

UC San Diego  
MOORES CANCER CENTER



# CERVICAL CANCER AWARENESS SUMMIT

January 29th, 2024

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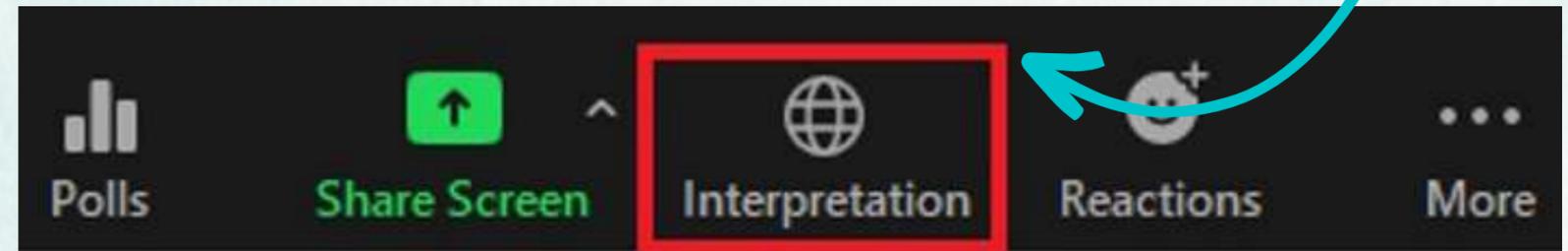


# WELCOME!

***Please be sure to select a language even if listening in English***

To select a language/Para seleccionar un idioma:

1. Click on the button that says interpretation/ Haga clic en el botón que dice interpretación



2. Select your language preference / Seleccione su preferencia de idioma
3. Si seleccione escuchar en español, haga clic el botón que dice 'Silenciar Audio Original'

# AGENDA

## ● WELCOME

- Patient Advocate Remarks, Claudia Perez-Favela

## ● THE CURRENT STATE OF CERVICAL CANCER

- 2024 Cervical Cancer Incidence in California/San Diego, Margaux Stack-Babich, MPH
- A Year in Review: Kicking Off a National Cervical Cancer Roundtable, Shelly Dusic, MA

## ● THE FUTURE OF CERVICAL CANCER

- Local Case Study: Steps to Improve Cervical Cancer Screening with Neighborhood Healthcare, Elena Chavarria
- New Standards of Care & Future Directions in Cervical Cancer Treatment, Chika Nwachukwu, MD, PhD
- Spotlight on Screening & Treatment Access, Shannon Sadoudi, MSN, RN, PHN & Karla Tickes, MPH

## ● COE CLOSING & NEXT STEPS

# 2024 CERVICAL CANCER AWARENESS SUMMIT



**MONDAY  
JANUARY 29TH, 2024  
1:00PM-2:30PM PST  
VIRTUAL VIA ZOOM**

*Live Spanish translation available!*

Register today to hear from experts in the world of cervical cancer, including oncologists, public health professionals and patient advocates, who will share data, best practices and strategies to reduce the cervical cancer burden in our community.

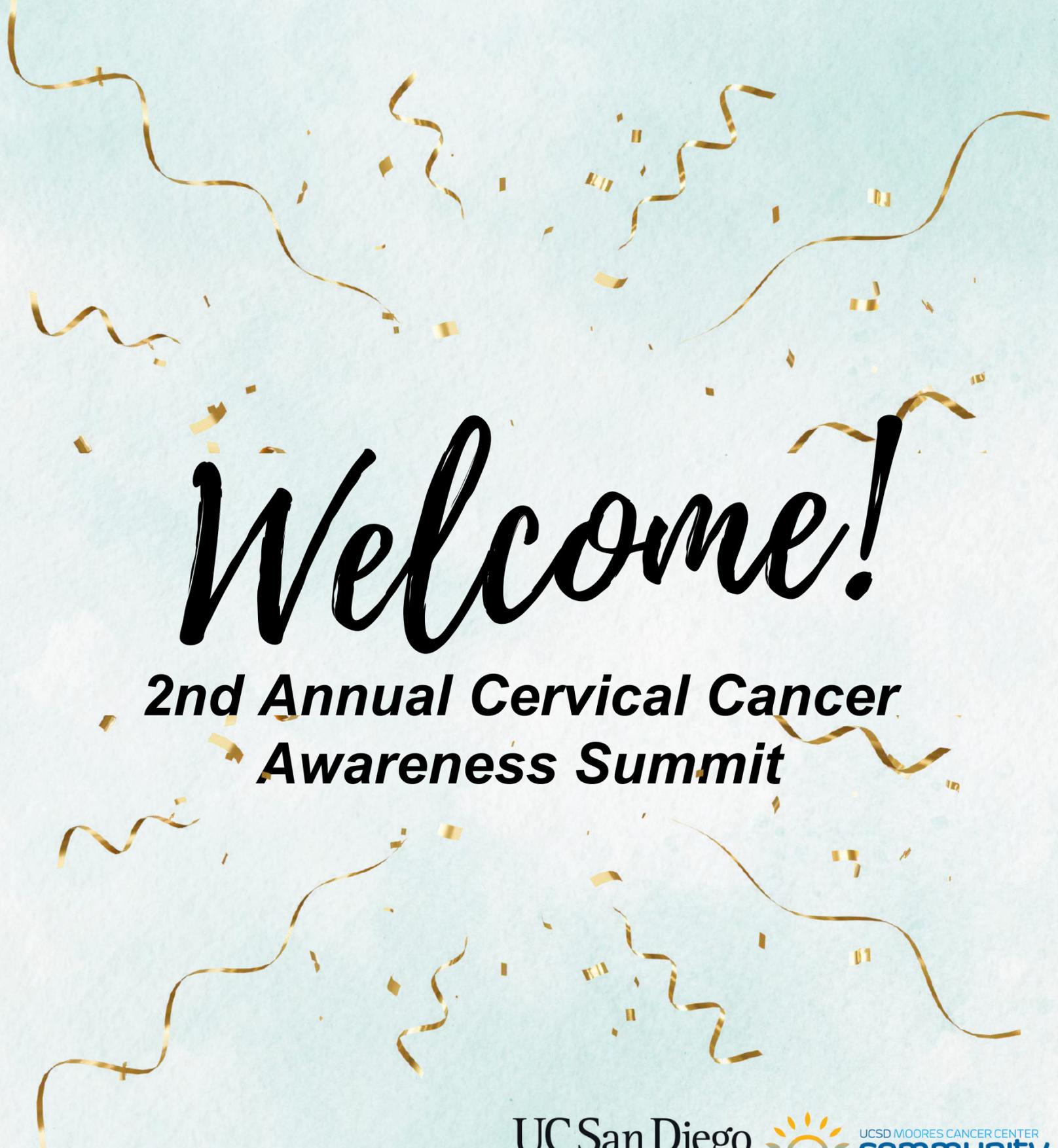
### **SUMMIT TOPICS INCLUDE:**

- ✓ The Cervical Cancer Landscape & Updates to Treatment
- ✓ Cervical Screening in California/San Diego
- ✓ Local Case Studies to Improve Screening

*And more!*

**REGISTER HERE**

**\*\*OPEN TO CLINICIANS, PUBLIC HEALTH PRACTITIONERS, QUALITY IMPROVEMENT STAFF, HEALTH EDUCATORS, AND COMMUNITY MEMBERS INTERESTED IN LEARNING MORE\*\***



*Welcome!*

**2nd Annual Cervical Cancer  
Awareness Summit**



# **CLAUDIA PEREZ-FAVELA**

**Patient Advocate & Survivor**



# **MARGAUX STACK-BABICH, MPH**

**UC San Diego Moores Cancer Center,  
Community Outreach & Engagement**

*2024 Cervical Cancer Incidence &  
Screening in California/San Diego*

# SUMMIT REMINDERS



*Please take a second to introduce yourself in the chat!*



## TRANSLATION

> If you need to listen in Spanish, live translation is available!



## AUDIO & ZOOM CHAT

> Keep audio muted and feel free to ask questions in the chat!



## SUMMIT RECORDING

> The summit slides and recording will be shared with all attendees



## QUALITY IMPROVEMENT LEARNING COLLABORATIVE

> Stay tuned! Sign up for our 2024 QI Learning Collaborative!

