



CANCER PREVENTION & RESEARCH
INSTITUTE OF TEXAS

Prevention Highlights

Updates and milestones for CPRIT Prevention projects
as reported in Fiscal Year 2024

For Fiscal Year 2024

1. In October 2023, St. Jude Children's Research Hospital published an online article, "Partnering with Schools to Increase HPV Vaccine Coverage in Rural Communities along the U.S.-Mexico Border," lauding the CPRIT-funded school-based HPV vaccination program in the Lower Rio Grande Valley. According to the recently released NIS-Teen 2022 data, for the first time since the HPV vaccine became available, vaccination rates did not increase. Instead, rates of HPV vaccination initiation (i.e., ≥ 1 dose) and up-to-date coverage nationally remained steady from 2021 to 2022. Coverage declined among uninsured and Medicaid-insured teens and HPV vaccination rates remained significantly lower among teens living in rural areas. The Lower Rio Grande Valley in Texas is a medically underserved area, where approximately one in three residents are uninsured.

Through a series of grants from CPRIT, a team of researchers, including Jane Montealegre, Ph.D., associate professor, Department of Behavioral Science at The University of Texas MD Anderson Cancer Center, and Abbey Berenson, M.D., Ph.D., professor, Departments of Obstetrics & Gynecology and Pediatrics, and director, Center for Interdisciplinary Research in Women's Health at The University of Texas Medical Branch at Galveston, along with public health practitioners is working to make HPV vaccination, and other routinely recommended and catch-up adolescent vaccinations, widely available at middle schools throughout the region. The team works with school district leadership and nurses to plan on-campus, school vaccination events that students can attend throughout the day at no cost to participants. Of equal importance is the education campaign around HPV vaccination targeting parents and caregivers, school faculty and staff, and local healthcare providers. In one school district, HPV vaccination initiation rates among middle-school students increased from 39.7% at baseline to 68.5% in Year 3 of the three-year program. Other school districts are experiencing similar results as the program continues to grow and expand its reach into more rural and remote counties along the U.S.-Mexico border.

Baylor College of Medicine received two Prevention grants (PP210007, PP220038) totaling \$5 million and The University of Texas Medical Branch at Galveston was awarded two Prevention grants (PP190004, PP210020) totaling \$4.5 million to provide cancer prevention services to populations and geographic areas at high risk of HPV-related cancer morbidity and mortality.

2. Amelie G. Ramirez, DrPH, MPH, professor and chair of the Department of Population Health Sciences, director of the Institute for Health Promotion Research, and leader of *Salud America!* at The University of Texas Health Science Center at San Antonio, joined *The Washington Post's* live show, "Chasing Cancer: The Path Forward," sponsored by AstraZeneca, took place November 8. *Salud America!* is a national Latino-focused organization that creates culturally relevant and research-based stories, videos, and tools to inspire people to start and support healthy changes to policies, systems, and environments providing Latinos with a better quality of life.

Dr. Ramirez teamed with Gladys I. Rodriguez, M.D., an oncologist with the START Center for Cancer Care, to discuss how innovative initiatives make it easier to access early screenings, especially for Latinos and other historically marginalized communities.

"Screening can catch cancer before it spreads. This can save or extend a person's life," Dr. Ramirez said. "Yet Latinos are screened less often than some other racial/ethnic groups, despite high rates of certain cancer types and/or worse outcomes among other cancer types. Latinos deserve equitable access to screening and other cancer prevention resources." Dr. Ramirez also aims to reduce lung cancer with *Quitxt*, a bilingual text-message service that helps Latino young adults quit smoking, funded by CPRIT. *Quitxt* provides 24/7 encouragement, advice, and tips to help smokers and vapers quit smoking/vaping and stay quit.

The University of Texas Health Science Center at San Antonio received three CPRIT Prevention grants (PP140176, PP170099, PP180092) in 2014, 2017 and 2018 totaling \$4 million for tobacco control and lung cancer screening programs.

