



DONOR BRIEF: National HPV Vaccination Roundtable

Mission Initiative: Eliminate HPV Cancers

Department: Patient Services Pillar, Prevention & Early Detection

Background:

In 2014 the American Cancer Society (ACS), in collaboration with the Centers for Disease Control and Prevention (CDC), established the [National HPV Vaccination Roundtable](#) (HPVRT). The American Cancer Society and Centers for Disease Control and Prevention have been at the forefront of advancing public health initiatives and reducing mortality and morbidity through prevention and promotion. For nearly a decade both ACS and CDC have provided funding to support HPV Vaccination Roundtable activities. In 2022, President Biden’s announcement to relaunch [Cancer Moonshot](#) and commitment to “end cancer as we know it” has fueled ACS’s continued prioritization of equitable access to the prevention, screening/early detection, and diagnosis of cancer.

The ACS-led HPVRT is a coalition of over 70 national organizations working at the intersection of immunization and cancer prevention to **raise HPV vaccination rates** and **prevent HPV cancers**. We see a future where cervical cancers can be nearly eliminated in the U.S., sparing millions of women and family’s unnecessary pain, stress, and financial burden. We believe that by working together over the long-term, we can move towards **ending vaccine-preventable HPV cancers as a public health problem**.

The HPVRT convenes national organizations, experts, and key stakeholders to ideate, strategize and problem solve on collaborative projects. We serve as a connector, creating the forum for information and resource sharing and the development of best practices related to HPV vaccination. We communicate and inform providers, health systems, coalitions, parents, and the larger public about the importance of HPV vaccination as cancer prevention. Lastly, we catalyze member organizations to take action to close the adolescent vaccination gap.

Our coalition’s strategy is guided by a 12 member [Steering Committee](#) that is chaired by Dr. Rebecca Perkins of Boston University School of Medicine/Boston Medical Center and Dr. Kristin Oliver of the Icahn School of Medicine at Mount Sinai. The HPVRT is supported by a team consisting of a Strategic Director, Director, and Program Manager, all integral to carrying out the mission and vision. Dr. Debbie Saslow serves as the Principal Investigator and Vice-Chair of the HPVRT. The staff team is led by ACS’s Vice President, National Roundtables and Coalitions, Sarah Shafir.

ACS provides the backbone infrastructure, including organizational support, expert staff, planning, and project management, to six national roundtables focused on breast cancer, cervical cancer, colorectal cancer, lung cancer, HPV vaccination, and patient navigation. ACS engages thought leaders and multi-sector organizations in the roundtables to engage in collective action planning to implement strategies that influence policies and practices that contribute to the overall roundtable goals and positively impact the experience of patients and their families. Opportunities are now open to become a donor and financial supporter of the HPVRT. Donors will have the recognition of being an HPV champion, advancing our work towards elimination of HPV cancers.

Problem Statement:

The American Cancer Society has prioritized HPV vaccination as a public health imperative as women and men of all ages, races, ethnicities, identities, and orientation are affected by HPV cancers. Vaccination against human papillomavirus (HPV) could prevent an estimated 35,900 cases of cancer in the United States annually (which translates to 90% of HPV cancers), 300,000 cases of warts, and hundreds of thousands of cervical precancers.¹ However, HPV vaccination continues to be underutilized despite the overwhelming evidence for its safety and effectiveness as well as extensive efforts by ACS, CDC, provider organizations, and many other stakeholders.

The United States is falling significantly short of protecting our children from future cancer. The HPV vaccine protects against six cancers (throat, cervical, penile, vulva, vaginal, anal), but only 7 out of 10 girls and 6 out of 10 boys have even started their shot series. In 2021, only 61.7% of 13-17-year-olds nationwide were fully protected with HPV vaccination.² In 2020, the pandemic caused by COVID-19 led to a gap in HPV vaccinations, with 21% fewer doses given—over a million doses in the public sector alone—compared to 2019.³ There is an urgent need to catch up children and adolescents on their missed vaccinations to protect them from preventable cancers.

ACS and others recommend that healthcare providers routinely offer the HPV vaccine series to boys and girls between ages 9 and 12. Special emphasis has been given to starting at age 9 to increase the success of completing the series by age 13. Additionally, starting at age 9 gives healthcare providers time to complete the HPV series before age 11 when children need to get the Tdap and MenACWY vaccines. Many children and parents prefer to receive fewer shots at a healthcare visit.

We believe that increasing HPV vaccination and ending vaccine-preventable HPV cancers is a solvable public health problem if we work in collaboration. The HPVRT leverages the expertise and talents of its diverse members to identify evidence-based strategies and develop new, innovative projects that go beyond the limits of individual organizations. Our projects are collaborative, impactful, and novel.

National HPV Vaccination Roundtable Vision

The work of the HPV Roundtable creates connections and synergies between organizations, creating a forum for sharing information and resources while avoiding duplication of efforts.