UC SAN DIEGO  
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# THE STATE OF CERVICAL CANCER IN 2024

Margaux Stack-Babich, MPH  
January 29th, 2024



# AGENDA

- The Global Burden of Cervical Cancer
- Cervical Cancer in...
  - The United States
  - California
  - San Diego
- Addressing the Cervical Cancer Burden in Our Community

# CERVICAL CANCER GLOBAL SNAPSHOT



**604,000+**

cervical cancer cases were diagnosed *globally*

**341,000+**

lives were lost to cervical cancer *globally*

**99.7%**

cervical cancer cases are caused high-risk *human papillomavirus (HPV) infection*



# CERVICAL CANCER IN THE UNITED STATES

- In 2023, **13,000+** cervical cancer cases were diagnosed, and **4,300+** deaths occurred
- Cervical cancer incidence rates are *decreasing steeply* in women in their 20s, who were first to receive the HPV vaccine
- *However*, cases have increased in women 30-44 years old by 1.7% per year from 2012 through 2019, highlighting the need for more emphasis on screening as well as broader uptake of the vaccine
- If diagnosed early, cervical cancer is highly treatable with 5 year survival of 92%

<https://www.cancer.net/cancer-types/cervical-cancer/statistics>

<https://pubmed.ncbi.nlm.nih.gov/31500479/>

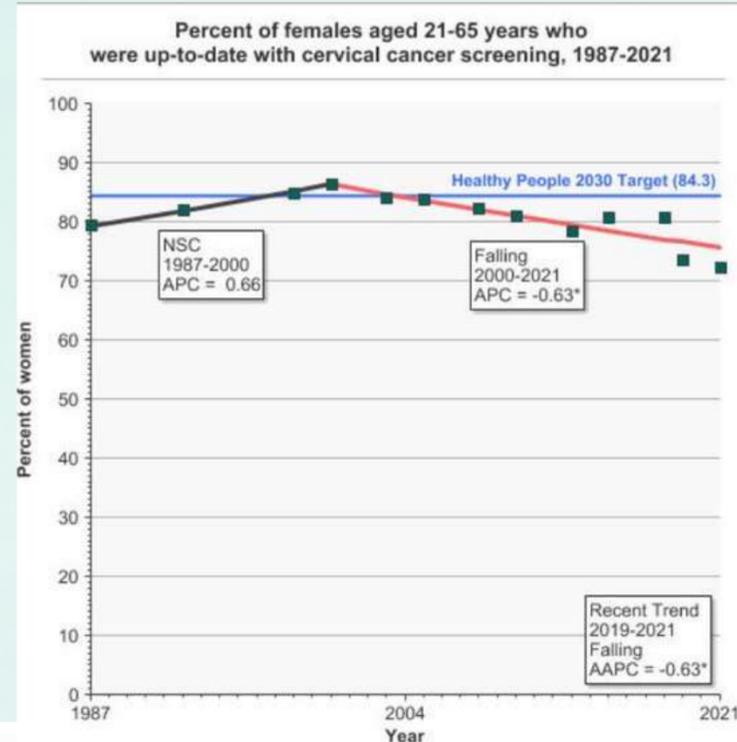
National Cancer Institute. Cervical Cancer Prognosis and Survival Rates. Updated January 6, 2023.

[https://www.cancer.gov/types/cervical/survival#:~:text=The%205-](https://www.cancer.gov/types/cervical/survival#:~:text=The%205-year%20relative%20survival%20rates%20for%20cervical%20cancer%20are,relative%20survival%20ra)

[year%20relative%20survival%20rates%20for%20cervical%20cancer%20are,relative%20survival%20ra](https://www.cancer.gov/types/cervical/survival#:~:text=The%205-year%20relative%20survival%20rates%20for%20cervical%20cancer%20are,relative%20survival%20ra)

# CERVICAL CANCER SCREENING IN THE US CONT.

In 2021, 72.4% of women aged 21-65 years were up-to-date with cervical cancer screening.



- Healthy People 2030 Cervical Cancer Screening Goal: **84.3%**
- Even at a national level, significant disparities in screening participation are seen by income level and education attainment<sup>1</sup>
  - <200% of federal poverty level - 64.2% up-to-date with screening
  - ≥200% of federal poverty level - 77.8% up-to-date
  - Less than High School - **59.1%**
  - High School - **67.1%**
  - Greater than High School - 78.1%

## Cervical Cancer Screening Volumes

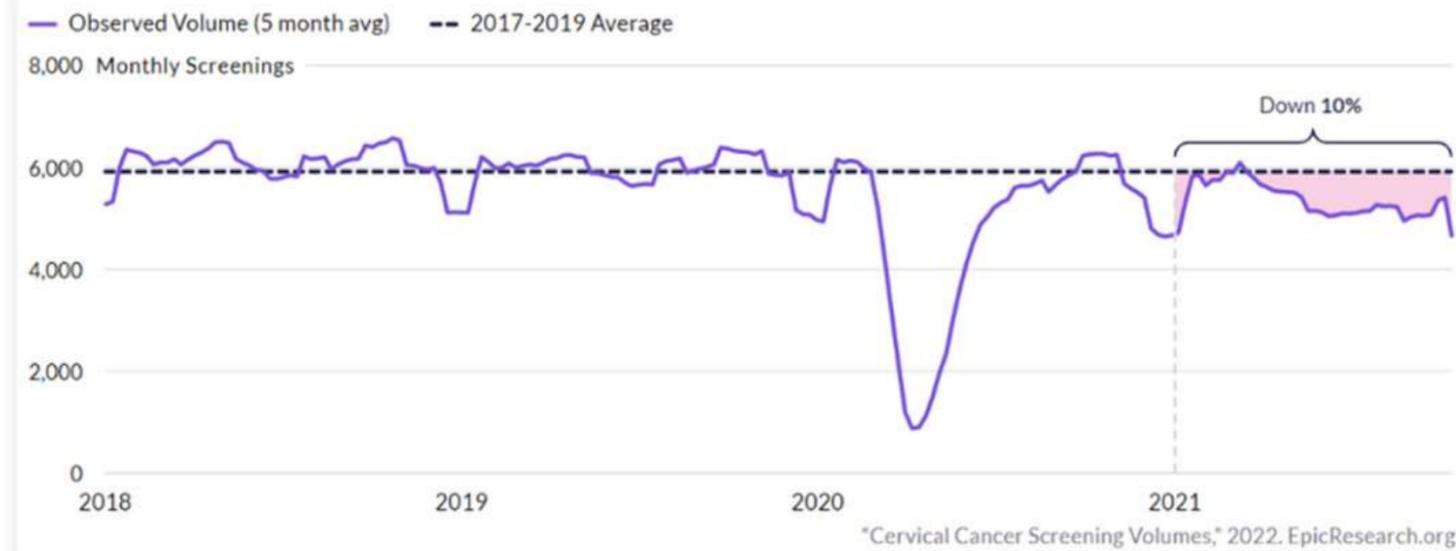
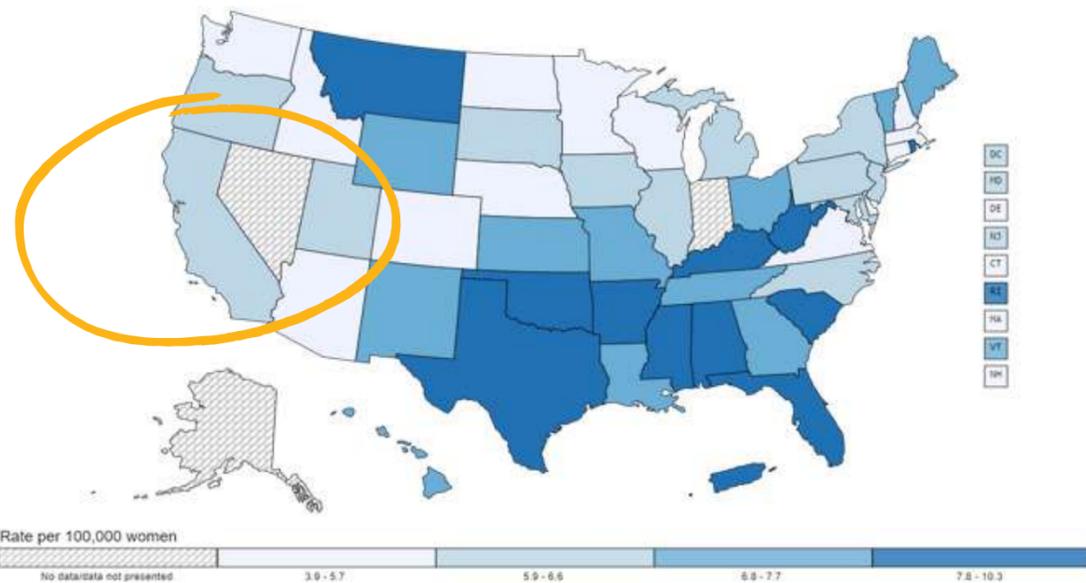


Figure 3. Cervical cancer screenings from January 2018 through October 2021, compared to the historical weekly average.

