New Resources to Improve Cervical Cancer Prevention, Screening, and Management Webinar
June 29, 2023, 1:00-2:00 PM EST
Transcript

Helenka Ostrum: Good afternoon everyone. Thank you for joining today's webinar, new resources to improve cervical cancer prevention, screening, and management.

Helenka Ostrum: My name is Helenka Ostrum, and I am a public health analyst with the HRSA Office of Women's Health. Please take a moment to introduce yourself in the chat with your name and organization, and where you are calling in from. I will now turn it over to Jessica Tytel, the Deputy director of the HRSA office of Women's health.

Jessica Tytel: Thank you so much, Helenka, and good afternoon, and welcome everyone to today's event on new resources to improve cervical cancer prevention, screening, and management.

Jessica Tytel: This webinar is being co-hosted by my office, the Health Resources and Services Administration Office of Women's Health or OWH and the National Institutes of Health National Cancer Institute or NCI.

Jessica Tytel: This webinar is part of the HRSA Office of Women's Health Leadership Series, which features public health experts, including HRSA Grantees and stakeholders, spotlighting emerging issues and Innovations in women's health across the lifespan next slide please.

Jessica Tytel: During today's event, you will hear updates from HRSA and NCI on recent activities related to cervical cancer prevention screening and management.

Jessica Tytel: We will start with a cervical cancer prevention landscape update, followed by an update on a recent survey of partnerships between safety net settings of care and NCI designated cancer centers.

Jessica Tytel: We will then offer an overview of 2 exciting new resources from the Federal Cervical Cancer Collaborative or FCCC.

Jessica Tytel: We set aside a few minutes for questions at the end.

Jessica Tytel: So please use the chat box to enter any questions throughout today's presentation.

Jessica Tytel: A recording of the webinar and Transcript will be made available on our website after the event.

Jessica Tytel: Thank you. Before we get started with today's speakers, I wanted to briefly share a bit about our agency for those of you who may be unfamiliar with our work.

Jessica Tytel: The health resources and services, Administration or HRSA is a component of the US Department of Health and Human Services. We support a broad range of over 90 programs to provide health care to people who are geographically isolated and economically or medically vulnerable.

Jessica Tytel: Every year HRSA programs support tens of millions of people, including those with low incomes, people with HIV pregnant people, children, parents, rural communities, transplant patients and other communities in need as well as the health workforce health systems and facilities that care for them.

Jessica Tytel: Within HRSA, my office the Office of Women's health leads and promotes innovative sex and gender responsive public health approaches.

Jessica Tytel: We are a part of a network of women's health offices throughout the Department of Health and Human Services, and we work together with our colleagues to improve the health, wellness, and safety of women across the lifespan.

Jessica Tytel: Since 2021 HRSA and our Federal partners have co-sponsored the Federal Cervical Cancer Collaborative or the FCCC.

Jessica Tytel: This collaborative bridges the federal priorities of cancer research at the NCI and health care delivery by HRSA supported, and safety net settings of care.

Jessica Tytel: The FCCC is an offshoot of the Biden Harris Administration's cancer, moonshot which aims to accelerate cancer research to make more therapies available to more patients while also improving the ability to prevent cancer and detect it at an early stage.

Jessica Tytel: The FCCC aims to realize the outcomes of the cancer in safety net settings of care.

Jessica Tytel: Our partners in this effort include the HRSA Office of Intergovernmental and External Affairs, and NCI.

Jessica Tytel: The NIH office of research on Women's Health.

Jessica Tytel: The HHS Office of Population Affairs in the office of the Assistant Secretary for Health.

Jessica Tytel: The Centers for Medicare and Medicaid services, or CMS.

Jessica Tytel: And the CDC Office of Cancer Prevention and Control.

Jessica Tytel: The FCCC is just one way in which HRSA is supporting the goals of the cancer moonshot to close the cancer screening gap and decrease the impact of preventable cancers.

Jessica Tytel: Last year, President Biden reignited the cancer moonshot and sent new national goals to cut the death rate from cancer by at least 50% over the next 25 years and improve the experience of people and their families living with and surviving cancer on the recent anniversary of the cancer moonshot.

Jessica Tytel: HRSA invested nearly 11 million dollars in 22 horses, funded health centers to improve access to life-saving cancer screenings and early detection services for underserved communities.

Jessica Tytel: As part of its ongoing work. Last year the FCCC

Jessica Tytel: Hosted a roundtable series focused on providers that included discussion of provider engagement and new guidelines, technical assistance, Federal coordination, and evidence-based innovations, such as self-collection for HPV.

Jessica Tytel: This series led to the development of a Federal Opportunities report and a provider toolkit which we look forward to sharing with you today.

Jessica Tytel: I want to thank you again for your participation in today's event.

Jessica Tytel: I will now turn it back to Helenka to introduce our next speaker.

Helenka Ostrum: Thank you. It's my honor to introduce our next speaker, Dr. Nicolas Wentzensen.

Helenka Ostrum: Dr. Wentzensen is a deputy branch director of the Clinical Genetics Branch and head of the Clinical Epidemiology Unit in the Division of Cancer Epidemiology and Genetics at the National Center Institute.

Helenka Ostrum: and a founding member of the Federal Cervical Cancer Collaborative.

Helenka Ostrum: He earned his MD and PhD at the University of Heidelberg, and a master of epidemiology from the University of Mainz.

Helenka Ostrum: Dr. Wentzensen is an international expert in molecular and clinical epidemiology.

Helenka Ostrum: Of gynecological cancers with a focus on cervical disease, detection and the identification and validation of novel biomarkers for translation into new prevention methods.

Helenka Ostrum: He is co-principal investigator of the NCI moonshot project to accelerate cervical cancer control.

Helenka Ostrum: He regularly serves as an expert on national and international committees, focused on gynecological and other cancers including the 2019.

