Breakout Topic F:

Novel Strategies In HPV Cancer Prevention

11:00 AM – 12:30 PM

American Cancer Society®

NATIONAL HPV VACCINATION ROUNDTABLE

American Cancer Society®

NATIONAL ROUNDTABLE ON CERVICAL CANCER

Breakout Topic F:
Novel Strategies in HPV Cancer Prevention

Catherine Peters
American Cancer Society Cancer Action Network (ACS CAN)

Lillian Kreppel
HPV Cancers Alliance

Katie Crawford
American Cancer Society

Molly Black
American Cancer Society

Headwinds and Tailwinds Impacting State Policies on Vaccines and HPV Related Cancers

2026 American Cancer Society National HPV Roundtable and National Roundtable on Cervical Cancer National Meeting

Cathy Peters
Senior Director, State and Local Campaigns
American Cancer Society Cancer Action Network
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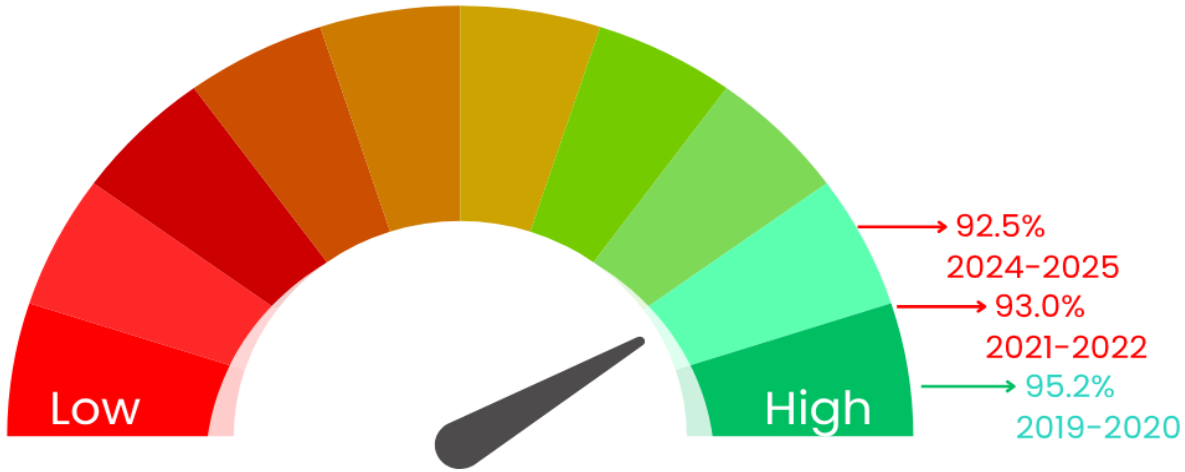
*Nothing to disclose

- Volume of anti-vaccine bills still high in states
- SUCCESS: 2026 saw very few harmful bills enacted
- Small and incremental changes to vaccine policy in conservative states over the years
- Major themes
  - mRNA
  - School entry requirements and exemptions
  - Medical freedom and nondiscrimination
  - Coverage delinked from ACIP
  - Department of health and local public health authority

Figure 7: Decline in Kindergarten Vaccination Rates, 2019–2025[27]



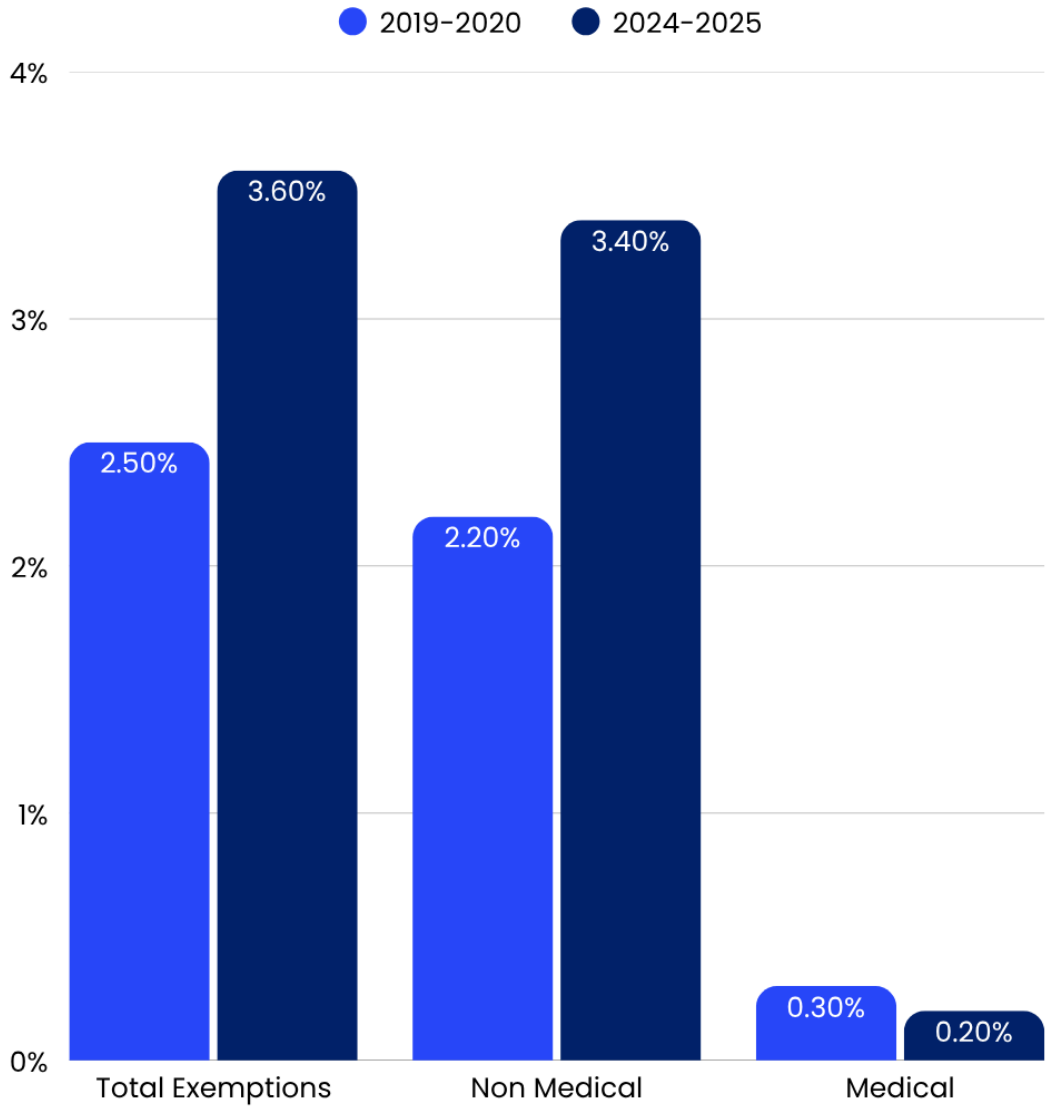
During the 2024–2025 school year, vaccination coverage among kindergartners in the U.S. **decreased** for **all reported vaccines** from the year before.[27]

Centers for Disease Control and Prevention. Vaccination coverage and exemptions among kindergartners — United States, 2024-2025 school year. CDC. Published July 31, 2025. Accessed March 18, 2026.

Figure 8: Rising Childhood Vaccine Exemption Rates[27]

National vaccine exemption rates reached a record 3.6% in 2024–2025, up from 2.5% in 2019–2020.

Growth in nonmedical exemptions drove the increase, while medical exemptions decreased. **Nonmedical exemptions** to school-based childhood vaccination requirements are **associated with lower vaccination coverage and increased risk of outbreaks.**[41,42]



Centers for Disease Control and Prevention. Vaccination coverage and exemptions among kindergartners — United States, 2024-2025 school year. CDC. Published July 31, 2025. Accessed March 18, 2026.

Goldstein ND, Suder JS. Towards eliminating nonmedical vaccination exemptions among school-age children. Del J Public Health. 2022;8(1):84-88. doi:10.32481/djph.2022.03.014

Figure 10: Reduction in Cervical Cancer Incidence in Jurisdictions with HPV School-Entry Vaccination Requirements[45]

Three of the four jurisdictions with the **greatest declines in cervical cancer incidence** between 2000–2005 and 2016–2021—each exceeding 50%—have **HPV vaccination requirements for school entry.**

HPV Vaccination Coverage (Girls 13–17, 2022)*

State	HPV Vaccination Rate	HPV School-Entry Requirement
Rhode Island	93.3%	✓
Hawaii	88.6%	✓
District of Columbia	88.0%	✓
Michigan	82.5%	✗

*Vaccination coverage is defined as receipt of at least one dose of the HPV vaccine, not up-to-date coverage

Jiang C, Rosenberg PS, Star J, Bandi P, Bednarczyk RA, Jemal A, Sung H. State-level progress in reducing cervical cancer incidence among US young women between the pre- and post-human papillomavirus vaccination eras. J Natl Cancer Inst. 2026 Feb 24:djag051. doi: 10.1093/jnci/djag051. Epub ahead of print. PMID: 41730310.

Beyond Vaccination

American Cancer Society Cancer Action Network

- Medicaid
- Screening Programs
- Elimination of OOP Costs
- Economic & Legal Threats

ACS CAN Report

Vaccination Policies and the Impact on the Cancer Community: The Important Role of Childhood Immunization

https://www.fightcancer.org/policy-resources/vaccination-policies-and-impact-cancer-community-important-role-childhood-0

