

Draft Minutes, Pennsylvania HPG Meeting, March 27 & 28, 2024

Rev. 0

Best Western Premier Central Hotel, Harrisburg, PA 17111

<u>Time</u>	<u>Topic/Discussion</u>	<u>Action</u>
	Wednesday, March 27, 2024	
9:00am	<u>Call to Order and Welcome</u>	Sonny C. called the meeting to order.
9:00am-9:05am	<p><u>Introductions and Attendance</u></p> <p>HPG Members Present: Sonny Concepcion, Rob Pompa, Gary Snyder, Leah Magagnotti, Rachel Schaffer, Liza Conyers, Shekinah Rose, Natasha Gorham, Shane Cobert, Clint Steib, Michael Witmer, Julia Sughrue, Michael Tikili, Michelle Troxell, Andre Ford, Carlos Dominguez, Satina Thomas, Miguel Rodriguez, Ginger Scaife, Sharita Flaherty, Nicola D’Souza, Anne Papandreas, Lupe Diaz, Teresa Sullivan, Rob Pompa</p> <p>HPG Members Not Present: Emma Seagle, Katherine Haar, Maureen Mulenga</p> <p>Planning Partners Present: Sharron Goode-Grant (Philly Part A Grantee/Philly HIV Planning), John Haines (SPBP-AC), Ike Onukogu (HIV Surveillance), Godwin Obiri (HIV Surveillance), Patrick Nosko (TB Program), Kimberly Sabolcik (MAAETC), Tiana Warner (MAAETC), Kris King (Office of STDs), Sarah Wojciechowski (Office of STDs), Kimberly Sabolcik (MAAETC), Jack Eilber (PA Dept of Aging), Kaitlin Salvati (PA Office of Vocational Rehabilitation), Sofia Moletteri (Philadelphia Office of HIV Planning)</p>	<p>Roll call was taken for HPG Community Members.</p> <p>Any other attendees who wanted to introduce themselves were invited to do so.</p> <p>All attendees were either in-person or online.</p>

	<p>Planning Partners Missing: Corrections, Department of Aging, Disability Services Agency, Drugs and Alcohol, Health Equity, Medical Assistance, OMHSAS, Education, HOPWA, PA-FQHC, Viral Hepatitis</p> <p>Division of HIV Disease/PA Department of Health Staff Present: Marijane (MJ) Salem-Noll, Kyle Fait, Michelle Rossi, Cheryl Henne, Kendra Parry, Jon Steiner, Maddison Toney, Savanna Runco, Aditi Anand, Monisola Malomo, Rob Smith, Michelle Schlegelmilch, Jan Davis, Moira Foster, Cameron Schatz, Jill Garland, Allison Prim</p> <p>Guests: Tammi Butler, Jeremy Sandberg (Penn State/PEHTI), Ken McGarvey, CJ Rosado, Mike Hellman, Sofia Moletteri, Michelle Clarke (Medical Monitoring Project), Lou Montefiori (CCN Pharmacy), Lauren Orkis (PA Dept of Health, Bureau of Epidemiology), David Givens (University of Pittsburgh), Paul Kabera (University of Pittsburgh), Naima Kimotho (University of Pittsburgh), Sarah Krier (University of Pittsburgh)</p>	
9:25am-9:30am	<p><u>Approval of January 31/Feb 1 Meeting Minutes</u></p>	<p>Andre Ford moved to approve as submitted. Sonny Concepcion seconded. Approved.</p>
9:30am-9:42am	<p><u>Approval of November Meeting Minutes</u></p> <p><i>Correction 1:</i> Shekina noted that the HPG decided that announcements will be looped on projector screen each morning, and that there will be dedicated time in the agenda for announcement-related questions.</p> <p><i>Correction 2:</i> Sofia Moletteri is incorrectly listed as an HPG member; she is a planning partner.</p>	<p>Shane C. moved to approve as corrected. Andre F. seconded. Approved.</p>