# CERVICAL CANCER IN CALIFORNIA

## Rate of New Cancers in the United States, 2020

*Cervix, All Ages, All Races and Ethnicities, Female*

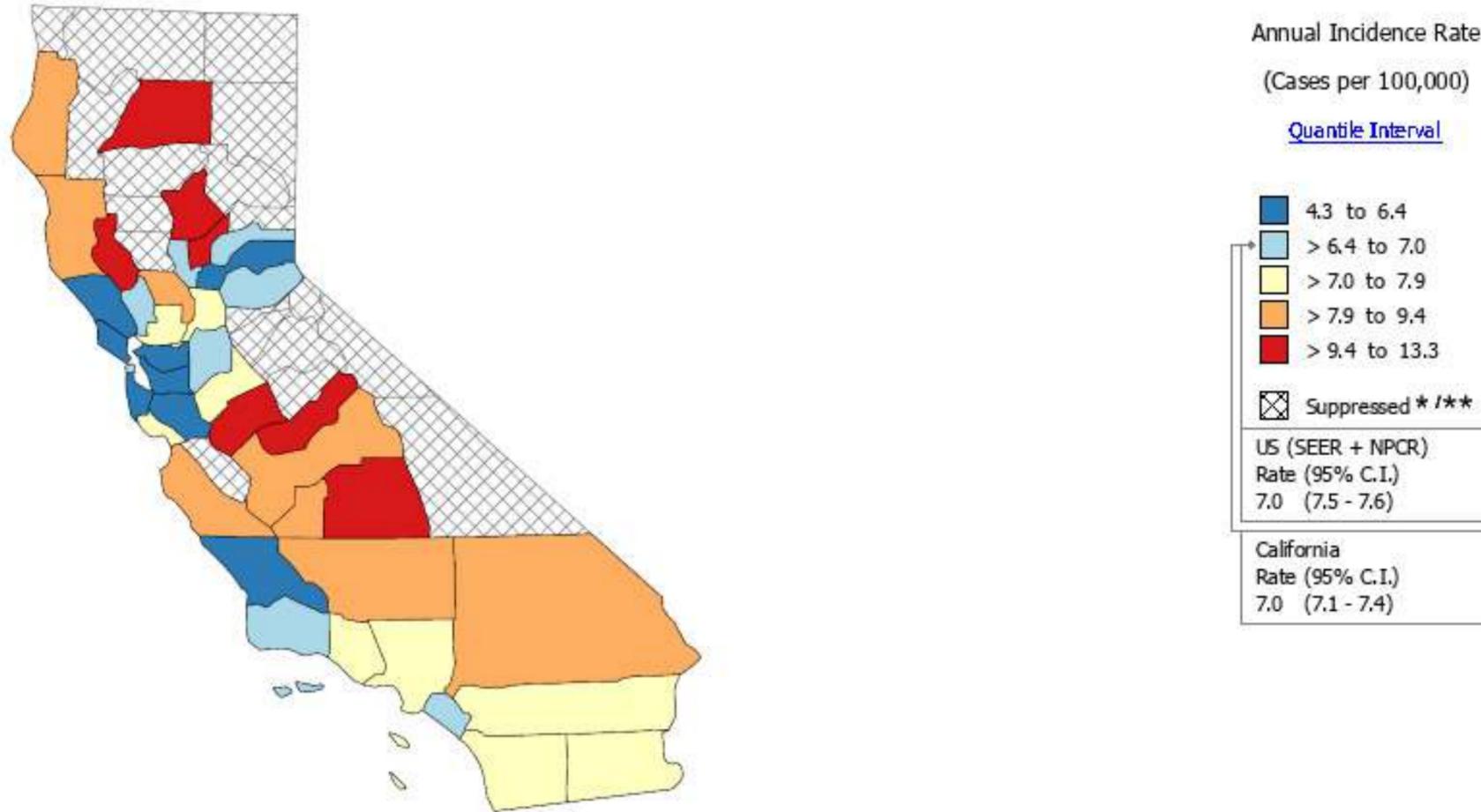


- California cervical cancer screening rate in past 3 years, ages 21-65, 2020 data: **78.47%**
  - Slightly above nat'l average, but still below goal
  - Average hides disparities across communities
- From 2000 to 2018 the percentage of cervical cancer cases diagnosed at a late-stage increased. In the most recent 10yr period, the proportion diagnosed late-stage remained high (52.6% to 57.9%) and relatively unchanged.
- Nearly **1 in 5 new cervical cancers** diagnosed from 2009-2018 were in women 65+ (*outside of screening*).
  - More of these women (71%) presented with late-stage disease than younger women (48%).
  - Suggests “women have not been adequately screened prior to the upper age cutoff [of 65].”

2020 BRFSS Survey Data

Maguire FB, Islam MM, Hofer BM, Movsisyan AS, Morris CR, Parikh-Patel A, Keegan THM, Wun T. Heat Maps: Trends in Late-Stage Diagnoses of Screen-Detectable Cancers in California Counties, 2000-2018. Sacramento, CA: California Cancer Reporting and Epidemiologic Surveillance Program, University of California Davis Comprehensive Cancer Center, University of California Davis, June 2021.

Incidence Rates<sup>†</sup> for California by County  
 Cervix, 2016 - 2020  
 All Races (includes Hispanic), Female, All Ages



# CERVICAL CANCER IN SAN DIEGO

## 2020 Statistics

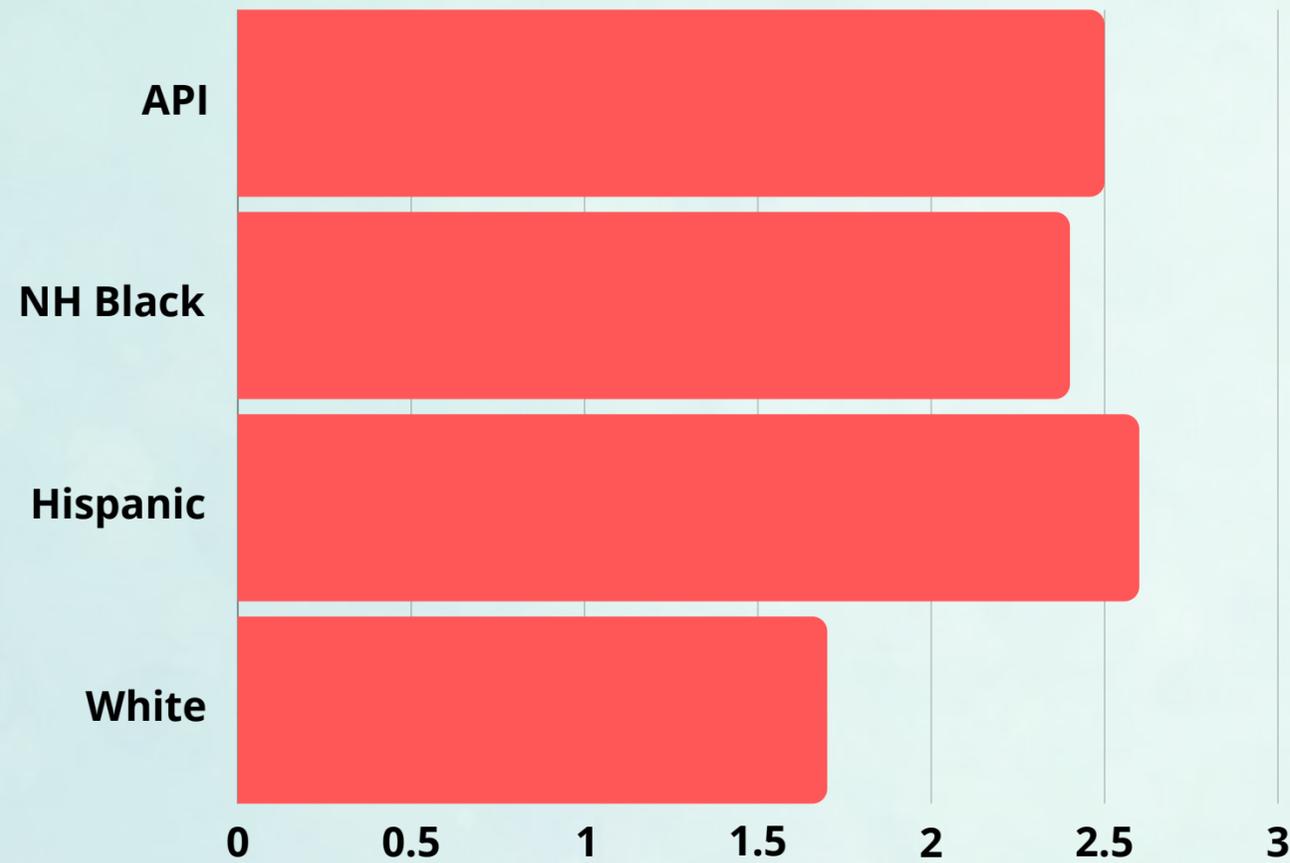
- 111 cases in 2020
- 38% of cases in Hispanic/Latine individuals
- 15% in Asian/Asian American individuals
- 74% of cases were in individuals aged 18-64; 26% were aged 65+

California Cancer Registry, California Department of Public Health. Maguire FB, Islam MM, Hofer BM, Movsisyan AS, Morris CR, Parikh-Patel A, Keegan THM, Wun T. Heat Maps: Trends in Late-Stage Diagnoses of Screen-Detectable Cancers in California Counties, 2000-2018. Sacramento, CA: California Cancer Reporting and Epidemiologic Surveillance Program, University of California Davis Comprehensive Cancer Center, University of California Davis, June 2021.