Thank You

A CONVERSATION THAT CAN'T WAIT

LILLIAN KREPPEL, CEO & CO-FOUNDER, HPV CANCERS ALLIANCE

HPV Cancers Alliance

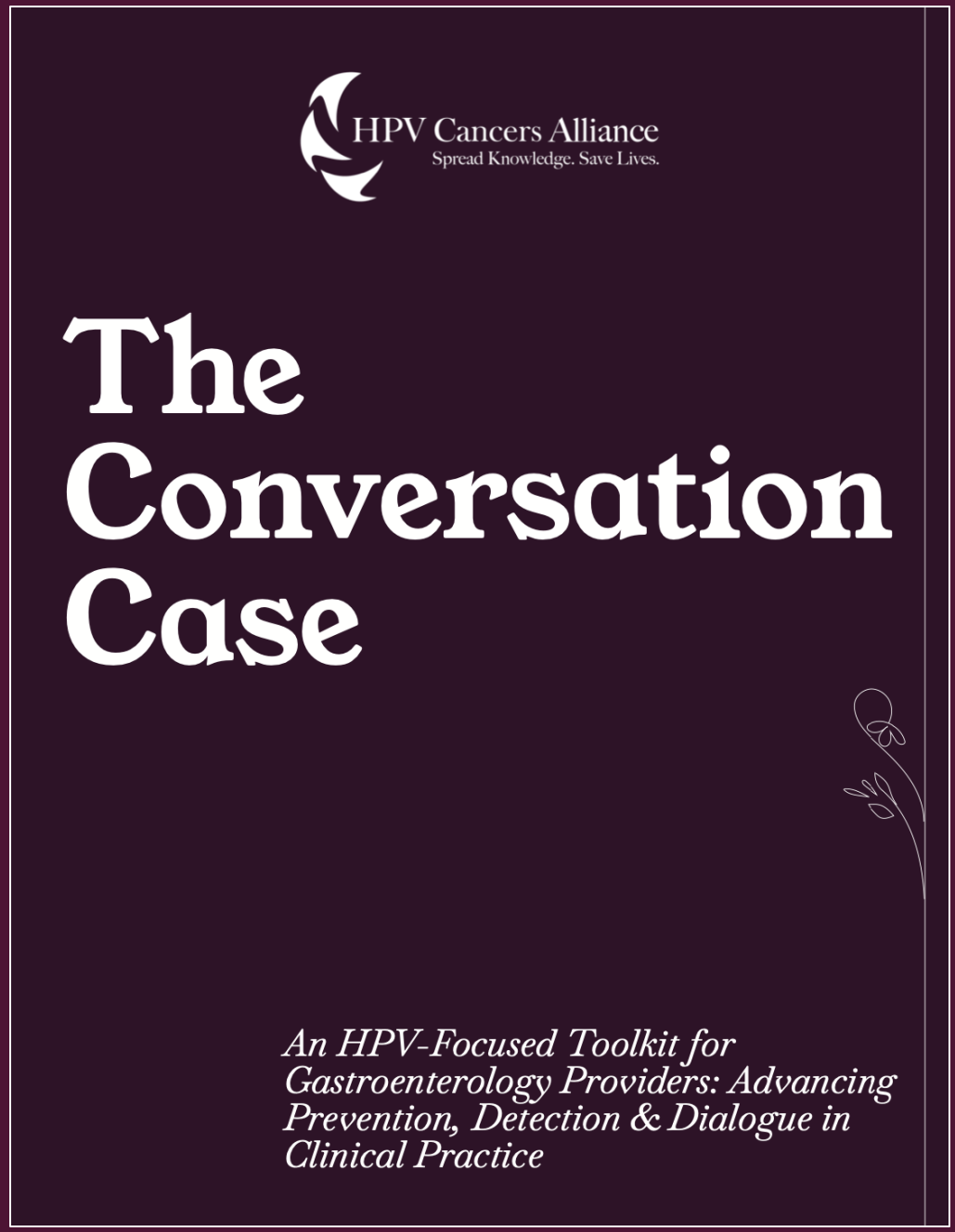
Spread Knowledge.
Save Lives.

DISCLOSURES

HPV Cancers Alliance has received funding from:

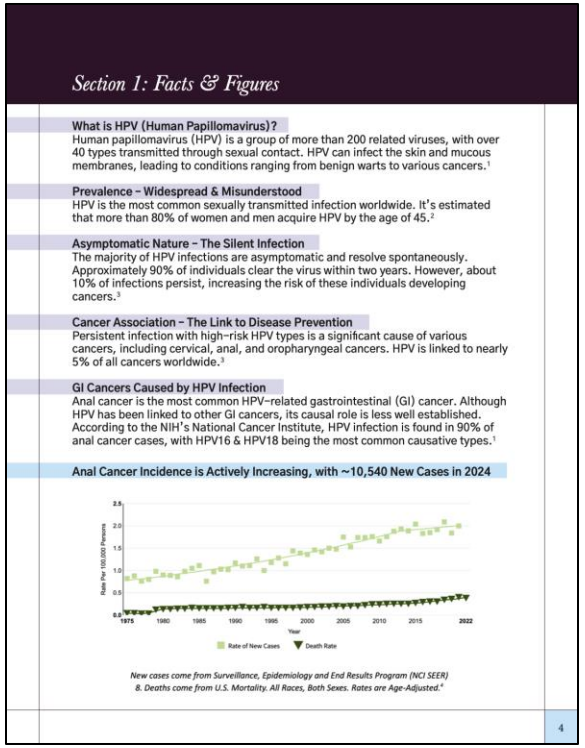
- Merck
- BD (Becton Dickenson)

LILLIAN'S STORY



Collaborators:

Joel Palefsky, M.D., C.M., F.R.C.P.(C).
Carl McDougal, M.D.
Lawrence Brandt, M.D.
Shari Short, M.A.
Isabella Johnson, M.P.H.



Section 1: Facts & Figures

What is HPV (Human Papillomavirus)?
Human papillomavirus (HPV) is a group of more than 200 related viruses, with over 40 types transmitted through sexual contact. HPV can infect the skin and mucous membranes, leading to conditions ranging from benign warts to various cancers.[1]

Prevalence – Widespread & Misunderstood
HPV is the most common sexually transmitted infection worldwide. It's estimated that more than 80% of women and men acquire HPV by the age of 45.[2]

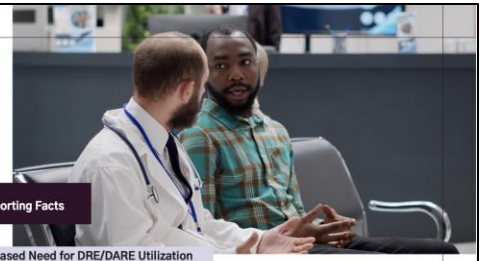
Asymptomatic Nature – The Silent Infection
The majority of HPV infections are asymptomatic and resolve spontaneously. Approximately 90% of individuals clear the virus within two years. However, about 10% of infections persist, increasing the risk of these individuals developing cancers.[3]

Cancer Association – The Link to Disease Prevention
Persistent infection with high-risk HPV types is a significant cause of various cancers, including cervical, anal, and oropharyngeal cancers. HPV is linked to nearly 5% of all cancers worldwide.[3]

GI Cancers Caused by HPV Infection
Anal cancer is the most common HPV-related gastrointestinal (GI) cancer. Although HPV has been linked to other GI cancers, its causal role is less well established. According to the NIH's National Cancer Institute, HPV infection is found in 90% of anal cancer cases, with HPV16 & HPV18 being the most common causative types.[1]

Anal Cancer Incidence is Actively Increasing, with ~10,540 New Cases in 2024

New cases come from Surveillance, Epidemiology and End Results Program (NCI SEER) 8. Deaths come from U.S. Mortality. All Races, Both Sexes. Rates are Age-Adjusted.[4]



Supporting Facts

Increased Need for DRE/DARE Utilization

- In 2020, a comprehensive national analysis of anal cancer trends was conducted for the first time, uncovering a significant increase in the incidence of HPV-associated squamous cell carcinoma (SCCA) – the most common histologic subtype of anal cancer – along with a rise in advanced-stage cases and mortality rates.[12]
- Anal cancer incidence and mortality rates have increased 1.5-fold in both men and women over 50 – and more than two-fold in men and women living in Midwestern and Southeastern states.[12]
- Anal cancer is now more common than cervical cancer among some populations, specifically white women over the age of 65.[13]
- The American Cancer Society (ACS) predicts more than 10,000 new cases in the U.S. in 2024 alone.[14] Research on future patterns in burden and incidence of anal cancer, most notably among high-risk groups, states this trend will continue, with a significant impact on the healthcare system due to the aging population.[15]
- Implementing routine DRE/DAREs and anal cancer screening can play a pivotal role in mitigating the rising incidence of anal cancer. DARE is a simple, safe, and widely accessible procedure that facilitates early detection of anal cancers, enabling timely intervention and reducing the likelihood of progression to advanced-stage disease.[16-17]

THOUGHTS FROM THE FIELD:
Insights from Leading Experts in Gastroenterology

Joel Palefsky, M.D., C.M., F.R.C.P.(C). Director, Anal Neoplasia Clinic, Research & Education Center Infectious disease physician at University of California San Francisco

Internationally recognized researcher, leader of the ANCHOR Study, and founder of the International Anal Neoplasia Society

"Most cases of anal cancer are diagnosed in people who are not in any of the high risk groups. We should emphasize the 'A' in DARE; It's hard to pick up subtle precancerous regions, and we need to be more sensitized to this. Generational differences and varying task force guidelines create challenges. So, if we don't approach this correctly, these precancerous conditions won't be found. Let's connect the dots and build clinician-based awareness. When the guidelines aren't consistent, it's usually because they are wrong."

Carl McDougall, M.D. Associate Attending Physician, Gastroenterologist at The New York Hospital & Associate Clinical Professor of Medicine at Weill Medical College

"Anal cancer is often viewed as an outlier, but projections are certainly likely to change. There's a latency between HPV infection and cancer development that we need to keep in mind. Procedures like the DARE are important, though visits are often symptom-motivated, with only a fraction related to HPV or anal cancer. The common narrative is that anal cancer symptoms are often mistaken for hemorrhoids. Younger trainees are less likely to perform visual exams and DAREs before a colonoscopy, but it's the routine rectal exam that truly makes the difference."

Lawrence Brandt, M.D. Professor, Department of Medicine (Gastroenterology) & Department of Surgery at Albert Einstein College of Medicine

"The decline in proper DAREs can be traced to societal taboos and the decrease in experienced practitioners as seasoned doctors retire. Many providers don't know how to perform the procedure or question its necessity when a colonoscope is used. As a result, proper DAREs are often not performed, and providers need to take responsibility for this. There's also a lack of history being taken, intimacy issues, and discomfort between provider and patient. These challenges often tie into difficult socio-sexual questions, such as asking about sexual preference and partners."

standardized approach to anal cancer prevention.
The challenge is clear. The tools are in place. The next step is in our hands.

Missed Anal Cancer Diagnoses

vs.

Proactive Detection of Precancerous & Cancerous Lesions

Expanding Anal Cancer Screening

Hesitancy to Perform DRE/DAREs

Generational differences in medical training and practice have contributed to a decline in the routine use of DRE/DAREs.

Studies suggest that younger gastroenterologists are less likely to perform DREs as part of routine anal cancer screening, often relying more on colonoscopy for diagnosis. This gap may stem from limited formal education on the procedure, misconceptions about its effectiveness compared to other diagnostic tools, or personal discomfort.[11,19]

SECTION 1: FACTS & FIGURES

SECTION 2: ISSUE STATEMENT

SECTION 3: UNMET NEEDS IN ANAL CANCER

SECTION 4: ACTIONABLE ITEMS FOR GI AUDIENCE

HPV Screening & Risk Assessment Questions for Office Intake Form

HPV Vaccination

1. Have you ever received the HPV vaccine? (YES) (NO)
2. If yes, have you completed the HPV vaccination series (two doses between ages 9–14 OR three doses between ages 15–26) ? (YES) (NO)

HPV Screening

1. Have you ever undergone screening for HPV-related diseases (e.g., anal Pap test, cervical Pap smear test, HPV DNA testing)? (YES) (NO)
2. If yes, when was your most recent screening? _____
3. Have you ever been advised to have more frequent screenings due to HPV or related abnormalities?

