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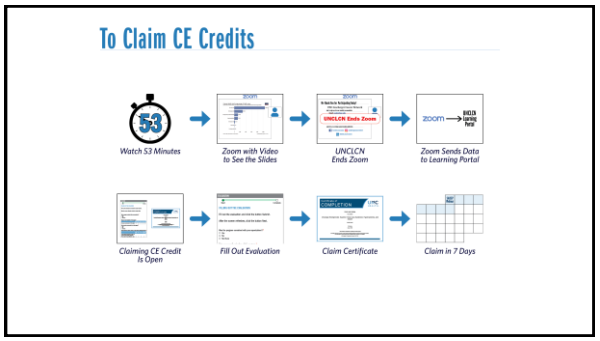
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UNC Lineberger Cancer Network
Southeastern American Indian Cancer Health Equity Partnership
November 5
Ronny Bell, PhD
Megan Huchko, MD
Strategies to Address HPV-related cancers among American Indians in Southeastern North Carolina

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Our Presenter
Ronny Bell, PhD, MS
Ronny Bell, PhD, MS is the Fred Eshelman Professor and Chair of the Division of Pharmaceutical Outcomes and Policy at the Eshelman School of Pharmacy at the University of North Carolina at Chapel Hill (UNC). Dr. Bell is also Deputy Associate Director of Community Outreach and Engagement for the UNC Lineberger Comprehensive Cancer Center. Dr. Bell received his undergraduate degree in Public Health Nutrition from the University of North Carolina at Chapel Hill School of Public Health (1985) and his Master's (1988) and Doctorate (1993) in Foods and Nutrition from the University of North Carolina at Greensboro. Dr. Bell completed a post-doctoral fellowship in Gerontology and completed a Master's in Epidemiology (1996) from the Wake Forest School of Medicine.
Dr. Bell is a native of rural eastern North Carolina and is an enrolled member of the Lumbee tribe of eastern North Carolina. His research focuses on understanding and addressing disparities in chronic diseases in underserved populations, with an emphasis on rural and American Indian communities. He currently serves as Chair of the North Carolina American Indian Health Board. He is a member of the North Carolina Minority Health Advisory Council and the US Advisory Committee on Minority Health. He co-leads the Southeastern American Indian Cancer Health Equity Partnership (SAICEP), a collaboration between the Community Outreach and Engagement programs at the three NCI-designated Comprehensive Cancer Centers in North Carolina. He currently serves as Editor-In-Chief for the North Carolina Medical Journal. He previously served as Co-Chair of the Healthy North Carolina 2030 Task Force.

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1. He is a member of the North Carolina Minority Health Task Force.

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## Our Presenter

**Megan Huchko,** MD, MPH

Dr. Huchko, MD, MPH is the Hollier Family Associate Professor of Global Health and Obstetrics & Gynecology and Global Health and Director of the Center for Global Reproductive Health at Duke. Dr. Huchko's research focuses on optimizing the diagnosis and treatment of cervical cancer among vulnerable populations. Currently, she is carrying out several large studies in central Uganda and western Kenya to evaluate the optimal implementation strategy for HPV-based cervical cancer screening using self-collection in rural settings. She works in partnership with ministries and government officials in both places to develop and evaluate sustainable and context-specific prevention strategies. She is the medical director of the cervical cancer prevention clinic at Duke University, which manages referrals for follow-up and treatment of abnormal screening tests.

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## Our Presenter

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1. She is also Director of the Center for Global Reproductive Health at Duke

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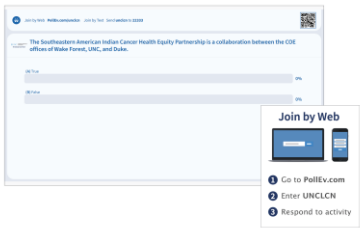
## Sample Poll Everywhere Question

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## Strategies to Address HPV-related cancers among American Indians in Southeastern North Carolina

Ronny Bell, PhD, MS
Megan Huchko, MD, MPH

UNC LINEBERGER COMPREHENSIVE CANCER CENTER
Duke Cancer Institute
SOUTHEASTERN AMERICAN INDIAN CANCER HEALTH EQUITY PARTNERSHIP