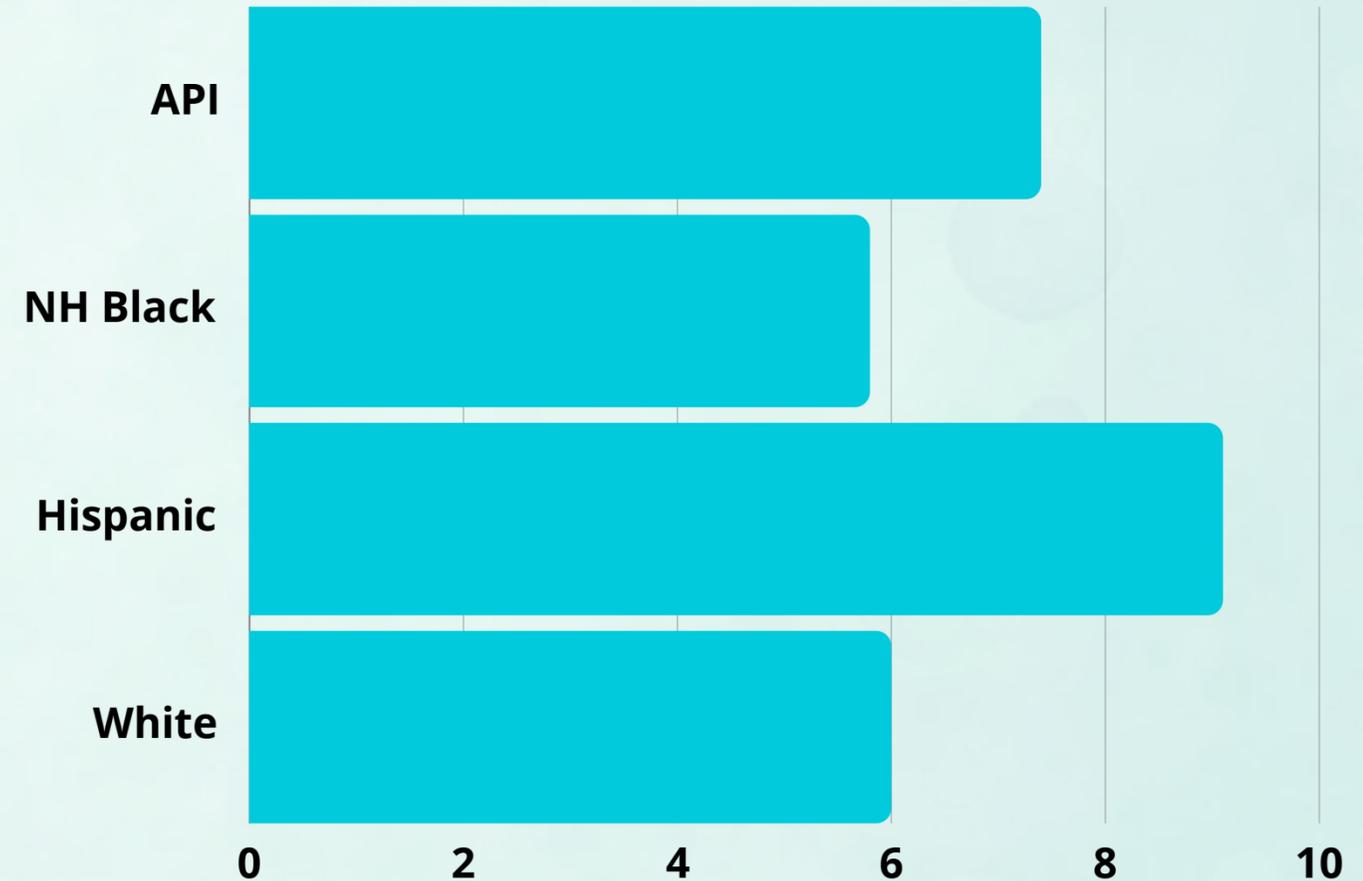
California County	American Indian / Alaska Native	Asian / Pacific Islander	Non-Hispanic Black	Hispanic	Non-Hispanic White
California County	Rate per 100,000	Rate per 100,000	Rate per 100,000	Rate per 100,000	Rate per 100,000
San Diego County	*a	7.8	7.1	9.0	6.1

# CERVICAL CANCER IN SAN DIEGO CONT.

CERVICAL CANCER MORTALITY IN SAN DIEGO COUNTY, RATE PER 100,000 INDIVIDUALS (2011-2020)



CERVICAL CANCER INCIDENCE IN SAN DIEGO COUNTY, RATE PER 100,000 INDIVIDUALS (2011-2020)



**\*\*** Although cases were not high enough to determine local incidence and mortality rates, national data shows American Indian and Alaska Natives are nearly *2x as likely to develop cervical cancer compared to white women* and *4x as likely to die from it* **\*\***

# OUR SAN DIEGO FQHC CERVICAL SCREENING RATES

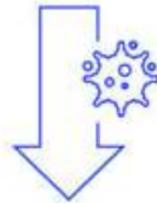
CC HRSA 2017	CC HRSA 2018	CC HRSA 2019	CC HRSA 2020	CC HRSA 2021	CC HRSA 2022
59.22%	57.59%	48.31%	36.47%	38.82%	49.95%
56.47%	62.70%	64.81%	64.12%	58.29%	59.91%
58.28%	57.44%	56.74%	51.96%	55.34%	55.99%
74.92%	66.25%	64.91%	56.00%	60.08%	56.18%
56.22%	63.69%	70.56%	51.39%	65.50%	67.17%
66.12%	74.85%	71.41%	65.70%	65.91%	61.97%
60.20%	63.51%	67.04%	61.48%	63.23%	64.14%
44.82%	48.65%	48.20%	55.69%	55.22%	63.57%
39.46%	38.10%	43.75%	51.04%	14.18%	43.62%
60.96%	62.57%	62.82%	67.00%	65.00%	65.20%
32.83%	32.04%	24.90%	20.08%	17.50%	15.99%
56.67%	62.58%	67.24%	56.94%	67.41%	70.00%
<b>55.51%</b>	<b>57.50%</b>	<b>57.56%</b>	<b>53.16%</b>	<b>52.21%</b>	<b>56.14%</b>

Cumulatively, screening rates for San Diego federally qualified health centers **increased 3.93%** from 2021 to 2022

# IMPROVING PREVENTION IN SAN DIEGO: HPV VACCINATION & SCREENING

## HPV vaccination is cervical cancer prevention

Cervical cancer incidence rates **dropped by 65%** from 2012 through 2019 in women age 20-24 years.

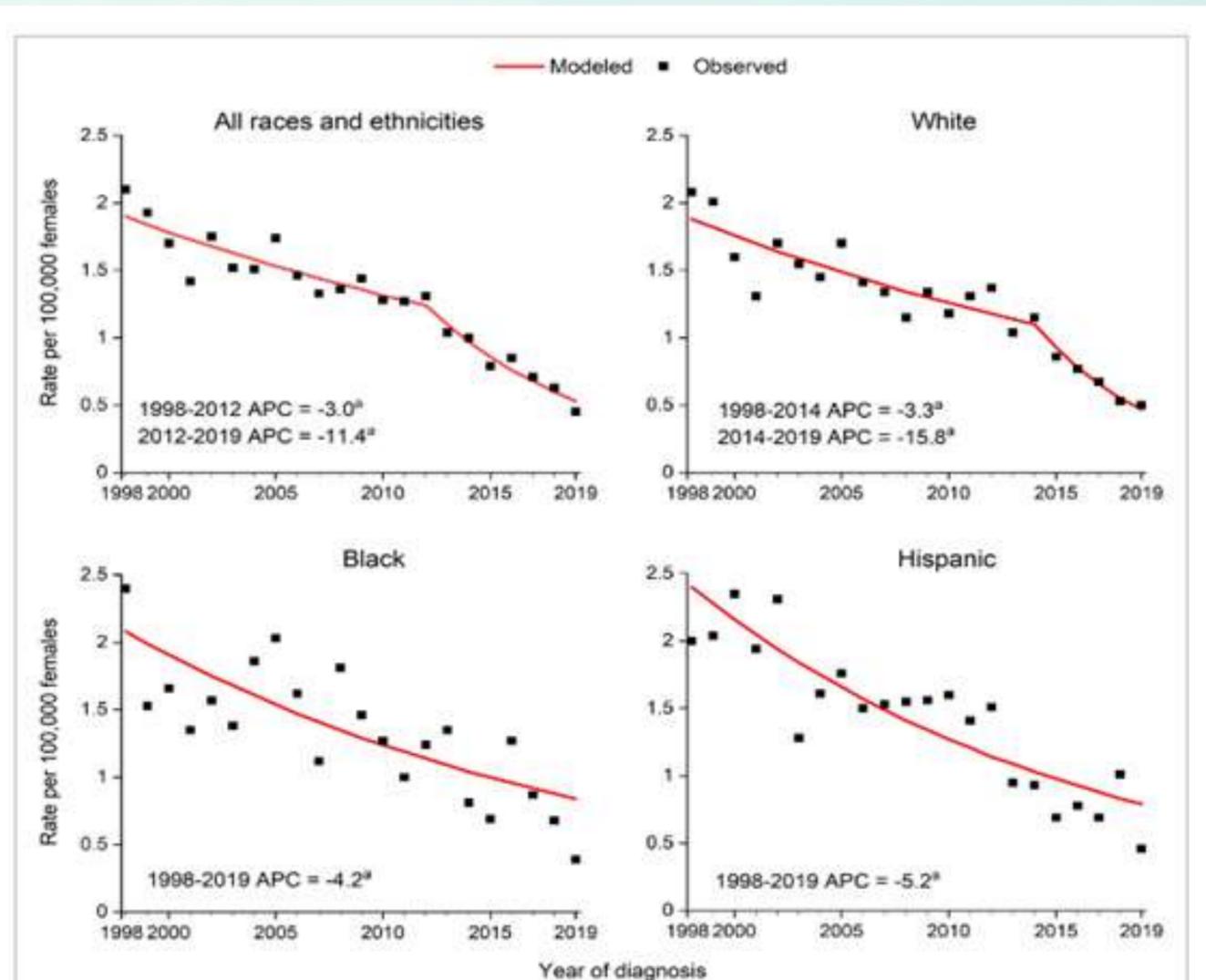


**This age group was the first to receive the HPV vaccine.**

This decline foreshadows steep reductions in HPV-associated cancers.