HPV History

1. Have you ever been diagnosed with any HPV-related conditions (e.g., genital warts, anal dysplasia, cervical dysplasia, or anal cancer)? (YES) (NO)
2. If yes, please specify the condition and approximate date of diagnosis: _____
3. Are you currently experiencing any symptoms such as anal pain, bleeding, or unusual discharge? (YES) (NO)

1. Clarifying HPV Symptoms and Raising Clinical Suspicion

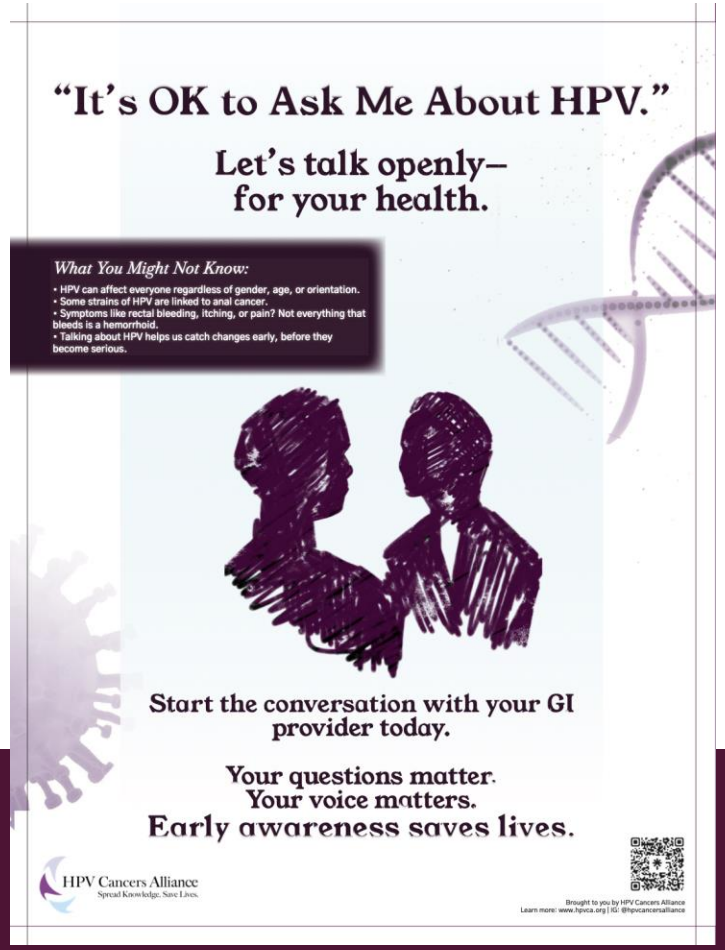
Key Message: Most high-risk HPV infections cause no symptoms, but the outcomes can be serious if left unchecked.

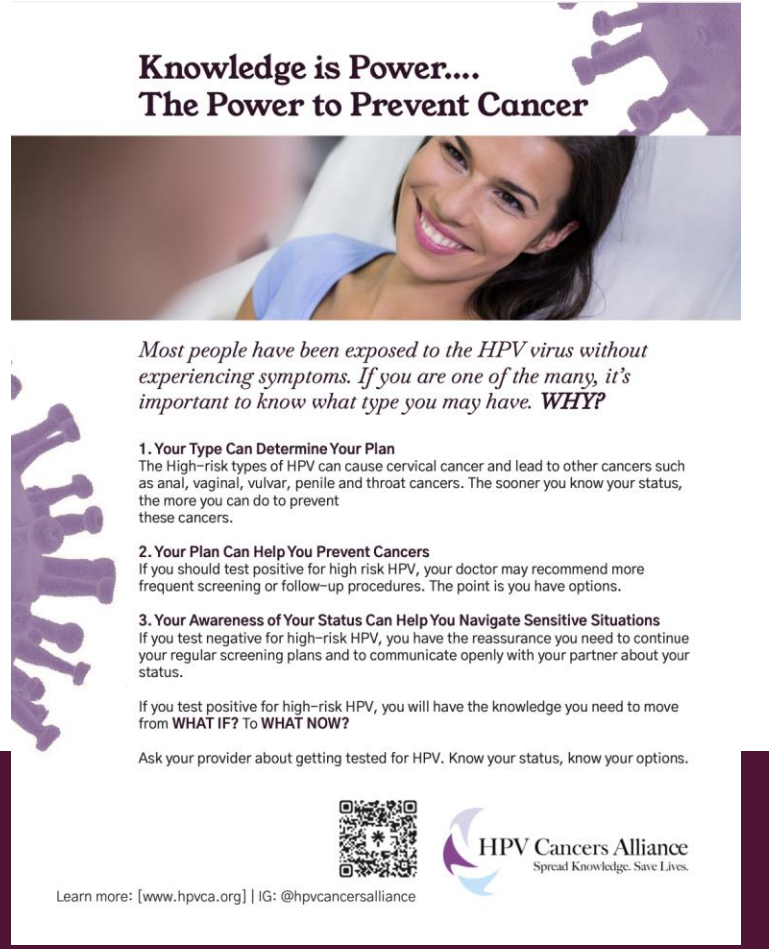
Talking Points:

- "HPV itself often has no signs or symptoms, especially the high-risk types that can lead to cancer."
- "That's why we pay close attention to persistent symptoms that could indicate early changes, even if they seem minor."
- "Not everything that bleeds is a hemorrhoid. Persistent bleeding, pain, or itching in the anal or rectal area requires a closer look."
- "By doing this work early, we often catch problems before they become some-thing more serious."

Common Warning Signs to Watch For:

- Rectal or anal bleeding (especially if persistent or unexplained)
- Anal pain, itching, or pressure
- Lumps or growths near the anus
- Changes in bowel habits





ACTIONABLE ITEMS FOR GI AUDIENCE

Thank You

Katie Crawford
Senior Program Manager, Implementation Collaborative's
American Cancer Society

American Cancer Society
Every cancer. Every life.®

Convening Health Plans: Change through Partnerships to Increase HPV Vaccination Efforts

Disclosures

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I have no conflicts of interest to disclose.

Agenda

- Why Health Plans are critical partners
- Past Cohort Findings
- Summit and Resource Development
- Current Cohort
- What’s Next

ACS ARC Network

The ACS Accelerating Research to Care (ARC) Network is a three-tiered approach that ensures optimal resource allocation and meaningful impact.

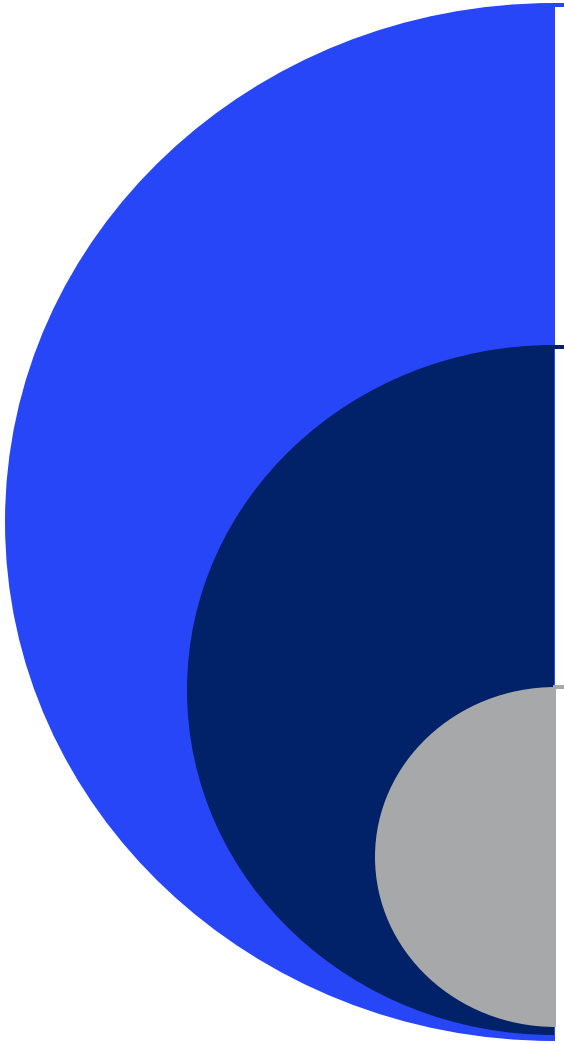
Tier 1: Knowledge Translation	**Tier 2**: Evidence Implementation	**Tier 3**: Practice Transformation
• **Community Health Center Capacity Building** • **Promising Practices Series** • **Rural Learning Community** • **State Engagement Program**	• Addressing Barriers to Cancer Care for AIAN and NHPI Individuals • **HPV Health Plan Learning Collaborative** • Screening Interventions Program: Independent Projects and Facilitated Collaborative	• QIResource Consulting (QIRC) for Cancer Centers • **QIResource Consulting (QIRC) for Primary Care**

Source: Accelerating Research to Care (ARC) Network

*__Bolded__ programs indicate initiatives that include an HPV vaccination component.

Why ACS Partners with Health Plans

Learning Collaborative Partnership



ACS ARC Network Team

Programming and evaluation

ACS Associate Directors

Regionally located, manage several health plan accounts, localized recruitment

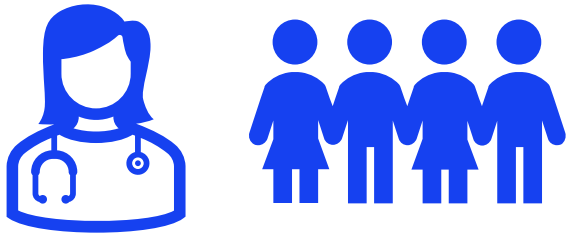
Health Plan Partners

Quality improvement staff that implement interventions to target plan members and/or in-network provider groups

92% of children in the U.S. have health insurance

https://www.census.gov/content/dam/Census/library/publications/2022/demo/p60-278.pdf

Why ACS partners with health plans



Health plans can influence both **providers** and **patients**

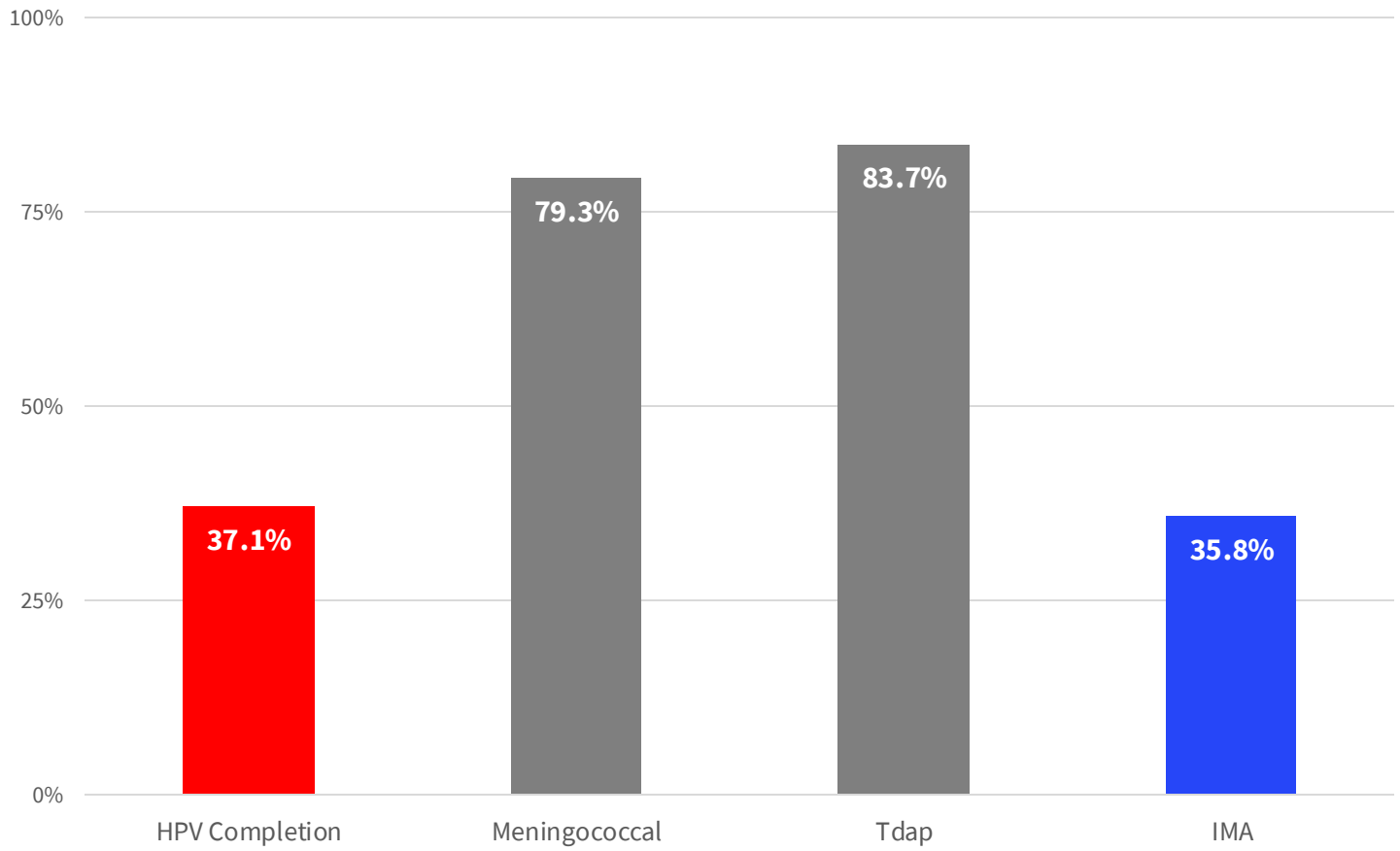
Health plans can reach patients **without a medical home**