Helenka Ostrum: ASCCP Risk-Based Management Consensus Guidelines, he chairs the Enduring Cervical Cancer Screening and Management Guidelines effort to regularly update recommendations as new technologies are approved for clinical use. He recently co-chaired a cervical

Helenka Ostrum: Cancer Screening work group for the President's cancer panel.

Helenka Ostrum: And he let an update of the cervical cancer screening handbook for the International Agency for Research on Cancer, part of the World Health Organization, or WHO. He also plays a major role in the ongoing development of the new who cervical cancer screening guidelines. I'll now turn

Helenka Ostrum: it over to Dr. Wentzensen.

Dr. Nicolas Wentzensen: Thank you, very much, Helenka, for the great introduction.

Dr. Nicolas Wentzensen: I'm really excited to be at this webinar.

Dr. Nicolas Wentzensen: I think the Federal cervical Cancer Collaborative has come a long way since we started, and it's very exciting to work closely with HRSA, who's really overseeing and managing and administering the safety net care settings where a

Dr. Nicolas Wentzensen: lot of the new developments that we have made over the last decades could be tremendously helpful in improving

Dr. Nicolas Wentzensen: cervical cancer outcomes. So I'm going to give you a summary of focused on cervical cancer screening. But in the context of the wider circle, cancer prevention efforts. Next slide, please.

Dr. Nicolas Wentzensen: This is a one slide summary of really all the everything we know about so-called carcinogenesis and natural history.

Dr. Nicolas Wentzensen: We have really made amazing progress over the last decades from recognizing that HPV

Dr. Nicolas Wentzensen: is a major, or the major cause of almost all cervical cancers around the world. Without HPB Infection

Dr. Nicolas Wentzensen: the risk of cervical cancer is extremely low.

Dr. Nicolas Wentzensen: HPV infection is a necessary step, but it's a very common sexually transmitted infection that most of the time resolves, and only a small subset of the infections may persist, and may progress to a pre-cancers so the pre-cancer is really a

Dr. Nicolas Wentzensen: transitional stage on the way to cancer. And we and many like lesions that we call pre-cancer will still regress spontaneously or over time, and only a small subset will ultimately invade into cancer.

Dr. Nicolas Wentzensen: So this natural history takes a long time from HPV infection to cancer, and even detecting a pre-cancer, still gives us a great window of opportunity to treat a pre-cancer and prevent invasive cancer from happening, and that is really the underlying basis of two very important and very

Dr. Nicolas Wentzensen: effective preventive measures that were developed in this field, and the first is vaccination against HPV infections that.

Dr. Nicolas Wentzensen: And you see that green curve shows the age distribution of HPV

Dr. Nicolas Wentzensen: infections in the population. So there's a big spike after onset of sexual activity, and there's a decrease of that curve.

Dr. Nicolas Wentzensen: So with HPV vaccination and adolescents, we can curb that first green curve. And then and the second peak, here is the peak of pre-cancers that trails that initial HPV infection curve and this is where screening really acts this is

Dr. Nicolas Wentzensen: the goal screening is to detect the pre cancers and remove them before they can invade.

Dr. Nicolas Wentzensen: This really is the summary of decades long work on understanding simple carcinogenesis.

Dr. Nicolas Wentzensen: And it's the foundation of a moonshot effort that Mark Schiffman and I initiated several years ago.

Dr. Nicolas Wentzensen: That is called the acceleration accelerated control

Dr. Nicolas Wentzensen: of cancer which really focuses on a variety of different screening approaches that can be integrated with vaccination and both high and low stress settings.

Dr. Nicolas Wentzensen: Next slide. So cervical cancer screening is more than just a screening visit, and that's really important.

Dr. Nicolas Wentzensen: It is a multi-step process. And can you click the next two animations please.

Dr. Nicolas Wentzensen: There's multiple steps that are required and they can differ, depending on where the program is established.

Dr. Nicolas Wentzensen: So only if all these steps work and are follow through screening can be successful.

Dr. Nicolas Wentzensen: So screening is only effective when at normal screening results are followed and properly managed, and treatment of cancer precursors happens screening alone is not effective.

Dr. Nicolas Wentzensen: But what we're doing in this process is we are basically increasingly focusing on the highest risk population that needs treatment.

Dr. Nicolas Wentzensen: And we are reassuring the vast majority of the population

Dr. Nicolas Wentzensen: With HPV negative, that their risk is very low, and they can come back after extended intervals. Next slide.

Dr. Nicolas Wentzensen: No screening can be organized in different ways in different settings, and I'm separating here two kinds of major settings, although there is really a kind of almost like a continuous range from different settings.

Dr. Nicolas Wentzensen: So in high, end, middle resource settings the picture is similar to what I just showed.

Dr. Nicolas Wentzensen: We have screening, which now increasingly is based on HPV testing.

Dr. Nicolas Wentzensen: Then among the HPV positives there's a triage step by colonoscopy and biopsy. And then in those with a detected cancer precursor excision treatment is performed. In contrast, in low resource settings,

Dr. Nicolas Wentzensen: there are some models that where treatment is immediately followed after screening, and there are other models where there is a triage step, and then treatment, usually with ablation, is performed.

Dr. Nicolas Wentzensen: Next slide please. I'm going to focus on this screening part first, and this evaluation of screening technologies was a major focus of recently completed IARC handbook for cervical cancer screening that evaluated all the different primary screening methods and touched a little bit

Dr. Nicolas Wentzensen: on some of the triage technology. There was an extensive evidence review for HPV

Dr. Nicolas Wentzensen: DNA testing cytology, which was the first screening test that really had tremendous impact on cervical cancer incidents and has been very successful in places where it can be introduced.

Dr. Nicolas Wentzensen: But it's not easy to implement on a large scale, and it is also more subjective test than HPV DNA testing.

Dr. Nicolas Wentzensen: So next, can you please click, yeah. These three technologies were evaluated with regard to their impact on reducing cervical cancer incidents and cervical cancer mortality.

