THE National Islands 2023

DAY 1

#NatIIslands23

Welcome to our 2023 Joint National Meeting

Day 1

American Cancer Society | National HPV Vaccination Roundtable | American Cancer Society | National Roundtable on Cervical Cancer

Tri-Chairs

Deborah Arrindell
Co-Chair

Akiva P. Novetsky, MD
Co-Chair

Debbie Saslow, PhD
Co-Chair, ACS Subject Matter Expert

Tri-Chairs

Kristin Oliver, MD
Co-Chair

Rebecca Perkins, MD, MSc
Co-Chair

Debbie Saslow, PhD
Co-Chair, ACS Subject Matter Expert

Gabrielle Darville-Sanders, PhD, MPH, CHES
Strategic Director, ACS HPVRT

Christina Turpin
Director, ACS HPVRT

Shelly Dusic, MA
Director, ACS NRTCC

Liddy Hora
Program Manager, ACS HPVRT

Courtnee VanOrd
Program Manager, ACS NRTCC

Day 1 Agenda

- Welcome and Introduction
- Roundtable Priorities
- Best and Promising Practices
- Lunch and Entertainment
- Centering Health Equity
- New Horizons: Elimination, Self-sampling, One-Dose
- SWAG Ceremony
- Engaging Our Organizations
- Wrap Up
- 6:00 Networking
- 7:00 Diner and Survivor Pannel

Unconference Working Agreements

- Come to connect, engage, share and learn
- What ever happens is exactly what was supposed to happen
- Be prepared to move (a lot)
- Look for calls-to-action
- Be comfortable not always being comfortable
- Clap to stay on task

Questions Submissions

- After many sessions, there will be opportunities to ask live questions via microphones in the room
- If you have additional questions, please submit them to our Question Slido found here and in your Participant Adventure Guide:

You Are Welcome Here Introduction Activity

If you are a _____, you are welcome here.

Examples: If you are… a dog lover; a woman; a person from the Pacific Islands; a person with a disability

1) **Use notecards on your table to write ONE identifier.**
   - **It DOES NOT need to directly pertain to you.**
   - **Do NOT include your name**
2) **Use the notecard to introduce yourself to your table neighbors!**
   - **Share notecard, name, organization, and where you are located**

ACS Roundtable Model & Priorities

Sarah Shafir, MPH & Kathy Goss, PhD

American Cancer Society

American Cancer Society | NATIONAL HPV VACCINATION ROUNDTABLE | American Cancer Society | NATIONAL ROUNDTABLE ON CERVICAL CANCER

World Events

HAWAI'I CANCER RESPONSE FUND

MAHALO TO OUR SPONSORS

American Cancer Society

NATIONAL HPV VACCINATION ROUNDTABLE

DEPARTMENT OF HEALTH & HUMAN SERVICES · USA CDC

American Cancer Society

NATIONAL ROUNDTABLE ON CERVICAL CANCER

MERCK

BD Advancing the world of health™

HOLOGIC®

Genmab

Seagen®

The **Patient Support Pillar** provides expert-level, patient-centric assistance to solve important problems across the cancer continuum for patients; caregivers & families; and health care professionals & communities.

Business Unit: National Roundtables & Coalitions

Problem

Some barriers challenging our efforts to improve the lives of patients and their families are too complex for any one organization to address on its own.

Solution

The National Roundtables & Coalitions Business Unit convenes multi-sectored organizations and diverse communities through collective action to overcome the most pressing challenges impeding our progress in improving cancer outcomes.

- ☑ Six Mission-Critical Roundtables
- ☑ State Coalition Strategy & Implementation, including providing technical assistance to 66 CDC Comprehensive Cancer Control Programs and Coalitions.
- ☑ Rapid Response Consortia & Collaborations

Commitment to Health Equity

What are health equity principles?

- Our health equity principles are categorized by the three Ps: **People**, **Place**, **and Partnerships**.
- These principles are the foundation for everything we do. It is important that everyone at ACS and ACS CAN - from our frontline to leadership staff and volunteers - understand and adopt these principles.
- Creation of the ACS Roundtable Health Equity Learning Collaborative to develop a health equity action plan for each roundtable.

ACS Serves as the Backbone Organization

"Backbones must balance the tension between coordinating and maintaining accountability, while staying behind the scenes to establish collective ownership"

Guide Vision & Strategy

Support Aligned Activities

Mobilize Funding

Establish Shared Measurement Practices

Advance Policy

Build Public Will

American Cancer Society®

NATIONAL BREAST CANCER ROUNDTABLE

NATIONAL ROUNDTABLE ON CERVICAL CANCER

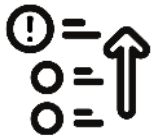
NATIONAL COLORECTAL CANCER ROUNDTABLE

NATIONAL NAVIGATION ROUNDTABLE

NATIONAL LUNG CANCER ROUNDTABLE

NATIONAL HPV VACCINATION ROUNDTABLE

What Do Our Roundtables Do?



Establish National Priorities Across the Cancer Continuum

Catalyze Policy and Patient Care Solutions

Promote Evidence-Based Strategies and Translate them into Practice

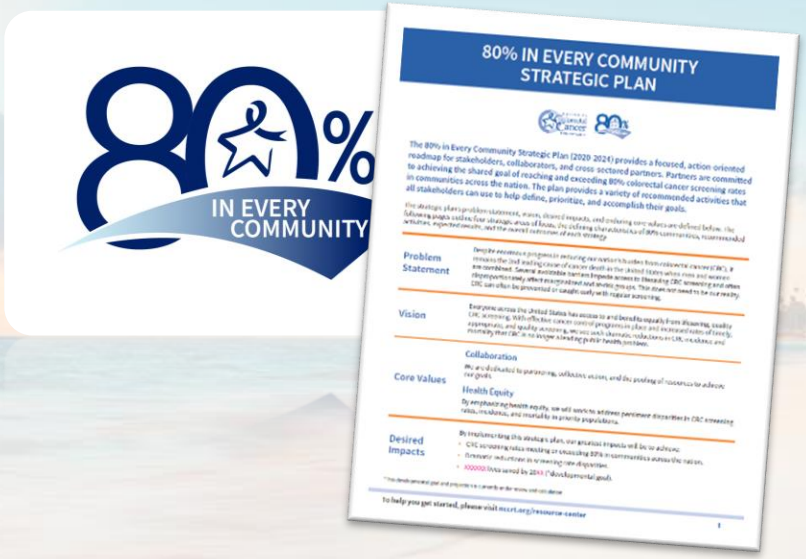
Leverage Volunteer Knowledge and Experiences to Inform the Reduction of Health Disparities

cancer.org/roundtables

Impact Through Collective Action

National Campaigns

Strategic Planning



Tools & Resources for Professionals/Patients

Mission

Our mission is to raise HPV vaccination rates and prevent HPV cancers in the United States.

Vision

We see a future where HPV immunization rates are raised to 80%, and looking beyond, we will advance towards eliminating vaccine-preventable HPV cancers as a public health problem.

Goal –
Vaccinate Every Age-Eligible Adolescent

Commit to an organizational goal to vaccinate every adolescent ages 9-12.

Raise rates to be on par with other adolescent vaccines.

Key Impact Areas

Providers

Disparities

Systems

Parents

Policies

ACS HPVRT Priorities

- Disseminate Best and Promising Practices
- Educate and Catalyze Key Audiences
- Leverage Member Expertise and Increase Engagement
- Integrate Health Equity in HPV Vaccination Activities
- Catalyze State HPV Coalitions and Roundtables

American Cancer Society®

NATIONAL ROUNDTABLE ON CERVICAL CANCER

Mission

The ACS NRTCC is a national coalition of member organizations who, through collective action, will tackle disparities in cervical cancer prevention, screening, and treatment to eliminate cervical cancer and reduce the harms caused by the disease.

Vision

A world without cervical cancer.

Research Approach

33

Key Informant Interviews

7

Focus Groups

(19 participants)

4

Community Conversation Groups

(18 participants)

531

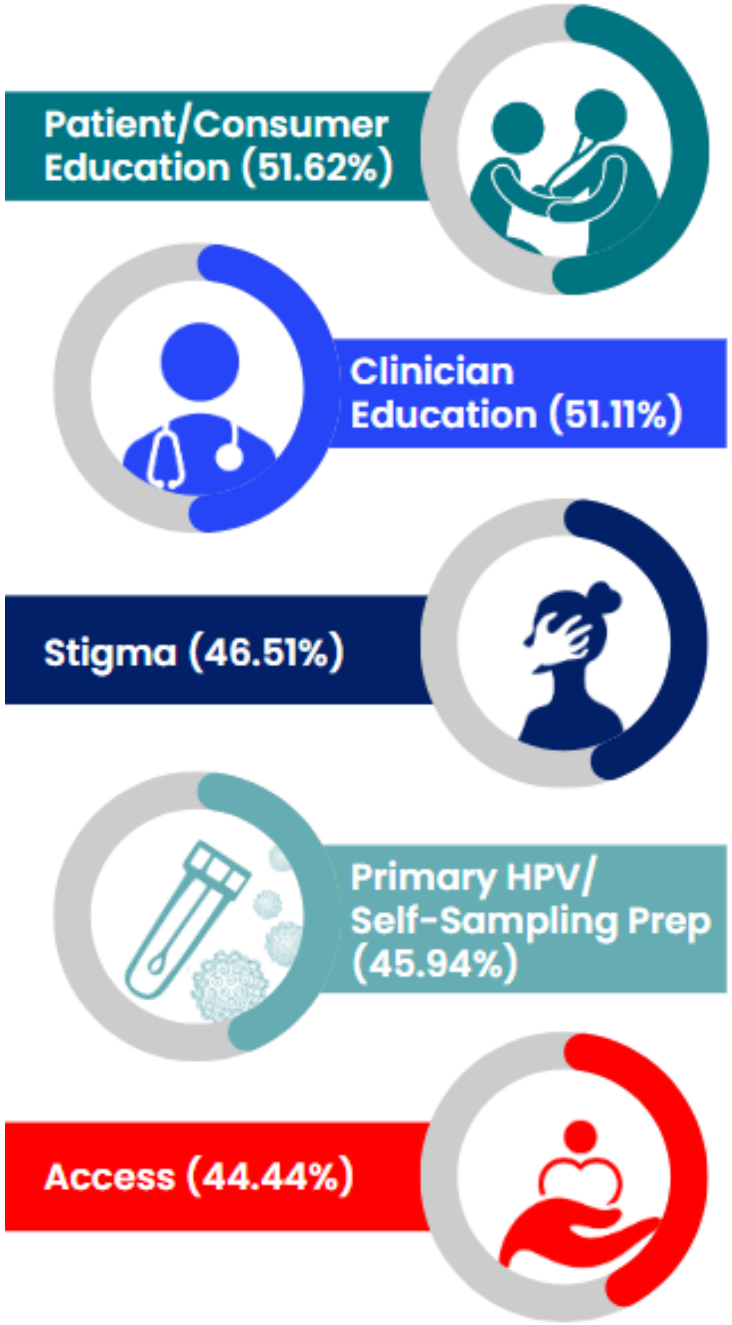
Survey Responses

Research Representation

- Public Health Agencies
- Large Medical Systems
- Federally Qualified Health Centers (FQHC)
- Independent Physicians
- Policy Representatives
- Hired Community Specialists
- Survivors
- Persons Impacted by Cervical Cancer
- Insurance
- LGBTQ+

American Cancer Society | NATIONAL ROUNDTABLE ON CERVICAL CANCER

Top 5 Identified Priorities



Important Links

ACS National Roundtable Websites

- National HPV Vaccination Roundtable (hpvroundtable.org)
- National Breast Cancer Roundtable (nbcrt.org)
- National Roundtable on Cervical Cancer (cervicalroundtable.org)
- National Lung Cancer Roundtable (nlcrt.org)
- National Colorectal Cancer Roundtable (nccrt.org)

ACS4CCC

- ACS Technical Assistance for Comprehensive Cancer Control Programs and Coalitions (acs4ccc.org)

National Consortium for Screening and Care

- Consensus Recommendations (consortium.acs4ccc.org)

Primary HPV Screening Initiative

- Initiative Page (cervicalroundtable.org/primary-hpv-screening-initiative/)

Questions

???

#beach

Table Group Conversations
ACS Roundtables & Priorities

1. **What priority are you most excited about?**
2. **What priority is unclear, and you would like to hear more about?**
3. **Anything else you would like to discuss about Roundtables?**

(10 min.)

Best and Promising Practices

Best and Promising Practices

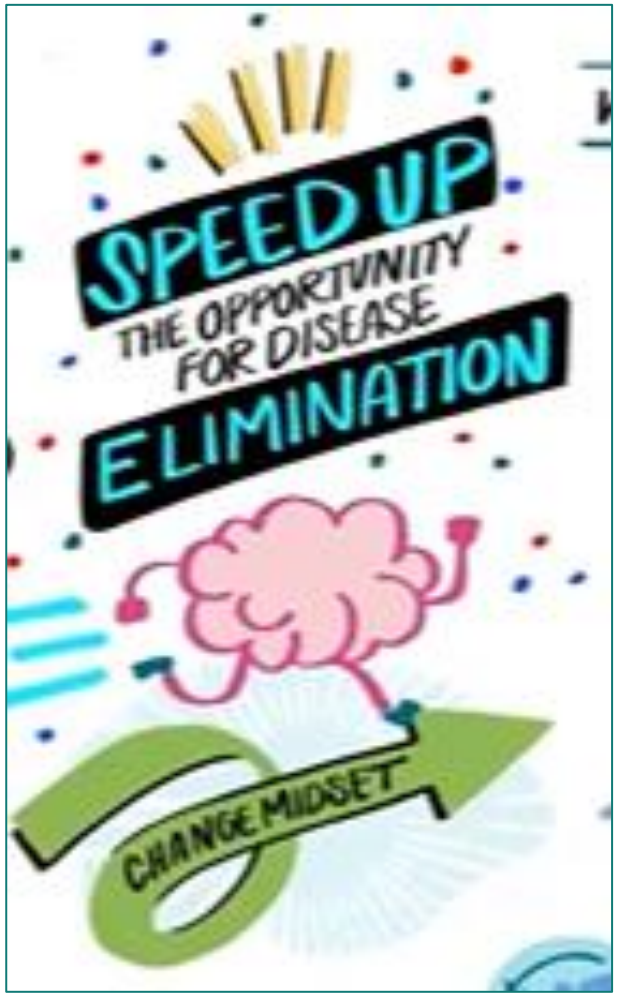
- **Ten 2-minute presentations**
- **Review best practice posters in Participant Adventure Guide.**
- **Move to the table for the practice you want to discuss**
- **Facilitated discussion** (35 min.)
- **Record a call-to-action**

It's About 9!
IIS Forecasting and Policy

Michelle Fiscus, MD FAAP

AIM: Association of Immunization Managers

Why is it "About 9," you ask?



Compared to vaccinating at 11/12, age 9 gives us:

- More time to complete the series
- More robust immune response
- Less connection to sexual activity
- Fewer shots at the 11/12 visit

The downside?

- Okay, there is no downside.

Let's Chat at MY Table!

P.S. I have chocolate ☺

Payors and Health Plans

Katie Crawford

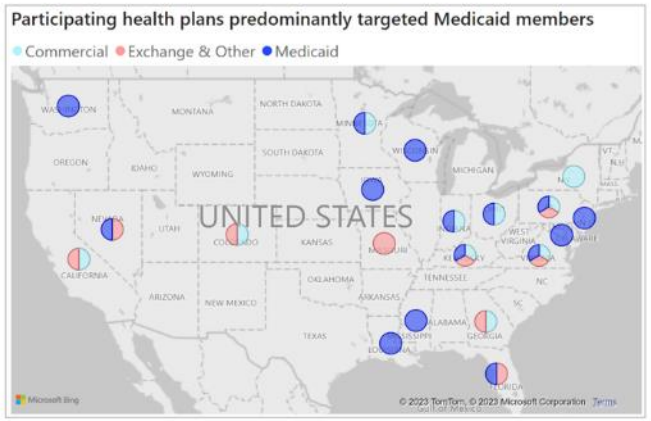
American Cancer Society

2022 National Learning Collaborative—Reach

2022

National Learning Collaborative

Number of Product Lines	Total Membership	States Impacted	Providers trained
39	19M	19	1336

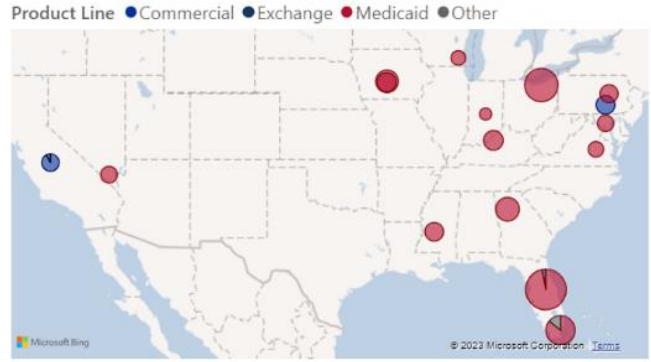


Timeline of ACS engagement with health plans

2023

National Learning Collaborative continued

21	13	198,943
Product Lines	States	Eligible age 13 members



OBJECTIVES

- **Increase** on-time HPV vaccination rates.
- **Increase** understanding of effective strategies to improve vaccination rates.
- **Create** a comprehensive quality improvement action plan led by core team including ACS staff.
- **Embrace** a culture of team-based quality improvement.
- **Use** data to inform all aspects of the project.
- **Implement** effective, evidence-based interventions.
- **Execute** sustainable and meaningful process improvement.
- **Share** resources, successes, challenges, and lessons learned between health plan partners.

