



Improving lives through the prevention and  
treatment of anogenital & HPV-related diseases

ASCCP Board Meeting  
The Royal Sonesta Harbor Court, Baltimore, MD  
October 7, 2023

### Summary

- Dr. Khan presented the treasurer's report, highlighting a projected revenue in excess of expenses of \$155,000 at the fiscal year end, which does not include any unrealized gains on the portfolio.
- Dr. Schnatz said the outline for the upcoming annual meeting has been set, highlighting the fact that the ASCCP is combining the COMP Course and annual meeting for the first time.
- Dr. Marcus reported that the Board has received everyone's feedback on the ASCCP Clinical Document and are working on compiling this feedback and finalizing the comments/document.
- Ms. Curtis noted that there were significant changes to the upcoming annual meeting, with the elimination of the pre-courses and changes made to the schedule.
- Ms. Curtis reiterated that the upcoming annual meeting will be co-located with a COMP Course in an effort to maximize efficiencies and cut costs. If this works well, she suggested, ASCCP will follow this model going forward.
- Dr. Marcus noted that the DES white paper has a major set of revisions which will require a rewrite. She said the team is going through a few more revisions, but by next week, the white paper should be ready to go back to Dr. Chelmow before it goes back to the Board for recirculation.
- Dr. Flowers updated the Board on the progress of the next two papers on the topics of managing incarcerated and immunocompromised patients.
- Dr. Garcia reported that the Board has successfully completed two votes on guideline updates and dual stain recommendations and noted that the dual stain recommendations are in manuscript form and are under review.
- Dr. Downs asked the Board to think about a list of organizations to which it wants to develop more formal liaison relationships and asked the team to review this list at the next Board meeting.
- Dr. Downs enlisted Drs. Einstein and Khan to take the lead in continuing the conversation with Labcorp over their diagnostic tool, and report back on their progress in January. Ms. Curtis noted that she will initiate these conversations.
- Dr. Downs said that he thinks it's important for Board members to attend the annual meeting and be visible during the meeting.

## **I CALL TO ORDER**

Dr. Downs called to order the meeting of the Board at 8:30 am ET.

## **II ATTENDANCE**

The following persons were present: Levi Downs, Lisa Flowers, Michelle Khan, Francisco Garcia, Christine Conageski, Patty Cason, Peter Schnatz, Erin Nelson, Lisa Gabor, Jenna Marcus, David Chelmow, Akiva Novetsky

Absent: Jacob Bornstein, Amy Wiser

Staff: Kerry O. Curtis, Cari Price

Guests: Mark Edward and Kemal Cankaya from BDO  
TJ Atkinson, Keenan Becker, and Annette Nicolay of Merrill Lynch

## **III DISCLOSURE STATEMENT**

Dr. Downs read the disclosure statement included in the meeting agenda.

## **IV CONSENT AGENDA**

Dr. Downs referred to the previous meeting on July 17, 2023, with specific reference to discussion during this meeting on the need for a standardized, formal policy to nominate program directors for the scientific meeting. This has since been written into a policy format that reflects the meeting's discussion. There were no questions from attendees on this policy.

Additionally, Dr. Downs referred to the previous meeting's discussion on ASCCP representatives to external committees (i.e. liaisons and ad-hoc committees) that sometimes turn into long-standing commitments. Dr. Downs noted that the group has developed a written policy that describes how the group selects and interacts with these representatives and defines responsibilities of each party.

Dr. Downs made a motion to approve the Consent Agenda. Dr. Garcia approved the motion and Dr. Novetsky seconded. The motion passed unanimously.

## **V SECRETARY'S REPORT**

Dr. Conageski said that as of 9/29/23, membership was 1,884 which is a 13% decrease from the prior year of 2,163 members. Membership is predominantly 50% physicians, with approximately one-third comprising nurse practitioner/midwives and a small percentage comprising physician assistants, research assistants, and trainees. There is a significant decrease in the number of trainees.

