May 8th, 12:30 PM - 1:30 PM

Effects of Transitioning From Conventional Methods to Liquid Based Methods on Unsatisfactory Pap Tests: Results from a Multicenter U.S. Study (poster)

Christopher L. Owens
University of Massachusetts Medical School

Daniel J. Peterson
University of Massachusetts Medical School

Aruna Kamineni
Group Health Research Institute

See next page for additional authors

Follow this and additional works at: http://escholarship.umassmed.edu/cts_retreat

Part of the Diagnosis Commons, Obstetrics and Gynecology Commons, Pathology Commons, Translational Medical Research Commons, and the Women's Health Commons

Owens, Christopher L.; Peterson, Daniel J.; Kamineni, Aruna; Buist, Diana S. M.; Weinmann, Sheila; Ross, Tyler R.; Williams, Andrew E.; Stark, Azadeh; Adams, Kenneth F.; and Field, Terry S., "Effects of Transitioning From Conventional Methods to Liquid Based Methods on Unsatisfactory Pap Tests: Results from a Multicenter U.S. Study (poster)" (2013). UMass Center for Clinical and Translational Science Research Retreat. 20.
http://escholarship.umassmed.edu/cts_retreat/2013/posters/20

This material is brought to you by eScholarship@UMMS. It has been accepted for inclusion in UMass Center for Clinical and Translational Science Research Retreat by an authorized administrator of eScholarship@UMMS. For more information, please contact Lisa.Palmer@umassmed.edu.
Presenter Information
Christopher L. Owens, Daniel J. Peterson, Aruna Kamineni, Diana S. M. Buist, Sheila Weinmann, Tyler R. Ross, Andrew E. Williams, Azadeh Stark, Kenneth F. Adams, and Terry S. Field

Creative Commons License
This work is licensed under a Creative Commons Attribution-Noncommercial-Share Alike 3.0 License.
Title: Effects of Transitioning From Conventional Methods to Liquid Based Methods on Unsatisfactory Pap Tests: Results from a Multicenter U.S. Study

Authors: Christopher L. Owens¹,²; Dan Peterson¹; Aruna Kamineni³; Diana S.M. Buist⁴; Sheila Weinmann⁴; Tyler Ross³; Andrew E. Williams⁵; Azadeh Stark⁶; Kenneth F. Adams⁷; Terry S. Field¹,²

Institutional affiliations: (1) Meyers Primary Care Institute, Worcester, MA; (2) University of Massachusetts Medical School, Worcester, MA; (3) Group Health Research Institute, Seattle, WA; (4) Kaiser Permanente Center for Health Research – Northwest, Portland, OR; (5) Kaiser Permanente Center for Health Research – Hawaii, Honolulu, HI; (6) Geisinger Health System, Danville, PA; (7) HealthPartners Research Foundation, Minneapolis, MN

Contact information: Shawn Gagne, Meyers Primary Care Institute, 630 Plantation Street, Worcester, MA; Telephone, 508-791-739; Fax, 508-595-2200; shawn.gagne@meyersprimary.org

Abstract:

Background: Pap testing has transitioned from conventional preparations (CP) to liquid based preparations (LBP) due to perceived superiority of LBPs. Many studies conclude LBPs reduce unsatisfactory (UNSAT) tests however some believe the evidence to substantiate this claim is weak. We studied the effect of the transition from CPs to LBPs on the proportion of UNSAT Pap tests (PT) in four health care systems in the United States participating in the NIH-funded SEARCH project.

Methods: Our study cohort consisted of 548,174 women with 1,443,725 total PTs, ages 21-65 years, between 2000 and 2010. We used segmented regression analysis to estimate the effect of adopting LBPs on the proportion of UNSAT PTs after adjusting for age.

Results: Three sites implementing SurePath LBP experienced significant reductions in UNSAT PTs (Site 1 estimated effect: -2.46% [95% CI: -1.47%, -3.45%], Site 2: -1.78% [95% CI: -1.54%, -2.02%], Site 3: -8.25% [95% CI: -7.33%, -9.17%]. The fourth site implementing ThinPrep LBP did not experience a reduction in UNSAT studies. The relative risk of an UNSAT PT in women > 50 increased after the transition to LBPs (SurePath: RR 2.1 [95% CI: 1.9, 2.2] and ThinPrep: RR 1.7 [95% CI: 1.5, 2.0]).

Conclusions: The observed changes in the proportion of UNSAT PTs varied across the participating sites and it was dependent on the type of LBP technology, age of women and the rates prior to the implementation of this technology.