Advocate for strong working relationships

*Plans should focus on how to create **deeper implementation opportunities with providers**/provider networks.*

*QI staff should **build cross-departmental teams**, including provider-network and data staff, as a foundational part of their HPV vaccination project work.*

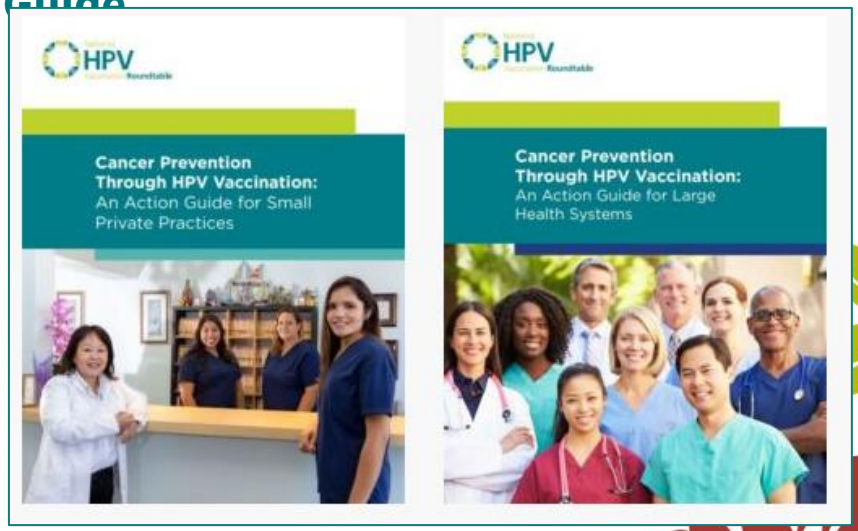
*Plans should **leverage their ACS team member** for resources, project management support, and collaborative opportunities.*

Building the Momentum: Health Plan HPV In-Person Summit

- ACS convened 20 health plans from across the country on August 29-30th for a 2-day summit to catalyze action for quality improvement on adolescent HPV vaccination.

- Fifty-five clinical and QI leaders from ACS partnering plans joined ACS team members, HPV researchers, industry partners and national experts to discuss promising practices and troubleshoot with peers

Coming Soon: HPV Health Plan Action Guide



Coalescing Coalitions in the Southeast

State Roundtable & Coalitions Best Practices

Pamela Hull, PhD

University of Kentucky Markey Cancer Center

Focus

- Improving HPV vaccination coverage in the southeastern United States
- Cross sector collaborations between immunization and cancer prevention state level organizations
- Develop tools, resources, and innovative approaches to address vaccination coverage in states where it has historically been the lowest
- Representation in the Southeastern states include:
  - Alabama, Arkansas, Florida, Georgia, Kentucky, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, Virginia, and West Virginia plus Puerto Rico.

HPV VACCINATION ROUNDTABLE OF THE SOUTHEAST

https://www.stjude.org/research/comprehensive-cancer-center/hpv-cancer-prevention-program/hpv-roundtable-southeast.html

Key Takeaways

The collaboration between state level organizations expands our ability to:

1) Assess current conditions surrounding HPV vaccination and HPV cancer prevention
2) Identify and replicate HPV vaccination success stories across the Southeast
3) Overcome challenges facing HPV vaccination
4) Identify and/or create opportunities to improve HPV vaccination coverage in each state and the overall region.

Community Engagement

Developing & Implementing Solutions in Partnership

Jennifer Loukissas, MPP &

Nancy Peña, OPN-CG

Stigma is More Than an Insult – It is Injury

Theresa Kouadio,
CNM, MSN, FACNM

Co-Chair Stigma Work Group

Fear, shame, and guilt felt by people with cervical cancer are not side issues.

They are the issue.

These feelings affect support and care decisions that impact patient survival.

Cervical Stigma Elimination Best Practices

Patients are Doin' it for Themselves: HPV Self-Collection

Kathy MacLaughlin, MD

Co-Chair

ACS NRTCC HPV Self-Collection Work Group

Addressing Screening Barriers Empowering Patients

- Time (clinic hours, work schedule)
- Transportation
- Mental health challenges
- Physical disabilities
- History sexual abuse/trauma
- Negative past exam experience
- Embarrassment
- Obesity

Getting There …

- FDA approval
- USPSTF endorsement
- Healthcare systems
  - FDA-approved lab platform
  - Order and result codes
- Clinician and patient education
- Care continuum considerations
- Safety net to manage HPV+
- Implementation with health equity lens

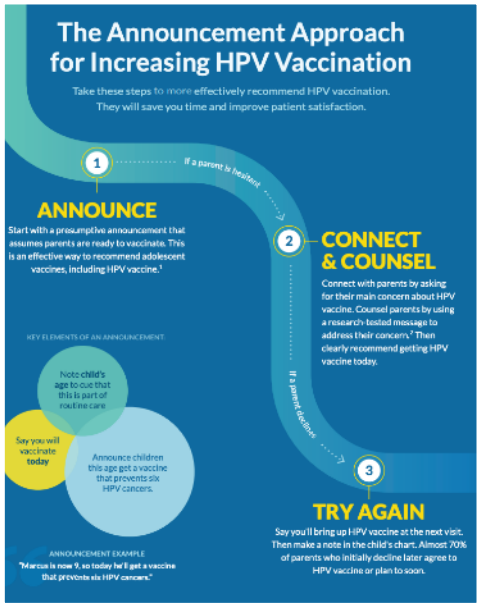
Provider and Systems Perspective

Kristin Oliver, MD &

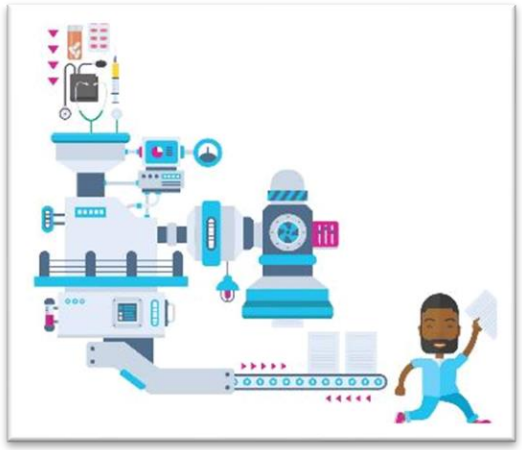
Sarah Lolley, MPH

Let's Take What Works …

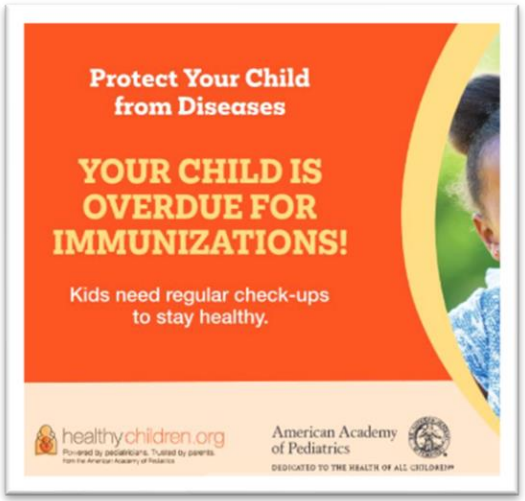
Strong Recommendation



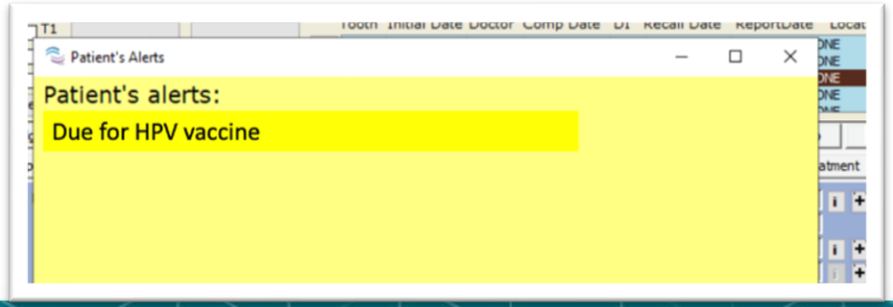
Standing Orders



Reminder/Recall

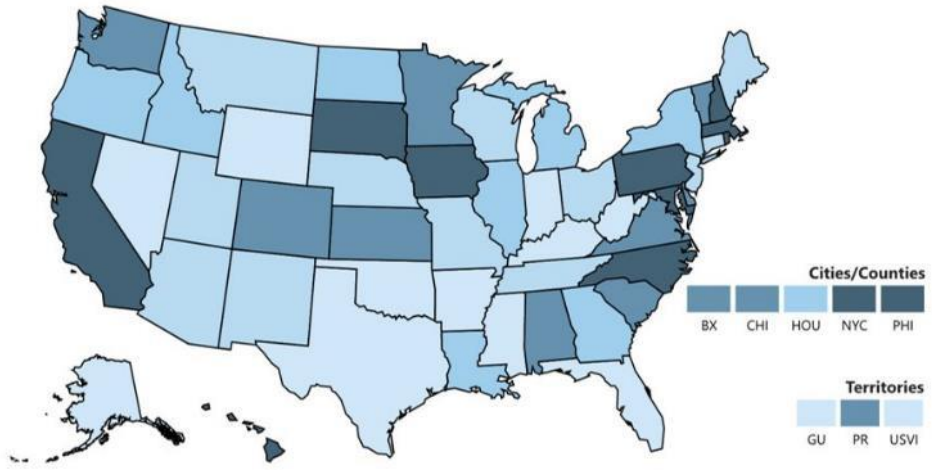


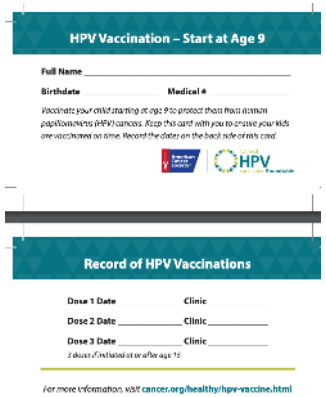
Provider Prompts



Quality Improvement

… and make it work everywhere, every time, starting at age 9





Age 9 Journal Supplement →

ACS NRTCC Clinician Education

Co-Chairs

Margot Savoy MD, MPH

Lisa Soltani MD, MPH

"Got a cervix, Screen your cervix"
…Screen at EVERY opportunity

Clinician Education

- Eyes on the under-screened:
  reduce disparities with point-of-care screening
- Train in trauma-informed pelvic care
- Be aware of updated guidelines:
  primary HPV vs cytology

"Stay ready so you don't have to get ready" …Screen at EVERY opportunity

Provider/Staff Education

- Train/script staff for "screen TODAY"
- Exam room set up to enable equity in screening
- Utilize playbooks – e.g., *Toolkit to Build Provider Capacity* from the Federal Cervical Cancer Collaboration

Patient Navigation

Donna L. Williams, MS, MPH, DrPH

Professor and Assoc. Dean, LSU Health New Orleans School of Public Health

Director, Louisiana Cancer Prevention and Control

Definition and Evidence

Individualized assistance offered to patients, families, and caregivers to help overcome healthcare system barriers and facilitate timely access to quality health and psychosocial care from pre-diagnosis through all phases of the cancer experience

- Oncology Nursing Society (ONS), Association of Oncology Social Work (AOSW), & National Association of Social Workers (NASW). (March 2010). Joint Position on the Role of Oncology Nursing and Oncology Social Work in Patient Navigation

The Community Preventive Services Task Force recommends navigation services for cervical screening for disadvantaged racial and ethnic minorities and low-income.

- Increases cervical screening by a median of 22.5 percentage points or 64.5%.
- Increases diagnostic resolution, clinical trial enrollment and resolution, and quality of life while decreasing time to initiation of treatment.
- Services would include client reminders, reduced structural barriers or improved assistance getting around them, reduced out-of-pocket costs, or a combination.

A number of RCTs have demonstrated the cost effectiveness.

Best Practices for HPV Vaccination Data

Robert A. Bednarczyk, PhD

Hubert Department of Global Health

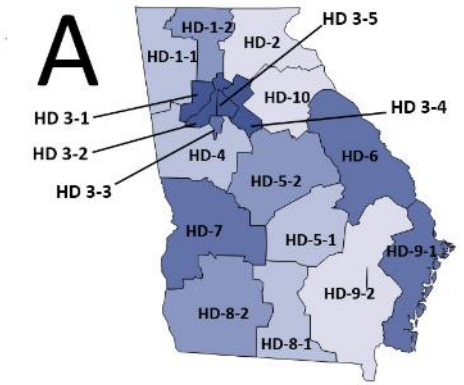
Rollins School of Public Health, Emory University

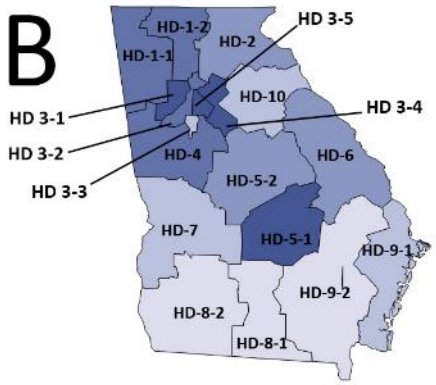
The data we use …

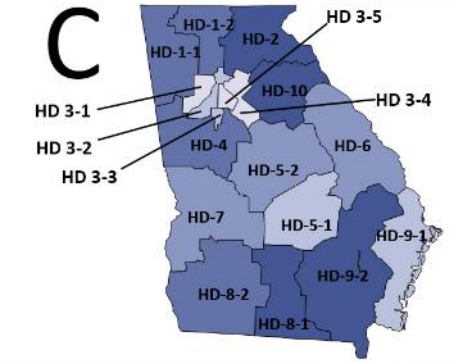
- NIS-Teen
  - Pros
    - Nationally representative
    - Comprehensive look at adolescent vaccines and socio-demographics
  - Cons
    - Reporting/data collection lags
    - No longitudinal follow-up of individuals
- State immunization registries
  - Pros
    - Data across the population
    - Granular sub-state level data
  - Cons
    - Inconsistent reporting and data availability
    - Complex analysis

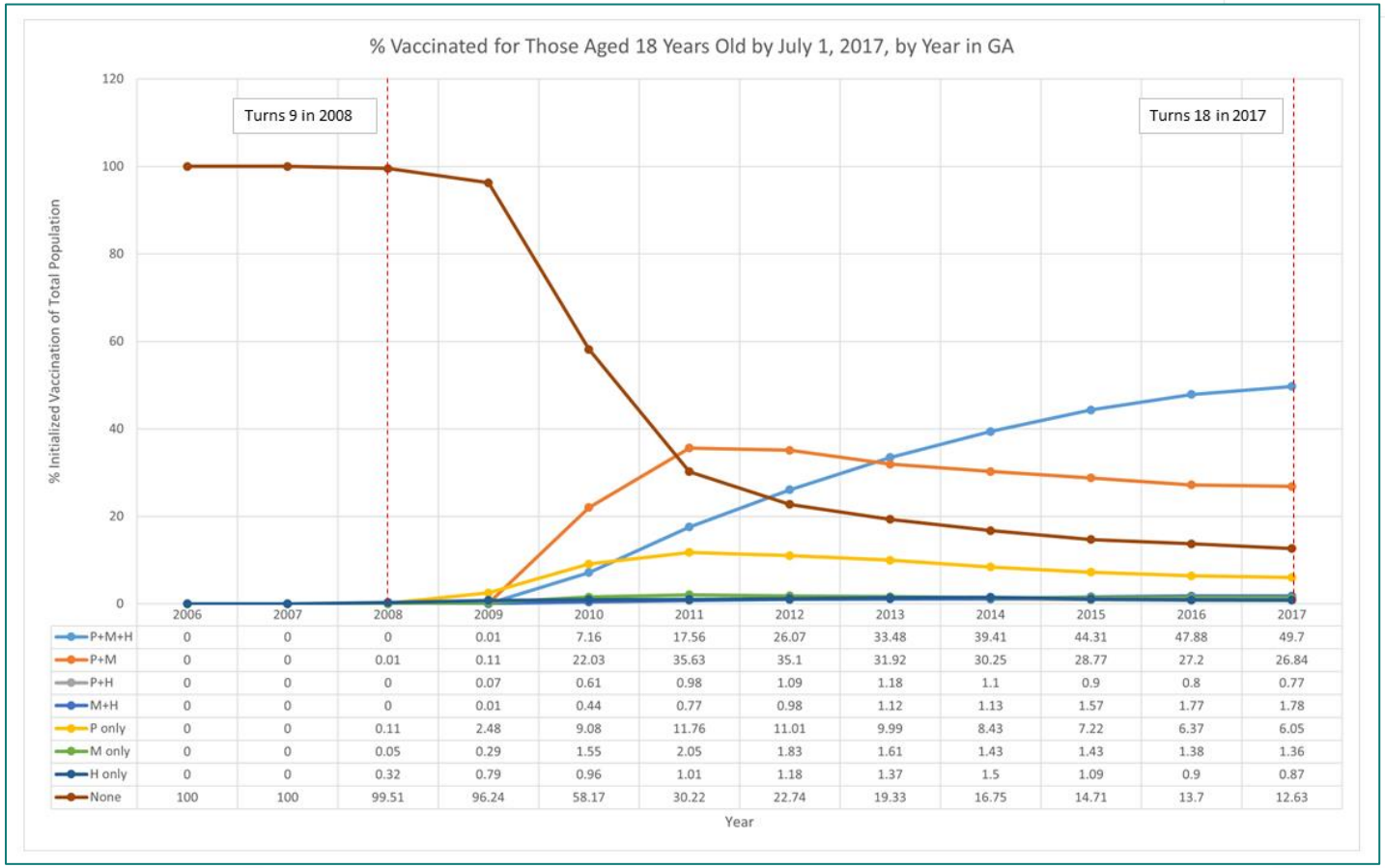
… and how we use it

- Novel GA IIS data analysis







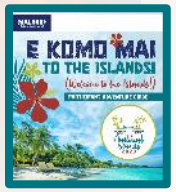


	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
P+M+H	0	0	0	0.01	7.16	17.56	26.07	33.48	39.41	44.31	47.88	49.7
P+M	0	0	0.01	0.11	22.03	35.63	35.1	31.92	30.25	28.77	27.2	26.84
P+H	0	0	0	0.07	0.61	0.98	1.09	1.18	1.1	0.9	0.8	0.77
M+H	0	0	0	0.01	0.44	0.77	0.98	1.12	1.13	1.57	1.77	1.78
P only	0	0	0.11	2.48	9.08	11.76	11.01	9.99	8.43	7.22	6.37	6.05
M only	0	0	0.05	0.29	1.55	2.05	1.83	1.61	1.43	1.43	1.38	1.36
H only	0	0	0.32	0.79	0.96	1.01	1.18	1.37	1.5	1.09	0.9	0.87
None	100	100	99.51	96.24	58.17	30.22	22.74	19.33	16.75	14.71	13.7	12.63

Best and Promising Practices

- **See posters in Participant Adventure Guide –** review for 5 min.
- **Move to the table for the practice you want to discuss**
- **Facilitated discussion** (35 min.)
- **Record a call-to-action**

Call-To-Action Time!



