

Integrating Two Roundtables:

Together on the Trail,
Building Strength and Partnership

3:25 PM – 3:50 PM



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Together on the Trail, Building Strength and Partnership



Ryan Lester, MPH
Consultant



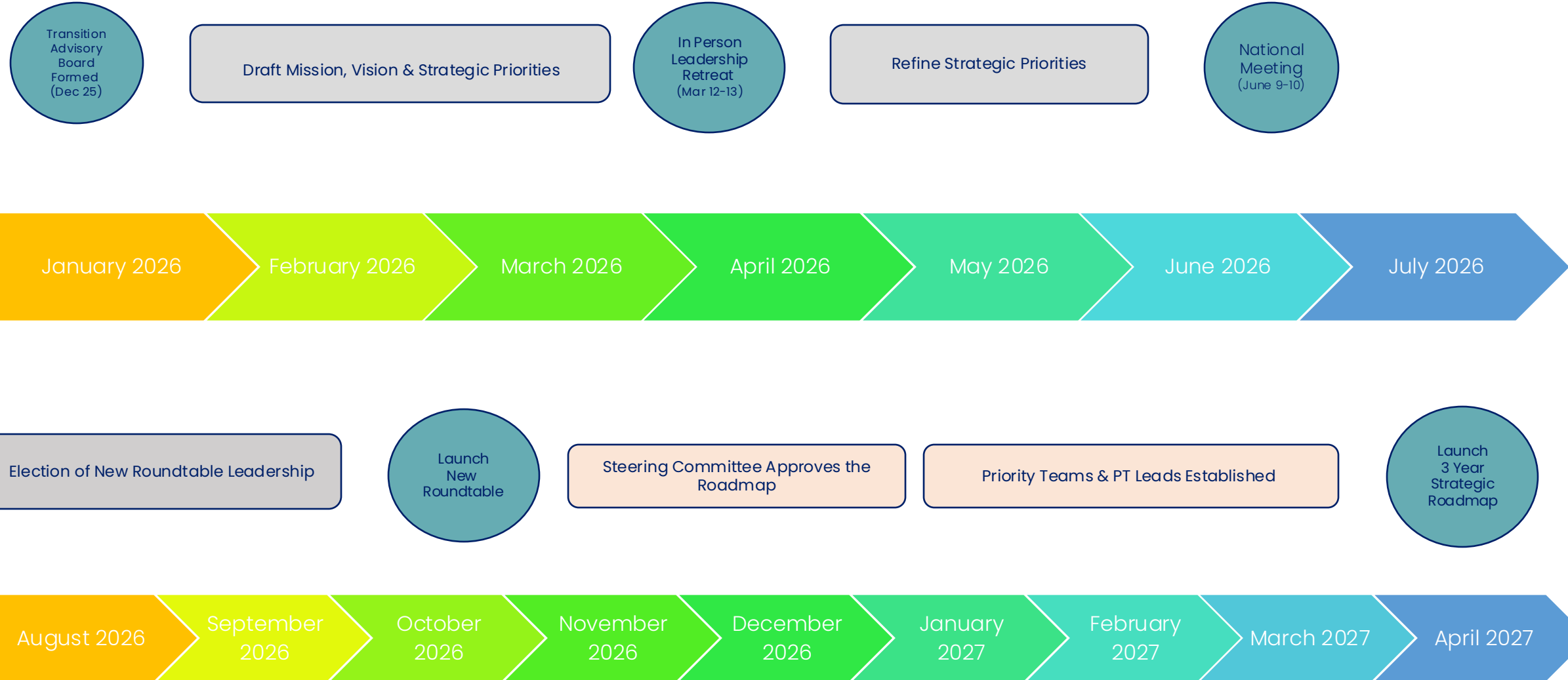
Jane Montealegre, PhD
The University of Texas MD Anderson Cancer
Center

A blue-tinted illustration of a construction site. In the foreground, several construction workers wearing hard hats and safety vests are working on a multi-story building. They are positioned on a complex network of metal scaffolding. The building's structure is partially visible, showing concrete walls and numerous vertical rebar rods protruding from the top. To the left, a tall tower crane stands against a hazy sky. In the bottom right corner, a yellow and black mobile crane is parked. The overall scene conveys a sense of active construction and progress.

