

We will begin shortly.

While you wait:

Visit our webpage at stjude.org/southeast-roundtable

Join the Southeast Roundtable at stjude.org/SERTmem

Register for Day 3 of the virtual annual meeting at stjude.org/SERT25

Access Mentimeter:

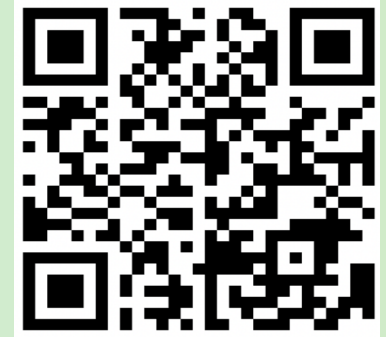
Go to www.menti.com and use the code 7457 1767

Go to <https://www.menti.com/alke18zw34nf>

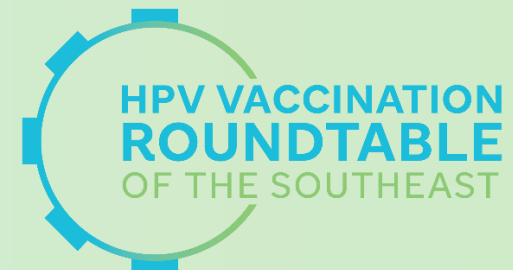
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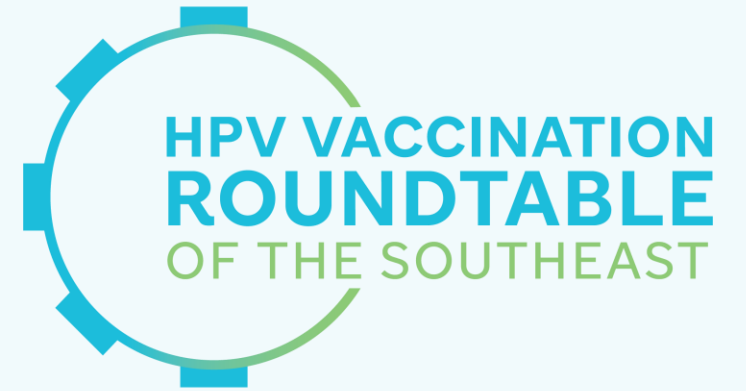
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<https://www.menti.com/alke18zw34nf>



HPV Vaccination Roundtable of the Southeast Virtual Annual Meeting: Elimination



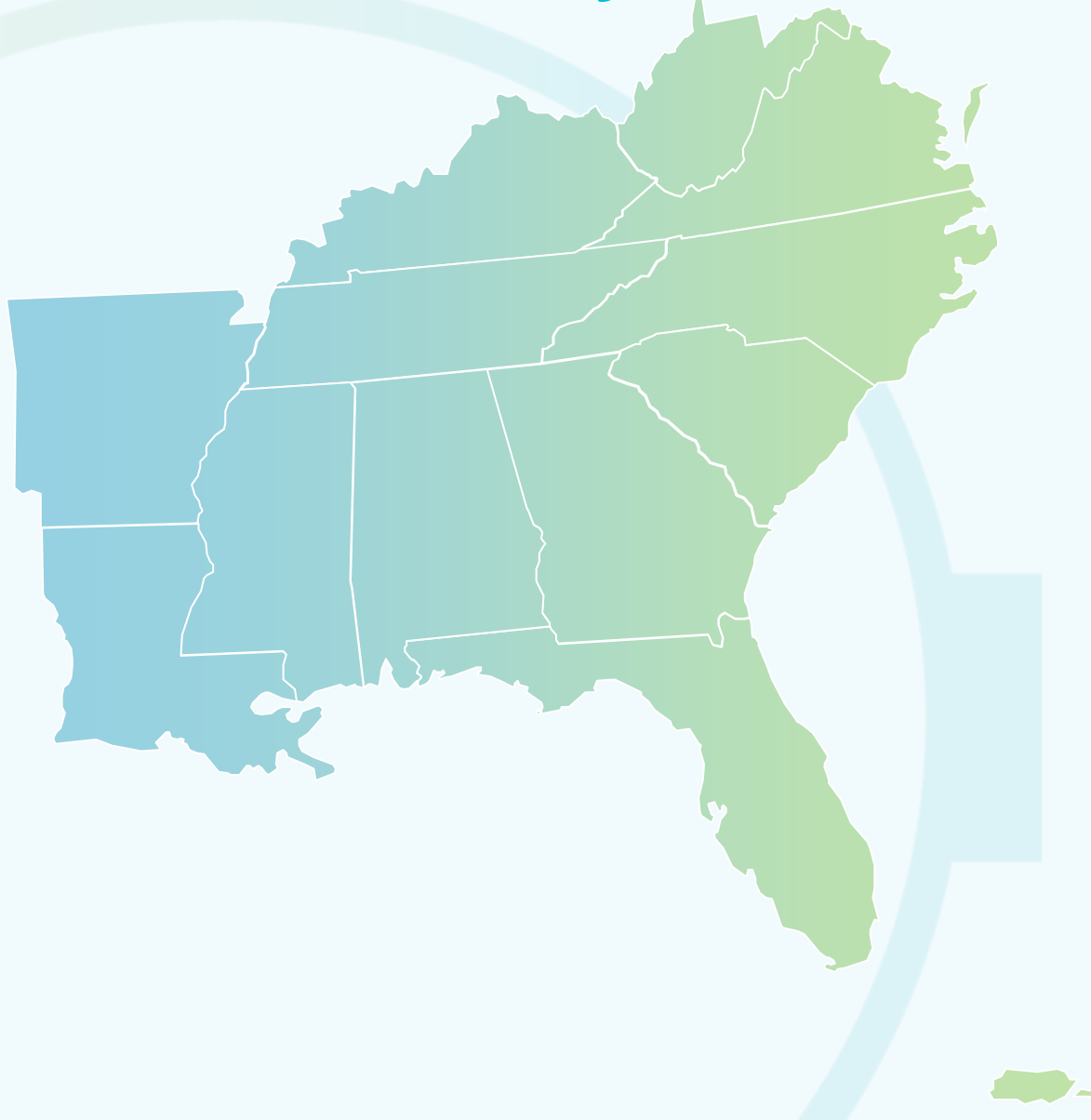
**DAY 2:
ELIMINATION**

January 22, 2025



Welcome to Day 2 of the 2025 Virtual Annual Meeting

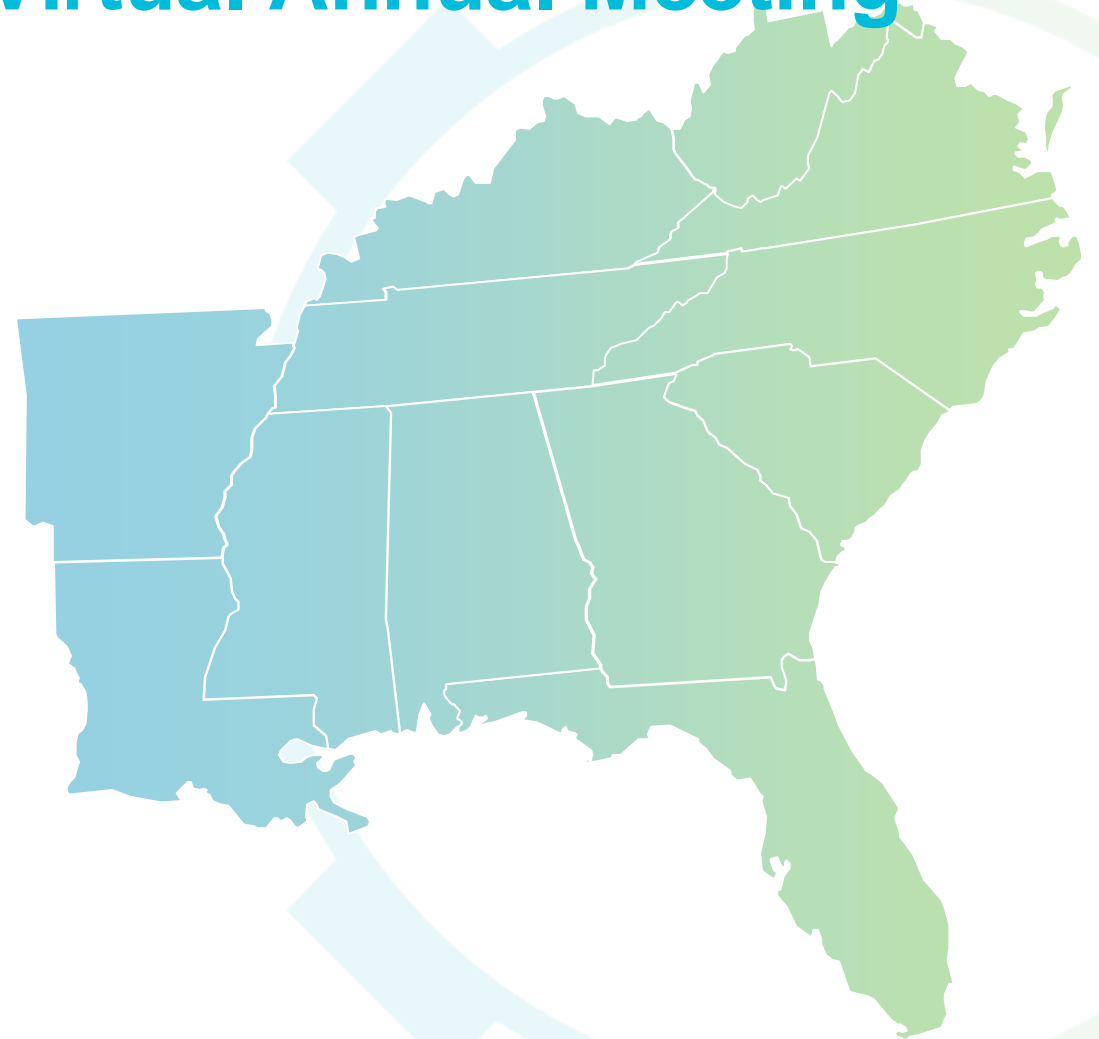
Moderator



Julia Brown, MPH
St. Jude Children's Research Hospital

Welcome to Day 2 of the 2025 Virtual Annual Meeting

- Today's meeting will be recorded. The link to view the recording and PDF of materials will be shared with all who have registered. In addition, the recording link will be posted publicly in the future.
- If you have any issues during today's meeting, please use the chat or email PreventHPV@stjude.org.
- We will use the chat for questions. You can post these at any time to engage with the presenters and organizers. Use "Q" before your question to help us find it quickly among other chatter.
- We will be sending an evaluation for the entire virtual annual meeting following the last day on January 23. Please take a few minutes to complete when this lands in your email inbox.



Welcome to Day 2 of the 2025 Virtual Annual Meeting

DAY 1: Communication January 21, 2025 10 AM-noon Central Time	DAY 2: Elimination January 22, 2025 10 AM-noon Central Time	DAY 3: Start at Age 9 January 23, 2025 10 AM-noon Central Time
<p>10:00-10:05 AM Welcome and Introduction</p> <p>10:05-10:25 AM Communication: Develop and implement a communication campaign and messages for the Southeastern region Heather Brandt, PhD, St. Jude Children's Research Hospital</p> <p>10:25-11:30 AM HPV Vaccination Communication Best Practices and Opportunities</p> <p>Beth Sundstrom, PhD, College of Charleston (moderator)</p> <p>Presentations by subject matter experts: Melissa Gilkey, PhD, UNC Gillings School of Public Health Janice Krieger, PhD, Mayo Clinic Jennifer Erves, PhD, Vanderbilt University Medical Center Parth Shah, PharmD, PhD, Fred Hutch Cancer Center</p> <p>11:30-11:45 AM Revisiting Priority Action Steps: Small Group Breakout Sessions</p> <p>11:45 AM-12:00 PM Next Steps for Action</p>	<p>10:00-10:05 AM Welcome and Introduction</p> <p>10:05-10:25 AM Elimination: Develop and disseminate a plan for HPV cancer elimination in the Southeast, beginning with cervical cancer as a public health problem Julia Brown, MPH, St. Jude Children's Research Hospital</p> <p>10:25-11:30 AM Eliminating HPV Cancers beginning with Cervical Cancer as a Public Health Problem Best Practices and Opportunities</p> <p>Presentations by subject matter experts: Emily A. Burger, PhD, Harvard T. H. Chan School of Public Health Karen Canfell, DPhil, University of Sydney Jennifer Young Pierce, MD, University of South Alabama Jane Montealegre, PhD, MD Anderson</p> <p>11:30-11:45 AM Revisiting Priority Action Steps: Small Group Breakout Sessions</p> <p>11:45 AM-12:00 PM Next Steps for Action</p>	<p>10:00-10:05 AM Welcome and Introduction</p> <p>10:05-10:25 AM Start at Age 9: Accelerate efforts to start HPV vaccination at age 9 Maddy McNeer, MPH, St. Jude Children's Research Hospital</p> <p>10:25-11:30 AM Start at Age 9: Accelerate efforts to start HPV vaccination at age 9</p> <p>Presentations by subject matter experts: Robert Bednarczyk, PhD, Emory Nadja Vielot, PhD, University of North Carolina Lyn Nuse, MD, Atrium Health Sherri Zorn, MD, Washington Chapter of the American Academy of Pediatrics</p> <p>11:30-11:45 AM Revisiting Priority Action Steps: Small Group Breakout Sessions</p> <p>11:45 AM-12:00 PM Next Steps for Action</p>

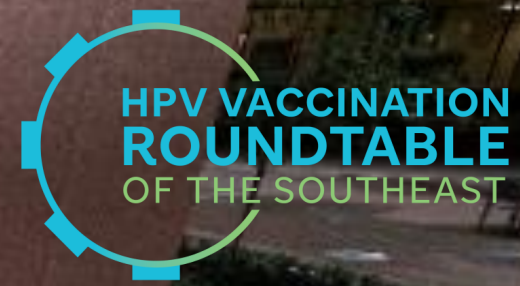
Welcome to Day 2 of the 2025 Virtual Annual Meeting

Recap of Day 1: Communication

Day 1 participants engaged in Mentimeter

- Participants who responded reported joining us from 12 states
- Participants who responded shared a word or phrase of intention for 2025 on Mentimeter (shown here)





HPV Vaccination Roundtable of the Southeast

stjude.org/hpv • stjude.org/southeast-roundtable • [#EndHPVCancers](https://twitter.com/EndHPVCancers)

Welcome to Day 2 of the 2025 Virtual Annual Meeting

Recap of Day 1: Communication

- Day 1 focused on the **communication priority action** and described progress in developing, implementing, and pilot testing the regional communication campaign – “It’s Our Way Down South”



Scan the QR code or click on the link in the chat for the campaign materials request form

Welcome to Day 2 of the 2025 Virtual Annual Meeting

Recap of Day 1: Communication

- recap



- Day 1 featured presentations from HPV vaccination communication experts: Drs. Beth Sundstrom, Melissa Gilkey, Janice Krieger, Jennifer Cunningham-Erves, and Parth Shah

Welcome to Day 2 of the 2025 Virtual Annual Meeting

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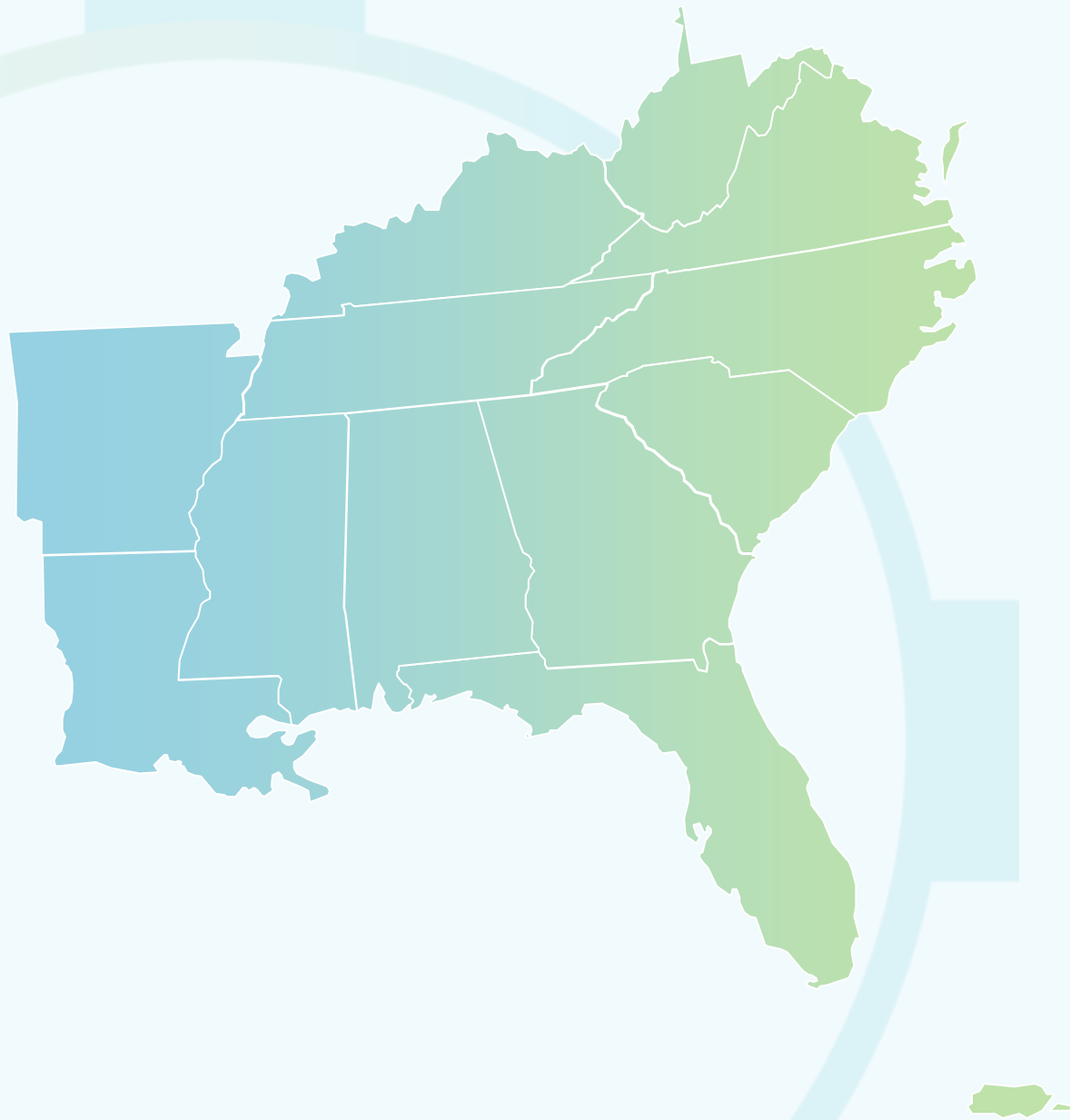
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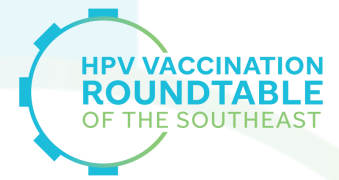
Please join the Southeast Roundtable by completing the membership form at stjude.org/SERTmem





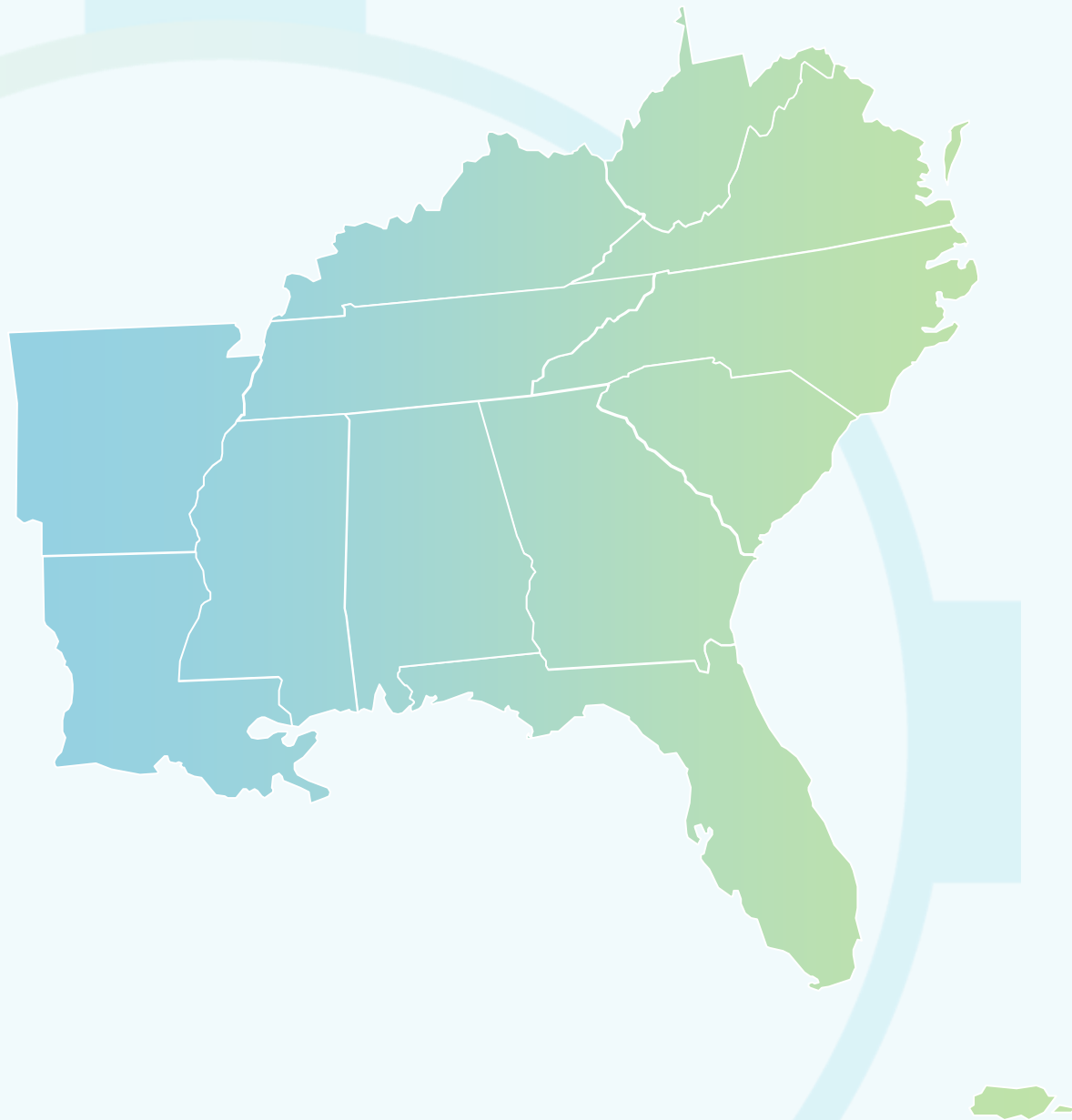
Southeast Roundtable Priority Action Recap: Elimination

Why the Southeast?



By coming together as the southeastern region, we can discuss and act on:

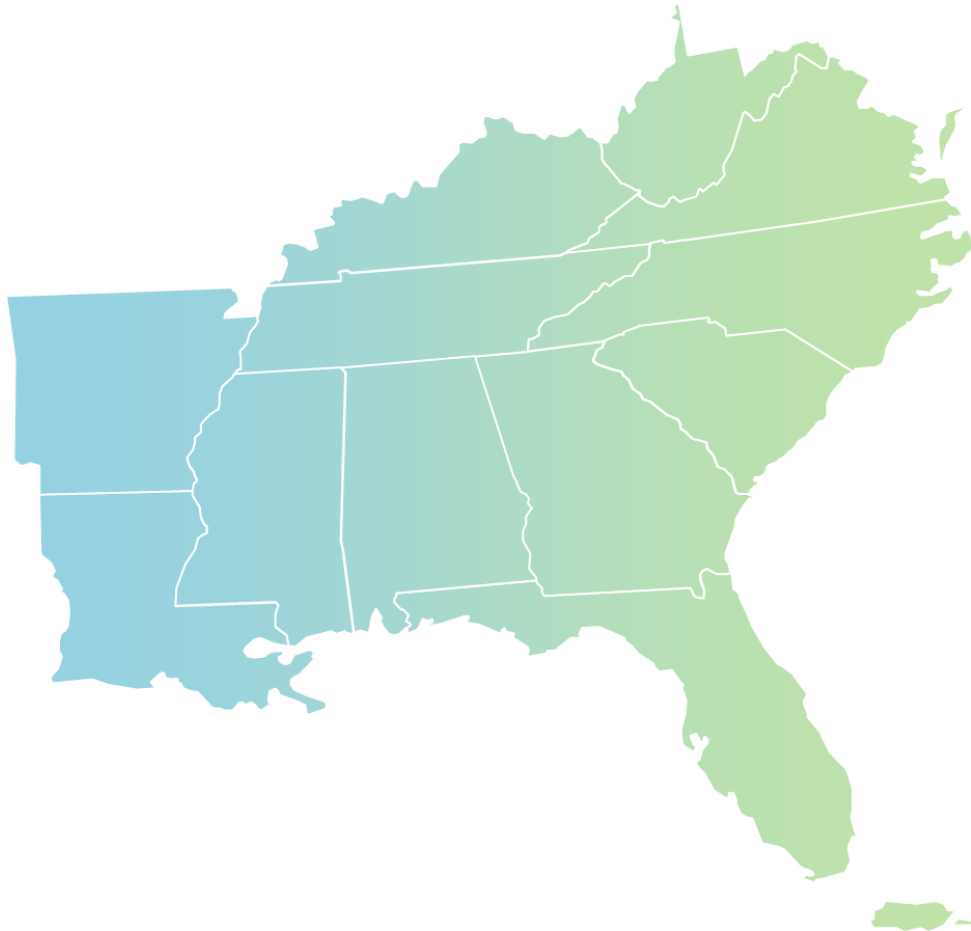
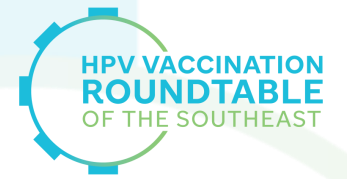
- Conditions surrounding HPV vaccination and HPV cancer prevention;
- HPV vaccination success stories – and how these may be leveraged and replicated in other areas of the southeast;
- Challenges facing HPV vaccination – and how we may support each other to overcome such barriers; and
- Opportunities to improve HPV vaccination coverage in each state and across the region.



In Our Region...