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**Ronny Bell, PhD, MS**

Fred Eshelman Distinguished Professor,
Division of Pharmaceutical Outcomes and Policy
Deputy Associate Director,
Community Outreach and Engagement
UNC Lineberger Comprehensive Cancer Center

**Megan Justine Huchko MD, MPH**

Hollier Family Associate Professor of Global Health
Associate Professor of Obstetrics and Gynecology
Associate Research Professor of Global Health
Member of the Duke Cancer Institute

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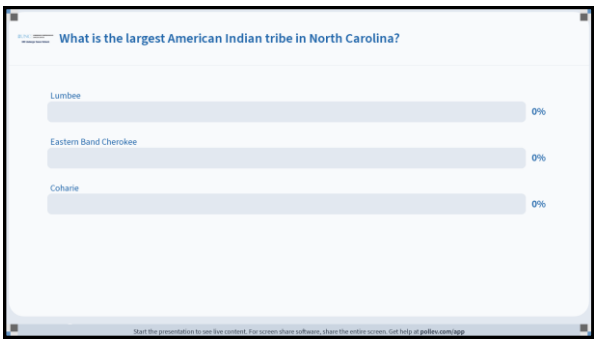


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SOUTHEASTERN AMERICAN INDIAN CANCER HEALTH EQUITY PARTNERSHIP (SAICEP)
A COLLABORATION BETWEEN
Wake Forest School of Medicine
UNC LINEBERGER COMPREHENSIVE CANCER CENTER
Duke Cancer Institute
State and Federally Recognized Tribes
Urban Indian Organizations
The Southeastern American Indian Cancer Health Equity Partnership (SAICEP) is a unique collaboration initiated by the Community Outreach and Engagement teams at the NCI Comprehensive Cancer Centers at Duke, UNC Lineberger and Wake Forest, with a focus on understanding and addressing the cancer-related health needs of American Indian communities in our catchment areas and beyond.

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UNC LINEBERGER COMPREHENSIVE CANCER CENTER
Duke Cancer Institute
With the focus on understanding and addressing the cancer-related health needs of American Indian communities in our catchment areas and beyond.

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SAICEP Leadership
Nadine Barrett, PhD
Associate Director, Community Outreach and Engagement
Atrium Health Wake Forest Baptist Comprehensive Cancer Center
Tammara Watts, MD, PhD
Associate Director, Community Outreach, Engagement and Equity
Duke Cancer Institute
Ronny A. Bell, PhD, MS (Lumbee)
Deputy Associate Director, Community Outreach and Engagement
UNC Lineberger Comprehensive Cancer Center
Stephanie B. Wheeler, PhD, MPH
Associate Director, Community Outreach and Engagement
UNC Lineberger Comprehensive Cancer Center

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## SAICEP Goals

1. To increase awareness of cancer health needs of American Indian populations
2. To expand access to cancer health education and build community capacity to address cancer health needs
3. To develop collaborative research and community relationships to better understand and address the cancer burden in American Indian communities


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## SAICEP Research Findings

- Five most common cancers
  - Prostate, Female Breast, Lung, Colorectal, Uterine
- Compared to non-Hispanic Whites, American Indians are more likely to:
  - Be diagnosed with Liver (20%) or Stomach cancer (14%)
  - Die from Prostate (43%), Liver (15%) or Stomach (37%) cancer
  - Be diagnosed with and die from cancer at a younger age
  - Receive poorer quality cancer care at the end of life

Spees et al, Cancer Epidemiol Biomarkers Prev 2024;33:838-845

Emerson et al, JNCI, 2025;117:1188-1197

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## SAICEP Talking Circles


Coharie Talking Circle February 18th 2023, Coharie Tribal Center Clinton, NC

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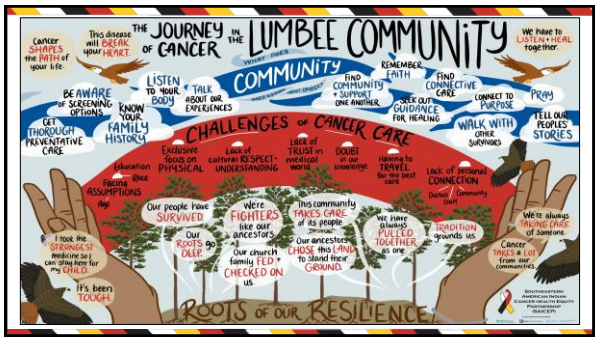