9:42am-9:42am	<u>Agenda Review</u>	Rob Pompa led review.
9:42am-10:21am	<p><u>Announcements and highlights</u></p> <p>Univ. of Pgh. HIV Prevention & Care Project: Update</p> <ul style="list-style-type: none"> ➤ Update about what is being done to restart the long-standing relationship between the HPG/Dept. of Health and the University of Pittsburgh, which has been stalled by the 2024 purchase order not being approved by PA General Services Administration. ➤ Is there anything that can be done to avoid not getting funded? As per MJ, she has been managing Pitt Purchase Order (PO) since 2014. However, this year was the most difficult year to not get PO. We can't anticipate every issue that PA DGS may raise. We do the best we can. We are at the mercy of those who approve our POs. ➤ To this, Jill added that the Bureau did everything to get the PO approved. There's a Master agreement with Pitt and programs can enter into when there's a statewide Master agreement that is managed by DGS. They started disagreeing with a lot of line items. With a lot of support from leadership, we finally got the PO approved last week. ➤ Can you talk about line items? Some of the line items were IT, website, membership, advertisement, etc. These items can be acquired via PA DoH. ➤ As far as HPG and Planning, it's not going to change. Would StopHIV.com stay the same? We have to go through our own process to see if we can manage and fund it. <p>Division updates:</p> <p>HRSA has site visits. A lot of jurisdictions want to know how to write their workplan. PA used as an example of how we wrote strategies, activities, and goals. Technical assistance center reached out regarding one or two examples on how to write the goals. Also reached out to be a part of panel to discuss our work plan and PA stakeholder engagement plan. It was noted that we can't yet present stakeholder engagement as a plan because plan has not yet been approved.</p>	<p>Announcements given pertinent to HPG.</p> <p>An informal consensus emerged that, for future HPG meetings, all announcements and meeting materials will be sent out two weeks in advance.</p>

	<p>HIV Prevention updates:</p> <p>For prevention sites, a lot have asked for specialty condoms; big things were social media and condoms. PA was limiting condom distribution due to low supplies, however, a condom PO was recently approved, so supplies will soon increase. MJ said we have given them funds for their clinics. We are not the experts; we are relying on colleagues from DDAP to collaborate with us.</p> <p>Concern was voiced that Philadelphia is pulling funding from syringe services. Kendra will look into possibility that Savage Sisters may be able to identify substitute resources.</p>	
<p>10:20am-10:35am</p>	<p><u>Break</u></p>	
<p>10:35am-12:00pm</p>	<p><u>Subcommittee meetings:</u></p> <p><u>I. Intersectional and Innovation Subcommittee Meeting</u></p> <p><u>II. Evaluation Subcommittee Meeting</u></p> <p>I. Intersectional and Innovation Subcommittee Meeting</p> <ul style="list-style-type: none"> ➤ Recommendations given regarding the survey I&I intends to do. Update the survey and align the questions more with addressing the need. Work together to put final draft together. Address how chronological aging should be defined for the next IPCP. Noted that Philadelphia has its own tracking as compared to the rest of the state. ➤ The survey has all the essence from January meeting. ➤ Zip codes can be difficult for people to disclose due to privacy concerns; noted that we don't present that information because of the breach of confidentiality. ➤ What would be needed for compensation. Some of the questions need to be more service oriented. They would rather shrink the survey and not split the survey. It's still going to be semi-lengthy survey because of the data we are trying to take away. Meet the requirements of integrated plan. ➤ Goal is to have everything finalized and distributed by summer once the survey is completed. 	

	<ul style="list-style-type: none"> ➤ Aging & Disability workgroup is also working on the same thing; all of the results from survey will help the aging group. ➤ There will be open ended questions. ➤ Collecting different levels of gender identity. ➤ Sara Reyes presented current survey design. MJ said that once subcommittee is ready, to send this survey to Pitt since Pitt has expertise in survey design. ➤ Since there are a lot of barriers to mental health, perhaps survey can ask about this. ➤ It's important to ask questions such as what barriers are preventing you from receiving services? Do you have transportation issues/concerns? Break it down to HIV and other medical care. In the end, have Pitt clean it up and get our survey ready. <p>II. Evaluation Subcommittee</p> <ul style="list-style-type: none"> ➤ Evaluation subcommittee discussed subsections of IHPCP dealing with statewide campaigns, activities 17, 18, 19, and 20. ➤ Noted that campaigns take a long time to execute and evaluate effectiveness. ➤ Noted that HCV and HIV messaging are being joined together. There may be challenges to linking HCV and HIV due to different insurance and healthcare cost coverages. ➤ There needs to be HCV navigation services. ➤ There needs to be better coordination of messaging around other STIs, especially because other STIs are becoming more prevalent. ➤ Discussed various aspects of public health and comorbidities with HIV. ➤ Looking for ways to recommend combined services so that people in care have fewer appointments. ➤ Looking for ways to support PA regions doing regional campaigns. 	
12:00pm-1:00pm	<u>Lunch</u>	