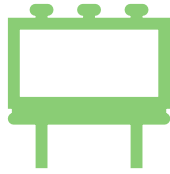
- Low HPV vaccination coverage
- High HPV cancer rates
- High levels of vaccination hesitancy
- Lack of strong provider recommendations
- Myths and misconceptions
- Access to vaccination challenges

Southeast Roundtable



1. Alabama
2. Arkansas
3. District of Columbia
4. Florida
5. Georgia
6. Kentucky
7. Louisiana
8. Mississippi
9. North Carolina
10. South Carolina
11. Tennessee
12. Virginia
13. West Virginia
14. Puerto Rico

Southeast Roundtable Action Priorities, 2024-2025



Communication

Develop and implement a **communication campaign and messages** for the Southeastern region

1. Create a campaign that will focus on HPV vaccination as cancer prevention for everyone (gender-neutral)
2. Focus on working with rural communities through health department partnerships
3. Provide bite sized, digestible, accessible information for health care providers



Elimination

Develop and disseminate a **plan for HPV cancer elimination in the Southeast**, beginning with cervical cancer as a public health problem

1. Develop a regional plan for eliminating HPV cancers, starting with cervical cancer as a public health problem
2. Identify and unify partners in a collective voice around a plan to eliminate HPV cancers, starting with cervical cancer
3. Build a toolkit for Southeast Roundtable states and jurisdictions to develop own elimination plans



Start at Age 9

Accelerate efforts to **start HPV vaccination at age 9**

1. Develop and disseminate targeted messaging to our key partners to drive better knowledge about starting HPV vaccination at age 9 and drive demand for vaccination
2. Provide tailored information to health care provider teams about HPV vaccination beginning at age 9
3. Engage regional partners to initiate activation of HPV vaccination beginning at age 9

“ Everyone can contribute, every community matters, and every country can eliminate cancer

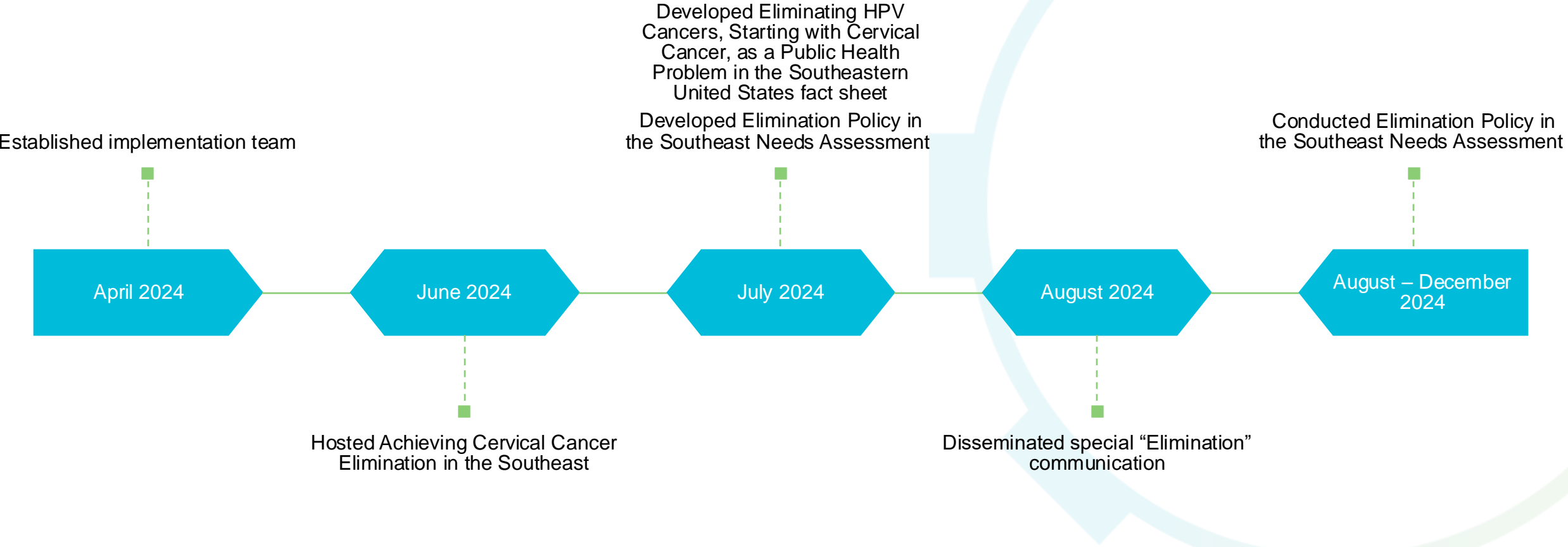
...Every State Can Too

World Health Organization
Global call to Action to Eliminate Cervical Cancer

Southeast Roundtable Elimination Implementation Team

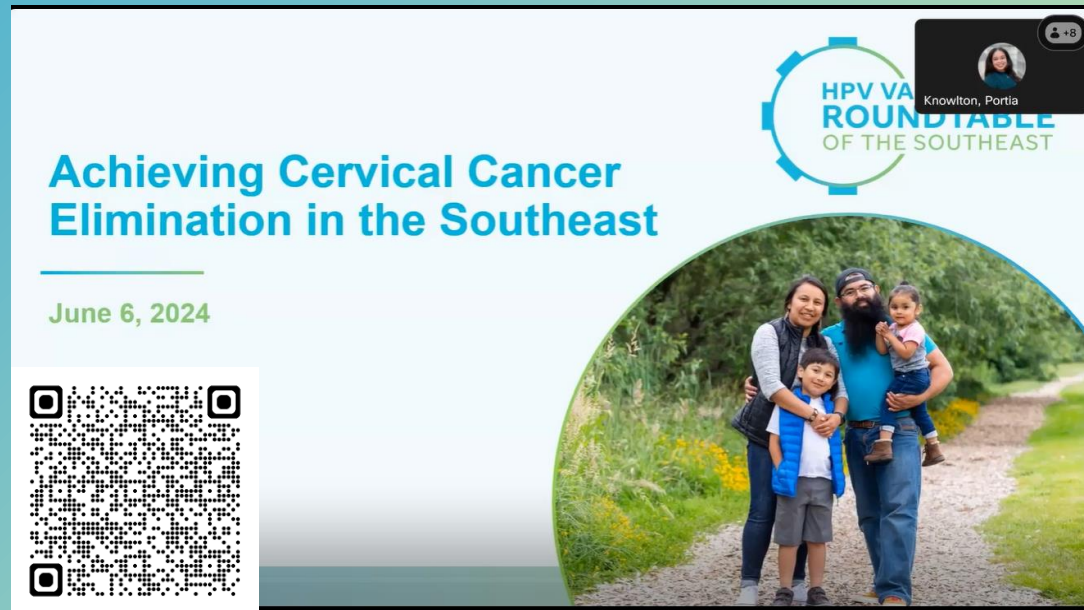
- Leanne Alexander, Merck
- Trisha Amboree, Medical University of South Carolina Hollings Cancer Center
- Robert Bednarczyk, Emory University Rollins School of Public Health
- Maria Campos Araujo, Tennessee Breast and Cervical Screening Program
- Casey Daniel, University of South Alabama
- Angela Davis, American Cancer Society
- Heather Dollinger, North Carolina Department of Health and Human Services
- Pam Hull, Population Science and Community Impact, University of Kentucky Markey Cancer Center
- Cara McCarthy, Louisiana Cancer Prevention and Control Programs
- Eryka Murray, Emory University Winship Cancer Institute
- Christina Turpin, American Cancer Society
- Tevin Mathew, Tennessee Breast and Cervical Screening Program
- Melanie Slan, Medical University of South Carolina Hollings Cancer Center
- Nancy Wright, Alabama Department of Public Health
- Jennifer Young-Pierce, University of South Alabama

Elimination Implementation Team Timeline



Achieving Cervical Cancer Elimination in the Southeast Virtual Seminar, June 6

Achieving Cervical Cancer Elimination in the Southeast Virtual Seminar, June 6



This virtual training took place on June 6, 2024 and explored Operation Wipe Out, Alabama's statewide action plan to eliminate cervical cancer, as a model for implementing policy to eliminate cervical cancer in the Southeast.

Featured presenters were Isabel C. Scarinci, PhD, MPH, Professor, Vice-Chair for Global and Rural Women's Health, Department of Obstetrics and Gynecology, Senior Advisor for Globalization and Cancer, O'Neal Comprehensive Cancer Center, University of Alabama at Birmingham, and Nancy Wright, MPH Director, Cancer Prevention and Control Division, Alabama Department of Health.

Eliminating HPV Cancers, Starting with Cervical Cancer, as a Public Health Problem in the Southeastern United States



Eliminating HPV Cancers, Starting with Cervical Cancer, as a Public Health Problem in the Southeastern United States

The HPV Vaccination Roundtable of the Southeast has prioritized the elimination of HPV cancers, starting with cervical cancer, as a public health problem as an actionable opportunity for 2024-25. To address this priority, the Southeast Roundtable convened an implementation team comprised of representatives from across the region who are tasked with developing and disseminating a regional elimination plan for the Southeast. An elimination plan is a way to garner support and catalyze action to improve HPV vaccination, cervical cancer screening, and cervical cancer treatment, aiming for the elimination of HPV cancers starting with cervical cancer.

DEFINING ELIMINATION

Elimination does not imply the complete absence of disease. Instead, it signifies the potential to significantly reduce the burden of HPV-related diseases, specifically cervical cancer, and their impact on communities. The World Health Organization (WHO) defines elimination as an incidence rate (new cases of cervical cancer) of less than 4 cases of cervical cancer per 100,000 women¹.



Elimination is not to be confused with eradication, and these terms should not be used interchangeably.

**LESS THAN
4 CASES
OF CERVICAL
CANCER
PER 100,000
WOMEN¹**

For more information visit stjude.org/southeast-roundtable or email PreventHPV@stjude.org

Eliminating HPV Cancers

CERVICAL CANCER ELIMINATION FIRST

As we are optimistic about the potential to eliminate HPV cancers, cervical cancer presents the greatest opportunity for elimination due to routine recommendations for HPV vaccination, cervical cancer screening, and cervical cancer treatment.

Cervical cancer is the most diagnosed HPV cancer among people with a cervix (predominantly identifying as women), with almost all cases attributable to HPV. In the United States, the national rate of new cases of cervical cancer is 7.1 cases per 100,000 women², higher than the WHO's definition of elimination, and with great variation by geography and among certain population groups. In combination, HPV vaccination, cervical cancer screening, and cervical cancer treatment provide us with the best opportunity to achieve elimination. Pre-cancerous changes to the cells of a cervix caused by HPV can typically be detected through routine screening then prevented and treated through ongoing follow up. Early detection, surveillance, and clinical intervention make cervical cancer highly treatable. With an early-stage diagnosis, the five-year relative survival rate for cervical cancer is 91%³.

The WHO Global Strategy to Accelerate Cervical Cancer Elimination¹, which focuses on girls and women, includes 90-70-90 targets for HPV vaccination, cervical cancer screening, and cervical cancer treatment:



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; and



90%
of women identified with cervical disease receive treatment (90% of women with pre-cancer treated and 90% of women with invasive cancer managed).

In the United States, this approach may look different, as the HPV vaccination is routinely recommended for all children, both boys and girls, aged 9-26. Additionally, HPV vaccination may be recommended for some individuals aged 27-45 who were not vaccinated when younger.

ELIMINATION PLANNING

Elimination planning refers to the strategic coordination of unified efforts to reduce the burden of HPV cancers. Although eliminating HPV cancers can seem like a big task, formalizing an elimination plan with shared goals and objectives makes elimination realistic and achievable.

**IN THE US,
THE NATIONAL
INCIDENCE
RATE OF
CERVICAL
CANCER IS
7.1 CASES
PER 100,000
WOMEN²**

For more information visit stjude.org/southeast-roundtable or email PreventHPV@stjude.org

Eliminating HPV Cancers

CURRENT CERVICAL CANCER ELIMINATION PLANNING EFFORTS

The WHO Global Strategy to Accelerate Cervical Cancer Elimination advocates for the development and alignment of cervical cancer elimination plans across numerous countries. In the United States, the national efforts are being led by the American Cancer Society (ACS) [National HPV Vaccination Roundtable](#) and the [ACS National Cervical Cancer Roundtable](#) alongside a regional plan for the Southeast. As of July 2024, Alabama stands as the sole state to have developed and implemented a comprehensive statewide cervical cancer elimination plan, known as [Operation Wipe Out](#). Meanwhile, states such as Florida have integrated cervical cancer elimination as a key objective in their state cancer plans. Numerous other states are actively exploring avenues to develop and implement similar elimination plans.

ADDITIONAL RESOURCES

[What will it take to eliminate cervical cancer in the USA?](#) by Ginsburg et al.
[Projected time to elimination of cervical cancer in the USA: a comparative modelling study](#) by Burger et al.
[The Road to Cervical Cancer Elimination](#) by Anna R. Giuliano.
[Eliminating Cervical Cancer in the Southeast Training](#)

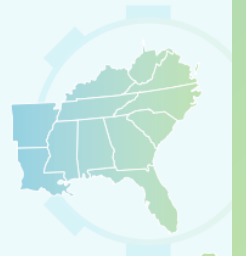
SUPPORTING ELIMINATION PLANNING EFFORTS IN THE SOUTHEAST

There are several opportunities available to support the HPV Vaccination Roundtable of the Southeast in developing and disseminating a regional plan for HPV cancer elimination, starting with cervical cancer, for the Southeast.

For further information, please visit stjude.org/southeast-roundtable, email PreventHPV@stjude.org, or sign up [here](#) to stay informed.

REFERENCES

- Cervical Cancer Elimination Initiative (2024). World Health Organization. <https://www.who.int/initiatives/cervical-cancer-elimination-initiative>
- U.S. Cancer Statistics Working Group. U.S. Cancer Statistics Data Visualizations Tool, based on 2024 submission data (2017-2021). U.S. Department of Health and Human Services, Centers for Disease Control and Prevention and National Cancer Institute. <https://gis.cdc.gov/Cancer/USCS/#/RiskFactory>, released in July 2024.
- Cervical Cancer Prognosis and Survival Rates (2023). National Cancer Institute. <https://www.cancer.gov/types/cervical/survival>



07/2024

For more information visit stjude.org/southeast-roundtable or email PreventHPV@stjude.org

Defining the Elimination of HPV Cancers, Starting with Cervical Cancer, as a Public Health Problem in the Southeastern United States

- Elimination is not **X**
 - A case count of 0 or the complete absence of disease.
- Elimination is **✓**
 - A coordinated strategy and associated policies that aim to reduce the burden of HPV cancers by reducing the number of people affected.
- Elimination is defined by the World Health Organization as an incidence rate of less than 4 cases of cervical cancer per 100,000 women.

World Health Organization

4/100,000

90%

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

70%

of women screened for cervical cancer 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

Models for Cervical Cancer Elimination Planning

Internationally

- Australia
- Canada
- India
- United Kingdom

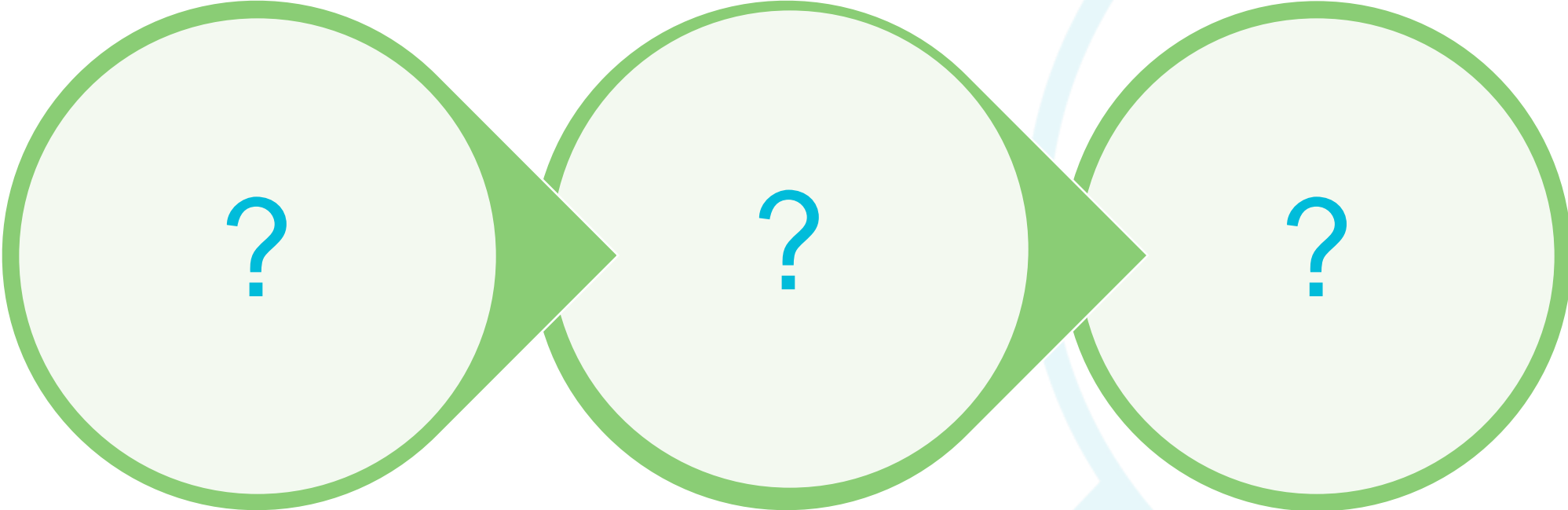
Nationally

- United States (in progress)

State Level

- Alabama (plan)
- Florida (goal)
- Louisiana (plan) (in progress)
- Texas (goal)

Achieving Cervical Cancer Elimination Across the Southeast



Elimination Special Communication



August 1, 2024

National Immunization Awareness Month

What an exciting time to work in HPV cancer prevention! Now is a time when many across the United States have joined together to realize the potential of eliminating cervical cancer through timely HPV vaccination, cervical cancer screening, diagnosis, and treatment.

With the start of National Immunization Awareness Month today, we are pleased to invite you to complete and share an HPV cancer elimination survey as part of the [HPV Vaccination Roundtable of the Southeast](#) priority action focused on elimination. [Access the survey here through August 30.](#) Learn more about elimination efforts [here](#).

In this special communication being sent to the Southeast Roundtable membership, we include additional information about HPV cancer elimination efforts starting with cervical cancer as a public health problem. If you are interested in joining efforts underway to develop an elimination plan for the southeast, email PreventHPV@stjude.org.

Eliminating HPV Cancers, Starting with Cervical Cancer As A Public Health Problem

A special communication on eliminating HPV cancers, starting with cervical cancer, as a public health problem was disseminated on August 1, 2024, during National Immunization Awareness Month.

The special communication officially launched the Elimination Policy in the Southeast Needs assessment.

The communication was disseminated to 479 contacts. While the open rate was 41.5%, efforts were made to follow up with partners across the southeastern states to make them aware of the availability of the survey.

Elimination Policy in the Southeast Needs Assessment

Phase 1

- The implementation team developed a needs assessment survey that was distributed widely online via Qualtrics.
- 105 responses across 7 states in the southeast and an additional 9 states outside of the southeast.

Phase 2

- The implementation team developed interview questions and an interview guide.
- Select subject matter experts were identified and invited to participate in structured interviews.
- 8 subject matter experts were interviewed, representing 7 states in the southeast.

Respondent Descriptions of HPV Cancer Elimination

- **Elimination or Near Elimination**

- HPV cancer elimination means the number of new cases linked to HPV infection is very low.
- A future state where the incidence of cancers known to be caused by HPV is zero or very rare in the population.
- Reducing the number of HPV cancers to the point that we no longer track them in epidemiology.
- < 4/100,000 cases of cervical cancer
- Cervical cancer is no longer considered a public health problem
- Near elimination. Or elimination as a public health problem. Calling it elimination is deceptive and a misuse of the public health term. Also, we can think about cervical cancer elimination, but the rest is not feasible.

Current Stage of Readiness of HPV Cancer Elimination Efforts in Respondents' Primary Work States

Stage of Readiness	Count	Percentage
Precontemplation	6	12%
Contemplation	22	44%
Preparation	10	20%
Action	9	18%
Maintenance	3	6%

Timeline of Existing/Emerging Elimination Efforts in Respondent's Work States

Timeline of Existing/Emerging Efforts	Count	Percentage
Already started.	19	39%
I am not sure.	23	47%
Starting within 3 months.	1	2%
Starting within 6 months.	4	8%
Starting within a year.	2	4%

Perceived Potential Benefits and Barriers

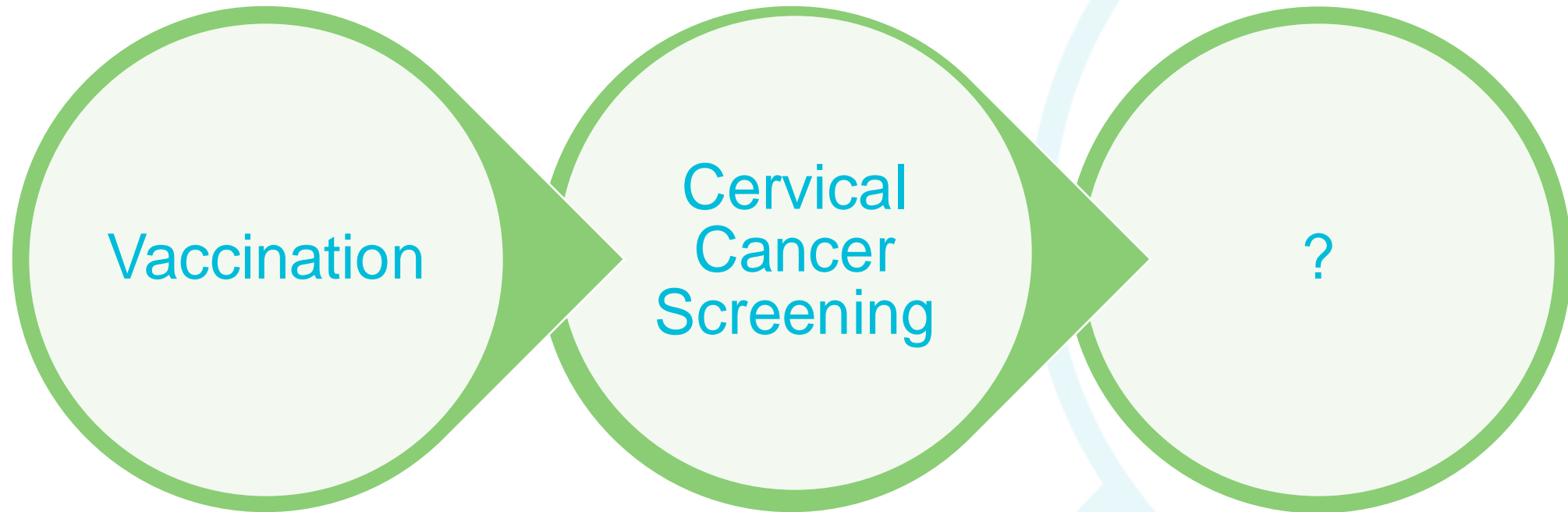
Potential Benefits

- Awareness and Education
- Engagement
- Prevention
- Strategy and Organization
- Reduced Health Care Burden and Spending
- Reduced Missed Opportunities

Potential Barriers

- Health care infrastructure and access
- Stigma and misconceptions
- Policy constraints
- Awareness and misinformation

Achieving Cervical Cancer Elimination Across the Southeast



Pan American Health Association (PAHO)

PAHO Director calls for urgent action to eliminate cervical cancer in the Americas



24 Sep 2024



PAHO Director calls for urgent action to eliminate cervical cancer in the Americas

ELIMINATING CERVICAL CANCER IN THE AMERICAS

Join the Pan American Health Organization to scale up access to life-saving vaccines, testing and treatment for women and girls throughout the Americas region.

TOGETHER, WE CAN MAKE HISTORY!

Every two minutes, a woman dies from cervical cancer.

This is the 4th most common cancer in women worldwide.

Women in low and middle-income countries are disproportionately affected.

In the Americas region, 79,000 women are diagnosed and 40,000 women die, each year.

We already have the tools to prevent and treat this disease.

Elimination is possible!

The 90-70-90 targets:

- 90% HPV vaccine coverage
- 70% screening coverage with high-performing HPV tests
- 90% treatment coverage.

Together, we will:

- increase public awareness and understanding of HPV, cervical cancer and the potential to eliminate cancer for the first time;
- provide sufficient supply of HPV vaccination, HPV testing and ablative treatment devices, to meet the needs of the millions of women and girls who need access;
- expand skills and capacities of health providers to deliver services for vaccination, screening and treatment;
- reduce the gaps in equity by expanding cervical cancer prevention services in areas with limited access to health care.

Join PAHO in the path to elimination and let's make the America's region the first to be free from cervical cancer!

For more information about PAHO's cervical cancer elimination initiative and how to get involved, visit PAHO's cervical cancer webpage or contact us: cervicalcancerelimination@paho.org.

PAHO
Pan American Health Organization

Cervical Cancer Factsheet

Cervical Cancer Executive Summary

Analysis of the situation of cervical cancer in the Region of the Americas

Executive Summary

PAHO Pan American Health Organization World Health Organization Americas Region

The Quad Cancer Moonshot

SEPTEMBER 21, 2024

Fact Sheet: Quad Countries Launch Cancer Moonshot Initiative to Reduce the Burden of Cancer in the Indo-Pacific



› BRIEFING ROOM › STATEMENTS AND RELEASES

Today, the United States, Australia, India, and Japan are launching a groundbreaking effort to help end cancer as we know it in the Indo-Pacific, starting with cervical cancer, a largely preventable disease that continues to be a major health crisis in the region, and laying the groundwork to address other forms of cancer as well. This initiative is part of a broader set of announcements made at the [Quad Leaders Summit](#).

[Fact Sheet: Quad Countries Launch Cancer Moonshot Initiative to Reduce the Burden of Cancer in the Indo-Pacific | The White House](#)

International Gynecologic Cancer Society (IGCS) - Cervical Cancer Elimination

New webpage dedicated to Cervical Cancer Elimination

Cervical Cancer Elimination

IGCS supports the World Health Organization's Global Strategy to Accelerate the Elimination of Cervical Cancer as a public health problem.