Building What's Next, Together

In Fall 2025, it was announced that the American Cancer Society would be integrating the ACS National HPV Vaccination Roundtable and the ACS National Roundtable on Cervical Cancer into a single, unified roundtable. This bold step brings together the strength, expertise, and influence of both groups to accelerate progress toward the elimination of HPV cancers—starting with cervical cancer

RT Integration Timeline



Transition Advisory Team (TAT)

- Est. Dec 2025
- Includes leadership from both RTs.
- **Purpose:** To design and oversee the integration of the ACS HPVRT and ACS NRTCC into a unified Roundtable that is strategically aligned, operationally efficient, and inclusive of all key voices.





Transition Advisory Team Composition

- Ryan Lester (Co-Chair)
- Jane Montealegre (Co-Chair)
- Judy Klein
- Noel Brewer
- Rebecca Perkins
- Deb Arrindell
- Ritu Nayar
- Sarah Temkin

Transition Advisory Team

Guiding Principles

Population/ Individual Focused:	Prioritize the needs, experiences, and outcomes of people affected by HPV-associated cancers.
Equity-driven:	Identify and address inequities in access, representation, and outcomes, with a commitment to reaching underserved and disproportionately affected communities.
Transparency and Trust:	Open communication, shared decision-making, and acknowledgment of both Roundtables' legacies. il
Inclusive collaboration:	Invite and value diverse perspectives; ensure all voices are heard and treated with respect.



Transition Advisory Team

Guiding Principles

Responsible stewardship:

Demonstrate careful, ethical, and efficient use of time, data, relationships, and resources in support of ACS’s mission and partnership commitments.

Learning and adaptability:

Seek feedback, apply evidence, and adjust recommendations as new insights and data emerge.

Continuity and engagement:

Preserve and build upon existing resources, relationships, and institutional knowledge of both Roundtables.

Sustainability:

Apply the ACS National Roundtables’ governance and leadership structures in support of long-term coalition function.

Accountability & Decision Making



Lived Experience



Provide feedback to the TAT when requested.

Transition Advisory Team (TAT)



Oversees consolidation, advances recommendations to the joint Steering Committee for review, makes final decisions, and submits them to ACS Leadership for final approval.

Joint ACS HPVRT & ACS NRTCC Steering Committee



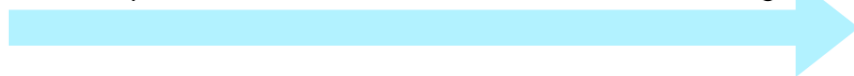
Focuses on concluding current ACS HPVRT & ACS NRTCC Roundtable business. Reviews and discusses TAT recommendations but does not have final decision-making authority on consolidation items.

ACS Leadership

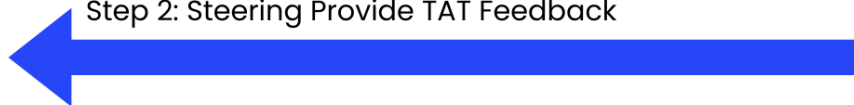


Provides final review and approval of TAT decisions.