1:00pm-1:40pm	<p><u>Orientation Part 2</u></p>	HPG orientation continued from January meeting
1:40pm-1:50pm	<p><u>Orientation Comments and Recommendations</u></p> <p>Anne requested that new HPG members be given more time to ask questions.</p>	
1:50pm-2:22pm	<p><u>Presentation: 2023 CQM Plan Performance</u></p> <p>Reviewed the indicator and performance measures for the medical case management clinical quality management (CQM) workgroup. For Ryan White Part B service category, the key performance measures are HIV viral load suppression and annual retention in medical service.</p> <p>Data team is working on cross walk and have the cross walk replaced. There will be a new format for tracking viral load suppression for clients who don't have viral load data reported.</p> <p>Key takeaway: Transparency and information is power.</p> <p>2024 Clinical Quality Improvement (CQI) - Rapid improvement plan: If medical case management retention is consistently going down from 80% to 78%, we can't do anything with that information alone. So, a rapid CQI initiative is needed to discover why retention is stagnant and what can be done about it.</p>	Presented by Michelle S.
2:22pm-2:34pm	<p><u>Presentation: Aging & Disability workgroup</u></p> <p>Focus on improving prevention & care services for 50+ recognizing that 50-year-old today is not the same as 50-year-old 20 years ago.</p> <p>We had to narrow our scope a little. We do not have the resources to go down each path of possible inquiry. We decided to prioritize chronological aging. If you are living with HIV, you are aging faster than those diagnosed later in life.</p>	Presented by Sharita F.

2:34pm- 2:50pm	<u>Break</u>	
2:50pm- 3:30pm	<p><u>Presentation: HPG Protocols workgroup</u></p> <ul style="list-style-type: none"> ➤ Current members are: Gary Snyder, Rachel Schaffer, Guadalupe Diaz, Naija Luqman, Andre Ford and Natasha Gorham ➤ Activities are to review current language, suggest changes, and lead discussions during HPG meetings to get approval to make modifications to the HPG protocol. ➤ Next, they will incorporate the items discussed and continue to work on reviewing the last sections. ➤ Language discussion: Workgroup recommends replacing ‘Community Member’ wording/label with ‘Community Representative’ throughout the HPG and its protocols. This could help avoid the confusion as to whom is a ‘member.’ Currently, all individuals involved with the HPG are members. The two main categories within 6.1 general membership would become ‘HPG Community Representatives’ and ‘HPG Planning Partners.’ <p>Discussion:</p> <ul style="list-style-type: none"> • One of the original intentions of being identified as a "member" was to indicate voting privileges. There are planning partners as well but they don't have the ability to vote. Everybody is called a member and that's what Gary was referring to. There are planning partners and community members. Membership is more static, and members have to apply. 	<p>Presented by Gary S.</p> <p>Andre F. moves to accept change from Community Representatives to describe voting members, to all voting members. Seconded by Shekinah. Quorum established. Approved with 18 yes, 1 abstention, 2 non-voting.</p>
3:30pm- 4:30pm	<p><u>Division of HIV Health Section Update: CDC Grant</u></p> <p>Michelle Rossi went over PowerPoint presentation. Michelle said COVID prompted a large drop-off of nonclinical testing, and it still hasn't fully recovered. Andre said that places providing nonclinical testing are no longer doing that, and he asks if the DOH has discussed this. Michelle says most tests are from the PPAs, so not all tests done in the state not funding by PA DoH. Michelle says that connecting people to care who are newly diagnosed is not meeting</p>	<p>Presented by Michelle Rossi</p>