The Problem: Cervical cancer is one of the few cancers that is largely preventable through HPV vaccination, screening, and treatment. If detected early through routine screening, it is highly treatable. However, cervical cancer remains a global health problem, particularly in low- and middle-income countries. IGCN and IGCS are committed to:

Outcomes:

- 1. Globally, cervical cancer is the fourth most common cancer among women with over 950,000 new cases in 2022. In the same year, about 330,000 deaths resulted from cervical cancer, primarily in low- and middle-income countries.
- 2. The highest rates of cervical cancer incidence and mortality are in sub-Saharan Africa, Central America, and South East Asia.
- 3. Cervical cancer is caused by persistent infection with the human papillomavirus (HPV). Symptoms such as abnormal vaginal bleeding often appear only in later stages of the disease, leading to delayed diagnosis and worse prognosis.
- 4. Regional disparities in the burden of cervical cancer are closely linked to inequalities in access to vaccination, screening, and treatment services, as well as risk factors such as HPV prevalence. Social and economic determinants including gender norms, tobacco use and stigma, lack of education and awareness, and poverty play a significant role in these disparities.
- 5. Cervical cancer disproportionately affects younger women at the prime of their lives, many have mothers to young children. Over one million children lose their mothers to cervical cancer each year and cervical cancer accounts for about 20% of children orphaned by cancer.
- 6. Women living with cervical cancer and/or HPV and/or other conditions to develop cervical cancer compared to women without HPV. Adolescent girls and young women, particularly women of color, face a higher vulnerability of acquiring HPV.
- 7. The medical and scientific agenda for HPV, cervical cancer screening and treatment, and prevention of disease, is a highly effective and affordable way to prevent cervical cancer. Several intersectoral factors including equitable access to health care and education, lack of awareness, and global coordination, and social and cultural barriers impeding sexual health and cancer risk reduction progress towards elimination.

How to use Eliminate Cervical Cancer: A Global Strategy

The WHO Global Strategy provides a roadmap with targets to prevent cervical cancer through HPV vaccination, high-performance screening, and treatment for both preinvasive lesions and invasive cancers. To achieve these targets, ICC and countries should be united and focusing both on these measures.



HPV Vaccination & Public Awareness

Prevent cervical cancer before it starts.

[Learn More](#)



Screening & Treatment of Precancerous Lesions

Early detection and prevention of disease progression.

[Learn More](#)



Treatment & Palliative Care of Invasive Cancers

Minimize suffering and disability.

[Learn More](#)


We are excited to unveil a new webpage on the IGCS website, dedicated entirely to reinforce our commitment and inspire action towards the elimination of cervical cancer.




HPV Vaccination & Public Awareness

Prevent cervical cancer before it starts.


[Learn More](#)



Screening & Treatment of Precancerous Lesions

Early detection and prevention of disease progression.

[Learn More](#)



Treatment & Palliative Care of Invasive Cancers

Minimize suffering and disability.

[Learn More](#)

IGCS firmly supports the targets of vaccination, screening, and treatment, including the administration of palliative care support for patients who may not have access to these interventions in time and are diagnosed with advanced disease.

Elimination Implementation Team Next Steps

Draft regional
elimination plan by
March 2025



Finalize elimination
plan by April 2025



Develop and
publish elimination
toolkit by June 2025

Speakers



Karen Canfell, PhD
University of Sydney



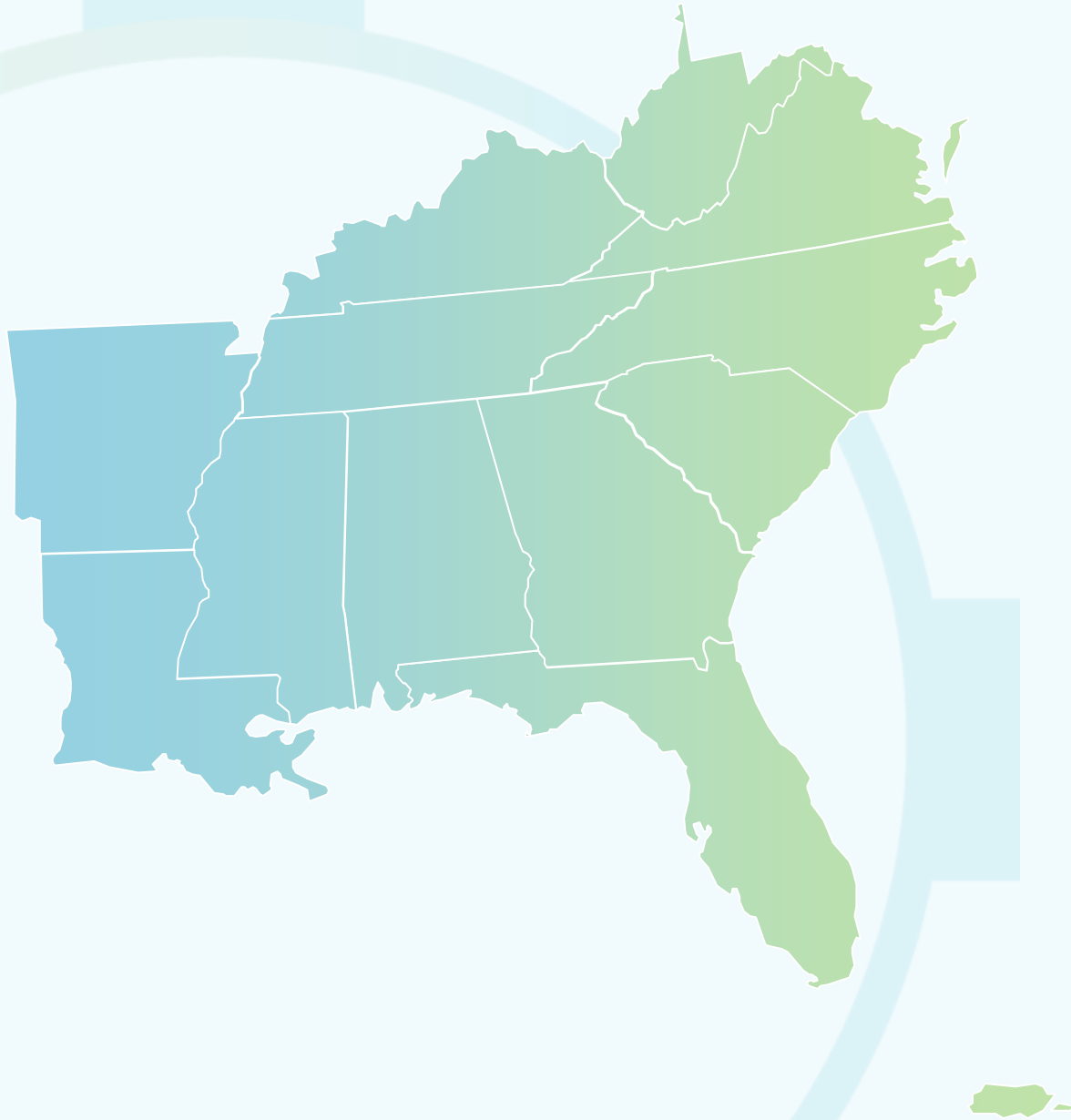
Emily A. Burger, PhD
Harvard T.H. Chan School of
Public Health



Jane Montealegre, PhD,
MD Anderson



Jennifer Young Pierce, MD
University of South Alabama



Karen Canfell, PhD
University of Sydney

Cervical Cancer Elimination: Australian and Global Perspectives

St. Jude Elimination Week Webinar
Promoting the Power of Elimination through HPV Vaccination

March 2024

Karen Canfell

Director, The Daffodil Centre

Professor & NHMRC Leadership Fellow

Cancer Council NSW &

Faculty of Medicine and Health, University of Sydney

Disclosures

I am co-PI of an investigator-initiated trial of cervical screening, *Compass*, run by the Australian Centre for Prevention of Cervical Cancer (ACPCC), which is a government-funded not-for-profit charity. The ACPCC has received equipment and a funding contribution from Roche Molecular Diagnostics.

I am also co-PI on a major implementation program *Elimination of Cervical Cancer in the Western Pacific* which has received support from the Minderoo Foundation and equipment donations from Cepheid Inc.

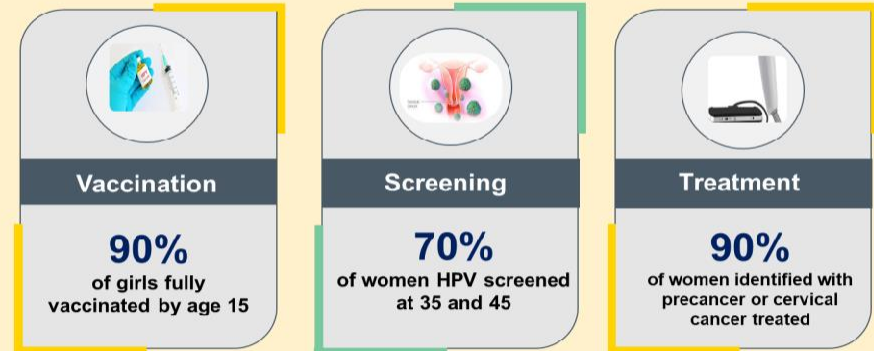
The WHO global strategy for elimination

Global strategy to accelerate the elimination of cervical cancer as a public health problem



World Health Organization

The three pillars of cervical cancer control WHO 2030 targets



Cervical cancer threshold for elimination as a public health problem:
4 cervical cancer cases per 100,000 women per annum

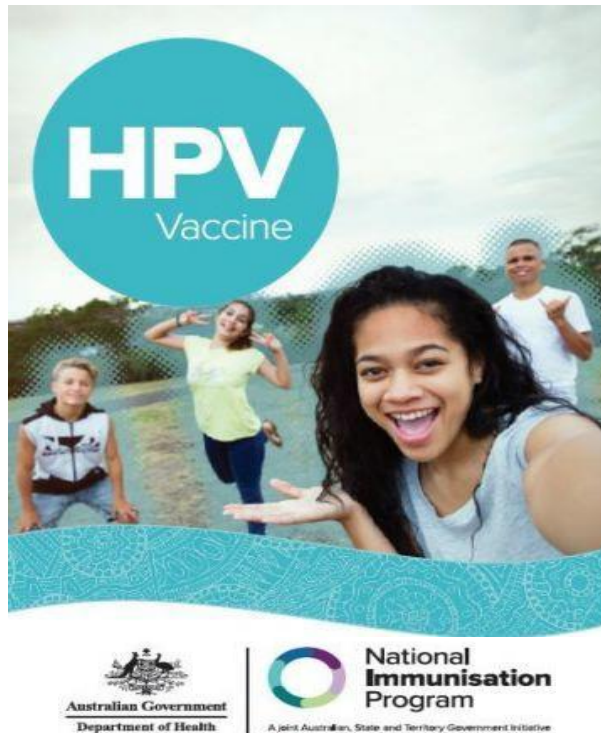
RoI

US \$3.20 returned to the economy for every dollar invested through 2050 and beyond.

The figure rises to US \$26.00 when the benefits of women's improved health on families, communities, and societies are considered.

Australia: a case study for elimination

HPV vaccination: Where are we in 2024?



- National program established for 17 years
- **Single-dose broad spectrum (nonavalent) vaccination** now offered to girls & boys
- Completed course coverage by age 15:
 - 79.1% in 2020 (80.5% in females; 77.6% in males).
 - Lower amongst Indigenous adolescents (71.5% overall; 75.0% in females; 68.0% in males).
- Coverage has increased over time; current focus is on continued progression towards equitable coverage

Cervical screening: Where are we in 2024?

2013-2014

Primary HPV reimbursement assessment

2015-2017

Primary HPV guidelines & transition

2022-

Universal access to HPV self-collection

Cytology

- 2-yearly
- 26 tests in a lifetime

HPV testing

- 5-yearly
- 9-10 tests in a lifetime

NATIONAL CERVICAL SCREENING PROGRAM:

Guidelines for the management of screen-detected abnormalities, screening in specific populations and investigation of abnormal vaginal bleeding

Medicare item for HPV self-collection gets green light

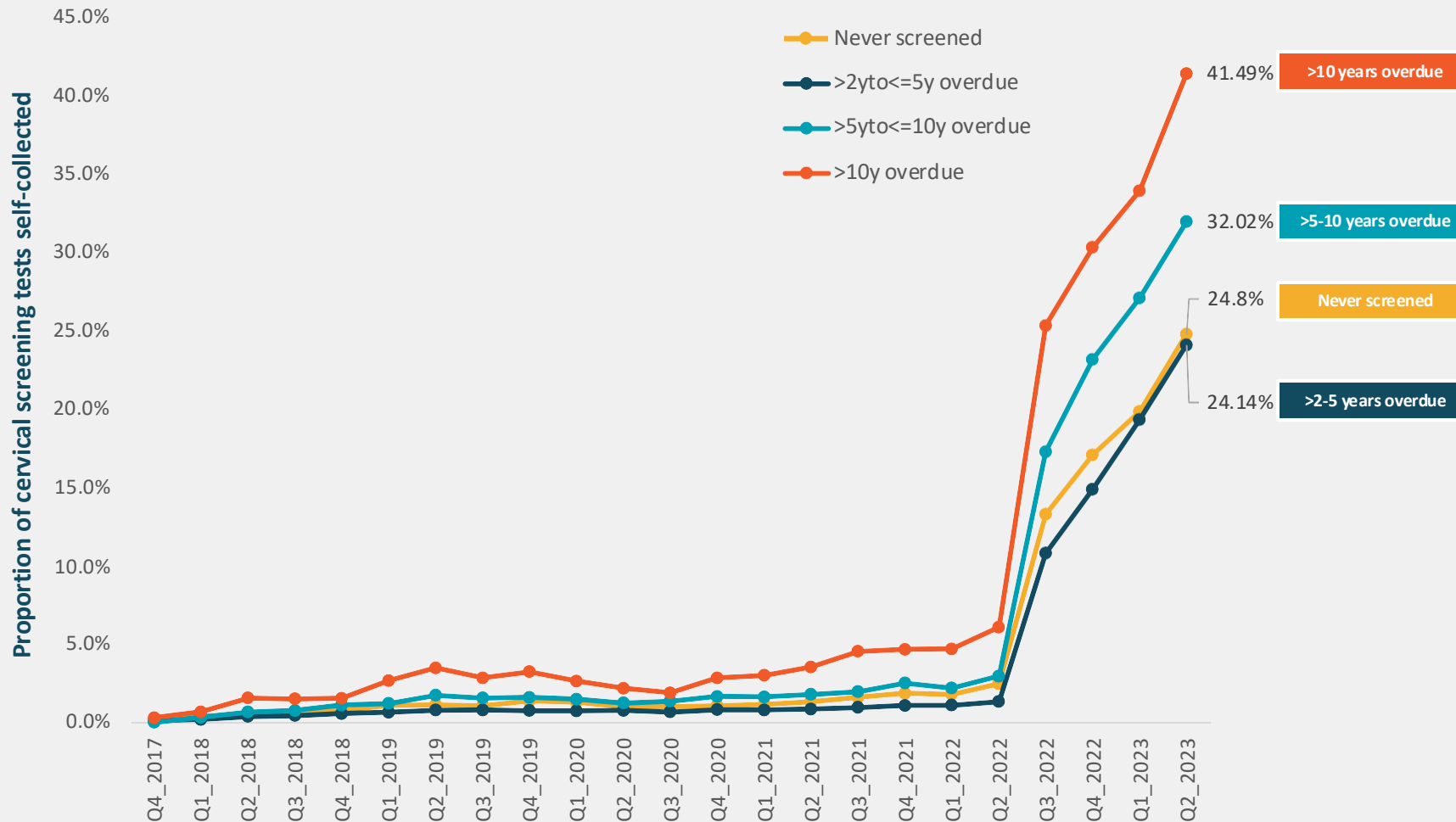
GPs will be able to offer self-swabbing to anyone eligible for the cervical screening program if the government accepts the recommendation. 2 minutes to read



Australian Government

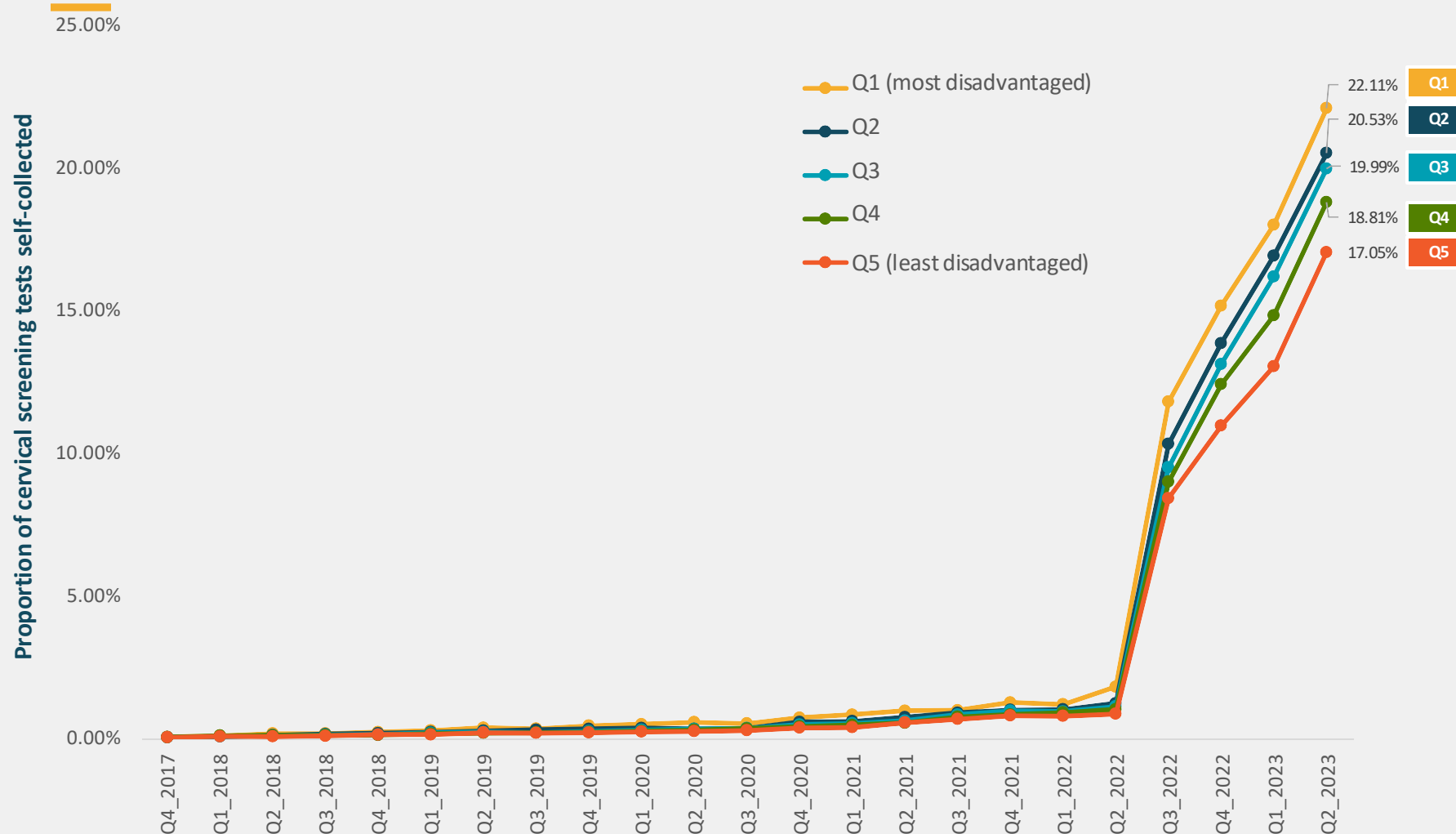


QUARTERLY UPTAKE OF SELF-COLLECTION BY OVERDUE STATUS (NEVER & UNDER SCREENED, 30-74 YEARS)



- Self-collection uptake increased in never and under screened people
- Self-collection uptake increased with increasing overdue status and was highest in people who were >10 years overdue (42%)

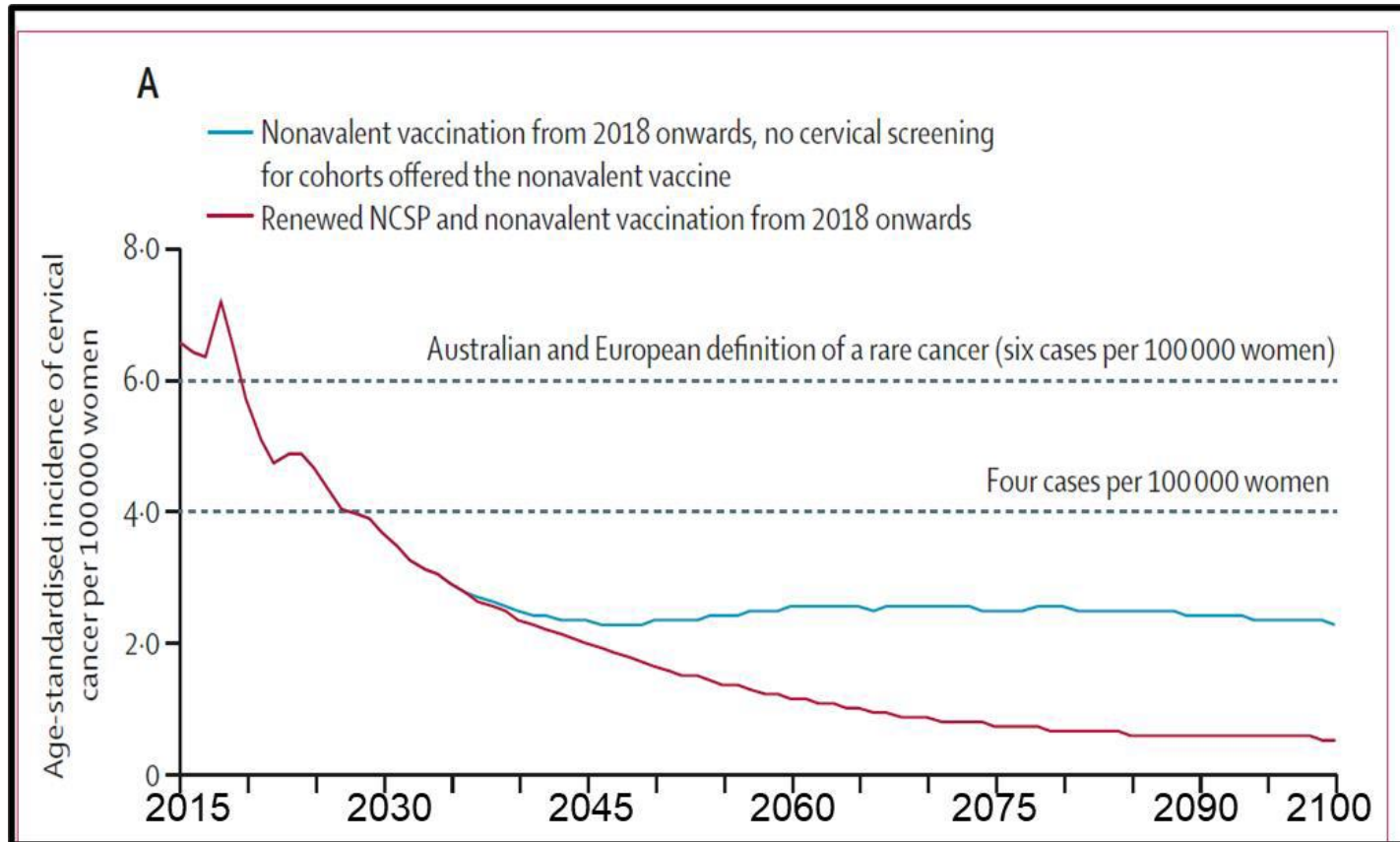
QUARTERLY UPTAKE OF SELF-COLLECTION BY QUINTILES



- Rapid increase in self-collection uptake was seen across all SEIFA quintiles
- Self-collection uptake was highest in the most disadvantaged quintile (22%) compared to other quintiles

Presented with permission, National Cervical Screening Program. National Cancer Screening Register Self-collection Uptake Report 2023 [unpublished data]. Australian Department of Health and Aged Care. (With additional thanks to Dr. Farhana Sultana)

Prospects for elimination in Australia



On track to eliminate
cervical cancer
by
2028-2035

A national elimination strategy



On November 17th 2023, Australia launched a national plan, vision & ten strategic priorities to eliminate cervical cancer by 2035...

This plan has equity at the core



Australian Centre
for the Prevention of
Cervical Cancer

NATIONAL STRATEGY FOR THE ELIMINATION OF CERVICAL CANCER IN AUSTRALIA

A pathway to achieve equitable elimination of cervical cancer as a public health problem by 2035

November 2023



Strategic priorities to achieve cervical cancer elimination by 2035

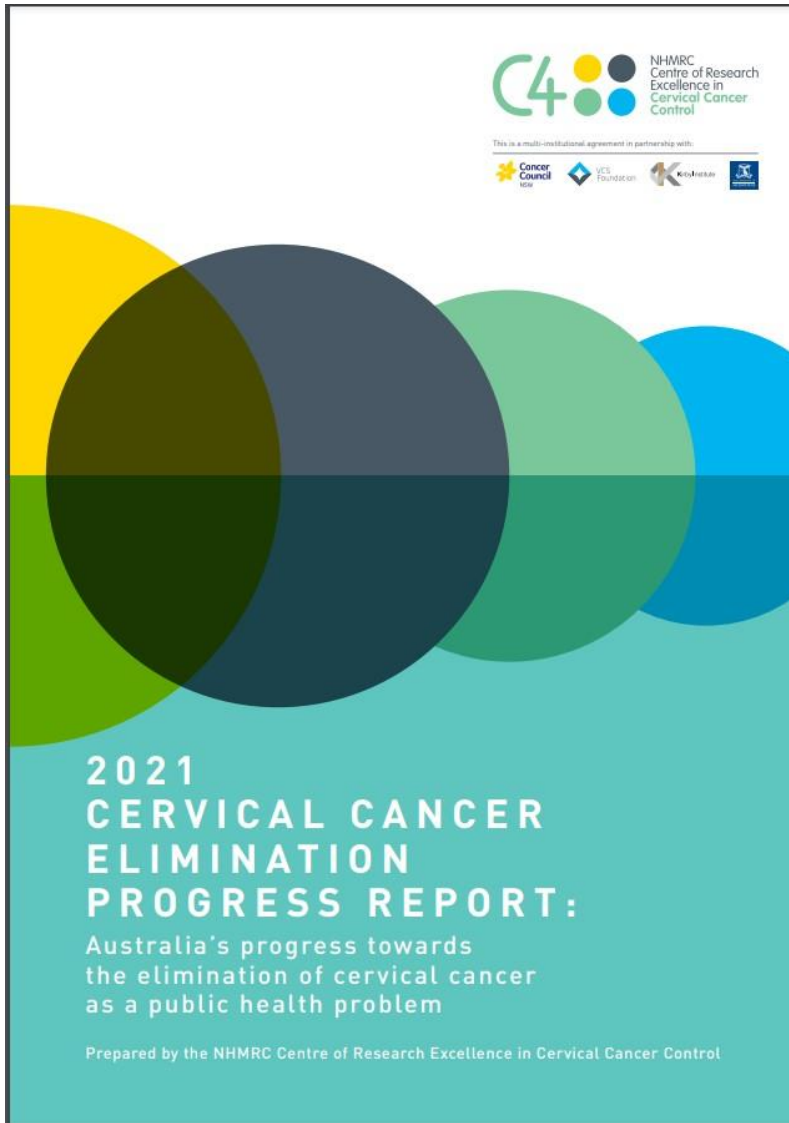


VISION: An Australia where preventable cervical cancer is a disease of the past, in which Australia's diverse communities have equitable access to information and to culturally safe and inclusive vaccination, screening and treatment services.