- Record your call-to-action in your Participant Adventure Guide
- And…record your call-to-action on a notecard
- Popcorn calls-to-action throughout the room

- Do you want to complete a pledge?

Please take a minute to complete the session evaluation.

Note: Internet Explorer not recommended.

Centering Health Equity

Centering Health Equity Presenter Introductions

- Rural Case Study: Heather Brandt
- LGTBQ+ Case Study: Amy Wiser
- ACS Roundtable Health Equity Learning Collaborative: Caleb Levell & Ashley Brown

HPV Vaccination with Rural U.S. Communities

Heather M. Brandt, PhD

Director, HPV Cancer Prevention Program

St. Jude Children's Research Hospital

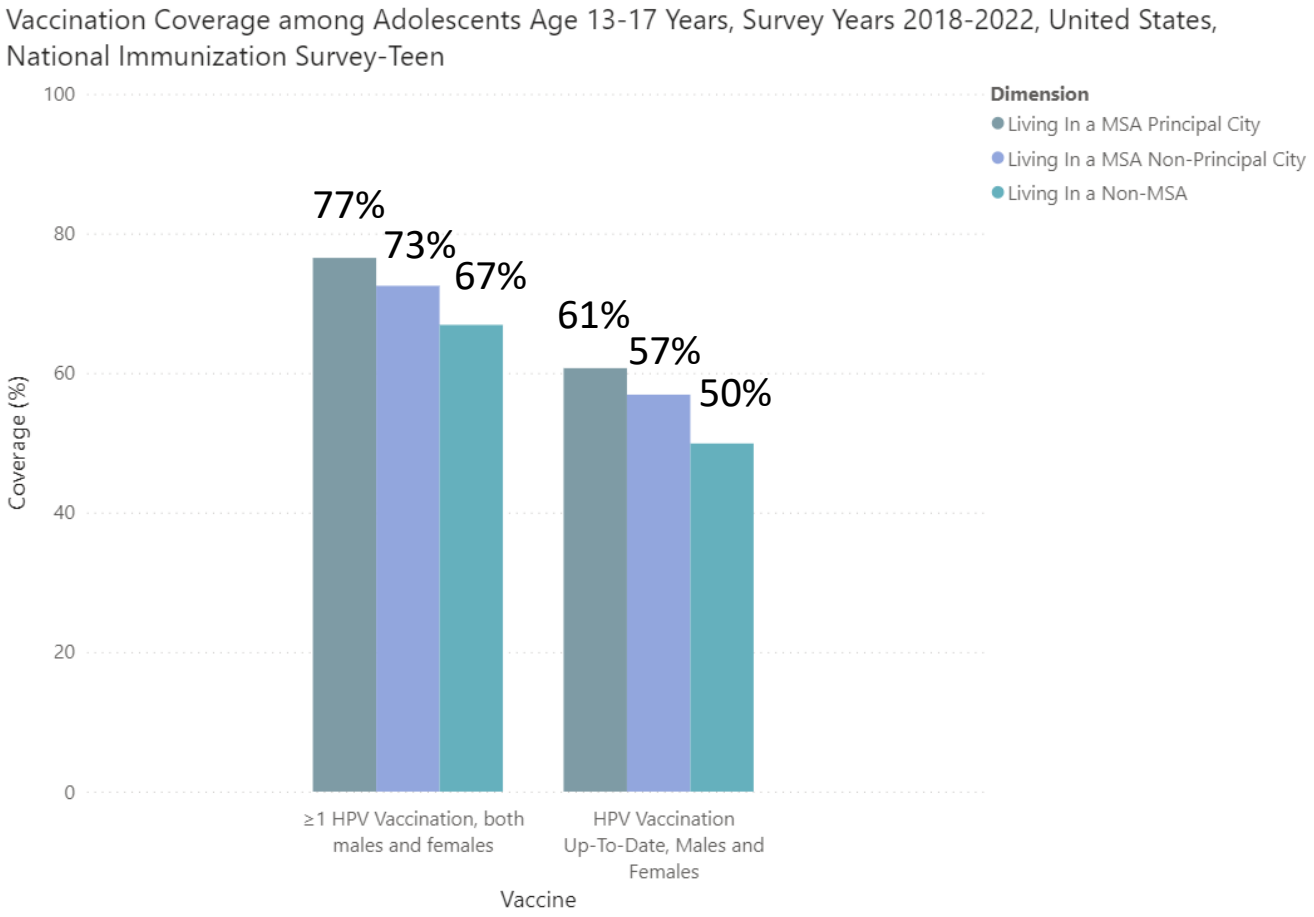
Why Rural?

Higher HPV cancers among rural populations

Lower HPV vaccination among rural populations

Rural does not mean “one size fits all”

HPV Vaccination Coverage in Rural Areas is Consistently Lower, NIS-Teen 2018-2022



Children living in rural areas have lower HPV vaccination coverage than children living in urban areas.

Rural Caregivers:

- Jason, married father of three adult children
- Erin, mother of two children under 5
- Mindy, married mother of one
- Susan, married grandmother of three middle schoolers

"Many people that I consider friends will elect not to get their children vaccinated for HPV because it is not required, and they think it will cause infertility or encourage sexual activity." – Erin

Rural caregivers were asked to recommend ways to help more people living in rural areas get vaccinated. Some were uncertain and recognized the barriers. There was a common theme about at least part of the solution – *the role of health care providers.*

- More health care providers strongly recommending HPV vaccination
- Health care providers recommending HPV vaccination at every visit
- More access to accurate, meaningful information
- Make it real to those who think HPV cancer will never be their reality
- Combat misinformation
- Offer programming with trusted community organizations, such as churches

Preventing HPV Cancers with Rural Communities

Wide Open Spaces

Wide Open Spaces is a new series of articles to be included in our program's monthly newsletter starting this month. These articles will address ways to improve HPV vaccination with rural communities. We invite guest contributors to share information on how they are working to improve HPV vaccination in rural areas. If you are interested in contributing, please email us at PreventHPV@stjude.org.

Partnering with Schools to Increase HPV Vaccine Coverage in Rural Communities along the U.S.-Mexico Border

Perspectives on HPV Vaccination in Rural America

Addressing HPV-related Stigma to Increase HPV Vaccination in Rural Communities

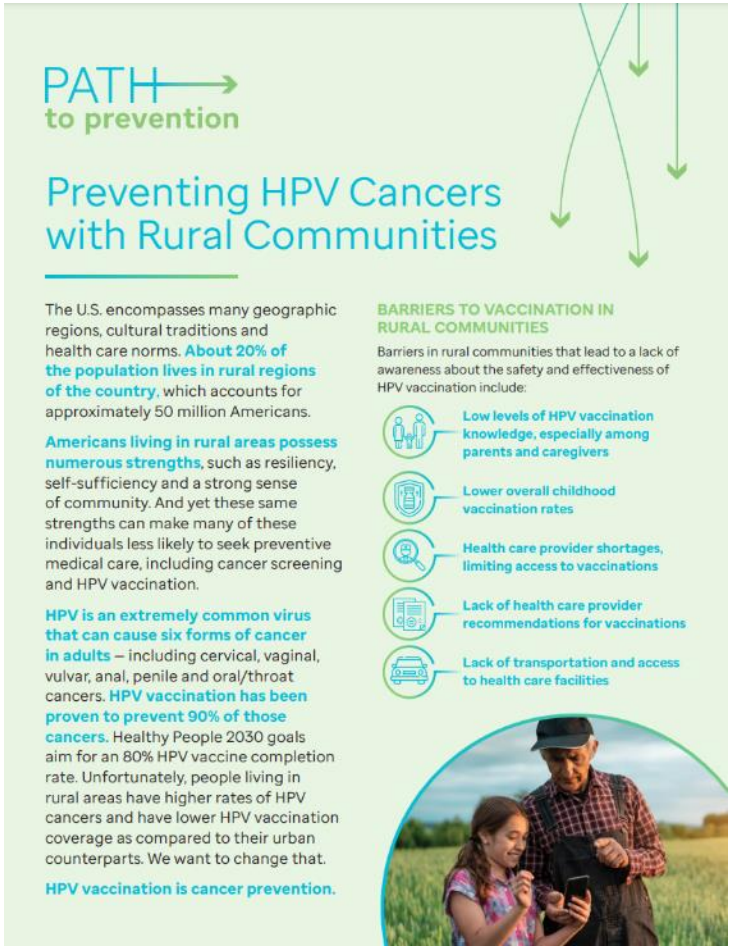
Convening a "Think Tank" to Inform Actions to Improve HPV Vaccination Coverage with Rural Communities.

Testing Evidence-based Strategies to Improve HPV Vaccination Coverage in Rural Primary Care Clinics

A Possible Strategy to Increase HPV Vaccination Rates Among Young Adults in Rural Areas: Partnering with Universities

It's All Greek - Improving HPV Vaccination with Greek Life

Impact of COVID-19 on Behind-the-Scenes HPV Vaccination Work with Rural Clinics



Learn more at stjude.org/hpvrural

Equity and Knowledge in the LGBTQ+ Community

Amy Wiser, MD, FAAFP, IBCLC

Prism Health, Cascade AIDS Project

Jenessa's Journey to the Speculum

- Your new patient….
- Lovely 37-year-old cis woman
- Works as a MA at a Rural FQHC in the "next town over"
- Generally healthy: Lexapro for depression/anxiety
- Sexual History: STIs, HPV vaccination, Cervical Cancer Screening

Sexual orientation and gender identity

Jenessa's Journey to the Speculum

Discloses she is a lesbian and only has ciswomen partners

- Family nor work know her sexual orientation
- Afraid of responses

Has never needed birth control (no sperm in sight)

Does not have penetrative intercourse

- Has been told because of the above does not need cervical cancer screening
- Scared of a speculum exam

Limited access to care in her town

- Lives in a place (pick one) with medical discrimination
- Professional role in her own clinic

Discrimination, access, education

Jenessa's Journey to the Speculum

ACS Roundtable Health Equity Learning Collaborative

Ashley Brown, MPP &
Caleb Levell, MA
American Cancer Society

American Cancer Society | National HPV Vaccination Roundtable | American Cancer Society | National Roundtable on Cervical Cancer

Roundtable Collaborative Purpose and Goals

Purpose: Support the ACS Roundtables by proving a space for roundtable teams to learn more about health equity, develop roundtable-specific health equity action plans, and share other health equity best practices, challenges, and successes

Goals: At the end of 2023, take action on 2-3 of our health equity principles to more concretely apply health equity to your work. Ultimately, further advance your roundtable goals through a health equity lens.

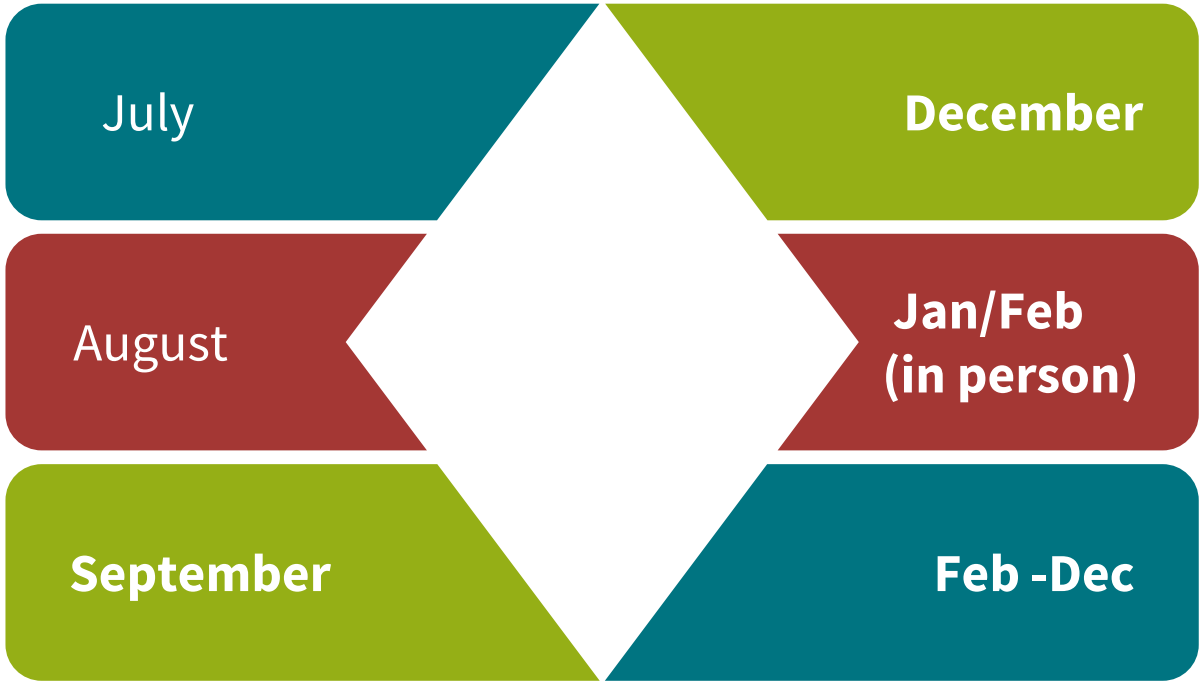
Roundtable Health Equity Learning Collaborative

Support the ACS Roundtables by proving a space for roundtable teams to learn more about health equity, develop roundtable-specific health equity action plans, and share other health equity best practices, challenges, and successes

TA Kick-off
Define health equity, reinforce importance to ACS mission, and putting HE principles into action.