	<p>goals. They are trying to improve this percentage. Sonny said staff to do intakes is affecting intake numbers. Gary asks how to mitigate data sharing issues with Philly and Jon Steiner explains how we attempt to do this. Michelle R. says we don't always get credit for services, even if we know that they happened. Anticipate knowing budget for next 5-year period won't be known until July. Clint says there is a PEP hotline to help them get PEP immediately. PEP services are discussed and how many parts of the state don't have it. Discussion of how providers don't even test for it, and instead do all kinds of testing prior to testing for HIV. Clint asked if they will connect with OBGYNs. Michelle responds they are reaching out to providers already. Shekinah asked about STI and engagement with PrEP. Michelle says STD is included in discussions and with TB and immunizations and so they try to be as inclusive as possible when implementing activities.</p>	
4:30pm	<u>Evening Recess Called</u>	
Thursday, March 28, 2024		
<u>Time</u>	<u>Topic/Discussion</u>	<u>Action</u>
9:11 AM	<p><u>Attendance</u></p> <p>Welcome by Rob Pompa, HPG Community Co-Chair, and Marijane (MJ) Salem-Noll, Division of HIV Disease Co-Chair</p> <p>HPG Members Present: Sonny Concepcion, Rob Pompa, Gary Snyder, Leah Magagnotti, Rachel Schaffer, Liza Conyers, Shekinah Rose, Natasha Gorham, Shane Cobert, Clint Steib, Michael Witmer, Tammi Butler, Julia Sughrue, Michael Tikili, Michelle Troxell, Andre Ford, Carlos Dominguez, Miguel Rodriguez, Ginger Scaife, Sofia Moletteri, Satina Thomas, Sharita Flaherty, Nicola D'Souza, Anne Papandreas</p> <p>HPG Members Not Present: Katherine Haar, Maureen Mulenga, Ella Kaplan, Lupe Diaz, Emma Seagle</p> <p>Planning Partners Present: Najia Luqman (Philly Part A Grantee/Philly HIV Planning), John Haines (SPBP-AC), Ike</p>	<p>Call to order by Rob Pompa</p>

	<p>Onukogu (HIV Surveillance), Godwin Obiri (HIV Surveillance), Patrick Nosko (TB Program), Kris King (Office of STDs), Sara Wojciechowski (Office of STDs), Kimberly Sabolcik (MAAETC), Tiana Warner (MAAETC), Teresa Sullivan (HIV Fight Philadelphia), Jack Eilber (PA Department of Aging), Kaitlin Salvati (PA Office of Vocational Rehabilitation)</p> <p>Planning Partners Missing: Corrections, Department of Aging, Disability Services Agency, Drugs and Alcohol, Health Equity, Medical Assistance, OMHSAS, Education, HOPWA, PA-FQHC, Viral Hepatitis</p> <p>Division of HIV Health/Department of Health Staff Present: Marijane (MJ) Salem-Noll, Kyle Fait, Michelle Rossi, Cheryl Henne, Monisola Malomo, Kendra Parry, Rob Smith, Michelle Schlegelmilch, Jon Steiner, Jan Davis, Moira Foster, Maddison Toney, Cameron Schatz, Savannah Runco, Aditi Anand, Jill Garland</p> <p>Guests: Tammi Butler, Jeremy Sandberg (Penn State/PEHTI), Ken McGarvey, CJ Rosado, Mike Hellman, Sofia Moletteri, Michelle Clarke (Medical Monitoring Project), Lou Montefiori (CCN Pharmacy), Lauren Orkis (PA Dept of Health, Bureau of Epidemiology), Rhonda Goldfein (AIDS Law Project), David Givens (University of Pittsburgh), Paul Kabera (University of Pittsburgh), Naima Kimotho (University of Pittsburgh), Sarah Krier (University of Pittsburgh)</p>	
<p>9:15am- 9:26am</p>	<p><u>Ad-hoc committee presentation: Employment</u></p> <p>Collaboration with Temple University to conduct employment needs assessment</p> <ul style="list-style-type: none"> ➤ Invited by D. Eva Weiss of Temple University to contribute to a Comprehensive Statewide Needs Assessment (CSNA). It informs the PA Vocational Rehabilitation State Plan, and consequently budget, and identifies evidence-based practices and recommendations to better meet the employment/employment service needs of Pennsylvanians with disabilities. 	<p>Presented by Liza Conyers</p>

	<ul style="list-style-type: none"> ➤ The role of ad-hoc committee is to assist with developing brief (5-7 items) online survey to identify employment needs of PLHIV. Assist with the distribution of the survey link to key stakeholders. Provide input to facilitating focus group and individual interviews to add qualitative data. Identify other existing data sources that may help to inform employment needs. <p>Updates since January meeting:</p> <ul style="list-style-type: none"> ➤ The finalized draft of brief employment needs survey consisted of feedback from HPG. Added demographic items, and 3 items related to stigma, health, and ability to meet basic needs. Next, Temple staff will complete programming survey into a digital survey. ➤ Ad-Hoc committee will pilot survey once programmed to provide feedback and finalize. It will be translated into Spanish and distributed widely to PLHIV in PA. ➤ Temple staff complete IRB review through Temple and program survey for online distribution. ➤ Ad-Hoc Committee: Pilots survey prior to distribution, assist with coordination of distribution to recommended sites. Finalize input into the focus groups and/or individual interviews. Provide input to summary of results for the CSNA report. As appropriate use outcomes to seek funding for greater access to needed services. 	
9:26am-10:10am	<p>Pennsylvania Census Tract-Level Vulnerability Assessment: Predicting bloodborne infection outbreak risk related to injection drug use in PA, excluding Philadelphia, 2021 by Dr. Lauren Orkis and Calli Laskowski, MPH.</p>	Presented by Lauren Orkis