Dr. Nicolas Wentzensen: And then they were also directly compared, and these comparisons, looking at the detailed benefits and harms HPV

Dr. Nicolas Wentzensen: DNA testing is really the preferred approach to screening and is now increasingly introduced around the world.

Dr. Nicolas Wentzensen: Next slide. One of the important benefits of HPV

Dr. Nicolas Wentzensen: DNA testing, of using a molecular test as the primary screening test, is that it can be applied

Dr. Nicolas Wentzensen: In self-collected specimens. So this can be a great way to extend the reach of screening programs, because in a regular screening program where you cannot use self-collection provider interaction is required for all screen needs. So really, the whole population requires speculative

Dr. Nicolas Wentzensen: examination and a sample collection. In contrast, when that screening step can be done with self-collection, only 10% of the population are roughly those that are HPV positive and that can range depending on the age and site.

Dr. Nicolas Wentzensen: But it's typically between 5 and 15%. So 10%, only 10% need additional sampling when they're HPV positive.

Dr. Nicolas Wentzensen: And then, if there was a triage test that could be done from the self-collected specimen, this would further be reduced to only 5% of the total population who needed then the provider interaction.

Dr. Nicolas Wentzensen: So self-collection is, has a lot of potential to increase screening range.

Dr. Nicolas Wentzensen: And it is implemented in several screening programs around the world.

Dr. Nicolas Wentzensen: It's not yet approved in the United States, but there are efforts of getting it into clinical practice in the US as well.

Dr. Nicolas Wentzensen: Next slide, please.

Dr. Nicolas Wentzensen: Now,and can you please click again here. So triage is the next step

Dr. Nicolas Wentzensen: after screening. And this is really where a lot of new developments are happening.

Dr. Nicolas Wentzensen: Click. One more time, please there are a lot of animations here.

Dr. Nicolas Wentzensen: So this is really the step between the screening that we are applying to the whole population

Dr. Nicolas Wentzensen: And the small, to identify the small group of individuals who need treatment.

Dr. Nicolas Wentzensen: And there is a wide range of triage approaches. Next slide, please.

Dr. Nicolas Wentzensen: That are really, that were developed with really deeper characterization of the multi-step carcinogenesis.

Dr. Nicolas Wentzensen: So these are typically tests or markers that are focused on detecting a pre-cancer.

Dr. Nicolas Wentzensen: So they're kind of the next step after HPV

Dr. Nicolas Wentzensen: infection. When the HPV infection changes the molecular features and the morphology of the cells, we can pick that up with a range of different markers. On the next slide, I will show you basically we categorize these markers in three different groups.

Dr. Nicolas Wentzensen: We have visual markers that really are macroscopic markers, that are based an evaluation of the whole cervix.

Dr. Nicolas Wentzensen: As you see here in this image. This is a magnified view of the cervix, where we can see some seed whitening after application of acidic acid.

Dr. Nicolas Wentzensen: So this highlights potential precursors, but could also be minor changes that are not relevant.

Dr. Nicolas Wentzensen: These visual technologies are very subjective. But there's a really interesting new technology called automated visual evaluation.

Dr. Nicolas Wentzensen: And that is, now being evaluated on a large scale

Dr. Nicolas Wentzensen: around the world in a project called PAVE, led by Mark Schiffman, Sylvia, and several others from our group.

Dr. Nicolas Wentzensen: Then we have cytology-based approaches, and of course, pap cytology is that classic player here that has been improved over time to liquid base cytology and then automated cytology where machines can help finding of normal cells or excluding slides that are

Dr. Nicolas Wentzensen: very normal and like a new version of cytology, is a question called dual stain, where two markers are used to stain for potential cancer precursors, and that can simplify evaluation of slides.

Dr. Nicolas Wentzensen: And this process can also be automated. And then we go one level deeper on the molecular level.

Dr. Nicolas Wentzensen: We have HPV testing, HPV genotyping and a variety of different methylation assets.

Dr. Nicolas Wentzensen: And this is where a lot of action is happening right now, where new assays are developed that need to be evaluated.

Dr. Nicolas Wentzensen: Next slide. I'm going to show you a few examples of these new technologies.

Dr. Nicolas Wentzensen: Just to show what's on the horizon, or what was just introduced in clinical practice.

Dr. Nicolas Wentzensen: One example is the p16/Ki-67.

Dr. Nicolas Wentzensen: Dual stain cytology that I just mentioned. And here's a slide that shows these dual-stain positive cells.

Dr. Nicolas Wentzensen: You see the red staining and the nucleus and the Bronsted, a cytoplasm, and surrounded by normal cells

Dr. Nicolas Wentzensen: here in blue, so this can help to more easily detect abnormal cells.

Dr. Nicolas Wentzensen: This test has been approved in the United States, for manual evaluation, and it can improve the performance of cytology. On the next slide

Dr. Nicolas Wentzensen: We are currently working on developing an automated approach to really remove all the subjective nature of this test.

Dr. Nicolas Wentzensen: And this is an example here, showing how you can scan the whole slide, and then there is an AI based algorithm that can identify these dual impulse cells, quantify them.

Dr. Nicolas Wentzensen: And with that technology, we can actually improve the specificity of the test and make it more efficient compared to the manual evaluation.

Dr. Nicolas Wentzensen: This is not currently available. And not currently approved for clinical practice.

Dr. Nicolas Wentzensen: But there are interesting things in development.

Dr. Nicolas Wentzensen: Next slide. This really, and one more animation here.

Dr. Nicolas Wentzensen: So this is the automated visual evaluated approach that I mentioned before.

Dr. Nicolas Wentzensen: This is basically the AI based version of the visual inspection of the cervical surface, really removing the subjectivity, training, and algorithm that can recognize pre-cancers on the cervix based on images shown here and this can be done on that variety of different

Dr. Nicolas Wentzensen: tools. There are tools in development right now that are being evaluated in large scale studies.

Dr. Nicolas Wentzensen: And this is a technology that can be used on the spot.

