

Online self-test Pap smear causes confusion

VUYO MKIZE

Vuyo Mkize@inl.co.za

EVERY year for the past 10 years, 35-year-old Shireen Omar has made a point of getting a Pap smear test.

This year was no different. But with time constraints making it difficult for her to book a visit to the gynaecologist, she took matters in her own hands and ordered a self-test online in the form of a UDoTest, which detects Human Papillomavirus (HPV). The test can be bought from the site online or at Dischem.

If it's an online purchase, one selects the courier option and the company's nationwide "deliver anywhere policy within 24 hours" is activated.

The self-test will be sent via courier. UDoTest then collects the completed test and analyses it in accredited pathology laboratories. Feedback on the test is then communicated via doctors back to the consumer on their secure online UDoTest profile.

When Omar received her results, which showed positive for high-risk strains of HPV, she said she was terrified that she had precancerous cells in her body. HPV causes 99 per-

cent of cervical cancers and is spread through bodily fluids, mucous membranes and infected genital skin.

More than 100 strains of HPV exist, of which 14 are considered "high risk" or cancer-causing. From this group, HPV 16 and HPV 18, cause 75 percent of cervical cancers. The UDoTest people then

**We have to rethink
how we screen
women**

referred Omar to a gynaecologist who gave her a Pap smear for confirmation.

"A week later, I received an SMS to say that my Pap smear was negative and to come back to him in two years' time."

However, Omar still wasn't convinced and asked that a colposcopy be done because of the positive UDoHPVTest result. A colposcopy is an examination of the cervix, vagina and vulva using a microscope to detect abnormalities in the cells.

The colposcopy detected

abnormal cells and Omar then had a biopsy which revealed the presence of precancerous cells.

Dr Chris Maske, head of the Molecular Pathology Laboratory at Lancet Laboratories, said the primary screening for cervical cancer had been, until recently, the Pap smear. It was developed in the 1940s and has been the gold standard screening test despite its 54 percent sensitivity rate.

This means that it misses 46 percent of cervical cancers.

He added: "Pap smears have been a great solution for decades. They have picked up risk and reduced incidence of cervical cancers. The problem is, in 2016, it is not a very sensitive test in the evolution of cervical cancer."

Not only were they not as sensitive as they should be, but Maske stated that they were time consuming as they involved one physically looking through a microscope for the cells.

"What we need to do now is rethink how we screen women. The biggest thing is accessing more women. Most who have cervical cancer, never had screening of any kind. HPV is common and can be treated."