	<ul style="list-style-type: none"> ➤ 181 incident cases of HIV were found in Scott county, Indiana outbreak between 2014 and 2015. 92% were coinfecting with Hepatitis C (HCV). As per CDC national vulnerability assessment in 2016, 3 PA counties were identified as “at high risk”. These were Crawford, Luzerne and Cambria. ➤ Census tracts (CTs) at higher risk of bloodborne infections: Geographically scattered, tended to be more rural. ➤ CTs at higher risk of overdose death, it’s mostly found in and around urban areas. ➤ There are pockets that are urban and some rural. There are places that have 8000 people. We were cognizant of the fact that we separated ourselves from national model. Rapidly infecting blood borne infection, ➤ Methods- outcome data: The inclusion criteria was confirmed acute or chronic hepatitis C cases reported in 2011. The exclusion criteria was Philadelphia was listed as reporting county. Also, the cases associated with correctional institutions and drug and alcohol treatment facilities. ➤ Methods- Statistical analysis: Generalized linear mixed model, conducted using SAS 9.4, used to generate predicted HCV rates and it was offset by log of population under 40 years old. ➤ Predicted rates grouped into 5 vulnerability categories using Jenk’s natural breaks method. 	
<p>10:10am-10:30am</p>	<p><u>SOR Grant and Harm Reduction Vending Machines</u></p> <p>Kyle presented about the vending machines. This is part of innovative projects workgroup and this is the leadoff project. Team met with regions to work with providers to see where a machine will best fit, one for each region, and to collect data on how well it works. It is anticipated that the regions will find vendors to help with project</p>	<p>Presented by Kyle Fait</p>

	<p>and items needed. Project group will meet with regions on a monthly basis to check in on the progress of the program. Regions were sent allowable items list to fill vending machines and that list will be updated as needed. Teresa asked if regions are consulted about where to place them and Kyle said that they are. Clint asked if they reached out to Philly about their machines and get info from them. Sonny is concerned about vandalization of machines and how to protect the machines and insure the items. Jill said they provided info to deputy secretary and acting secretary and that she is very supportive of this project and there is a lot of DOH support for this even if there are some limitations are about what can be purchased. Dr. Bogen asked about certain items that could be included, like HIV tests and pregnancy tests, and that they are going to try different things to see what has the highest demand. Moira clarifies we are focused on HIV Harm Reduction, specifically not just D&A needs. Shekinah wants to see a community outreach team and that machines are not just engaging with those larger issues. Natasha asked about vending machine companies to see how they can grant access to a code when a person is standing at the machine, like QR codes, or the one-stop-shop machines with smart screens that get demographic info. She noted this wouldn't require the person to have a cellphone, could incorporate the needs of visually impaired people, and present cool opportunities for public health messaging on the machine itself. Dr. Obiri added that when trying to determine and estimate a response to a problem, every method has built-in errors, and one has to know the built-in error of a methodology.</p>	
<p>10:30am-10:45am</p>	<p><u>Break</u></p>	
<p>10:45am-12:00pm</p>	<p><u>HPG Subcommittee meetings, continued from yesterday</u></p> <p>I&I:</p> <p>Shane explained that they continued reviewing the aging survey and drilling down on the questions. They got through all of the survey questions and will review some outstanding questions over the next few weeks. The survey will then be sent to Pitt and the Division to review. Once a finalized version is ready, it hopefully will be distributed in the summer and we will have results by the end of the year.</p>	

