



Transcript of HPV Strategic Plan Public Meeting on June 3, 2016

Janna Zumbrun:

I'd like to welcome everyone to this public meeting on the HPV Strategic Plan. I am Janna Zumbrun. I am the Assistant Commissioner for Disease Control and Prevention Services at the Texas Department of State Health Services. I'll make a few comments and then turn the microphone over to my colleague. We do have folks with us on a webinar. So we welcome you. We will have these slides posted after the webinar, so they will continue to be available. Just a word about the slides - you'll find, if you're familiar with Human Papillomavirus and associated cancers, you won't find new revelations or striking new bits of detail in the slides; these are a high-level overview. The strategic plan obviously will go into more detail. What we wanted to do today was give the public the overview of the types of things that are going into the plan. And we have had many people, both in state agencies and external partners, who have been working on the plan, advising and submitting information, etc., so we're very grateful for that. At the end of the presentation, there will be an opportunity for verbal comment. There are index cards at the front desk, that if you put your name and your affiliation on, you don't need to put your comment on the card, these will just be used for us to call your name, so that you can come to the microphone in the middle of the auditorium and give us your comments. For the audience here today and for the webinar viewers, our last slide will show an email box that you can send your comments to, so we will continue to welcome those comments over the coming days and weeks. I'll at this point go ahead and turn the microphone over to Leslie.

Leslie French:

Thank you Janna. Good morning everyone. My name is Leslie French. I am the associate commissioner for the Women's Health Services division at HHSC. This has been a collaborative effort between HHSC and DSHS and our partners who are working tirelessly on this issue to make sure that HPV will be a thing of the past in the next couple of years. So we are working together. I wanted to give you a brief overview of the topics that we will be discussing today, so if you turn to slide 2, we gave a brief introduction, we are going to discuss the statutory requirements for the strategic plan. The strategic plan overview as well as conclude the session with public comments and give anybody the opportunity to submit public comments. If you are listening on the webinar, if you would like to email your public comments, we would welcome any and all public comments.

As everyone is aware SB200 passed last session, and it charged HHSC with developing a strategic plan to significantly reduce morbidity and mortality from HPV associated cancers. HHSC and DSHS are working closely with the Cancer Prevention and Research Institute of Texas to develop a plan and convene any necessary workgroups.

Turning to slide 4. The requirements for SB200 are laid out in front of you. We are to identify the barriers to effective prevention, screening, and treatment for HPV, including specific barriers affecting providers and patients; identify methods, other than a mandate, to increase the number of people vaccinated against HPV; identify methods to increase use of evidence-based screening to enhance the number of people screened regularly for HPV associated cancer; review current technologies and best practices for HPV associated cancer screening; review technology available to diagnose and prevent infection by HPV; and finally develop methods for creating partnerships with public and private entities to increase awareness of HPV related cancers and the importance of vaccination, education, and early screening.

Turning to slide 5, with the strategic plan requirements, we are reviewing the current prevention, screening, treatment, and related activities in Texas and identifying the areas in which the services for those activities are lacking. We estimate the annual direct and indirect state healthcare cost attributed to HPV associated cancers; identify actions necessary to increase vaccination and screening rates and reduce the morbidity and mortality from HPV associated cancer and establish a schedule for implementing those actions. And finally this workgroup and the strategic plan will make recommendations to the legislature on policy changes and funding, if needed, to implement the strategic plan.

And the strategic plan, we are in the process of working with right now and using the comments we will receive today and the input. We welcome all input from our stakeholders and partners and we are going to be submitting the strategic plan and recommendations to the governor, the legislative budget board, and members of the legislature by December 31, 2016.

I'll turn the page to slide 7, and turn it over to Janna.

Janna Zumbrun:

Thank you. So in the introductory part, beginning parts of the strategic plan, there will be overview information on human papillomavirus that you see on slide seven that HPV is the most common sexually transmitted infection. Almost everyone who's sexually active over the course of their lives will have an HPV infection. 79 million Americans are infected with 14 million new infections per year. Also, HPV infection does not have any

symptoms, so many people will go throughout their lives not knowing that they have HPV in their bodies.

