



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

ASCCP Board Meeting
Marriott Marquis Houston - Houston, TX
May 4, 2023

Summary

- Dr. Francisco Garcia reviewed the draft financial report for the period ended March 31, 2023, and discussed the projected financial loss of \$245,000 associated with the annual meeting.
- Ms. Curtis expanded upon the challenges with the annual meeting, including declining attendance and stark increases in costs. Dr. Mark Einstein highlighted the significant decline in development funds and Ms. Curtis agreed, noting the meeting would probably break even with funding at the typical level.
- Ms. Curtis suggested the board may want to discuss an increase in membership dues, as there hadn't been one in several years. A motion that the board review data from comparable organizations (e.g. SGO, ACOG, APP organizations) to assess their fees compared to ASCCP to make informed decisions about raising membership fees to be comparable was made and was approved.
- Dr. Akiva Novetsky proposed adopting a subscription-based payment model for the app as a means to help fund app updates as needed. Dr. Levi Downs suggested Dr. Novetsky work with the finance committee on an analysis of this issue.
- Dr. Jacob Bornstein reviewed the recent publication of a consensus statement on the management of VAIN and return of case reports to the journal. He highlighted a rise in the journal's impact factor and ranking and discussed ideas to increase the visibility of the journal, including the addition of a "Best Paper" award, which the board approved. In response to his request for new statistical and media editors, Dr. Bornstein agreed to put together a financial proposal for the executive committee.
- Dr. Garcia indicated that the draft guidelines for the dual stain strategy would be shared at the meeting for public distribution and comment and the enduring guidelines group should have a work product submitted for publication by the end of summer. He added that the group will start drafting language on guidelines for extended genotyping as early as June, with the goal of having draft language by early fall and finalizing the guidelines by the end of the year. The board discussed concerns with lack of communication by the group with ASCCP administrative staff and asked Dr. Garcia to advocate that relevant content from the guidelines be published in the JLGTD. Given the communication challenges and the slow pace of the enduring guidelines group, the board approved a motion that ASCCP issue interim guidance for both intermediate risk genotyping and dual stain with the practice committee tasked with developing this content.

- Ms. Curtis noted that the COMP Course PPTs have all been translated into Spanish and the majority of voice overs have been completed. She stated her goal to launch the course online in June.
- Mr. William Pawlucy of Association Options presented a training session on the roles and responsibilities of board members and offered an overview of governance of a nonprofit organization.
- The board approved a motion by Dr. Einstein to provide an author to collaborate on SGO's effort to publish clinical guidance on the minimal standards for treatment of invasive disease in response to WHO's cervical cancer elimination effort. Additionally, they approved a motion for ASCCP to consider the formation of its own comparable task force on cervical cancer management in support of the WHO cervical cancer campaign.
- The board discussed cost-saving ideas for future annual meetings and approved Ms. Curtis' suggestion to offer one general session to allow for the reduction of space needed for breakout rooms. Ms. Curtis shared a proposed agenda for a reduced meeting schedule, eliminating both the pre-courses and the final meeting day. Dr. Downs suggested adding questions regarding schedule changes to the post-meeting evaluation and Ms. Price indicated that she could manage this task.

Full Minutes

I CALL TO ORDER

Dr. Lisa Flowers called to order the meeting of the Board at 8:42 am CT.

II ATTENDANCE

The following persons were present: Jacob Bornstein, Patty Cason (via Zoom), David Chelmow, Christine Conageski, Levi Downs, Mark Einstein, Lisa Flowers, Francisco Garcia, Michelle Khan, Lindsay Kuroki, Erin Nelson, Akiva Novetsky, Elizabeth Stier, Peter Schnatz, and Amy Wiser

Staff: Kerry O. Curtis, Cari Price (via Zoom)

Guests: Rebecca Boland and Kemal Cankaya (via Zoom)

Lisa Gabor and Jenna Marcus joined the Board training session

III DISCLOSURE STATEMENT

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

IV APPROVAL OF MINUTES

Dr. Mark Einstein made a motion to approve the minutes and project list from the strategic plan from the January 17, 2023, meeting and Dr. Akiva Novetsky seconded the motion. The motion passed unanimously.

