CERVICAL CANCER AWARENESS SUMMIT

January 29th, 2024
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
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
Please take a second to introduce yourself in the chat!

SUMMIT REMINDERS

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!
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 in Burden in Our Community
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

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

https://progressreport.cancer.gov/detection/cervical_cancer
2020 BRFSS Survey Data
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].”
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.
**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**
Cumulatively, screening rates for San Diego federally qualified health centers increased 3.93% from 2021 to 2022.
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

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

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### 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!
THANK YOU!
Margaux Stack-Babich, MPH
mstackba@health.ucsd.edu
SHELLY DUSIC, MA
American Cancer Society
A Year in Review: Kicking Off a National Cervical Cancer Roundtable
Topics We Will Cover

Overview
What is the ACS NRTCC and why is it important?

Structure
How are we organized to accomplish our goals?

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

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

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?

- **33** Key Informant Interviews
- **7** Focus Groups (19 participants)
- **4** Community Conversation Groups (18 participants)
- **531** Survey Responses

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

Authors: Shelly Eustis, MA | Scott Wheeler, MS | Debbie Saxton, PhD

**Method**

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

- 7 focus groups (30 participants) for consumers and advocates, 4 community conversation groups (16 participants)...
- Key conversations with community specialists with lived experiences...

**Stigma (46.51%)**

- 531 survey responses (503 providers/clinicians, 179 patients/caregivers, 120 ACS partners, 39 community members)...

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

**Access (44.44%)**

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

Keywords: cervical cancer prevention, cervical cancer screening, primary HPV screening, prevention, HPV counseling, Papanicolaou (Pap) test screening

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

Levi S. Dowers Jr MD1, Ritu Nayar MD, Jane Gerard MPH1, Debbie Sadow MD2 for the American Cancer Society Primary HPV Screening Initiative Steering Committee

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

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

Eduardo L. Franco PhD3 on behalf of the American Cancer Society’s Primary HPV Screening Initiative

Division of Cancer Epidemiology, MD Anderson School of Public Health, University of Texas, Houston, Texas, USA

Keywords: cervical cancer, human papillomavirus (HPV), implementation, human papillomavirus screening, prevention

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Signature Resources
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/

@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
This year’s meeting will be virtual.

August 22, 2024
12:00pm – 4:00pm EST

*Open to the public.*
ACS NRTCC Channels

Subscribe to our Newsletter
Sign up on cervicalroundtable.org

Follow and Share our Socials
@cervicalRT
@cervicalRT
@American Cancer Society National Roundtable on Cervical Cancer
@cervicalrt

Bookmark the ACS NRTCC Website
cervicalroundtable.org

@cervicalRT
@cervicalRT
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 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

Patients: 87,250
Women: 27,328 (San Diego County)

Number of visits 2022

436,183
Patient Centered Medical Home

- **Primary & Preventative**
- **Pediatrics**
- **Seniors**
- **Women’s Health**
  - Family Planning
  - Prenatal
- **Dentistry**
- **Pharmacy & Lab Testing**
- **Behavioral Health**
  - Counseling & Therapy
  - Psychiatry
  - Drug & Alcohol Treatment
- **Chiropractic**
- **Acupuncture**
- **Podiatry**

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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

<table>
<thead>
<tr>
<th>Measure Name</th>
<th># Called</th>
<th># Scheduled</th>
<th># CHK</th>
<th>% CHK</th>
<th># Completed</th>
<th>% Completed</th>
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<tbody>
<tr>
<td>Breast Cancer Screening</td>
<td>9,127</td>
<td>1,415</td>
<td>674</td>
<td>47.63%</td>
<td>76</td>
<td>11.28%</td>
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<tr>
<td>Cervical Cancer Screening</td>
<td>12,892</td>
<td>2,484</td>
<td>927</td>
<td>37.32%</td>
<td>548</td>
<td>59.12%</td>
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</table>
Current Screening Rates

Cervical Cancer

<table>
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<th>Year</th>
<th>2022</th>
<th>2023</th>
<th>2024</th>
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</thead>
<tbody>
<tr>
<td>Rate</td>
<td>64.0%</td>
<td>69.6%</td>
<td>70.0%</td>
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</table>

Breast Cancer

<table>
<thead>
<tr>
<th>Year</th>
<th>2022</th>
<th>2023</th>
<th>2024</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rate</td>
<td>57.7%</td>
<td>63.0%</td>
<td>64.5%</td>
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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.
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

CANCER EDUCATION 101
- Be sure to reach out to COE at mcccoe@health.ucsd.edu for any presentation or educational needs!
THANK YOU

Summit slides, recording and resources coming soon!