3. In the university's online newsletter published on November 8, The University of Texas Health Science Center at San Antonio highlighted the CPRIT grant award to expand a Human papillomavirus (HPV) vaccination program among survivors of childhood cancer. In November 2023, CPRIT awarded a \$1 million Primary Prevention of Cancer expansion grant to UTHSCSA and principal investigator, Allison Grimes, M.D., MSCI, clinical associate professor of pediatric oncology with Mays Cancer Center. Dr. Grimes is co-director of the project, "Expansion of HPV Vaccination Among Survivors of Childhood Cancer."

HPV is the most common sexually transmitted infection, but it can also cause many types of cancer, including most cervical, anal, and oropharyngeal cancers. Every year doctors diagnose nearly 39,000 new cases of HPV-related cancers in the United States. Childhood cancer survivors have significantly higher rates of HPV-related cancers as a secondary malignancy compared with

the general population – 150% higher in males and 40% more in females. Many childhood cancer survivors return only to their oncologists, who don't routinely provide vaccinations. "Targeting this population within the oncology follow-up setting," Dr. Grimes said, "is both novel and risk directed."

CPRIT first funded this project in 2018, when only 23% of age-eligible childhood cancer survivors had started the HPV vaccination series and just 8% had completed it. However, the project's efforts have led to a 485% increase in completed HPV vaccinations. For this expansion project, the team has partnered with 10 pediatric oncology centers across Texas, encompassing 225 counties. The overall project goal is to increase HPV vaccination rates among eligible childhood cancer survivors who are actively followed within one of the 10 participating sites. To achieve this goal, the team will deliver an evidence-based HPV provider and staff continuing education program focused on the unique needs of childhood cancer survivors aged 9-45; implement practice-level changes to build an HPV vaccine-friendly culture, allowing for the monitoring of HPV vaccine eligibility status among childhood cancer survivors; and offer on-site delivery of the HPV vaccine to eligible survivors at each participating clinic.

The University of Texas Health Science Center at San Antonio received two CPRIT Prevention grants (PP180080, PP230061) in 2018 and 2023 totaling \$2 million.

4. Panhandle Breast Health cohosted an Early Detection Services event at Amarillo College's Washington Street campus on November 9. The event is part of the "Transcending Limits Cancer Screening Initiative" and offers education and resources about screenings for breast/chest cancer, cervical cancer, and colorectal cancer. Also participating in the event was Get F.I.T. to Stay FIT, a grant-funded program through CPRIT which serves the top 32 counties of the Texas Panhandle. Get F.I.T. to Stay FIT provides outreach, education, navigation, screening and prevention for uninsured men and women in medically underserved areas to prevent the development of late to care and late-stage cancers. The program uses a free, at-home testing method, Fecal Immunochemical Test, or FIT, for colorectal cancer screening.

CPRIT has awarded three Prevention grants to Texas Tech University Health Sciences Center and one to the University Health System for this program since 2015, with a total of \$74 million in funding (PP150031, PP180031, PP210017, PP220051). To date, Get F.I.T. to Stay Fit has reached more than 1.1 million people in the panhandle of Texas: more than 7,000 health professionals have been educated; over 3,600 F.I.T. screenings for colorectal cancer have been completed; over 500 colonoscopies have been completed, and 420 pre-cancerous lesions have been removed.

5. The fecal immunochemical test (FIT) is an effective colorectal cancer screening test. The at-home tests for colorectal cancer (CRC) are often more convenient, less costly, and less invasive than a colonoscopy or other stool-based tests. However, patients have faced challenges with the at-home FIT tests which result in inadequate tests and results.

Corresponding author Rasmi Nair, MBBS, MPH, Ph.D., assistant professor in the School of Public Health at The University of Texas Southwestern Medical Center, and colleagues looked at in-home FITs submitted between 2010 and 2019 from 56,980 individuals who had a primary care visit through Parkland Health in the year prior to the test. This retrospective cohort study revealed that of the 56,980 individuals completing an index FIT, 10.2% had an unsatisfactory FIT and fewer than half completed a subsequent test after an unsatisfactory FIT. The data, published in *Cancer Epidemiology, Biomarkers, & Prevention* on November 15, revealed that the reasons included inadequate specimen (51%), incomplete labeling (27%), old specimen (13%), and broken/leaking container (8%). The study also found higher failure rates among patients who were male, Black, Spanish-speaking, on Medicaid, and patients who received FIT in the mail rather than from a practitioner.