Dr. Khan asked if the group still has the residency program membership at \$15 per resident. Ms. Curtis answered that this is still in place, in addition to institutional members, but the organization does not receive a substantial amount of funds from these membership types. Dr. Chelmow asked if the organization is still marketing this membership. Dr. Garcia asked about the international percentage of the organization, at which Ms. Curtis replied that it is too small to quantify. Dr. Garcia

mentioned that it may be strategic to have a sense of these numbers to see if this is an area in which the organization wishes to target and grow. Ms. Curtis mentioned that she will pull these numbers out in the next meeting.

Dr. Downs stated that the group should discuss with the Membership Committee new efforts to increase membership, such as re-advertising trainee membership or to simply focus on examining the trends in declining membership rates.

Ms. Price added that as the organization moves closer to the scientific meeting, it will see a growth in numbers as more people register for the meeting. She explained that there are several reasons for the drop in membership: reduced number of meetings, reduced numbers of courses, and COVID-19 budget constraints. Providing discounts for membership registration has not worked yet to improve membership numbers, but the staff is working on creative strategies to do so. Ms. Price added that since ASCCP is a specialty society, many members who are forced by their institution to join only one society are choosing instead to join a larger society.

## **VI *Journal of Lower Genital Tract* Report**

Dr. Downs asked if anyone had any questions on the *Journal of Lower Genital Tract* report. There were no questions.

## **VII TREASURER'S REPORT**

Dr. Khan read the financial report of the 11 months ending in August 31, 2023. The total cash is \$1.41 million and includes an operating account of \$170,000 and short-term investments of \$1.241 million. She added that the Merrill Lynch long-term investments are \$5.5 million, which reflects a \$0.42 million increase over last year (August 31, 2022), which is a result of interests and dividends, income, realized gains, and unrealized gains on the portfolio. Dr. Khan noted that the total assets were \$7.18 million, which is an increase of \$480,000 over the prior fiscal year at this time. The primary increase is due to the recovery of the portfolio.

In addition, Dr. Khan stated that the current liabilities are \$433,000, which is mostly deferred registration and deferred dues. The total revenue over the 11 months ending August 31, 2023, was \$2.12 million vs \$2.12 million budgeted. Additionally, unrealized gains on the portfolio were \$739,000, projected revenue for the fiscal year was \$2.266 million, and expenses for this same period were \$1.975 million vs \$2.09 million budgeted. Projected expenses are \$2.11 million. The net revenue in excess of expenses from operations is \$145,000, and the projected revenue in excess of expenses is \$155,000 at the fiscal year end, which does not include unrealized gains on the portfolio.

Dr. Khan noted that the online education courses are very profitable. She said the range revenue from these courses is \$92,000 to \$134,000 per 3 months. As discussed in the previous meeting, Dr. Khan said that the 2022 scientific meeting represented the first time in which the organization lost money with the food and beverage costs of \$252,000 being the primary contributor, which was \$130,000 over the prior year. Additionally, the organization received approximately \$90,000 less grant income than budgeted, and attrition was \$80,000.

Dr. Downs asked if there was a motion to approve the proposed budget ending September 30, 2024. Dr. Conageski motioned, and Dr. Flowers seconded. The budget was unanimously approved.

Keenan Becker of Merrill Lynch continued the discussion with a breakdown on total accounts at Merrill Lynch. The total at Merrill Lynch as of September 29, 2023 is \$6,520,997, which is broken up into 3 main categories: 50% stocks, 30% bonds, and 20% cash. He noted that last week, Merrill Lynch moved 10% of the cash into stocks (5%) and bonds (5%). The bond portion is well diversified, with 85% secular and 15% is focused on “socially conscious” companies. The stock portion, which comprises approximately 55% of the account, is broken into 5 different categories: individual stocks (20% large cap growth with ESG and 20% large cap value/dividends), index funds (20% US index funds and 20% international index funds), and ESG “socially conscious” companies (20% [index and mutual funds]).

Dr. Chelmow commented that the original mission was not trying to pick “social conscious” companies but instead attempting to avoid “socially questionable” companies, such as firearms, tobacco, alcohol, etc. Keenan confirmed that this is correct, adding that there is also a long list of other additional pharmaceutical companies that are restricted/excluded.