On slide 8, amazingly enough there are 150 types of HPV, however, we are most interested in the types that are associated with cancers, and types 16 and 18 responsible for most of the HPV related cancers including cervical cancer -- many people are aware of that association. Nearly all cervical cancer is caused by HPV. There are other cancers that people frequently are less familiar with or do not understand the associations with HPV, so for example anal cancers 95% are caused by HPV. Oropharyngeal cancers, 70% caused by HPV, and then more rare cancers, about 70% of vaginal and vulvular cancers and 60% of penile cancers are related to HPV.

On page 9, we just see that there are about 4000 HPV infections in the state each year. Cervical cancer, as we discussed, is the most common of those. However, since 1995 there has been a decline in the diagnoses of cervical cancers, obviously related to increasing vaccination, better screening, etc.

On slide 10, the more rare cancers, the oropharyngeal cancers, which are at the back of the throat, base of the tongue and the tonsils, sometimes we just call them head and neck cancers, they are the most common HPV associated cancers in men, but they occur in women as well. Unfortunately, these cancers are increasing. So, from 2004 to 2013, the rate increased 3.6% in men and 2.9% in women.

Leslie French:

And turning to page slide 11, you'll see the costs associated with HPV. For the strategic plan there will be 2 parts for the cost of calculation versus the direct cost, which will be calculated using the Texas medicaid data associated with the diagnoses and treatment data for HPV related cancers. Second will be the indirect cost, which will be analyzed and calculated in the following manner: Indirect costs are earnings lost due to cancer mortality, specifically cervical cancer. Total indirect costs are estimated as the number of deaths and the expected future earnings of each individual factoring in their age and life expectancy. And finally, this estimate is called present value of lifetime earnings, or PVLE.

Janna Zumbrun:

On slide 12, there are some very obvious categories of prevention steps to HPV associated cancers, and those include awareness, education, and vaccination.

Slide 13 talks about vaccination. HPV vaccines are safe and effective. The Advisory Committee on Immunization Practices, the national group, advises a 3-dose series for all 11 to 12 year olds, both male and female. There are three vaccines that are licensed

by the FDA. You can see their brand names there, that they're HPV2, HPV4, and HPV9. The numbers indicating the number and types of HPV that they protect against.

Slide 14, Barriers to Prevention, that is barriers to vaccination. According to the National Immunization Survey-Teen, the top three reasons that parents give in Texas for not vaccinating their children against HPV are that they believe the vaccine is not necessary, their provider did not recommend the vaccine, or they have a lack of knowledge about the vaccine and HPV disease.

Then on the providers side, providers report that they failed to recommend the vaccine for several reasons, including limited knowledge of HPV associated cancers, lack of knowledge regarding when to administer the vaccine, poor understanding of the three dose series, misconceptions regarding required STD testing, and that they have little time to discuss HPV vaccine due to competing medical priorities during medical visits.

Leslie French:

Slide 16 is relating to vaccine coverage levels. You'll see that there is a slide demonstrating that from 2014 data, and we will be studying the data and continuing to update it.

If you see on slide 17, there are several resources that are currently available to educate those patients and providers on how to best treat HPV and what are options available. Right now, as you are aware, DSHS has an immunizations program which is authorized to authorize providers to be immunization offices and it works very closely with CDC and our other infectious disease partners throughout the country to make sure that we have the best available tools in our clinicians' offices.

Another option, education tool, is the HHS Women's Health Program. As you are aware, there are four programs. There's an additional program that's not listed. Our number one program relating to breast and cervical cancer is our breast and cervical cancer screening program. We have providers across the state who screen and diagnose cancers. We've seen a high percentage with diagnoses of HPV related cancers, and we have partnerships to make sure that those women are able to get the treatment needed through providers.

We also have the Texas Women's Health Program, the Expanded Primary Healthcare Program, and the Family Planning Program. Now, the Texas Women's Health Program and the Expanded Primary Healthcare Program will cease to exist at the end of this fiscal year.