V PRESIDENT'S REPORT

Dr. Flowers congratulated Ms. Kerry Curtis, Ms. Cari Price, and all administrative staff for their work

planning the annual meeting. While noting that the meeting will likely result in a financial loss, she commended staff efforts to manage costs and expressed hope that adjustments could be made for the 2024 meeting in New Orleans to make the meeting financially successful.

Dr. Flowers highlighted successes from the past year, including the publication of the paper on ECC at colposcopy by the group led by L. Stewart Massad. She also thanked Dr. Francisco Garcia for his work with the enduring guidelines group and expressed gratitude for the efforts of Dr. Michelle Khan and Dr. Warner Huh in planning the annual meeting. Additionally, she acknowledged Dr. Amy Wisner and Dr. Akiva Novetsky for serving on the ACS Cervical Cancer Roundtable, Dr. Jacob Bornstein for his work as editor of the journal, and the development committee for their efforts to find financial support for the meeting. She also highlighted the efforts of Dr. Khan and Dr. Barbara Moscicki for leading the teams working on papers on screening for LGBTQIA+ patients and immunocompromised patients, respectively.

VI TREASURER'S REPORT

Dr. Francisco Garcia referred the board to page 14 of the board book for a summary financial report for the 6 months ended March 31, 2023, noting that the report was a draft, internally prepared, and subject to change. Dr. Garcia reported:

- Total cash is \$1.75M and includes the following: Operating account - \$288,00 and Short-term investments with Merrill Lynch - \$1,464,200
- Merrill Lynch long-term investments are \$5.29 million, reflecting a \$402,000 decrease over March 31, 2022, largely due to market fluctuations since mid-2022.
- Total assets are \$7.37 million reflecting a \$194,000 decrease over the prior fiscal year at this time. The primary decreases are due to decreases in the portfolio.
- Current liabilities total \$566,000 and consist primarily of \$540,000 in deferred registrations, deferred dues and exhibit income relating to future meetings. Deferred registrations and exhibit payments are recognized as income after each course or meeting is completed.
- Total revenue from operations for the six months ended March 31, 2023, is \$1,200,000 vs \$975,000 budgeted year to date. Unrealized gains on the portfolio were \$587,000 as of March 31, 2023. Expenses for that same period are \$839,000 vs \$863,000 budgeted.
- The net income of revenue in excess of expenses from operations for the six-month period of \$358,000. This surplus is before the unrealized gains on the portfolio. However, due to the projected low attendance at the annual meeting as well as increased food and beverage minimums, management is projecting an overall loss (expenses in excess of revenue) of \$245,000.

In response to a question from Dr. Levi Downs, Ms. Rebecca Boland confirmed that the \$245,000 projected loss was largely related to the meeting, due to decreased registrations and sponsorships, coupled with increased costs.

Dr. Mark Einstein asked about the large deviation in payroll expenses, and Ms. Curtis explained that this was a result of converting some contractors into employees. Ms. Boland noted that consultant expenses went down while salaries went up.

Regarding the meeting-related financial loss, Dr. Khan noted the decline in attendance at the meeting and Ms. Curtis confirmed that online registration was down this year as well. She indicated that the

only area consistently doing well was in-person COMP Courses, as attendance in online COMP has also dropped. Ms. Curtis noted that meeting-related expenses were up across the board and suggested that meetings in the medical industry in particular are not rebounding.

Dr. Lindsay Kuroki asked about the impact on membership and Ms. Curtis noted that while the pricing plan was adjusted to offer a discount to members, those that purchase membership to save on the meeting often aren't retained at renewal. She indicated the need to focus on member benefits that would incentivize people to stay on as members.

Dr. Khan noted that the board previously calculated the financial impact of moving the meeting from Texas at about \$110,000. Considering the larger financial loss of this meeting, she suggested discussing the potential gain in moving next year if the same issue of people not coming due to location was anticipated. Dr. Garcia highlighted the survey conducted to gauge attrition due to the meeting location in Houston that found this was surprisingly insignificant. He surmised that the fiscal story for this meeting has yet to be told and thus a post-mortem would be premature.