American Cancer Society. Cancer Facts & Figures 2023.



**Takeaway?** The HPV vaccine works – comprehensive vaccination of youth is cervical cancer prevention in the next generation, and catch-up vax/on time screening for older cohort not eligible for HPV vaccine

# FUTURE PROMISE

HEALTH

## HPV vaccine study finds zero cases of cervical cancer among women vaccinated before age 14



By [Annalisa Merelli](#) Jan. 25, 2024

[Reprints](#)



A nurse delivers a dose of the HPV vaccine at a college western France in October 2023.  
DAMIEN MEYER/AFP VIA GETTY IMAGES

## NCI Launches Network to Study Self-Collection for HPV Testing to Prevent Cervical Cancer

NCI Cervical Cancer 'Last Mile' Initiative SHIP Trial Network



SHIP Trial Clinical Enrollment Sites

SHIP Trial Coordinating Center

# CALL TO ACTION

Any person with a cervix is at risk for cervical cancer. But our richly diverse community of the SD border region is home to multiple, intersecting populations that face increased risk of cervical cancer

## Suggested Strategies

- Community Outreach via CHWs and Promotoras in the area
- Patient Navigation
- Provider Training/Telemonitoring
- **Accessible and free** health screenings

**01. Cervical cancer screening rates have not fully recovered from pandemic drops, increasing risk for under-screened women,**

- Without action, precancers & cancers will go undetected.

**02. Improving outreach & care delivery through quality improvement can improve screening uptake.**

- Team-wide, multi-level interventions are most comprehensive for improving screening delivery and managing abnormal results for all patients.

**03. Everyone has a role in making San Diego cervical cancer free!**

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# THANK YOU!

Margaux Stack-Babich, MPH  
mstackba@health.ucsd.edu

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# **SHELLY DUSIC, MA**

**American Cancer Society**

*A Year in Review: Kicking Off a National Cervical Cancer Roundtable*



# National Roundtable on Cervical Cancer

January 29, 2024

# Topics We Will Cover

1

## Overview

What is the ACS NRTCC and why is it important?

2

## Structure

How are we organized to accomplish our goals?

3

## Catalyzing Action

How do we advance our work and what specific projects/achievements exemplifies our work?

4

## Resources

What are a few of our signature resources and what's on the horizon for 2024/beyond?

5

## Working Together

How can you engage with the ACS National Roundtable?

# Overview

**What is the National Roundtable on Cervical Cancer and why is it critical to our mission at ACS?**



# ACS NRTCC Snapshot



**History:** The American Cancer Society National Roundtable on Cervical Cancer (ACS NRTCC) was established in October 2022.



**Mission:** We aim to reduce barriers to care, eliminate disparities, reduce harms, and promote new technologies that reduce both morbidity and mortality of cervical cancer for everyone.



**Membership:** The ACS NRTCC is a coalition of 50+ public, private, and voluntary organizations with expertise in cervical cancer support issues across the cancer continuum.



**Operations:** Work is conducted year-round by the Roundtable Steering Committee, six Priority Topic Workgroups, and Ad Hoc Committees as needed.



**Convening:** Each year the **ACS NRTCC Annual Meeting** addresses important topics, sets the agenda for the following year, and Steering Committee and Workgroups meet regularly throughout the year.

# ACS NRTCC Priority Areas

**Patient &  
Consumer  
Education**

**Clinician  
Education**

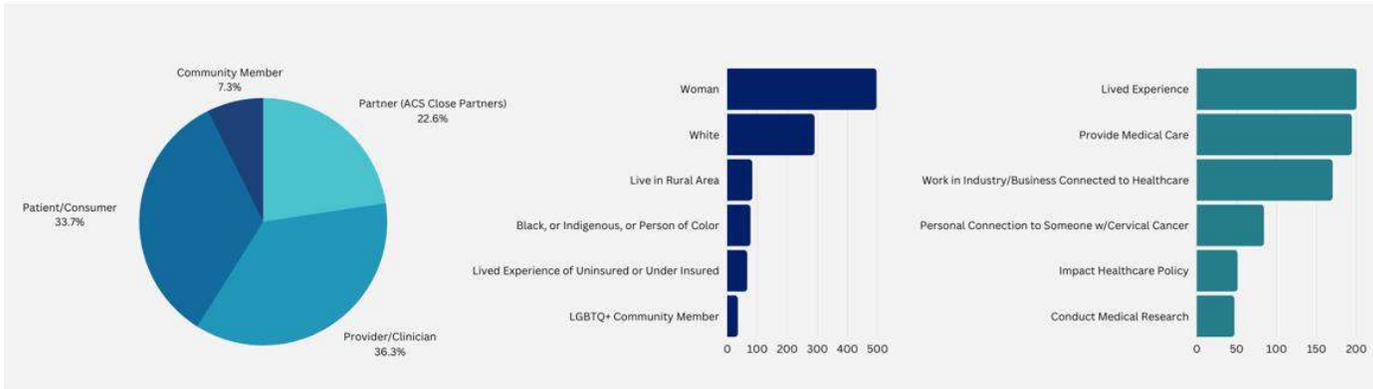
**Stigma**

**Prepping  
for Self-  
Collection**

**Access**

**Primary HPV  
Screening**

# Why these priorities?



## Identifying National (U.S.) Cervical Cancer Priorities

Authors: Shelly Dusic, MA | Scott Wheeler, MS | Debbie Saslow, PhD

**Patient/Consumer Education (51.62%)**

**Provider/Clinician Education (51.11%)**

**Stigma (46.51%)**

**Primary HPV/ Self-Sampling Prep (45.94%)**

**Access (44.44%)**

### Method

Qualitative data were collected using **33 key informant interviews...**

**7 focus groups** (19 participants) for consumers and advocates + **4 community conversation groups** (16 participants)...

Key **conversations with community specialists** with lived experiences...

**531 survey responses** (193 Providers/Clinicians, 179 Patients/Consumers, 120 ACS Partners, 39 Community Members)...

Using grounded theory, the data were analyzed and common themes were established.

Scan for data breakdown

(xx%) = Average percentage of total respondents who identified this topic as a priority.

# Structure

How are we organized to accomplish our goals?



# Our Structure

## Leadership

- Tri-Chairs
- Steering Committee

## Committees

- Resource Committee
- Membership Committee

## Workgroups

- Patient and Consumer Education
- Clinician Education
- Primary HPV Screening
- Self-Collection
- Access
- Stigma

## Ad Hoc

- Annual Meeting Planning
- Advisory Committees

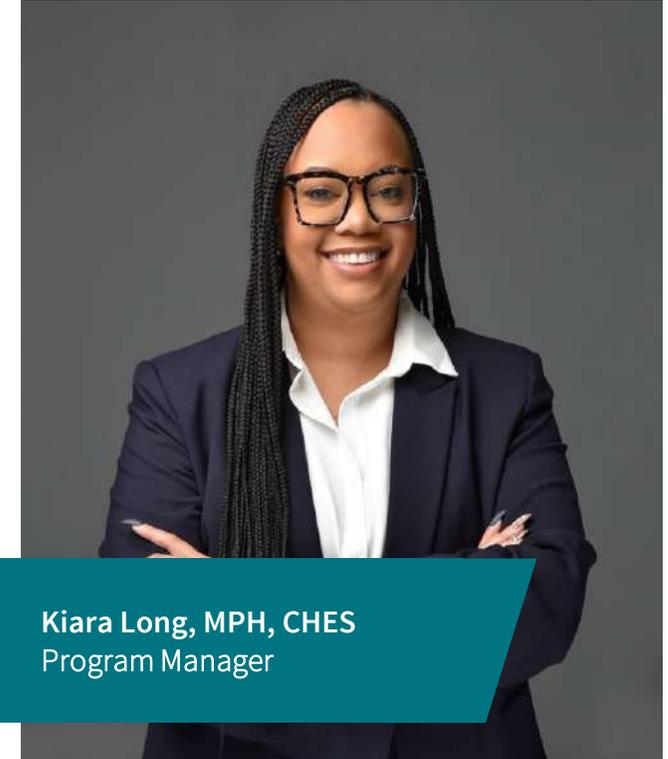
# ACS Team Leadership



**Shelly Dusic, MA**  
Director



**Courtnee VanOrd**  
Program Manager



**Kiara Long, MPH, CHES**  
Program Manager

# ACS National Roundtable on Cervical Cancer Chairs

Akiva Novetsky, MD



Debbie Saslow, PhD



Susan Vadaparampil, PhD



# Steering Committee



Deborah Arrindell



Bethany Berry, CNM



Camille Claire, MD



Brittany Davidson, MD



Tamika Felder



Francisco Garcia, MD



Electra Paskett,  
PhD



Rebecca Perkins, MD



Claudia L. Werner, MD



Amy Wiser, MD, FAFP,  
IBCLC



# Membership



Onboarded 56 member organizations



Engaged 26 volunteers in leadership positions

# Catalyzing Action

How do we work?



# Health Equity

- Cultivated DEI representation in leadership
- Achieved 100% of 2023 Health Equity Action Plan Goals
- Conducted a Health Equity session during National Meeting
- Adopted Land Acknowledgment for all in-person meetings

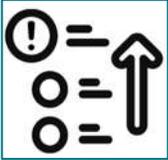
“ACS has centered equity as a foundational element as it steers our collective national journey toward cervical cancer elimination.”