Step 1: TAT Present Recommendations to Steering

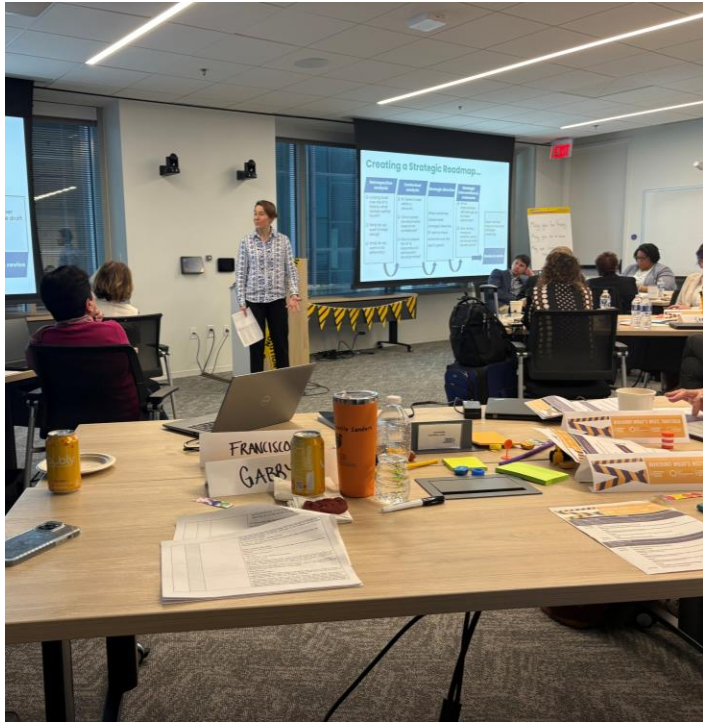


Step 2: Steering Provide TAT Feedback



Step 3: TAT Provide Final Decisions to ACS Leadership for Review

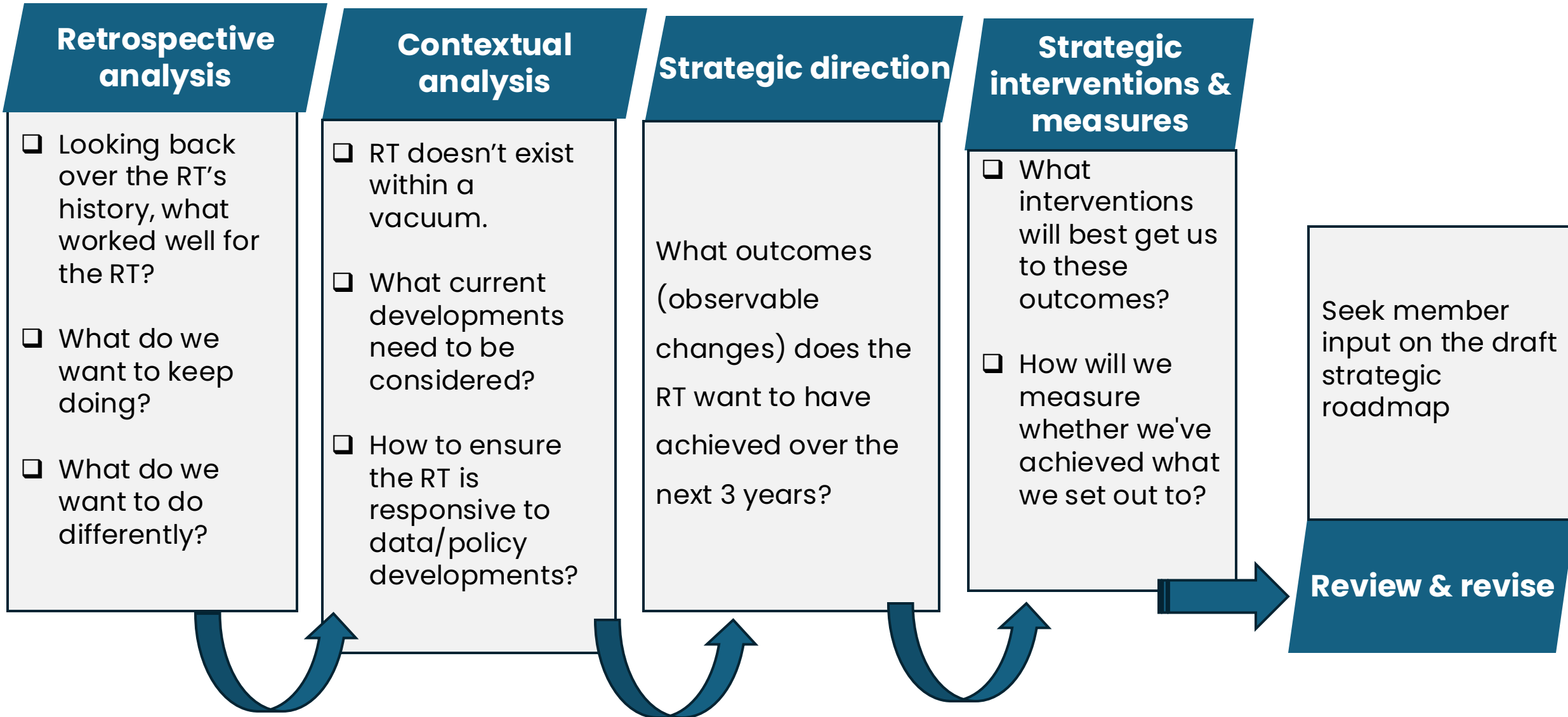




Leadership Retreat

On March 12 – 13th, 2026, in Atlanta, GA, HPVRT & NRTCC hosted a retreat with leadership to develop a **three-year strategic roadmap** for the consolidated roundtable.

Creating a Strategic Roadmap...



AT A GLANCE

ACS HPVRT & ACS NRTCC STRATEGIC ROADMAP

This strategic roadmap is a draft, last updated on May 15, 2026, and subject to change. Please do not disseminate widely.



OUR VISION

A world free from HPV cancers, starting with the elimination of cervical cancer

OUR MISSION

Support partners working toward the elimination of cervical cancer and other HPV cancers among people and communities, by ensuring access to vaccination, screening, and treatment.

ROUNDTABLE FUNCTIONS



STRATEGIC PRIORITIES

OUTCOMES

By 31 March 2030, we'll have achieved...

PRIORITY AREA 1:

Promote on-time HPV vaccination starting at age 9 years.

- Increased proportion of eligible children and adolescents initiating HPV vaccination.
- Increased dissemination to healthcare professionals of accessible tools and evidence-based resources on HPV vaccination.
- Increased promotion of best and promising practices for strong provider recommendations of HPV vaccination.
- Improved care delivery for priority groups and areas with higher rates of HPV cancers and/or lower HPV vaccine initiation rates.
- Increased number of state and local partners mobilizing to eliminate cervical cancer through collaboration and coordination on HPV vaccination efforts.

PRIORITY AREA 2:

Promote up-to-date cervical cancer screening, timely results management, and completion of clinical follow-up.