Health plans are big, which can mean **big impact**

Why ACS partners with health plans

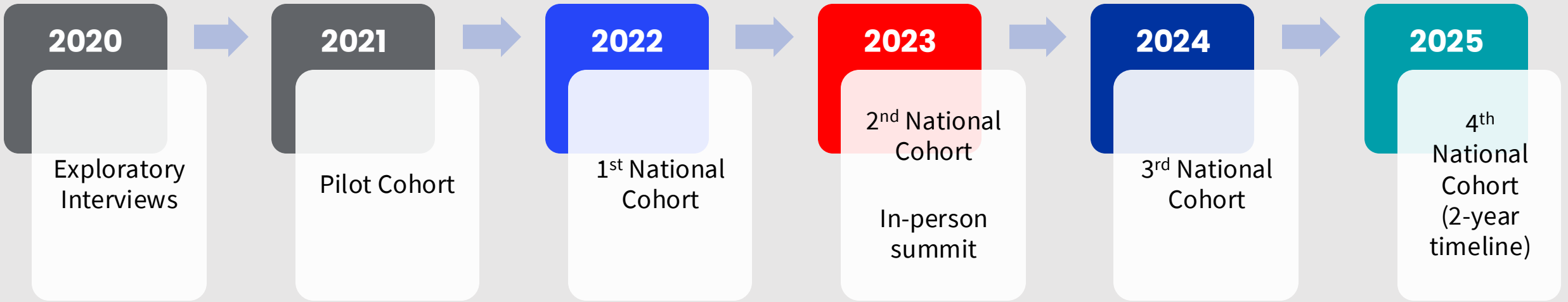
Health plans report annually for on a measure that targets the adolescent vaccination platform

HPV series completion drives the low **adolescent immunization measure (IMA)** rates among age 13 members

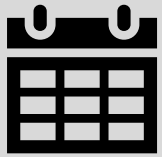


https://www.ncqa.org/report-cards/health-plans/state-of-health-care-quality-report/measures-list/immunizations-for-adolescents-ima/

Timeline of ACS engagement with health plans



Learning Collaborative Structure



12-24 month quality improvement projects led by health plan partners

Quarterly calls led by ACS with content experts and peer learning

Plans submit of baseline, midpoint, and final vaccination data

Access to resources and 1-1 support from ACS

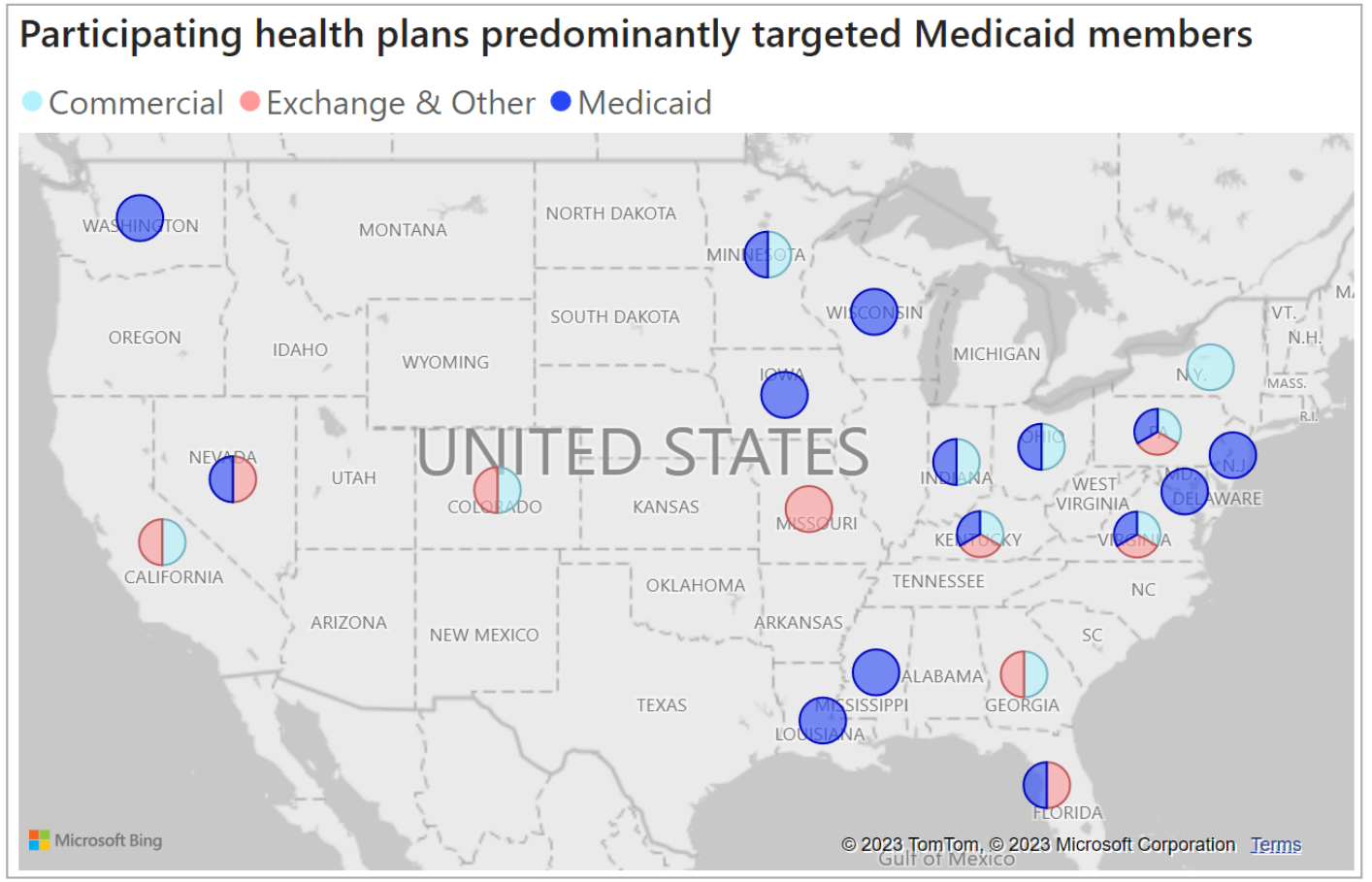
Objectives of the QI Learning Collaborative

1. Increase **HPV on-time vaccination rates** and reduce barriers
2. Create a **comprehensive quality improvement team** & action plan
3. **Implement** evidence informed provider and member interventions
4. Increase understanding of plan **strategies to improve vaccination**
5. **Share** resources, successes, and challenges between plans

2022

1st National Cohort

Number of Product Lines	Total Membership	States Impacted	Providers trained
39	19M	19	1336



