Delaware Cancer Consortium
Advisory Council
January 13, 2025
Approved Minutes
HYBRID MEETING

In-person location:

Thomas Collins Bldg, Dover DE

Members

Participated	Katy Connolly – Chair
Participated	Heather Bittner-Fagan – Christiana Care Health System
Participated	Deborah Brown, CHES – American Lung Association
Participated	Eric Buckson – Delaware Senate
Did not Participate	Natalie Crisenzo – Office of the Governor
Did not Participate	Stephen Grubbs, MD – American Society of Clinical Oncologists
Did not Participate	Bethany Hall-Long, RNC, PhD – University of Delaware/Delaware Lt. Governor
Did not Participate	Kendra Johnson – Delaware House of Representatives
Participated	Valerie Jones Giltner – Delaware House of Representatives
Did not Participate	Awele Maduka, MD – State Medical Director
Did not Participate	Meg Maley, RN, BSN – Welldoc, Inc.
Participated	Nicholas Petrelli, MD – Christiana Care - Helen F. Graham Cancer Center
Did not Participate	Marie Pinkney – Delaware Senate
Participated	Tim Ratsep – Delaware of Natural Resources and Environmental Control
Participated	Rishi Sawhney, MD – Bayhealth Medical Center
Participated	James Spellman, MD, FACS, FSSO – Beebe Healthcare - Tunnell Cancer Center
Did not Participate	Scott Siegal, MD – Christiana Care - Helen F. Graham Cancer Center

Staff

Participated	Helen Arthur– Delaware Division of Public Health
Participated	Lisa Moore – Delaware Division of Public Health
Participated	Sharon Richey -Delaware Division of Public Health
Participated	Sumitha Nagarajan – Delaware Division of Public Health
Participated	Dawn Hollinger – Delaware Division of Public Health
Participated	Paulette Robinson-Wilkerson – Delaware Division of Public Health
Participated	Lyra Gibbs-Lloyd – Delaware Division of Public Health
Participated	Lauren Butscher – Delaware Division of Public Health
Participated	Sarah Cattie – Delaware Division of Public Health
Participated	Jade Losh – Delaware Division of Public Health
Did not Participate	Nikita Clark - Delaware Division of Public Health
Did not Participate	Stephen Cassese – Delaware Division of Public Health
Did not Participate	Dale Goodine - Delaware Division of Public Health

Guests

Participated	Rita Williams – Beebe Healthcare
Participated	Pam Schauer- American Cancer Society
Participated	Allison Gil – American Cancer Society
Participated	Jane Montealegre MD- Anderson Cancer Center
Participated	Frank Hawkins – Director of Prevention Services, AIDS Delaware
Participated	Brian Richemier- Program Manager, Remedy Healthcare

Participated	Jim Talbott - Division of Public Health, HPV Program Administrator
Participated	Sarena Fester – SJF Solution, Public Observer
Participated	Mason Williams- Public Observer
Participated	Louisa Phillips- Public Observer
Participated	Bria Greenice- Public Observer

Welcome/Review/Approval of Minutes

Review/Approval of Minutes

Katy Connolly, Chair, began the Advisory Council meeting at 8:31 a.m. Katy announced that Dr. Grubbs, after two decades of the service to the Delaware Cancer Consortium is stepping away. Dr. Nick Petrelli made a motion to approve July 2024 minutes as written and Deb Brown seconded the motion. Advisory Council members voted and approved the minutes.

Delaware Cancer Treatment Program (DCTP) Update

Dawn Hollinger shared During the first six months of the fiscal year 2025, the Delaware Cancer Treatment Program approved 49 Delaware residents for coverage under the program. Comparing this to the same time period in fiscal year 2024 when we approved 24 applications the first six months and a total of 80 for the year, we are trending much higher this fiscal year. As of December 31, 2024, the total numbers of Delaware residents actively enrolled in the two-year program was 120. Of those enrolled, 20 are undocumented residents, 9 are temporarily eligible for coverage and 91 are on the finical hardship waiver. A total of 76% of those approved for financial hardship waiver are Medicare clients compared to 70% this time last year.

Dawn also explained For DCTP expenditures, the full $1.8million on the purchase order was exhausted for fiscal year 2024 date of services claims payments. The program is level funded for the fiscal year 2025 where we have paid just under $200,000 for claims submitted for the dates of service after July 1, 2024. We began receiving claims for the fiscal year in early November, which is typical for claims submission.

Bureau of Cancer Prevention and Control Budget

Dawn Hollinger shared that we are preparing our bureau's year four grant applications for all three components of the cancer grants from CDC. Applications for the breast and cervical program, comprehensive cancer control program and cancer registry are due February 10th, 2025. For the year four grant applications, The Bureau is proposing to expand activities and utilize community health care workers to help us increase community education and outreach by partnering with more faith based and community-based organizations. The Bureau is also continuing our data enhancement and data modernization initiatives to expand data collection and visualization activities.