Dr. Garcia agreed, adding that the group’s concern is to avoid companies doing clear harm. However, Dr. Garcia noted that the group is not opposed to making money. He asked Keenan what kind of investment return the group should be looking forward to in the next 5 years. Keenan responded by saying Merrill Lynch still like current portfolio composition and would not recommend making any changes. He added that this is a moderate portfolio. From a performance standpoint, Keenan noted that it is just shy of 5% (4.92%). If you examine the 5-year average, there is about a 29% growth or 6% average return, he said. Keenan added they would like to see 7% to 8% annual return over time.

Dr. Downs sought clarity on the restricted company listed, confirming with Keenan that there is no list of companies that they do invest in but rather just having companies that they do not want to invest in. TJ noted that “it’s a little of both,” adding that they have excluded companies with ethical conflict of interest. TJ noted that they aim for “socially conscious” companies, but part of this is actively avoiding the “socially questionable” companies. However, the other 80% of the portfolio that includes index funds will have the so-called “socially questionable” companies.

Dr. Novetsky asked if there was any data that compared what investment would be if they had not chosen “socially conscious” companies. Dr. Novetsky then asked if the investments would have performed any differently if there was not a socially conscious component, to which TJ responded with “yes,” noting that his general observation is that “socially conscious” companies generally track very closely, but most recently the literature suggests that “socially conscious” companies have been managed well and have done a little better.

Ms. Cason asked why alcohol was on the list of “socially questionable” types of companies. Dr. Downs answered that this is something many health-focused organizations have included, given that potential abuse of alcohol is not aligned with the organization’s ethics. Dr. Chelmow commented that the group needs a process for periodically reviewing what is considered on the excluded list. Dr. Downs answered that this work should continue with the finance committee. Dr. Novetsky asked if it is possible to see an ongoing list of anyone ASCCP excludes and suggests breaking out the portions of the investment portfolio that are in “socially conscious” companies as a means of generating a recommendation. He added that if one investment is consistently underperforming, the finance

committee may need to reconsider this investment. Dr. Chelmow answered that there are two lists that the finance committee needs to make: a list that includes the “socially unacceptable” companies and a list that includes the pharmaceutical and organizational conflicts.

Dr. Chelmow asked if the organization maintains a list of “socially questionable” stocks. Keenan said they do have “sectors” that are considered high risk. It’s broken down in the report to ASCCP. One option moving forward, he added, is to break out the “socially conscious” companies and put them in their own portfolio. Dr. Khan said that this is a good idea, so that everyone can see how they’re performing. She added that the finance committee can then review this list every year. She asked if this was a complete list since she does not see Hologic and Roche. Annette said the list in the summary report is the list that was provided, to which Dr. Downs responded that this is why the group needs to review regularly.

## **VIII 2024 Annual Meeting**

Dr. Schnatz reported good progress on the upcoming annual meeting, noting that the outline has been set. He said that the team is doing the combined COMP Course and annual meeting for the first time, and finances on this will be discussed later. “Lunch with Professors” will be added in with good discussions and debates. Ms. Curtis said that many of the board members will be receiving invites for the “Lunch with Professors.” Dr. Nelson said there will be 10 diverse sessions, and all sessions have been outlined. She added that they are in the final stages of finalizing all the speakers.

Dr. Downs asked if there are any opportunities to do anything with the attendees of the COMP Course. Ms. Curtis responded that they can do all the networking events on the show floor, and possibly the evening satellite symposia if it is sold.

## **IX OLD BUSINESS**

### **a. ASCCP Clinical Document Draft**

Dr. Marcus reported that they received everyone’s feedback on this document and are working on compiling this feedback and finalizing the comments. Dr. Downs said the group will plan on discussing and taking a vote on this document at the next meeting. There were no questions.

### **b. 2024 AM—Schedule Changes**

Dr. Downs noted that, in response to an email from a board member about increasing the diversity of the program committee, Dr. Nelson was invited to join Dr. Schnatz and Alan Waxman as a third program director.