Dr. Nicolas Wentzensen: So if, for example, the model is to use self-collection, and then HPV

Dr. Nicolas Wentzensen: testing from specimens, and then whoever is positive can be evaluated with this technology and then on the spot, you can make a decision about treatment and then decide who should, undergo treatment.

Dr. Nicolas Wentzensen: This is in the works. There is going to be exciting results coming out of this, probably in the next year.

Dr. Nicolas Wentzensen: Next slide. Now WHO has a major role in evaluating and developing guidelines for a cervical cancer screening.

Dr. Nicolas Wentzensen: There is a standing group, Guidance Development group that includes many cervical cancer screening experts.

Dr. Nicolas Wentzensen: They develop guidelines after the IARC Handbook was completed. Basically, guidelines focused on HPV testing for primary screening. There's now a standing committee like a living guidelines committee that is evaluating additional technologies as they come along.

Dr. Nicolas Wentzensen: And that was already done for MRNA testing for dual stain, and now extended genotyping, and then there will be self-collection.

Dr. Nicolas Wentzensen: So this is kind of a really rapid process to evaluate new technologies and get them into clinical practice around the world.

Dr. Nicolas Wentzensen: Next slide. In the US, we have several dedicated guidelines efforts.

Dr. Nicolas Wentzensen: We have two major institutions that are working on screening guidelines and have been doing this over the last decades.

Dr. Nicolas Wentzensen: The US Preventive Services Task Force and updated cancer screening guidelines in 2018 and a new update is currently in development.

Dr. Nicolas Wentzensen: So this should it's expected to come out soon, but at that time, in 2018 cytology, HPV

Dr. Nicolas Wentzensen: cytology co-testing, HPV alone were recommended for cervical screening.

Dr. Nicolas Wentzensen: Shortly after the American Cancer Society came out with guidelines, and with additional evidence,

Dr. Nicolas Wentzensen: and really better understanding of HPV screening. Really these, this guideline says that HPV

Dr. Nicolas Wentzensen: testing is the preferred screening option because of the best trade-off between benefits and harms.

Dr. Nicolas Wentzensen: The other options are still on the table, but HPV

Dr. Nicolas Wentzensen: alone is really the preferred method. These guidelines address the primary screening. The management guidelines are really dealing with everything that comes after that.

Dr. Nicolas Wentzensen: And that's a lot. And that's very complex.

Dr. Nicolas Wentzensen: And in 2019, we developed a process with over 20 organizations, and like a lot of risk assessment here conducted at NCI to separate basically the management decisions from the risk estimates.

Dr. Nicolas Wentzensen: And now we have an approach where specific risk thresholds can be used to determine a clinical action, and we can calculate these risks for every new technology that comes along.

Dr. Nicolas Wentzensen: And so we have now a formal approach to updating these guidelines.

Dr. Nicolas Wentzensen: And that is currently happening through the enduring guidelines process.

Dr. Nicolas Wentzensen: So when there's a new technology, we can evaluate the risk.

Dr. Nicolas Wentzensen: And then we can see, okay, this risk means that somebody should undergo colposcopy, or there's an extended interval until retesting, etcetera.

Dr. Nicolas Wentzensen: So this is ongoing. Again, we have a living guidelines committee that is currently evaluating guidelines committee that is currently evaluating some of these new technologies.

Dr. Nicolas Wentzensen: I want to close just saying that the process is getting more complicated.

Dr. Nicolas Wentzensen: We're in a fortunate situation where we have a lot of great options, a lot of great choices, but it can get complicated

Dr. Nicolas Wentzensen: since we have different technologies, we have different assays.

Dr. Nicolas Wentzensen: What are we doing? What should we do? How should we deal with all these results?

Dr. Nicolas Wentzensen: So understanding the process, and successfully communicating test results and risk based management is really critical for successful

Dr. Nicolas Wentzensen: cancer prevention and patient engagement is also very critical for the success. On the next slide, just reiterating that it is very important that we do not just look at the screening step, but we look at the whole process. Follow up and treatment are critical components of the screening program and

Dr. Nicolas Wentzensen: it’s not helpful if we extend screening, but nobody comes back with a test result.

Dr. Nicolas Wentzensen: We really need to make sure that treatment of pre-cancers is happening, and that we have an infrastructure that allows to do that when we expand screening. Again, patient engagement and education are really central to that process as well.

Dr. Nicolas Wentzensen: Next slide, and to close the of mission of HRSA and really like HRSA dealing with all the safety net settings, is absolutely critical here.

Dr. Nicolas Wentzensen: We have great tools. We have really amazing approaches, but they need to get to the populations that need them.

Dr. Nicolas Wentzensen: So we need to bring these innovations to all the settings that really suffer from cervical cancer.

Dr. Nicolas Wentzensen: And we need a good safety net in order to have successful cervical cancer prevention.

Dr. Nicolas Wentzensen: So we need an engagement of many important parties starting with patient and providers, but many more are in this mix, and we need to get them all together, and that's a really important task that the FCCC

Dr. Nicolas Wentzensen: has taken on, and just to pitch this Presidents Cancer Panel report that addresses a lot of these questions, not just for cervical cancer screening, but also for several other screening programs.

Dr. Nicolas Wentzensen: And really has identified common barriers and common solutions

Dr. Nicolas Wentzensen: to these approaches. With that, I want to thank you for your attention and let me put it back to Helenka.

Helenka Ostrum: Thank you so much, Dr. Wentzensen, for that great presentation.

Helenka Ostrum: Our next speaker is Veronica Chollette, Ms.

Helenka Ostrum: Chollette is a program director in the Health Systems and Interventions.

Helenka Ostrum: Research Branch of the Health Care Delivery Research Program.

Helenka Ostrum: She manages a portfolio of social and behavioral research directed at multiple contextual levels to improve rates of cervical cancer screening and HPV vaccination and co-

Helenka Ostrum: Leads, the healthcare teams initiative which seeks to improve interprofessional teamwork in healthcare delivery.

Helenka Ostrum: I'll now turn it over to Ms. Chollette.