Priority populations	Aboriginal and Torres Strait Islander People	Culturally and linguistically diverse people	People who are LGBTQ+ and people who are intersex	People with disability	People living in rural and remote areas
	Vaccination	Screening and pre-cancer treatment	Treatment	Timely availability of cancer incidence and mortality data	
WHO targets	90% of girls to be fully vaccinated with the HPV vaccine by 15 years of age	70% of women to be screened (twice) by 35 and again by 45 years of age using a high precision test i.e., an HPV PCR-based test	90% of women identified with cervical disease to receive treatment for precancerous lesions or management of invasive cancer	Incidence = < 4 new cases per 100,000	
Strategic targets	90% of all eligible people will be vaccinated against HPV	70% of eligible people will be screened every 5 years	95% of eligible people will receive optimal treatment for precancer and cancer	Incidence = < 4 new cases per 100,000	
Strategic objectives	Optimise the delivery of school-based HPV immunisation programs in all jurisdictions to maximise equity and achieve high coverage	Promote cervical screening regularly with the public and strategically with under-screened groups	Ensure communities and patients have equitable access to quality information about cervical cancer symptoms and that each cancer patient has tailored information about their diagnosis, intended treatment and planned optimal care pathway	Ensure that Australia has access to timely and accurate cervical cancer incidence and mortality data	
	Optimise the reach and funding of complementary out-of-school HPV immunisation programs to achieve equity in delivery for all, including priority and medically high-risk populations (catch up)	Increase access to screening, colposcopy and follow-up by expanding who can offer these services, and where and how they are offered, to improve reach and uptake	Develop and implement a road map of coordinated care, with communities of practice, to optimise the delivery of safe, quality care to all patients		
	Develop a method to enable annual reporting of HPV vaccination coverage for priority and medically high-risk populations to monitor equity in immunisation	Collect, use, and release data to enable and monitor equity of access to cervical screening and precancer treatment services	Drive improvements in cervical cancer management through a data collection framework supporting systemic monitoring and enhancement of the quality of care, in alignment with Australian Cancer Plan		

To deliver a positive, culturally safe and inclusive experience of prevention and care

Monitoring progress towards elimination



NHMRC Centre of Research Excellence in Cervical Cancer Control. 2021 Cervical Cancer Elimination Progress Report: Australia's progress towards the elimination of cervical cancer as a public health problem. Published online 26/3/2021.

NHMRC Centre of Research Excellence in Cervical Cancer Control. 2022 Cervical Cancer Elimination Progress Report: Australia's progress towards the elimination of cervical cancer as a public health problem. Published online 17/11/2022, Melbourne, Australia, at <https://www.cervicalcancercontrol.org.au>

Monitoring progress towards elimination

Implementation measures

Find out more: [Preface](#) [Data Issues](#)

Indicator 2025 WHO target Status

Cervical cancer incidence	Fewer than 4 new cases per 100,000 females	6.5 new cases per 100,000 (2018). Compared to the elimination target, rates were more than 3 times higher among Indigenous women & twice as high in remote/very remote areas.
HPV vaccine coverage by 2030	90% of girls fully vaccinated by the age of 15 years	Completed course coverage by age 15 was 79.9% in 2020 (80.5% in females, 77.0% in males). It was lower amongst Indigenous adolescents (71.5% overall, 75.0% in females, 68.0% in males). Coverage has increased.
Screening participation by 2030	70% of women screened using a high-performance test by age 35 years and again by age 45 years	73.8% of women aged 35-39 years had been screened at least once with an HPV test. HPV screening has not been available long enough for women to have had two high-performance tests by age 45. Coverage has increased.
Treatment of cervical precancer by 2030	90% of women with identified precancer are treated	85.8% and 89.1% of those with cervical precancer detected in 2020 were treated within 6 and 12 months respectively. This indicator is being reported for the first time.
Treatment of cervical cancer by 2030	Management of 90% of women with invasive cervical cancer	No national data available. Cervical cancer treatment rates in Queensland (2015-2019) were 90% or more in major cities, regional and rural/remote.

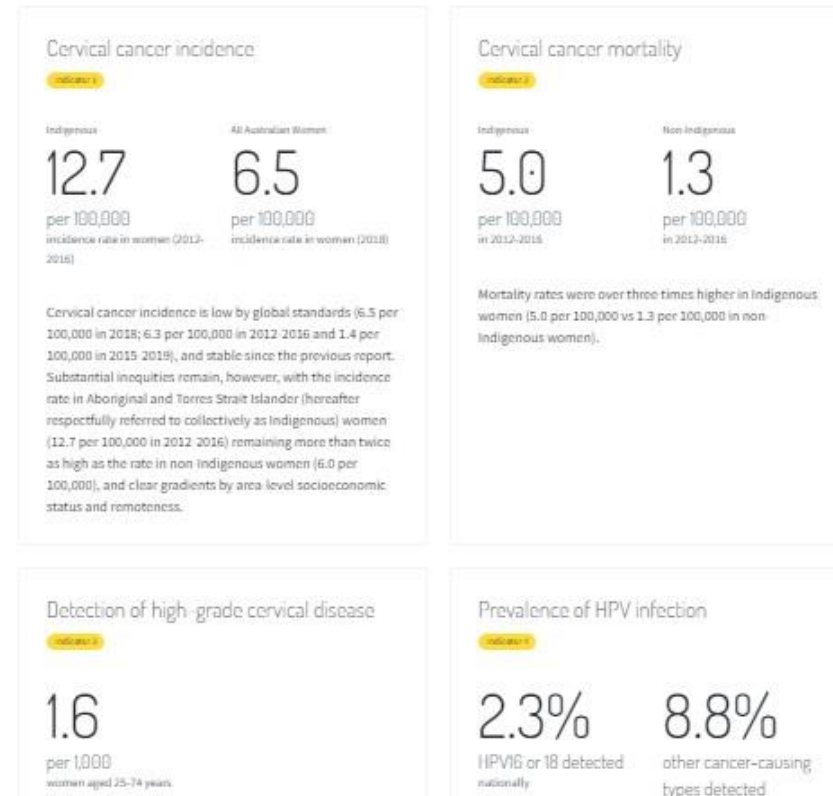
[Disease outcomes](#) [Vaccine coverage](#) [Screening coverage](#) [Treatment uptake](#)
Indicator 3.0 Indicator 9.8 Indicator 7.0 Indicator 9.10

[Disease outcomes](#) [Vaccine coverage](#) [Screening coverage](#) [Treatment uptake](#)
Indicator 3.0 Indicator 9.8 Indicator 7.0 Indicator 9.10

Health outcome measures

Cervical cancer incidence and cervical cancer mortality are low by global standards

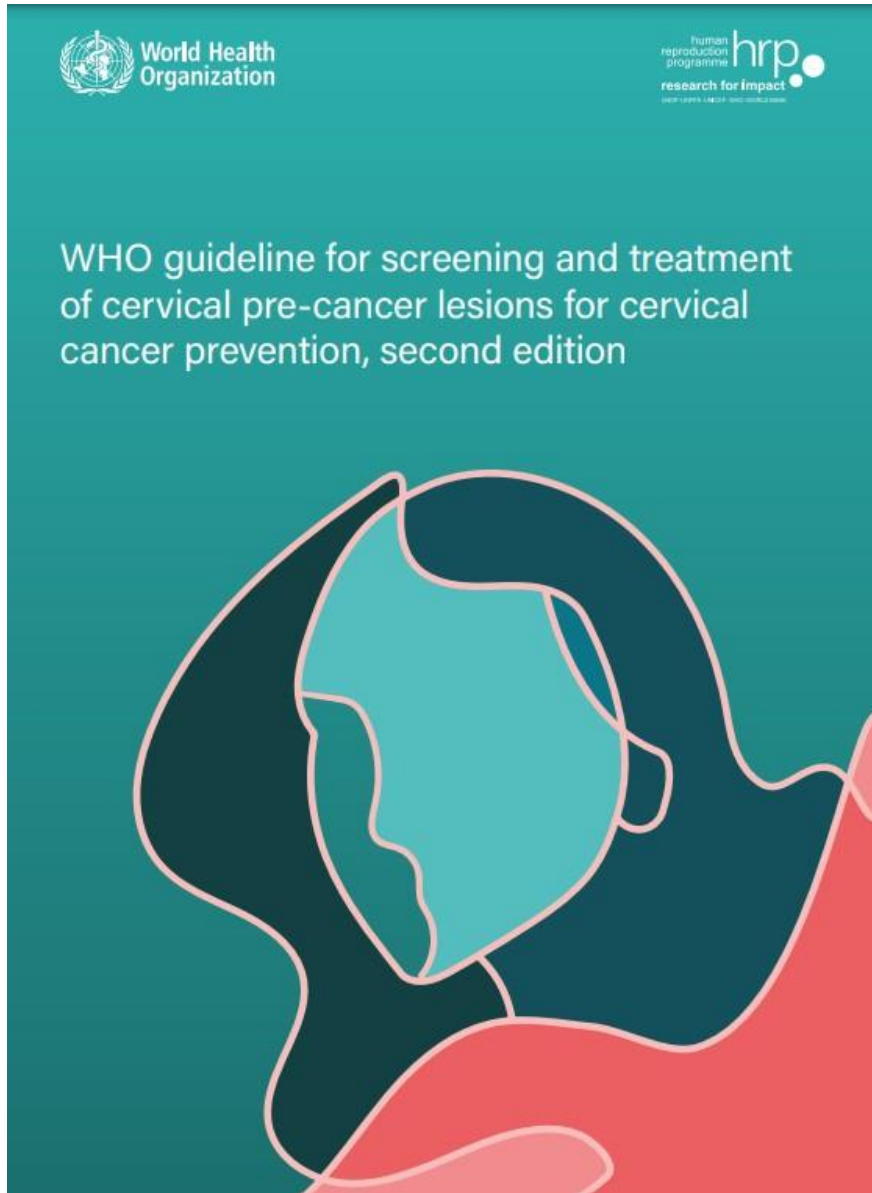
The first four indicators cover disease outcomes including the target for elimination (incidence below 4 per 100,000 women).



NHMRC Centre of Research Excellence in Cervical Cancer Control. 2022 Cervical Cancer Elimination Progress Report: Australia's progress towards the elimination of cervical cancer as a public health problem. Published online 17/11/2022, Melbourne, Australia, at <https://www.cervicalcancercontrol.org.au>

Global implementation

Cervical cancer elimination



In LMIC, the 2021 WHO screen-and-treat Guidelines provide models for implementation of primary HPV screening

*“WHO recommends using **HPV detection as the primary screening test** rather than VIA or cytology in screening and treatment approaches among **both the general population of women and women living with HIV**”*

HPV screening provides the greatest benefits for the least harms

nature medicine

Benefits, harms and cost-effectiveness of cervical screening, triage and treatment strategies for women in the general population

Received: 19 December 2022
 Accepted: 19 September 2023
 Published online: 12 December 2023

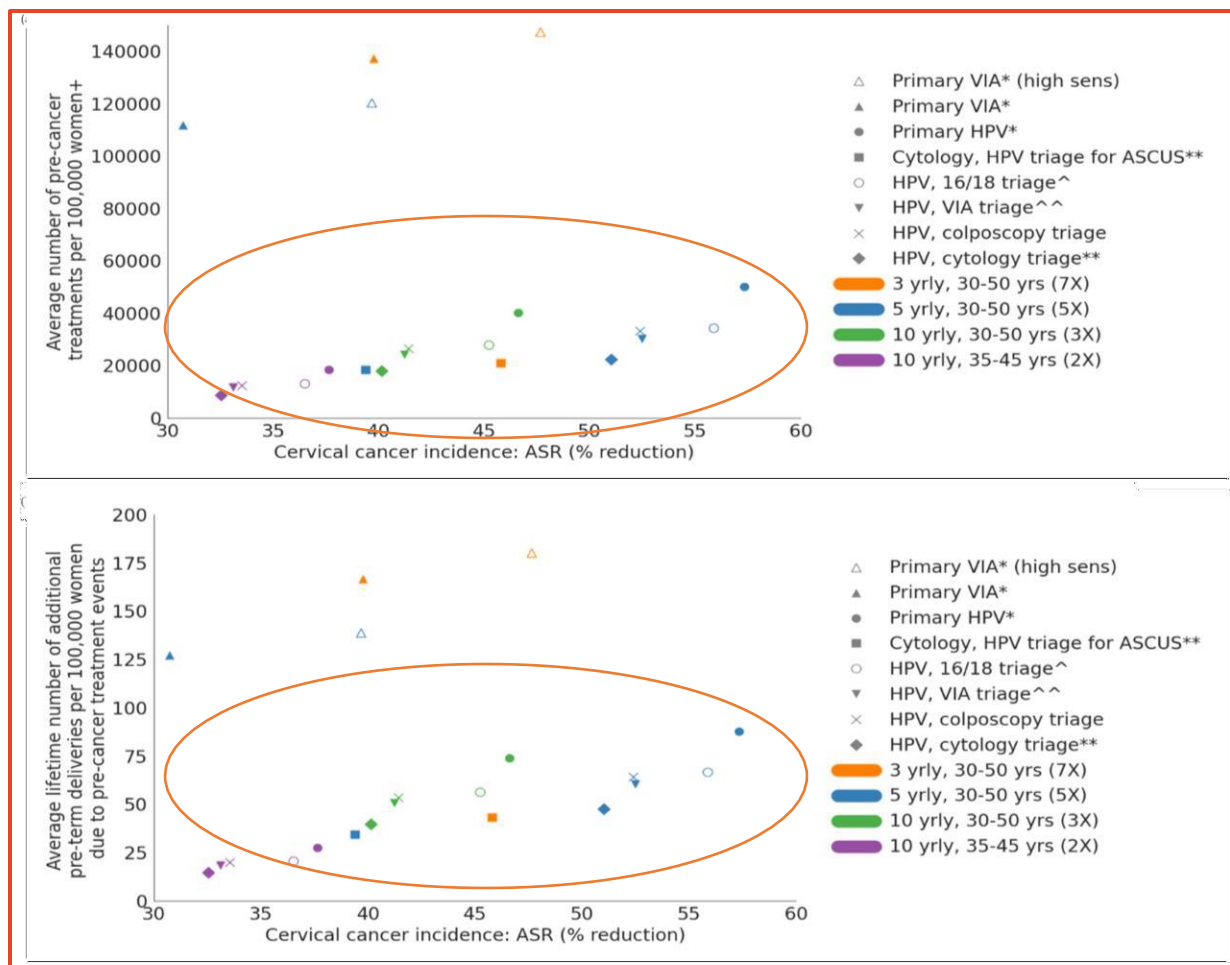
Kate T. Simms^{1,2,3}, Adam Keane^{1,2,3}, Diep Thi Ngoc Nguyen¹, Michael Caruana¹, Michaela T. Hall¹, Gigi Lui¹, Cindy Gauvreau^{2,3}, Owen Demke⁴, Marc Arbyn^{5,6}, Partha Basu⁷, Nicolas Wentzensen⁸, Beatrice Lauby-Secretan⁹, Andre Ilbawi¹⁰, Raymond Hutubessy¹¹, Maribel Almonte¹², Silvia De Sanjosé¹³, Helen Kelly¹⁴, Shona Dalal¹⁵, Linda O. Eckert^{16,17}, Nancy Santesso¹⁸, Nathalie Broutet¹⁹ & Karen Canfell¹

nature medicine

Benefits and harms of cervical screening, triage and treatment strategies in women living with HIV

Received: 22 December 2022
 Accepted: 20 September 2023
 Published online: 12 December 2023

Michaela T. Hall^{1,2,3}, Kate T. Simms¹, John M. Murray², Adam Keane¹, Diep T. N. Nguyen¹, Michael Caruana¹, Gigi Lui¹, Helen Kelly¹, Linda O. Eckert⁴, Nancy Santesso⁵, Silvia de Sanjosé^{6,7}, Edwin E. Swai⁸, Ajay Rangaraj⁹, Morkor Newman Owiredu⁹, Cindy Gauvreau^{10,11}, Owen Demke¹², Partha Basu¹³, Marc Arbyn^{14,15}, Shona Dalal¹⁶, Nathalie Broutet¹⁷ & Karen Canfell¹



The Elimination Partnership in the Indo-Pacific for Cervical Cancer (EPICC)



“A quarter of global cervical cancer cases occur in our region, the Indo-Pacific.

Tragically, in the Pacific, women are dying at up to 13 times the rate of women in Australia.

Using Australian expertise to respond to the region’s most pressing challenges is at the heart of our new international development policy”.

**Australian Minister for Foreign Affairs,
the Hon Penny Wong; launch of EPICC,
November 17th 2023**

C4 NEWS

Australia takes ‘EPICC’ step
towards fairer cervical cancer
outcomes in region



EPICC is supported by the Australian Government through the Partnerships for a Healthy Region initiative

Eliminate Cervical Cancer in Vanuatu Launch: October 2023

MINISTRY OF HEALTH
GOVERNMENT OF VANUATU



CERVICAL CANCER SCREENING CLINIC

Monday To Friday
Time: 8am To 3pm
Phone: 7789381/5007886

- Sapos yu kat 30-54 yia, kam visitim Clinic
- Tes hemi FRI mo yu karem resal mo tritme sem dei



Save the date

FOR THE FIRST TIME EVER,

the world has committed
to eliminate a cancer.

EVERYONE IS INVITED TO JOIN THE LAUNCH

Since Dr. Tedros' Call to Action in May 2018, the world has responded: in August 2020, the World Health Assembly passed a resolution calling for elimination of cervical cancer and adopting a strategy to make it happen.

On November 17, following the close of the 73rd World Health Assembly, WHO will mark this historic announcement and officially launch the elimination strategy.

Women who have survived cervical cancer from all regions of the world - women who have fought the disease - will open the event. All around the world, companion events and launch activities will mark a day of action.

The moment has arrived for an ambitious, concerted and inclusive strategy to accelerate eliminating cervical cancer as a public health problem.

17th
November
2020

1430-1600 CET

EVERYONE IS INVITED
f ri.i

FIND OUT MORE

QRMC
ACANC
FREE
FUTURE
World Health
Organization

With grateful acknowledgement to:

The Cervical and HPV Stream at The Daffodil Centre: Dr Kate Simms, A/Prof Megan Smith, Prof Deborah Bateson, Ms. Chloe Jennet, Ms. Caitlin McLachlan, Mr. Timothy Balshaw, Ms. Laura Sergeant, Dr Adam Keane, Dr James Killen, Dr Diep Nyugen, Dr Michaela Hall, Dr Xin An, Ms. Susan Yuill, Ms. Dominique Louw, Dr Daniela Rivas, Dr, Louiza Velentzis, Dr, Michael Caruana, Dr Telma Costa, Dr, Matthew Palmer, Dr Monjura Nisha, Dr Rubana Islam, Dr Elizabeth Kennedy, Dr Lauren Winkler, Ms. Kay Rimalos, Ms. Helen Liang, Ms. Gigi Lui, and special thanks to Anna Kelly.

Members of the NHMRC Centre for Research Excellence in Cervical Cancer Control (C4)

The other ECCWP and/or EPICC leads: Prof Andrew Vallely, Prof Marion Saville, Prof Deborah Bateson, Dr Anne Stuart, Dr Ted Trimble, Prof Sanchia Aranda, Ms Azadeh Badhati

Other leads for the WHO Global Cervical Cancer Elimination Modelling Consortium (CCEMC): Dr. Jane Kim, Dr. Marc Brisson and Dr. Raymond Hutubessy & their teams

The I-PaRCS consortium members and Steering Group: Dr Isabelle Soerjomataram, Dr Freddie Bray, Mr Rami Rahal, Dr Julie Torode, A/Prof Iris Lansdorp-Vogelaar, Dr. Ophira Ginsberg & Prof Richard Sullivan. Particular acknowledgement also to A/Prof Julia Steinberg, Dr. Karen Chiam, Suzanne Hughes Dr Michael Caruana and Prof Michael David at the Daffodil Centre.

Mirabel Almonte, Nathalie Broutet, Linda Elkhart and the WHO Cervical Screening & Treatment Guidelines Working Group and Guidelines Development Group

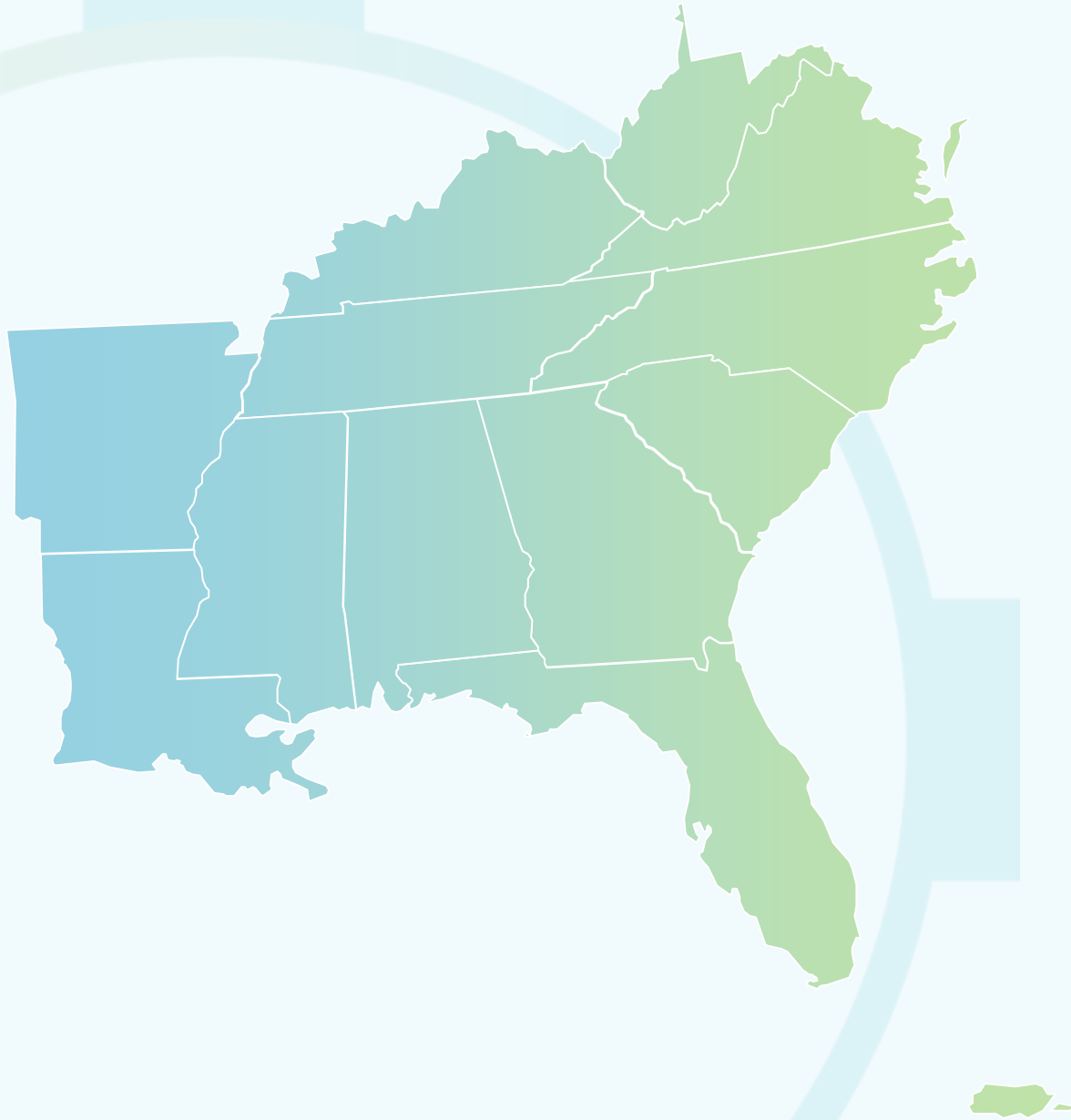
Cancer Research UK: Elle Pearson, Alexander Wright

Other CISNET-Cervical PIs and their teams: Jane Kim, Shalini Kulasingam, Inge de Kok & Ruanne Barnabas

Other collaborators whose work I have highlighted here: Dr Florence Guida & Prof Valerie McCormack,

The women and people, families and communities impacted by cervical cancer





Emily A. Burger

Harvard T.H. Chan School of Public Health

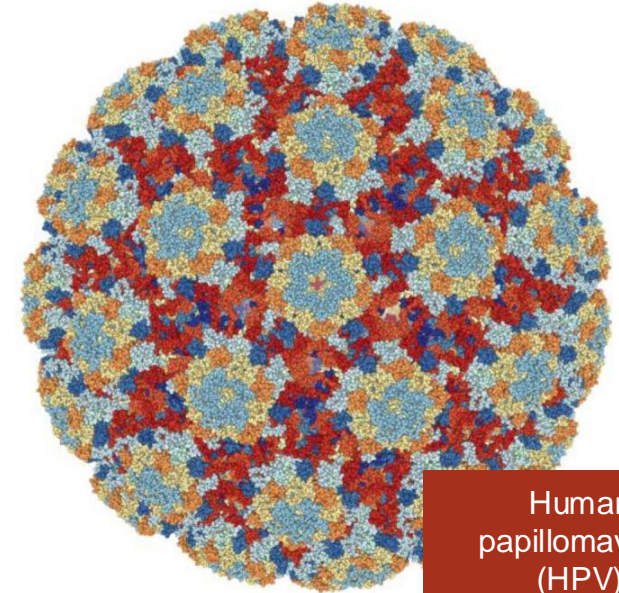


Eliminating Cervical Cancer: US and Norwegian Perspectives

Professor Emily Burger, PhD^{1,2}

1) Department of Health Management and Health Economics, University of Oslo;

2) Research Scientist, Center for Health Decision Science, Harvard T.H. Chan School of Public Health





Human
papillomavirus
(HPV)