Ms. Curtis discussed significant changes for the annual meeting in New Orleans, including the elimination of the pre-courses and a change to the schedule, with the meeting starting at 1:00 pm on Thursday and ending by Saturday evening. To offset costs, she noted, a COMP Course would be co-located with the meeting to ensure room and F&B commitments are met. Additionally, faculty crossover on the two events allows for savings in travel costs. If this model proves successful, she suggested, ASCCP follows this model going forward.

Dr. Conageski asked about the impact to the COMP Course, and Ms. Curtis indicated that, if this

model is successful, the summer COMP Course would be dropped in favor of adding a co-located course to the annual meeting, as the summer course typically has the lowest attendance.

In response to a question from Dr. Marcus, Ms. Curtis noted that the COMP Course and annual meeting typically attract distinct audiences, but at the co-located meeting they would share the networking and meal functions. Dr. Garcia noted the advantages of efficiencies with co-location, and the opportunity to engage course participants and make them enthusiastic about becoming members.

**c. White Papers**

Dr. Marcus noted that the DES white paper has a major set of revisions, so there will be a rewrite that will include a review of all available data. She said the team is going through a few more revisions, but by next week, the white paper should be ready to go back to Dr. Chelmos before it goes back to the Board for recirculation. Dr. Chelmos added that this has been a good process in looking at DES and creating a template for the new guidelines process. He added that this may not be a match for other papers, but it's a good process to learn how to think through the process and structure future papers.

Dr. Flowers discussed the next two papers on the topics of managing incarcerated and immunocompromised patients. For the incarcerated paper, she said the writing team had its first meeting. It is a collaboration between ASCCP and American College of Obstetricians and Gynecologists (ACOG). Previously, there was a discussion on whether this should be a very long white paper that is 3 pages long and provides a "comment" on what is appropriate for this population. The group decided for a 3-page comment paper. Dr. Flowers noted that there is a fellow who will help write the paper with Megha. She added that the team hopes to have something prepared by the time of the meeting.

Dr. Chelmos asked about the collaboration, to which Dr. Flowers responded that ASCCP is leading the project and will control and publish the paper, while ACOG may provide endorsement. She added that she assumes the ACOG committee will review the paper. Dr. Chelmos said the document will be high level but will need to be revised and operationalized. Ms. Curtis said she will work with Dr. Flowers to ensure the paper fits into the Clinical documents policy draft. Dr. Chelmos added that ACOG does not need to endorse prior to publication.

Regarding the immunocompromised paper, Dr. Downs said it is a revision of a prior project. Dr. Flowers said it is close to being completed and should be published in January.

Dr. Downs opened the floor to discuss the cost estimate for these paper activities. According to Ms. Curtis, much of this is labor intensive. She said that open access alone features an estimated cost of \$21,000. Dr. Chelmos commented that the team should be thoughtful about which papers are made open access and which papers are for members, referencing ACOG's clinical practice guidelines which are not open access. Ms. Curtis said the \$21,000 cost estimate covers open access, with more money needed for administrative support.

Dr. Downs said it is important to recognize that there is a cost to doing these papers correctly, and that the partner organizations pay a significant amount of money to write these successfully. He said that he hopes the board will decide how important paper topics are to the organization's mission and impact and added that he is hopeful the team can come up with a budget for these papers. Dr.

Downs said his vision is to decide to do a set number of papers a year and to commit a certain amount of funds to accomplish their publication goals.

Dr. Chelmow said that part of the prior barriers was that the committee did not have a process. He said that part of the process is defining support, which he said will be limited by funding. Dr. Garcia added that the writing and publication process will require prioritization.

Ms. Curtis commented that it is a challenge to figure out how to budget these projects when she does not know the specific requirements necessary to support. Dr. Downs stated that the next steps could be working with Ms. Curtis to develop how a budget could be formed going forward. He added that there should be a process for how to prioritize papers and setting a target for how many are needed.