Dr. Downs cautioned against the board making decisions without adequate data, as there could be many reasons for low attendance. Dr. Einstein also noted that one data point impacting the financial picture for this meeting would be the significant decline in development funds and Ms. Curtis agreed, noting the meeting would probably break even with funding at the typical level, and reiterated her point on rising costs. Dr. Flowers suggested reassessing the issue at a future meeting after all finances have been finalized.

Dr. Novetsky noted previous board discussion about automatic renewal for members and Ms. Price confirmed that the option is in place but only a small number of members have taken advantage of this. Dr. Chelmow noted that institutions that are paying for membership likely wouldn't want automatic renewals.

Ms. Curtis suggested the board may want to discuss an increase in membership dues, as there hadn't been one in several years. Dr. Einstein cautioned about the fine balance between how high dues can be raised and how many members will be lost with the increase. Ms. Curtis suggested an increase for physicians and not for APCs. Dr. Novetsky made a motion that the board review data from comparable organizations (e.g. SGO, ACOG, APP organizations) to assess their fees compared to ASCCP to make informed decisions about raising membership fees to be comparable. Dr. Nelson seconded. Dr. Einstein recalled significant outcry the last time dues were raised by 10%, which Ms. Curtis confirmed was about five years ago. Ms. Curtis also highlighted the fact that other organizations charge more but offer fewer benefits than ASCCP and suggested an analysis look at both pricing and benefits. Dr. Chelmow agreed and added the need to examine intervals for rate increases to determine if large, infrequent ones were better than smaller increases every couple of years. Dr. Novetsky revised his motion to add the request for a committee to do this market analysis.

Ms. Curtis noted the need for Drs. Chelmow and Einstein to rotate off as signers on the Bank of America and asked for a motion for the new incoming secretary, Dr. Christine Conageski, to be named as a signer along with Ms. Curtis. When Dr. Conageski becomes president, the incoming secretary will replace her as signed. Dr. Novetsky made the motion and Dr. Elizabeth Stier seconded.

Regarding revenue from the app, Dr. Novetsky suggested adopting a subscription-based payment model as a means to help fund app updates as needed. Dr. Flowers suggested discussing the idea at

the next board meeting and highlighted the need to justify such a change to membership as many older members may be averse to a subscription model. Dr. Novetsky offered the option of two models, with a larger fee for lifetime access and a smaller fee for a monthly subscription. Dr. Khan liked the idea but suggested a change to the pricing model could make it even less likely that providers would follow the guidelines, already a challenge. Dr. Downs suggested Dr. Novetsky work with the finance committee on an analysis of this issue and Dr. Flowers agreed. Dr. Einstein reminded the board that 10 years ago the board was against any charge for the app and many workgroups are still angered about the app fee. Dr. Novetsky noted that there is still a free online version and suggested removing the ads from the free version as a way to compromise and counterbalance any app price increase.

Ms. Boland stated that the audit has been completed and the 990 filed. Ms. Boland and Mr. Kemal Cankaya left the meeting.

VII EDITORIAL REPORT

Dr. Jacob Bornstein opened his report by acknowledging his associate editors, editorial board members, reviewers, and authors. He also thanked the new managing editor, Kellyanna Bussell, Ms. Curtis, and the society leadership for their support. Finally, he congratulated David Foster for his Award of Merit for his service as editor-in-chief.

He reviewed the contents of the April issue, highlighting the consensus statement on the Management of Vaginal Intraepithelial Neoplasia in conjunction with the European Society of Gynaecological Oncology (ESGO), the International Society for the Study of Vulvovaginal Disease (ISSVD), the European College for the Study of Vulvar Disease (ECSVD), and the European Federation for Colposcopy (EFC). He surmised that the paper would raise the impact factor of the journal, as did the first part of this article published in July 2022. Dr. Bornstein noted that case reports have been revived as a feature that is of interest to members.

Dr. Bornstein indicated that the impact factor doubled in the past year from 1.925 to 3.842, due largely to the publication of the risk management guidelines. The journal ranking increased in conjunction with the impact factor, from 64/83 to 22/85.

Reflecting the international reach of the journal, Dr. Bornstein noted the top countries that represented the most website visits, including the United Kingdom, China, Canada, and India. He noted that efforts to encourage the British Society for Colposcopy and Cervical Pathology to become affiliated with the journal have been unsuccessful. Overall, website analytics showed an increase in session visits to the website.