No conflicts of interest

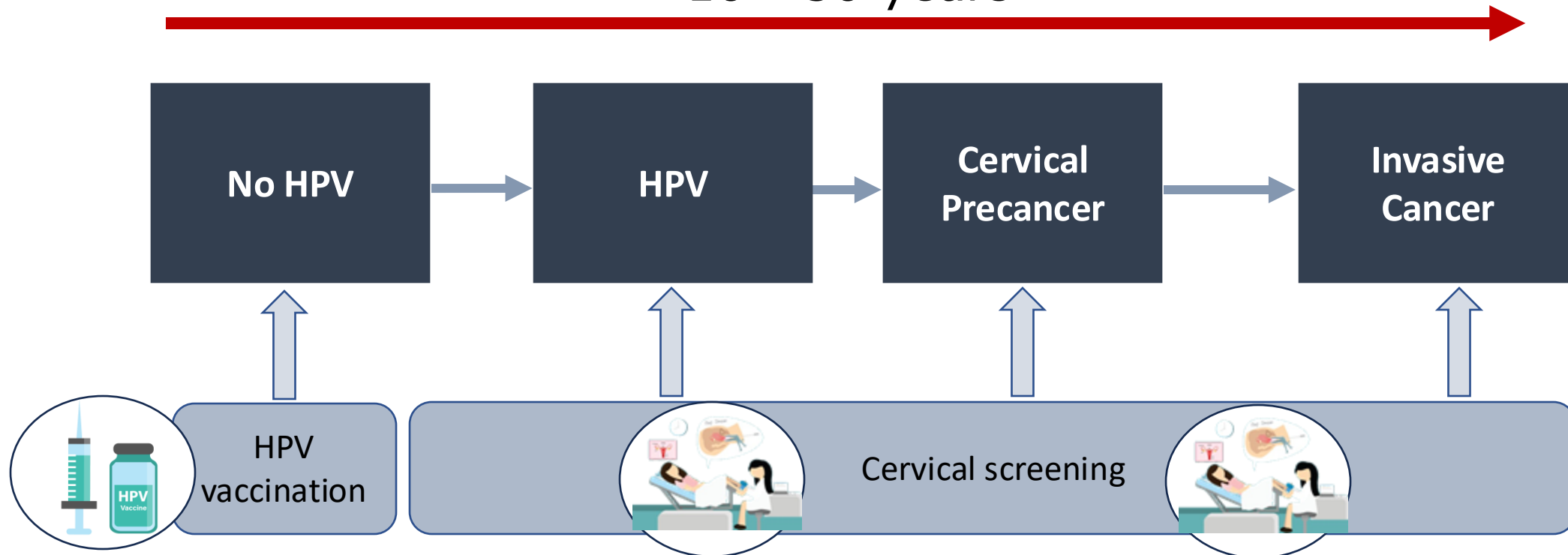


Outline

- Disease simulation modeling
- Cervical cancer elimination
 - United States 
 - Norway 
- Single-dose HPV vaccination schedules
- Take-aways

Need for disease simulation models

10 - 30 years



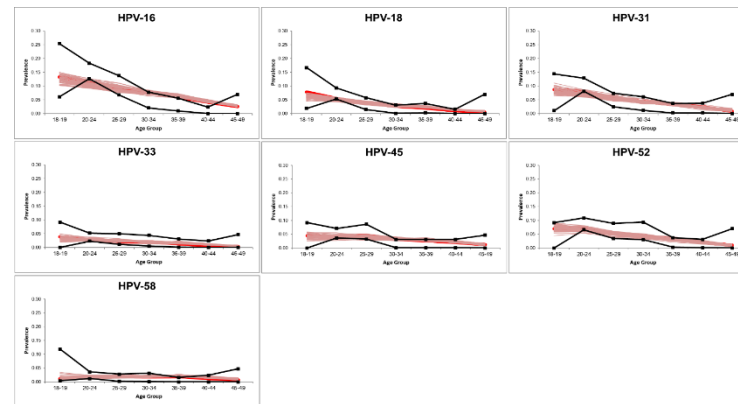
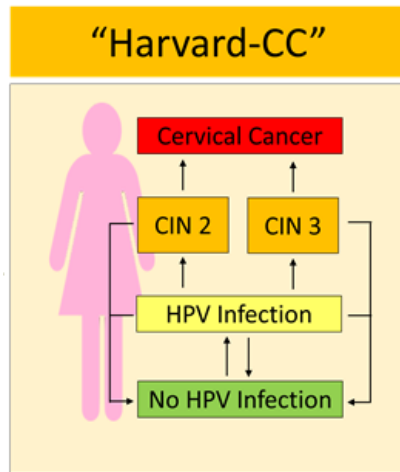
Harvard cervical cancer simulation model

Model development

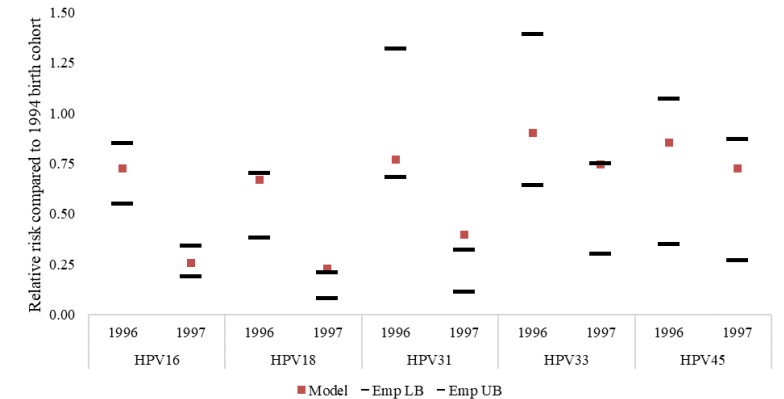
Calibration

“model fitting”

Validation



Inputs adjusted to fit epidemiological data



Feiring, et al. (2018) under quadrivalent (4vHPV) vaccination



USPSTF 2018 guidelines (Kim et al 2018), ACIP mid-adult women vaccination (Kim et al 2020), US Elimination (Burger et al Lancet PH 2020), HPV vaccination (Kim et al NEJM 2008), Kim et al AIM 2018 ++++



Burger et al BJC 2012, Burger et al IJC 2014, Burger et al Plos One 2014, Burger et al BJC 2015, Burger et al CEBP 2016, Pedersen et al EJC 2018, Pedersen et al IJC 2020, Portnoy et al Preventive Medicine 2021, Portnoy et al MDM 2022, Portnoy et al MDM Policy & Practice 2022, Pedersen et al ViH 2023

Elimination analyses in the U.S. and Norway



1

Burger EA*, Smith MA*, Killen J, Sy S, Simms KT, Canfell K, Kim JJ. **Projected time to elimination of cervical cancer in the USA: a comparative modelling study.** *The Lancet Public Health.* 2020 Apr 1;5(4):e213-22.

2

Burger EA*, Jansen EE*, de Bondt D, Killen J, Spencer JC, Regan MC, Smith MA, Sy S, Canfell K, de Kok IM, Kim JJ. **Disparities in cervical cancer elimination timeframes in the United States: a comparative modeling study.** *JNCI: Journal of the National Cancer Institute.* 2025 Jan 11:djae319.

3

Portnoy A, Pedersen K, Trogstad L, Hansen BT, Feiring B, Laake I, Smith MA, Sy S, Nygård M, Kim JJ, Burger EA. **Impact and cost-effectiveness of strategies to accelerate cervical cancer elimination: a model-based analysis.** *Preventive medicine.* 2021 Mar 1;144:106276.

4

Portnoy A, Pedersen K, Kim JJ, Burger EA. **Vaccination and screening strategies to accelerate cervical cancer elimination in Norway: a model-based analysis.** *British Journal of Cancer.* 2024 Apr 20:1-9.



(#1) US Coverage Scenarios

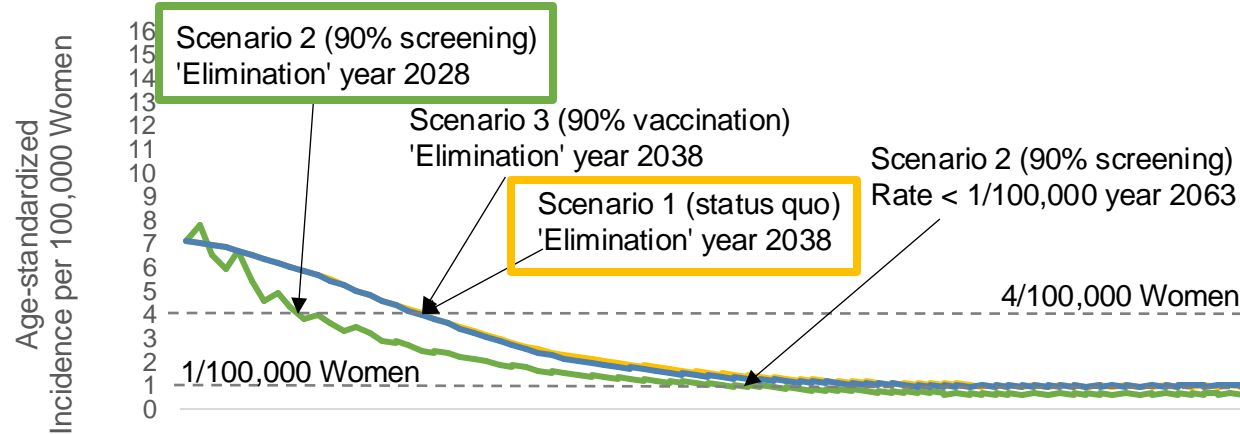
	Screening Coverage	Vaccination Coverage	Looking at
	1. Status quo*	Status quo*	
WHO coverage	2. 90%	Status quo	↑ screening only
	3. Status quo	90% (at age 12; F only)	↑ vax only
	4. 90%	90% (at age 12; F only)	↑ both

*Status quo assumes current and historical vaccine policy and uptake (NIS-TEEN), e.g., cumulative vaccine uptake of ~75% ≤26yrs among women, and screening uptake based on NMHPVPR.

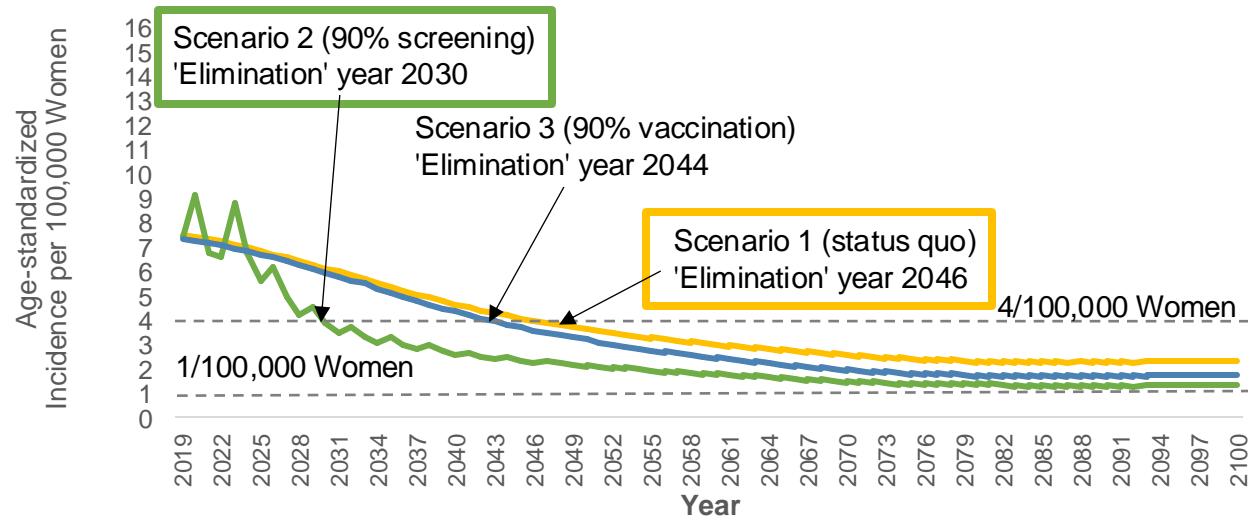


(#1) US Elimination Year

A. Harvard



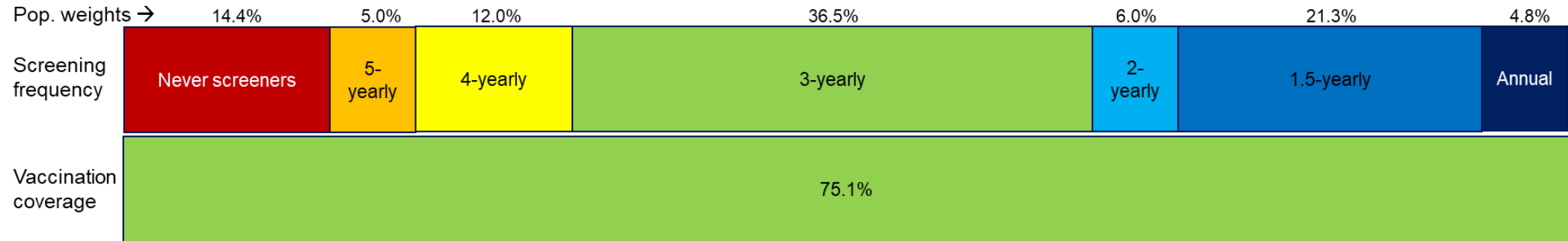
B. Policy1-Cervix



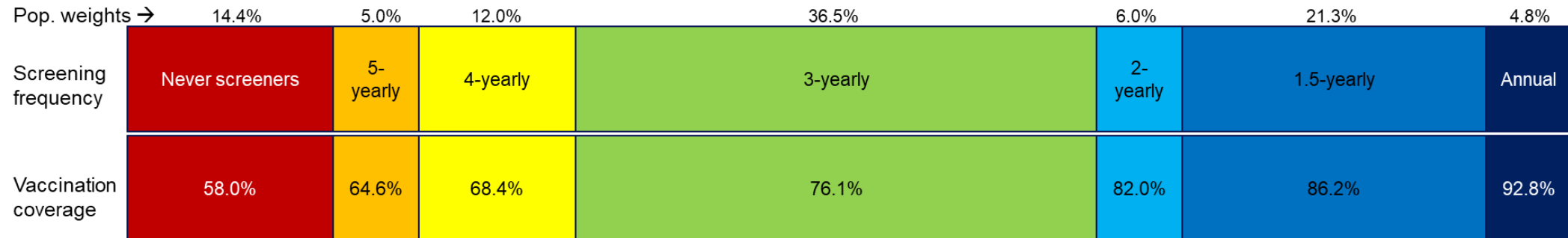


(#2) Correlation in preventive behavior

A) 'Baseline' scenario

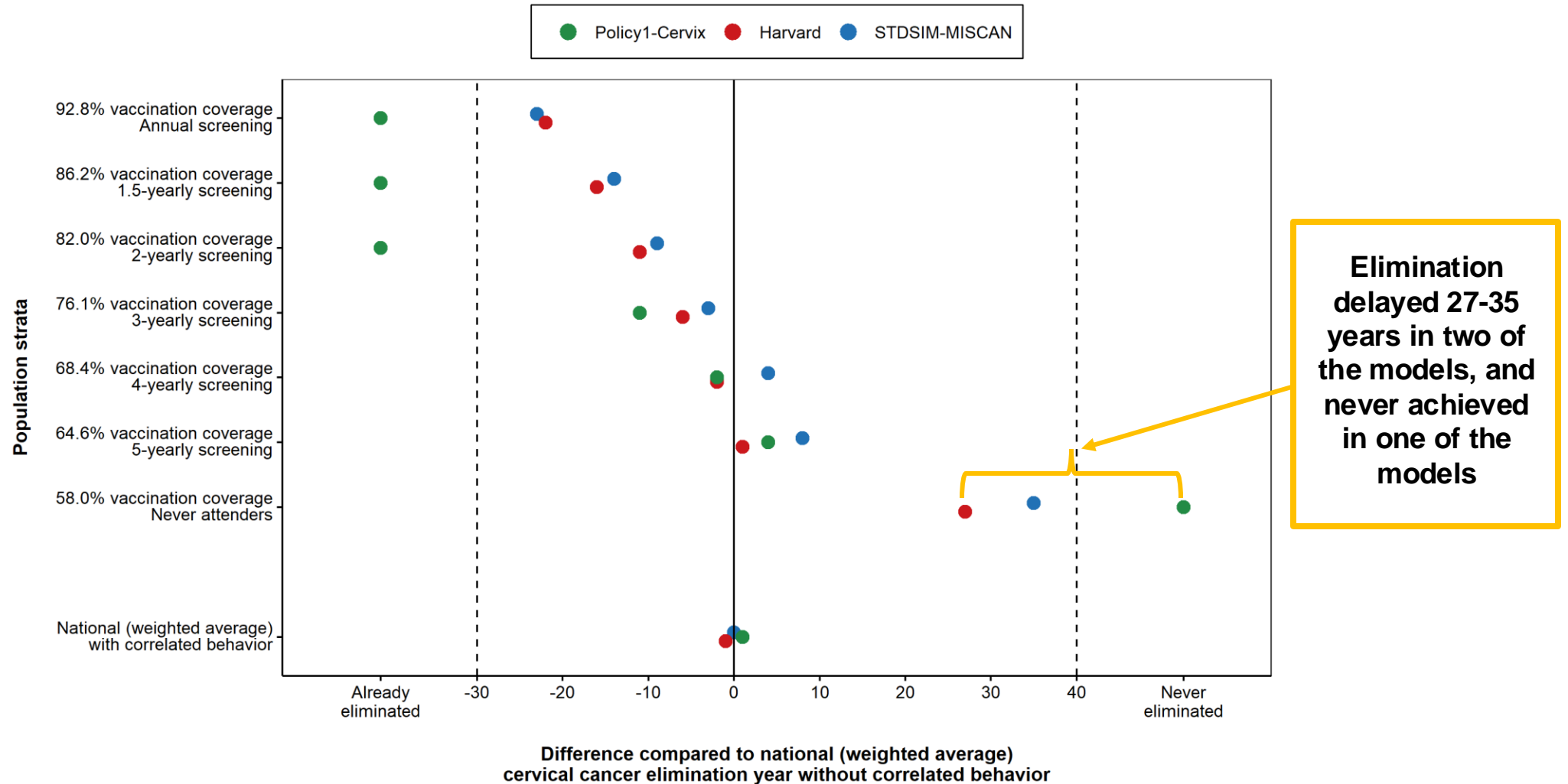


B) 'Correlated' scenario



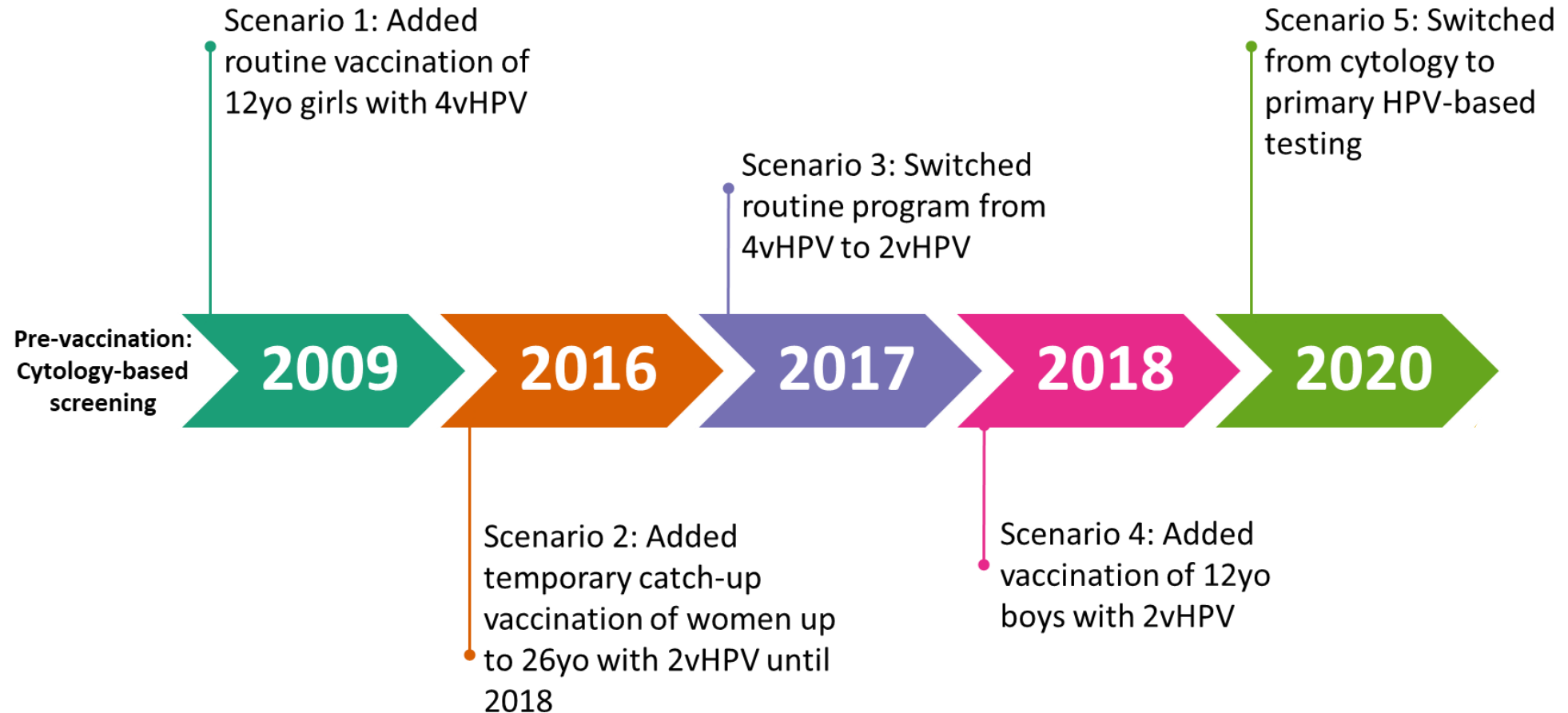


(#2) Disparities in US Elimination Year





(#3) Norwegian Scenarios

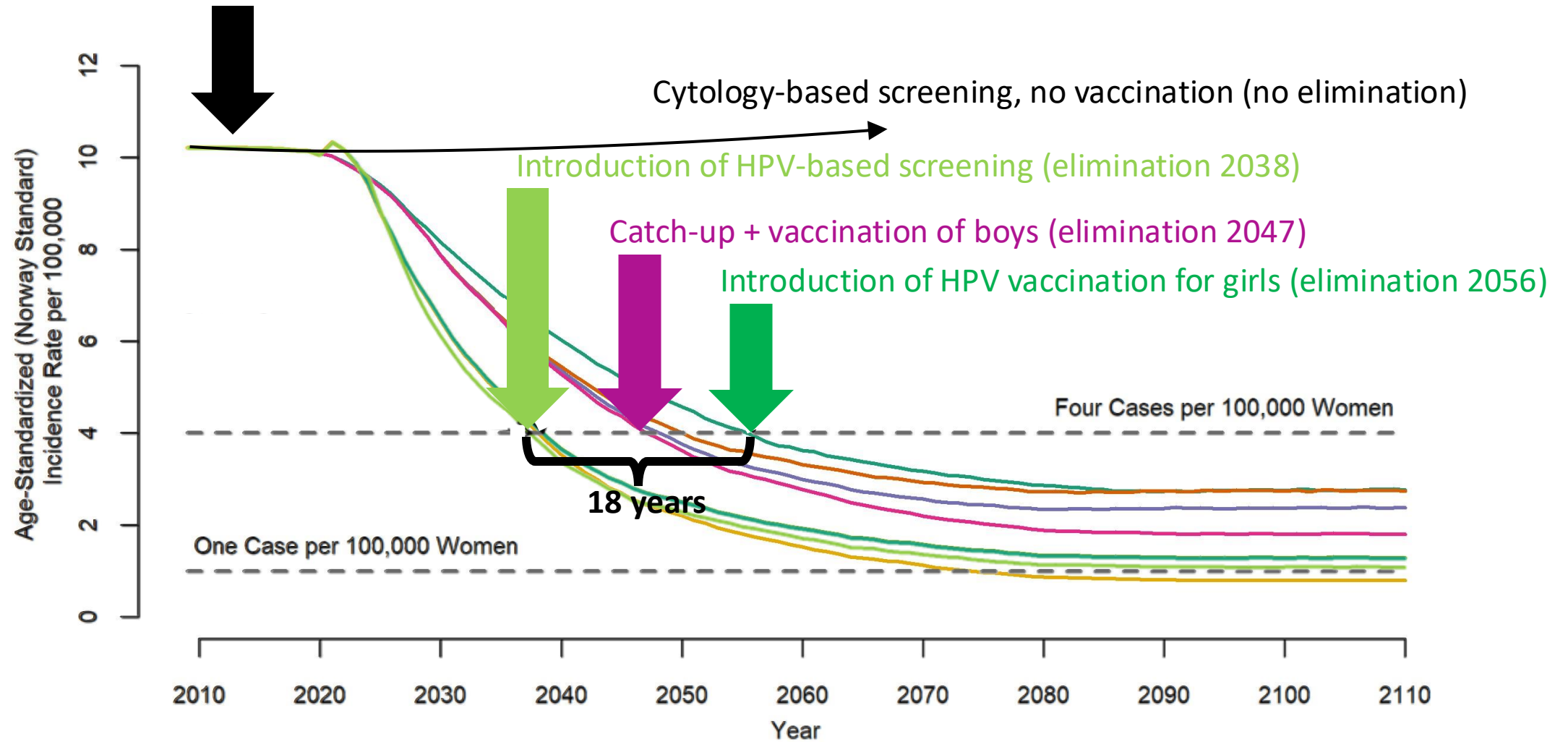


Note: HPV = human papillomavirus; 4vHPV = quadrivalent HPV vaccine; 2vHPV = bivalent HPV vaccine; 9vHPV = nonavalent HPV vaccine.