1: Our Work Together
Review learning collaborative charge, establish shared goals, and review expected outcomes (HE framework)

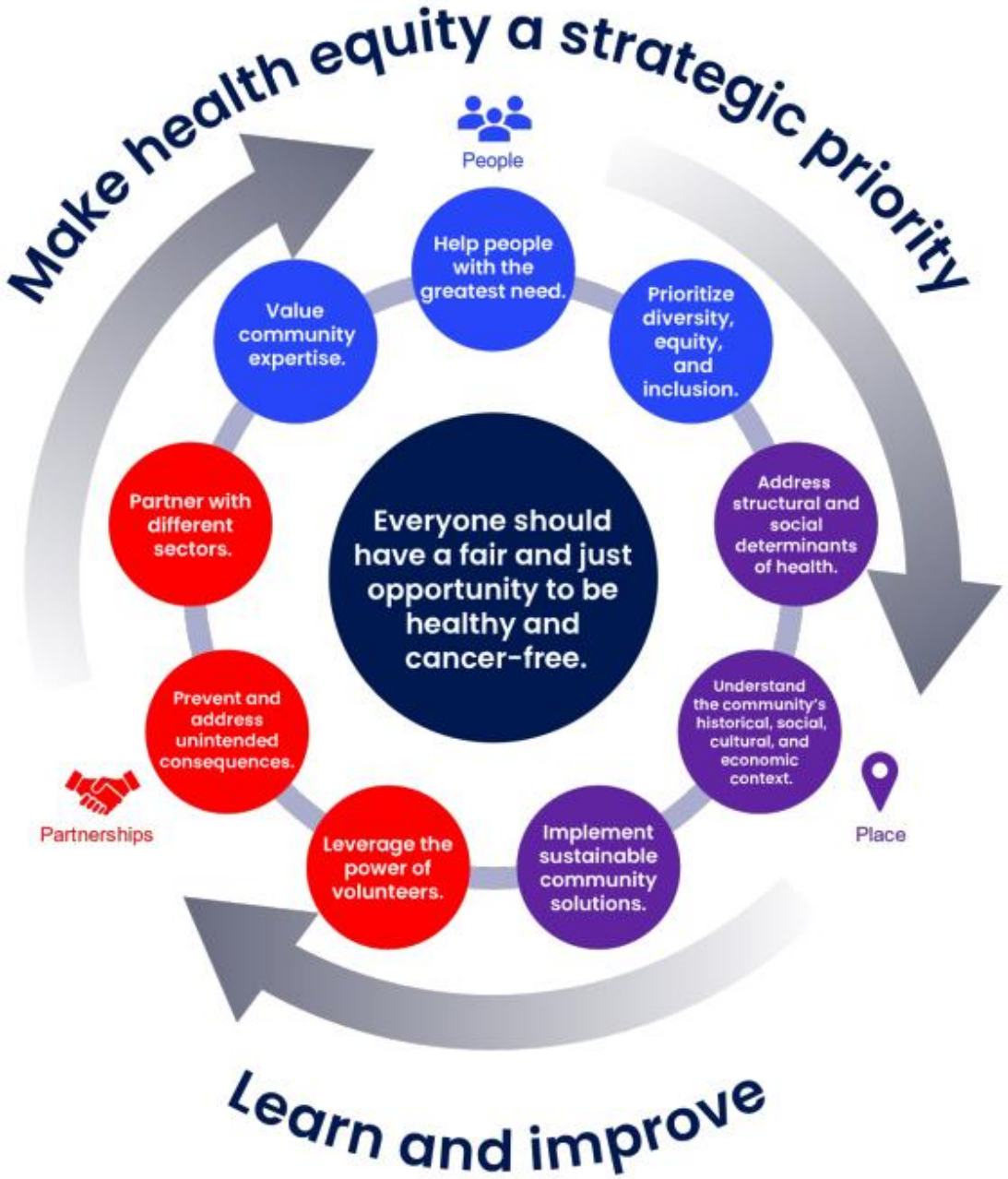
2: HE Commitment
Share how RTs demonstrate their commitment to advancing HE.



3: Develop Action Plan
Review areas of opportunity for integrating HE and identify strategic priorities to advance HE.

4: Finalize Action Plan
Review and provide feedback on action plan

Implement Action Plan
Working HE action plan presented and disseminated int/ext; and begin integrating strategies into annual activities.



Health Equity Principles – Roundtable Edition

Health Equity Commitment Statement

The [roundtable] believes that all people should have a fair and just opportunity to prevent, find, treat, and survive cancer, regardless of income, skin color, sexual orientation, gender identity, disability status, or zip code. Therefore, the [roundtable] commits to centering health equity in all that we do.

Sample Message 1	Sample Message 2	Sample Message 3
Insert a message that highlights why health equity is critical to your roundtable's work.	Insert a message that highlights your health equity goal, which could include addressing the needs of specific populations.	Insert a message that highlights what your roundtable is doing to advance health equity.

Cancer Disparities Data Proof Points

1.
2.
3.

Working Example from the National Roundtable on Cervical Cancer (NRTCC)

"The NRTCC believes that all people should have a fair and just opportunity to prevent, find, treat, and survive cervical cancer, regardless of income, skin color, sexual orientation, gender identity, disability status, or zip code. Therefore, the NRTCC commits to centering health equity in all that we do. We agree to work toward fairness and justice by systematically assessing disparities in opportunities, outcomes, and representation, and redressing [those] disparities through targeted actions. To achieve this, we will:

- Ground our work in data and context, creating targeted solutions.
- Focus on policy and systems changes, in addition to programs and services.
- Empower community voices to share decision-making with institutional leaders.
- Listen to and act with the community, and
- Build equity in leadership and accountability."

A Deeper Dive: Addressing Power Dynamics and Ideas for Action

Power dynamics are inevitable among different sectors, organizations, communities, and individuals. These power dynamics can influence roundtable priorities. As large, complex networks of organizations, roundtables must confront the power imbalances that arise when certain groups have more resources and influence than others.

Sharing Power

- Identify ways for power to be shared with community-based organizations, whether through decision-making ability, consultation, or some other channel.
- Create more and intentional collaboration opportunities for community members and representatives from smaller organizations to engage with roundtable leadership.

Decision Making

- Share decision-making power with communities through both formal (e.g., community advisory groups) and informal (e.g., community input, tribal consultation) means.
- When including community members in formal decision-making groups, provide training to help leadership and community members understand one another's perspectives and how to interact effectively.
- Use voting practices that ensure transparency in decision-making, such as public voting.

Representation

- Strive for diverse representation, especially in decision-making groups (e.g., staff, committees, boards, etc.). Diversity could be reflected in race, ethnicity, lived experience, sector representation, income, disability status, etc.
- Ensure engagement with tribal nations starts by recognizing tribal sovereignty.

Accountability

- Regularly document decisions and how they were made to help ensure equity and transparency in decision-making. This could be done by regularly taking and sharing official meeting minutes.
- Recognize the power held by community voices and the expertise they bring to the roundtables.
- Build transparency into funding structures by providing guidance on how funding is prioritized and allocated.

Health Equity Action Plan Example

Health Equity Priority Principle	Goal Description			
Embrace diversity and inclusion	Increase the diversity and inclusion of our Roundtable by December 2023.			
	Description	Lead Individual	Additional Support	Target Due Date
Action 1	Review cancer disparities data to determine priority populations	XXXXX	XXXX	5/31/23
Action 2	Assess the diversity of our organization by answering the questions featured in “Who is at the table?” (e.g. review past event agendas to see which populations you prioritized)	XXXX	XXXX	7/31/23
Action 3	Based on the results of the assessment, recruit 2 organizations that represent x community your organization	XXXX	XXXX	12/31/23

Health Equity Action Plan Example

Health Equity Priority Principle	Description			
Collaborate with community members	Develop a process to ensure XXXX's perspectives are incorporated into Roundtable events and strategies.			
	Description	Lead Individual	Additional Support	Target Due Date
Action 1	Implement "Who is at the table?" exercise to determine which perspectives are missing.	XXXXX	XXXXX	4/30/23
Action 2	Invite XX to be a part of the steering committee OR implement a planning exercise to ensure are perspectives are included.			
Action 3	Include questions in your evaluation to measure your health equity impact.			

Health Equity is a Journey

“I think we have to push back on an instinct that the fixes are quick. There is not a checkbox, where we can say ‘do these three things.’ But it is a process, and if we can do more in partnership, genuinely, with the communities that have been most affected, that's how we [increase] trustworthiness.”

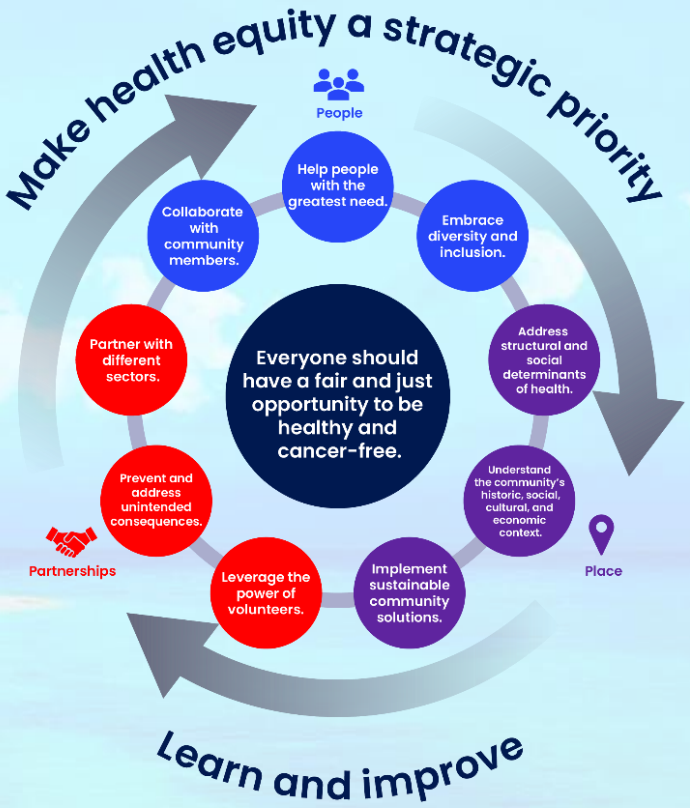
— Marcella Nunez-Smith, M.D.”

Health Equity Wheel Activity

- **In Table Groups, discuss what you could do in your work/organization around health equity**

- **Write your reflections in your Participant Adventure Guide**

- **Reassess your organization's stage of change**



Call-To-Action Time!

- **Identify one strategy from the wheel that can be your health equity call-to-action and record in your Participant Adventure Guide**
- **Share your calls-to-action at your Table Group**
- **Reminder to complete your pledge!**

New Horizons

What's New? Elimination

Susan T. Vadaparampil, PhD, MPH

Moffitt Cancer Center

November 2020
was a moment in history
when the world
made a commitment
to eliminating cancer.

Cervical Cancer is the 4th Most Common Cancer Worldwide

Globally

>600,000

women are diagnosed every year

>300,000

women die from cervical cancer every year

- These numbers are expected to increase by 2030.
- Cervical cancer is **preventable,** and it can be **eliminated.**

Global Targets by 2030

90% of girls fully vaccinated with the HPV vaccine by the age of 15

70% of women screened using a high-performance test by the age of 35, and again by the age of 45

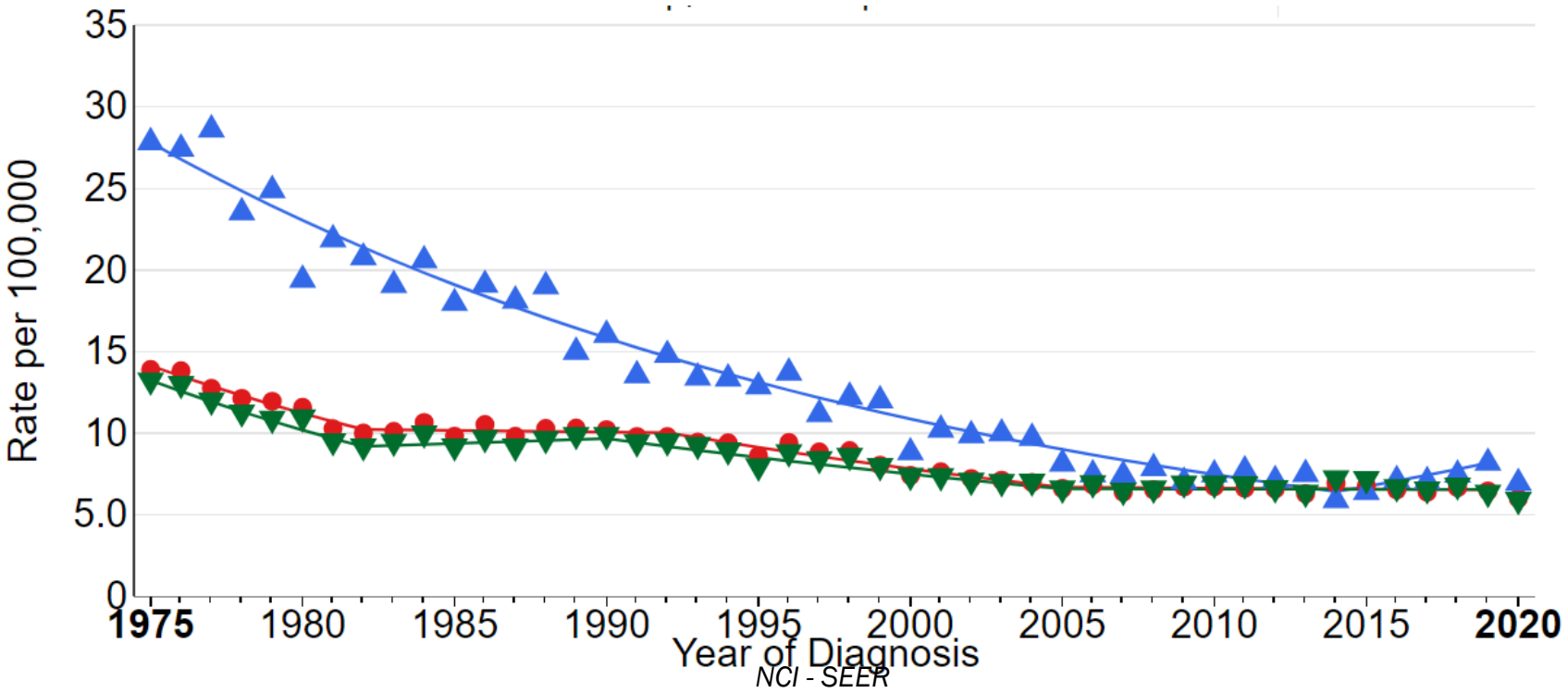
90% of women with pre-cancer treated and 90% of women with invasive cancer managed

U.S. Targets by 2030

	Target	As of 2021
Increase the proportion of females, aged 21-65, who get screened for cervical cancer – C-09.	79.2%	73.9%
Increase the proportion of adolescents who get recommended doses of the HPV vaccine – IID-08.	80%	58.5%
Reduce infections of HPV types prevented by the vaccine in young adults – IID-07.	8.7%	15.1%

Healthy People 2030 Goals

Cervical Cancer Elimination in the United States is Within Sight

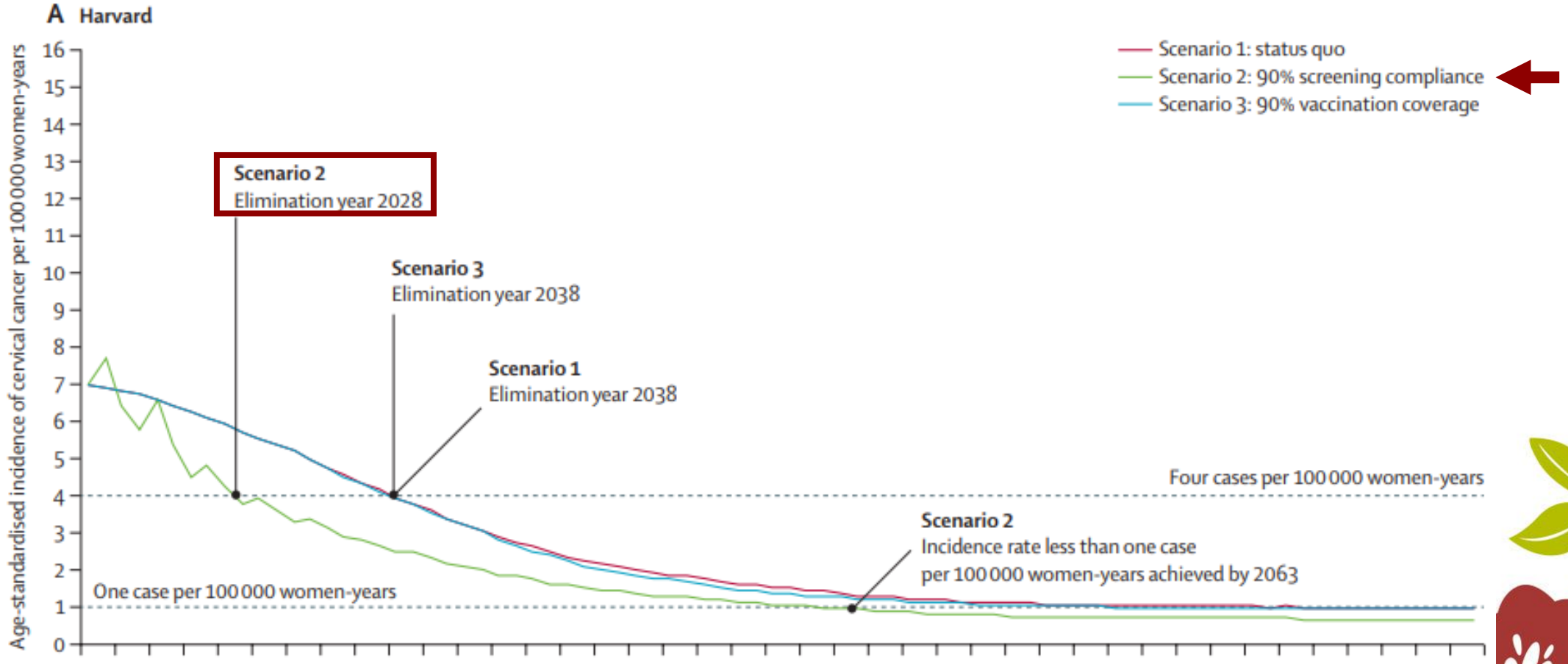


WHO Elimination Goal:
< 4/100,000

6.0/100,000

Slide courtesy of Dr. Anna Giuliano

Predicted Time to Cervical Cancer Elimination in the United States



Burger et al. The Lancet Public Health. 2020.