Dawn also explained the fiscal year 2025 budget for Bureau of Cancer Prevention and Control is funded at the same level as fiscal year 2024. The Bureau is awaiting the fiscal year 2026 Governor's recommended budget but the expect the bureau to again receive the same level of funding.

The Bureau receives approximately $585,000 each year for the Health Care Connection/Uninsured Action Plan projects. As in the previous few years, the Health Fund Advisory Committee recommended switching the funding source back to Delaware of Public Health Budget instead it from Tobacco Settlement. That has not occurred that last several years it has been proposed, but it is something that the bureau is prepared for each year just in case bureau activities needs to be adjusted to account for the funding shift.

The Cancer Bureau is applying for the Colorectal Cancer Prevention and Control Grant will discuss the CDC. Grant application is due by February 20. We would like to request a letter of support from the DCC for this application. This is highly competitive grant with only 38 awards for the next 5-year period.

Barriers to Cancer Screening for Individuals living with AIDS/HIV

Frank Hawkins, Director of Advocacy and Community Engagement: the program is the founder of Delaware's largest and oldest AIDS service provider, provided an in-depth overview of the organization's history, services, and long-term goals during a recent meeting. The organization, founded in 1984, is a 501(c)(3) nonprofit and has grown to become the largest AIDS service provider in the state, offering services across all three counties in Delaware.

Frank explained the role of the case management department, which helps individuals living with HIV stay healthy and achieve undetectability, an important milestone in HIV care. He emphasized that case management is the organization's most extensive service, supporting a large number of clients across the state. The organization also runs a variety of educational programs aimed at raising awareness about HIV, along with a 24/7 hotline to provide immediate support and resources.

In addition to these services, the organization plays a strong advocacy role, working to reduce the stigma around HIV and supporting families affected by the virus. One of the unique aspects of the organization's outreach efforts is its collaboration with barbershops and beauty salons, where staff disseminate important information about HIV and health screenings. Frank stressed the importance of these health screenings in early HIV detection and prevention, particularly in communities that may not have easy access to traditional healthcare.

Frank also discussed the organization's telehealth service for Pre-Exposure Prophylaxis (PrEP), a medication that can help prevent the transmission of HIV. This service, paired with a social media campaign to raise awareness about PrEP, represents a key component of the organization's strategy to reduce new HIV infections. The organization's overall goal is to end the HIV epidemic by 2030, focusing on early diagnosis, consistent treatment for those living with HIV, preventing new infections, and maintaining a responsive approach to the ongoing epidemic.

In addition to the services provided, Frank addressed some of the challenges faced by the organization's clients. He pointed out that many clients, particularly those over the age of 50, struggle to access cancer screenings due to fear of stigma or discrimination if they disclose their HIV status to other healthcare providers. This issue is compounded by the ongoing impact of COVID-19, which has caused some clients to isolate and become more hesitant to engage with healthcare services. Frank expressed the need for better communication and outreach to educate clients about the importance of these screenings and to reassure them that they can access care without facing discrimination.

During the meeting, Helen Arthur asked about the age range of the organization's clients. Frank confirmed that the majority are over 50 years old, with the youngest client being just 12 years old. He also shared that the organization accepts undocumented residents and provides Medicaid services to ensure that all individuals, regardless of immigration status, have access to necessary healthcare.

FY25 Cervical Cancer and HPV Education and Outreach Campaigns

Alex Parkowski, the director of the Behavior Change Division at AB & C, presented two new health-related campaigns that launched in January. The first campaign focused on encouraging Delaware women aged 21 to 65 to get screened for cervical cancer and promoting the HPV vaccine, specifically targeting women from diverse ethnic backgrounds and underserved communities. The campaign used mass media, community-based grassroots efforts, and partnerships with local organizations. The second campaign targeted parents and caregivers of children aged 9 to 17, urging them to get their children vaccinated against HPV. This campaign focused on pediatricians and primary care providers and included paid advertisements, digital billboards, and collaborations with healthcare associations and schools.

During the meeting, Alex expressed enthusiasm about these campaigns and mentioned that campaign results would be shared in the next Delaware Cancer Consortium meeting. The campaign, which would run through the end of March, also had materials available online for those interested in distributing them. Additionally, there was a conversation about reaching undocumented populations, with Dawn Hollinger showing interest in sharing the campaign details with her population health team.

HPV Vaccination Report

Jim Talbott, Director of Immunization and Vaccines for Children, Presented data on vaccination rates for children and adolescents. Jim Explain concerning decline in the up-to-date vaccination coverage rate. He also discussed the Quality Improvement Program (QIP), a national initiative by the CDC aimed at improving vaccination rates. The program has successfully achieved a 10-25% improvement in coverage rates among participating healthcare providers.