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## SAICEP AI Youth and Young Adult Cancer Risk Factor Project


*Cancer Risk Factor Reduction Strategies*

- Sun exposure protection
- HPV vaccination
- Harmful tobacco prevention/cessation

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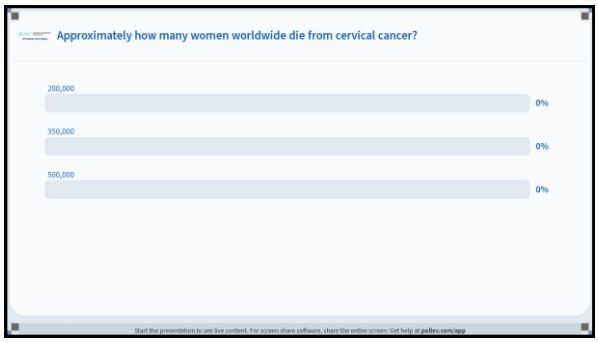


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## Global Burden of Cervical Cancer: 2022

- Represents 3.3% of cancers and 3.6% cancer-related deaths
- 661,021 new cases & 348,189 deaths
- Incidence and mortality align with human development index
  - Lifetime risk of cervical cancer diagnosis 4 x greater in low HDI countries
  - Lifetime risk of cervical cancer death 9 x greater in low HDI countries
- 90% of world's cases and deaths from cervical cancer in LMICs

Globocan 2022

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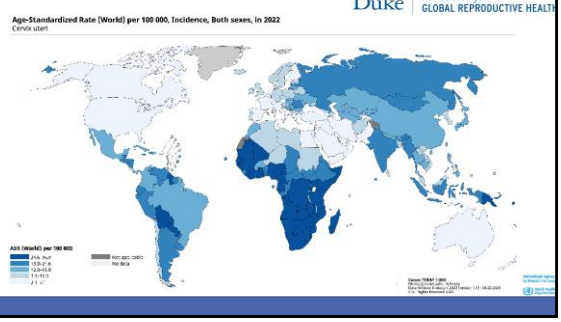


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## WHO Calls for Action to End Cervical Cancer

- May 19, 2018: Dr. Tedros made a global call towards the elimination of cervical cancer

"Cervical cancer is one of the most preventable and treatable forms of cancer…Prevention and treatment are highly cost effective. Worldwide, however, cervical cancer remains one of the greatest threats to women's lives, and **globally, one woman dies of cervical cancer every two minutes**. This suffering is unacceptable, and cannot continue."

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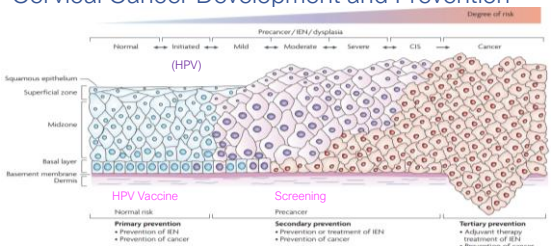
## Cervical Cancer Development and Prevention




*Kelloff & Sigman 2007)*

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## WHO definition and 2030 targets

Vision: A world without cervical cancer

Goal: 30% reduction in mortality from cervical cancer

Elimination definition: <4 cases per 100,000 women

| 90% | 70% | 90% |
|---|---|---|
| of girls fully vaccinated with HPV vaccine by 15 years of age | of women screened with an HPV test at 35 and 45 years of age, with effective management | of women with preinvasive of invasive cancer treated or able to receive palliative therapy |

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## What is driving the call for cervical cancer elimination?