The researchers recommend more substantial patient education strategies, better test-tracking procedures, and timely follow-up of problem tests to reduce FIT failure rates and improve patient care through early CRC interventions. These findings could impact other at-home tests such as fecal DNA tests for CRC screening and future home testing for human papillomavirus.

The University of Texas Southwestern Medical Center received a \$1.5 million CPRIT Prevention grant (PP160075) in August 2016 to implement a sustainable system-wide infrastructure for CRC screening among a racially diverse and socioeconomically disadvantaged patient population in Dallas County.

6. On November 17, KBTX3 hosted an interview with Marivel Sanchez, MPH, program coordinator at the Texas Cancer Screening, Training, Education and Prevention Program (C-STEP) at Texas A&M University System Health Science Center. Texas C-STEP provides critical safety-net services, such as free cancer screenings and certain advanced diagnostics, to uninsured, underserved, and low-income Texans through the Texas A&M family medicine residency training program.

Experts recommend lung cancer screening for people between the ages of 50 and 80 years old, have smoked a pack a day for 20 years, two packs a day for 10 years, and if you smoke now or have quit within the past 15 years. A low dose computed tomography can reduce lung cancer deaths by about 20% compared to a standard chest x-ray among current or former heavy smokers. More than fifty agencies or service providers have partnered with Texas C-STEP to provide patient referrals, while dozens more have helped to disseminate materials or educate the public on the importance of cancer screening and prevention.

Texas A&M University System Health Science Center received a \$1 million CPRIT Prevention grant (PP210027) in August 2021 to promote lung cancer prevention education, support smoking cessation programming, and provide residents of 13 counties with lung cancer screenings and patient navigation to reduce barriers and improve early detection of lung cancer.

7. On November 30, KVUE reported on the new Coordinating Center for Colorectal Cancer Screening across Texas (CONNECT) led by Navkiran K. Shokar, M.D., MPH, professor and chair, Department of Population Health, and program lead, Cancer Prevention & Control Research Program at The University of Texas at Austin. Colorectal cancer (CRC) is one of the top causes of cancer-related deaths in Texas. Texas currently ranks 48th in the country for CRC screening. The new center aims to increase awareness across Texas and drastically improve the screening rates and thereby reduce CRC deaths in Texas.

KVUE reported that people like Cindy Fennell say this program can save lives. When Fennell wasn't feeling well, her doctor ordered her an at-home CRC screening test. She was worried about sending in a stool sample by mail but her doctor prompted her a second time to send in her sample. "It's not one of those pleasant things to do. But I did it. And I'm so grateful that I did," she said. Her results recommended that she have a follow-up colonoscopy, where the doctor found and removed two pre-cancerous polyps. "When you hear the word screening, take it seriously because it can save your life," Fennell said.

The segment ended with a little guidance from Dr. Shokar: "I hope that people become aware of how important it is for them to know about this kind of cancer and also about how they can prevent it."

The University of Texas at Austin received a \$3 million CPRIT Prevention grant (PP230060) in August 2023, to create the Coordinating Center for Colorectal Cancer Screening across Texas (CONNECT) in support of CRC prevention efforts.

8. On December 5, Amelie G. Ramirez, DrPH, MPH, professor and chair of the Department of Population Health Sciences at The University of Texas Health Science Center at San Antonio and associate director of the Community Outreach and Engagement Program at Mays Cancer Center, spoke at the 46th annual San Antonio Breast Cancer Symposium. Initiated and owned by Mays Cancer Center, this is the world's largest symposium of breast cancer research with close to 10,000 clinicians, researchers, and patient advocates from more than 90 countries.