Dr. Bornstein noted the challenge of recruiting quality reviewers and indicated that two calls for volunteer reviewers were issued. He also highlighted those reviewers who would be recognized at the annual meeting for their high number of reviews. Regarding errata, Dr. Bornstein shared an article that was published ahead of print with missing data on a table within the article and corrective action that he has taken to avoid such errors in the future, reviewing every paper. However, as this is time consuming, he suggested the need for an issue editor or statistician to assist with this. Dr. Einstein suggested AI for quality control and Dr. Khan suggested a note to reviewers to pay particular attention to tables.

Dr. Flowers stated that the board had discussed mentoring for junior reviewers and asked Dr. Bornstein if he had taken steps to facilitate training of new, promising reviewers to ensure continuity. Dr. Bornstein indicated that mentorship has been discussed and noted that in other journals this is done pairing junior reviewers with associate editors. Dr. Flowers suggested the JLGTD could follow a different model and highlighted the importance of engaging younger reviewers.

Regarding the website analytics, Dr. Khan asked if there was data on how many web visitors were members, suggesting an opportunity to market journal access as a member benefit. Dr. Bornstein agreed a banner could be added to the site for that purpose.

Referring back to the discussion of errata, Dr. Kuroki suggested reviewing the instructions for submission for authors to ensure they are complete to avoid issues like missing data on tables. Additionally, she asked if he has had reviewers indicate that a statistical review is needed, and if so, if the journal has a person that can perform this review. Dr. Bornstein noted that all papers need a statistician review, suggesting the board consider adding someone in this role. Dr. Flowers said that while some author submission instructions can be cumbersome, they do ensure accuracy and Dr. Kuroki agreed, adding the suggestion to consider a rubric that is used for health equity literature.

Dr. Bornstein noted a concern that there has been little change in the number of submissions concurrent with the rise in the impact factor and suggested the need to increase the visibility of the journal. Strategies discussed included promotion of the journal in bimonthly emails sent by the publisher to a broad range of providers and social media outreach. Additionally, Dr. Bornstein demonstrated an example of a video abstract and suggested this would be a good addition to the journal, noting that the only additional costs associated would be a few hours of his time. He also suggested an annual “Best Paper” award as another strategy to gain visibility, citing a similar practice at the *Green Journal*. He proposed naming the award after Edward J. Wilkinson, a co-founding editor and former editor-in-chief of the journal and former president of ASCCP, who passed away in 2021. Finally, he highlighted a podcast and a Zoom journal club as additional ideas.

Dr. Bornstein concluded by summarizing his present need for a statistical editor and a media editor.

Dr. Chelmow highlighted the guidelines referenced in Dr. Bornstein’s report, expressing dismay that not only did ASCCP not originate these but was also not involved in developing them. In terms of strategic planning, he noted, the board should determine where the gaps in evidence-based guidelines for lower genital tract disease are and address and author those as an organization. Dr. Flowers asked why ASCCP was not invited to participate in the development of the guidelines on VAIN and Dr. Downs surmised that ISSVD was selected to represent North America. He suggested that perhaps ASCCP tried to address the gap in this area with a white paper a few years ago rather than in a guidelines document. Dr. Chelmow recalled a prior discussion on the format of documents the society would produce, noting the difference between a white paper review and a guidelines process. Dr. Downs offered his recollection that previous white paper topics would be recreated as guidelines. Dr. Downs suggested Dr. Chelmow take selected topics to the practice committee with this purpose. Dr. Downs suggested the planned DES paper could be piloted as a consensus document. Dr. Downs also suggested exploring why ASCCP wasn’t considered for inclusion in the VAIN guidelines and Dr. Flowers agreed, considering the guidelines were published in the JLGTD.

Dr. Chelmow recommended devising the infrastructure and timeframe for defining what ASCCP documents would look like in the future, perhaps in coordination with the journal. In addition, he

suggested the need for a gap analysis to determine what topics to take on in what order while ensuring there would be sufficient time and resources to complete these. Dr. Downs acknowledged the need for a team to work with Dr. Chelmow to conduct this analysis and bring select topics to the practice committee and suggested Dr. Conageski and Dr. Bornstein as appropriate. Dr. Novetsky asked if membership could be surveyed to gauge interest, and Dr. Chelmow agreed that periodic surveys would be a good way to engage members and come up with new topics.