*Hypothetical at t

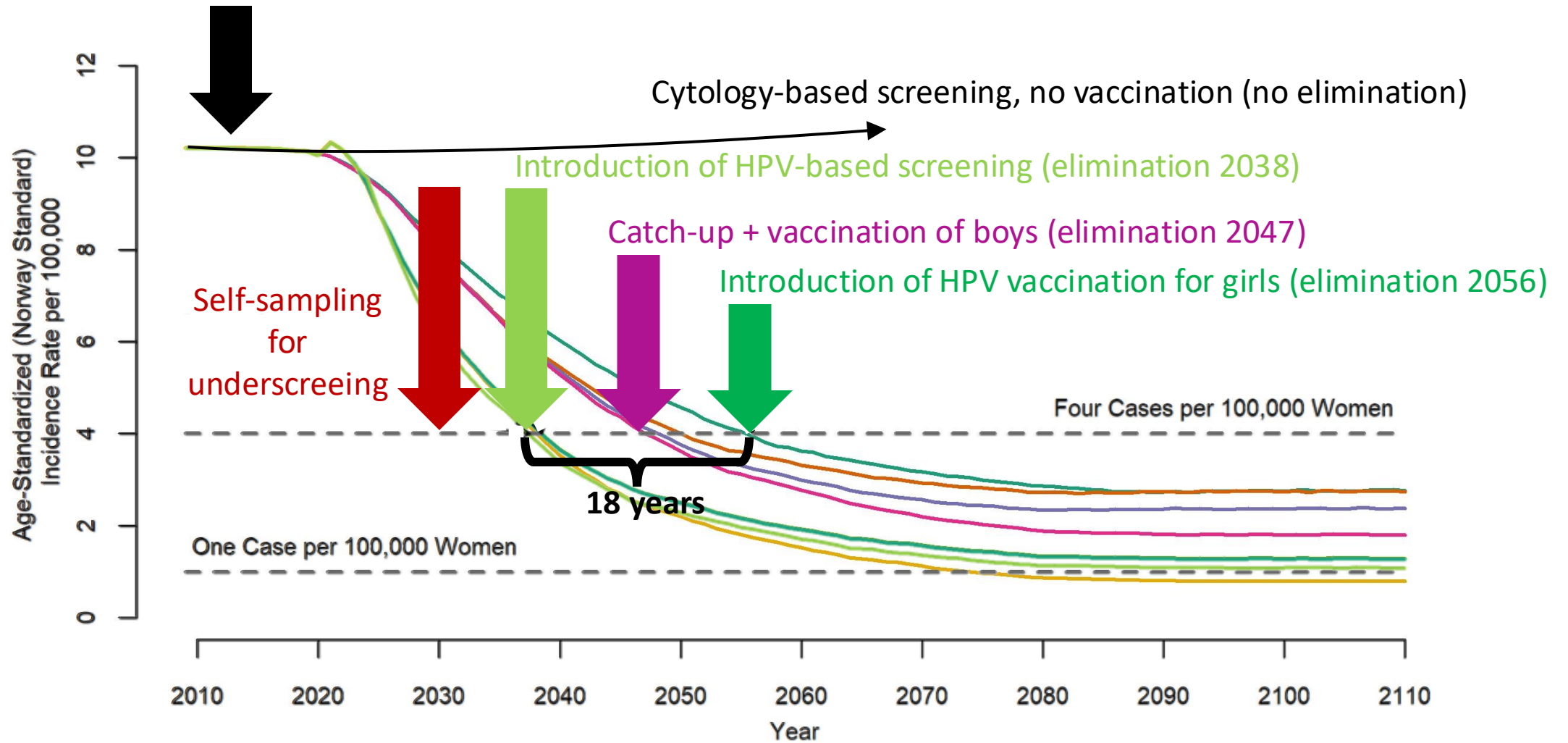


(#3/4) Time to cervical cancer elimination





(#3/4) Time to cervical cancer elimination



Role for single-dose HPV vaccination

- JNCI Single-dose Monograph ([October 2024](#))
 - Efficacy and duration from empirical studies
 - Disease simulation models

*In high-income countries with high HPV vaccination coverage, 1-dose vaccination is projected to avert similar numbers of cervical cancers as 2 doses. Even under the more pessimistic assumption of vaccine duration (vaccine duration = 25 years), a switch to 1-dose vaccination is projected to lead to a limited rebound in HPV infection and cervical cancer incidence.**



*Brisson M, Laprise JF, Drolet M, Chamberland É, Bénard É, Burger EA, Jit M, Kim JJ, Markowitz LE, Sauvageau C, Sy S. Population-level impact of switching to 1-dose human papillomavirus vaccination in high-income countries: examining uncertainties using mathematical modeling. *JNCI Monographs*. 2024 Oct;2024(67):387-99.

Industry-sponsored modeling study (UK setting)

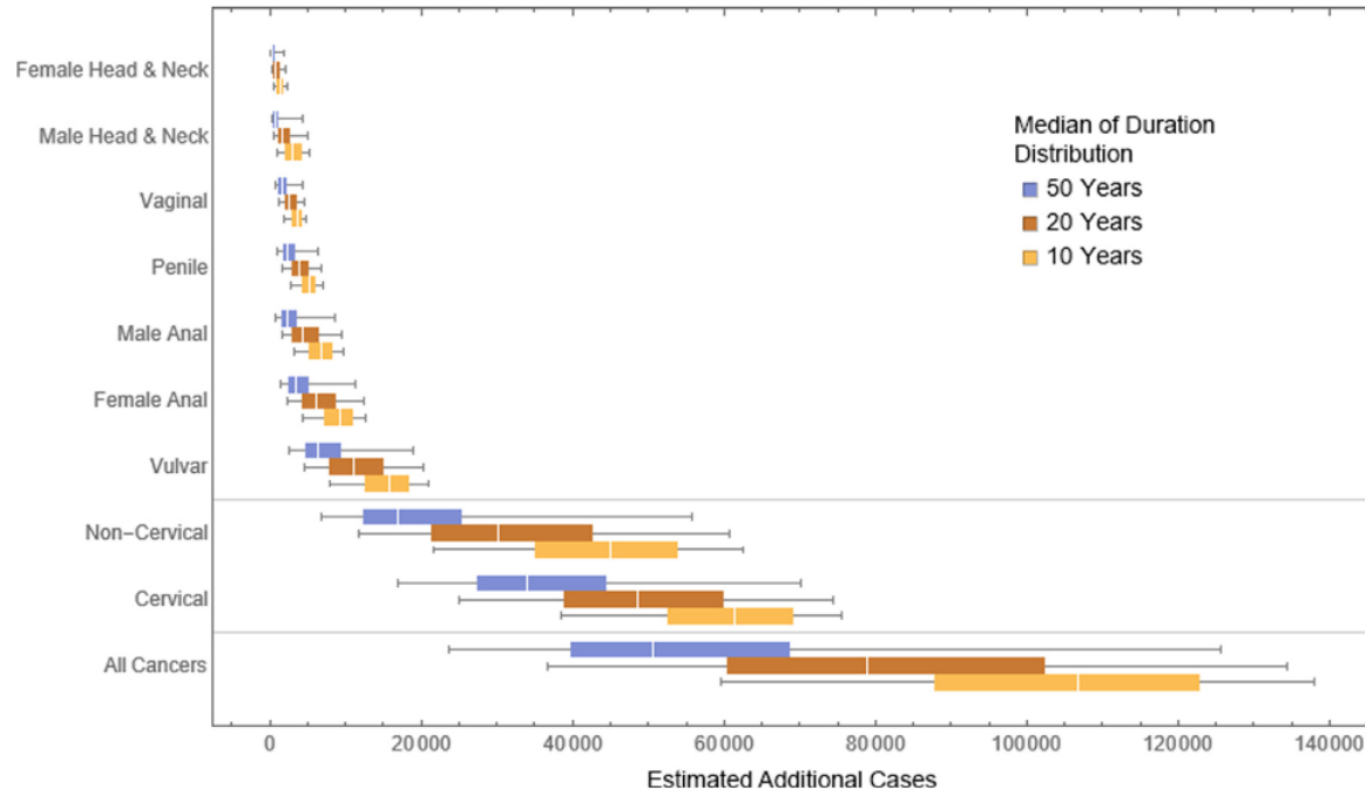


Fig. 2. Estimated additional cases of cancer by disease area for the 1-dose HPV vaccination scenario compared to the status quo, over a 100-year horizon, and for different medians of the duration of protection distribution. Caption: The boxes in the boxplots cover the 25% to 75% quartiles, the white vertical lines represent the median and whiskers cover the 95% prediction intervals (2.5% to 97.5%). Abbreviation: HPV, human papillomavirus.

Unsupported Assumptions



Letter to the Editor

Recent economic evaluation of 1-dose HPV vaccination uses unsupported assumptions

Daniels et al. [1] describes an economic model suggesting that in the UK, adopting a one-dose schedule for 9-valent human papillomavirus (HPV) vaccination is unlikely to be cost-effective compared to the current two-dose schedule. These conclusions differ from other analyses for the UK and other countries, which suggest that such a move is highly likely to be cost-effective (e.g. [2]).

The model makes analytic choices around vaccine characteristics and uncertainty that uniformly reduce one-dose vaccine impact. Key vaccine efficacy assumptions are unsubstantiated by clinical trial evidence, while management of uncertainty is inconsistent with best modelling practice.

Here we summarise the key choices and their health implica-

tion is drastically lower than that of 2 doses. Their modeling approach could just have easily found that 1-dose vaccination has a nearly 100 % chance of being cost-effective, if their arbitrarily chosen distribution functions had been more consistent with available data and were more favorable towards 1-dose vaccination. Best practice in the field is to represent uncertainty using different scenarios (e.g., providing results when assuming a 20-year and 50-year fixed duration of 1-dose protection) rather than constructing arbitrary parameter distributions for the duration of 1-dose protection, as Daniels et al. did, so that decision makers can interpret the results based on their own judgements rather than having to accept the modelers' subjective choices [5].

We feel these unsupported assumptions in Daniels et al. introduce biases against one-dose vaccination (v.s. two-dose vaccination) throughout the analysis. We therefore question the validity of their findings.

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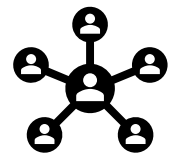
Received 2 April 2022

Received in revised form 20 April 2022

Accepted 19 July 2022

Key take-aways

1. High coverage of adolescent HPV vaccination is critical to achieving elimination
2. High coverage of cervical cancer screening is a key lever to accelerating the elimination timeframe (for women who already have their causal HPV infection)
3. National average elimination timeframes mask substantial disparities in reaching elimination among sub-populations with correlated HPV vaccination and screening behaviors



Acknowledgements



U.S. National Cancer Institute (U01CA199334). The contents are solely the responsibility of the authors and do not necessarily represent the official views of the National Cancer Institute.

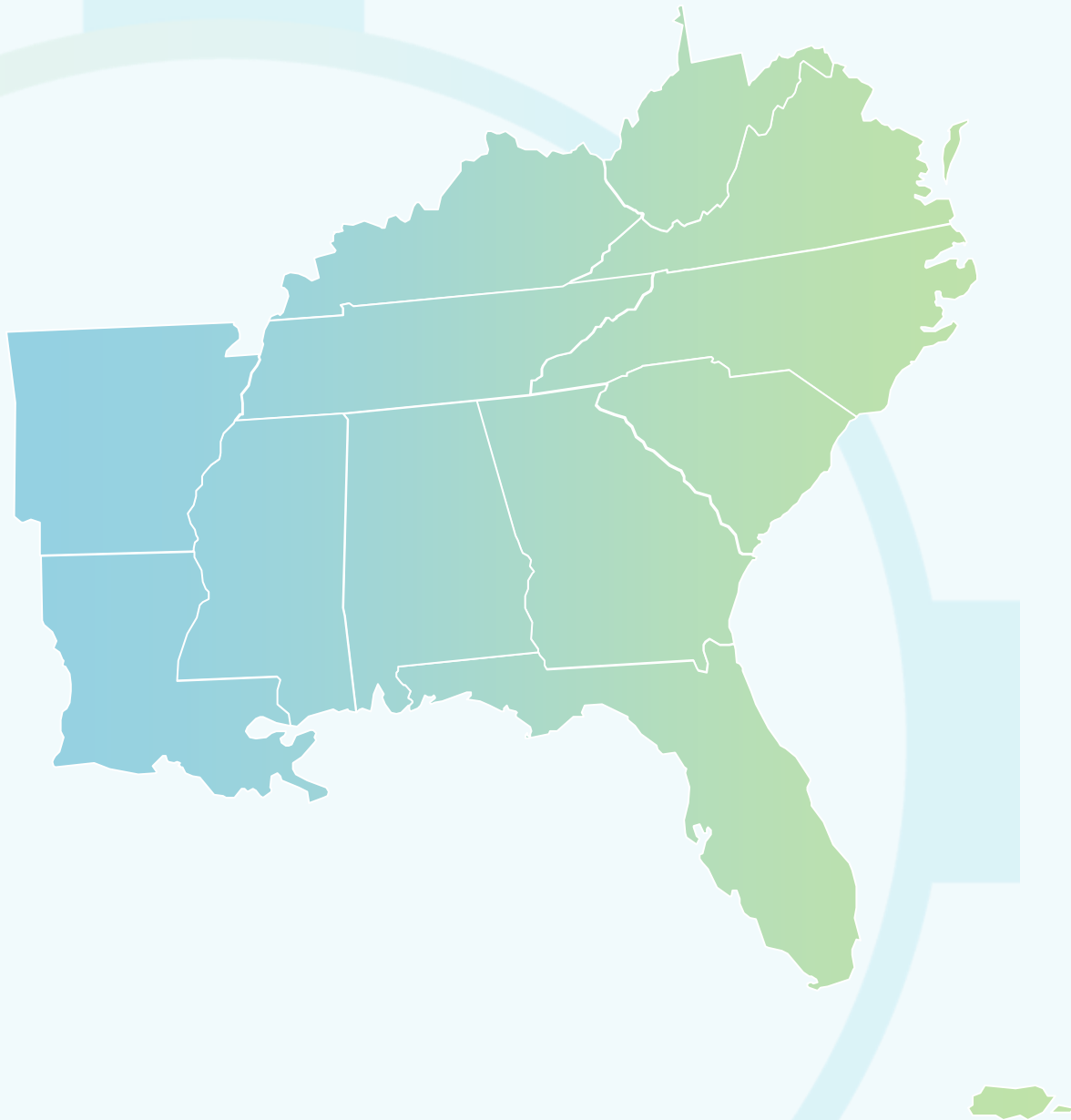
PATH on behalf of the Single-Dose HPV Vaccine Evaluation Consortium; **Bill and Melinda Gates Foundation**.



Cancer Registry of Norway (grant No. 198073; principal investigator: EAB). The funding agreement ensured the authors' independence in designing the study, interpreting the data, writing, and publishing the report.



KREFTFORENINGEN



Jane Montealegre, PhD
MD Anderson

Elimination of HPV Cancers beginning with Cervical:

Perspectives from Texas

Jane R. Montealegre, PhD MSPH
Associate Professor, Behavioral Science
The University of Texas MD Anderson
Cancer Center

Southeast Roundtable Annual Meeting
January 22, 2025

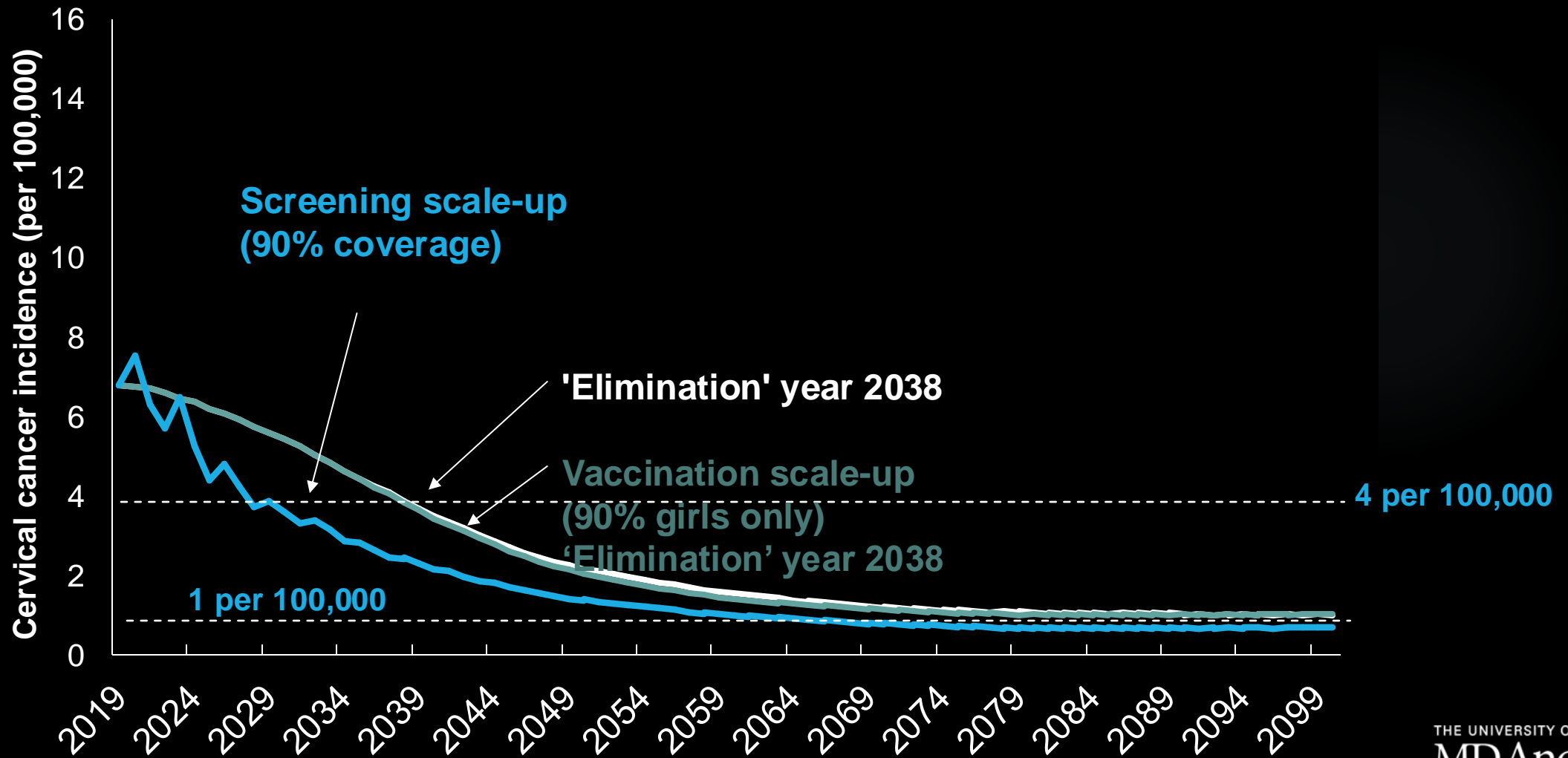


Disclosures

- Grant funding from the Cancer Prevention and Research Institute of Texas (CPRIT).
- Recipient of HPV tests for research at no cost from Becton Dickinson (BD)
- Member of Cancer Alliance of Texas (CAT) Elimination Priority Area Workgroup

Views are mine and may not represent those of CPRIT or the Cancer Alliance of Texas

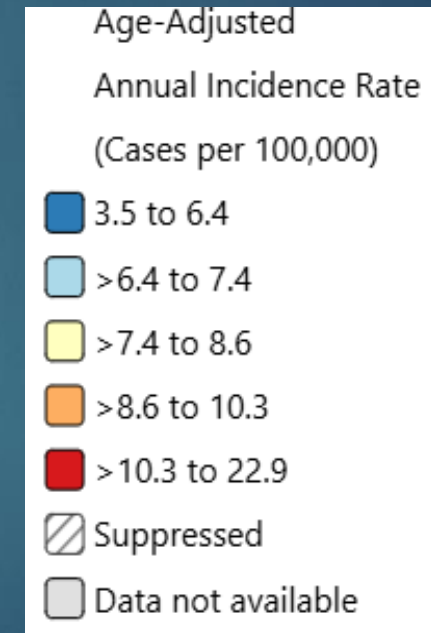
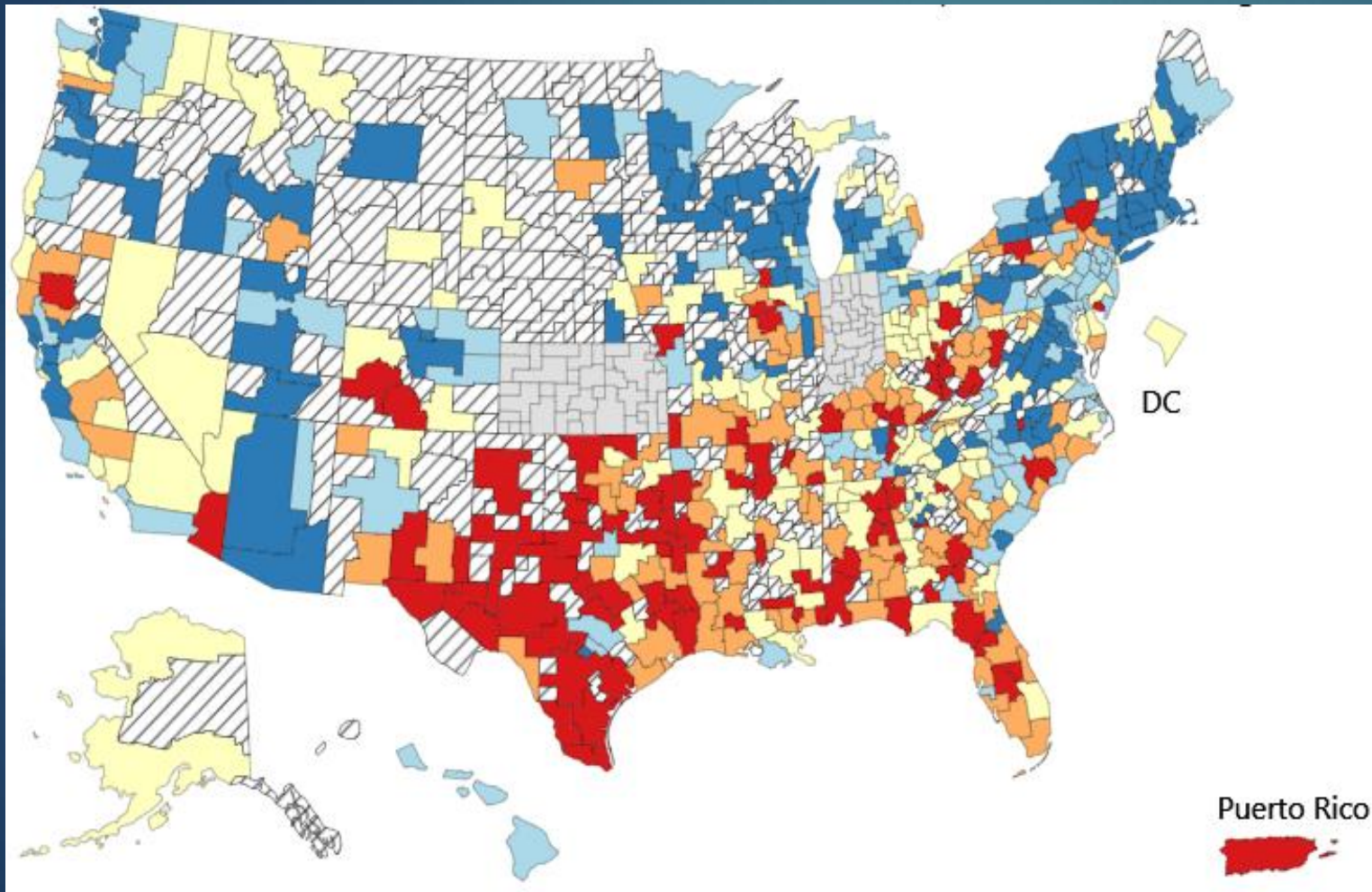
The U.S. can eliminate cervical cancer as a public health problem in the next two to three decades.