## Francisco Garcia, MD

Deputy County Administrator & Chief  
Medical Officer, Pima County  
Professor Emeritus of Public Health,  
University of Arizona



# What can an ACS National Roundtable do?



Establish National Priorities  
for Cervical Cancer



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

# Establishing National Presence

- Published three peer reviewed articles
- Presented two posters at International Papillomavirus Conference
- Attended International Stigma Conference
- Presented at ASCCP
- Provided Roundtable/Survivor representation at ASCO
- Attended the Cervical Cancer Self-Collection Meeting hosted by BD
- Provided eight virtual presentations for partners and local organizations



# ACS NRTCC & ACS HPVRT 2023 Joint National Meeting

Atlanta, GA – October 17-19, 2023



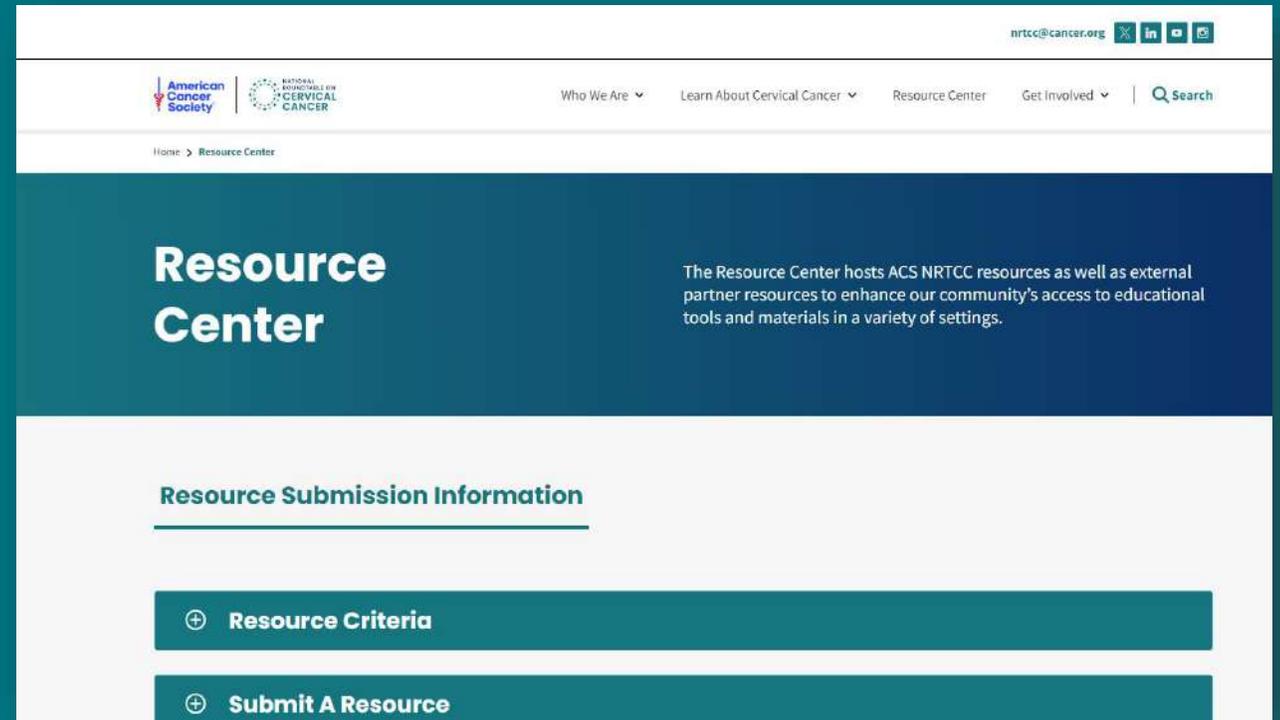
# Resources

**What past work is of interest, and what is on the horizon?**



# ACS NRTCC Website & Resource Center

The ACS NRTCC Website & Resource Center contains external partner resources to enhance our community's access to educational tools and materials in a variety of settings.



[cervicalroundtable.org/resource-center/](https://cervicalroundtable.org/resource-center/)

# Signature Resources

DOI: 10.1002/cncy.22733

## COMMENTARY

### Cervical cancer prevention in the United States—where we've been and where we're going: The American Cancer Society Primary HPV Screening Initiative

Ritu Nayar MD

Northwestern University Feinberg School of Medicine, Chicago, Illinois, USA

#### Correspondence

Ritu Nayar, Northwestern University Feinberg School of Medicine, and Northwestern Memorial Hospital, 251 East Huron Street, Galter 7-132 B, Chicago, IL 60611, USA.  
Email: r.nayar@northwestern.edu

#### KEYWORDS

ASCCP management guidelines, cervical cancer, cotesting, cytology, Enduring guidelines, elimination, HPV vaccine, human papillomavirus (HPV), implementation, prevention, primary HPV screening

Based on the Global Cancer Observatory 2020 estimates cervical cancer is the fourth most common cancer among women globally, with an estimated 604,000 new cases and 342,000 deaths, the vast majority of which occurred in low-income and middle-income countries.<sup>1</sup> In November 2020, the World Health Organization (WHO) launched a global strategy to accelerate the elimination of cervical cancer as a public health problem, underscoring that we have the technical, medical, and policy tools to eliminate this cancer. The key pillars of comprehensive cervical cancer control include primary prevention (human papillomavirus [HPV] vaccination), secondary prevention (screening for and treatment of precancerous lesions), and tertiary prevention (diagnosis and treatment of invasive cervical cancer). The WHO elimination campaign has the following targets, which countries should meet by 2030 in order to be on the path toward achieving the goal of an incidence rate of less than four cases per 100,000 women: 90% of girls fully vaccinated by age 15 years; 70% of women screened with a high-performance test by age 35 years and again by age 45 years; and 90% of women identified with cervical disease (precancer/cancer) receive treatment.<sup>2</sup>

Vaccination against HPV for adolescent females has been routinely recommended in the United States since 2006. Despite the lack of a school-based vaccination program and modest initial uptake, prevalence of the four-valent HPV vaccine-type infection (types 6,

11, 16, 18) during 2013–2016, compared to the prevaccine era, declined from 11.5% to 1.8% among females aged 14–19 years and from 18.5% to 5.3% among females aged 20–24 years.<sup>3,4</sup> In 2016, because of the vaccine's high immunogenicity, a two-dose schedule was approved, and Gardasil 9 (Merck and Company), a second-generation prophylactic vaccine with the potential to prevent 87% of cervical cancer, became the predominant vaccine distributed in the United States.<sup>5</sup> By 2021, adolescent coverage had increased to 76.9% for one or more dose(s) of HPV vaccine, and 61.7% were up to date. Nationally representative data have continued to show increasing impact of the vaccination program in the United States, both in lowering the prevalence of HPV-related cervical lesions and in providing herd immunity.<sup>6</sup> Recent data from Sweden showed that HPV vaccination was associated with a substantially reduced risk of invasive cervical cancer.<sup>7</sup> Exciting advancements are also underway with the development of therapeutic HPV vaccines.<sup>8</sup> Although innovations in primary prevention carry significant promise for the upcoming decades, changes in secondary prevention are needed to decrease HPV-related cancers in those who are not able to benefit from HPV vaccination.<sup>9</sup>

The focus of secondary prevention is to detect and treat cervical precancer with approaches that maximize benefits and minimize harms by providing equal management for those at equal risk of high-grade disease. Since the 1960s the Pap test has been instrumental in

Received: 10 April 2023 | Accepted: 13 April 2023  
DOI: 10.3322/caac.21786

## COMMENTARY

### Implementation in action: Collaborating on the transition to primary HPV screening for cervical cancer in the United States

Levi S. Downs Jr MD<sup>1</sup> | Ritu Nayar MD<sup>2</sup> | Jane Gerndt MPH<sup>3</sup> | Debbie Saslow PhD<sup>3</sup> | for the American Cancer Society Primary HPV Screening Initiative Steering Committee

<sup>1</sup>Park Nicollet Health Services, Minneapolis, Minnesota, USA

<sup>2</sup>Northwestern University, Feinberg School of Medicine, Chicago, Illinois, USA

<sup>3</sup>American Cancer Society, Atlanta, Georgia, USA

#### Correspondence

Jane Gerndt, Cervical Cancer Screening, American Cancer Society, 3380 Chastain Meadows Parkway NW, Suite 200, Kennesaw, Georgia, 30144, USA.  
Email: jane.gerndt@acs.org

#### KEYWORDS

cervical neoplasms, cytopathology or cytotechnology, gynecologic oncology, obstetrics and gynecology, prevention

In July 2020, the American Cancer Society (ACS) released an updated cervical cancer screening guideline calling for primary human papillomavirus (HPV) screening as the preferred strategy.<sup>1</sup> Primary HPV screening refers to cervical cancer screening with an HPV test alone as the initial screening modality. Under this strategy, cervical cytology is reserved for use as one option for a triage test should the HPV test result be positive. The scientific data supporting this recommendation have been reviewed both in the United States and in other countries that have transitioned to primary HPV screening.<sup>2,3</sup>

The Primary HPV Screening Initiative (PHSI), nested under the ACS National Roundtable on Cervical Cancer, is a national consortium supported by the ACS that convenes key partners and experts on six workgroups and a Steering Committee charged with identifying critical barriers and opportunities for transitioning to primary HPV screening. The workgroups engage approximately 100

volunteers who began their activities in the fall of 2021. Workgroup members are multiprofessional and include leaders in health care policy, health care delivery, and patient care as well as patient advocates. The project is overseen by a Steering Committee (Figure 1) made up of the co-chairs of each of the six workgroups and other experts identified for their leadership in the areas of cervical cancer screening and health care policy. The final deliverable is an implementation report (roadmap), complete with tools and recommendations to support health systems, laboratories, providers, patients, and payors as they make this transition.