There are going to be two new women's healthcare programs that are going to be launched, both on July first, so less than 30 days from now. We're very excited and

hope that everybody can leave this room knowing about this and share the news with their friends and colleagues. So the Healthy Texas Women program will cover immunizations. So we will be able to screen and diagnose for HPV related cancers and refer people to the appropriate treatment. If the treatment is not offered within Healthy Texas Women, if advanced treatment is needed, we can refer to an appropriate provider. Our goal with Healthy Texas Women is to screen, diagnose, and treat for HPV related issues within this program.

Also Family Planning, the current program, is not going away. It is actually going to be expanded and immunizations are added to family planning as well. And so the goal, again, with this program is making sure that all women who qualify for either Healthy Texas Women or Family Planning will be able to get the services they need, and specifically related to this topic - the HPV screening and diagnoses and treatment as needed.

Turning to slide 18, the screening and diagnoses right now is recommended for women 21 to 29 years of age every three years. For women aged 30 to 65 years old, we recommend every 3 years, or an HPV and pap smear co-testing every five years. Pap smears have allowed for the early detection of precancerous cells which has led to a decrease in cervical cancer incidence and mortality rates over the last 40 years. As you know, screening is the most important tool that we have to be able to fight HPV. We are encouraging all women to make sure they are visiting with their clinicians and receiving the needed screening on the recommended schedule.

Turning to slide 19, testing for the presence of HPV itself is a more recent technology available for women. It shows if a high-risk type of HPV is present in cervical cells. It may be conducted for women 30 to 65 years of age every 5 years, or every 3 years in conjunction with a pap smear. Currently, there are no recommended routine screenings for the other cancers, but more research is needed to conduct effective screening tools, but we're encouraging everyone to talk to their provider if they are noticing symptoms that may be related to these issues.

Turning to page 20, barriers to screening diagnosis. In a part of this process, Janna's team and my team have worked closely together to listen to our providers and stakeholders and it is very important to know what our providers are hearing on a daily basis as to what is a barrier to screening and diagnosis. We hear frequently the lack of a medical home, or lack of insurance coverage, lack of ability to pay a co-pay or insurance premium. We also hear about the lack of access to screening facilities, lack of awareness of screening recommendations, there is a lack of transportation which is not uncommon across Texas for many reasons. We also hear about a fear of discomfort with the screening procedure and fear of potential positive results and so one of our goals in this strategic plan is to make recommendations on how to encourage screening and get early screening and routine screening to prevent an onset.

On page 21, barriers to treatment. Things that we hear frequently are lack of insurance, inability to travel to central healthcare facilities for multiple follow-up visits, shortage of local available and trained providers to manage abnormal cervical cancer screening tests, and the clients must meet eligibility criteria to receive services through the Medicaid for breast and cervical cancer screening. I will say, if anyone's not aware we have a team that is dedicated to breast and cervical cancer screening, so our BCCS team routinely hears from clients and we work very closely with our Medicaid partners to make sure that one you can get into Medicaid if you are eligible, that if you are not eligible we can pair you with a provider that is able to meet your needs and work with you on possibly any of the financial hardships as well.

Janna Zumbrun:

Alright, and Leslie see why I need a co-presenter. I skipped over slide 16 inadvertently, so I would like to go back to that for a moment if we could please. This slide will show you vaccine coverage levels from the 2014 NIS National Immunization Survey-Teen coverage levels in the U.S. and Texas. The first two sets of data there are for comparison purposes. Texas coverage for Tdap and meningococcal vaccines are at or above national averages. Last four sets of bars there have to do with HPV vaccine. So you'll see that the rates for three doses in females in Texas was 33.9% compared to the national average of 39.7% and it was 17.7% in males compared to a national average of 21.6%. Healthy People 2020 has a lofty goal of 80% for males and females. That's a steep challenge, but we hope to hear lots of information from stakeholders and clients and the public on how we can work towards that goal as quickly as we are able to over the coming years.