2023

2nd National Cohort

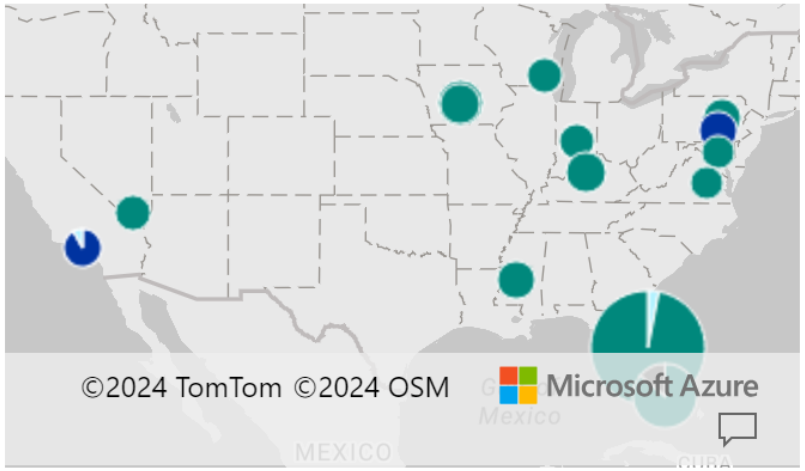
In-person Summit

19
Product lines from 14 plans

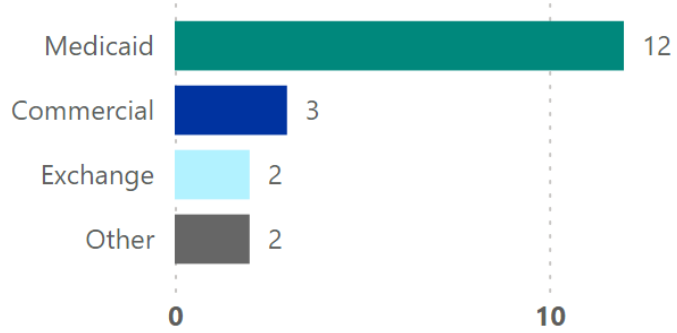
11
States impacted

127,554
Age 13 HPV vaccination eligible patients

Participating health plans reached 11 states



Majority of plans reach Medicaid members



2024

3rd National Cohort

26 Health plans

17 States

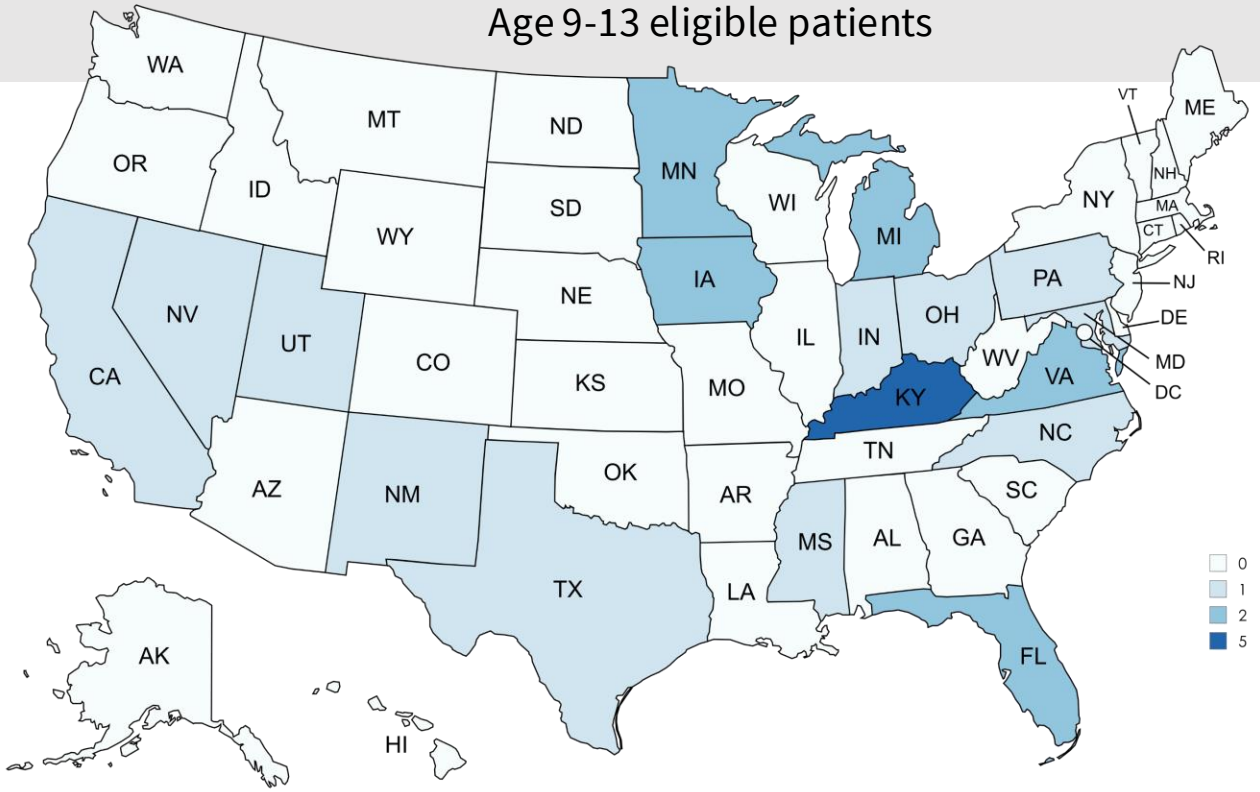
39 Product lines

249,927 Age 13 eligible patients

74% Enrolled in Medicaid

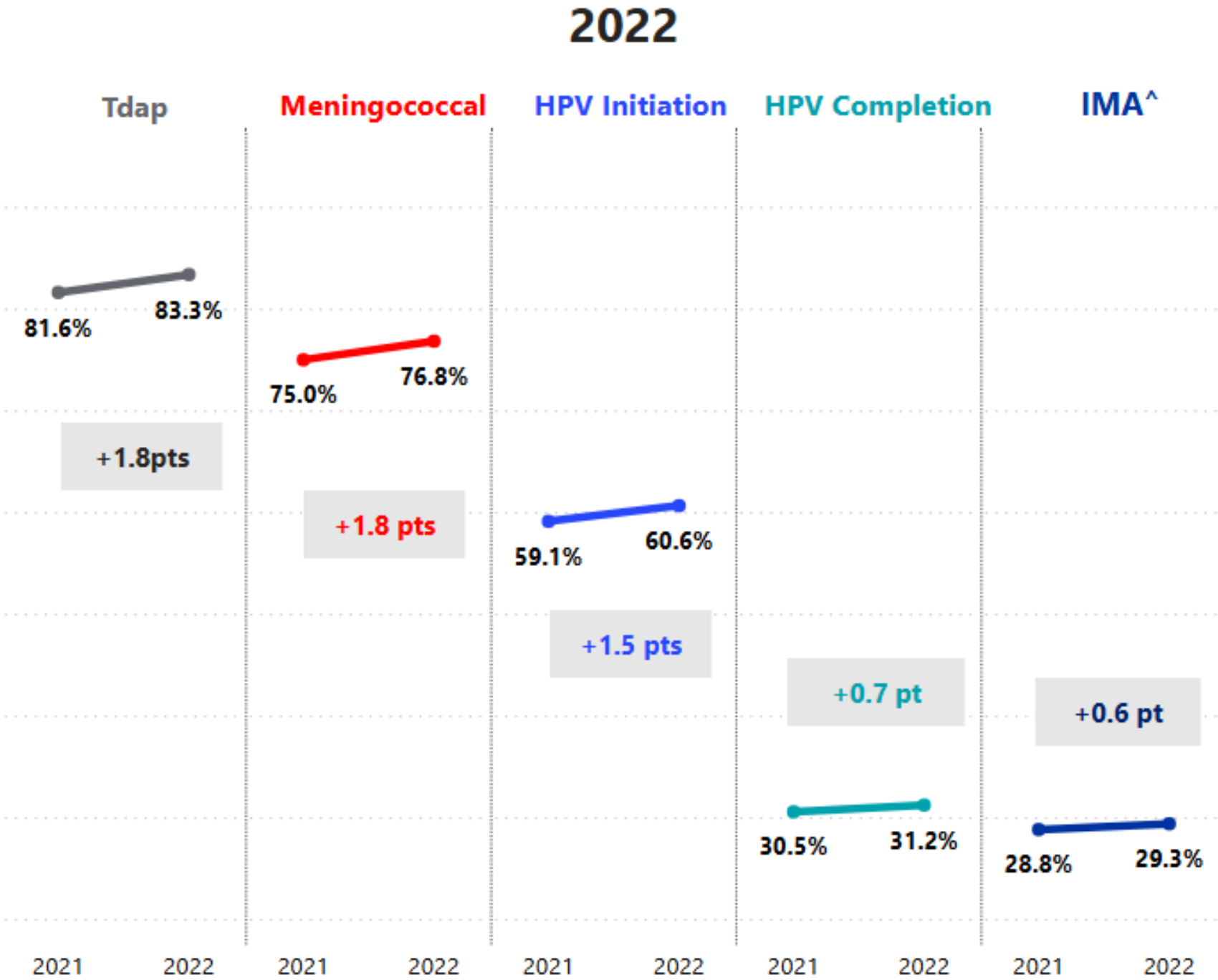
1,231,330

Age 9-13 eligible patients

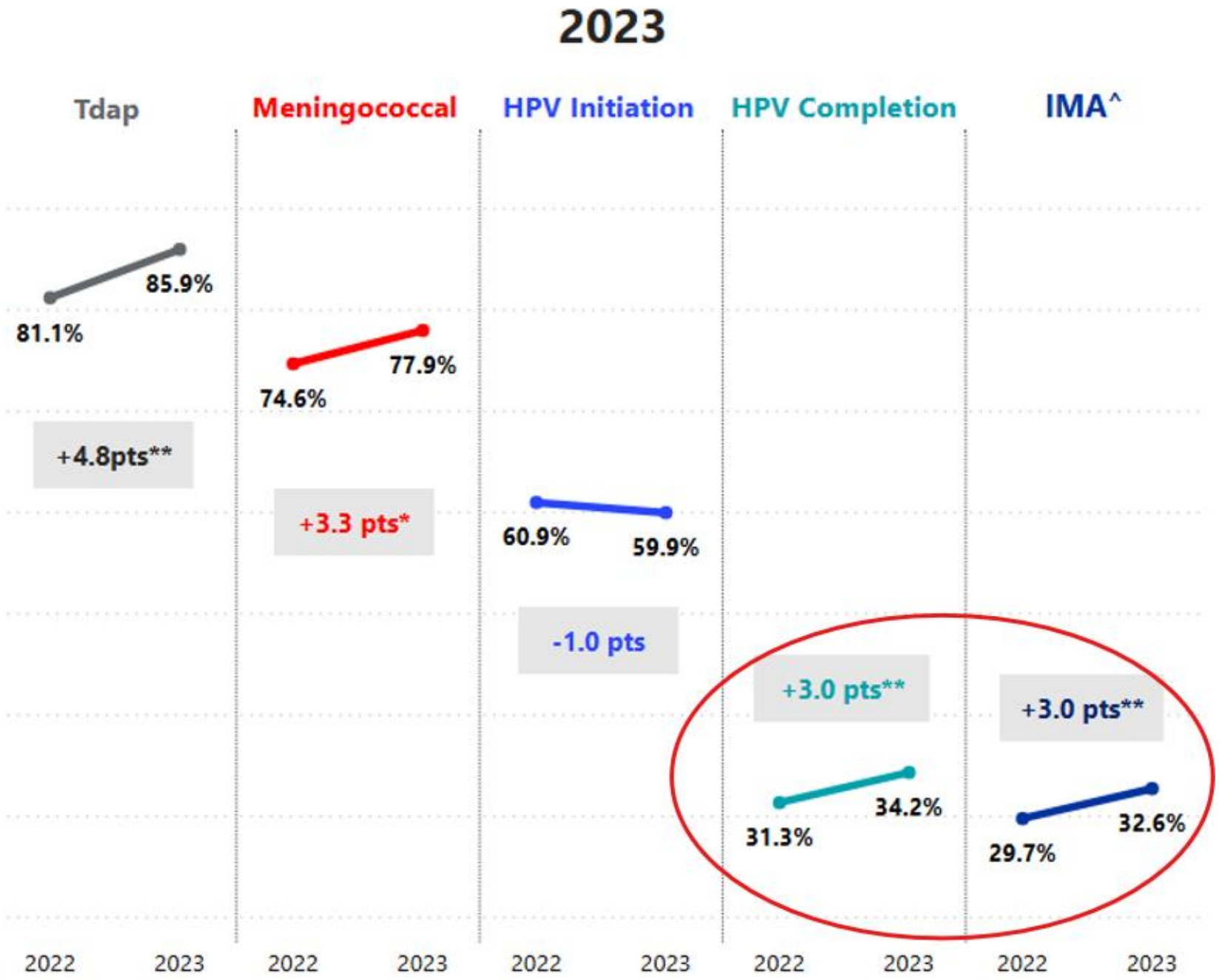


Results & Lessons Learned

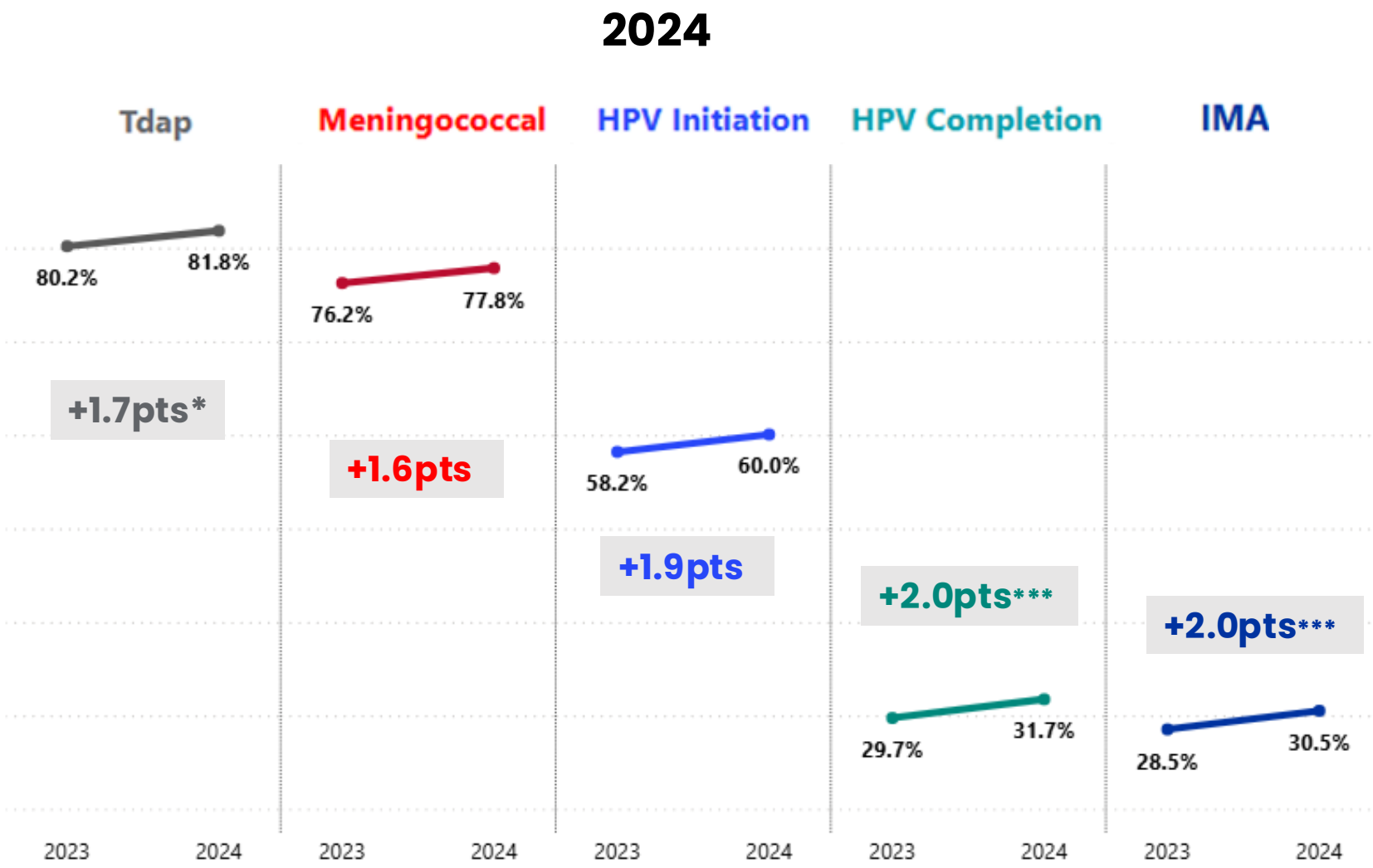
In 2022, we saw trends in vaccination rate increases



In 2023, HPV series completion increased by 3.0 percentage points, which also improved overall IMA rates by 3.0 percentage points



In 2024, participating plans again had significant vaccination rate increases for HPV series completion and IMA, with spillover effects for Tdap



*Numbers reflect 26 product lines with verified data. All rates are for adolescents who received vaccine doses on or by their 13th birthday. Significance derived from Wilcoxon Signed Rank Test: * p<0.05, *** p<0.001.*

INTERVENTION SPOTLIGHT:

Member-Directed Interventions

Successes

- Addition of HPV-specific member incentives
- Updated member outreach lists to include ages 9-13
- Outreach to adolescents who need 2nd dose
- Using reminders has reduced no-show rates

Challenges

- Length of approval processes to for new materials
- Limited use of member website
- Incorrect member contact information

In 2023, [our health plan] rolled out a new birthday card for members turning 9 years old. This birthday card included education about the HPV vaccine and encouraged members to talk to the pediatrician to get the series started."

INTERVENTION SPOTLIGHT:

Provider-Directed Interventions

Successes

- Addition of HPV-specific provider incentives
- HPV vaccination gap lists for providers
- Addition of HPV vaccination resources to provider website and newsletters

Challenges

- Pushback from providers on vaccinating at age 9
- Clinic staff turnover and leadership changes

We gave providers reports on which patients were not compliant with IMA with a breakdown on who was not compliant with HPV. This was well received.

LESSONS LEARNED:

Learning Collaborative

Successes

- We convened plans to prioritize HPV vaccination
- Excitement to learn from ACS and peers
- Health plans reported & utilization HPV data
- Promotion and use of materials

Challenges

- Plans need more than 12 months to see outcomes
- Robust implementation requires stronger teams
- HEDIS IMA fails to assess progress on ages 9-12