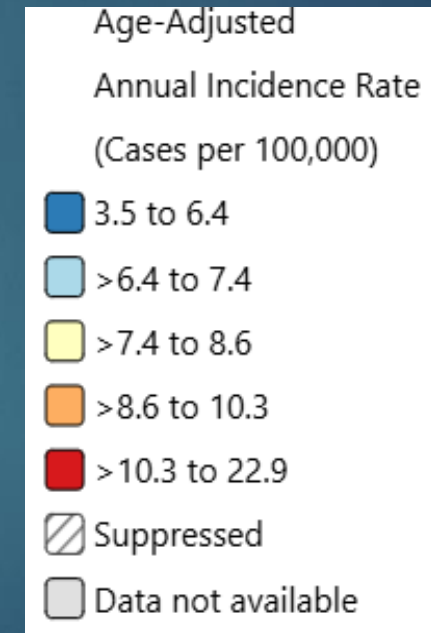
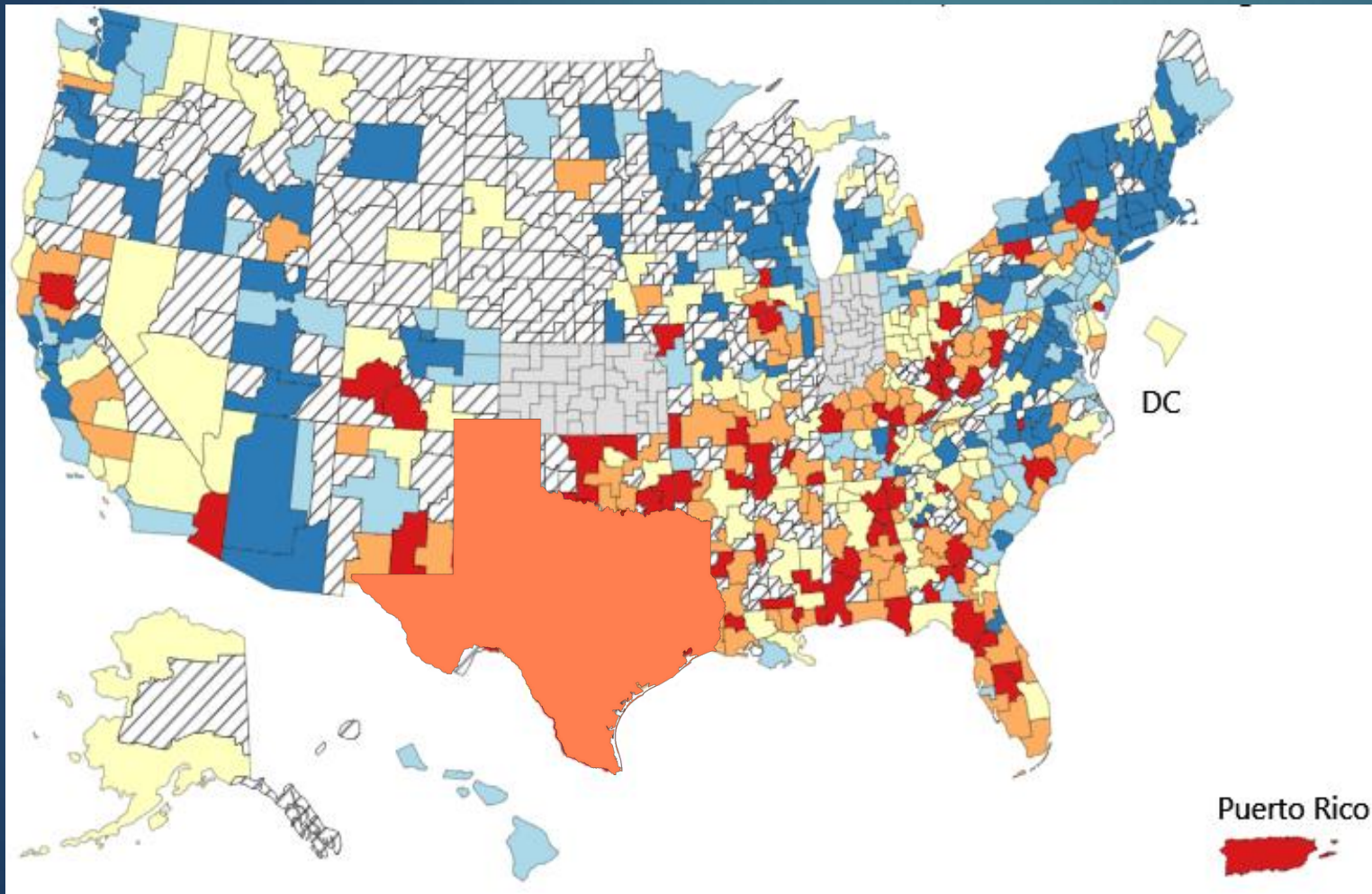
Berger et al, 2020

Burger et al, Lancet Public Health, 2020

Cervical Cancer Incidence for USA by Health Service Region, 2017-2021



Cervical Cancer Incidence for USA by Health Service Region, 2017-2021





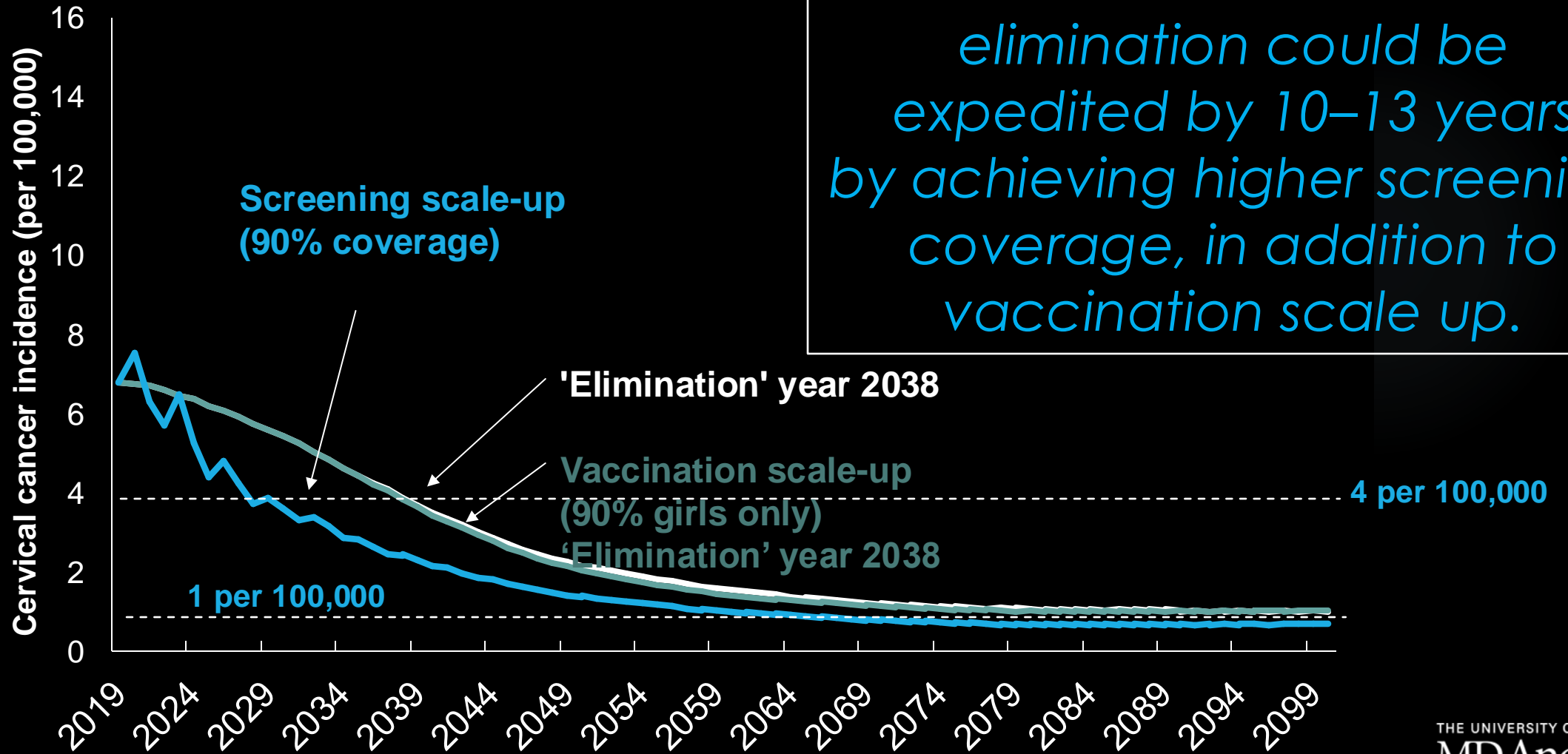
- ▶ Developed by the Cancer Prevention and Research Institute of Texas (CPRIT)
 - ▶ Working group of public health experts and stakeholders, the Texas Department of State Health Services, and the Cancer Alliance of Texas.
 - ▶ CPRIT charged by the Texas Legislature to implement the Texas Cancer Plan
- ▶ 20 Goals organized around Primary Prevention and Risk Reduction, Screening and Early Detection, Diagnosis and Treatment, Survivorship and Supportive Palliative Care, Infrastructure, Research and Clinical Trials



- ▶ Elimination of HPV cancers beginning with cervical cancer is stipulated in two goals:
 - ▶ Eliminate cervical cancer and other cancers associated with the human papillomavirus (HPV) in Texas by increasing HPV vaccinations.
 - ▶ Increase screening and early detection to increase the number of cancers diagnosed at an early stage and eliminate cervical cancer
- ▶ Texas Cancer Plan also stipulates addressing cancer health disparities and priority populations.
 - ▶ Rural residents, medically underserved, people living in poverty, racial/ethnic minoritized populations

The U.S. can eliminate cervical cancer as a public health problem in the next two to three decades.

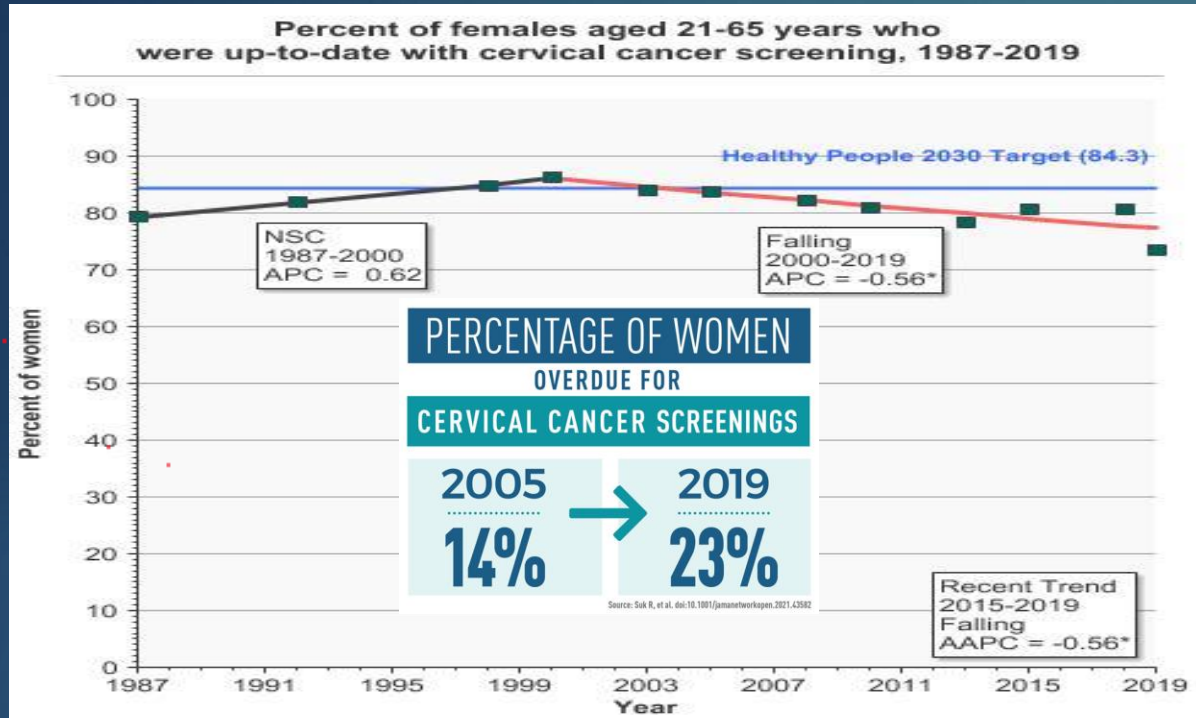
Time to cervical cancer elimination could be expedited by 10–13 years by achieving higher screening coverage, in addition to vaccination scale up.



Berger et al, 2020

Burger et al, Lancet Public Health, 2020

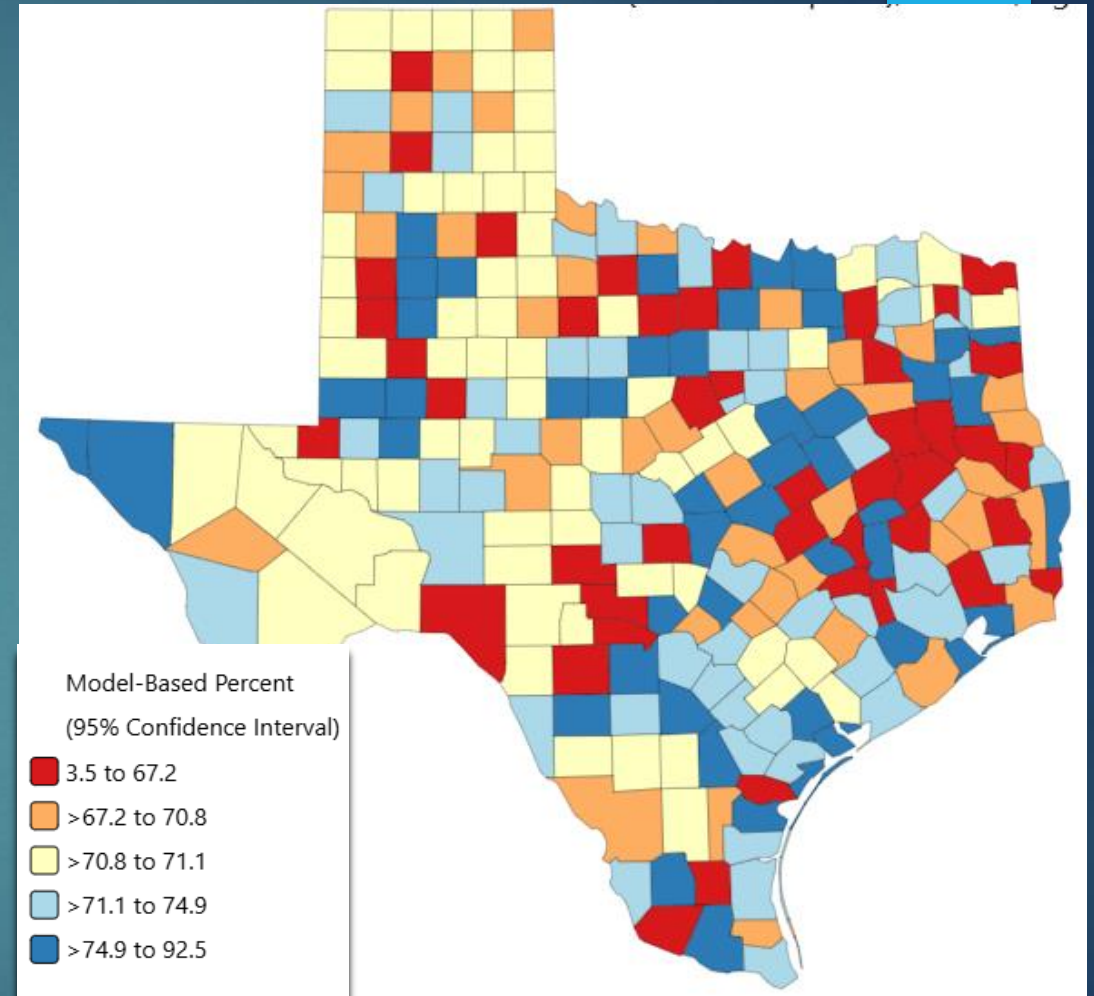
Cervical cancer screening: Where do we stand?



Rates of overdue cervical cancer screening in 2019 by sociodemographic group

Racial and ethnic groups	
Non-Hispanic Black	22%
Non-Hispanic White	20%
Other (including Alaska Native and American Indian)	27%
Geographic groups	
Rural women	26%
Urban women	23%

Health insurance status	
Uninsured	42%
Public insurance	28%
Private insurance	18%

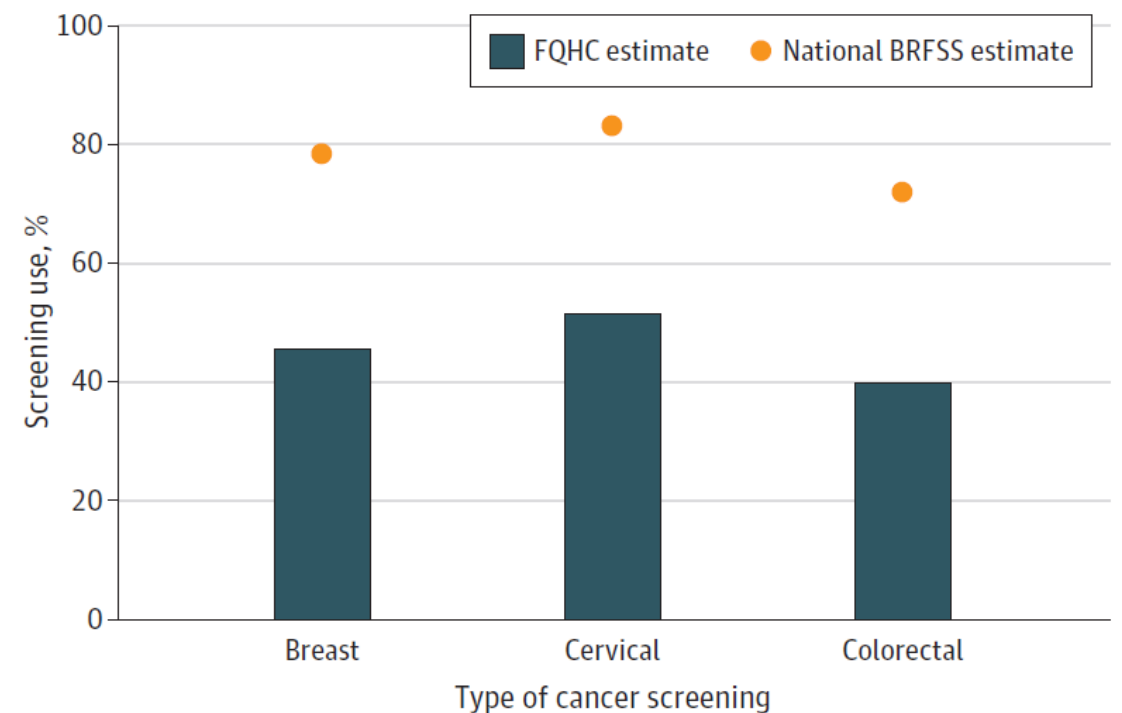


NCI, 2021
 CDC Cancer Statistics Visualizations, 2022
 Suk et al, Lancet Public Health, 2022
 State Cancer Profiles, NCI & CDC, 2025

Cervical cancer screening: Where do we stand?

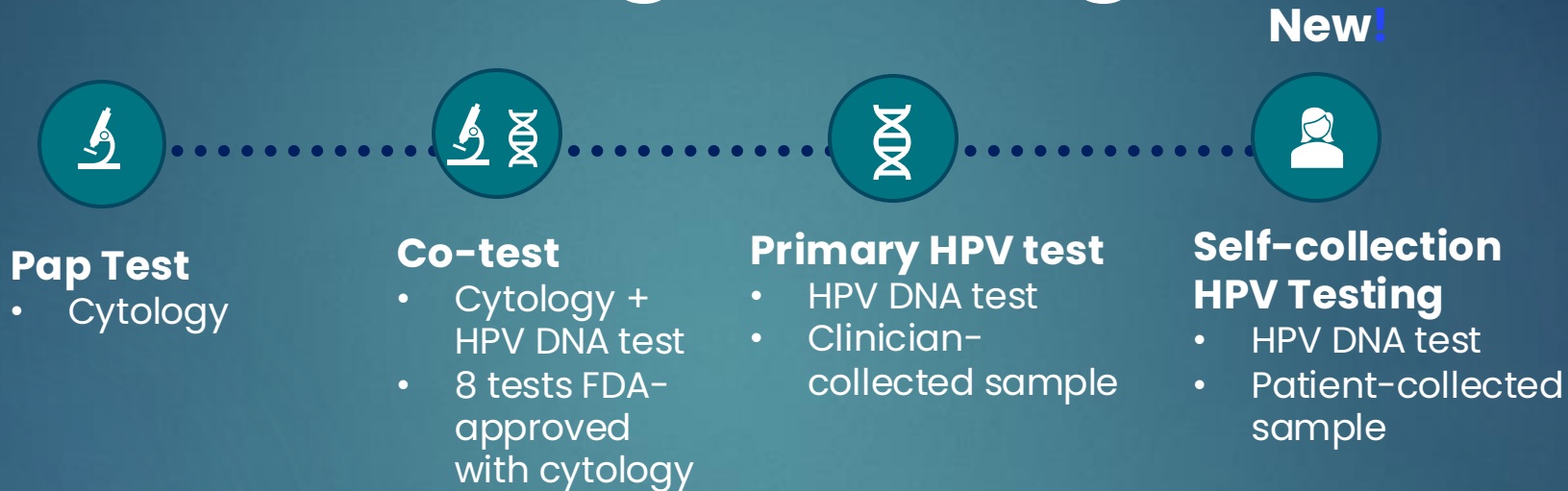
- ▶ Federally Qualified Health Centers (FQHCs) serve 30 million + people in the U.S.:
- ▶ 1 in 3 people living in poverty
- ▶ 1 in 5 rural residents
- ▶ 1 in 5 Medicaid recipients

Figure 1. National Cancer Screening Use in Federally Qualified Health Centers (FQHCs) and the Behavioral Risk Factor Surveillance System (BRFSS), 2020



Scaled-up screening: How are we going to get there?

Shifting Paradigms:



Phasing out

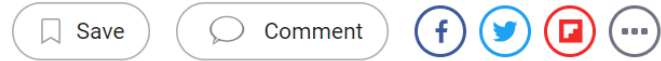
Preferred*

- ACS, 2020
- ASCCP 2025
- USPSTF 2025 (draft)

FDA Approves Self-Collection

FDA Approves First Self-Test Collection Kit for HPV

By [HealthDay](#) | May 15, 2024, at 10:34 a.m.



PR NEWSWIRE

Women in U.S. Can Now Collect Their Own Sample for Cervical Cancer Screening

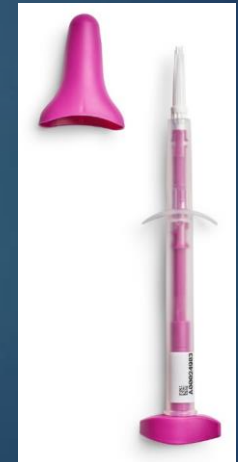
Provided by PR Newswire

May 15, 2024 5:45am

Women in U.S. Can Now Collect Their Own Sample for Cervical Cancer Screening

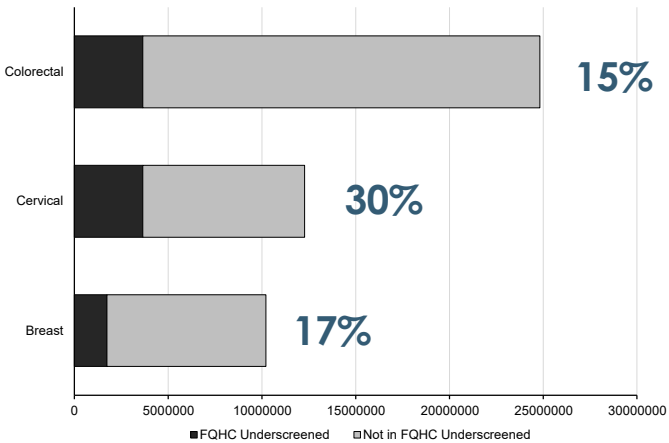
Women in U.S. Can Now Collect Their Own Sample for Cervical Cancer Screening

PR Newswire

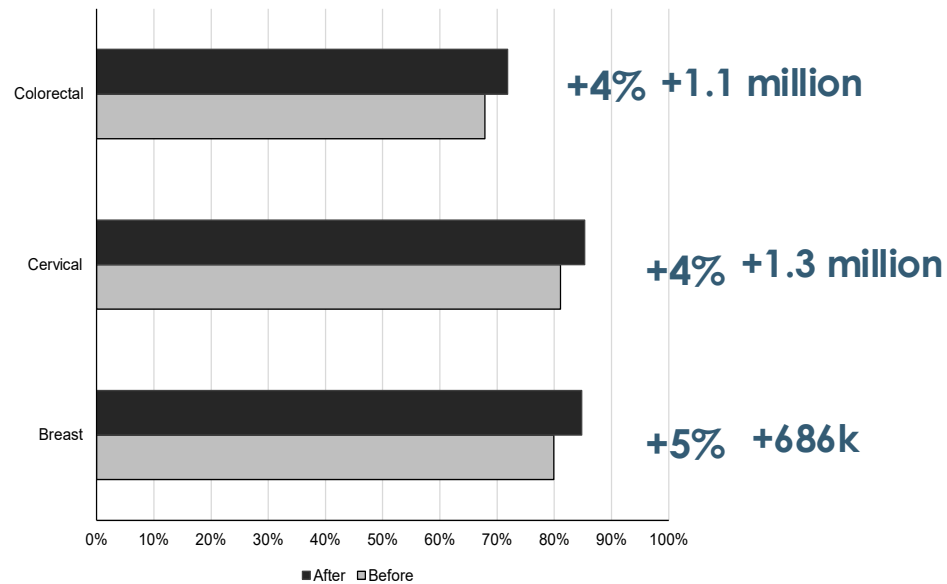


Self-collection will be most impactful if implemented in safety net settings

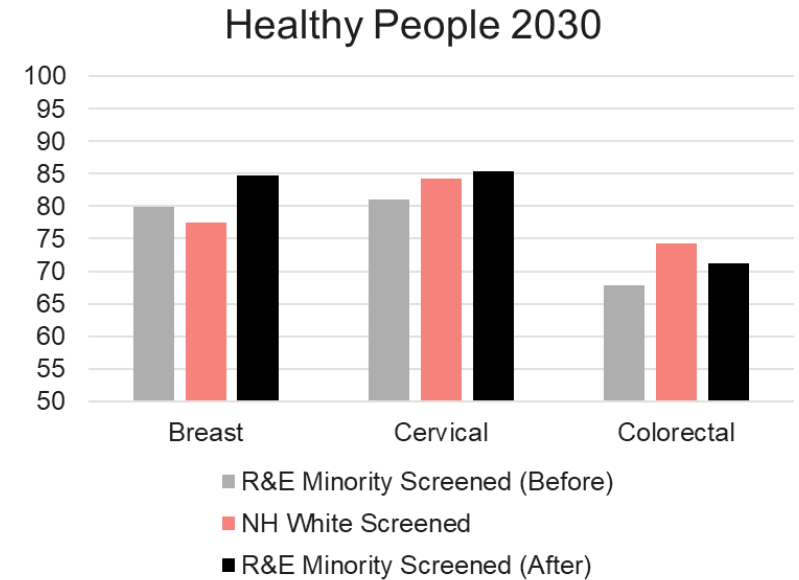
FQHC contribution to national underscreened



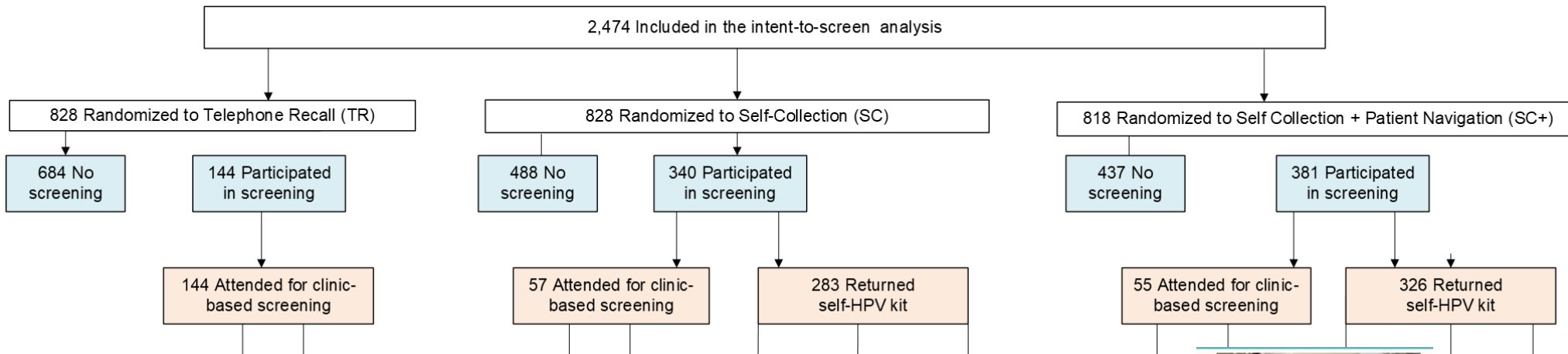
Scale up screening in FQHCs to Healthy People 2030 Goals



Impact of scale-up on national racial/ethnic disparities



Self-collection works particularly well in safety net settings



17.4%



41.1%



46.6%

DRAFT

Unpublished Data

Project ACCESS: Demonstration project in Safety Net Settings



Su Clínica

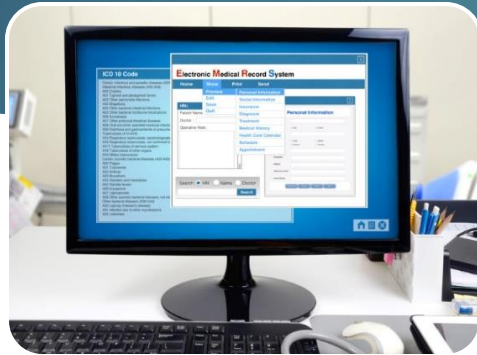
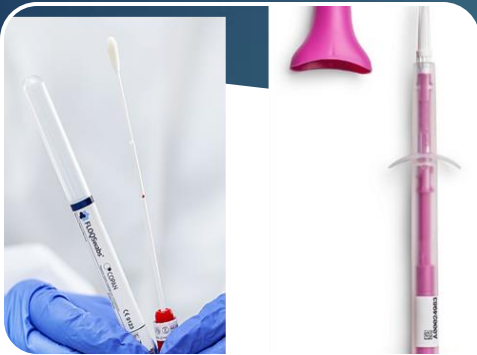


**HARRISHEALTH
SYSTEM**



Funding: CPRIT Grant PP240017 (Montealegre, Schmeler)

Project ACCESS: Demonstration project in Safety Net Settings



Integrate Primary
HR-HPV Testing
and Self-
Sampling in
partner clinics

Implement
evidence-based
implementation
strategies:
Training, practice
facilitation, patient
education, audit
and feedback

Implement
patient
navigation of all
HR-HPV positive
patients



- ▶ Texas Cancer Plan acknowledges:
 - ▶ 16% of Texans are uninsured (highest in U.S. and double national uninsured rate)
 - ▶ 16% of Texan adults did not see a HCP in past 12 months (highest in U.S.)
 - ▶ 214 of 254 are primary care health professional shortage areas
- ▶ Texas Cancer Plan indicates:
 - ▶ Implement community-based screening and education in all counties
 - ▶ “Screening for cancer outside of a doctor’s office through self-collected samples, mobile units, and other alternatives, may remove barriers that accompany traditional care, resulting in increased screening adherence.”