Now, we'll go back to slide 22, partnerships. I can't say enough about our partners who have been so valuable to us in this process. There are so many out there, I'm sure that we're not going to acknowledge everyone, and I don't want to leave anyone out, so I'm just going to say right now that we couldn't list every single partner but there are many of you and you know who you are. Our immunization program years ago formed the Texas Immunization Stakeholder Working Group, also known as TISWG, that's a very broad group of partners around immunization issues who are also very concerned about HPV vaccine issues. The HHSC Women's Health Services Division has worked hand-in-hand with DSHS and we have many external stakeholders. CPRIT, our sister agency has been invaluable as has MD Anderson, and then there are numerous professional associations and community and advocacy groups who have been involved.

On slide 23, I want to mention a little about CPRIT. They award grants for a wide variety of cancer related research and for the delivery of cancer prevention programs across Texas. So for one example, a CPRIT grant led to an increase in vaccine initiation rates from 26% to nearly 80% in the target population and series completion rates of 59% --

well above the national average and certainly above the Texas average, so they're doing some things that could, I'm sure, be replicable and be well worth looking at. Grantees are implementing provider recommendations as routine practices, eliminating missed opportunities for vaccination.

On slide 24, MD Anderson actually created an HPV Moonshot Group, so there is an institution taking on some very challenging activities and going for the moon, and this is one of them. They've developed key relationships across Texas in the data gathering phase of their Texas HPV environmental scan and there you'll see a web address for where you can access that very excellent document. They have many key partners. I'm not going to read them all out, but you'll see them listed there on the slide, and since the publication of the slide or scan rather, the information transfer project is targeting areas of Texas with lower rates of vaccination. And during the monthly visits staff are meeting with local HPV coalitions to discuss opportunities to replicate efforts in high-performing parts of the country.

The last slide, this concludes our presentation. We wanted to keep it short and broad, high-level, so that we would have time to hear from you. So we're ready for public comments. Let me repeat again, if you want to make a comment, we'll start first. I'm not sure if they did this or knew that they needed to. There were cards up at the front desk that you could write your name and affiliation on, and then I'll call these people to come to the microphone, however, I only have two, so once I run out of cards, I'll just ask you to come forward to the microphone in the middle of the room. Again, please note, we have an email box dedicated to this HPV strategic plan, and that's on the slide HPVStrategicPlan@dshs.state.tx.us. For our webinar viewers, we strongly encourage you to send this email with your comments so that we'll have the benefit of your information as well.

So we'll start with Aubrey Shea, U.T. School of Public Health.

Aubrey Shea:

[talking in background]

Janna Zumbrun:

We really need you in front of the microphone for the benefit of the webinar participants, thank you.

Aubrey Shea:

[incomprehensible]

I have a question more than a comment, but when you guys talked about calculating direct cost, you talked about medicaid data. Will that also capture broad medicaid direct cost...

[incomprehensible]

Janna Zumbrun:

There are, that's a very complex topic, and we have frankly struggled over how to do that. The most obvious source of state cost, cost to the state as opposed to society in general or the economy in general, etc. Direct state costs, the easiest route to go for those is with Medicaid data, so our Medicaid colleagues were working very hard with us on that. We've tried to figure out other ways to get at costs that the state might incur related to these cancers, for example in the insurance coverage of state employees and teachers and university instructors, professors, staff members, etc. and those data for HPV related cancers are going to be very difficult to tease out. Then if you sort of look at indirect costs, for example days of work missed by state employees or people who are in the Teacher Retirement System etc. those obviously cost the state as well when we have people out because of cancers, but we have not determined a way to reliably access those data in enough of a comprehensive way that we feel we can put them in the plan. If anyone has any suggestions for us, we would be glad to hear that.

Aubrey Shea:

Thank you.

Janna Zumbrun:

Rachel Cunningham. When you get to the microphone, everyone please just repeat your name and your affiliation.

