Delaware Cancer Consortium
Early Detection & Prevention Committee
January 13, 2025
Approved - Minutes
Hybrid Meeting
Thomas Collins Building, Dover, DE

Members

Participated	Heather Bittner-Fagan, MD, MPH – ChristianaCare
Participated	Allison Gil - American Cancer Society
Participated	Susan Kelly, MD – ChristianaCare
Participated	Sue Murray - DE Breast Cancer Coalition
Participated	Pam Schauer – American Cancer Society
Participated	Rita Williams – Beebe Healthcare
Participated	Robyn Biehn, BSN, RN, OCN, Nurse Navigator, ChristianaCare
Participated	Danny Hamm, Jr. – Helen F. Graham Cancer Center
Participated	Sarah Toborowski – Quality Insights
Participated	Adriana Viveros-Sosa- Delaware Breast Cancer Coalition
Did not participate	Judy Giddens, LPN – Cancer Screening Nurse Navigator - Bay health
Did not participate	Rebekah Glick – Susan G. Komen
Did not participate	Emanie Dorival – Ephphatha Medical Care
Did not participate	Tiffany Edwards, DMP, APRN, FNP-BC – Sussex County Health Coalition
Did not participate	Stacy Giles, MBA – Tidal Health
Did not participate	Nora Katurakes, RN, MSN, OCN – ChristianaCare
Did not participate	Stephanie McClellan, MSN, RN, CMSRN – Bayhealth Medical Center
Did not participate	Lauren Moore - Tidal Health, Nanticoke
Did not participate	Carolee Polek, RN, MSN, PhD – DE Diamond Chapter of Oncology Nursing
Did not participate	Albert Rizzo, MD, FACP, FCCP – American Lung Association
Did not participate	Robert Sikes, PhD. – University of Delaware
Did not participate	Crystal Wright – Henrietta Johnson Medical Center
Did not participate	Michael Zaragoza, MD, FACS – Delaware Prostate Cancer Coalition
Did not participate	Holly Reynolds, BSN, RN –Nurse Navigator, ChristianaCare
Did not participate	Vikas Batra, MD, FACP, FC -- Sussex Pulmonary & Endocrine Consultants, PA

Staff

Participated	Paulette Robinson-Wilkerson – Delaware Division of Public Health
Participated	Helen Arthur - Delaware Division of Public Health
Participated	Lyra Gibbs-Lloyd – Delaware Division of Public Health
Participated	Nikita Clark – Delaware Division of Public Health
Participated	Jade Losh - Delaware Division of Public Health
Did not participate	Sharon Richey – Delaware Division of Public Health
Did not participate	Dawn Hollinger – Delaware Division of Public Health

Public/Guests

Participated	Brian Richemier- Program Manager, Remedy Healthcare
Participated	Bria Greenice- Public Observer
Participated	Kristin Vernisi - Public Observer
Participated	Jim Talbot – Division of Public Health, HPV Program Administrator
Participated	Brian Mattingly- Maryland Department of Health
Participated	Kate Smith - MD, MPH, Executive Director, Delaware Academy of Medicine/DPH

Welcome/Review/Approval of Minutes

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Dr. Heather Bittner-Fagan, Chair, began the meeting at 10:00 a.m. and welcomed all attendees. Dr. Heather Bittner-Fagan made a motion to approve the October 2024 meeting minutes by Dr. Bittner-Fagan. Sue Murray, DBCC also made the motion to approve the minutes. A vote was taken, and the October 2024 minutes were approved as written.

Current Cervical Cancer Screening Guidelines

Kate Smith, MD, MPH, and Executive Director of the Delaware Academy of Medicine and Division of Public Health presented on HPV and cervical cancer, offering a comprehensive overview of the virus, its link to cervical cancer, and public health strategies for prevention, including vaccination and screening. HPV is a group of more than 150 related viruses, classified as low-risk (causing warts) or high-risk (potentially leading to cancer). The virus is highly prevalent, with 14 million new infections annually in the U.S., half affecting individuals aged 15 to 24. Chronic HPV infection can result in cancers of the cervix, oropharynx, vulva, anus, and other sites, contributing to 37,800 new cancer cases annually.