Dr. Ramirez served as moderator and presenter on the opening day of the symposium. In her presentation, she outlined social determinants of health (SDoH) and detailed the influence of these non-medical factors on the health of Texans. She explained that understanding the conditions in which people are born, grow, live, work and age, are key factors for improving health and cancer care particularly for Hispanics. "What we're finding is that these inequities in SDoH can create social needs that negatively impact our health," Dr. Ramirez said.

The University of Texas Health Science Center at San Antonio and Dr. Ramirez received three CPRIT Prevention grants (PP140176, PP170099, PP180092) in 2014, 2017 and 2018 totaling \$4 million for tobacco control and lung cancer screening programs.

9. In support of National Cervical Health Awareness Month, KFOX14 interviewed Jennifer Molokwu, Ph.D., associate professor, vice-chair of Research, Department of Family and Community Medicine at Texas Tech University Health Sciences Center

at El Paso on January 11. A health disparity exists among Hispanic women who suffer from a higher incidence and mortality for HPV-associated cancers, including cervical cancer, which the HPV vaccination and regular pap smears can help prevent.

As team leader for the De Casa En Casa and The Tiempo de Vacunarte 2 programs, Dr. Molokwu encourages women to have annual pap smear tests to prevent cervical cancer because this test allows physicians to identify abnormalities in the cervix before they become cancer. The De Casa En Casa programs address critical barriers to cervical cancer screening among CPRIT priority populations of the uninsured, the underinsured, cultural and racial/ethnic minorities, and those residing in El Paso County and the 60 counties in West and South Texas. The Tiempo de Vacunarte 2 program aims to prevent and reduce the burden of HPV-associated cancers among the underserved, predominantly Hispanic and rural populations along the Texas-Mexico border. These programs address the individual through health education, no-cost clinical services, and navigation, by providing capacity-building to partner community-based organizations and healthcare facilities.

The Texas Tech University Health Sciences Center at El Paso and Dr. Molokwu have received three CPRIT Prevention grants totaling \$5.4 million to support the De Casa en Casa 3 and De Casa en Casa 4: Cervical Cancer Screening in Undeserved Rural and Border Communities in West and South Texas programs (PP200006, PP230059) and the Tiempo de Vacunarte (Time to Get Vaccinated) 2 program (PP190058).

10. The incidence of cervical cancer and mortality is on the rise in low-income areas of the United States. A new study led by researchers from The University of Texas MD Anderson Cancer Center used Surveillance, Epidemiology, and End Results-22 (SEER-22) program data to evaluate trends in hysterectomy-corrected cervical cancer incidence and mortality rates by county-level income and race/ethnicity.

The results, published in the *International Journal of Cancer* on January 25, demonstrate that between 2000 and 2019 the incidence rate for distant-stage cervical cancer has increased most among white women living in low-income counties, at 4.4% annually since 2007. The largest increase in cervical cancer mortality rates occurred in Black women in low-income counties, at 2.9% annually since 2013, despite cancer incidence in this group declining. In 2019, rates of distant-stage cervical cancer and mortality incidence across all racial and ethnic groups was greater among women living in low-income counties in the United States, with the highest absolute incidence observed among Hispanic women.

"These data add to a growing body of evidence indicating widening disparities driven by socioeconomic status," said co-senior author Jane Montealegre, Ph.D., associate professor in the Department of Behavioral Science. "Cervical cancer is almost entirely preventable through vaccination against human papillomavirus (HPV), screening and early detection. This continued upward trend calls for scaled-up efforts to eliminate disparities in cervical cancer prevention."

Baylor College of Medicine received a \$2.5 million CPRIT Prevention grant (PP210007) in August 2021 to provide cancer prevention services to rural and medically underserved populations.

11. On January 30, *Salud America!* published an article, "The State of Cigarette Smoking and E-Cigarette Use in Latinos," and it's not all good news. The use of smoked or smokeless tobacco can cause 12+ types of cancer and makes up approximately 40% of cancer diagnoses. Smoking prevalence among adults indicate that 7.7% of Hispanic adults in 2021 smoked cigarettes — lower than the national prevalence of 11.5%. However, studies show that tobacco use varies markedly between Latino subgroups.