Rachel Cunningham:

Hi, I'm Rachel Cunningham [incomprehensible] the Immunization Project, and I had a question and comment. The comment I guess is briefly regarding your [incomprehensible] parents and providers. [incomprehensible]

Janna Zumbrun:

Thank you very much, first of all for telling us about the resource materials that you have, I appreciate that. There are a lot of things going on regarding provider education and awareness, way more than I have knowledge of, and if I tried to list it, I would leave a lot out. The thing that I'm most familiar with is our Immunization Branch program that works with providers day in and day out and they have tool kits for providers and lots of

information. MD Anderson has collaborated I know with some of the associations. I hope I don't get this wrong. I believe it was the pediatric society and the medical association to do webinars for providers, so there's many activities going on and we'd like to learn about those things that are happening. Let me take the opportunity though to mention what this plan will look like in its final form. What we do here at DSHS and HHSC is we follow standard formats for reports to the legislature, the governor, lieutenant governor, etc. So that provides some certain structure and template etc. and it also gives us a page-length that we can't go beyond. If you were a legislator receiving hundreds of reports, you would have a great appreciation of that. So this report will not be a super lengthy document. It will be fairly limited. It will have links to other resources out there and we can also have appendices in the document, so if your organization would like to supply us, for example, with a letter that mentions your resources and some linkage to your resources, etc., we could include that as an appendix to a plan.

Rachel Cunningham:

I think the providers [incomprehensible] just anecdotally, we went to the [incomprehensible] conference [incomprehensible] contributed over hundreds [incomprehensible] can't keep them on the shelves. And people, [incomprehensible] can't keep them on the shelves and people, providers, pediatricians were turning them away [incomprehensible] several providers [incomprehensible] serious concerns [incomprehensible] so I think [incomprehensible] provider education really key to that [incomprehensible] but doing that peer-to-peer [incomprehensible] ground level.

Janna Zumbrun:

Thank you very much. I certainly agree. Providers are humans like the rest of us. It's certainly very difficult to become comfortable talking about a vaccine to a parent of an 11 year old that is related to a sexually transmitted disease. But there are resources out there for providers to help them know how to talk to parents about that and to kind of de-link those issues in a manner that is helpful.

Next we have Don Murphy, and I want to encourage folks coming to the microphone to get as close as you can to the mic for the, yeah right up to it, we're having a hard time hearing. I'm afraid our webinar folks are having a hard time hearing.

Don Murphy:

I'm Don Murphy, I'm here

Janna Zumbrun:

Yeah, could I ask you to just take that out of the stand and hold it close to your mouth? Let's see if that works.

Don Murphy:

Ok.

Janna Zumbrun:

Are we sure that's on?

Don Murphy:

It says it's on.

Janna Zumbrun:

Ok. Alright. We'll try to repeat what you say.

Don Murphy:

I'm Dr. Don Murphy and I'm [incomprehensible] infectious disease [incomprehensible] Dell Children's Medical Center [incomprehensible] the Immunization Project [incomprehensible] one of the things that [incomprehensible] preventing HPV [incomprehensible] presented a slide showing [incomprehensible] infection in young adults how we can get [incomprehensible] we think [incomprehensible] and rates of HPV infection, which is usually [incomprehensible] we don't know at first those rates are fairly [incomprehensible], so I think that's a hurdle that we need to educate providers about and that's an opportunity for education. I think it is true that, you know me as a provider and immunization advocate, [incomprehensible] we need to learn and be aware of how prevalent HPV infection is and that it's part of the long term risks. It's not an acute illness, it's a chronic [incomprehensible] cancer that can delay. It's kind of a difficult [incomprehensible] is a very busy [incomprehensible], there's lots and lots to do. [incomprehensible] 11 year old visit [incomprehensible] we don't get to choose what is [incomprehensible]. I think if you look at what immunizations coming up and put the rates of high utilization [incomprehensible] when we make it mandated [incomprehensible]. I think this is kind of a difficult situation in [incomprehensible] providers being comfortable. Certainly some families are being accepting and some don't know. I think we need to encourage public awareness encourage provider [incomprehensible]. It is somewhat expensive, but it is well worth it. For girls, it's very clear. For boys, it's pretty clear. The pediatric society has been working on it, you mentioned some of that [incomprehensible], providers [incomprehensible] has also been working on it [incomprehensible].