Dr. Downs noted the proposed motion from Dr. Bornstein's report for a "Best Paper" award for the journal and seconded the motion. As a matter of due diligence, Dr. Novetsky asked if there were any controversies associated with Dr. Wilkinson. Dr. Flowers indicated she had a similar question and noted that, from her understanding, Dr. Wilkinson had an impeccable reputation and Dr. Einstein agreed. Ms. Curtis confirmed that this would be a named society award and Dr. Downs asked if there would be a financial award as well. Dr. Bornstein agreed this decision on finances could be left to the executive committee. Dr. Wiser asked about the criteria for the award and Dr. Bornstein stated that this was still under discussion with the associate editors. Dr. Garcia suggested inviting the finalists to present at the meeting. Dr. Kuroki noted that a similar award at the *Green Journal* was not inclusive of non-academic researchers and thus suggested that the inclusion criteria not be restricted to academic-based research. Dr. Khan asked about the benefit to the journal, given that a financial component to the award was proposed. Ms. Curtis agreed it would be valuable to measure if the award impacted submissions. The motion passed unanimously.

Regarding the new editorial positions, Dr. Downs asked Dr. Bornstein to bring a detailed proposal for the associated costs for these new positions to the executive committee meeting in two months to allow the committee to review and discuss. For her part, Ms. Curtis requested more detail on the tasks of these new roles, as previously all editorial tasks have fallen to the EIC. She also highlighted the fact that the society does not make money from the journal and thus asked for an explanation of the benefits that would come from these additional direct costs. Dr. Bornstein cited a survey of members that revealed the journal as the most valued benefit of membership and noted fees paid by affiliated societies. Ms. Curtis acknowledged the benefit to membership, but suggested volunteers in these proposed positions. Dr. Flowers suggested recruiting MPH candidates to assume the roles as part of a Capstone project as a possibility.

VIII OLD BUSINESS

a. Enduring Management Guidelines Updates

Dr. Garcia indicated that the draft guidelines for the dual stain strategy would be shared at the meeting for public distribution and comment. The public comment period started two weeks ago, he noted, and comments are currently being reviewed and collated. If all goes as planned, he noted, the group should have a work product submitted for publication by the end of summer.

Additionally, Dr. Garcia indicated that the risk and clinical context working group will start drafting language on guidelines for extended genotyping as early as June, with the goal of having draft language by early fall and finalizing the guidelines by the end of the year.

Regarding publication, Dr. Garcia stated that no final decision has been made but he has advocated that products produced will be published in the JLGTD.

Dr. Downs suggested the need to plan for dissemination and app updates, and Dr. Einstein emphasized the importance of securing the journal copyright for the dual stain algorithm so the app can be updated accordingly. He also asked Dr. Garcia to encourage the enduring guidelines group to share the data at this stage so the app developers can begin working on updates. Dr. Garcia noted his understanding that the conversation between NCI and the app developers has already begun, but assured that he would loop in Ms. Price on any future discussions.

Dr. Chelmow acknowledged some of the products that come from the group may not be appropriate for the JLGTD but asked Dr. Garcia to advocate for content that is relevant to the journal. Dr. Garcia suggested that the pieces that are clinically relevant should be published in the journal but the methodological pieces would not be. He also indicated that in this implementation phase, he would ensure that Ms. Curtis is included in conversations going forward. Dr. Downs suggested that someone from the ASCCP administrative team participate in meetings going forward. Additionally, he suggested the leading organizations in this effort evaluate whether the enduring guidelines process is the best approach or whether a consensus approach would be preferable.

Ms. Price noted that she is currently working on a statement of work with the app developers and this next set of updates has not been included, so any new updates would be several months out. She reiterated Dr. Einstein's concern that the developers need data now.

Dr. Einstein suggested ASCCP issue interim guidelines for its own members, and Dr. Khan agreed. Dr. Downs acknowledged the gap for membership and reiterated the need to reassess the enduring guidelines process and evaluate whether it works. Dr. Flowers agreed with Dr. Einstein that interim guidelines should be published, particularly given the lack of certainty where the products from the enduring guidelines group will be published.