As Latinos assimilate to United States culture and the English language, their cigarette use tends to rise. People with greater language acculturation were significantly younger and more likely to be born in the United States compared to individuals with less acculturation. For instance, Latino American middle-schoolers have a slightly higher rate of cigarette smoking than middle-schoolers overall, at 1.2% compared to 1%, according to Truth Initiative reports. This emphasizes the importance of designing smoking prevention strategies while considering acculturation factors, including language.

Tobacco companies have a history of targeting racial and ethnic minorities, including the Latino population, according to a *Salud America!* resource. The Truth Initiative reports that Latino youth experienced the highest level of tobacco advertisement exposure

compared to Black and White youth. Importantly, Latinos are more likely to continue smoking once they have begun and are only half as likely as whites to successfully quit smoking.

The United States Surgeon General reported that teen vaping is a national health epidemic. E-cigarettes pose risks to users as well as non-users and their prevalence among Latino youth is increasing. Latino middle school students have slightly higher e-cigarette use compared to middle school students overall (4.2% vs 3.3%). E-cigarettes were the most used tobacco product among Latino middle and high school students, at 8.8%.

Quitxt, led by Amelie Ramirez, DrPH, MPH, director of the Institute for Health Promotion Research, and chair of the Department of Population Health Sciences at The University of Texas Health Science Center at San Antonio, is a free, bilingual text-messaging program supported by three CPRIT Prevention grants. *Quitxt* sends text messages to smartphones to help South Texas young adults quit smoking. Messages help with motivation to quit, setting a quit date, handling stress, and using nicotine replacement, if needed. "Text-message applications have scientifically proven to roughly double one's odds of quitting smoking/vaping, which can help you live 10 years longer and healthier, and save \$50,000," said Dr. Ramirez. "We developed *Quitxt* specifically for young adults to help them quit for good."

The University of Texas Health Science Center at San Antonio received three CPRIT Prevention grants (PP180092, PP170099, PP140176) totaling \$4 million.

12. The HPV vaccination is the safest and most effective way to prevent six kinds of HPV-related cancers. The United States Advisory Committee on Immunization Practices currently recommends a two-dose series among individuals 9 to 14 years of age and a three-dose series among individuals 15 to 26 years of age. Because there is limited data comparing two versus three doses of 9vHPV vaccine in individuals aged 15 to 26 years of age, Abbey Berenson, M.D., Ph.D., professor, Departments of Obstetrics & Gynecology and Pediatrics, and director, Center for Interdisciplinary Research in Women's Health at The University of Texas Medical Branch at Galveston, and colleagues set out to uncover the differences.

The *NEJM Evidence* published the preliminary findings of this ongoing, single-blinded, randomized noninferiority trial of the 9vHPV vaccine among individuals 15 to 26 years of age in the United States on January 23. The team enrolled and randomly assigned 438 participants to the two-dose (n=217) or three-dose (n=221) group. At one month after the final vaccine dose, the seroconversion rate for each of the nine HPV genotypes in the vaccine was 100% among participants in the two-dose group and 99% in the three-dose group. These results suggest that two doses of the 9vHPV vaccine may be sufficient to fully vaccinate adolescents and young adults.

"Because of the current discourse within the medical community about how many HPV vaccine doses are sufficient, it was important to publish the preliminary findings of our study sooner, rather than later," Dr. Berenson said. "No study has previously examined the non-inferiority of the 9vHPV vaccine among 15- to 26-year-olds. Thus, our findings are beginning to fill an important gap of knowledge within the medical field."

The University of Texas Medical Branch at Galveston received a \$1.5 million CPRIT Academic Research grant (RP190022) in 2019 for a randomized, controlled trial comparing the immunogenicity of 2 doses vs. 3 doses of the 9-valent HPV vaccine in females and males 15 to 26 years of age.

13. World Cancer Day is an international day dedicated to raising awareness of cancer and to encouraging its prevention, detection, and treatment through education. *Moving Through Cancer*, the first independently produced patient education film from the 501c3 nonprofit a Fund for Sustainable Tomorrows, debuted on February 4, as part of the American College of Sports Medicine's celebration of World Cancer Day.