- Increasing disparity in global burden of cervical cancer
- Screening and prevention programs have reduced incidence in high-income countries (HICs)
  - More evidence supporting effectiveness of lower-resource screening
  - Technology allowing implementation of higher quality screening and treatment in LMICs
- Availability of an extremely effective vaccine for HPV
  - Models of cancer elimination in high-vaccine uptake areas

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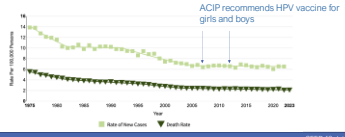
## Cervical Cancer Rates in the US

- Incidence and mortality rates are 7.7 and 2.2 per 100,000 woman-years
- Decreases started in 1950s with advent of colposcopy and cytology screening (Papinicolou)
- Half of cervical cancer cases in the US occur in un- or underscreened individuals




SEER 12 data, 2017-2021

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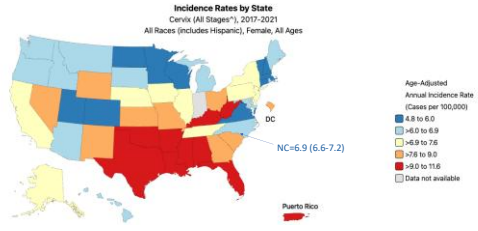


SEER data, 2017-2021

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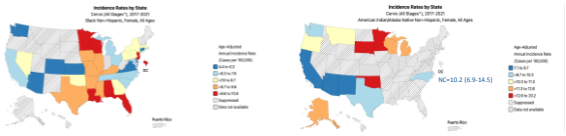
## Cervical Cancer Disparities in the US

- Incidence and mortality rates higher among non-Hispanic Blacks and American Indians/Asian Pacific Islanders
- Current disparities are driven by poor access to screening and follow-up




SEER 12 data, 2017-2021

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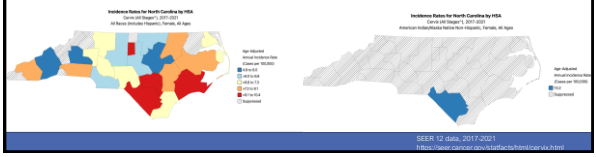
## Cervical Cancer Disparities in American Indians North Carolina

- Incidence rates in NC are highest in Robeson and Columbus
- Within those counties, incidence rates are >30% greater among women identifying as American Indian



SEER 12 data, 2017-2021
https://seer.cancer.gov/statfacts/html/cervix.html

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## Understanding the driving factors in continued disparities in cervical cancer rates for American Indians in NC

- What are the barriers to HPV vaccination, screening and follow-up care?
  - Individual
  - Interpersonal
  - Provider
  - Systems
- What would be motivating factors to increase cervical cancer prevention?
- How can implementation strategies fit the needs of women in the Lumbee tribe in NC?

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## HPV Vaccination

- Human Papilloma Virus (HPV) is the most common STD and increases the risk of certain cancers (cervical, anal, oropharyngeal, penile, vaginal, vulvar)
- HPV vaccines, which are administered during adolescence, have been shown to be effective in reducing HPV-related cancer risk
- American Indians have higher rates of some HPV-related cancers
- Data suggests that, overall, rates for HPV vaccination are low, and the limited data that are available indicate that American Indians have rates at or just below the rates of non-Hispanic Whites

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## HPV Vaccination

There is limited data available on the HPV vaccination rates for American Indians who are not members of federally recognized tribes, particularly in the eastern US.

- No access to Indian Health Service health care
- Adverse social determinants of health
- Limited access to health care due to rural residence

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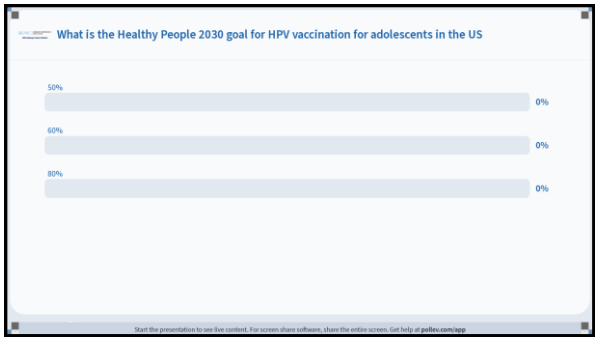