Veronica Chollette: Thank you so much, Helenka, for introducing me, and thank you so much to the organizers for inviting me to be a part of this

Veronica Chollette: Office of Women's Health Leadership Series. So one of my roles as a program director at NCI that led to my participation in the collaborative is to identify scientific opportunities and address gaps in cervical cancer screening and HPV vaccination. I sit in the

Veronica Chollette: NCI Division of Cancer Control and Population Sciences which supports a variety of research to reduce cancer risk and incidents and death and enhanced quality of life for cancer survivors.

Veronica Chollette: Our division also recommend ways to apply that research in quality, healthcare, delivery.

Veronica Chollette: But the research supported by Nic's division, as he just described, as well as the efforts in mind, contribute to the mission, vision,

Veronica Chollette: resources, and tools offered by the collaborative to support your local initiatives, enhancing the uptake of cervical cancer screening.

Veronica Chollette: And we are very honored to be included in the FCCC

Veronica Chollette: partnership. Next slide, please.

Veronica Chollette: For the next few minutes, I'll share more detail on the National Cancer Institute's unique role as a partner in the collaborative. I'll provide an overview of a recent survey that NCI conducted with our NCI designated cancer centers to help us understand the interplay between our

Veronica Chollette: cancer centers and safety net settings, with regard to follow-up of abnormal cervical cancer screening. Details of the survey will be published

Veronica Chollette: so I will only share a few high-level findings from the results, suggest a few opportunities to address some of the reported challenges noted by our cancer centers in providing follow-up care, and then I'll offer a few concluding remarks.

Veronica Chollette: Next slide, please.

Veronica Chollette: I share this image to help illustrate Jessica's earlier comment that the collaborative bridges the priorities of cancer research at the National Cancer Institute and health care delivery supported by HRSA to realize the outcomes of the Cancer Moonshot Initiative and safety-net

Veronica Chollette: settings of care. The National Cancer Institute leads the nation's research efforts to improve cancer prevention detection, diagnosis, and survivorship.

Veronica Chollette: Our investment in various types of research generates new knowledge that leads to reducing the burden of cancer and to improve individual population and system level outcomes.

Veronica Chollette: And we also want to make sure that knowledge gain through research is available to as many stakeholders as possible.

Veronica Chollette: As part of our mission, the NCI leads the cancer moonshot, which aims to accelerate cancer research.

Veronica Chollette: foster greater collaboration, improve the sharing of cancer data, and make more therapies available to more patients.

Veronica Chollette: while also improving our ability to prevent and detect cancer at an early stage in NCI’s participation in the collaborative aligns with President Biden's vision for the moonshot and our NCI cancer director’s vision for the National Cancer Plan to be an all government and all society approach to eliminating

Veronica Chollette: suffering from cancer as we know it. Next slide.

Veronica Chollette: In this slide I like to set the stage for the collaborative’s interest in a survey to help us gain insights into NCI designated cancer center partnerships with safety-net settings. What is really important to understand here is that our cancer centers and safety-net settings healthcare

Veronica Chollette: are inextricably connected for several reasons. Our cancer centers and HRSA’s federally qualified health centers and other free clinics, often serve overlapping patient populations and population needs.

Veronica Chollette: So the interactions and information exchange between these entities for us is particularly significant in the context of cervical cancer care.

Veronica Chollette: We know that safety net health settings carry significant burden of cervical cancer cases, especially among individuals who have not previously engaged in the health care system. And studies supported by NCI have also shown that enhancing strategies to increase screening rates and ensuring timely follow-up for

Veronica Chollette: abnormal screening tests can potentially prevent over 80% of cervical cancer cases.

Veronica Chollette: We know the safety net settings often rely on cancer centers to provide follow-up cervical cancer care, however, the extent of collaboration and processes of coordinating services between these entities was poorly understood.

Veronica Chollette: So, recognizing the crucial role of safety net settings and reducing help disparities through the provision of free services, we understand that comprehensive cervical cancer care does not end with screening alone, and as Nick just mentioned, screening alone is not effective if follow up of abnormal screening results does not

Veronica Chollette: occur. It became imperative for us to investigate the collaborative efforts between the two entities focusing on the provision of public screening services and facilitating assets to therapeutic treatments by our cancer centers. And before I leave this slide, I would just want to draw your

Veronica Chollette: attention to the websites below the two images where you can find the location of 71 NCI designated cancer centers which are located in over 30 States and Washington, DC.

Veronica Chollette: And serve their respective communities with respect to providing advanced cancer treatment. The HRSA Find a Health Care Center tool website allows you to enter a zip code to find a health care center up to 250 miles from the zip code entered into the tool. Next slide, please.

Veronica Chollette: Back to the survey, as mentioned before, the purpose of the survey was to understand knowledge gaps, partnership types, levels of collaboration and coordination between NCI cancer centers and safety-net settings of care in the area of cervical cancer care. Next, slide please.

Veronica Chollette: As expected, the survey results revealed challenges as well as opportunities.

Veronica Chollette: We learned that existing agreements between NCI cancer centers and safety net settings of care are varied and often informal, which indicates the need to encourage standardization in formal partnerships

Veronica Chollette: so both parties understand their roles and responsibilities.

Veronica Chollette: Many cancer centers reported they did not know the percentage of patients refer to them from a safety-net setting for follow-up care and communication and information exchange across these two settings.

Veronica Chollette: often did not occur by way of an interoperable patient portal.

Veronica Chollette: So we believe this can be enhanced through consistent use of health information, exchange systems and interoperable patient portals. Next slide, please.

Veronica Chollette: Patient level barriers to follow-up care, such as low health literacy and transportation challenges required targeted interventions based on nonmedical factors that challenge access to health care. So based on these types of patient-level challenges opportunities do exist for cancer centers to expand

Veronica Chollette: partnerships beyond referrals and consultations with safety-

Veronica Chollette: net settings, but to also include agreements with community-based organizations that exist to mitigate social risk and to improve access to follow-up care. And to support timely follow-up care,

Veronica Chollette: we did learn the NCI cancer centers do assist in post-treatment

Veronica Chollette: follow-up appointments, scheduling, and they also send patient appointment reminders.