HPV vaccination is cancer prevention

We achieve more through collaboration and partnership

Every member organization has something to contribute

Evidence-based practice should guide all our work

We need creative solutions to close known gaps

Working together, the coalition seeks to accelerate the uptake of HPV vaccination.

Organizational Overview and Experience

The ACS exists to improve the lives of cancer patients and their families. We are the only organization that integrates discovery, advocacy, and direct patient support to measurably improve lives. Our discovery research leads to breakthroughs in preventing, finding, and treating cancer. Our advocacy

work removes barriers to care so people in every community can have an opportunity to access those breakthroughs. Through direct patient support, we connect people in every community with essential programs and support services throughout their cancer journey. Because while cancer affects everyone, it doesn't affect everyone equally. Through our commitment to these areas of focus, we are working to ensure everyone has a fair and just opportunity to prevent, detect, treat, and survive cancer.

Commitment to Health Equity

One of the ACS's foundational components that support our mission is equity. To achieve equity, we must eliminate health disparities. The ACS, along with its' nonprofit advocacy affiliate, the American Cancer Society Cancer Action Network, believes that all people should have a fair and just opportunity to live a longer, healthier life free from cancer regardless of how much money they make, the color of their skin, their sexual orientation, gender identity, their disability status, or where they live.

The COVID-19 pandemic has compounded health inequities in cancer screening and care. These inequities reflect long-standing disparities in health quality and health outcomes for communities of color, the LGBTQ community, and rural communities. Evidence shows that the social determinants of health, including socioeconomic status, educational access, environment, social supports, and access to health care, continue to impact cancer care across the continuum.³

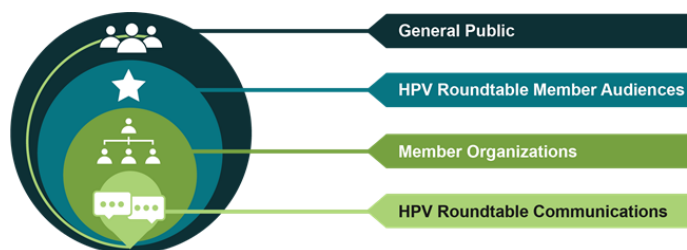
The ACS Roundtable Model

Some barriers challenging our efforts to improve the lives of cancer patients and their families are too complex for any one organization to address on its own. To overcome these barriers, the ACS unites organizations in collaborative partnerships through its mission-critical national roundtables. In 1997, in partnership with the Centers for Disease Control, the ACS established its first roundtable, the National Colorectal Cancer Roundtable, which was followed by the addition of national roundtables focused on HPV vaccination (2014), Patient Navigation (2017), and Lung Cancer (2017). In February 2022, we

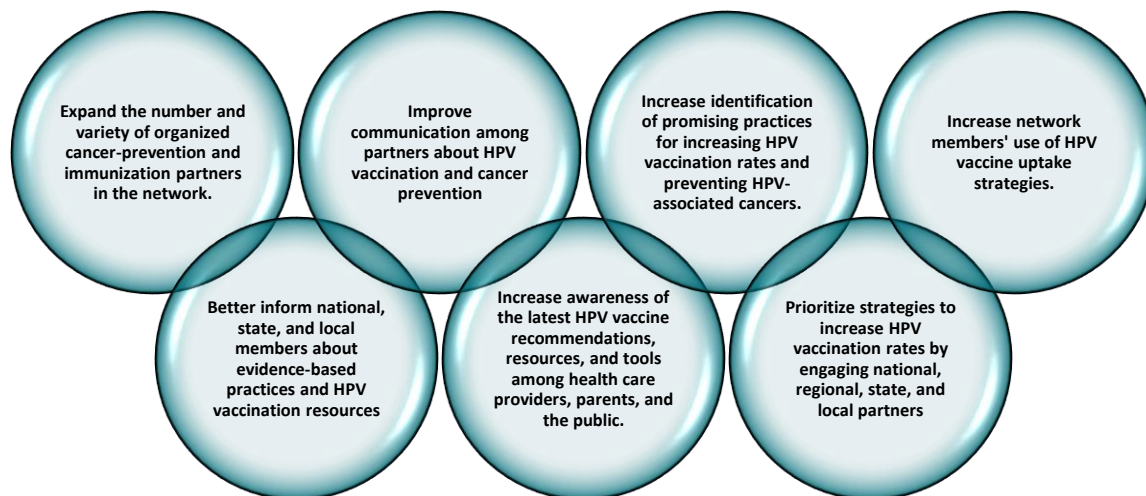
committed to further expanding our national roundtables to include breast and cervical cancer. Roundtables succeed by bringing together leading advocacy organizations, professional societies, government agencies, cancer centers, community organizations, academic institutions, industry leaders, and other key partners to share resources and expertise to drive progress on cancer priorities. More information on the ACS roundtables can be found [here](#), and to learn more about the HPVRT and membership opportunities, sponsorship opportunities, or regular updates, please view our [website](#).