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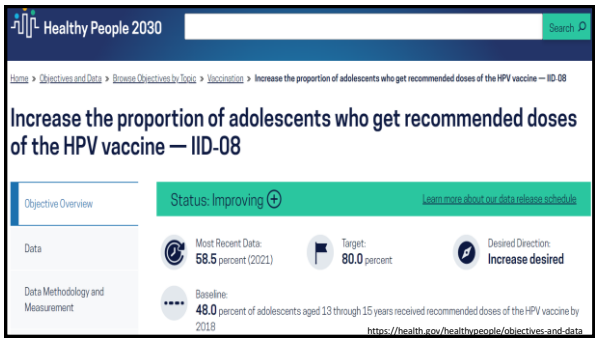


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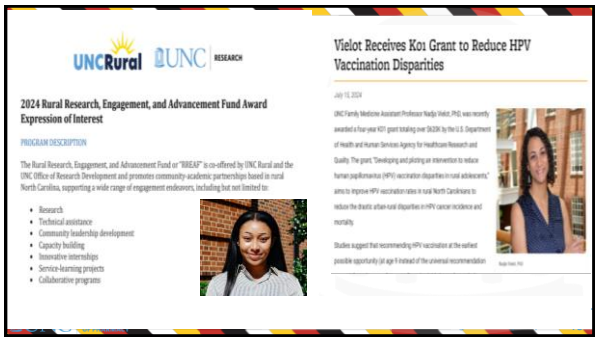


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## Pilot Project Aims

**Specific Aim 1:** Identify barriers and facilitators of HPV vaccination among parents of Lumbee youth (n=20) through in-depth interviews.

- Parent Eligibility Criteria: (1) Identify as Lumbee; (2) Have an age-eligible child (9-17 years); (3) Child is an active patient at a Children's Health of Carolina (CHC) clinic (attended a well child visit in the last 18 months); (4) Willing and able to participate in in-depth (about 45 minutes – one hour)

**Specific Aim 2:** Characterize health care providers' (n=20) perceptions of HPV vaccination in Lumbee youth through in-depth interviews.


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## Pilot Project Preliminary Findings

**Providers (n=13):**

- Providers indicated that hesitancy seen towards vaccines stemmed from either a change in attitudes towards vaccines due to the COVID pandemic or a decrease in trust of the government.
- There was discussion surrounding difficulties patients experienced trying to access the clinic and with scheduling appointments.
- Providers had success with administering the vaccine when they relate the HPV vaccine purpose with local health statistics and when they continue to follow up with their patients who initially decline the vaccine.

**Parents (n=3)**

- Parents indicated that they generally trust the recommendations that their child's provider gave regarding vaccinations.
- There were some strong opinions expressed about the COVID vaccine, feeling that there was not enough information on the safety of the vaccine to justify giving it to their child.

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# Developing a Road-Map for Implementation of Home-Based HPV Screening among Members of the Lumbee Tribe of NC

DUKE GLOBAL HEALTH INSTITUTE

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## Background for home-based HPV testing

- Cervical cancer screening can require multiple visits
  - Pelvic exams
  - Biopsies
  - Navigating new settings
  - Understanding various results and follow-up strategies
- Primary HPV testing recently recommended by American Cancer Society
- HPV testing can be offered via self-collection
- How can this simplified strategy meet the needs of underscreened women?

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## Last Mile Initiative: Bringing Screening to Communities

- US Government Initiative launched January 2024 to reach the "last mile" of reaching un- or underscreened populations


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## Last Mile Initiative: Key Activities

| | |
|---|---|
| *Facilitating discussions for regulatory approvals for self-collection* | • Reviewing evidence on self-collection to inform regulatory pathways<br>• Facilitation of discussions between FDA and HPV assay manufacturers seeking approvals for self-collection approaches for primary HPV testing. ✓, May 2025 |
| ***S**elf-collection for **H**PV testing to Improve Cervical Cancer **P**revention (**SHIP**) Trial* | • Nationwide multicenter clinical trial and associated studies<br>• Independent evaluation of multiple self-collection devices and HPV assays for usability, acceptability, accuracy, and effectiveness to inform implementation Ongoing |
| *Disseminating evidence on self-collection to change and inform clinical practice* | • Partnerships with professional societies to update clinical practice guidelines after FDA approvals for self-collection<br>• Creating publicly-accessible repository of resources on self-collection ✓, Sept 2025 |