Cervical Cancer screening guidelines vary by age group. For those under 21 years, no screening is recommended. Individuals aged 21 to 29 are advised to being cervical cytology screening every 3 years. Between the ages of 30 to 65, three options are available: cytology every 3 years, high-risk HPV (hrHPV) testing every 5 years, or co-testing (cytology and hrHPV) every 5 years. While these guidelines aim to detect precancerous changes early, they also recognize the potential harms of false positives and unnecessary procedures. Disparities in screening and vaccination rates persist. Non-Hispanic Black and Hispanic populations experience lower rates of screening and vaccination, contributing to higher cervical cancer incidence and mortality. Rural areas show up to 10% lower HPV vaccination coverage compared to urban settings, influenced by access barriers, provider shortages, and health literacy issues.

HPV vaccination is routinely recommended for individuals aged 11 and 12, with catch-up vaccination offered through age 26. Special considerations include a three-dose series for immunocompromised individuals and those with specific health conditions. Vaccination has been linked to a significant reduction in cervical cancer risk, as demonstrated by studies from Scotland, England, and Sweden, where vaccination programs have nearly eradicated cervical cancer among younger cohorts. Future goals for Healthy People 2030 include increasing the proportion of individuals receiving cervical cancer screenings and HPV vaccinations and reducing health disparities in HPV-related cancer incidence and outcomes through targeted interventions.

Recent developments include FDA-approved self-collection HPV tests available in healthcare settings, which aim to increase screening access for underserved populations. Research indicates that primary hrHPV testing detects higher rates of precancerous lesions but also results in more false positives compared to cytology. Ongoing discussion about raising the initial screening age to 25 as HPV vaccination coverage increases. While this could lower unnecessary screening, it may also widen disparities in vaccination and screening access. Differences between the American Cancer Society guidelines and the US Preventive Services Task Force may influence future updates and public health strategies.

Kate concluded by emphasizing the need for balanced approaches that maximize public health benefits while minimizing disparities. The presentation underscored the importance of collaborative efforts to the Healthy People 2030 objective and improve outcomes for all populations.

Maryland's Initiative to Increase HPV Vaccination Rates Among Adolescents and Adults

Brian Mattingly, Maryland Department of Health, provided an in-depth overview of the state's efforts to improve HPV vaccination rates through the work of the HPV Vaccination Workgroup. This group comprises over 20 members from organizations such as the American Cancer Society, Johns Hopkins, and local health departments. The initiative addresses a critical public health issue: HPV vaccination rates in Maryland, which remains around 60% for males and females, significantly lower than those for adolescent vaccines like meningococcal and T-dap.

Brian specified through workgroup's key projects and collaborations to improve these rates. One standout initiative, led by Brian and the workgroup, was a collaboration with John Hopkins community physicians. This project resulted in an 11.1% increase in targeted quality improvement strategies, including training healthcare staff and fostering community engagement. Another notable initiative championed by Brian was the "HPV: Don't Wait. Vaccinate!" campaign. This online platform, supported by the Indiana Immunization Coalition, offered free educational resources to 82 Maryland physicians to encourage increased vaccination rates.

Brian emphasizes in his presentation the importance of statewide advocacy. He discussed a best practices letter, which he and his team disseminated to healthcare providers across Maryland and neighboring states. This letter encouraged measures such as same day vaccination, utilizing pharmacies, and optimizing electronic health records to target individuals aged 9 to 45. Additionally, the workgroup's efforts to address low HPV vaccination rates among military personnel by drafting a letter to the Department of Defense (DOD). He underscored the increased risks of HPV-related cancer among military members and proposed actionable recommendations, including reinstating vaccination at military accession points, and improving education on the vaccine.

Brian also played a key role in increasing Maryland Army National Guard vaccination rates. He described how soldiers were educated about HPV and enrolled for vaccinations. Despite challenges such as insurance verification and payment models, Brian and his team developed a phased approach incorporating preparation, education, and follow-up vaccinations at pharmacies or subsequent drills. His collaboration with pharmacies and Merck's Patient Assistance Program ensured that even uninsured soldiers could receive the vaccine.