We have so many measures that you lose sight of how you're performing. [The data] helps you see it really is HPV that's pulling us down, right? …If we could just move HPV, you know, 10%, what impact would that have overall?

Results Dissemination:

Publication on outcomes from 2022-2024

"It really is HPV that's pulling us down": Findings from a health plan quality improvement learning collaborative targeting the HEDIS IMA measure

Shaylen Foley, Ashleigh Flowers, Jennifer Isher-Witt, Katherine Crawford, Jennifer Nkonga, Michelle Burcin, and Anne H. Gaglioti

Implementation Science, American Cancer Society, Kennesaw, GA, USA

ABSTRACT

The human papillomavirus (HPV) vaccine could prevent 37,000 HPV-related cancers annually in the U.S. yet uptake is suboptimal. Health plans cover 95% of children, implement quality improvement (QI) interventions, and report the Healthcare Effectiveness Data and Information Set (HEDIS®) Immunizations for Adolescents (IMA) measure. The American Cancer Society (ACS) convened payors in the *ACS HPV Vaccination Learning Collaborative* from 2022 to 2024 in three 12-month cohorts. Participants set QI targets, implemented interventions, and joined best-practice sharing calls. ACS provided a data reporting tool, resources, and one-on-one support. Plans submitted aggregated vaccination data. We used Wilcoxon Signed Rank test to assess average rates pre- and post-intervention. Ten participants consented to 60-minute semi-structured interviews that we transcribed and analyzed thematically. In 2022, we engaged 27 plans (35 service lines) from 19 states with 264,089 enrolled 13-year-olds. In 2023, participants represented 14 plans (16 service lines) from 11 states with 127,554 enrolled 13-year-olds. The 2024 collaborative included 26 plans (39 service lines) from 17 states with 249,927 enrolled 13-year-olds. We saw significant percentage point (pp) increases in 2023 for HPV completion (+3.0pp, $p < .01$), meningococcal (+3.3pp, $p < .05$), tetanus, diphtheria, & pertussis (Tdap) (+4.8pp, $p < .01$), and IMA (+3.0pp, $p < .01$) and in 2024 for HPV completion (+3.0pp, $p < .001$), Tdap (+1.7pp, $p < .05$), and IMA (+2.0pp, $p < .001$). Qualitative successes included intervention adaptations, age 9 initiation, data use, and collaboration. Barriers included project duration, turnover, and provider buy-in. We found the QI learning collaborative model acceptable to health plans and supported implementation of QI interventions to increase HPV vaccination.

ARTICLE HISTORY

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KEYWORDS

HPV vaccination, health plans, payors, cancer prevention, HEDIS, quality improvement, program evaluation, learning collaborative

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https://doi.org/10.1080/21645515.2025.2569760