Veronica Chollette: Next slide, please. So this study's focus on understanding the provision of complete cervical cancer care between NCI

Veronica Chollette: cancer centers and safety-net settings, underscores.

Veronica Chollette: The need to address issues of equity and strengthening the infrastructure

Veronica Chollette: for the two care settings to communicate and exchange information. And while the focus of the study addressed comprehensive cervical cancer care, we believe our findings may also have broader implications for promoting equity in the co-management of other screening services such as

Veronica Chollette: colorectal and lung cancer screening. So in closing, I just want to acknowledge the contributions of all the FCCC partners working together with our health equity focus to reduce disparities in cervical cancer.

Veronica Chollette: I will end here and thank you for your attention and thank you all in advance for partnering with us to reduce the burden of cervical cancer, as we now know it.

Helenka Ostrum: Thank you so much. Veronica, for your presentation.

Helenka Ostrum: Our final speaker today is Jane Segebrecht.

Helenka Ostrum: Ms. Segebrecht serves as strategic initiatives lead for the U.S.

Helenka Ostrum: Department of Health and Human Services, Health Resources and Services Administration, Office of Women's Health,

Helenka Ostrum: is a trained prevention scientist. Ms. Segebrecht designs and implements programs in women's health priority areas of violence prevention, access to preventative services, and health systems strengthening across HRSA's programs.

Helenka Ostrum: She leads the Federal Cervical Cancer Collaborative partnership to strengthen HHS's collaboration for cervical cancer prevention, screening, and management and safety-net settings of care. Jane over to you.

Jane Segebrecht: Great. Thank you so much Helenka for that kind introduction and thank you Dr.

Wentzensen and Veronica for your excellent presentations.

Jane Segebrecht: It's really my honor to be here today on today's panel with other founding members of the Federal Cervical Cancer Collaborative.

Jane Segebrecht: And it's wonderful to see so many clinical and community settings joining us from across the country today.

Jane Segebrecht: Just an incredible reach. And so I'm excited to share two new FCCC products today and I hope that you'll find them meaningful in your organization's important efforts to prevent and respond to cervical cancer, next slide.

Jane Segebrecht: I'll begin with just some context for the road that we've been on as a collaborative. Starting in 2022,

Jane Segebrecht: in response to noted disparities, and also the shifting cervical cancer landscape, the FCCC

Jane Segebrecht: launched a cervical cancer moonshot, roundtable series. This series convened a broad range of subject matter

Jane Segebrecht: experts and representatives from safety-net settings of care.

Jane Segebrecht: And in this series we received input that looked squarely at the challenges,

Jane Segebrecht: opportunities, and also innovations to strengthen the current state of cervical cancer care. We just concluded a similar 2023 series with a theme of patient engagement.

Jane Segebrecht: We used the insight shared in these meetings to inform two products.

Jane Segebrecht: First, a toolkit to build provider capacity, and second, a federal opportunities report.

Jane Segebrecht: And we're glad to share that both tools are now available on the HRSA Office of

Jane Segebrecht: Women's Health website, and we will add the links to these resources in the chat

Jane Segebrecht: so be sure to visit them after today's webinar.

Jane Segebrecht: So next.

Jane Segebrecht: The resources were informed by expert and frontline provider input from primary care providers to oncologists, patient navigators, advocates, researchers, members of government, and then also external stakeholders from NORC

Jane Segebrecht: at the University of Chicago and the Mayo Clinic. And we also held a provider review panel,

Jane Segebrecht: similar to a focus group, to receive and integrate end-user feedback on the content, relevance, and structure of the content.

Jane Segebrecht: So every single piece was designed with much intentionality. So next slide.

Jane Segebrecht: So I'm just going to take you on a brief tour of the toolkit to build provider capacity, next slide.

Jane Segebrecht: This toolkit is designed with several aims in mind. Overall,

Jane Segebrecht: we aim to improve quality of care by providing practical tools and resources are tailored

Jane Segebrecht: to safety-net settings of care and the resources are designed to equip care teams to train their clinical staff, and we include resources, and scripts to support providers

Jane Segebrecht: communication with patient, and also to foster consistent patient engagement. And then we also include content to conduct evaluations and to identify any opportunities for improvement.

Jane Segebrecht: Next slide. This toolkit is intended for providers and safety-net settings of care. And so safety-net settings of care, for the purposes of these resources, include the HRSA Health Center Program and recipients of the HRSA Funding for federally qualified health

Jane Segebrecht: centers, critical access hospitals, rural health clinics, and also the Ryan White HIV Aids program providers.

Jane Segebrecht: And then also CDC's National Breast and Cervical Cancer Early Detection Program, and then also the HHS Office of the Assistant Secretary for Health Title 10 clinics. And so in this toolkit we use the term providers broadly, we're referring to anyone

Jane Segebrecht: involved in cervical cancer prevention, screening, and management.

Jane Segebrecht: So this includes physicians, nurse practitioners, physician assistants, nurses, medical assistants, any administrative staff, community health workers, patient navigators, care coordinators, and others.

Jane Segebrecht: And it's worth noting that some of the sections may be more relevant to some roles than others.

Jane Segebrecht: But we do take a holistic approach to reflect all aspects of the care team.

Jane Segebrecht: Next slide.

Jane Segebrecht: So the structure of the toolkit chapters one and two are back on the latest and most current cervical cancer prevention landscape. Chapters three to five have a clinical focus, and then chapter six to nine are non-clinical and include the key organizational aspects of cervical

Jane Segebrecht: cancer prevention. And within each chapter you'll find action items, practical guidance and tools, such as provider scripts and links to trusted resources for more information.

Jane Segebrecht: And so now we'll delve a bit further into each chapter, starting with the clinical chapters.