Dr. Chelmow recommended (1) paper for each type this year to better learn the format and understand what they look like. Dr. Downs suggested a board team to create a budget for papers. According to Dr. Chelmow, the ACOG committee may be a much more successful model than what CAP is doing. Dr. Novetsky added that ACOG has a great process for paper publications with excellent support. He said that he can speak to ACOG to get an idea of the number of hours needed for research librarians, technical staff, writing staff, etc.

Dr. Chelmow commented that evidence-based practice centers are more than ASCCP can take on, and management guidelines are much more resource-intensive than what the organization is able to accomplish. Dr. Conageski noted that NAMS publishes position statements and verbally wondered about their budget, given it is a small organization. Dr. Conageski volunteered to work with Dr. Novetsky and take the document that Dr. Marcus and Dr. Chelmow created to look at other organizations and come up with an approximate budget for papers. Dr. Downs said to report findings at the May meeting with a plan to finalize next fiscal year's budget.

#### **d. Enduring Guidelines Process and App Recommendations**

Dr. Garcia reported that they successfully completed two votes on guideline updates and dual stain recommendations. He said the dual stain recommendations are in manuscript form that is under review. There are actually two manuscripts. There's a process paper that kind of memorializes what they've done to date including things like forum, etc and then there's the recommendation paper. Dr. Garcia noted that historically, guidelines were made freely available to clinicians.

Dr. Garcia referenced the PowerPoint that outlined the timeline, not just for dual stain but for the next two topics, extended genotyping and self-sampling.

He said that the app-related work has already started, with expectations that the app should be turned on in the next two months after the manuscript is published.

With respect to the extended genotyping, he said the first deep dive on the data started a week and a half ago, with the initial discussions with various committees being scheduled now. Dr. Garcia noted that the hope is by the time of the May meeting, that we have substantive draft recommendations to present to the audience. He said that the hope is that May 2024 will be the tail end of public comment for the extended genotyping piece.

Dr. Garcia noted that the FDA has approached the NCI for the need of clinical recommendations, but the organization cannot publish recommendations until data for the product is available for review.

He said the FDA is looking at a February timeline for release of the self-sampling product and he will have more information on this topic in the next Board Meeting. Other topics associated with clinical practice, like obesity and vaccinated populations, need to be discussed but will likely only occur until late 2024.

Dr. Downs said that at the last Board meeting a stakeholder meeting being held every quarter was discussed. He said the steering Board chairs Drs. Garcia, Perkins and Wentzensen would meet with ASCCP, CDC, and ACS. Dr. Downs added that two meetings ago, he raised the topic of developing an interim update about extended genotyping. The first time it was discussed it didn't go over so well, but when mentioned at the next meeting, he sensed that there was good feedback on doing something like that.

Dr. Garcia said that there is a need to be very explicit about the queue of topics and disclosing these ahead of time for the community. He said he will need to follow-up on next steps, such as publishing the queue online or whether we do something other than that. He said that the process paper will articulate some of what is in the queue. Dr. Downs opened it up to the Board for discussion.

Dr. Chelmow asked Dr. Garcia if the extended genotyping will be a more rapid publication than the dual staining publication. Dr. Garcia said it will be one-third of the time. He added from a computational standpoint, the evaluation of the data is moving very quickly. Dr. Garcia noted that the group needs to assemble to review recommendations.

Dr. Downs asked the group how they felt about the request for interim guidance and if we should reconsider this topic. He got the sense that the group liked the idea of some official statement of what the work plan is. Dr. Garcia stated that they are open to the idea of publishing goal timelines on topics and details online instead of official publications.

Dr. Chelmow motioned to end plans for an interim guidance document for extended genotyping, and Dr. Flowers seconded the motion. The motion was approved unanimously.

Dr. Downs introduced the next item, which was regarding the IANS guidelines and the app. Dr. Khan said she has written a proposal but is trying to meet with the IANS implementation Board to start that conversation..

## **X NEW BUSINESS**

### **a. Review External Liaisons**

Dr. Downs referred to the external liaison list in the Board book and asked the Board their thoughts on any committees that needed to be added. Dr. Downs stated that we will now track and pay more close attention to who's representing ASCCP. He also noted that he was the representative to the LAST Task Force and it should be added.