Moving Through Cancer features exercise oncology leaders from across the United States, including Scott Hamilton, the former Olympic Gold medalist and World Champion ice skater. Hamilton, a four-time cancer survivor who still skates at 65 years old, narrated the 20-minute film and said, "The bottom line is just get moving...Surprisingly, only about 15% of cancer patients are told

that exercise is medicine.”

The film details the progress that programs have made across the country, such as Active Living After Cancer (ALAC), a CPRIT-funded program at The University of Texas MD Anderson Cancer Center and led by Karen Basen-Engquist, Ph.D., MPH, professor in the Department of Health Disparities Research and the director of the Center for Energy Balance in Cancer Prevention and Survivorship at The University of Texas MD Anderson Cancer Center. Rather than promote a structured exercise regimen which would include the use of a gym or fitness equipment, the program recommends increased physical activity by incorporating moderate intensity activity into daily life. Dr. Basen-Engquist said, “It’s very important to factor in the person’s enjoyment and their willingness and what they are motivated to do in order to build some lasting behavior change.” The ALAC uses her research on physical activity for cancer survivors and offers participants a free, 12-week program consisting of cognitive and behavioral skills training related to increasing physical activity and guided discussions on survivorship topics.

The University of Texas MD Anderson Cancer Center has received five Prevention grants (PP130079, PP170023, PP200028, PP230074, PP230069) since 2013 in support of the ALAC program, totaling \$6.6 million.

14. On February 8, KLTv7 aired a segment focusing on the CPRIT-funded Active Living After Cancer (ALAC) program in East Texas. ALAC is a 12-week, free workshop series designed to encourage cancer survivors who are not currently receiving treatment and their caregivers to make healthy choices and incorporate exercise into everyday life. The University of Texas at Tyler administers the ALAC program in East Texas in partnership with The University of Texas MD Anderson Cancer Center, where the program began.

According to the Cancer Institute and Texas Cancer Registry, one in three women, and one in two men will have a cancer diagnosis in their lifetime. However, 68.7% of patients live five years or more following their diagnosis. “There are over a million people just in Texas, that are cancer survivors,” said Tammy Dry, UT Tyler Program Specialist and cancer survivor. This compelled scientists, including Karen Basen-Engquist, Ph.D., MPH, professor in the Department of Health Disparities Research and the director of the Center for Energy Balance in Cancer Prevention and Survivorship at The University of Texas MD Anderson Cancer Center, to conceive this program in 2013.

“We teach skill sets for different things like setting smart goals, problem solving, time management,” Dry said. “All of that plays into your everyday life.” These can be challenging for cancer survivors, who often feel tired and weak. However, Tatjuana Jiles, community health worker, said that “after you ring the bell, that’s when it really starts. That’s when you have to try to incorporate how to get back your normal.” Weekly meetings cover topics including benefits and barriers for physical activity, relapse prevention, body image, and talking to your doctor. Activities include walking and stretching, resistance bands, balloon volleyball, and Zumba.

The University of Texas MD Anderson Cancer Center has received five Prevention grants (PP130079, PP170023, PP200028, PP230074, PP230069) since 2013 in support of the ALAC program, totaling \$6.6 million.

15. All for Them, a vaccination program run by The University of Texas Health Houston School of Public Health in partnership with school districts, healthcare provider partners, and other community organizations, received an almost \$2.5 million CPRIT Prevention grant in February. This CPRIT-funded program has received a total of three Prevention grants since 2017, totaling almost \$5 million. “Our team has worked hard over the past seven years to expand our reach, build relationships with our communities, and ensure young people receive life-saving vaccines when they otherwise may not have access to them,” said Paula Cuccaro, Ph.D., All for Them program director and assistant professor of health promotion and behavioral sciences at UTHealth Houston School of Public Health.