Jim provided detailed information on recommend 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 6-12 months after the first. The Minimum interval between doses is 5 months and if the second 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. Importantly, 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 9-14 year olds at least 6 months apart provide equivalent or better protection compared to the three-dose series given to older adolescents or younger adults.

Jim explained for individuals who receive their first dose on or after their 15th birthday, or those with certain immunocompromising conditions, a 3-dose schedule is recommended. The second dose should be administered 1-2 months after, and the third dose 6 months after the first. The minimum intervals for the 3-dose series are 4weeks between the first and second doses, 12 weeks between the second and third and 5 months between the first and third. If doses are given outside these intervals, they must be re-administered once the correct intervals have passed. Again, doses do not need to be repeated if the vaccination schedule is interrupted.

Jim also discussed the CDC's IQIP (Immunization Quality Improvement Program) which is 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.

Cervical Cancer Self-Collection Tests

Dr. Jane Montealegre from MD Anderson Cancer Center emphasized the critical role od cervical cancer screening in reducing health disparities and the transformative potential of self-collection for HPV testing. She discussed the disproportionate burden of cervical cancer among marginalized group groups, including black women, LGBTQ+ individuals, low-income population, and recent immigrants, who often face barriers to traditional screening methods. These disparities are largely driven by social determinants of health (SDOH), such as access to resources, economic conditions, and systemic inequities, rather than biological factors. Addressing these SDOH is essential to advancing health equity and reducing unjust cancer disparities.

Dr. Montealegre explained the evolution of cervical cancer screening guidelines, a preference for primary HPV testing due to its higher sensitivity and specificity compared to Pap tests or co-testing. Current guidelines recommend screening for individuals with a cervix starting at age 25. Primary HPV testing is advised every 5 years, and if unavailable, co-testing every 5 years or a pap test every 3 years is acceptable. Self-collection for HPV testing, an emerging option, involves patients using kit to collect vaginal samples, which are then tested for HPV DNA. This method has been shown to increase participation among individuals who are rarely or never screened, the same group at the highest risk for cervical cancer. Self-collection has comparable accuracy to clinician-collected samples for HPV testing and is more effective than Pap testing alone.

While self-collection must currently be performed in healthcare settings, patients have various options for privacy during sample collection. Challenges include ensuring patients return for follow-up care after a positive result and addressing the limitation that cytology testing cannot be performed on self-collected samples. Approximately 10% of patients are expected to receive positive results, requiring further testing or procedures such as colposcopies. Eligibility criteria for self-collection remain the same as for other forms of cervical cancer screening.

Dr. Montealegre also explained the logistical and systemic hurdles to implementing self-collection, including the need for adequate lab support, insurance coverage, and alignment with Electronic Health Records (EHR) systems. Practices must verify that their labs can process self-collected samples and ensure up-to-date instructions and billing codes are in place. She expressed the importance of primary care providers advocating for primary HPV testing and integrating self-collection as part of routine screening options. Currently, only two tests, Cobas and OnClarity, are FDA-approved for self-collection, both of which detect 14 high-risk HPV types using PCR assays. Despite challenges, self-collection has the potential to address health disparities by reaching underserved populations. Data from other countries, such as Australia and the Netherlands, show that self-collection has successfully increased screening rates among individuals who typically avoid traditional provider-based screening. Studies, including the ongoing SHIP trial I the United States, are evaluating the feasibility of self-collection in house settings, further expanding its accessibility.

Dr. Montealegre concluded by underscoring the need for investment in safety nets and community health programs to support the implementation of self-collection and ensure equitable access to cervical cancer prevention. By adopting innovative screening methods and addressing the broader social determinants of health, significant strides can be made in reducing cervical cancer disparities and improving health outcomes for all populations.

Sharing Time

There were no Public Comments.

Public Comment

There were no Public Comments.

Adjournment

Chair, Katy Connolly adjourned the meeting at 10:00 am after thanking all members and staff for participating.

Attachments


Jim T. DPH HPV Updates 1.2.25(ED&


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AIDS Delaware presentation.ppt


AB&C_HPVVacine+ CervicalCancerScree

Meeting documentation is available on the DCC website (www.healthydelaware.org) or by contacting Jade Nagyiski (Jade.Nagyiski@delaware.gov or 302-744-1000).

Future Meeting(s)

Next Meeting: **April 14th, 2025 - Hybrid**	**2025 meetings:** **January 13th, 2025 - Hybrid** **April 14th, 2025 - Hybrid** **July 14th, 2025 – In-person** **October 6th, 2025 - Hybrid**