What are the implementation strategies for self-collection that will effective reach underscreened women and ensure appropriate follow-up?

www.prevention.cancer.gov/lastmile

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## Developing a Road-Map for Implementation of Home-Based HPV Screening among Members of the Lumbee Tribe of NC: Aims

- Aim 1: Understand beliefs related to cervical cancer and HPV, as well as barriers and facilitators to screening among people at risk for cervical cancer in the Lumbee Tribe.
- Aim 2: Understand the pathways, facilitators and barriers to receiving follow-up care for positive screening results.
- Aim 3: Develop a road-map for implementation of a home-based HPV-screening program with linkage to appropriate and accessible follow-up to reach people at risk for cervical cancer among the Lumbee Tribe of North Carolina.

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## Developing a Road-Map for Implementation of Home-Based HPV Screening among Members of the Lumbee Tribe of NC: Activities

- Brief survey among women in the Lumbee tribe attending health fairs and community events
  - Understand screening and follow-up rates
  - Identify women for qualitative work
- In-depth interviews with women and key informants
  - identify behavioral, financial, logistical and stigma-related barriers to completion of the cervical cancer prevention cascade
  - understand the clinical pathway that would follow self-collected HPV testing offered in the home, as well as barriers and facilitators to receiving follow-up care
- Use a co-creation model to integrate findings from people at risk for cervical cancer in the Lumbee Tribe and key informants to develop a patient-centered model of comprehensive cervical cancer prevention among people in the Lumbee Tribe

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## Developing a Road-Map for Implementation of Home-Based HPV Screening among Members of the Lumbee Tribe of NC: Timeline

- Instruments created and under review
- Protocols submitted to Duke and Lumbee IRBs.
- Identifying interviewers for IDIs
- Plan to start surveys in November or December
- IDIs in January—March
- Develop implementation strategy by June

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## Acknowledgements


- NIH/NCI
  - R01 CA124288
  - R21/R33 CA275665
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- Duke Cancer Institute Pilot Grant
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  - Ronny Bell
  - Jill Sergison
  - Anne Berry
  - Edith Amposeh
  - DGHI Grants and Admin team
- Center for Global Reproductive Health Study Team


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Visit our website
www.saicep.org
These webinars are a collaboration between
Duke Cancer Institute
UNC
Atrium Health Wake Forest Baptist | Comprehensive Cancer Center

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The North Carolina American Indian Adult Tobacco Survey: Wave 1 Findings
Rachel Denlinger, PhD, MPH
January 21
12:00 PM
Register Now!
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Dorothy Rhoades, MD, MPH
Evolution of Native Patient Navigation
Linda Burhansstipanov, MSPH, DRPH, OPN-CG
Improving AI/AN Cancer Surveillance Data in the US
Melissa A. Jim, MPH

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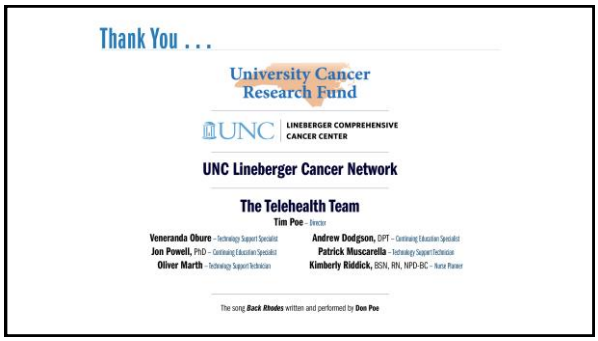
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The Telehealth Team
Tim Poe – Director
Veneranda Obure – Technology Support Specialist
Jon Powell, PhD – Continuing Education Specialist
Oliver Marth – Technology Support Technician
Andrew Dodgson, DPT – Continuing Education Specialist
Patrick Muscarella – Technology Support Technician
Kimberly Riddick, BSN, RN, NPD-BC – Nurse Planner
The song Back Rhodes written and performed by Don Poe

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