

Letter to Editor

Self-sampling in biomolecular tests beyond the prevention of cervical cancer.

An article entitled: “HPV-DNA test access based on self-collection of vaginal samples from women living with HIV/AIDS: pilot implementation in Brazil (1) was recently published in the Brazilian Journal of Sexually Transmitted Diseases (BJSTD). The authors describe the acceptability and applicability of self-collection of vaginal samples for HPV DNA testing among women carrying human immunodeficiency virus (HIV) in Brazil. The study demonstrated more than 90% acceptability, and most participants preferred self-collection over collection by healthcare professionals. Such data are essential since this is a population that requires easily accessible screening for differentiated cervical cancer since immunosuppression is associated with a greater risk of persistent HPV infection and the development of cancer of the cervix (2).

Searching MEDLINE, it was possible to find the likely first publication focused on self-collection for HPV research in 1993 (3). In this manuscript, the author pointed out that its great advantage is its acceptability to the population, as it exceeds the limit imposed by problems such as modesty and accessibility to a screening program.

Since then, many studies have been conducted on immunocompetent and immunosuppressed women, demonstrating the benefits of more excellent coverage and reaching populations not reached with the traditional screening form (4). However, this accuracy is dependent on the method used (5). Therefore, it is essential to recognize the importance of the technology used based on self-collection.

This self-collection strategy, which is now widely used for HPV, was suggested around 17 years ago to study the vaginal microbiota (6). In this article, the authors

demonstrated the same concern for better acceptability while ensuring accuracy, in this case, for morphological examinations for pathogen identification (Figure 1). Remembering that this study concerns microorganisms present in the vagina. Given new technologies based on nucleic acid amplification techniques (NAAT) on multiplex platforms that have emerged in recent years and new algorithms that have been proposed, this strategy can be used today to make things easier for the patient without compromising the reliability of exams (7).

Figure 1. The figure illustrates the tools for the method suggested for the self-collection of samples for microbiological diagnosis and vaginitis by Passos et al. (6)



Self-collection indeed allows us to overcome barriers imposed by logistical and cultural difficulties in special populations that are currently abandoned when it comes to preventing cervical cancer. We believe that the possibility of new and more comprehensive studies is open to evaluating self-collection as a tool that can help in cancer screening and diagnosing genital infections.

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