Through this grant, the All for Them team continues to assist schools in planning, implementing, and evaluating comprehensive immunization clinics in four Texas school districts serving students in Chambers, Harris and Tarrant counties. All for Them also includes an educational component for parents and students that highlights the significance of obtaining all recommended

vaccines. The program also provides training to school nurses and nursing staff on HPV and HPV vaccination. The team is now investing in school nurse assessment and feedback aimed at improving HPV vaccination record keeping.

Since 2017, more than 7,000 Texas youth have received at least one of the recommended childhood and adolescent immunizations at an All for Them clinic, and more than 5,000 have received the HPV vaccine, which protects against six types of cancer. The program will coordinate larger districtwide and communitywide vaccination clinics so that more families will have the opportunity to protect their children's health.

"In our participating school districts, the HPV vaccination rates we are seeing continue to improve but are still suboptimal compared to the national rates," Dr. Cuccaro said. "This project allows us to keep building on our momentum and raise the awareness of the importance of HPV vaccination."

The University of Texas Health Science Center at Houston has received three CPRIT Prevention grants (PP200017, PP230033, PP240030) to support the All for Them program.

16. The human papillomavirus (HPV) is the most common sexually transmitted infection. About 13 million women and men in the United States acquire HPV each year. Despite effective screening and the implementation of the HPV vaccine, doctors diagnosed more than 13,000 women with cervical cancer in 2020 in the United States, and nearly 4,000 women died from this disease.

In 2014, Abbey Berenson, M.D., Ph.D., professor, Departments of Obstetrics & Gynecology and Pediatrics, and director, Center for Interdisciplinary Research in Women's Health at The University of Texas Medical Branch at Galveston, initiated a program in the pediatric clinics at UTMB Galveston to increase HPV vaccine uptake among children 9–17 years of age. Her team has found that several factors are associated with low vaccination rates, including race/ethnicity, parental education, marital status, provider recommendation, income, and age.

In the current study, Dr. Berenson and colleagues aimed to examine parental attitudes towards earlier vaccine initiation by interviewing parents of 9–10-year-old children who received vaccination counseling through this program. The secondary aim was to understand parental perspectives on general childhood vaccination and school-based vaccination initiatives to inform potential interventions and improve HPV vaccination rates in Texas.

The data, published in *Vaccines* on February 27, revealed that many participants preferred starting the HPV vaccine series when their child was a teenager; however, their reasoning varied widely and was not based on scientific fact. Recurrent themes included concerns about vaccine side effects, limited knowledge and exposure to vaccine information, and mistrust in the healthcare system. However, many participants expressed trust in their physicians who bridged the information and trust gap. The team emphasized that they could improve patient vaccine education and uptake through policy and public schooling, empowering physicians to educate patients on the HPV vaccine, and allowing nurses to play an important role in patient education.

The University of Texas Medical Branch at Galveston received a \$2.5 million CPRIT Prevention grant (PP190004) in February 2019 to expand the HPV vaccination program to 9–17-year-olds from medically underserved areas.

17. On March 1, KUT News reported on the "Get Your Rear in Gear" 5K race supporting the Colon Cancer Coalition which took place on February 24. Event organizers led kids on a fun run and adult runners traveled through an inflatable archway designed to look like a human colon.

In 2021, the United States Preventive Services Task Force changed the routine screening age for colorectal cancer (CRC) from 50 to 45, based on growing cases among younger adults. According to data from the National Cancer Institute, Texas' colorectal cancer screening rate was among the five lowest in the United States in 2022. "I want to be that person to say, 'Go get the screening. Don't worry about it, just go get the screening,'" Mary Harris, a board member for the Colon Cancer Coalition said. "If you can't

afford the screening, there are resources out there to help you.”

Researchers at Dell Medical School at The University of Texas at Austin are making colorectal screening impediments a thing of the past with their program called the Coordinating Center for Colorectal Cancer Screening across Texas (CONNECT). Funded in 2023 by a \$3 million CPRIT Prevention grant, CONNECT aims to create a statewide stakeholder network to develop, implement, and disseminate a Texas CRC screening strategic plan to motivate Texans to get screened. “No other state ... that I’m aware of has this kind of organized system of delivery of care for colorectal cancer screening across the continuum,” said Navkiran K. Shokar, M.D., MPH, professor and chair, Department of Population Health, and program lead, Cancer Prevention & Control Research Program. “I think we’ll be kind of one of the pioneering states for a state as complicated and as large as we are.”

