



Corrigendum to “Efficacy of strategies to increase participation in cervical cancer screening: GPs offering self-sampling kits for HPV testing versus recommendations to have a pap smear taken - A randomised controlled trial” [Papillomavirus Res. 9 (2020) 100194]

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The authors missed few things while publishing their article and now publishing this corrigendum to stand them corrected.

- Two of the authors H. Cammu and V. Verhoeven were inadvertently missed to be added in the article which was published. The authorship now stands corrected in this corrigendum.
- The authors would also like to propose the following adjustments to the CRediT Authorship Contribution Statement:

E. Peeters: Formal analysis, Writing - original draft.

K. Cornet: Conceptualization, Methodology, Formal analysis, Resources, Investigation.

H. Cammu: Supervision.

V. Verhoeven: Conceptualization, Methodology, Formal analysis, Investigation.

D. Devroey: Writing - review & editing.

M. Arbyn: Formal analysis, Writing - review & editing, Funding acquisition.

- Abstract was missed during the publication of the article and hence it is provided below:

Abstract

Background: Cervical cancer is preventable by early detection and treatment of pre-cancerous lesions. The current screening policy in

Belgium (3-yearly cytology on Pap smears) covers 60% of the target population. Offering self-samples by GPs can overcome barriers for women who are currently not screened.

Methods: Women aged 25–64 who did not have a Pap smear since three years and consulted a GP practice in a Flemish municipality between November 2014 and April 2015 were allocated in a 1:1 ratio to either the intervention arm where women were given a vaginal self-sampling kit or control arm where women were encouraged to make an appointment for having a Pap smear taken by a clinician.

Results: Eighty-eight consenting women were randomised. 35 (78%) out of 45 women in the self-sampling arm participated in screening compared to 22 (51%) out of 43 women in the control arm ($p = 0.009$). This difference remained significant after adjusting for covariates (age category, education level, time interval since last Pap smear, past Pap smear-taker).

Conclusion: GPs offering self-sampling kits resulted in a high participation. Larger trials should confirm this effect and evaluate feasibility of this approach.

- The authors would also like to include the following sentence in the acknowledgement

“The laboratory AML (Antwerp, Belgium) is acknowledged for the free HPV testing on the self-samples.”

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