to screening and, in turn, reducing the burden of cervical cancer in the U.S."

In May 2025, the Food and Drug Administration approved the first at-home screening test for cervical cancer, a disease that affects nearly 13,000 women annually. While HPV vaccination and in-office screening have driven significant declines in cervical cancer rates, disparities in outcomes continue, specifically for women of color and those in rural and low-income counties.

Between Feb. 2020 and Aug. 2023, the PRETIS study enrolled nearly 2,500 women aged 30-65 from the Houston area. Most (94%) were from ethnic/racial minoritized populations, and 56% were covered by a publicly funded financial assistance program.

Patients received one of three screening intervention approaches: 1) a telephone reminder for clinic-based screening; 2) a telephone reminder with a mailed self-collection test; and 3) a telephone reminder with a mailed self-collection test and patient navigation. Results on screening participation were collected at six months.

The researchers also found that over 80% of the women in the self-collection groups returned their kits, providing further evidence for the preference and improved suitability of this approach within this patient population.

“As self-collection tests become available in the U.S., it’s vital that we gather data to guide how they are rolled out. We want to make sure that they become available in clinics and health centers that care for people who often have the hardest time accessing health care,” Montealegre said. “By removing barriers, we are hopeful that we can improve the uptake of evidence-based screening tests and make significant progress against this preventable disease.”

The next steps for researchers will be studying how to integrate self-collection HPV tests in different primary care settings.

Limitations of this study include effects from the COVID-19 pandemic, unclear reasons for participation refusal, and barriers around mailing the kits to peoples’ homes. The trial also did not evaluate differences in the types of follow-up appointments that patients need if they test positive for HPV.

This study was supported through grants from the National Institutes of Health, including the National Institute for Minority Health and the National Cancer Institute (R01MD30175, P30CA016672, P30CA125123, P30CA138313). A full list of collaborating authors and their disclosures can be found [here](#).

This [news release](#) was published by MD Anderson Cancer Center on June 5, 2025.