Janna Zumbrun:

Thank you very much. I do want to mention in Senate Bill 200, which wants this report, this plan, to encourage increasing rates of vaccination, but it explicitly says short of a mandate. So you mentioned the school requirements, which may happen in some states. Our legislature is unlikely to do a school mandate, so we really have many other areas of things to focus on to increase those rates, and you mentioned a number of those. I just wanted to let people know that the recommendations will not include recommending a school requirement.

Don Murphy:

I did want to bring up one other issue, which is a lot of providers are [incomprehensible] and they are [incomprehensible] the opportunity [incomprehensible] performance, and what are the markers we are using for performance [incomprehensible] the state or these issues have been encouraged HPV utilization and is a marker for [incomprehensible]

Janna Zumbrun:

Thank you. Next we have Cathy Caven.

Cathy Cavin:

My name is Cathy Cavin and I work at Austin-Travis County Health and Human Services Department as an RN supervisor for the immunization clinic. I just had a suggestion. That [incomprehensible] funded STD/HIV clinics, that it be written into a contract that they either (A) immunize against HPV or make a strong referral to all of their clients to get the vaccine. I think that one of the hurdles that we've come across is the providers barriers aren't, they aren't giving any incentive to that, so they just don't do it. We, in our health department, placed an immunization in the STD clinic and since he or she is right there next door, he still doesn't give that referral. And so, we're just asking if that would be an easy way to get that done, if it's written into their contract that they do that, then it would be an easy way to get more [incomprehensible].

Leslie French:

Thank you for your comment. I will say one suggestion as far as this issue got framed in a certain manner about a decade ago, and I think one of the big challenges that the missed and misconceptions still are out there and that's more of the common way of thinking. We see a lot in the women's health programs with similar misconceptions. So one of the suggestions I would have for the stakeholders is we need to take a step back and we really need to look at how do we, how should we frame this issue.

We're looking at all sorts of issues that between HPV, between Zika, between several other issues that Women's Health faces everyday. There are ways for prevention, but a lot of it is our patients and our citizens with the correct information. So how can we as a state do a better job at presenting what the data shows and couching the issue in a new light? And so one thing that we are open to is I love the suggestion from Texas Children's about their stories about seeing how I think your story makes a huge impact of how it can affect your daily basis and we see that through social media, we see that through many other different avenues. And I think there's a way we can tackle this issue, but I think we have to take a step back and re-frame it, re-frame the issue, and frame it in a way that makes it about preventing cancer, something that we can prevent 100% of this cancer. And we can save millions of dollars, maybe even billions of dollars and have, let our Texans have better lives in the future and so really taking that step back and see how are we going to frame this issue going forward. And so, we can't do a mandate, but I think we can have suggestions on how to you frame this issue. And we're looking at that on, we're looking at Zika, we're looking at women's health issues too and we've all kind of come together. How do we help our Texans understand it's so important to go to the doctor and get screened for a variety of different issues that we can take care of and we can, we can not, we we don't have to face the consequences of cancer.

Cathy Cavin:

Yeah, we just [incomprehensible] since they're already there, they already know [incomprehensible] vulnerable human being [incomprehensible] if we would offer that to them and look we can do this now and prevent cancer years later. When you frame it that way, most people will take you up on it.

Janna Zumbrun:

Thank you very much. I really agree with Leslie. Obviously it is a sexually transmitted disease, but I think far too little focus has been on the cancer end of it and really looking at cancer prevention, and I know that's what many of you are doing and hope that the strategic plan really conveys that. I have no more cards filled out by those. I'm going to call on this gentleman first.

[whispering]

Okay, we're going, if you'll excuse me, we're going to do, add a little change here to make sure we can hear better. If you'll come on, come on down. Yeah, so the telephone, folks on the webinar will be able to hear you better. Thanks so much.