Dr. Khan and Dr. Conageski said they were representatives for the ACOG Early diagnosis and prevention of gynecologic cancers." Dr. Chelmow suggested developing a reciprocal relationship with other boards, and Ms. Curtis interjected that this was tried several years ago, and none of the organizations ever attended. Dr. Garcia responded that this type of initiative will depend on the organization and what they have in common with the ASCCP. Dr. Chelmow said that he likes the idea of a liaison as it can help avoid the problem of people who serve on one board and separate



relationships to avoid conflict. Dr. Downs said that part of the conversation is thinking through the types of organizations and ASCCP's top priorities, as well as a broad consideration of a natural list of relevant organizations.

Dr. Downs suggested it may be beneficial to investigate organizations to determine if there are benefits to having a liaison. Dr. Chelmow mentioned that ACOG is a good example, as ACOG's board has a representative that comes as a liaison to their executive board. He added that there are committees that have a liaison that only go to the Board but with no voting rights. He noted these liaisons did not stay for executive sessions but only the general part of the meeting.

Dr. Downs reiterated that the Board needs to think about a list of organizations to which it wants to develop more formal liaison relationships. The Board proposed the following organizations to which it wishes to develop more formal liaison relationships: International Anal Neoplasia Society; ISSVD; SGO; American Cancer Society; National Association of Nurse Practitioners in Women's Health; American Academy of Family Physicians; The Menopause Society; American Public Health Association; Society for Academic Specialists in General Obstetrics and Gynecology; Infectious Diseases Society for Obstetrics and Gynecology; ACOG; NVA; Physician Associates; IPV; College of American Pathologists; Chinese Society of Colposcopy and Cervical Pathology. Ms. Curtis noted that if we form a relationship with CSCCP, we will need to consider the other international groups.

Dr. Chelmow said that in many instances, the society will pay for liaisons to attend meetings. Dr. Downs said that when he was a liaison, ASCCP paid for him to go to the meetings. He then said the Board should think about how it will budget for this and to prioritize. Dr. Garcia said that part of his priority is to build membership and participation and that this is an element that the board should be intentional about attending to this priority.

**b. Labcorp**

Dr. Downs said that there was initial interest in Labcorp partnering with ASCCP and using our app as a part of their educational process for their clients. Ms. Curtis noted that the conversation started 4 to 5 years ago with Alicia Carter, who was on the Development committee at the time. Ms. Curtis added that the initial partnership conversation was not very clear, and once the pandemic hit, the topic was not brought up again for years. Ms. Curtis reached out to Labcorp after Covid, and by that time, Labcorp had developed a diagnostic tool that integrated ASCCP guidelines and some of the organization's algorithms.

Dr. Einstein noted that the initial conversations with Labcorp were great, but once the topic of licensing was brought up, we didn't hear back from them for quite some time. When they did eventually follow up, they announced they were going to manage the tool on their own. He suggested that there were concerns that Labcorp was talking to the Enduring Guidelines group.

He said that a concern from the development committee is their liability, specifically if Labcorp rolled out an app with a lack of functionality. He said the team worried that the app would reduce ASCCP value due to its lack of functionality. Dr. Einstein said he spoke to a lawyer about these concerns, and the lawyer agreed. He added that he has asked Labcorp to show the Board the full functionality, but they have not done so.

Dr. Downs said that perhaps when the ASCCP discussed licenses, Labcorp backed away and pivoted from parenting with the organization to doing the project on their own. He noted that the Board

asked Labcorp to not mention ASCCP in their documents and to avoid mentioning that their work is ASCCP-endorsed. Dr. Downs said that many constituents will assume that Labcorp's project is an ASCCP activity, which is a concern, given that the work will be making appropriate comments about management but will not reflect ASCCP's guidelines.

Dr. Khan asked about Labcorp's format. Dr. Einstein said it will have references to ASCCP guidelines. Dr. Downs said it will be limited to the data of the single specimen and will not take into account past history. Mark agreed and said that it will not have the past history and dilutes the work of the guidelines. Dr. Khan said they should write a disclaimer and point their clinicians to <https://asccp.org/mobile-app>.

