For Health Care Professionals

Quick Reference

Screening for All

Cervical Cancer Screening
Quick Reference Guide

Purpose: This resource provides health care professionals with essential guidelines for making cervical cancer screenings accessible for people with disabilities.

Key Clinical Decisions

DO:

- **Assess each patient individually** and ask about sexual activity in a routine, nonjudgmental manner
- **Assume screening is possible** until proven otherwise through careful assessment
- **Ask about previous screening experiences** and accommodation needs before the screening
- **Consider alternatives** such as self-collected or assisted self-collected HPV testing

DO NOT:

- **Do not assume patients with disabilities are not sexually active** or cannot undergo screening
- **Do not make broad assumptions** about screening feasibility based on patient's type of disability
- **Do not assume patients cannot provide informed consent** based on disability status
- **Do not use only standard positioning**

Alternative Screening Options

- **Self-collected HPV testing:** Patient collects own sample using self-collection swab; accuracy similar to clinician-collected samples.
- **Assisted self-collection:** Health care professional or caregiver assists with sample collection when patient cannot collect independently.
- **Referral options:** Refer to specialists experienced with disabilities or consider screening with sedation.
- **Future considerations:** Self-collection at home is being studied in the U.S.; currently available in other countries.

Key Risk Factors for People with Disabilities

- **Receive cervical cancer screening at lower rates** (77.9% versus 84.2%).
- **Women with disabilities are twice as likely to report sexual violence**; those with Intellectual and Developmental Disabilities (IDD) are at greatest risk.
- **Self-collected HPV tests have similar accuracy** to clinician-collected samples and can expand access.

Clinical Decision Point	Key Accommodations
Mobility Disabilities	
When patient uses wheelchair, cannot safely transfer to exam table, cannot tolerate lithotomy position, has spasticity/ pain, or history of autonomic dysreflexia	• Height-adjustable exam tables (17-19 inches) • Transfer aids (slide boards, lifts, trained staff) • Alternative positioning (knee chest, diamond, V position) • Extended appointment time • Smaller speculum sizes and patient-controlled insertion • Monitor for autonomic dysreflexia
Vision Disabilities	
When patient cannot see written materials or standard visual cues, needs spatial orientation support, requires tactile communication, or requests accessible formats	• Comprehensive verbal descriptions of procedure, room • Tactile guidance and orientation with permission • Braille/large-print materials • Audio materials and instructions • Describe sensations before touching or repositioning
Hearing Disabilities	
When patient cannot hear verbal instructions, uses American Sign Language (ASL), needs communication support, or requests auxiliary aids	• Qualified sign language interpreters in person or Video Remote Interpreting (VRI) • Clear visual communication and eye contact with patient • Written materials and Communication Access Realtime Translation (CART) service • Ensure interpreter has clear line of sight • Alternative breathing cue systems
Intellectual and Developmental Disabilities	
When patient needs environmental modifications, uses assistive technology for communication, has difficulty understanding or requires caregiver support	• Plain language explanations (sentences under 10 words) • Step-by-step narration of each action • Visual supports and social stories • Sensory accommodations (low lights, soft music) • Extended time and preparatory visits • Support person present, if requested