Jane Segebrecht: So we'll start with chapter three, this is the HPV vaccination chapter, which includes effective strategies for increasing HPV vaccination rates. The HPV

Jane Segebrecht: vaccination may prevent more than 90% of HPV attributable cancers for male and female patients.

Jane Segebrecht: Yet several barriers to HPV vaccination exist at the patient provider and systems levels.

Jane Segebrecht: So this chapter includes scripts and strategies providers can take to mitigate the barriers through impactful communications with patients and parents, and also in adopting interventions such as clinical prompts and standing orders.

Jane Segebrecht: And then the cervical cancer screening chapter includes information on screening guidelines and eligibility, considerations for screening among different types of patients, scripts for discussing screening with patients, and practical suggestions for adopting evidence-based interventions to increase screening rates. We know that cervical

Jane Segebrecht: cancer is most often diagnosed in people who have not been screened or under screened or did not have appropriate follow up after abnormal screening results.

Jane Segebrecht: So a lot of really important details in this chat.

Jane Segebrecht: Next, the patient management chapter includes practical suggestions for how to determine and understand the right next steps for patients how to talk with patients about different kinds of tests, and also help them interpret the results. And then guidance for implementing interventions to ensure that patients can access any needed

Jane Segebrecht: follow-up procedures at the right time.

Jane Segebrecht: And now we'll move on to the non-clinical chapters.

Jane Segebrecht: So in chapter six, innovations and change management, we recognize that the evidence base for vaccination screening management changes over time.

Jane Segebrecht: So it's critical that safety net settings are quick to prepare for and respond to any new innovations, technologies, and updates to guidelines and recommendations.

Jane Segebrecht: But change management is complex. Because change management often requires substantial institutional effort,

Jane Segebrecht: this chapter, covers guidance and tools to support leadership and staff with buy in during practice changes, insight for initiating change, management, and also assessing the organization's readiness for change.

Jane Segebrecht: And then this chapter also looks to the future with information on self-sampling for primary HPV.

Jane Segebrecht: And then also tips to stay up to date on future direction for self-sampling. And then also some of the innovations that you heard in Nico’s talk.

Jane Segebrecht: So next, and so much of the evolving landscape includes practice changes,

Jane Segebrecht: we included content equip safety-net settings of care to evaluate new and current and event interventions and processes.

Jane Segebrecht: So our quality improvement chapter helps with meaningful goal setting, the use of data to assess progress and outcomes, and then also tools to conduct quality improvement activities.

Jane Segebrecht: And then finally, we want to help safety-net settings of care, showcase and disseminate any findings.

Jane Segebrecht: In chapter nine, we describe how partnerships may enable safety-net settings of care to increase patient awareness of and access to health care and wrap around services, and also how partnerships can actually help health care delivery through coordination and communication. And this chapter includes information on the

Jane Segebrecht: characteristics of strong partnerships. A pretty broad range of ideas for potential partners and how safety and settings can partner with patients and communities for larger scale program improvement.

Jane Segebrecht: So, for example, in this area, we talk about co-planning activities that address social needs.

Jane Segebrecht: And then, lastly, chapter, 10 features patient engagement. We know that empowered patients are more receptive to using healthcare services, so we include content for providers to improve their interactions with patients, to improve clinical outcomes, and empower patients to make informed decisions. And this chapter is designed to

Jane Segebrecht: help providers and organizations assess patient needs, discuss cervical cancer concepts, navigate patients who may fall out of care, and conduct outreach to patients and community groups to improve health outcomes. So now I'll shift to our next resource the federal cervical cancer

Jane Segebrecht: collaborative opportunities report. And this report highlights everything that we heard, and the input received in our Cervical Cancer Moonshot Roundtable Series.

Jane Segebrecht: And it describes how federal agencies could improve cervical cancer prevention, screening, and management for safety-net settings of care.

Jane Segebrecht: While the report does not reflect federal commitments, the content includes considerations for the FCCC

Jane Segebrecht: and other federal partners to inform future potential activities. And the audience for this report really is the FCCC

Jane Segebrecht: and federal partners, the opportunities in this report may be helpful to you and your respective organizations, as the report includes a robust array of activities to affect change at provider, patient, and systems levels.

Jane Segebrecht: So the report is organized under three actionable headers, HPV

Jane Segebrecht: vaccination, screening and management, and then strengthening federal collaboration. And then under each of these section sections, the report describes in detail clear and practical solutions for the FCCC

Jane Segebrecht: and our federal partners.

Jane Segebrecht: And then, just as an example to give you a general sense of the report, just one of the 11 opportunities that we outline in the report is to increase knowledge and awareness of current cervical screening and management guidelines. And within this section of the report, we discuss the need to develop

Jane Segebrecht: patient-facing, culturally sensitive outreach and education materials

Jane Segebrecht: that providers can use to connect with patients, the need to develop dissemination resources for providers, and then also the need to promote screening.

Jane Segebrecht: We also look at and describe opportunities to improve health workforce training through the creation of a culturally sensitive provider education.

Jane Segebrecht: And this includes colposcopy training, updates to guidelines,

Jane Segebrecht: importance of follow-up, how to discuss screening with patients, and then also how to access and use the available guideline applications.

Jane Segebrecht: And we also describe the opportunity to better collaborate with professional societies.

Jane Segebrecht: And then, lastly, on the right side, you'll see to support each of the actual opportunities whenever there's a opportunity listed,

Jane Segebrecht: we list associated current federal initiatives. So in this example the report features HRSA's accelerating cancer screening initiative.

Jane Segebrecht: This initiative provides funding to increase equitable access to life saving cancer screening by strengthening partnerships between HRSA funded health centers and also NCI designated cancer centers.

Jane Segebrecht: So to design the practical solutions, we ground our directions in a clear understanding of the current challenges.

Jane Segebrecht: We name select current challenges across patient provider and systems levels

Jane Segebrecht: and we start with needs related to the HPV vaccination landscape. With each challenge that we identify

Jane Segebrecht: the report describes actionable opportunities to address the challenge. So it really is an optimistic report with solutions identified.