Screening in Underserved Community settings

Community Based Cervical Cancer Screening



Prevención en sus Manos Pilot Study:

- Community Health Worker/Promotora de Salud model
- On-site screening in community venues with self-collection kits
- Referral to partner clinics for clinical follow-up

- 19 community events between Feb-Dec 2024
- N=497 attendees
- N=197 (40%) underscreened and completed self-collection
- n=32 HR-HPV + (16%); 30 completed follow-up, 1 CIN2+ identified and treated

Funding: MD Anderson Quasi-Endowment for Underserved Texans (Montealegre)

Action Items:

- ▶ Scale-up implementation of self-collection in FQHCs and other safety net health systems.
 - ▶ Priority areas: Safety nets in areas with high cervical cancer burden and low screening coverage
- ▶ Develop effective models for community-based screening in healthcare provider shortage areas.
- ▶ Establish and strengthen referral networks for diagnostic follow-up and treatment.

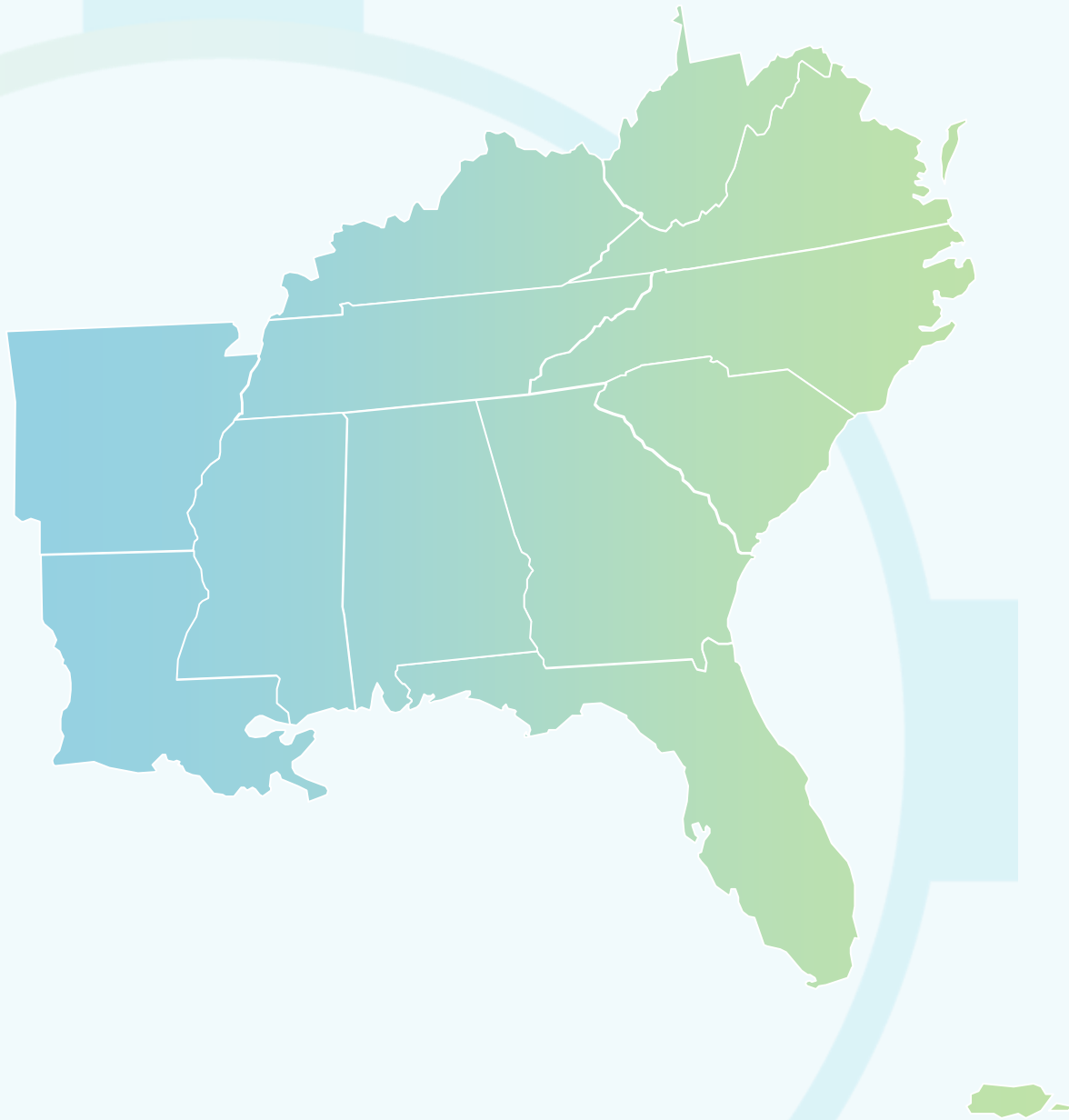
Vaccinate & Screen to Live HPV Cancer-Free

Thank you!

jrmontealegre@mdanderson.org

THE UNIVERSITY OF TEXAS
MD Anderson
Cancer Center®





Jennifer Young-Pierce, MD
University of South Alabama



Alabama: WIPEOUT Cervical cancer update Power in Partnerships

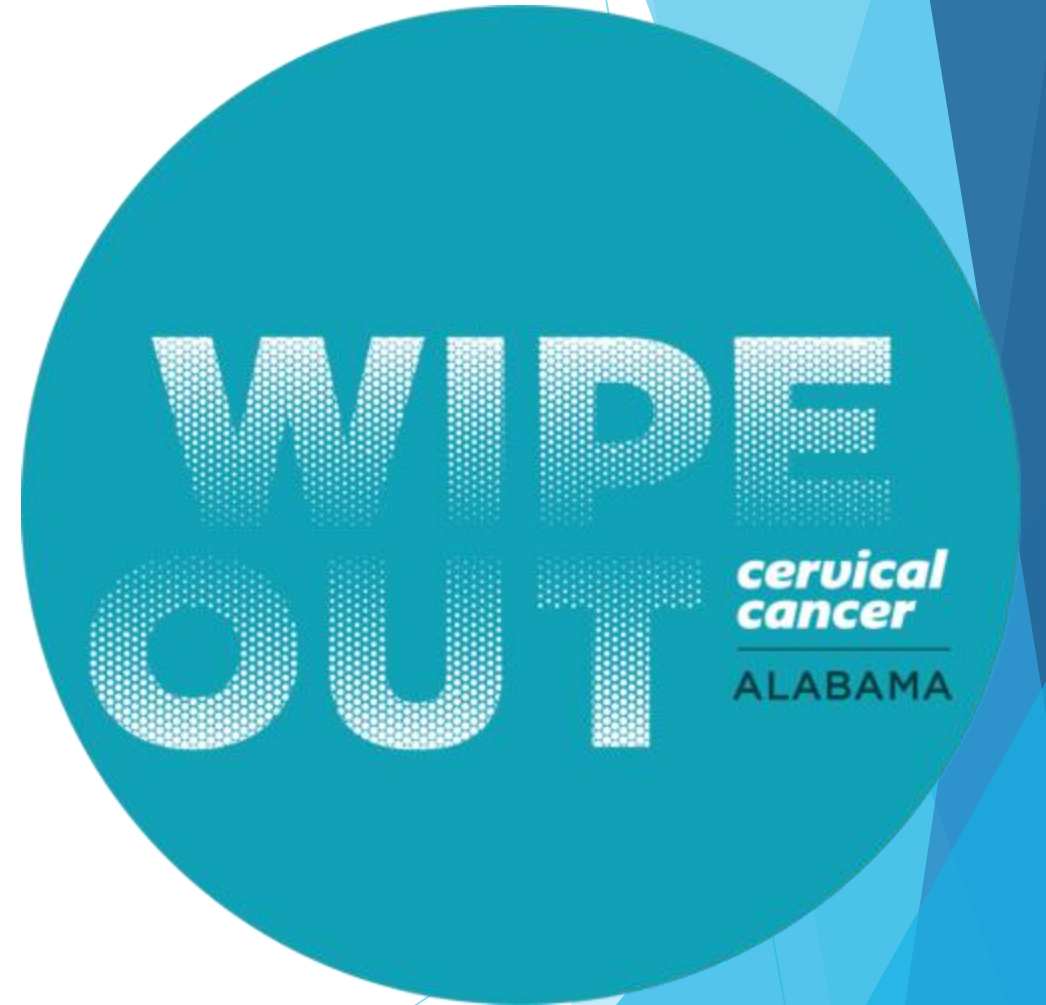
Jennifer Young Pierce, MD, MPH

University of South Alabama Mitchell Cancer Institute

January 22, 2025

Highlights of WIPEOUT: Implementation phase

- ▶ Regional Meetings
- ▶ Rotary Summit
- ▶ Immunization Department Partnership/Outreach
- ▶ Vax 2 Stop/ BC/BS & Partner Letter
- ▶ Rotary Magazine
- ▶ WIPE OUT Website and Partner Agreement
- ▶ IPVC 2024 International Conference
- ▶ Go Teal & White



Regional meetings with partners and providers: bringing WIPEOUT to communities

- ▶ Divided the state into 15 regions
- ▶ Invited providers: primary care, family medicine, Ob/Gyn, pediatrics, hospital staff
- ▶ Nancy Wright with other partners: Dr. Pierce, Dr. Isabel Scarinci, Dr. Boitano
- ▶ **Regional Meetings in South:** 6 meetings, 73 clinicians attended, 46 views of JYP video on youtube (can't track MP4 views)
- ▶ **Regional Meetings in North so far:** 2 completed, 17 attendees, no zoom and no video yet
- ▶ **Total:** 8 meetings out of 13 completed, 90 clinicians attended
- ▶ Dates held/scheduled: September 2023 - February 2025 (18 month period)

Rotary Summit: Scheduled for January 31, 2025

- ▶ Rotary Club of Birmingham sponsoring entire Cervical Cancer Summit
- ▶ Potentially 300 attendees, 175 registered so far!
- ▶ Bringing together new partners with WIPEOUT leaders
 - ▶ Providing updates on data, activities, and opportunities
 - ▶ Networking to promote new partner related activities across the state



Immunization Department partnerships:
Billboards and media throughout the state

HPV Causes Cervical Cancer, Get Vaccinated!

**WIPE
OUT**
*cervical
cancer*
ALABAMA



alabamapublichealth.gov/imm

IMM
IMMUNIZATION DIVISION

Vax2StopCancer Partnership

- ▶ Letter sent from BCBS to Statewide providers
- ▶ Multiple partners listed
- ▶ Provide trainings to Pediatrician offices, Primary care, and dental offices
 - ▶ Working on an Ob/gyn module

Alabama ranks 38th in the country for vaccinating our adolescents against HPV. We need your help.



November 18, 2024

Dear Alabama Medical Provider:

VAX 2 STOP CANCER is working to reduce the prevalence of human papillomavirus (HPV) cancers in our state. With the support of various organizations in Alabama, VAX 2 STOP CANCER is focusing on increasing HPV vaccination rates throughout Alabama.

HPV infection can cause cervical, vaginal, vulvar, anal, and oropharyngeal cancers in women and oropharyngeal, penile, and anal cancers in men. HPV can also cause genital warts in men and women. Over 90% of HPV-related cancers can be prevented when boys and girls complete the HPV vaccine series by age 12. This cancer-preventing vaccine provides safe, effective, and long-lasting protection.

HPV vaccination rates continue to fall far below rates of other routinely recommended vaccines for adolescents in our state. We encourage you to do all you can to have your HPV vaccination rate as high as your Tdap and meningococcal rates. Here are the facts:

- Alabama ranks 2nd in the nation for Cervical Cancer mortality
- Alabama ranks 5th in the nation for Cervical Cancer incidence
- Alabama ranks 6th in the nation for Oropharyngeal Cancer mortality
- Alabama ranks 22nd in the nation for Oropharyngeal Cancer incidence

That's why we need your help. As a provider, your voice is the single most influential factor in convincing parents to vaccinate their children. When providers across the state prioritize HPV vaccination, we can collectively reduce the burden of cancer in Alabama. Thank you for your dedication to protecting your patients from preventable cancers.

Thank you.

Barbara Schuler, MPH

CEO, VAX 2 STOP CANCER



An independent licensee of the Health Care and Life Sciences Association



Alabama Chapter

MEMBER OF ALABAMA

American Academy of Pediatrics

MEMBER OF THE BOARD OF ALABAMA



Children's of Alabama

HPV Free Alabama. one shot at a time

Rotary of Birmingham/Rotary of Alabama partnership

- ▶ Rotary of Birmingham an original partner
- ▶ Now hosting Operation WIPEOUT Cervical cancer summit as above
- ▶ Invited all of Rotary of Alabama
- ▶ Featured Operating Wipeout in Rotary Magazine:
<https://www.rotary.org/en/elimination-round>

Elimination round

Cervical cancer can be stopped, and Isabel Scarinci intends to deliver the knockout blow in Alabama

By Sam Worley

Lily Mayner is about to take the stage, and she's nervous: "I am so stressed out right now," she says, practically humming with energy. A chatty 17-year-old wearing torn jeans and a nose ring, Mayner is slated to speak at the Back to School Bash, an annual event in LaFayette, a small town near Alabama's border with Georgia. It's late July, hot and overcast; kids and their parents wander between a bouncy house and a hot dog stand. Mayner's phone is nearly dead — a problem, since that's where her speech is stored. But she transfers the text to somebody else's device, and the show goes on.



Operation WIPEOUT Website and Partnership agreements

- ▶ www.operationwipeout.org/partners/get-involved
- ▶ Working to get all partners listed and actively engaged
- ▶ Moving into partners working independently as well as directly with WIPEOUT to move the needle



IPVC International Conference Presentation

- OPERATION WIPE OUT was invited to present at 36th International Papillomavirus Conference in November 2024
- Inaugural HPV Awareness Program session focused on innovative strategies to address the needs of underserved communities in cancer care
- Speakers and participants explored critical success factors and strategies to collaborate with governments, health systems, and communities
- Nancy Wright, MPH, co-founder of OPERATION WIPE OUT and Director of the Cancer Prevention and Control Division at the Alabama Department of Public Health, presented alongside speakers from Hungary, Kenya and New Zealand.



GO Teal & White Campaign

- ▶ Sponsored by USA Health Mitchell Cancer Institute in Mobile
- ▶ Currently in its 7th year
- ▶ Mixed media campaign including social, posters in businesses, op eds, media appearances, and earned media from events
- ▶ Cervical Cancer Awareness Month proclamations



Operation WIPEOUT: Implementation Phase

- ▶ Lots of Momentum!
- ▶ Getting the word out
- ▶ Power in Partnerships
- ▶ Looking forward to Cervical Cancer Summit January 31, 2025



Moderated Q&A

Please add your questions to the chat

Speakers



Karen Canfell, PhD
University of Sydney



Emily A. Burger, PhD
Harvard T.H. Chan School of
Public Health

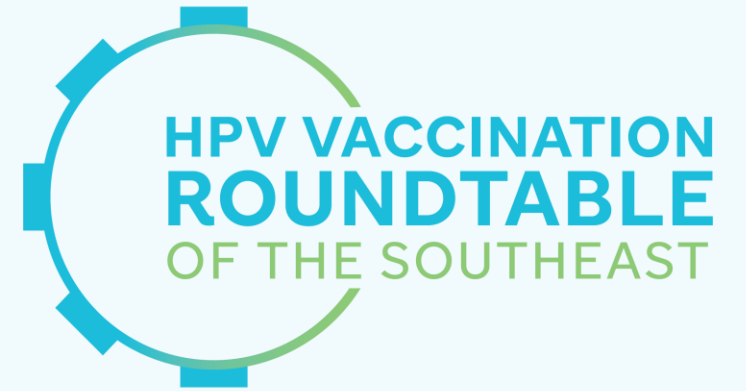


Jane Montealegre, PhD,
MD Anderson



Jennifer Young Pierce, MD
University of South Alabama

Breakout Group Discussion



Breakout Group Discussions

- We will now continue our discussion regarding HPV cancer elimination
- You will automatically be added to a breakout group with an assigned facilitator and notetaker
 - **GROUP 1**: Eryka Murray, MPH, Emory University (facilitator); Pragma Gautam Poudel, DrPH, St. Jude Children's Research Hospital (notetaker)
 - **GROUP 2**: Trisha Amboree, PhD, Medical University of South Carolina (facilitator); Maddy McNee, MPH, St. Jude Children's Research Hospital (notetaker)
 - **GROUP 3**: Casey Daniel, PhD, USA Health Mitchell Cancer Institute (facilitator); Akeria Taylor, MPH, St. Jude Children's Research Hospital (notetaker)
 - **GROUP 4**: Nancy Wright, MPH, Alabama Department of Public Health (facilitator); Portia Knowlton, MHRM, St. Jude Children's Research Hospital (notetaker)
 - **GROUP 5**: Cara McCarthy, Louisiana Comprehensive Cancer Control Programs; Karlisa Cryer, MPA, St. Jude Children's Research Hospital (notetaker)
 - **GROUP 6**: Tina Turpin, ACS (facilitator); Andrea Stubbs, MPA, St. Jude Children's Research Hospital (notetaker)

Discussion Questions

You will automatically be added to a breakout group with an assigned facilitator and notetaker

- Q1: How might we modify and/or continue to address elimination needs across the region? What do you see as the opportunities for additional efforts focused on elimination?
- Q2: Now, I want you to move out of thinking only about elimination as a priority action for a moment. What do you see as the greatest opportunities for collective action to increase HPV vaccination coverage in our region?
- Q3: What else would you like to share about possible actions to increase HPV vaccination coverage in our region?
- Q4: What are your recommendations for training programs that could be offered by the Southeast Roundtable?

Reporting Out From Breakout Group Discussions

- **GROUP 1**: Eryka Murray, MPH, Emory University (facilitator); Pragma Gautam Poudel, DrPH, St. Jude Children's Research Hospital (notetaker)
- **GROUP 2**: Trisha Amboree, PhD, Medical University of South Carolina (facilitator); Maddy McNee, MPH, St. Jude Children's Research Hospital (notetaker)
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- **GROUP 6**: Tina Turpin, ACS (facilitator); Andrea Stubbs, MPA, St. Jude Children's Research Hospital (notetaker)

What are up to three main points of discussion – with an emphasis on actions to improve HPV vaccination coverage – you want to share with the group?

***In 2 minutes or less



Closing Remarks

DAY 1: Communication January 21, 2025 10 AM-noon Central Time	DAY 2: Elimination January 22, 2025 10 AM-noon Central Time	DAY 3: Start at Age 9 January 23, 2025 10 AM-noon Central Time
<p>10:00-10:05 AM Welcome and Introduction</p> <p>10:05-10:25 AM Communication: Develop and implement a communication campaign and messages for the Southeastern region Heather Brandt, PhD, St. Jude Children's Research Hospital</p> <p>10:25-11:30 AM HPV Vaccination Communication Best Practices and Opportunities</p> <p>Beth Sundstrom, PhD, College of Charleston (moderator)</p> <p>Presentations by subject matter experts: Melissa Gilkey, PhD, UNC Gillings School of Public Health Janice Krieger, PhD, Mayo Clinic Jennifer Erves, PhD, Vanderbilt University Medical Center Parth Shah, PharmD, PhD, Fred Hutch Cancer Center</p> <p>11:30-11:45 AM Revisiting Priority Action Steps: Small Group Breakout Sessions</p> <p>11:45 AM-12:00 PM Next Steps for Action</p>	<p>10:00-10:05 AM Welcome and Introduction</p> <p>10:05-10:25 AM Elimination: Develop and disseminate a plan for HPV cancer elimination in the Southeast, beginning with cervical cancer as a public health problem Julia Brown, MPH, St. Jude Children's Research Hospital</p> <p>10:25-11:30 AM Eliminating HPV Cancers beginning with Cervical Cancer as a Public Health Problem Best Practices and Opportunities</p> <p>Presentations by subject matter experts: Emily A. Burger, PhD, Harvard T. H. Chan School of Public Health Karen Canfell, DPhil, University of Sydney Jennifer Young Pierce, MD, University of South Alabama Jane Montealegre, PhD, MD Anderson</p> <p>11:30-11:45 AM Revisiting Priority Action Steps: Small Group Breakout Sessions</p> <p>11:45 AM-12:00 PM Next Steps for Action</p>	<p>10:00-10:05 AM Welcome and Introduction</p> <p>10:05-10:25 AM Start at Age 9: Accelerate efforts to start HPV vaccination at age 9 Maddy McNeel, MPH, St. Jude Children's Research Hospital</p> <p>10:25-11:30 AM Start at Age 9: Accelerate efforts to start HPV vaccination at age 9</p> <p>Presentations by subject matter experts: Robert Bednarczyk, PhD, Emory Nadja Vielot, PhD, University of North Carolina Lyn Nuse, MD, Atrium Health Sherri Zorn, MD, Washington Chapter of the American Academy of Pediatrics</p> <p>11:30-11:45 AM Revisiting Priority Action Steps: Small Group Breakout Sessions</p> <p>11:45 AM-12:00 PM Next Steps for Action</p>

Thank you for joining us!

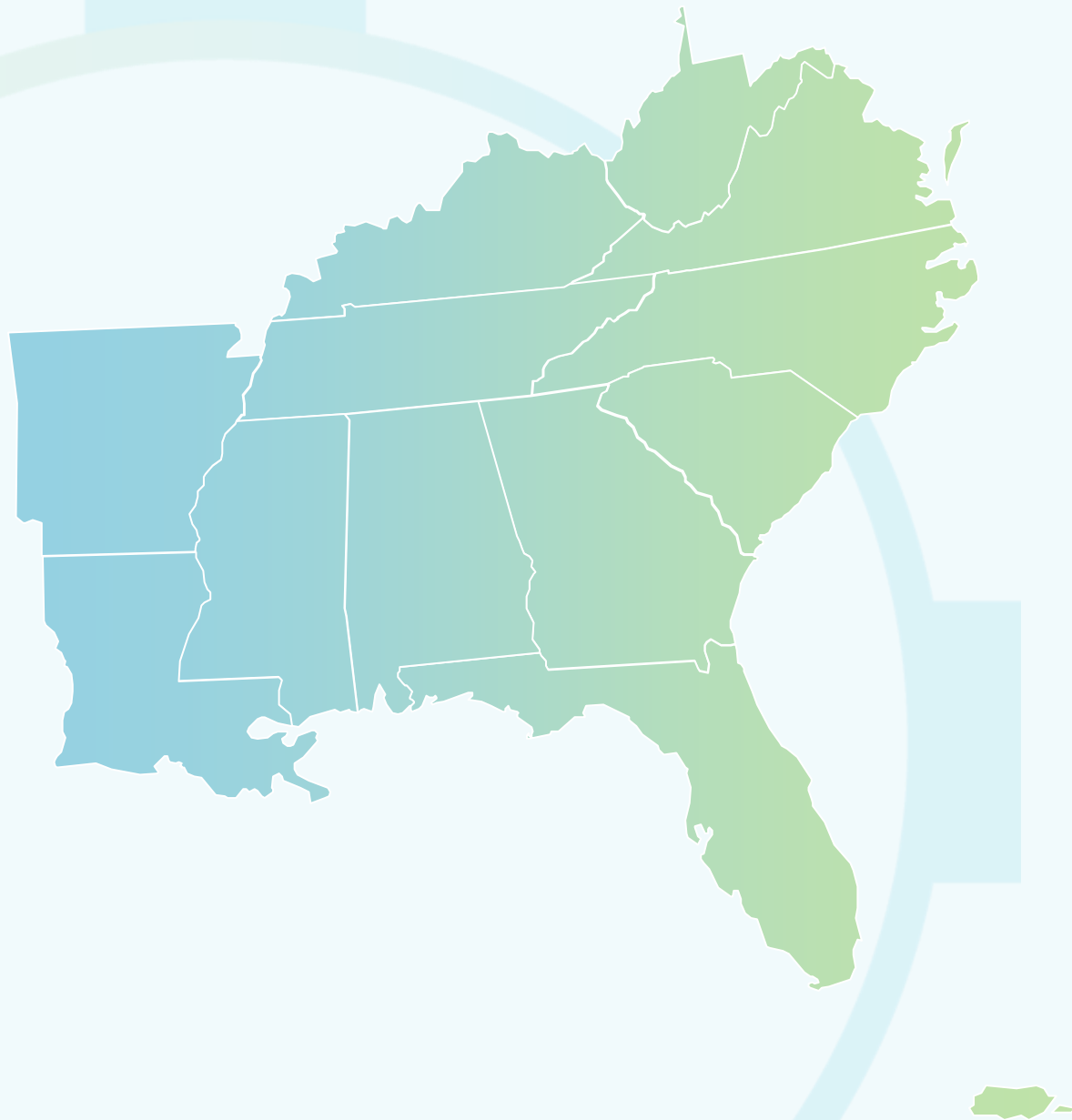
We will be sending an evaluation for the entire virtual annual meeting following the last day on January 23. Please take a few minutes to complete when this lands in your email inbox.

Join the HPV Vaccination Roundtable of the Southeast:

Join us tomorrow to discuss HPV vaccination starting at age 9! Register at stjude.org/SERT25



MEMBERSHIP FORM



Thank you for joining us today!

Email PreventHPV@stjude.org with any questions