

Cervical Cancer Task Force Regular Meeting

**November 6, 2014
Minutes**

Attending Task Force Members (9):

Dr. Nancy Andrews-Collins, Dr. Amy Daniel, Dr. Jennifer Dillaha, Dr. Paul G. Greene, Beth Ingram, Michelle Murtha, Dr. Cygnet Schroeder, Louise Scott, and Kim Wilmot.

Absent Task Force Members (3):

Dr. Charity Fleming-Smith, Christy McCreight, and Dr. Renee Montgomery.

Arkansas Cancer Coalition (ACC):

Trena Mitchell

Arkansas Department of Health (ADH):

Joanne Jones, Rachel Johnson, David Kern, and Elizabeth Pitman.

I. Call to order:

Dr. Jennifer Dillaha, Task Force Chair, called the meeting to order at 4:30 p.m.

A. Welcome and Introductions:

Dr. Dillaha welcomed attendees and asked members and staff to introduce themselves.

B. Comments from the Public:

There were no comments from the public.

II. Task Force Business

A. Review and Approval of Minutes from the August 28, 2014, meeting

Beth Ingram made a motion to approve the minutes from the August 28, 2014, meeting and Dr. Cygnet Schroeder seconded the motion. The motion to approve the minutes was approved on a voice vote without discussion.

B. Election of Task Force Chair-Elect

Dr. Dillaha recommended that the Task Force elect a Chair-Elect who would take over as Task Force Chair, when her term was up. The purpose was to allow the incoming chair to become familiar with the Task Force. Dr. Nancy Andrews-Collins put her name in nomination for chair-elect. There were no other nominations. Dr. Schroeder made a motion to approve Dr. Nancy Andrews-Collins as chair-elect, and Dr. Paul G. Greene seconded the motion. Her election was approved on a voice vote without dissent.

C. Scheduling of Next Task Force Meeting

Dr. Dillaha set the next meeting for 4:30 pm on December 4, 2014. At that meeting, the Task Force will also make a decision about its meeting schedule for

2015. She mentioned the option of coordinating its meetings with the Arkansas Breast Cancer Control Advisory Board quarterly meeting schedule.

D. Review of Arkansas Cervical Cancer Chapter of the Arkansas Cancer Plan

Dr. Dillaha suggested that the Task Force review the current draft of the cervical cancer chapter of the Arkansas Cancer Plan provided by the Arkansas Cancer Coalition. She said she would work with Arkansas Department of Health staff to revise it and present it to the Task Force for review before the next meeting.

Dr. Dillaha also suggested that that the members view a video from YouTube about an inspiring story about a woman who was diagnosed with cervical cancer and spent the last days of her life trying to promote awareness of the disease. The video was called, *Lady Ganga*.

Trena Mitchell, Executive Director of the Arkansas Cancer Coalition, gave an overview of how the cervical cancer chapter fits into the Arkansas Cancer Plan. She said the draft was the second edition of what is currently being used. It is a living document for anyone working in cancer control. It gives overarching goals and objectives and is the basis for funding. The current draft is based on the Cancer Continuum Model, including prevention, access to treatment, treatment and screening and survivorship, along with workforce and disparities.

The Cancer Coalition membership felt the initial document was too broad and picked five cancers which are really causing a burden in Arkansas plus two additional cancers (lung, prostate, cervical, oral, breast, colon and skin). The Centers for Disease Control and Prevention sent a guide for the plan, which should include prevention for each cancer, disparities, recommendations from the USPSTF (United States Prevention Services Task Force) and some measures.

The coalition included measures from the Healthy People 2020 report. Ms. Mitchell presented a new version of the draft of the Arkansas Cancer Plan. Partnerships are also included in the plan to indicate how people in the state are working together to decrease the burden of the seven specific cancers.

Ms. Mitchell said a workgroup revised the cervical cancer chapter from the version which was given to the Task Force members in their packet for the Nov. 6 meeting. It was sent out to coalition members and subject matter experts who provided feedback to the work group which revised the draft, which is undergoing continued revision to make sure that it is readable for all grantees.

A draft came out in March and has gone through several revisions, Ms. Mitchell said. Dr. Dillaha said the Task Force can come up with input to edit the most recent version of the cervical cancer chapter. Ms. Mitchell distributed copies of the November draft to the Task Force Members who were given the March draft in their meeting packets.

Dr. Andrews-Collins said she is over a committee which is preparing the draft of information to be presented to Task Force members. She said in Arkansas there are only three or four specialized physicians in cervical cancer. Most are in Little Rock and one is

in Fayetteville. Dr. Andrews-Collins is working with colleagues to prepare a version of the cervical cancer chapter to present to the Task Force.

Dr. Andrews-Collins mentioned an article of interest that she will send to Task Force members.

Dr. Dillaha clarified with Ms. Mitchell that the Cervical Cancer Task Force input into the cervical cancer chapter of the plan was needed by January 1, 2015. She suggested that the Task Force give its perspective so that it could be taken with other information which would be incorporated into a document for distribution to Task Force members before their December meeting. At the December meeting, the Task Force could make changes and consider it for approval.