Slide courtesy of Dr. Anna Giuliano

Monitoring and Tracking Goals

	Primary prevention	Secondary prevention	Tertiary prevention
Population based data	HPV and HIV prevalence; Tobacco and condom use	Screening coverage; pre-cancer incidence	Survival; mortality-to-incidence ratio
Program monitoring	HPV vaccination coverage	Screening positivity rates; treatment coverage for pre-cancers; ablative and excision treatment rates	Guideline-based management of women with cervical disease; stage at diagnosis; treatment coverage; palliative care
Policies and health system capacities	HPV vaccine in National Immunization Programs; vaccine supply and availability; vaccine cost	Availability of national screening programs; availability of pre-cancer treatments; HPV test availability	Availability of guidelines for management of cervical disease, including high-risk groups; availability of treatment; availability of specialized medical staff; Availability of palliative care medications
Cross-cutting incidence and mortality	Cumulative risk of cervical cancer	Cervical cancer incidence and mortality	Premature mortality

We Have Tools to Eliminate Cervical Cancer

HPV Vaccine

Screening

Treatment

Unity of Effort

American Cancer Society®

NATIONAL HPV VACCINATION ROUNDTABLE

American Cancer Society®

NATIONAL ROUNDTABLE ON CERVICAL CANCER

The world is ready to eliminate cervical cancer.

Are we?

Thank You!

Contact information:

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Moffitt Cancer Center

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Self-Collection for Primary HPV Screening: Essential Strategy for Cervical Cancer Elimination

Dr. Francisco García

Deputy County Administrator &

Chief Medical Officer, Pima County

Professor Emeritus of Public Health, University of Arizona

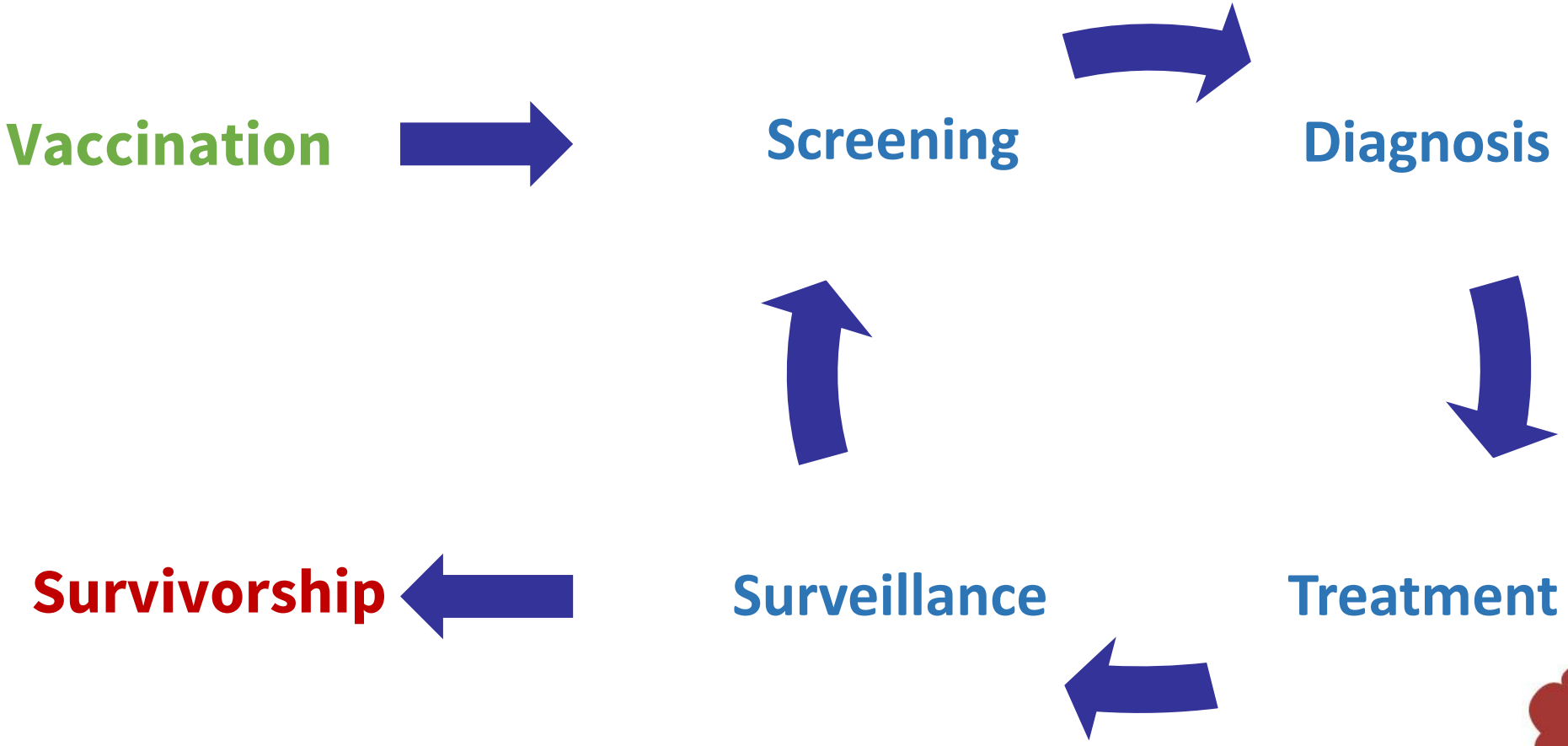
Disclosures

- No financial or intellectual conflicts of interest

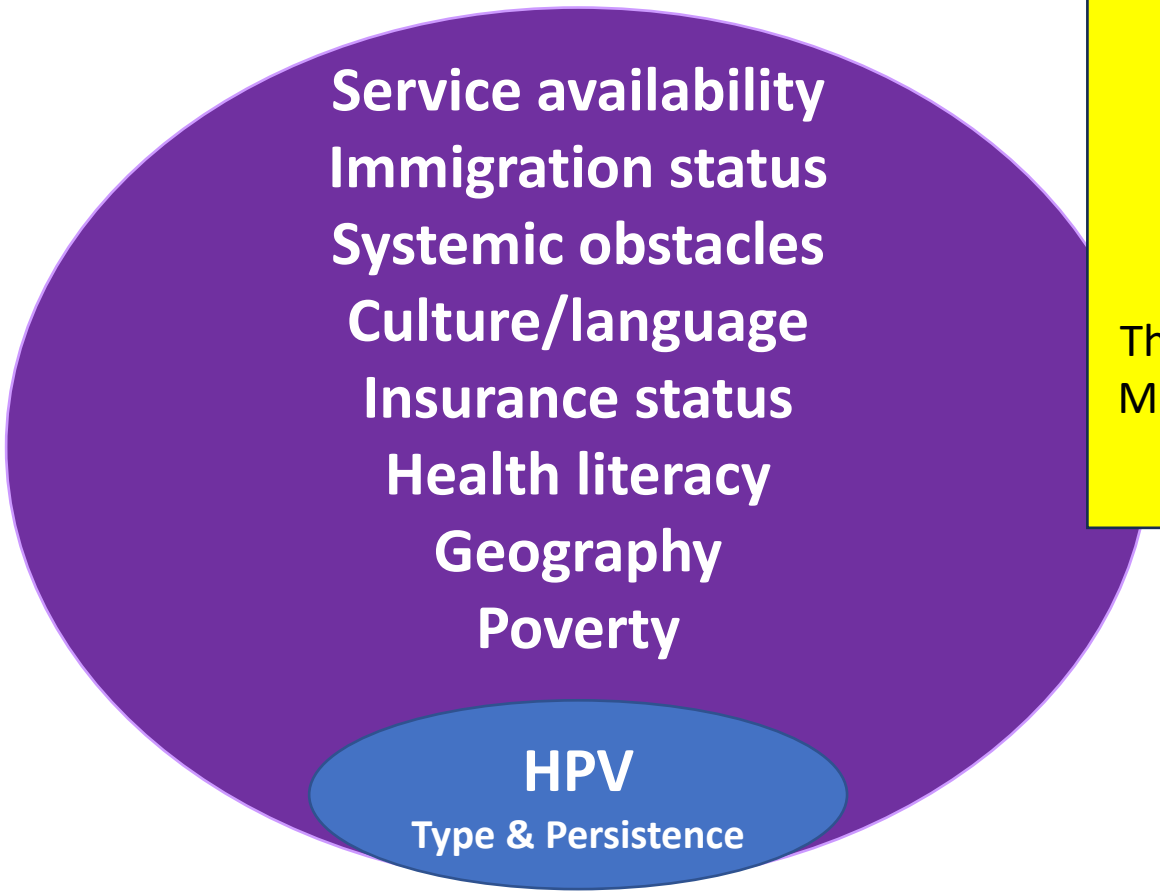
Learning Objectives

- Envision the impact of self-collection for primary HPV screening as a strategy for cervical cancer elimination.
- Understand how primary HPV screening/self-collection may be used to address critical gaps across vulnerable populations.

Comprehensive Cervical Cancer Prevention



The Burden of Cervical Cancer Morbidity and Mortality, and Why it is Borne by Low-Income and Communities of Color?



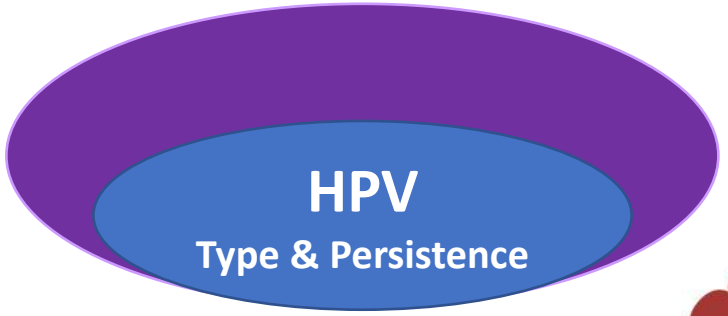
Vulnerable Population

Should there be a ? after color? The title seems to be more like a statement.

Suggested:

The Burden of Cervical Cancer Morbidity and Mortality and Why it is Borne by Low-Income Communities and Communities of Color

Low-Income – People? Communities?



Resilient Population

ACS has centered equity as a foundational element as it steers our collective national journey toward cervical cancer elimination.

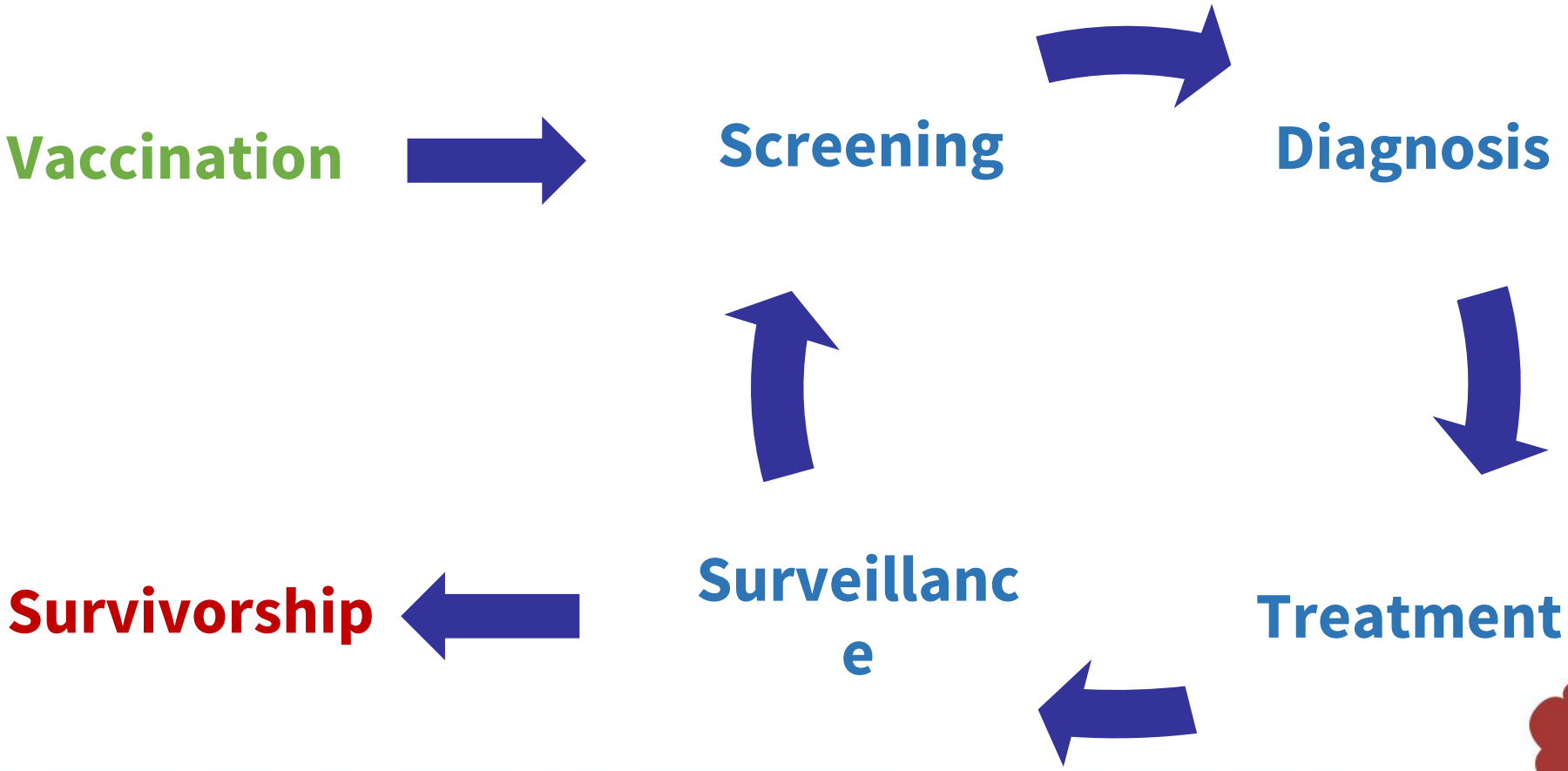
The COVID Pandemic Changes the Context for Primary HPV Screening Using Self-Collection

- ✓Low-barrier
- ✓On demand
- ✓Free to consumer?
- ✓No appointment necessary
- ✓No referral needed
- ✓Delivered in community
- ✓At home testing
- ✓Non-clinical settings
- ✓Results directly to patient
- ✓Streamlined fast-track regulatory process?
- ✓Rapid dissemination of technology

Self-Collection: Where & When?

- Setting where self-collection should be considered:
  - Remote and frontier communities
  - Detention and other congregate housing
  - Mobile clinics
  - Community Health Worker campaigns
  - Over-the-counter purchase and mail back
- Anywhere
  - Unwilling/unable to undergo speculum examination

Comprehensive Cervical Cancer ELIMINATION!



Gracias/Thank You

Francisco.Garcia@pima.gov

One Dose

Dr. Aimée Kreimer

NCI

State of evidence: Single-dose HPV vaccination

Aimée R. Kreimer, PhD
October 2023

NIH NATIONAL CANCER INSTITUTE

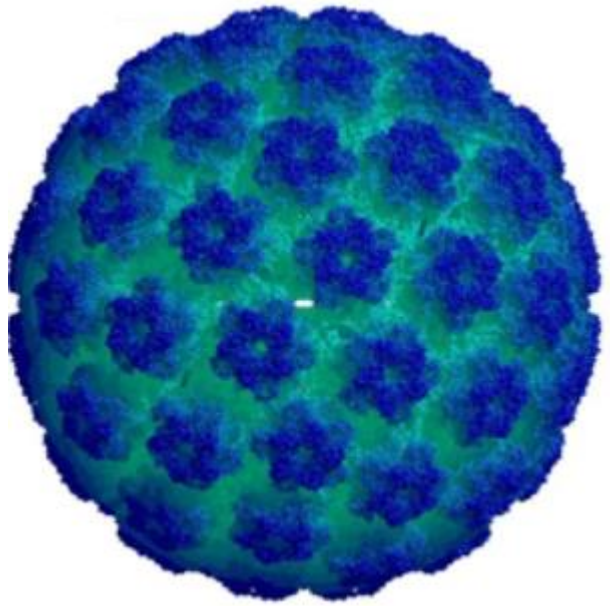
Contact: kreimera@mail.nih.gov

Talking points

1. Biologic plausibility underpinning single-dose HPV vaccine protection
2. Single-dose HPV vaccine data
3. Changes to global policy
4. Modeling
5. Gaps in knowledge and ongoing trials

Biologic Plausibility of a single-dose of the HPV vaccines

- Antibodies are the prime mediators of protection for L1 HPV VLP vaccines.
- Particle size (50-55 nm) and geometry (repetitive epitopes) of the VLPs are optimal for stimulating the immune system, including efficient generation of long-lived, antigen-specific antibody-producing cells.
- Durable (>10 years) and stable antibody levels are indicative of induction of long-lived plasma cells.
- HPV virus is exceptionally susceptible to antibody-inhibition at the site of infection.
- A minimum antibody level required for protection has not been established yet.
- Low level of antibodies are protective *in vivo* (animal models).



Schiller J, Lowy D. Explanations for the high potency of HPV prophylactic vaccines. *Vaccine*. 2018;36(32 Pt A):4768-4773. doi: 10.1016/j.vaccine.2017.12.079.

KENYA Single-dose HPV-vaccine Efficacy (KEN SHE)

- Randomized trial of 1 dose of 9vHPV, 2vHPV or meningococcal vaccine
  - 2250 Kenyan women aged 15–20 years; 1-5 lifetime partners; HIV negative
- 1458 girls evaluated for efficacy at month 18 in mITT HPV 16/18 cohort

Table 2. Incidence of Persistent HPV 16/18 Infection and Vaccine Efficacy by Month 18 (mITT Cohort).