HPVRT Workplan and Priorities

The broad aim of the HPVRT’s work is to influence vaccinators, their supporting health systems, and parent decision-makers to vaccinate all age-eligible children on time to prevent HPV-related cancers.



Stakeholders represent national, regional, tribal, and state-based cancer prevention and immunization coalitions to reach these audiences. The list of current coalition members is [here](#). HPVRT target populations are systems (payers, health systems, coalitions, provider associations, cancer centers, parent groups) that serve adolescent populations of all backgrounds. In an effort to increase HPV vaccination rates and decrease the HPV cancer burden, the following priority outcomes have been identified in our 2022- 2026 workplan.



Partnering Together

The ACS has a history of being an innovator in developing and cultivating meaningful corporate partnerships that truly make an impact in the cancer community. Building on that legacy, you would be supporting a roundtable with transformative impact. Your donation would allow us to continue our work with leading organizations and partners in the areas of cancer prevention and immunization to address the challenges that are critically important. Together, ACS and our partners can harness the power of collaboration to achieve this goal.

Sponsorship Investment Opportunities

Primary funding is provided by a cooperative agreement with the Centers for Disease Control and Prevention, with in-kind contributions from the American Cancer Society. HPVRT operating costs are approximately \$800,000 per year. Investing in the HPVRT allows ACS to leverage its strengths and unique capabilities as well as the strengths and unique capabilities of member organizations more fully through an established roundtable model to advance the priorities. Your contributions to our work are as critical as ever. Generous sponsorships from HPVRT members and partners will allow us to sustain a roundtable program that has been a leader in HPV vaccination and cancer prevention.

Small to Medium Picture Opportunities:

Sponsorship in the following amounts annually grows the HPV Roundtable’s ability to support the following areas:

Donor Level	Tier 1	Tier 2	Tier 3	Tier 4
<i>Donor Amount</i>	\$5,000 - \$25,000	\$25,000 - \$50,000	\$50,000 - \$100,000	\$100,000 - \$250,000
<i>Outcome</i>	Support Individual Pilot Project	Support Regional HPV Efforts	Support HPVRT Task Groups	Support HPVRT National Initiatives
<i>Activities</i>	<ul style="list-style-type: none"> ▪ Invest in a pilot project for 1 year. ▪ Sponsor a state-level roundtable or coalition for 1 year. ▪ Advance efforts to drive parental behavior, including through social media and vaccination champions ▪ Support member and stakeholder travel scholarships ▪ Support annual Steering Committee meeting 	<ul style="list-style-type: none"> ▪ Invest in convening regional summits, forums and training ▪ Invest in regional pilot projects/ HPV campaigns ▪ Fund regional state coalition gatherings and operations 	<ul style="list-style-type: none"> ▪ Invest in provider training, including physicians, nurses, physician assistants, pharmacists, and oral health providers ▪ Sponsor best practices conference ▪ Invest in health systems initiatives and outreach ▪ Evaluate pilot project process, outcomes, and impact 	<ul style="list-style-type: none"> ▪ Sponsor national meetings, sessions, or dinners ▪ Sponsor national webinars ▪ Sponsor digital media platforms ▪ Fund national public awareness and communication tools and events to promote HPV vaccination ▪ Fund high-quality evaluation efforts ▪ Fund operations and staffing

Big Picture Opportunities:

- An additional pledge of \$500,000 would provide angel investor funding for state-level roundtables or coalitions in 10 states (\$50,000 per state coalition to support a one-day meeting of 30-40 people and seed money for identified priority projects).
- A pledge of \$750,000 will fund a full-time Roundtable Director (salary and benefits) for 5 years to implement and advance the work of the Roundtable (\$100,000 salary + \$50,000 benefits).
- A pledge of \$1 million will fund roundtable pilot projects for 5 years (\$25,000 x 6 projects per year x 5 years = \$750,000, plus \$50,000 per year for a larger project and/or communications work).
- A pledge of \$4 million will fully fund the National HPV Vaccination Roundtable for 5 years (\$778,000 x 5 = \$3.9 million).

Partnership Commitment

As leaders committed to increasing HPV vaccination and decreasing the burden of HPV related cancers, American Cancer Society invites you to join this important work and help to save lives. To build visibility for our partners and further the priorities of the HPVRT, the ACS will curate deliverables based on commitment and funding levels.

The ACS HPVRT Team Thanks you for your Financial Support!

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References

1. Saraiya M, et al. U.S. Assessment of HPV Types in Cancers: Implications for Current and 9-valent HPV Vaccines. JNCI 2016;107.
2. Pingali C, Yankey D, Elam-Evans LD, et al. National Vaccination Coverage Among Adolescents Aged 13–17 Years — National Immunization Survey-Teen, United States, 2021. MMWR Morbidity Mortality Weekly Rep 2022;71:1101–1108.
3. American Cancer Society. Making the Case for Health Equity. Cancer.org. Published April 2020. Accessed January 31, 2022. <https://www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/cancer-prevention-and-early-detection-facts-and-figures/making-the-case-for-health-equity.pdf>