Dr. Greene sought a clarification about the drafts of the cervical cancer chapter. Dr. Andrews-Collins said the draft her colleagues were considering is different from the recent draft which the Arkansas Cancer Coalition had prepared. And the draft which the Task Force members received in their meeting packets is different from the recent coalition draft.

As a result, Dr. Dillaha suggested since Task Force members represented different groups that each have a perspective which they want addressed in the cervical cancer chapter. She suggested that Task Force members give that perspective at this meeting and that Dr. Andrews-Collins and Dr. Dillaha could gather the comments from them and put that together with the draft from Dr. Andrews-Collins' colleague into a document which Task Force members could see before the December meeting.

Dr. Dillaha asked for comments from members about changes. She initiated the discussion with information about HPV vaccination in Arkansas from her viewpoint as the Medical Director, Immunizations, ADH Center for Health Protection. She said Arkansas has one of the worst records for HPV (Human Papillomavirus) vaccination and incidence of cervical cancer.

She said the CDC and the American Academy of Pediatrics are among groups making a big push for HPV immunization. Dr. Dillaha discussed the handouts which she provided for distribution to Task Force members before the meeting. They included:

- A CDC HPV Vaccination Report for Arkansas
- A Dear Colleague letter from Dr. Judith A. Monroe re a Nov. 12 Vital Signs Town Hall Teleconference on cervical cancer
- A CDC Morbidity and Mortality Weekly Report, Nov. 5, 2014 on *Vital Signs: Cervical Cancer Incidence, Mortality, and Screening – United States, 2007-2012*.
- A CDC *Vital Signs* fact sheet, November 2014, *Cervical cancer is preventable*.

Dr. Dillaha asked that electronic copies of these documents be emailed to Task Force members.

Dr. Dillaha made several points about what to consider:

- She said that she would like to see that HPV vaccination is well-addressed in the cervical cancer chapter of the Arkansas Cancer Plan.

- She said she drafted a section which would encourage the use of vaccines which are recommended by the CDC Advisory Committee for Immunization Practices, rather than the use of vaccines which are licensed.
- She also suggested that recommendations include women, as well as men and boys, and measures that look at increasing the proportions of teen-agers from age 13-17 who complete the three-dose series, and that there would be separate measures for boys and girls.

Dr. Andrews-Collins raised the issue of whether insurance plans and the Affordable Care Act cover approved vaccines. Board members discussed the extent of coverage by private insurance plans and Medicaid, and that the Arkansas Department of Health provided immunization for uninsured individuals.

Dr. Dillaha discussed piloting programs for immunization at schools and suggested that wording be drafted to increase the availability, access or convenience for receiving the vaccine.

Task Force members then discussed the needs and requirements for providers dispensing the HPV vaccine, including paperwork and the requirement that the vaccine be kept chilled, but not frozen. They also discussed the extent of immunization at schools and across the state and the requirement for parental consent.

Dr. Dillaha said the message for HPV immunization needs to focus on cancer prevention and get away from the thought that immunization will lead to greater sexual activity.

She also said providers need to follow the recommendations for dispensing the three doses required for HPV vaccination.

Dr. Dillaha said the cervical cancer chapter should focus on screening and Task Force members discussed the type of measures which would be used for screening. Dr. Dillaha asked of Task Force members wanted to include a goal or wording or quality measure for encouraging cervical cancer screening in a patient-centered medical home.

Dr. Greene suggested a screening that could cut across multiple types of cancers, and Dr. Andrews-Collins suggested screening for tobacco use.

Dr. Schroeder said providers are inundated by reporting metrics and she suggested that a measure be “piggy-backed” on top of other metrics to relieve the burden on providers.

Ms. Kim Wilmot urged Task Force members to focus on a target population..

Dr. Andrews Collins said she is part of a group which is developing a tool kit which would be put on the ADH web site and other web sites and place the emphasis on cancer prevention rather than issues related to sex. There would also be fact sheets for discussing the issue with different groups.

Dr. Dillaha summarized the discussion by saying that the cervical cancer plan needs to have a goal for promoting awareness or use of the HPV vaccine.

Dr. Andrews-Collins suggested that the Task Force include a provider section to somehow improve their risk for fulfilling the recommendations, and a provider should not be financially burdened by the recommendations. Dr. Dillaha said that was one of the issues which the Childhood Immunization Task Force was considering.

Dr. Dillaha said that she and Dr. Andrews-Collins would come up with a draft of a cervical cancer chapter and share it with Task Force members before the next meeting.

Dr. Greene reiterated his suggestion that the Task Force look at screening to cover common threads which apply to all cancers. He asked which populations need increased awareness- Parents? Providers? Patients? In what kinds of settings? Dr. Dillaha said that could be covered in how the final document is edited.

Task Force members discussed finding a champion to get their message out to different target populations.

Ms. Mitchell said that CDC required formatting for the plan.

III. Closing

Dr. Dillaha closed the formal meeting at 5:33 pm and said if Task Force members wanted to stay, they could see a YouTube video, *Lady Ganga*, about a woman diagnosed with cervical cancer and what she did to promote awareness of the disease before she died.