- Increased up-to-date cervical cancer screening and timely follow up of abnormal results.
- Increased outreach to eligible people rarely or never screened for cervical cancer.
- Improved evidence for interventions and resources to promote cervical cancer screening, timely result management and clinical follow-up.
- Increased promotion of best and promising practices around self-collection for cervical cancer screening.
- Increased number of state and local partners mobilizing to eliminate cervical cancer through collaboration and coordination across the screening continuum.

PRIORITY AREA 3:

Promote timely detection and completion of follow-up for anal, oropharyngeal, penile, vaginal, and vulvar cancers.

- Increased awareness and availability of anal cancer screening for eligible individuals.
- Increased dissemination of best practices for the timely management of pre-invasive anal, vaginal, and vulvar disease.
- Increased surveillance of emerging detection technologies for oropharyngeal, penile, vaginal, and vulvar cancers.

PRIORITY AREA 4:

Strengthen access to HPV cancer treatment and survivorship support.

- Increased collaboration across ACS and among member organizations to reduce gaps in care and access to timely treatment and survivorship support.
- Increased engagement with diverse member organizations and survivorship experts to identify and address barriers to access to treatment and survivorship support.
- Increased dissemination of resources related to treatment and survivorship of HPV cancers.
- Increased number of state and local partners mobilizing cervical cancer elimination efforts that include cancer treatment and survivorship support efforts through collaboration and coordination.



Questions?