

**Introduction** Cervical cancer is the commonest cancer among Zimbabwean women; HIV positive women are disproportionately affected. Access to cervical cancer screening (CCS) is sub-optimal. To improve access, PSI-Zimbabwe integrated CCS with HIV testing services from September 2013. We used serial qualitative interviews to explore evolution of client views on service integration and barriers and facilitators to CCS uptake.

**Methods** In-depth interviews were held with clients at four clinics providing integrated services in November/2013–March/2014 and November/2014–March/2015. Interviews were audio-recorded, transcribed, translated and analysed thematically.

**Results** 32 and 37 women accessing integrated services were interviewed in Phases 1&2 respectively. Participants (aged 18–52 years) included women who had declined CCS and women who had been screened. Demand increased and views on CCS became more positive over time. In both phases women were positive about services being integrated because it enabled i) access to services under one roof; ii) information to spread (many in Phase 1 had not known about CCS before visiting integrated services for other reasons). Other factors that facilitated CCS uptake were i) knowing someone who have suffered/died of cervical cancer, ii) peers iii) having suspicious symptoms iv) free services. Barriers were the same across phases; i) fear of cancer diagnosis which was greater among HIV positive women ii) concern that CCS is complex, women sometimes called it ‘an operation’ iii) belief that the cervix is very fragile and should not be tampered with, some feared that ‘tampering’ would cause cancer. Low risk perception was common with many believing that i) only old/HIV positive women are affected, ii) absence of signs/symptoms equates with low risk of disease.

**Conclusion** Integration has increased access to CCS while also facilitating spread of information on CCS, resulting in more positive views over time. Interventions that address myths/misconceptions are likely to improve uptake of CCS.

**Disclosure of interest statement** The study was funded by the Integrated Support Programme and no conflicts of interest are declared.

**P17.16 PERSONAL DECISIONS AROUND ANTI-RETROVIRAL THERAPIES (ART): FINDINGS FROM THE LITERATURE AND FROM A QUALITATIVE LONGITUDINAL STUDY WITH PEOPLE LIVING WITH HIV (PLHIV) IN REGIONAL QUEENSLAND, AUSTRALIA**

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**Introduction** Patient-centred care is cornerstone of effective management of complex illnesses, yet little is known about personal decision processes around ART, especially among PLHIV living in remote areas. This paper examines how PLHIV living in regional Queensland make treatment decisions, and compares it with findings from the literature.

**Methods** The narratives around ART were elicited as part of a three year qualitative longitudinal study with 69 PLHIV over 35 from regional Queensland, recruited by key HIV organisations. Thematic analysis will continue at each and across time points. A comprehensive literature review (2003–13) on factors impacting people’s decisions around ART in Australia, Canada and the UK is under review [AC-2015–03–0185].

**Results** Decisions around treatment depended upon a range of psychosocial and structural factors. Some PLHIV discontinued ART and engaged in ‘cleansing’ of the body using natural therapies. ART was also experienced symbolically, as a reminder of one’s HIV status, but also as a means to a full life. The active coping style and treatment adherence of the peer models were seen as expressions of not succumbing to fear and stigma. The constructive and destructive influences of significant others on one’s continuum of care were highlighted. Non-medical advice was often sought when the health system was felt lacking.

**Conclusion** PLHIV in regional Queensland engage in nuanced analysis of various costs and benefits of ART uptake, in which biomedical concerns play an important yet often minor role. These findings are congruent with the literature: people’s abilities and motivations around ART are influenced by a host of interconnected, broader social factors. Findings have implications for the management of HIV and other complex diseases in that patient-centred care needs to move beyond purely biomedical considerations. This presentation will outline psychosocial factors providers can focus on to effectively address patient’s underlying concerns and support their choices around treatment.

**Disclosure of interest statement** The Living Positive in Queensland Study is funded by the Australia Research Council as a Linkage Project Grant [LP110200318]. Queensland Positive People, Queensland AIDS Council, and Positive Directions - Anglicare (now closed) were the original partner organisations of the study.

**P17.17 ANAL HUMAN PAPILLOMAVIRUS (HPV) INFECTION AND ANAL INTRAEPITHELIAL NEOPLASIA (AIN) AMONG MEN WHO HAVE SEX WITH MEN (MSM) IN KUALA LUMPUR, MALAYSIA**

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**Introduction** MSM in particular HIV positive MSM have an increased risk of anal cancer. There is a paucity of data regarding anal HPV infection and high grade anal intraepithelial neoplasia (HGAIN) among MSM in Malaysia. The study is part of a larger regional collaboration with sites in Bangkok, Bali and Jakarta.

The aims of the study were to determine the prevalence, incidence and risk factors associated with high risk anal HPV infection and HGAIN among a cohort of MSM attending a screening site in Kuala Lumpur.

**Methods** 3 doctors received training in high resolution anoscopy (HRA). 52 MSM participants, 26 HIV positive and 26 HIV Negative, were enrolled into the study. Participants were screened at 3 time points – at baseline, 6 months and 12 months. Each participant completed a questionnaire on demographics, smoking and sexual history. Anal sample collection was then undertaken for liquid based anal cytology and anal HPV genotyping (Linear Array). This was followed by HRA and biopsy of abnormal areas. Patients with AIN 2 or 3 were offered treatment. Each participant was also screened for syphilis (RPR nad TPPA) at each visit.

**Results** The baseline results are presented. There were no anal cancers. The most common HPV genotype was HPV 16 in 17/52 (33%) participants. 39 (75%) had at least one high risk HPV infection. 26 (50%) had abnormal cytology. 9/52 (17%) had HGAIN (AIN 2 or 3). HGAIN correlated with high grade anal