In-Person Health Plan Summit in 2023

ACS convened **20 health plans** from across the country

Facilitated discussions on key topics

55 participants from ACS, health plans, & industry

Provider Interventions

Member Interventions

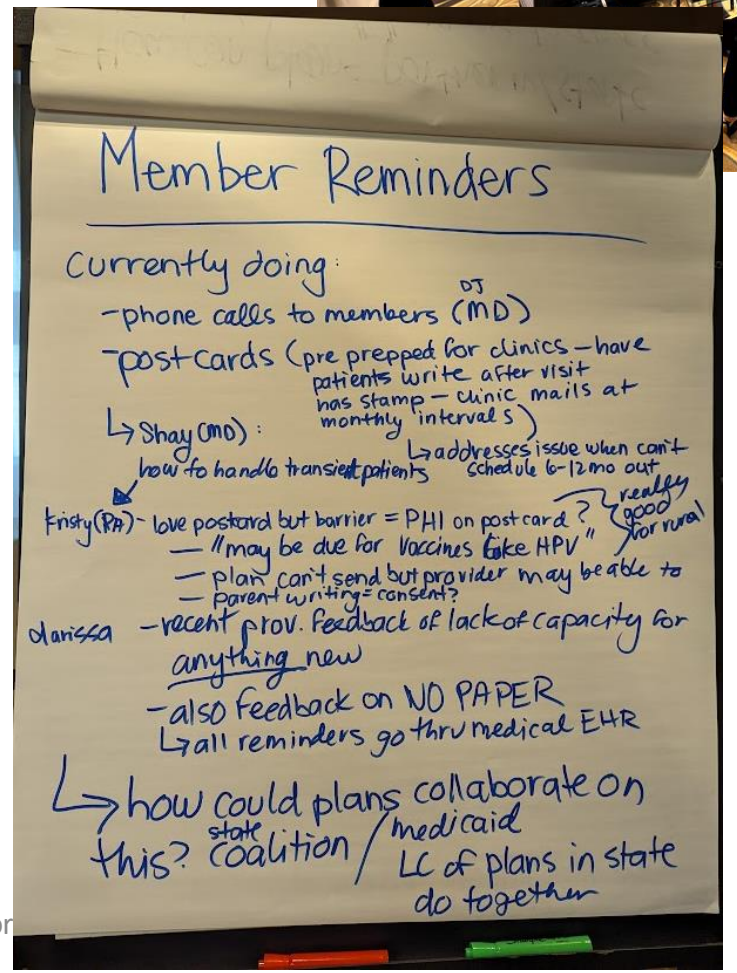
Starting HPV Vaccination at Age 9

Small group discussion topics

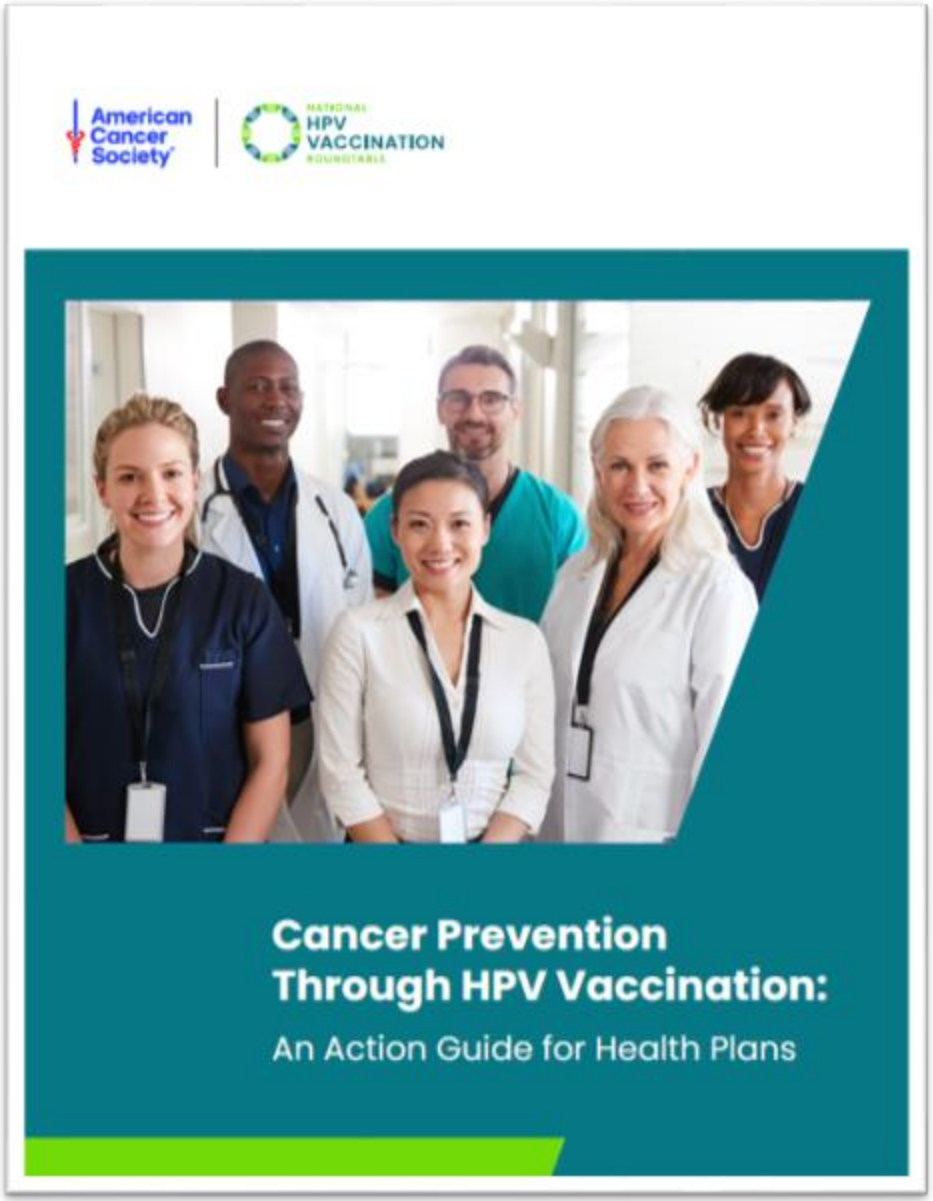
In-Person Summit Key Findings

Key Recommendations:

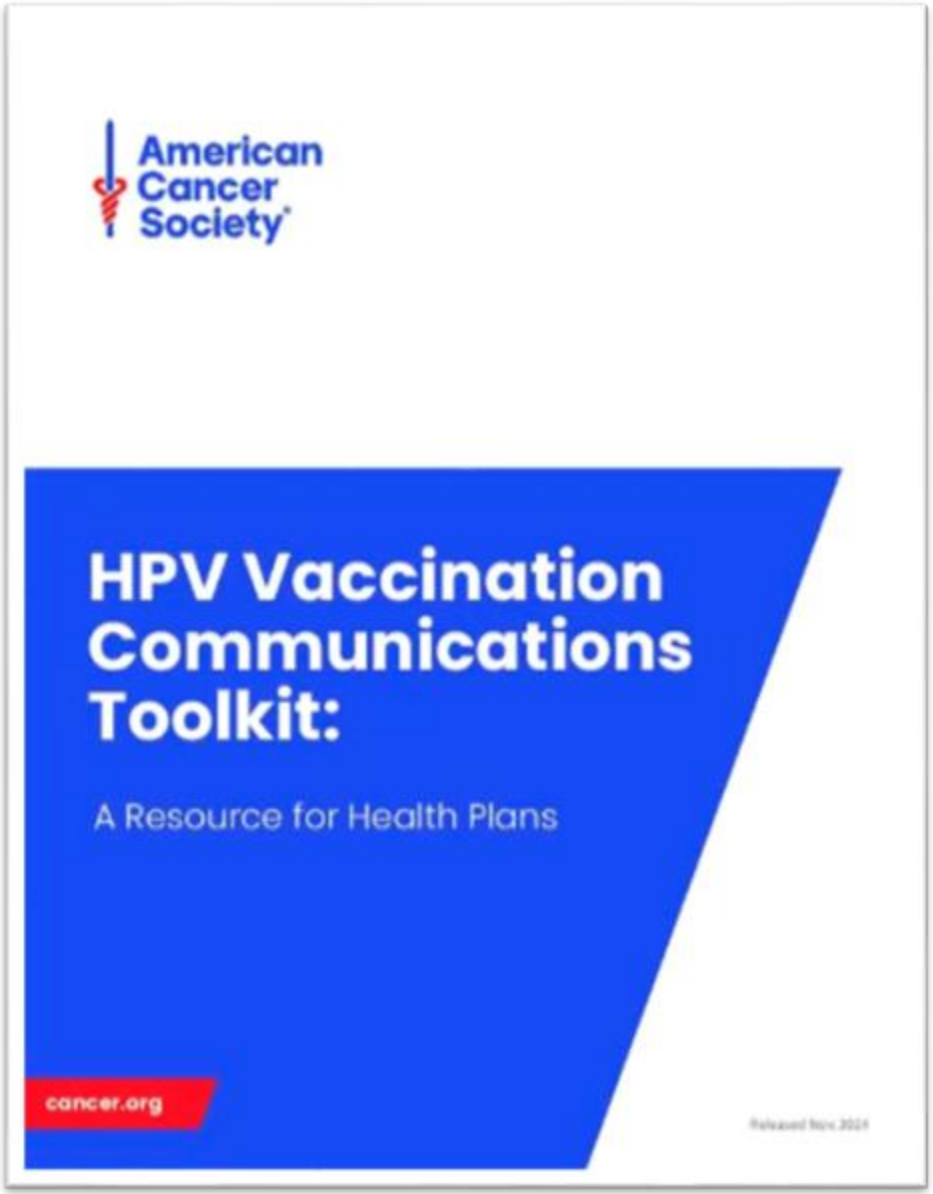
- Establish a dedicated **HPV vaccination team**
- Develop a strong **business case** to secure leadership support
- Frame HPV vaccination as part of a **cancer prevention narrative**
- **Promote vaccination starting at age 9**
- Strengthen and leverage **community and provider partnerships**
- Implement **provider-focused interventions**
- Implement **member-focused interventions**