The Provider Needs Workgroup is developing resources in a variety of formats both to educate providers and to help them educate their patients about the benefits and safety of primary HPV screening. The deliverables include tools to aid in the management of patients with abnormal screening results. Success will be defined by change in provider behavior and will depend in large part on the degree to

This commentary was authored by Levi S. Downs Jr, Ritu Nayar, Jane Gerndt, and Debbie Saslow on behalf of the following additional Primary HPV Screening Initiative Steering Committee members: Dilarah Arinola (American Sexual Health Association); Sarah Feldman, MD, MPH (Harvard Medical School, Brigham and Women's Hospital, Dana-Farber Cancer Institute); Eduardo L. Franco, MPH, DrPH, PhD (Icahn School of Medicine at Mount Sinai); Frances Garcia, MD, MPH (Penn State); Ellen Lind, MD, PhD, CRNP (Dana-Farber Cancer Institute); Thomas S. Lavey, MD (Kaiser Permanente); Kelly L. MacLaughlin, MD (Mayo Clinic); Jenna Z. Marcus, MD (Northwestern University Feinberg School of Medicine); Alisa P. Novotny, MD, MS (Westchester Medical Center); Rebecca B. Perkins, MD (Boston University School of Medicine, Boston Medical Center); Mona Saraya, MD, MPH (Division of Cancer Prevention and Control, Centers for Disease Control and Prevention); Lisa Satterfield, MS, MPH (American College of Obstetrics and Gynecologists); Robert A. Smith, PhD (American Cancer Society); Alan G. Waxman, MD, MPH (University of New Mexico); and Nicola Wentmann, MD, PhD, MS (Baylor National Cancer Institute).

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CA Cancer J Clin. 2023;1-4.

wileyonlinelibrary.com/journal/caac | 1

DOI: 10.1002/cncr.38899

## COMMENTARY

### The time has come to implement primary human papillomavirus screening for cervical cancer in the United States

Eduardo L. Franco DrPH<sup>1</sup> | on behalf of the American Cancer Society's Primary HPV Screening Initiative

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#### KEYWORDS

cervical cancer, commentary, human papillomavirus (HPV), implementation, primary human papillomavirus screening, screening

"There is nothing more powerful than an idea whose time has come," a statement credited to Victor Hugo, is a fitting opening for this commentary. Decades of robust clinical, epidemiologic, and fundamental research have paved the way to the present opportunity for changing the paradigm of cervical cancer screening by replacing the 95-year-old Papanicolaou (Pap) test with molecular screening for human papillomavirus (HPV), the causative agent of this disease. For the American Cancer Society (ACS), this moment has unequivocally arrived for the United States but will require broad knowledge mobilization and addressing logistical barriers to engage the public and health providers. For this reason, the ACS launched the Primary HPV Screening Initiative (PHSI), a national consortium nested under the ACS National Roundtable on Cervical Cancer, to create a comprehensive implementation plan with recommendations and tools to support the transition to primary HPV screening in the United States over the coming years, as described in the ACS Cervical Cancer Screening Guideline (2020).<sup>1</sup> Despite the overwhelming evidence for primary HPV screening, science alone is

not sufficient for the paradigm change to occur.<sup>2</sup> Although necessary, the scientific understanding must go hand-in-hand with knowledge dissemination and education of all actors along the value chain of cervical cancer prevention, including those being screened and their families. The ACS PHSI has convened the following workgroups to support the transition: (1) moving from cytology alone, (2) insurance coverage/payers, (3) information technology and electronic health record optimization, (4) laboratory infrastructure, (5) patient perceptions, and (6) provider needs. These workgroups report to and receive guidance from a steering committee.

How did we get to this point? The ACS and its forerunner organizations have been at the forefront of cervical cancer prevention advocating for Pap tests since the late 1940s.<sup>3</sup> The ACS has been instrumental in promoting this screening technique as an integral component of primary health care in the United States and internationally. Its guidelines evolved with the science, first recommending annual Pap tests—as a slogan for saving women's

Eduardo L. Franco authored this commentary on behalf of the Primary HPV Screening Initiative Steering Committee members. The Steering Committee members and staff who are listed as collaborators in this effort are as follows: Shoshit Arinola (American Sexual Health Association); Sarah Feldman, MD, MPH (Harvard Medical School, Brigham and Women's Hospital, Dana-Farber Cancer Institute); Eduardo L. Franco, MPH, DrPH, PhD (Icahn School of Medicine at Mount Sinai); Frances Garcia, MD, MPH (Penn State); Ellen Lind, MD, PhD, CRNP (Dana-Farber Cancer Institute); Thomas S. Lavey, MD (Kaiser Permanente); Kelly L. MacLaughlin, MD (Mayo Clinic); Jenna Z. Marcus, MD (Northwestern University Feinberg School of Medicine); Ritu Nayar, MD (Northwestern University Feinberg School of Medicine); Alisa P. Novotny, MD, MS (Westchester Medical Center); Rebecca B. Perkins, MD (Boston University School of Medicine, Boston Medical Center); Mona Saraya, MD, MPH (Division of Cancer Prevention and Control, Centers for Disease Control and Prevention); Lisa Satterfield, MS, MPH (American College of Obstetrics and Gynecologists); Robert A. Smith, PhD (American Cancer Society); Alan G. Waxman, MD, MPH (University of New Mexico); Nicola Wentmann, MD, PhD, MS (Baylor National Cancer Institute); Jane Gerndt, MPH (American Cancer Society); and Debbie Saslow, PhD (American Cancer Society).

[Correction added on 21 June 2023, after first online publication: Ritu Nayar has been added to the Steering Committee members list.]

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# Working Together

What can the ACS NRTCC do for you?



# Getting Involved

-  Membership
-  National Meetings & Webinars
-  Resource Center & Resources
-  Newsletters & Social Media
-  Other Activities Related to Workgroups

# Membership

The ACS NRTCC is a coalition of public, private, and voluntary organizations with expertise in cervical cancer support issues across the cancer continuum.



Not pictured:

- Cancer Support Community
- Labcorp
- National Association of Community Health Centers, Inc. (NACHC)
- National Association of Community Health Workers
- National Cervical Cancer Coalition (NCCC)
- National Council of Chief Clinical Consultants for Indian Health Services
- National Rural Health Association (NRHA)
- SGO/Foundation for Women's Cancer

# What else is arriving in 2024 and beyond?

- 1:1 Coffee Chats with member organizations to increase engagement
- Primary HPV and Self-Collection Summit
- ACS NRTCC/ACS HPVRT Elimination Workgroup Kick-Off Event
- Virtual National Meeting  
**\*Public Session August 22nd, Noon-4PM EST\***
- Webinars
- Promote Survivor Stories/ Change the Culture of Cervical Cancer Survivorship



# ACS NRTCC Webinars

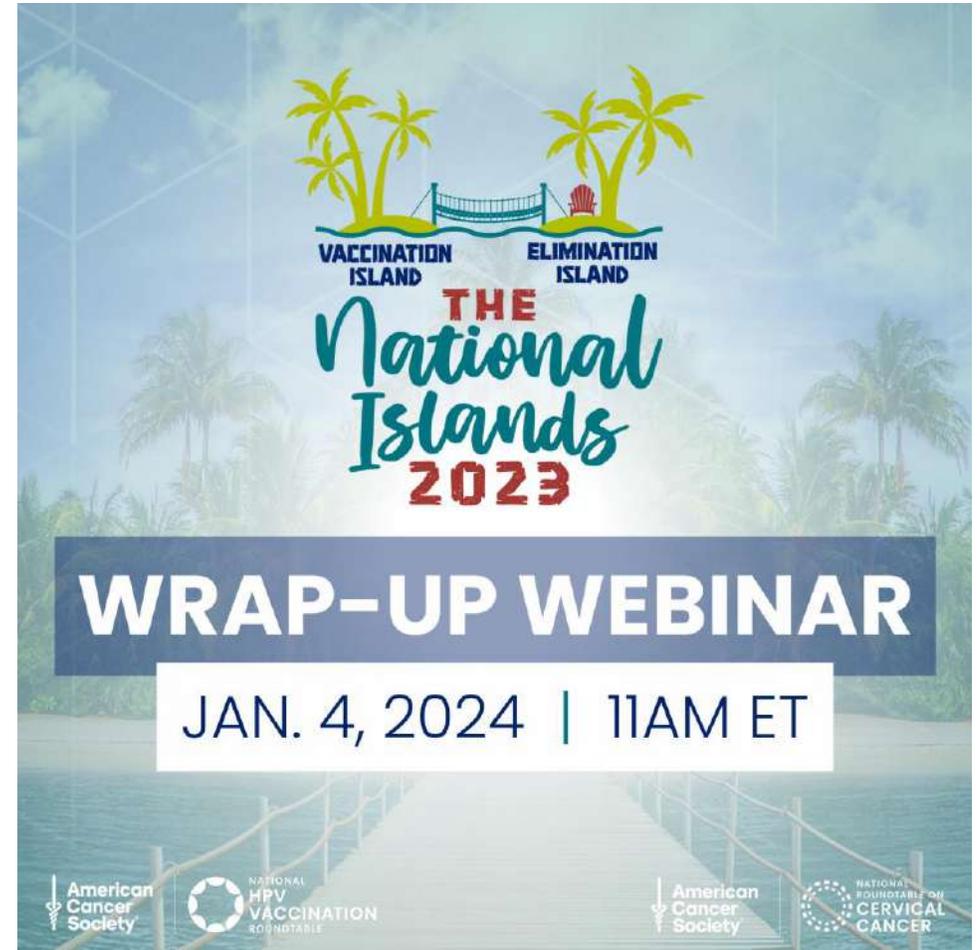
Webinars are held throughout the year.