Arm	Enrolled (n)	HPV 16/18 Naive (mITT) (n)*	Incident Persistent HPV 16/18 (n)	Woman-yr of Follow-Up†	Incidence of Persistent HPV 16/18 per 100 Woman-yr	95% CI‡		Statistical Comparisons§			
						Lower Bound	Upper Bound	Comparison	VE (%)	95% CI (%)	P Value (Log-Rank)
Nonavalent HPV	758	496	1	596.27	0.17	0.00	0.93	Nonavalent vs. meningococcal	97.5	81.7– 99.7	<0.0001
Bivalent HPV	760	489	1	589.38	0.17	0.00	0.95	Bivalent vs. meningococcal	97.5	81.6–99.7	<0.0001
Meningococcal	757	473	36	527.35	6.83	4.78	9.45				

Enrollment between December 2018 and June 2021
mITT, modified intention to treat: HPV 16/18 HPV DNA negative (external genital and cervical swabs) at enrollment and month 3 (self-collected vaginal swab) and HPV antibody negative at enrollment

Barnabas, et al. NEJM Evid 2022; 1 (5)

Results based on 18 months; 36 month data presented at IPVC in Washington DC

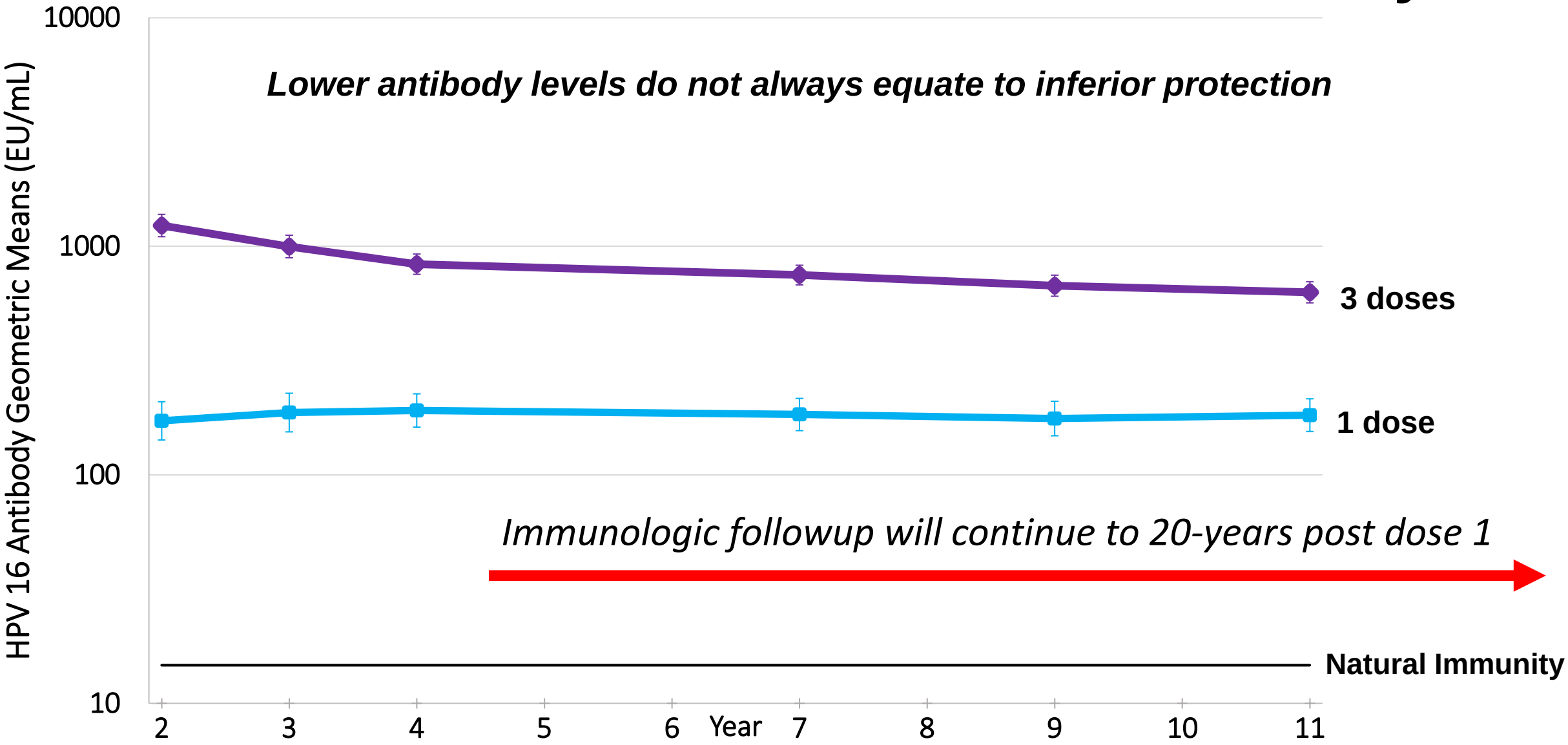
India IARC Trial: Protection after 1, 2 or 3 doses of 4vHPV through 10 years

	Unvaccinated cohort	Single-dose default cohort	Two-dose cohort	Three-dose cohort
Persistent HPV				
Women assessed	1260	2135	1452	1460
Persistent HPV 16 and 18 infections				
Observed events	32	1	1	1
Crude attack rates	2·54%	0·05%	0·07%	0·07%
Adjusted vaccine efficacy* (95% CI)	..	95·4% (85·0 to 99·9)	93·1% (77·3 to 99·8)	93·3% (77·5 to 99·7)
Difference in vaccine efficacy† (95% CI)	..	..	−2·0% (−20·2 to 11·3)	−1·9% (−19·4 to 12·4)

Post-hoc analysis; women vaccinated at age 10-18 years, randomized to receive 3 or 2 4vHPV doses
Unvaccinated women age-matched to married vaccinated participants recruited as controls
Persistent infection defined as the same HPV type detected in consecutive samples at least 10 months apart
VE adjusted for background HPV infection frequency, time between date of marriage and first cervical specimen collection, and number of cervical specimens per participant

Basu, et al. Lancet Oncology 2021

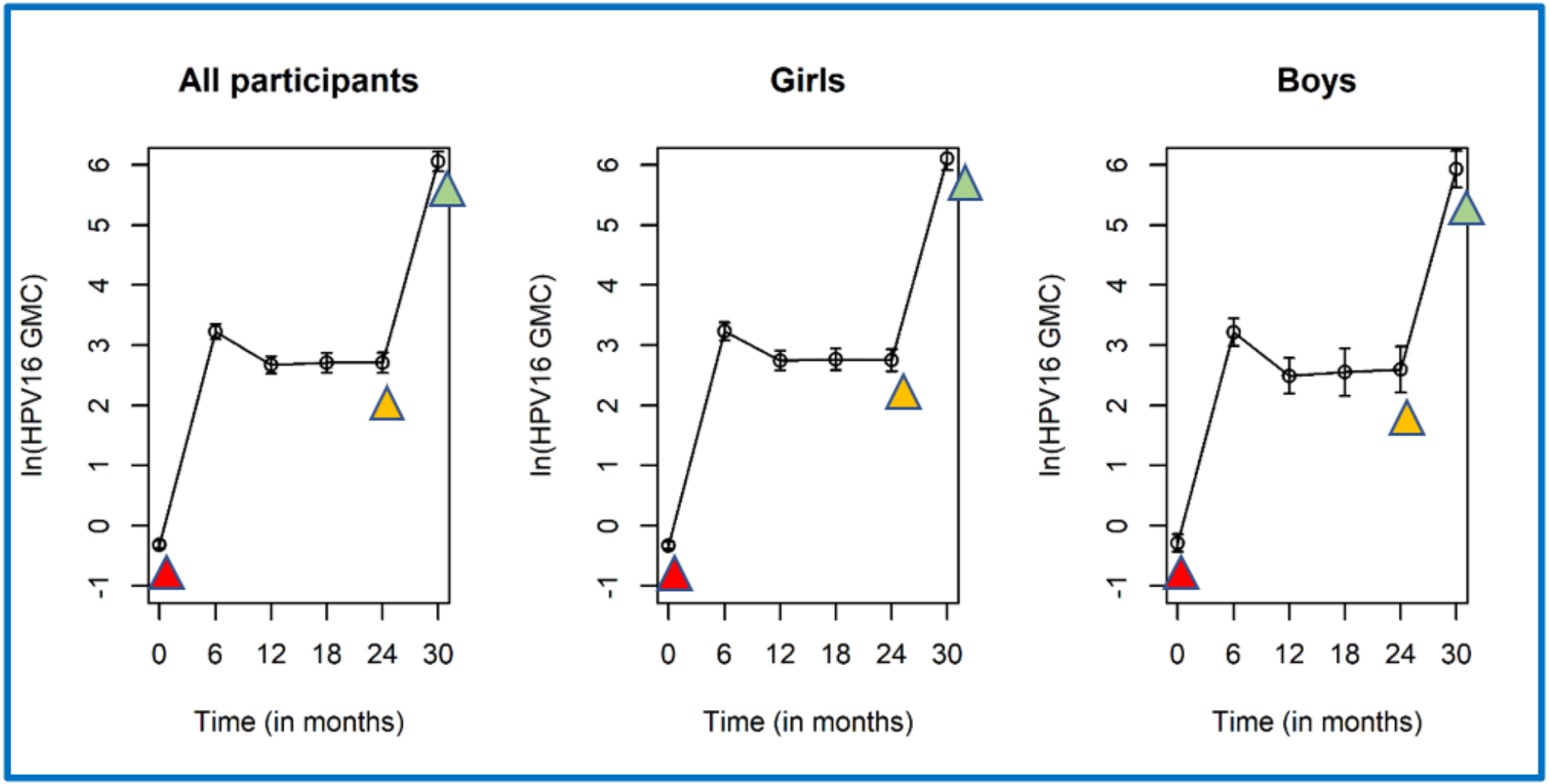
Costa Rica: One dose of bivalent HPV vaccination induces stable HPV16 serum antibodies for >10 years



Kreimer AR JNCI 2020

HPV 9-valent Vaccine Delayed Booster Immunogenicity Study (DEBS)

Plot of HPV16 antibody GMC levels by study visit for all participants, girls and boys



Slide courtesy of Dr Vik Sahasrabuddhe

ClinicalTrials.gov registration NCT02568566

Single-dose HPV vaccine impact among 17- to 18-year-old women with HIV in South Africa: the HOPE study

HPV type	Crude prevalence		
	Pre-vaccine sample N=157 n (%)	Post-vaccine sample N=117 n (%)	Prevalence ratio (PR) (95% CI)
HPV 16/18	52 (33)	24 (21)	0.62 (0.41-0.94)

Sinead Delany-Moretlwe, Dorothy Machalek, Richard Munthali, Danielle Travill, Kathy Petoumenos, Helen Rees, John Kaldor on behalf of the HOPE study group

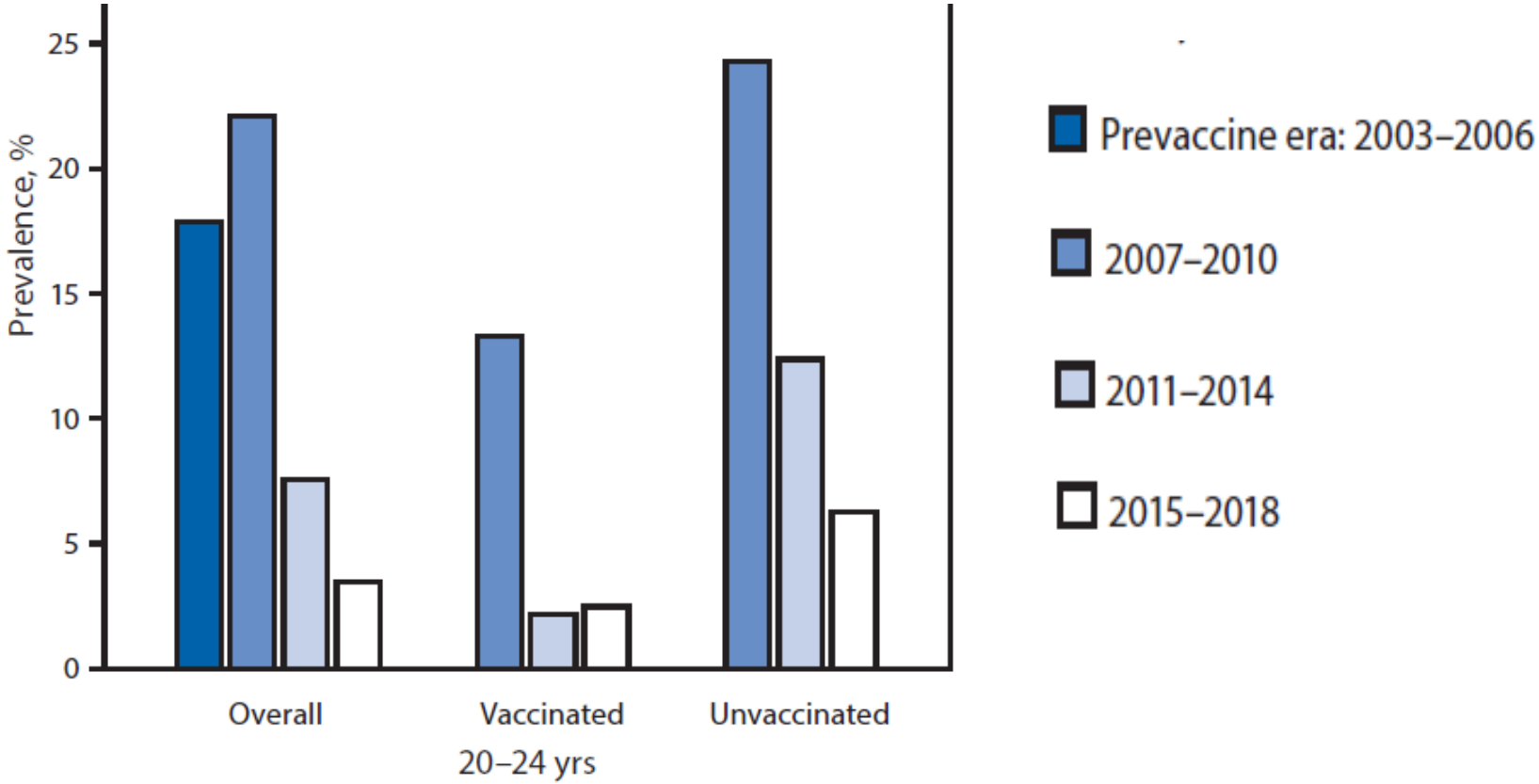
IPVC, April 2023

Herd immunity is greater than expected

US 2018: Herd immunity for 4v HPV vaccine types among 20–24-year-old women, NHANES

FIGURE. Quadrivalent vaccine-type (4vHPV-type) prevalence among sexually experienced females aged 14–34 years, by age group, vaccination history,* and survey years — National Health and Nutrition Examination Survey, United States, 2003–2018[†,§]

NHANES is an ongoing cross-sectional survey conducted by CDC's National Center for Health Statistics designed to monitor the health and nutrition of the U.S. non-institutionalized civilian population.



Rosenblum et al MMWR 70: 415-420, 2021

WHO SAGE recommends updating HPV vaccination dose schedules as follows

- **One or two-dose schedule** for the primary target of girls aged **9-14.**
- **One or two-dose schedule** for young women aged **15-20.**
- Two doses with a 6-month interval for women **older than 21**.
- Immunocompromised individuals, including those with HIV, should receive three doses if feasible, and if not at least two doses.

