**Provider Perspectives on the Transition to Primary HPV Testing for Cervical Cancer Screening**

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The purpose of this study was to evaluate the barriers and facilitators associated with the transition to primary HPV testing from current cervical cancer screening (CCS) practices amongst community OB/GYN providers. An exploratory qualitative approach with in-depth, one-on-one interviews was used to assess physician perspectives from around the state. Our interviews were semi-structured with the use of an interview guide informed by the Consolidated Framework for Implementation Research. The interview guide was designed to probe for key concepts including general thoughts on CCS and current practice patterns, perceived advantages and disadvantages of cytology and HPV-based CCS screening tests, perspectives on recommended CCS intervals, provider acceptance of HPV-based CCS, and perceived patient perspectives related to HPV based CCS or a change in CCS patterns. Three separate investigators coded the interviews for major themes. Themes identified in 50% or more of the interviews were included. We interviewed 10 community-based OB/GYNs. Frequently identified barriers included a perceived patient preference for more frequent CCS, fear of missing or a delayed diagnosis of cancer, difficulty explaining a change in CCS strategy and HPV-based screening to patients, influence of health insurance on CCS method, and concern for decreased OB/GYN clinic visits with longer intervals between recommended CCS encounters. Identified facilitators included physician awareness of HPV-based screening methods, perceived cost savings, and intent to follow clinical practice guidelines. Interviewed physicians identified the need for increased patient education materials related to HPV and CCS. Our findings highlight the importance of multilevel (system, provider, and patient) strategies to promote the acceptability and adoption of primary HPV testing and to transition to this evidence-based CCS modality. Further research to understand the patient perspective and acceptability of HPV-based CCS will be critical.