	<p>Evaluation:</p> <p>Gary said they went over perinatal services, and they have recommendations for maternal health, DDAP, and the Division since people are not getting the care they need in these instances. Subcommittee is looking into having the Division more involved when doing investigations, especially to circle back to see if they missed anything.</p> <p>The subcommittee wants a presentation on congenital syphilis so newer members can become familiar with that data and what the Division is doing to address it. Shekinah asked for a datasheet on congenital syphilis last year and wondered if that datasheet was ever received. MJ mentioned that STD tracking has an enhanced reporting form. The sheet that Shekinah requested was for women to know when to ask for certain types of testing. MJ asked if there was a distribution mechanism to send out the sheet. MJ said they could distribute it to partners, but if there are other people, Shekinah should let MJ know. Sarah says they still have fact sheets they gave out to pregnant people when they were about to get treatment.</p>	
12:00pm-1:00pm	<u>Lunch</u>	
1:00pm-1:15pm	<p><u>Subcommittee summaries</u></p> <p>See above subcommittee discussions</p>	
1:16pm-1:19pm	<p><u>Pennsylvania Prostitution Law change</u></p> <p>Rhonda presented a brief update regarding PA “prostitution law,” and stated that there is a legislative effort to update the law. Currently, a PLHIV who engages in sex work can be charged with a felony. Forty such persons have been charged over the past three decades. The change is intended to reduce institutional stigma associated with HIV.</p>	Presented by Rhonda Goldfein

<p>1:19pm- 1:30pm</p>	<p><u>Case Management training update</u></p> <p>CM training PO has been in place for 2 years.</p> <p>Kim from MAAETC gave an update on the trainings, and went over what trainings are provided. It was determined that one training covered too much information and so the case management training was divided into multiple parts. Top priority trainings cover Housing, followed by Aging in HIV, Medical Transportation, MCM, and Compassion Fatigue.</p> <p>Shane mentioned that even though PEP is a low priority for MCM, Kim will note it. Michael says most MCMs won't encounter people who need PEP because CMs work with PLHIV.</p> <p>Rob says that they have been asked if more than just MCMs can attend. So even though PEP isn't high on the list, as other people start joining trainings, PEP may move up higher on the list.</p> <p>Gary requested the PowerPoint to be sent out and Kim said she'd check in with her supervisor Dr. Frank to see if this is possible.</p>	<p>Presented by Kim S.</p>
<p>1:30pm- 2:18pm</p>	<p><u>HIV & Cancer Correlation presentation</u></p> <ul style="list-style-type: none"> ➤ Cancer ranks second as the most common cause of death in the US following heart disease. Approximately 2 million new cancer cases are expected to be diagnosed while 611,720 deaths are expected from cancer in the US in 2024. In PA, an estimated 89,410 cancer cases will be diagnosed in 2024 and 27,520 deaths are expected. Cancer incidence increases with age, 88% of people diagnosed with cancer in the US are aged 50 years and older, and 57% are aged 65 years and older. ➤ Factors that have been shown to increase the risk for cancer includes tobacco use, alcohol consumption, excess bodyweight, inherited genetic mutations, and infectious agents such as HPV, HBV, HCV and H.pylori. 	<p>Presented by Moni Malomo</p>

	<ul style="list-style-type: none"> ➤ PLWH are more likely to have other viruses that can cause cancer, are more likely to use tobacco, and have higher rates of alcohol and substance use disorders. ➤ HIV and Cancer: AIDS-defining cancers (ADCs): ADCs are cancers that are more likely to occur in PLWH when there is little or no treatment leading to a progression of HIV to AIDS. ➤ These cancers occur because of significant immunosuppression which lead to a progression to AIDS. Therefore, they are referred to as ADCs. These ADCs are: non-Hodgkin’s lymphoma (NHL), Kaposi sarcoma, and cervical cancer. ➤ Individuals with HIV have a 10-fold higher burden of infection-related cancers than the general population. ➤ Compared with the general population, PLWH are currently about 500 times more likely to be diagnosed with Kaposi sarcoma, 12 times more likely to be diagnosed with non-Hodgkin’s lymphoma, and, among women, 3 times more likely to be diagnosed with cervical cancer. ➤ Infection-related cancers are more prevalent in men who have sex with men because anal intercourse is a common mode of viral transmission. ➤ In conclusion, the burden of AIDS-defining cancers has remained relatively steady for the past two decades, but the burden of non-AIDS defining cancers has increased and accounts for an increasing proportion of cancer-related morbidity and mortality in this population. As shown in a study in France, cancer is the leading cause of death in persons with HIV in highly developed countries. 	
2:18pm-2:21pm	<p><u>Parking Lot Questions / Concerns</u></p> <p>Questions answered. Meeting survey distributed.</p>	
2:21pm	<p><u>Summary and Dismissal</u></p>	