Past webinars are available in the Resource Center and on our YouTube channel.

[cervicalroundtable.org/resource-center/](https://cervicalroundtable.org/resource-center/)



@cervicalrt



# ACS Resource Center

Do you have a Evidence Based Intervention or national-level resource to share?

Submit your resource to be considered for inclusion in our resource center.

- [Submit resources on our Webpage](#)

## Resource Center

### Resource Submission Information

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⊕ Resource Criteria

⊖ **Submit A Resource**

# 2024 ACS NRTCC Virtual National Meeting

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This year's meeting will be virtual.

**August 22, 2024**  
**12:00pm – 4:00pm EST**

*\*Open to the public.*



# ACS NRTCC Channels

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Roundtable on  
Cervical Cancer



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Bookmark the ACS  
NRTCC Website

[cervicalroundtable.org](https://cervicalroundtable.org)



# MODERATED PANEL

*Raise your hand or feel free to drop your questions in the zoom chat!*



**Margaux Stack-Babich, MPH**

UC San Diego Moores Cancer Center, Community Outreach & Engagement



**Shelly Dusic, MA**

American Cancer Society



# ELENA CHAVARRIA

## Neighborhood Healthcare

*Local Case Study: Steps to Improve  
Cervical Cancer Screening*

# Cervical Cancer Awareness Summit

Elena Chavarria, Director of Women's Health  
Program

January 29, 2024



## Mission

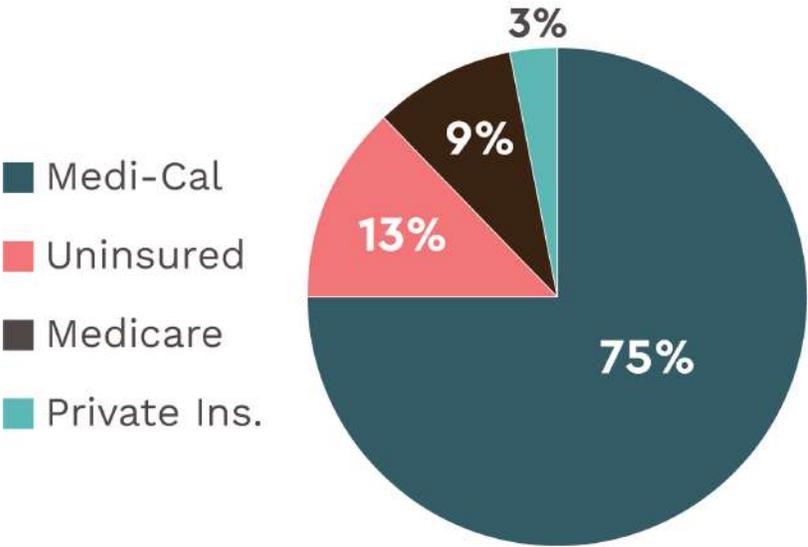
To improve the health and happiness of the communities we serve by providing quality care to all, regardless of situation or circumstance.

neighborhood



# Neighborhood Patients

- Cultural & ethnic diverse communities
  - 64% Racial and/or ethnic minority
  - 40% Language other than English
- Low-income\*
  - 94% of Neighborhood's patients



\*At or below 200% of the Federal Poverty Level



# By The Numbers

Number of visits  
2022

# 436,183

Patients: 87,250

Women: 27,328 (San Diego County)

# Patient Centered Medical Home



Primary & Preventative



Dentistry



Chiropractic



Pediatrics



Pharmacy & Lab Testing



Acupuncture



Seniors



Behavioral Health

- Counseling & Therapy
- Psychiatry
- Drug & Alcohol Treatment



Podiatry



Women's Health

- Family Planning
- Prenatal

# Accelerating Cancer Screening (AxCS) Grant

Goal: To increase equitable access to cancer screening and referral for care and treatment by enhancing patient education, case management, outreach, and other enabling services.

- Partnered with UCSD Moores Cancer Center
  - Support staff training for Clinicians, MA's, CA Navigators (cervical cancer landscape, community assessments, clinical guidelines, and effective patient communication).
  - Collaboration on developing and building a bi-directional patient referral system.
  - Support to improve protocols and quality improvement.
- Cancer Navigators
  - Part of a multidisciplinary team to help improve efforts for early intervention.
  - Educating patients on the benefits of screening and following post-screening treatment.
  - Providing culturally sensitive education, understanding, and open communication.
  - Addressing SDOH and providing resources or linkage to care.
- Increase community outreach
  - Geofencing and utilizing social platforms and internal messaging in multiple languages. Promoting cancer screening awareness.
  - Leverage partnerships to attend events. Promote access to free/low-cost services in the communities we serve.

# What we have accomplished:

- Neighborhood added 855 female patients ages 21-76.
- 103 new patients had completed PAP screening.
- 5,240 women received PAP screening, 985 more than the 12 months prior.
- Neighborhood held 17 mobile mammogram events, 12 in El Cajon and five in North County.
- 177 women received mobile mammograms in East County, plus 124 in North County.
- 4,596 women aged 50-76 received mammograms, 598 more than the 12 months prior.
- Neighborhood has participated in 27 outreach events and hosted three women's health fairs. At all events, the team promoted breast and cervical cancer prevention .
- Improved access to Colposcopy clinics across all regions (East/SD/Riverside)
- Embedded a full-time WH LVN to track abnormal results and improve full circle surveillance.
- Updated cervical cancer policy to decrease gap in care due to non-compliance.
- Launched AI tools to support and improve the tracking process.

# Outreach Efforts through CA Navigators

- Measurements
  - Mammograms
  - PAP tests

Outreach Efforts 11/2022 – December 2023

Measure Name	# Called	# Scheduled	# CHK	% CHK	# Completed	% Completed
Breast Cancer Screening	9,127	1,415	674	47.63%	76	11.28%
Cervical Cancer Screening	12,892	2,484	927	37.32%	548	59.12%

# Current Screening Rates

## Cervical Cancer



## Breast Cancer



16855

NUM

23699

DEN

7478

NUM

11394

DEN



## What we have learned:

- Transportation barriers
- Schedule conflicts
- Social determinants of health (food, childcare)
- Fear or anxiety about exams (confusion)
- Not understanding individual risk (not priority)
- Comfort- Male vs female clinician preference

## Conclusions:

Arrange transportation.

Offer extended hours or other locations.

Address barriers and explore resources and linkage to care.

Build trust to understand better.

Clarify and personalize risk.

Make accommodations

Answer and ask questions!

# Neighborhood Women's Cancer Prevention Program

- Neighborhood has introduced Patient Navigators to help educate patients on the benefits of screening and to guide them through the screening process and post-screening treatment.
- We are committed to training Women's Health clinicians and support staff to optimize communication to improve patient education, experience, and compliance rates.
- Create visibility to promote breast and cervical cancer awareness through community outreach events.
- Maintain a minimum of 24 breast cancer screening events annually.
- Maintain a minimum of 8 after-hours PAP screening clinics annually.
- We have established goals that align with the US Department of Health and Human Services Healthy People 2030 compliance objectives for Breast and Cervical Cancer screening rates.
  - 79.2% Cervical Screening and 80.3% Breast Cancer Screening by January 2027.



Improve overall women's health and cancer screening performance for Neighborhood patients through increased awareness, improved access, and reduced barriers to care.



neighborhood



**better together**

[nhcare.org](https://nhcare.org)



**SHANNON SADOUDI,  
MSN, RN, PHN &  
KARLA TICKES, MPH**

**Every Woman Counts**

*Spotlight on Screening & Treatment  
Access*

# CLOSING REMARKS

*and next steps!*

## ● CERVICAL CANCER QUALITY IMPROVEMENT LEARNING COLLABORATIVE

- This **collaborative meets quarterly** to discuss action steps and best practices for eliminating the cervical cancer in our San Diego community

## ● EVALUATION

- Have feedback on this summit? Let us know here: [tinyurl.com/2024ccamfeedback](https://tinyurl.com/2024ccamfeedback)

## ● CANCER EDUCATION 101

- Be sure to reach out to COE at [mcccoe@health.ucsd.edu](mailto:mcccoe@health.ucsd.edu) for any presentation or educational needs!

*Sign up for our  
Cervical Cancer  
Quality Improvement  
Learning  
Collaborative!*



# THANK YOU

*Summit slides, recording and resources coming soon!*