The attorney mentioned that if ASCCP does not do something within 3 years, there will be no way to stop Labcorp's work. Dr. Downs said the Board needs to recognize the attorney has said there might not be any grounds demanding a cease and desist. He added that the Board can go back to the drawing board and try to partner with Labcorp, and avoid using terms that might "scare them away," like licensing and financial responsibility, and discuss how we can partner to make the product the best it can be. Or the other option is to tell Labcorp that once its tool is pushed out, the ASCCP Board will do everything that it can to tell its constituents that the tool is not good.

Dr. Novetsky asked what is driving Labcorp to do this project. He said that if the Board understands this better, it might understand what is happening. Mark responded that Labcorp sees this tool as a customer differentiator. Dr. Downs said that Labcorp is trying to make processes easy for their clients, and he would like to support the company in trying to do this. He said that the ASCCP should be an advocate for them to give the right answer, even if they don't pay for it. Dr. Downs asked the Board if it feels the need to engage with Labcorp to help improve its tool or take a more oppositional approach. Dr. Chelmow mentioned that Labcorp should include a disclaimer that its tool is limited and if the user needs additional info, the disclaimer could mention that they go to <https://asccp.org>.

Dr. Downs said that Mark should continue talking to Labcorp, and Dr. Khan said she would be happy to join in on conversations with the company and report back in January.

**c. Co-Location of Annual Meeting/COMP Course—Logistics**

Ms. Curtis began by referring to a discussion in the last Board meeting on how the Board would like a crossover in the meetings. She said the crossover, from a logistical standpoint, can only be in the exhibit hall, and the COMP Course attendees could potentially go to the satellite symposiums. She noted that from a fire marshal standpoint, ASCCP does not have enough meeting space room on the COMP Course side to allow registration crossover.

In response to Ms. Curtis, Dr. Downs said that what she described meets the goal that he proposed. He said that it would provide COMP Course attendees the opportunity to experience the annual meeting. He said the satellite alone meets this goal.

Dr. Downs said that he thinks it's important for Board members to attend the annual meeting and be visible during the meeting. He asked the Board their thoughts on setting this expectation. He also asked if there was a way to cover some of the Board members' travel in 2024. Ms. Curtis said that historically, Board members were paid for the entire time they were at the meeting. She said, however, that many Board members were not engaged, and so ASCCP removed this option. Now, Ms. Curtis said that ASCCP tries to engage Board members as faculty so that the organization can give

them additional hotel nights. Ms. Cason asked if the Board members should have to pay for the rooms. Dr. Downs responded that many small organizations do not pay for rooms. Dr. Flowers asked if a Board member who speaks for one day would be compensated for registration and the nights the member has to stay for the Board meeting and the speaking engagement. Ms. Curtis said that all Board members receive free registration and any one that is faculty will get an additional room night covered.

Dr. Flowers mentioned that those who teach the COMP Course will not be able to attend the meeting. Dr. Downs said that Board members should not have to do the COMP Course. Ms. Curtis added that the Board could do just one day and then they can go to the rest of the scientific meeting. Dr. Flowers said that going forward, the Board needs to think about this. Dr. Downs said that going forward, this could be a way to engage the Board.

#### **XI Dues Schedule**

Ms. Curtis reminded the Board that membership renews every month. She said that not everyone renews at the same time, and from an IT standpoint, this makes things complicated and makes auto-renewal difficult. Ms. Curtis said that next year (September 2024), she would like to make renewal once a year, as it will make the auto renewal process easier and hopefully will help with membership numbers. Dr. Novetsky suggested that the Board should consider the timing of renewal to coincide with the annual meeting to build excitement. Dr. Downs said that this is a good idea. Ms. Curtis stated that she'd have to confer with IT and accounting to ensure it doesn't conflict with year-end.

#### **I CLOSING REMARKS**

The next board meeting (Zoom call) is scheduled for January 22, 2023.

#### **II ADJOURNMENT**

Dr. Downs made a motion to adjourn, and Dr. Garcia seconded. The meeting was adjourned at 1:48 pm EDT.