Weekly epidemiological record
Relevé épidémiologique hebdomadai

16 DECEMBER 2022, 97th YEAR / 16 DÉCEMBRE 2022, 97e ANNÉE
No 50, 2022, 97, 645–672
http://www.who.int/wer

Countries that switched to 1-dose HPV schedule as of April 2023

Region	Country (intro year)	WB group	Policy change
AFR	• Cap Verde (2021)	LMIC	• Switch to 1-dose, extended MAC to 14 yr old girls
AMR	• Bolivia (2017) • Guatemala (2018) • Guyana (2011) • Jamaica (2017) • Mexico (2008) • Peru (2015)	LMIC UMIC UMIC UMIC UMIC UMIC	• Switch to 1-dose in routine programme • Switch to 1-dose in routine programme • Switch to 1-dose in routine programme ♂ • Switch to 1-dose in routine programme ♀ • Switch to 1-dose in routine programme ♀ • Switch to 1-dose in routine programme
EUR	• UK (2008) • Ireland (2009) • Albania(2022) • Netherlands (2008) • Sweden (2010)	HIC HIC LMIC HIC HIC	• Switch to 1-dose, 9 - 25 year old ♀; MSM>25yr: 2 doses • Switch to 1-dose, 9 - 25 year old ♀; MSM>25yr: 2 doses • Introduction with 1-dose in 13-year-old girls • 15-26 year ♀ in catch-up 2-doses • 15 year and older females in catch-up 2-doses
WPR	• Tonga (2022) • Australia (2007)	LMIC HIC	• Introduction with 1-dose in girls, extended MAC to 14 year • Switch to 1-dose dose in routine programme ♀
GAVI Countries	*NITAGs in several GAVI-supported countries (LMICs) have recommended 1-dose HPV schedule*		• Bangladesh (2023/24) • Nigeria (2023/24) + 8 more • India (2023/24)

Slide courtesy of Dr Paul Bloem, WHO

Black: Primary target, switch from 2 (or 3) to 1-dose
Blue: Secondary target, switch from 3 to 2 doses

Gaps in Knowledge

- Impact of HIV infection on existing HPV-vaccine-induced antibodies from a single dose
- Males (DEBS trial suggests similar immune response to 1 dose)
- Adults
- Protection at non-cervical sites (i.e.: oral and anal)
- Protection at non-mucosal sites (i.e.: genital warts)
- 1 dose for DCVM HPV vaccines (Innovax, Walvax, Serum Institute)
- Programmatically- how to monitor for breakthrough/signs of waning

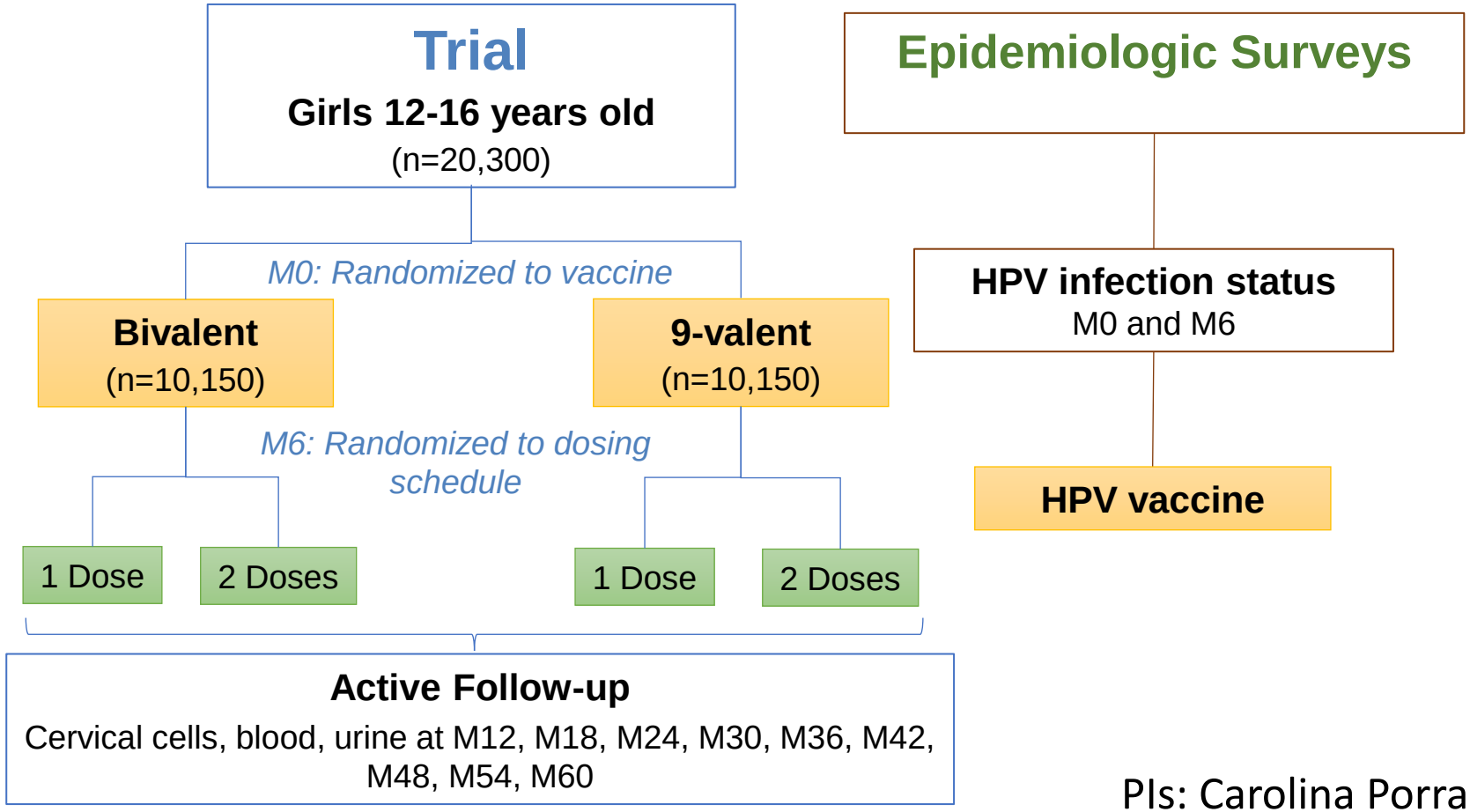
More data coming: evidence into 2025

BOLD indicates randomization to 1 dose

- Durability
  - Costa Rica- followup to 20 years for immunologic endpoints
  - India- followup to 15 years with histologic endpoints
  - **Tanzania- followup to 9 years immunologic endpoints**
  - **Kenya- followup beyond 3 years virologic endpoints**
- Vaccine effectiveness (examples)
  - Thailand
  - South Africa
- Additional population subsets (examples)
  - Women with HIV- South Africa (HOPE)
  - Younger age at vaccination- Gambia- 4 to 8 yr olds (HANDS)
  - **Older age at vaccination- Costa Rica, 18 to 30 (PRISMA)**
- **Non-cervical sites- Costa Rica, anal and oral endpoints (PRISMA)**
- **Non-inferiority of 1 to 2 doses- Costa Rica (ESCUDDO)**

ESCUDDO, Costa Rica- Primary data available in 2024/2025

- RCT to evaluate non-inferiority of one versus two doses of bivalent and 9-valent vaccines for prevention of new cervical HPV16/18 infections that persist 6+ months
- Evaluate one dose compared to zero doses



PIs: Carolina Porras and Aimée Kreimer

Thank You

NATIONAL CANCER INSTITUTE
Division of Cancer
Epidemiology & Genetics

Contact: kreimera@nih.gov

Panel

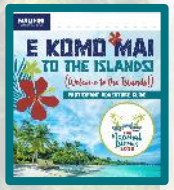
Moderator: Dr. Akiva Novetsky

Please utilize the microphones to ask your questions.

Engaging Our Organizations

Engaging Our Organizations Discussion

- **Move to HPV or Cervical Tables**
  - **HPV: Tables 1-13**
  - **Cervical: Tables 14-25**
    - **If you are a member of both, select the Roundtable where you would like to discuss your engagement**

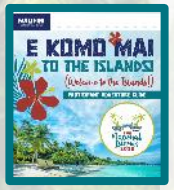


- **Respond to the Roundtable Engagement Checklist in your Participant Adventure Guide (5 min.)**
  - **Cervical = future**
  - **HPV = present**
- **Participate in a Table Group conversation about Roundtable engagement (25 min.)**

Engaging Our Organizations Discussion

Participate in a Table Group conversation about Roundtable engagement (25 min.)

1. What have you done? How was that valuable?
2. What would you like to do? How?
3. What barriers? How might you address?
4. Any additional suggestions for how engagement can be easier or more fruitful?



DAY 1 WRAP-UP

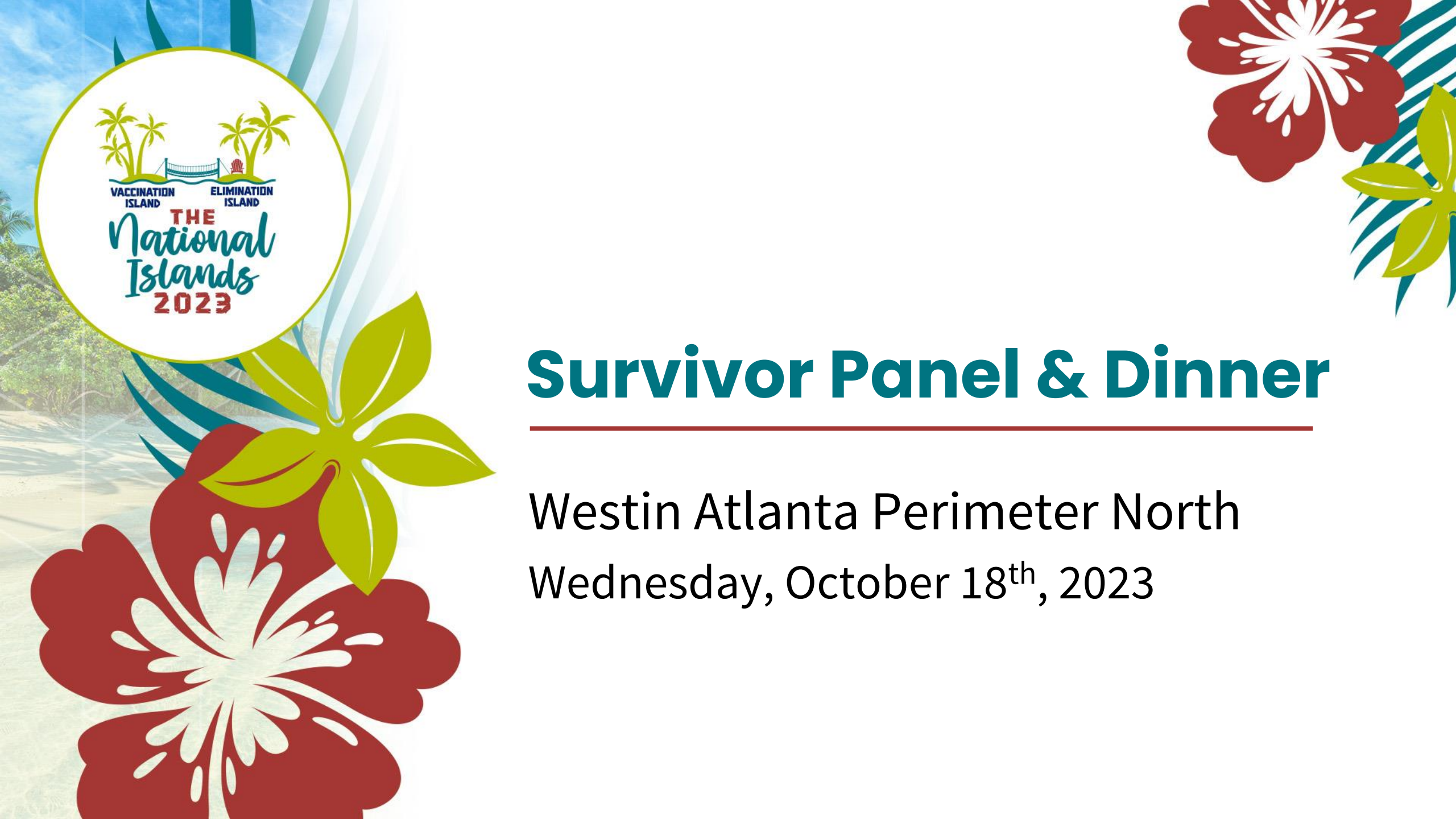
#NatlIslands23

Beach Ball Closing Activity

- Answer the question below on label
- Stick label on beach ball
- Toss beach balls to another tables
- Popcorn favorite responses across the room

One thing I loved/appreciated about today is…

MAHALO



Survivor Panel & Dinner

Westin Atlanta Perimeter North

Wednesday, October 18th, 2023

Moderator:
Deborah Arrindell, ACS NRTCC Chair

Deborah Arrindell is Vice President of Health Policy for the American Sexual Health Association (ASHA) and heads ASHA's Washington, D.C. Office. She is an experienced public health advocate with deep commitment to human rights, sexual health and reproductive health, and the empowerment of women, youth, and people of color.

Prior to joining ASHA, Ms. Arrindell held numerous positions in health and social policy, including serving as Executive Director of the Home Care Aide Association of America, as Senior Director of Governmental Affairs for the American Nurses Association, Director of Social Policy for the League of Women Voters and Vice President of Public Policy, for Wider Opportunities for Women.

She has more than 40 years experience in public policy, including work for women's economic justice, reproductive and sexual health and employment and training.

Meet Our Panelists

Cricket Correa

Thomas Bennett

Kimberly Williams

Panelist #1:
Rina “Cricket” Correa

Rina (Cricket) Correa is an elementary school teacher in Atlanta, GA. She loves spending time with her 3 children and 8 grandchildren.

She was diagnosed with stage 1b cervical cancer in 2012 and treated at Northside Hospital. She is incredibly grateful for her early diagnosis and speedy treatment. She attributes her early diagnosis to a coworker who would not allow her to ignore health issues she began experiencing. Her assistant principal insisted she follow up with her doctor when the initial treatment for her symptoms was not working. This persistence ultimately led to her biopsy and successful treatment.

Today, Cricket is cancer free and as healthy as she was before her cancer journey. She remains connected with the Cancer Support Community which provides classes in nutrition and fitness as well as support and informational groups. She volunteers with Network of Hope, which connects cancer patients with volunteers who have also faced cancer and embraced life afterward.

Panelist #2
Thomas Bennett

Tom Bennett, born and raised in Westport, Connecticut, enjoyed an active childhood and loved living in a coastal community not far from New York City. As a serial entrepreneur, Tom participated in a few startups and ultimately found his passion in residential construction.

One day, in early July of 2015 while on business travel, he noticed a lump on his neck while shaving. He figured he'd been exposed to some dust, and it was just another sinus infection. After a challenging 2 months, Tom was diagnosed with Stage 4 HPV positive tongue cancer. His treatment began in early November 2015 and lasted six weeks.

Fast forward to now. Tom has been cancer free for 7 years and now resides in another coastal city near Charleston, South Carolina. Tom is done with his post treatment screenings and looks at life differently. Less intense with work. Enjoy life more. Cook more. Walk more… live more!

Panelist #3
Kimberly Williams

Kimberly Williams is a recurrent cervical cancer survivor and Cervivor Patient Advocate and is the Chief Diversity Equity and Inclusion (D.E.I.) Officer at Cervivor. Kimberly is a social services worker from the greater Houston, Texas area with over 20 years of experience in the social services field as a social services worker, mentor, manager, and director emphasizing in the fair treatment, work ethic, and services provided to Individuals with intellectual disabilities and related conditions.

Kimberly serves as a patient advocate for Genmab and the NRG Oncology Cervix and Vulvar Committee reviewing clinical trial protocols. She also serves as the Co-Chair for ACS National Roundtable on Cervical Cancer Stigma Workgroup.

Through her experiences and work with diverse populations, Kimberly works to reduce inequality gaps, ensure fair treatment, and access to care to aid in ending cervical cancer.

ACS Roundtable Acknowledgments

Deborah Arrindell

NTRCC Chair Outgoing

Susan Vadaparampil, PhD, MPH

NRTCC Chair Incoming

THE National Islands 2023

DAY 2

#NatIIslands23

Welcome to our 2023 Joint National Meeting

Day 2

American Cancer Society | National HPV Vaccination Roundtable | American Cancer Society | National Roundtable on Cervical Cancer

Day 2 Agenda

- Breakfast 7:00-8:30
- Introduction 8:30
- Tiki Talks
- Planning for Elimination
- Lunch
- Closing

Tiki Talks

- Move to stations in or outside the room
- If there are more than 15 people in your Tiki Talk, consider dividing into two groups.
- 35 minutes for conversation
- “Popcorn” report back

Tiki Talks: Table Numbers

1. Cancer Screening Registries (Akiva & Cosette)
2. Reducing Rural Disparities
3. Utilizing Pharmacist for HPV Vaccination in Rural Areas
4. Challenges and Opportunities to Improve Brachytherapy Treatment + Survivorship (Eve McDavid)
5. Misinformation about HPV Vaccine (Melanie Kornides)
6. Therapeutic Use for HPV Vaccine
7. Reaching Under-Resourced Populations (Prevention, Screening, Treatment; Bethany Berry)
8. Strategic Plans for Follow-Up to Self-Screening
9. Increasing HPV Vaccination among Active Duty and Veterans (Emily Penick)
10. BIG P and little p policy Opportunities to Improve HPV Vaccination (Heather Brandt)
11. Dental Provider Involvement in HPV Prevention (Megan Cloidt/Anonymous)
12. The Fate of Cytology in HPV Cancer Screening
13. Community Navigation – Access and Policy to Support Coverage
14. Role of Youth HPV Champions in Peer to Peer Education
15. The Role of Community Health Workers at the Intersection of Increasing HPV Vax, Closing Gaps in HPV Screening, and Improving Health Equity
16. Everything You Always Wanted to Know About Self-Collection But Were Afraid to Ask
17. Addressing Health Care Barriers and Solutions to Increase HPV Vaccination Uptake
18. Medical Providers Partnering to Better Hear and Use the Advocate Voice to Improved Screening & Vaccination
19. Novel Strategies for Follow Up After HPV+ Results: Dual Stain and Extended Genotyping