Clay Beauregard:

Sure, sure. Okay. My name is Clay Beauregard. I'm at the Baylor Scott and White research institute in Dallas. I'm a scientist at Baylor Institute for Immunology Research, and I just wanted to make a comment. I know most of the effort here is focused on prevention. I just wanted to make a couple of comments about treatment and research and development.

I'm sure that a lot of you are aware that the State of Texas is quickly becoming one of the world's leaders in cancer research thanks in no small part to CPRIT who has reached, I think, it's halfway point as granted more than a billion dollars for cancer research and has recruited some of the very top notch cancer research scientists in the world to come to Texas state institutions, state and private institutions.

I just wanted to mention that Baylor, Scott and White in Dallas is also developing a therapeutic treatment, a cancer immuno-therapy for HPV related cancer. It's something that was discovered at the Baylor immunology research in Dallas -- something we've been working on for over 10 years. It's an antibody based vaccine, which targets the immune system to actually go and attack cancer cells that are infected with HPV16, which as we know, as we heard today is one of the most virulent cancers, strains of HPV which causes cervical and especially cancers of the head and neck. I just kind of wanted to give a plug that there is a lot of research going on, not only into prevention, but also into treatment in the state for this disease.

We're very glad that the state is taking a very serious role in this and of course prevention through immunization is actually essential, but the treatment for, especially for head and neck cancer, is very effective, but it's very toxic and devastating with chemotherapy and radiation. And having a cancer immuno-therapy toward HPV is something that we feel very strongly is needed, is necessary, and I wanted to make it known that a state institution or a private institution in the State of Texas is developing this all in-house. We're manufacturing the vaccine at a facility in Temple, just north of here, and we're going to be doing a phase one trial of this vaccine in head and neck cancer patients at the Baylor Cancer Center in Dallas starting at the beginning of next year.

So my question is, what kind of support or efforts will be made as part of this strategic plan for treatment for making people aware who actually have HPV related cancer where they can get better treatment, where they can get into clinical trials, because there are numerous numerous clinical trials right now in the world of cancer immuno-therapy, and believe it or not, there's actually a shortage of patients that are aware of clinical trials or access to clinical trials, so I wonder if that's going to be part of this strategic plan. Thank you.

Janna Zumbrun:

We're fighting over who's not going to address that, so. That was an excellent question about how the plan addresses treatment and advances in treatment, and opportunities for treatment. I really don't have a good answer for that yet. I think that the plan can and should contain linkages and information about as many resources as possible. We're certainly, we've been charged with pointing out the barriers, but we've also been charged with pointing out how public-private partnerships can advance prevention, diagnosis, screening, treatment, so again working within our page limit, much of what we'll be doing is pointing people towards other information and resources. Once again, I would remind you that in the appendices, if your organization would like to submit a page of information about what you're doing, we would attach that.

Alright, I think, yes sir, this gentleman, if you'll come on down.

Greg Parkington:

Thank you, I'm Greg Parkington with the American Cancer Society. Thank you for having us here today, and thank you for the work that yourselves and all external stakeholders have put into this. We're obviously going to put some of the work that's going on, there's definitely some progress being made through the pockets of community education and provider education, and that certainly is where our focus is.

I'm curious, so that this plan can move forward and be successful once it sees its' day in legislature, how can the rest of us support this, and what are the next steps as you guys move forward past this and get into a draft base?

Janna Zumbrun:

So the question is about how others out there can support the plan moving forward, and there are several things. We're certainly, again, inviting lots of comments. We want to see what you want us to think about as we write the plan, what you think is worthwhile to include, but as we craft our recommendations, we're certainly going to keep all of your comments in mind during that phase as well. Once the plan is complete and does have those recommendations, and eventually goes at the end of the year to the legislature, governor, lieutenant governor, certainly your organizations will be free if you choose to let your elected officials know that you support those recommendations. You may have some different ones, that will of course be totally up to you, but if you feel good about what the plan is recommending, then we always welcome support on that.