Brian extended the focus beyond military populations by emphasizing the workgroup's partnerships with Maryland's colleges and universities, including historically black colleges. Through leadership, this collaboration sought to incorporate HPV vaccination into student health initiatives by utilizing enrollment procedures, engaging student leaders, and partnering with local pharmacies. Looking ahead, Brian detailed plans to involve dental professionals in promoting HPV vaccination, increase awareness of HPV-related cancers, and take significant steps toward eliminating cervical cancer in Maryland.

Brian also drew attention to the financial burden of HPV-related cancers, particularly within the Veterans Administration. He noted that hospitalization costs for cancer are significantly higher than average inpatient and outpatient costs, reinforcing the economic and healthcare rationale for preventive vaccination.

Brian stressed that Maryland's Collaborative approach is yields positive results. Despite the challenges posed by logical and insurance barriers. By fostering partnership, prioritizing education, and implementing innovative strategies, Brian and the HPV Vaccination Workgroup continue to make substantial progress in increasing vaccination rates and reducing HPV-related cancer risks across the state.

Delaware's HPV Vaccination Report

Jim Talbott, Director of Immunization and Vaccines for Children presented data on vaccination rates for children and adolescents. Jim explained the decline in the vaccination coverage rate. He also discussed the Quality Improvement Program (QIP), a national initiative by the CDC to improve vaccination rates. The program has achieved a 10% to 25% improvement in coverage rates among participating healthcare providers. Jim provided detailed information on recommended HPV vaccine schedules for children and adolescents. For those receiving their first dose before their 15th birthday, a 2-dose is recommended, with the second dose administered 6 to 12 months after the first.

The minimum interval between doses is 5 months, and if the second dose is given after a shorter interval, a third dose is required at least 5 months after the first and 12 weeks after the second dose. Vaccine doses do not need to be repeated if the schedule is interrupted. As there is no maximum interval between doses. Immunogenicity studies have shown that two doses given to individuals aged 9 to 14, at least 6 months apart, provide equivalent or better protection than the three-dose series given to older adolescents or younger adults.

Jim explained that for individuals who receive their first dose on or after their 15th birthday or for those with specific immunocompromising conditions, a 3-dose vaccination schedule is recommended. The second dose should be administered 1 to 2 months after the first, and the third dose should follow 6 months after the first. The minimum intervals for the 3-dose series are as follows: 4 weeks between the first and second doses, 12 weeks between the second and third doses, and 5 months between the first and third doses. If doses are administered outside these minimum intervals, they must be re-administered once the correct intervals have elapsed. However, if the vaccination schedule is interrupted, doses do not need to be repeated; the series can continue from where it left off.

Jim also discussed the CDC's IQIP (Immunization Quality Improvement Program), part of the Vaccines for Children (VFC) program. IQIP helps healthcare providers identify opportunities to increase vaccine uptake. Each year, 25% of VFC-enrolled providers are required to participate in IQIP. The Program encourages providers to experiment with new vaccination delivery strategies and integrate improvements into their current practices. IQIP supports providers in sustaining these improvements and ensures they are informed about vaccination coverage and missed opportunities for vaccination. It also provides providers with data from Immunization Information Systems (IIS) to help enhance service delivery and coverage.

Sharing Time

There was no sharing time.

Public Comment

There were no Public Comments**.**

Adjournment

The meeting was adjourned at 11:30 am.

Attachments


Brian M. HPV Presentation_Delew


Cervical Cancer and HPV 1-13-25 -Kate.Si


Jim T. DPH HPV Updates 1.2.25(ED&

Meeting documentation is available on the DCC website (www.healthydelaware.org) or by contacting Jade Nagyiski (Jade.Nagyiski@Delaware.gov or 302-744-1065).

Future Meeting(s)

Next Meeting: **April 7th 2025 – Hybrid - TBD**	**2025 Meetings:** **January 13, 2025 – Hybrid** **April 7,2025 – Hybrid** **July 14, 2025 – Hybrid** **October 6, 2025 – Hybrid**