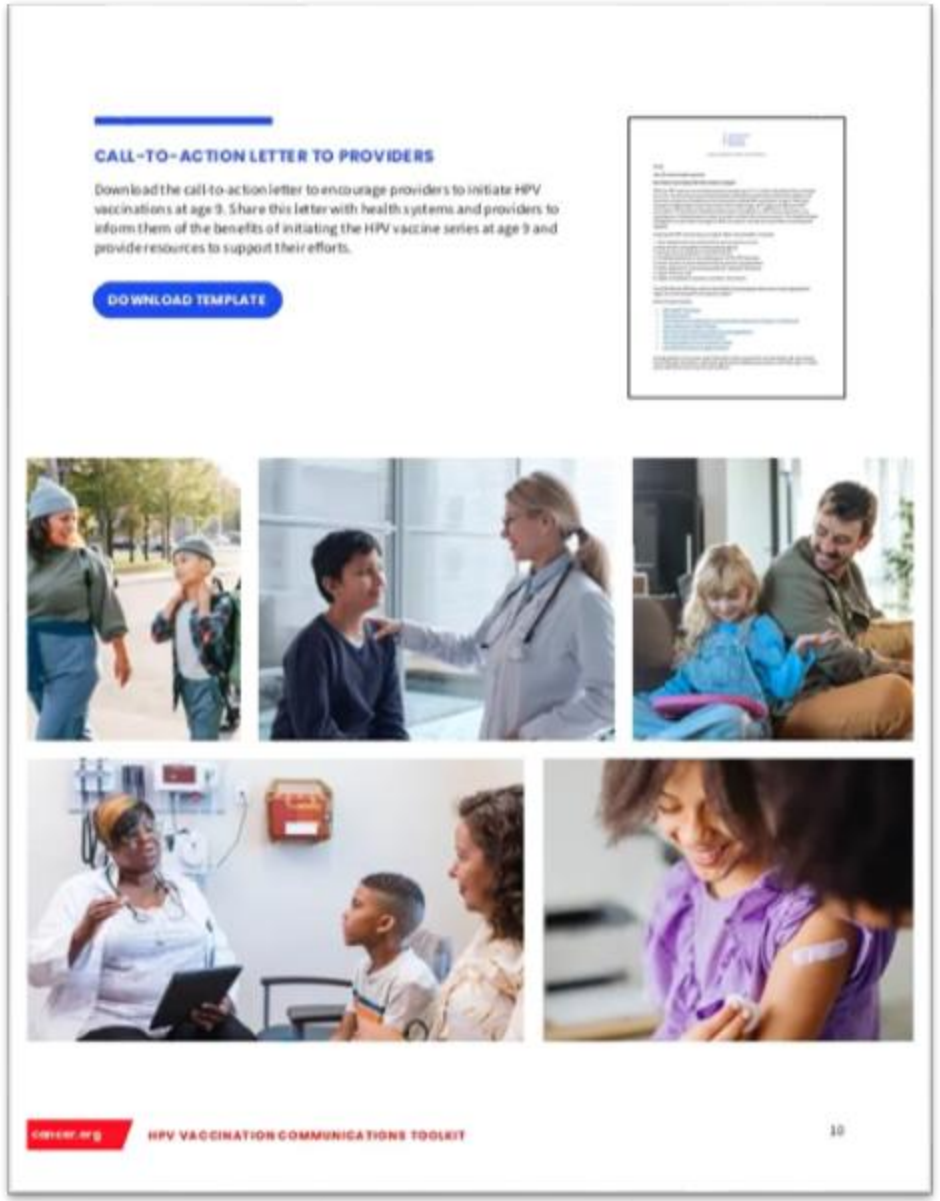


Health Plan HPV Vaccination Action Guide



HPV Vaccination Communications Toolkit





2025–2026 Learning Collaborative

2025-2026 Learning Collaborative Reach

38 Health plans

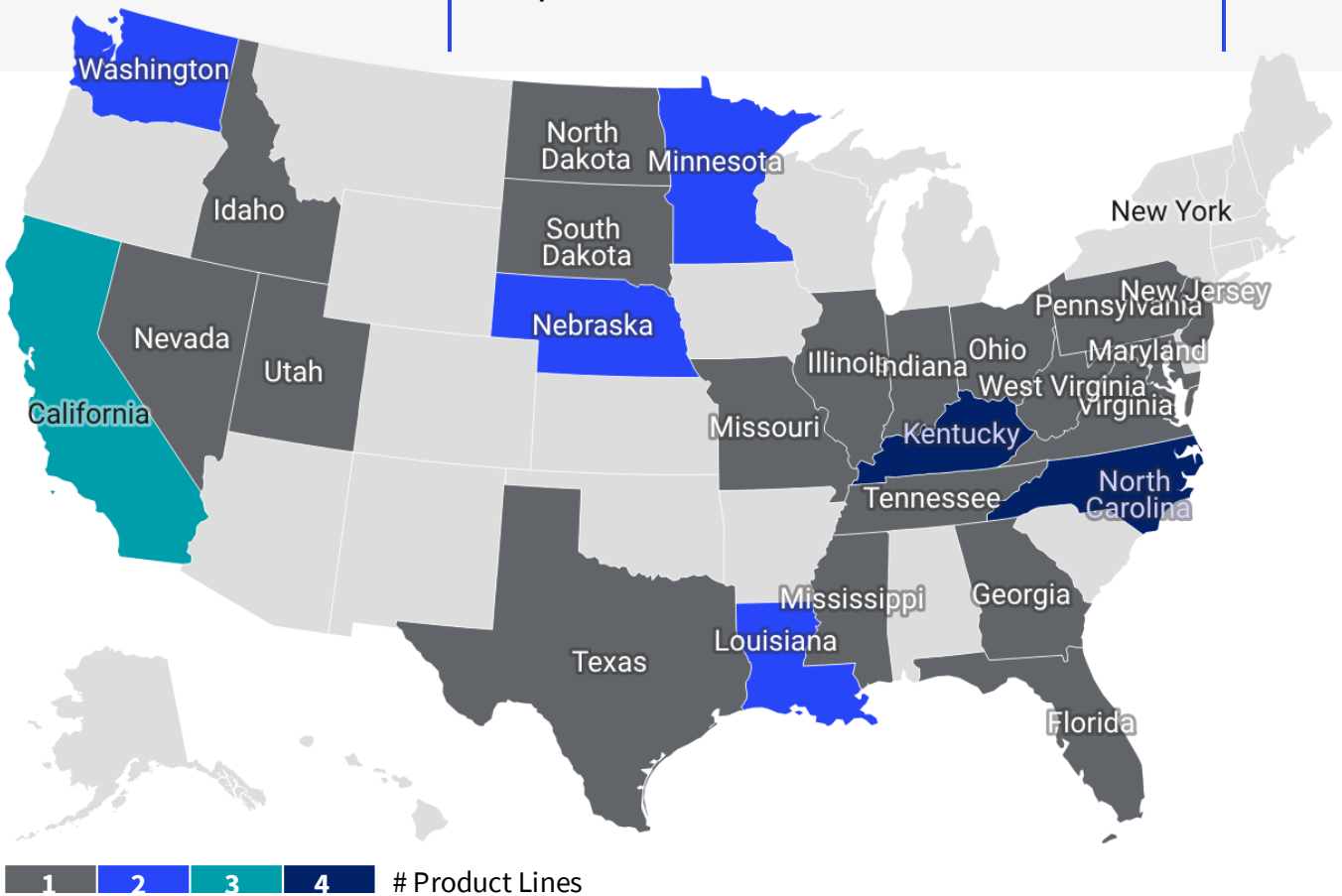
26 States

44 Product lines

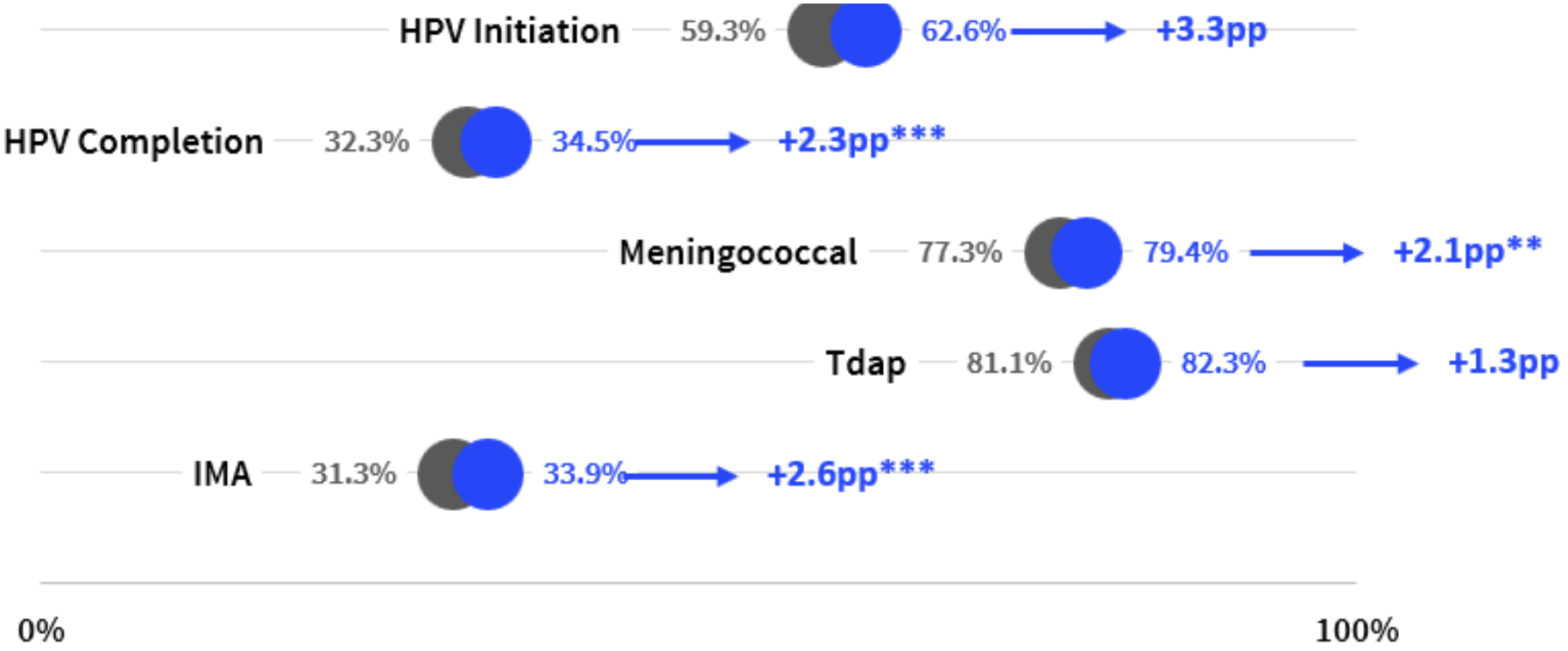
327,707 Age 13 eligible patients

78% Enrolled in Medicaid

1.6M Age 9-13 eligible patients



For a fourth year, adolescent vaccination rates increased among participating plan product lines from **2024** to **2025**



*Numbers reflect product lines with verified data (n=39). All rates are for adolescents who received vaccine doses on or by their 13th birthday. Significance derived from Wilcoxon Signed Rank Test: ** p<0.01, *** p<0.001.*

One year in, collaborative participants report desirable shifts in HPV vaccination **implementation skills**, **knowledge**, and **plan prioritization**

"I am able to identify, promote, and implement best practices for HPV vaccination at my plan."

8% ➡ **71%**

Strongly agree before collaborative

Strongly agree after year 1

"I am knowledgeable about HPV vaccination."

8% ➡ **66%**

Strongly agree before collaborative

Strongly agree after year 1

"My health plan has prioritized HPV vaccination uptake."

18% ➡ **42%**

Strongly agree before collaborative

Strongly agree after year 1

Average responses derived from retrospective pre-post Likert statements administered after 12-months of the collaborative to plan representatives (n=38).

What health plan participants are excited about in 2026

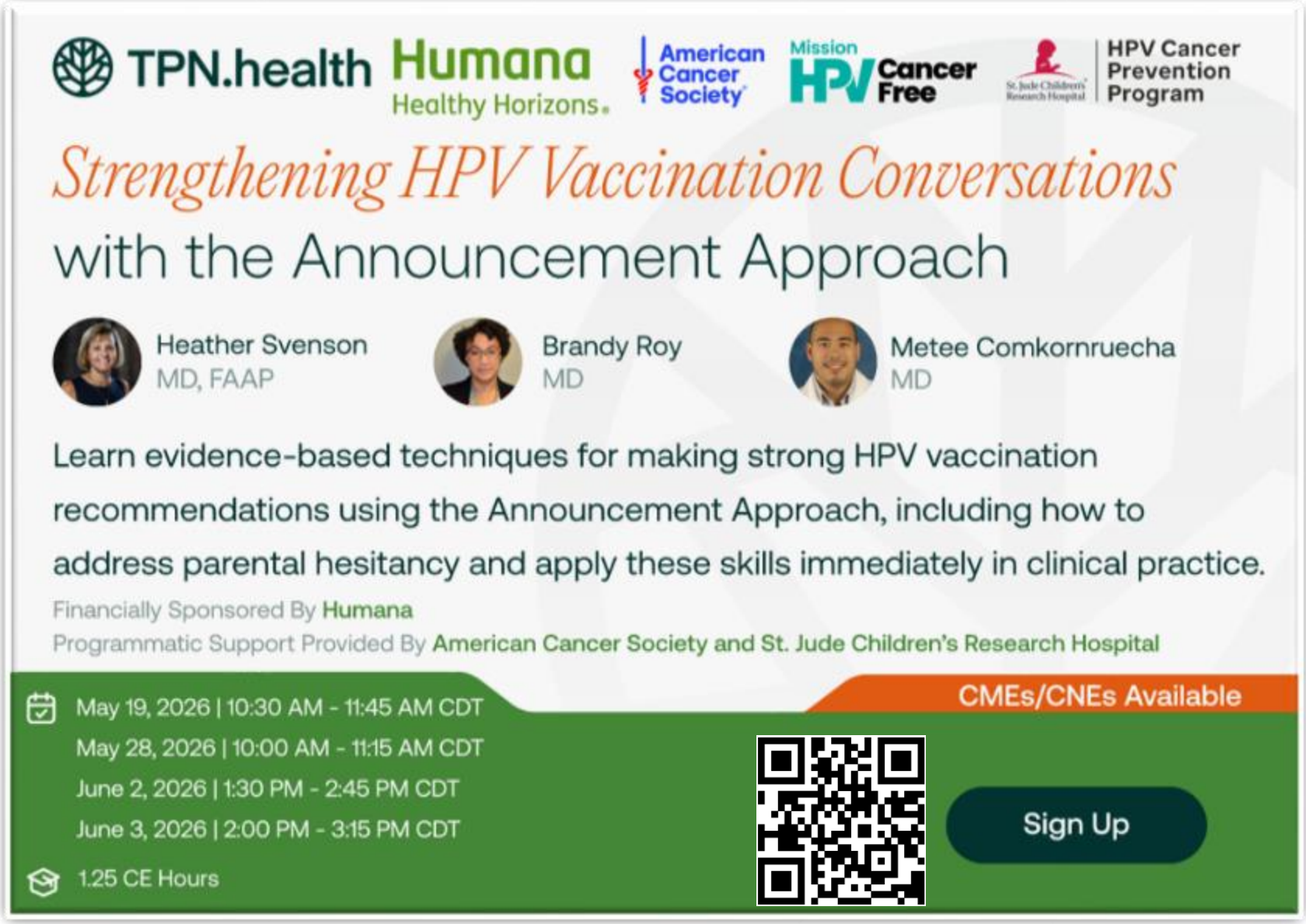
In 2026, we are exploring a pilot with a vendor to conduct home visits and closing care gaps, including vaccinations.

We have sent out a parent survey to find out what is motivating members to vaccinate their children and look forward to hearing results.

We will be having a new text campaign using our vendor…the message will appear as though it's coming from the provider.

[We are including] dental providers in HPV vaccination counseling. Lists of providers have been [faxed] billing codes and the importance of their contribution in the HPV work.

Coming Soon



Annoucement Approach Training

Sponsored by Humana

supported by the
American Cancer Society and
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Offering 1.25 Free CE credits to clinical teams in:

Florida
Kentucky
Louisiana
Ohio
Oklahoma
South Carolina
Virgina

Coming Soon: Focus Groups

60min confidential small group calls

Content:

- Implementation successes & challenges
- EBI-specific conversations
- LC support feedback

Thank You

Novel Strategies from the ACS Early Detection Team

- ACS CancerRisk360™
- ACS Screening Disparity Atlas

American Cancer Society®

June 9, 2026

Thank You

Questions?

Move to Lunch Session

Lunch Service: 12:30 PM – 1:00 PM

Lunch Session – Survivor Panel: 1:00 PM – 1:45 PM