Do we have anyone else who wants to make a comment?

Leslie French:

[incomprehensible]

Janna Zumbrun:

Perhaps I missed part of your...

Greg Parkington:

Next steps

Janna Zumbrun:

Oh, the next steps. Thank you. Thank you.

We have a beginning draft plan at this point, and we pulled information from it for these slides, but there is a great deal of writing work that still needs to be, still needs to go on for each section of the plan. We basically have a writing team with a team lead, so we're having to coordinate sort of across agencies and groups, which is a complex process. That's what we're in right now, the writing phase. We will have a more complete draft by mid-summer, and we will continuously work between DSHS, HHSC, and CPRIT to review as we're going, and get that into a more final format.

The plan, although it's not due to the legislature until the end of the year, it does have to be reviewed, both at my agency and Leslie's agency, and we will of course be giving a copy to the governor's office to pre-review as well. So, those processes take some time to do, but that's sort of how it will move. Continue to work on the writing, come up with a polished draft, and then begin those internal review processes.

Aubrey Shae:

Is there time to comment between now and the recommendation?

Janna Zumbrun:

Yes, that's why we have the dedicated email box. We want to hear your comments. I think the missing link that maybe you're getting to is what will we be able to lay eyes on so that we can make more comments?

Aubrey Shae:

Yes, ma'am.

Janna Zumbrun:

That's a really good question. We've got to sort of balance out what has been seen internally and is therefore ready to be out there for the public to comment on. So we've got to figure out the right timing of that. It's not that we don't want the public comment, we absolutely do, it's just that we've got a lot of agency individuals who are responsible for this plan and need to feel comfortable as it's prepared and written and put into more final format. I don't think that's a very good answer for you. We will work on a way to try to get something more out there for you to respond to. We'll talk about that and see what we can do. Does that help?

Aubrey Shae:

I've got another question for you.

Janna Zumbrun:

Come on down, please.

Aubrey Shae:

I agree that one of the issues that I've been focusing on in my research... I'm Aubrey Shae from U.T. School of Public Health. My research has been about provider recommendations, and a lot of what we've talked about here is really that initiation, that first, you know getting, the provider's kind of a gatekeeper for that initiation, but what we saw in that graph you gave us is that there's a big drop off for completion of all three doses. So, I'm wondering if you guys are going to focus on ways maybe outside of provider visits that we could increase the second and third dose -- community based or even in-schools without a mandate -- ways to get students where they are where the parents have already agreed we don't have vaccine hesitancy as a problem anymore, we just have follow-through as an issue.

Janna Zumbrun:

Thank you, I agree with you that we need to look for other ways to really promote the completion of the three dose series, both at the provider office and other mechanism. Good suggestion.

Aubrey Shae:

Alright, thank you.

Janna Zumbrun:

Are there other comments or questions? Yes sir.

Audience Member:

TMA and Texas Pediatric Society both provide [incomprehensible]

Janna Zumbrun:

Okay. Certainly at any point, if we have something that we are able to put out there for the public, it would be available to everyone.

Other comments or questions?

I'm not seeing any, but I know this has generated a great deal of interest. Many of you have been working in this area for a long time and have a great deal of knowledge and passion, so we can certainly benefit from your continued comments over the coming weeks. So, I thank those of you who turned out in person today, and I thank the folks who tuned into the webinar. The webinar will be posted for ongoing viewing, and let me just turn it over to Leslie for any closing words she had.

Leslie French:

Again, I'll just say thank you. Also follow Janna's comments that we really appreciate everybody's interest in this. We want your feedback and your comments and your recommendations. So we will, you know there's a, we have an intensive review process that takes place at those agencies for this report, but that doesn't mean that we want the communications to stop today. We want this to be ongoing as we develop this plan, so please feel free to email us, call us, we really do want to hear from you on how we can improve and how we can make the best recommendations possible on the strategic plan, so appreciate your time today. Please don't hesitate to reach out to us.