Dr. Garcia acknowledged that the group was underprepared for the size of the task and overly optimistic about the ability to deliver on a timeline. However, he expected the group to become more efficient now that this first task on dual stain is complete. He acknowledged Dr. Einstein's disenchantment and agreed with Dr. Downs on the utility of a conversation among the principals on whether this relationship is working and whether it should continue.

Dr. Einstein made a motion that ASCCP issue interim guidance for both intermediate risk genotyping and dual stain with the practice committee tasked with developing this content. Dr. Novetsky seconded the motion and Drs. Chelmow and Garcia abstained. The motion passed.

b. COMP Course—Spanish

Ms. Curtis indicated that the translation of the COMP Course slides was completed and the majority of the PPTs have been recorded with voice overs in Spanish. Her goal, she indicated, was to launch the course in June. Ms. Price stated it would likely be offered for blocks of time to cohorts, as is the COMP Course in English.

c. Expert Opinion Papers

Ms. Curtis noted that the board had reviewed the draft of the paper on DES and submitted edits and that Dr. Chelmow would be overseeing revisions. Dr. Downs asked, given earlier

discussion, whether this paper should be elevated to a consensus guidelines document. Dr. Chelmow said the original intent was to replace the practice guidelines that ACOG retired. The paper was intended to not simply be a review but to provide guidance about screening and surveillance for this patient cohort. The discussion, he noted, was how to take the review and the informally expressed guidance and turn it into a format that can be used consistently going forward.

Dr. Khan stated the LGBTQ paper was submitted to the journal, received excellent reviews, and is undergoing revisions at present.

IX BOARD TRAINING

William Pawlucy of Association Options opened his session with an overview of board and staff roles, noting the distinction between governance (board) and management (staff). Boards, he explained, are responsible for strategy, policy, and oversight, while the executive director is responsible for management of the organization (e.g. staffing, protection of assets).

The authority to govern, Mr. Pawlucy explained, comes from both the state and federal government, which determine the organization's nonprofit status. He reviewed a sample 990 and highlighted select line items from the filing that reflect the organization's financial status, governing body, and policies. He clarified rules regarding advocacy on social media and the society's 501(c) 3 status.

He outlined policies that are highly recommended by the IRS: Conflict of Interest; Whistleblower; Document Retention and Destruction; Executive Compensation; and Joint Ventures. He also explained protections that should be in place for board members, including liability insurance for directors and officers (D&O), incorporation, volunteer immunity, and indemnification in bylaws.

Governing documents discussed included the organization's mission (relevant to the IRS); articles of incorporation, bylaws, policies, strategic plan, and annual budget. Legal responsibilities of board members discussed included duty of obedience, duty of care, and duty of loyalty. Mr. Pawlucy explained that these duties are legal fiduciary responsibilities of any board trustee.

Mr. Pawlucy delineated the levels of board member involvement on the "altimeter of governance," with board members operating at 50,000', committees at 25,000', and staff at 10,000'. He also shared tips for incoming presidents and outlined guidance for a strong board president.

Reasons for board member removal were reviewed, including failure to disclose conflicts of interest, misrepresentation of the organization, lack of attendance, and others.

While the board and staff work as a team, Mr. Pawlucy reiterated the role of the board to provide oversight of programs while the staff/management implements programs. In an effective board and staff relationship, he noted, there is a clear understanding of the roles and responsibilities of each. Lack of transparency and accountability can erode trust.

Mr. Pawlucy outlined effective ways to address conflict, including addressing potential concerns proactively establishing a clear process, working toward a resolution. He offered some examples of typical conflicts that can arise among board members. Together the board also identified potential board roadblocks, including being unprepared for meetings, micromanaging, and demonstrating

disrespect for ideas, staff, and other board members.

The board recessed for a break at 1:27 pm and resumed at 2:20 pm.

