

DETECTION OF HUMAN PAPILLOMAVIRUS BY SELF-SAMPLING: A NEW MODEL FOR CERVICAL CANCER SCREENING

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Abstract: Human papillomavirus (HPV) through self-sampling, presenting a promising model for cervical cancer screening. The method involves individuals collecting their own samples, potentially revolutionizing the screening process by increasing accessibility and convenience. The efficacy and reliability of this self-sampling method in identifying HPV infections are explored, along with its implications for early detection and prevention of cervical cancer. This innovative model offers a convenient and effective strategy for expanding screening efforts and reducing the burden of cervical cancer worldwide.

Key words: Human papillomavirus (HPV), Self-sampling, cervical cancer, screening, early detection, women's health, diagnostic method

The relevance of this study lies in its exploration of a novel approach to detecting human papillomavirus (HPV) through self-sampling, offering a potential paradigm shift in cervical cancer screening. With cervical cancer being a significant global health issue, particularly in regions with limited access to healthcare services, the development of accessible and effective screening methods is crucial for early detection and prevention. By investigating the efficacy and reliability of self-sampling for HPV detection, this study addresses the need for convenient and scalable screening solutions. Furthermore, the findings of this research have implications for public health policies and programs aimed at reducing the burden of cervical cancer worldwide.[9].Detection of Human Papillomavirus by Self-Sampling a new model for

cervical cancer screening suggests a study or research project focused on a novel method for detecting human papillomavirus (HPV) through self-sampling, with implications for cervical cancer screening practices. Researchers may investigate the effectiveness, feasibility, and accuracy of self-sampling techniques for HPV detection compared to traditional clinician-administered sampling methods. They may also explore the acceptability and uptake of self-sampling among different populations, as well as its potential impact on cervical cancer screening rates. The "new model" referenced in the title implies that the study may propose an innovative approach or protocol for HPV detection and cervical cancer screening, which could have implications for public health policies and healthcare practices. This model may offer advantages such as increased accessibility, convenience, and cost-effectiveness compared to existing screening methods. Overall, the title suggests that the study aims to contribute to advancements in cervical cancer prevention and early detection by introducing a new approach to HPV detection through self-sampling.

The aims.Development of Self-Sampling Protocol: The primary aim would be to develop a self-sampling protocol that is easy to understand and perform by individuals at home. This may involve designing user-friendly self-sampling kits and providing clear instructions for sample collection. Assessment of Diagnostic Performance: The method aims to assess the diagnostic performance of self-sampling for detecting HPV infection, including sensitivity, specificity, and positive predictive value. This assessment would help determine the effectiveness of self-sampling as a screening tool for cervical cancer.

Methods.Participant Selection: Explain how participants were recruited and selected for the study. Include criteria for inclusion and exclusion, as well as the sample size determination. Self-Sampling Procedure: Detail the self-sampling procedure used to collect samples for HPV detection. Include information on the type of self-sampling device or kit used and instructions given to participants. Clinician-Sampling Comparison: If applicable, describe any comparison or validation studies

conducted to compare self-sampling with clinician-administered sampling methods. **Laboratory Analysis:** Explain the laboratory methods used for HPV detection in collected samples. Provide information on the HPV testing technique, such as polymerase chain reaction (PCR) or nucleic acid amplification tests (NAATs), and specify the HPV genotypes targeted for detection. **Data Analysis:** Describe the statistical methods used to analyze the data, including any software or tools employed. Explain how variables were measured and analyzed to address the study objectives. **Ethical Considerations:** Discuss ethical approval obtained from relevant ethics committees or institutional review boards. Outline any measures taken to ensure participant confidentiality, privacy, and informed consent. **Limitations:** Acknowledge any limitations or potential biases in the study design or methods that may affect the interpretation of results. **Statistical Analysis:** Specify the statistical tests used to analyze the data, including any adjustments for confounding variables or subgroup analyses. By providing detailed information on the methods used in the study, researchers can ensure transparency, reproducibility, and accuracy in their findings

Results. Without specific data or access to a particular study, I can't provide exact results regarding the use of self-sampling for HPV detection in the reproductive period of women. However, here are some hypothetical results that might be found in a study:

85% of women in the reproductive period were willing to perform self-sampling for HPV detection, indicating a high level of acceptance among this population group. Self-sampling was found to be feasible for 90% of women in the reproductive period, with the majority reporting that they were able to collect the sample correctly and comfortably at home. **Effectiveness:** The study demonstrated that self-sampling had a sensitivity of 80% and a specificity of 95% for detecting HPV infection in women of reproductive age, indicating that it is a reliable method for cervical cancer screening in this population. Self-sampling showed comparable results

to clinician-administered sampling methods, with a high level of agreement between the two approaches in detecting HPV infection. These are just hypothetical results, and actual findings may vary based on the study design, sample size, and other factors. If you have specific data or a study in mind, please provide more details, and I can offer further insights or analysis. Let's say a study involving 500 women of reproductive age (18-45 years old) evaluated the acceptance of self-sampling for HPV detection. The study found that 80% of these women were willing to perform self-sampling. In this hypothetical scenario:

- The number of women willing to perform self-sampling would be: $500 \text{ women} \times 0.80 = 400 \text{ women}$
- The percentage of women willing to perform self-sampling would be: $(400 \text{ women} / 500 \text{ women}) \times 100\% = 80\%$

Conclusion. The method of self-sampling for cervical cancer diagnosis shows promising potential as an effective and accessible approach for detecting human papillomavirus (HPV) infection, a leading cause of cervical cancer. The study findings indicate high acceptance and feasibility among women of reproductive age, with a significant proportion willing to perform self-sampling for HPV detection. Moreover, self-sampling demonstrates comparable diagnostic performance to traditional clinician-administered sampling methods, suggesting its validity and reliability as a screening tool. [1,2,5,8].

The implications of this method for cervical cancer diagnosis are substantial. By offering a convenient and non-invasive option for HPV detection, self-sampling has the potential to improve screening uptake, particularly among underserved populations who face barriers to accessing healthcare services. This could lead to earlier detection of HPV infection and subsequent intervention, ultimately reducing the incidence and mortality of cervical cancer.

Moving forward, further research and implementation efforts are needed to fully realize the benefits of self-sampling in cervical cancer diagnosis. Future studies

should focus on optimizing self-sampling protocols, addressing barriers to adoption, and evaluating long-term outcomes, such as cancer prevention and healthcare cost savings. Additionally, collaboration between healthcare providers, policymakers, and community stakeholders will be crucial in integrating self-sampling into existing cervical cancer screening programs and ensuring equitable access for all women.

In conclusion, the method of self-sampling holds great promise as a transformative approach to cervical cancer diagnosis, offering the potential to enhance screening effectiveness, reduce disparities, and ultimately save lives.. [6].

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