Jane Segebrecht: And so while I won't go into each challenge specifically, we do cluster the challenges related to HPV vaccination around delivery and access, vaccine records, and also messaging that may impact medical mistrust and misinformation.

Jane Segebrecht: And then also the report names challenges related to screening and management. And we cluster this around

Jane Segebrecht: access to screening, follow-up care, and then also knowledge gaps and beliefs.

Jane Segebrecht: And then we also describe screening and management challenges in terms of limitations, in health information technology services and information exchange.

Jane Segebrecht: And then also in terms of needs in the provider landscape for increased provider awareness.

Jane Segebrecht: And adherence to updated screening and management guidelines.

Jane Segebrecht: And lastly, our report identifies collaboration related challenges and associated opportunities. As the FCCC

Jane Segebrecht: continues our efforts to bring cutting edge research and innovation to practice and safety-net settings of care,

Jane Segebrecht: the report lays out opportunities for us to continue to foster effective interagency collaboration.

Jane Segebrecht: So, that's all for our tour of the toolkit to build provider capacity and the Federal Operations Report.

Jane Segebrecht: And these are just two of several efforts from the FCCC

Jane Segebrecht: To ensure that safety-net settings of care have support to increase equitable uptake of evidence-based best practices and cervical cancer prevention, screening and management.

Jane Segebrecht: And so I encourage you to continue to visit our HRSA

Jane Segebrecht: Office of Women's Health, Cervical Cancer Care Page. Both of today's tools are on this page.

Jane Segebrecht: I'm going to find Pdfs there. In the future we will also add new resources, and this will include patient-facing outreach materials to strengthen patient engagement.

Jane Segebrecht: So thank you again for being here, and thank you for the work you do. And Helenka, back to you.

Helenka Ostrum: Thank you Jane, for going through those new resources with everyone.

Helenka Ostrum: I hope that they are all really beneficial, and you can share them with your networks as well.

Helenka Ostrum: At this time, we'd like to take any questions. Please put any questions that you have for our presenters today in the chat.

Helenka Ostrum: And I see there is one from earlier. There is a question,

Helenka Ostrum: Are there any Federal funds available for prevention screening for underserved Latino communities?

Jane Segebrecht: Yeah, thank you so much for the question. I encourage you to take a look at CDC's national breast and cervical cancer early detection program.

Jane Segebrecht: And then also the HRSA Health Center program which serves patients regardless of ability to pay.

Jane Segebrecht: We have sites across the country, and a broad range of cervical health services are provided. And then the toolkit itself does call out several special populations, including screening for homeless populations, which I see a comment about in the chat. And then also

Jane Segebrecht: in terms of homeless population, certainly encourage you to check out HRSA's health care for the homeless sites which have a lot of special resources and technical assistance specific to serving patients and populations who are unstably housed.

Helenka Ostrum: Thank you, Jane. We have a question, is there any timeline estimate when self-testing would be approved in the U.S.?

Dr. Nicolas Wentzensen: And I think I can take that. I mean, I don't think we have a firm timeline.

Dr. Nicolas Wentzensen: We know from manufacturers who have publicly announced that they have submitted materials for evaluation.

Dr. Nicolas Wentzensen: So there is an active process and a timeline based on FDA regulations.

Dr. Nicolas Wentzensen: So it is something that is under review, but there is no absolute timeline, but it is happening.

Dr. Nicolas Wentzensen: That's the good news.

Helenka Ostrum: A lot of really exciting innovations coming up.

Helenka Ostrum: One question, is there a comprehensive report on the current state of health disparities

Helenka Ostrum: related to cervical cancer in the U.S.?

Jane Segebrecht: Yeah. Great question. I don't know of a comprehensive location.

Jane Segebrecht: Certainly encourage you to go to the toolkit and the federal opportunity report, because we have a lot of background around the current national landscape and include a lot of links for folks who are looking at the national landscape.

Jane Segebrecht: But that really is one of the aims of the Federal cancer collaborative is make sure that we are aligning forces in equitable care across all of our different programs.

Jane Segebrecht: And the excellent innovations and research that's coming down the pike.

Helenka Ostrum: And if we have any further questions, is there an email we can reach out to?

Helenka Ostrum: Since you all registered for the webinar, you will be receiving an email from the office of Women's Health.

Helenka Ostrum: Once the recording of this is available, and you can definitely send any questions that you have to our email address.

Helenka Ostrum: And then we can follow up with the presenters.

Helenka Ostrum: If the presenters would like to put their emails in the chat, they are welcome to do so too. And we can put the Office of Women's Health email address in the chat as well.

Helenka Ostrum: I see that other people are sharing some other resources in the chat, too.

Jane Segebrecht: For any questions that we didn't get to, we can definitely follow up with you offline, really, really appreciate all the questions.

Helenka Ostrum: One more question. We have time just for this last one. Do you have any suggestions for a cervical health training module that would be appropriate for people with low health literacy?

Jane Segebrecht: Certainly take a look at the different resources that we point out in the toolkit. There's some training content within the toolkit that would be responsive to low health literacy.

Jane Segebrecht: And then we also point to some external resources as well, but others in the chat.

Jane Segebrecht: may have additional insight.

Helenka Ostrum: I'll go to our final slide. That has some more ways that you can connect with HRSA.

Helenka Ostrum: You can learn more about HRSA at HRSA dot gov.

Helenka Ostrum: There is also a way for you to sign up on the website for the HRSA E-news, and that includes upcoming webinars, trainings, and resources from all the bureaus and offices within HRSA and you can also follow us on social media.

Helenka Ostrum: With that I'd like to thank you all so much for your time today.

Helenka Ostrum: We will be sending out the recording once that is available, and it will be available on the Office of Women's Health Webinar webpage.

Helenka Ostrum: Thank you again to the speakers for their wonderful presentations.

Helenka Ostrum: Have a nice day.

END OF TRANSCRIPT