X NEW BUSINESS

a. SGO Collaboration

Dr. Einstein discussed an effort by SGO to determine its role in the World Health Organization's effort to end cervical cancer. The SGO board has approved the development of two papers, offering clinical guidance on the minimal standards for treatment of invasive disease. SGO has reached out to sister organizations for support, and both IGCS and ACOG agreed to contribute authors for this effort. In his role as a representative of SGO, Dr. Einstein formally requested that ASCCP join this effort. Dr. Chelmow agreed that ASCCP should be involved and Ms. Curtis suggested that a board member serve as a contributing author. Dr. Einstein suggested a gynecological oncologist would be advised. He clarified that ACOG and ACS would address other aspects of cervical cancer screening and treatment and suggested ASCCP form its own task force.

Dr. Downs asked for clarity about the audience of the paper, and Dr. Einstein indicated that it was aimed at a global audience of healthcare providers.

With Dr. Einstein's request for an author presented as a motion, Dr. Chelmow seconded. The motion passed. Dr. Einstein made a motion for his second request—that ASCCP consider the formation of its own comparable task force on cervical cancer management in support of the WHO cervical cancer campaign. Dr. Novetsky seconded the motion. The motion passed.

Dr. Einstein offered to share the SGO group's Gantt chart of the deliverables to serve as an example.

b. Format/adjustments for future Scientific Meetings

Ms. Curtis explained the financial challenge of the annual meeting, as ASCCP uses a significant amount of hotel space for a relatively small meeting. She compared the meeting to the COMP Course, noting that the average COMP Course attracts about the same number of attendees (~250) but requires fewer room blocks than the meeting. Hotel contracts, she noted, require ASCCP to pay for a minimum number of rooms, whether or not those rooms are filled. For the current meeting, ASCCP will lose \$80,000 in empty rooms, she noted.

In an effort to reduce space needed for future meetings, Ms. Curtis proposed one general session to allow for the reduction of space needed for breakout rooms. Additionally, she suggested downsizing the exhibit hall. While such negotiations may not be possible for 2024, she suggested making the change for the 2025 meeting in San Diego. If the board decided to move to this format, Ms. Curtis recommended making this a permanent format change going forward.

Ms. Curtis reviewed some of the assumptions with this approach, including the fact sessions will be recorded onsite and the repurposed for an online option following the meeting. Additionally, posters will be available online and the editorial board would meet via Zoom. She reviewed the potential cost savings of approximately \$165,000 with this option.

Dr. Einstein noted that a recent SGO meeting included a multipurpose space where audience

members listened to oral sessions via headphones in an exhibit space, with a session room reserved for the main sessions. Dr. Kuroki noted that attendees were open to this innovation and the demand for headphones exceeded supply. Dr. Downs noted a strategy employed at IPV where posters included a QR code that attendees could use to visit a website to view the recorded presentation.

While Dr. Downs questioned whether reducing the space would take away so much from the meeting that people would be discouraged to attend, he noted that surveys suggest attendees value the meeting as an opportunity to network. Dr. Flowers added that the most popular plenary sessions will still be available live. Ms. Curtis showed a proposed agenda for a reduced meeting schedule, eliminating both the pre-courses and the final meeting day. She suggested that some pre-courses, such as the Mini COMP Course, could be offered online as well.

Dr. Novetsky suggested that the board meeting could be held virtually, rather than in person at the meeting, with a satellite symposium held earlier on the first day. Dr. Chelmow noted a bylaw requirement for an in-person meeting, and Dr. Novetsky suggested the board meet online in advance of the meeting and then for a very reduced time in person. Ms. Curtis suggested the smaller space for the board was less of an issue.

Dr. Khan noted that the new schedule would include one fewer session, while Ms. Curtis offered that additional sessions could be offered online.

Ms. Curtis shared a floor plan of the hotel in New Orleans and discussed current negotiations around space with the hotel. She confirmed that the board agreed to reducing the space to accommodate only one general session and solicited opinions on e-posters. Dr. Downs suggested Ms. Curtis and the program directors be charged with deciding on the issue of e-posters and oral presentations.

Dr. Downs noted that the major change by limiting the conference to a single general session and schedule changes could be experimental. Dr. Flowers suggested a shift to a Friday-Sunday schedule to reduce the number of days away from work. Dr. Downs suggested adding questions regarding schedule changes to the post-meeting evaluation and Ms. Price indicated that she could manage this task.

XI CLOSING REMARKS

Dr. Flowers reviewed the schedule for events at the annual meeting.

XII ADJOURNMENT

The meeting was adjourned at 3:23 pm CT.