Age 9 Journal Supplement

Planning for Elimination

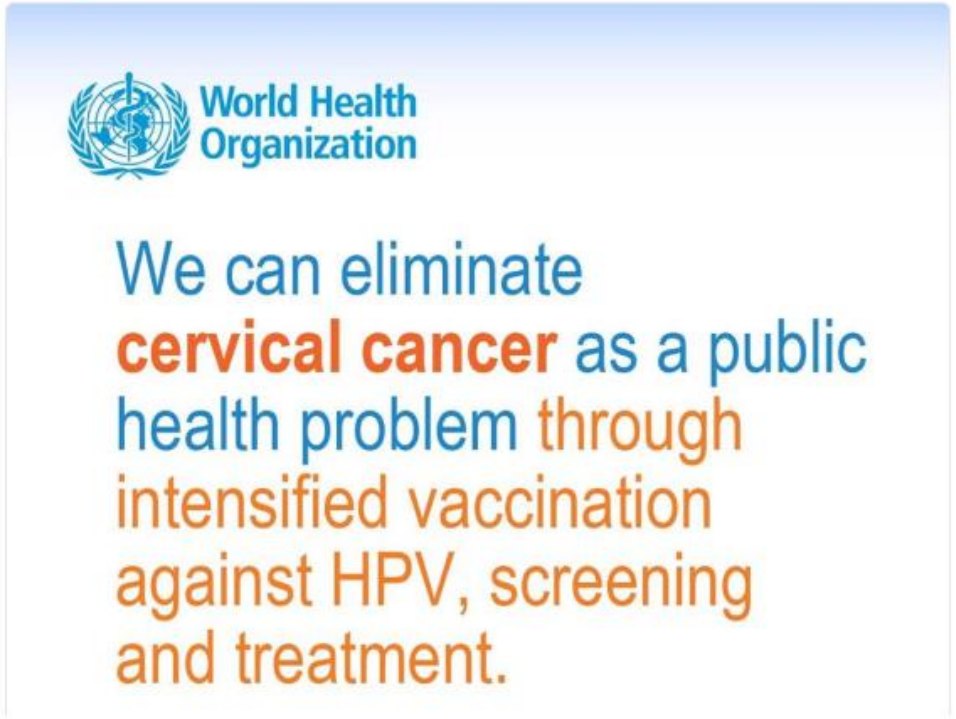
Debbie Saslow, PhD

American Cancer Society

World Health Organization (WHO)
@WHO

Following

WHO Director-General @DrTedros calls for all countries to take action to help end the suffering caused by #CervicalCancer bit.ly/2Izh9vB

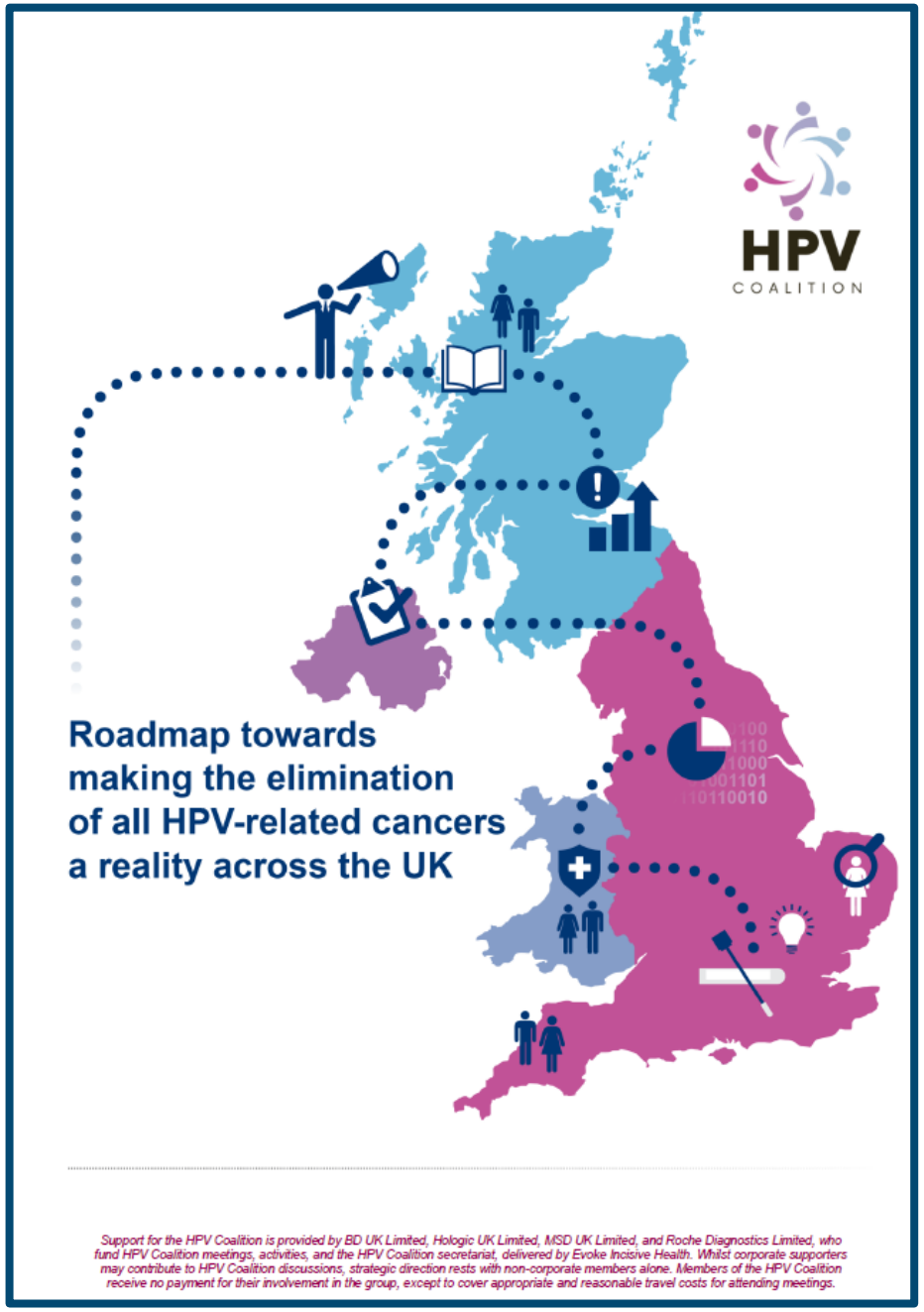


Read the call for action published by WHO:

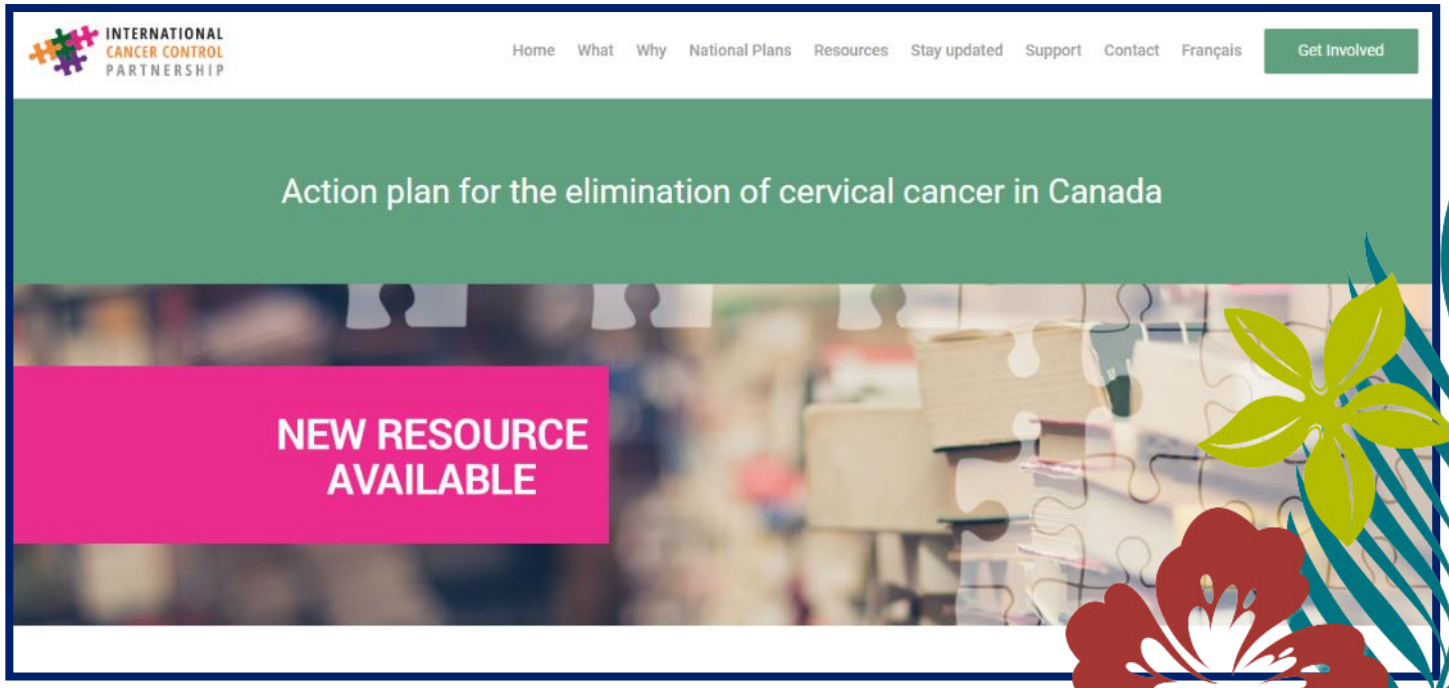
https://www.who.int/reproductivehealth/DG_Call-to-Action.pdf

Learn more about WHO's work on Cervical Cancer:

https://www.who.int/reproductivehealth/topics/cancers/en/


HPV
COALITION
Roadmap towards making the elimination of all HPV-related cancers a reality across the UK
Support for the HPV Coalition is provided by BD UK Limited, Hologic UK Limited, MSD UK Limited, and Roche Diagnostics Limited, who fund HPV Coalition meetings, activities, and the HPV Coalition secretariat, delivered by Evoke Incisive Health. Whilst corporate supporters may contribute to HPV Coalition discussions, strategic direction rests with non-corporate members alone. Members of the HPV Coalition receive no payment for their involvement in the group, except to cover appropriate and reasonable travel costs for attending meetings.


Ministers
Department of Health and Aged Care
Home
Media centre
Mark Butler
Anika Wells
Ged Kearney
Emma McBride
Malarndirri McCarthy
This content relates to a former minister
Home
Australia backs commitment to lead world in eliminating cervical cancer
Marking one year since the World Health Organization (WHO) launched a global commitment to eliminate cervical cancer, the Australian Government is investing $5.8 million to back our pledge to be the first nation in the world to achieve this goal.
The Hon Greg Hunt MP
Former Minister for Health and Aged Care


INTERNATIONAL CANCER CONTROL PARTNERSHIP
Home
What
Why
National Plans
Resources
Stay updated
Support
Contact
Français
Get Involved
Action plan for the elimination of cervical cancer in Canada
NEW RESOURCE AVAILABLE

Roundtable Vision

American Cancer Society | National Roundtable on Cervical Cancer

Equitable elimination of HPV-related cancers – starting with cervical cancer – as a public health problem in the United States.

American Cancer Society | National HPV Vaccination Roundtable

A world without cervical cancer

Planning for Elimination in the U.S.

American Cancer Society® | National HPV Vaccination Roundtable | American Cancer Society® | National Roundtable on Cervical Cancer

Now is the time for a U.S. Elimination Plan

Special Thanks to:

Heather Brandt

Anna Giuliano

Electra Paskett

Rebecca Perkins

Isabel Scarinci

Planning for Elimination in the U.S.

Session Objective

Identify **actions needed to achieve strategies**

to reach the elimination of HPV cancers

Planning for Elimination in the U.S.

Session Objective

Identify **actions needed to achieve strategies** to reach the elimination of HPV cancer **as a public health problem**

Planning for Elimination in the U.S.

Session Objective

Identify **actions needed to achieve strategies** to reach the elimination of HPV cancer as a public health problem, **starting with cervical cancer.**

Definition of Elimination

Control	Elimination	Eradication
Reduction in incidence, prevalence, morbidity, or mortality to a locally acceptable level	**of disease:** incidence reduced to zero in a defined geographical area **of infection:** incidence of infection caused by a specific agent reduced to zero **as a public health problem:** achievement of clear and commonly-agreed target definitions	Permanent reduction to zero of the worldwide incidence of infection

Continued intervention measures needed

Intervention measures no longer needed

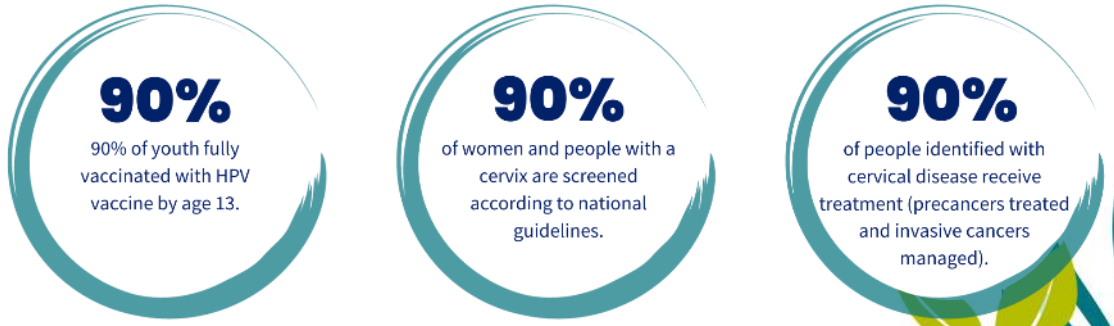
U.S. Elimination Goal

World Health Organization

4/100,000

U.S. (Proposed by ACS)

4/100,000



Proposed Elimination Goal for the U.S.

- Reach **≤4 cases per 100,000** by 2030-2038; ultimate goal of ≤1 per 100,000 by 2063[1]

[1]Berger et al, 2020: Projected time to elimination of cervical cancer in the USA: a comparative modelling study (thelancet.com)

Proposed Elimination Goal for the U.S.

- Reach **≤4 cases per 100,000** by 2030-2038; ultimate goal of ≤1 per 100,000 by 2063[1]
  - **90%** vaccination rates*
  - **90%** cervical screening rates**
  - **90%** follow-up/treatment rates

*** Gender-neutral, up-to-date by age 13**

**** The goal of 90% builds on the WHO target of 70%, with more ambitious – yet achievable – targets, appropriate to our setting**

[1]Berger et al, 2020: Projected time to elimination of cervical cancer in the USA: a comparative modelling study (thelancet.com)

Proposed Elimination Targets for the U.S.

- Reach ≤4 cases per 100,000 by 2030-2038;
  ultimate goal of ≤1 per 100,000 by 2063[1]
  - 90% vaccination rates, **with no subpopulation left behind**
  - 90% cervical screening rates, **with no subpopulation left behind**
  - 90% follow-up/treatment rates, **with no subpopulation left behind**
- **No less than 80% of these rates in any identifiable subpopulation or geographic area**

[1]Berger et al, 2020: Projected time to elimination of cervical cancer in the USA: a comparative modelling study (thelancet.com)

Milestones

- Increase rates for vaccination, screening, and follow-up by X percentage points per year for each subpopulation,

  by every relevant demographic group*

  *people from any minoritized group, including based on race, ethnicity, sex, gender, language, religion, mobility, cognition, vision, hearing, disability, income, insurance status, and/or geography.

Milestones

Micro-elimination goals

Example: Reach ≤4 cases per 100,000 for individuals younger than age 30 years by 20XX, younger than age 35 by 20YY, and younger than 40 by 20ZZ.

How to Achieve the Elimination Goal

American Cancer Society | National Roundtable on Cervical Cancer

Increase vaccination rates

American Cancer Society | National HPV Vaccination Roundtable

Increase cervical screening rates

Increase follow-up/treatment rates

Strategies

Vaccination

Start at 9

Rural/geographic

VFC

Parents/vaccine confidence

Health plans

Registries

Screening

Patient education

Self-collection

Lab workflow

Health plans

Follow-up

Clinician education

Improve follow-up

Reminder/recall

Colposcopy training

State-level

Cancer plans

Policy needs

Policy

Workforce

Navigation

Insurance

Funding

Sustainable $$

Data & Monitoring

Improve/standardize data

Evaluation framework

Wild Card

What if…?

Elimination Framing: What Do You Think?

Talk to the person next to you…

- Did we miss anything BIG?
- What additional big strategies do we need to include?

This is a brain dump for possible inclusion, NOT a discussion, e.g.: of pros/cons

Elimination Feedback

slido

#islands

Intro to Table Group Discussions

- **Objective:**
  Brainstorm and harvest ideas for how Roundtable member organizations can contribute to the elimination of HPV cancers, starting with cervical cancer, as a public health problem
- Based on the above, **choose a strategy you'd like to work on and move to that table number**
- **What if I'm torn between multiple strategies?**
  - Pick one where there's room at the table, then email debbie.saslow@cancer.org with your ideas for the other topics

Strategies: Table Numbers

Vaccination

1. Start at 9
2. Rural/geographic
3. VFC
4. Parents/vaccine confidence
5. Health plans
6. Registries

Screening

7. Patient education
8. Self-collection
9. Lab workflow
10. Health plans

Follow-up

11. Clinician education
12. Improve follow-up
13. Reminder/recall
14. Colposcopy training

State-level

15. Cancer plans
16. Policy needs

Policy

17. Workforce
18. Navigation
19. Insurance

Funding

20. Sustainable $$

Data & Monitoring

21. Improve/standardize data
22. Evaluation framework

Wild Card

23. What if…?

Instructions for Table Group Discussions

What are your ideas for key actions to achieve your strategy?

Brainstorm

Choose the top 2-3 ideas that the group agrees meet the criteria below (40 min.)

Criteria to keep in mind:

- **High Impact**
- **Reasonably feasible**
- **Innovative**
- **Equitable**
- **Leverage existing tools and resources**

Instructions for Table Group Discussions

Divide into smaller groups within your table (3-4 people).

Each group chooses 1 of the top 2-3 ideas and describes it using the template (15 min.)

Templates will be collected from each table.

Call-to-Action Time!

- Record your call-to-action for what actions you, your organization, and/or your partners could take to work towards achieving the ultimate goal of elimination in your Participant Adventure Guide

- Reminder to complete your pledge!


A HUI HOU KAKOU
(Until we meet again)
VACCINATION ISLAND
ELIMINATION ISLAND
THE National Islands 2023
#NatIIslands23