In addition, in rural areas where access to in-person health care is lacking, Dr. Shokar’s team aims to help implement a mail-in stool testing program. Michael Pignone, M.D., MPH, Dr. Shokar’s partner, has been successful with a mail-in fecal immunochemical test (FIT) program for low-income people in Austin (PP170082). Patients must complete an annual mail-in FIT, but it is less invasive than a colonoscopy, which may lead to better compliance. The CONNECT team also intends to help programs like this to navigate and pay for follow-up colonoscopies and treatment because without these downstream steps, there won’t be an impact on CRC prevention.

At the end of the five-year funding period, Dr. Shokar hopes to show that the program can be successful in raising screening rates and in lowering long-term health system costs through prevention. “We want to be able to advocate with policymakers, payors and legislators, to see if there are pieces of this that could be funded and supported going forward,” she said, “because we’ve shown the benefit and the cost benefit.”

The University of Texas at Austin received a \$3 million CPRIT Prevention grant (PP230060) in August 2023 to support the CONNECT program.

18. On March 7, The American Cancer Society National Colorectal Cancer Roundtable honored The Southwest Coalition for Colorectal Cancer Screening (SuCCCeS) program at Texas Tech University Health Sciences Center at El Paso with the Grand Prize for the 2024 “80% In Every Community National Achievement Award.” This program recognizes individuals and organizations who dedicate their time, talent, and expertise to advancing needed initiatives that support the shared goal to reach colorectal screening rates of 80% and higher in communities across the nation.

Funded by two CPRIT Prevention grants, SuCCCeS focuses on sustainably engaging health care systems and community organizations to address barriers to reducing colorectal cancer (CRC) disparities and funding screening. To date, SuCCCeS has distributed over 31,000 fecal immunochemical test (FIT) kits, with a return rate of 71%. From the results of FIT tests, doctors scheduled almost 500 screening colonoscopies with a 78% completion rate. As of January 2024, the team has diagnosed 34 cancers and has removed adenomatous polyps from over 1,000 individuals. The program, located in a 27-county area spanning El Paso, Hudspeth, and West Texas, serves a population of 2.56 million medically underserved and ethnically diverse people.

Texas Tech University Health Sciences Center at El Paso received two CPRIT Prevention grants (PP170068, PP210005) totaling \$6.18 million in support of the SuCCCeS program.

19. In recognition of Colorectal Cancer Awareness Month, KBTX3 in Bryan, Texas, interviewed Jason McKnight, M.D., associate professor, associate department head for Undergraduate Medical Education & Research, and medical director of Human Clinical Research Facility at the Texas A&M School of Medicine on March 19. Dr. McKnight explained that one resource for colonoscopies, The Texas Cancer Screening, Training, Education and Prevention Program (C-STEP), provides life-saving cancer screenings and certain advanced diagnostics to uninsured, underserved, and low-income Texans through the Texas A&M family medicine residency training program. Funded by CPRIT since 2018, this project has dramatically increased the availability of various cancer screenings for safety-net patients and has increased the number of family medicine physicians trained to conduct colonoscopy

screenings. Community health workers provide education and navigation services to the patients who receive cancer screenings at the Texas A&M Health Family Care clinic.

“Colon cancer is the second most common cause of cancer-related death,” said Dr. McKnight. “The good news is, that about 90 percent of cancer-related deaths could be prevented if people just got screenings on time. The issue with that is only about two-thirds of Americans are up to date on their screening.” Texas is 47th among the states in colorectal screening.

In addition to colonoscopy services, Texas C-Step is now offering opportunities for assistance with evidence-based screening and diagnostic services related to breast, cervical, liver, and lung cancer. Dr. McKnight admitted that some people might not want to have a colonoscopy and he advised that those people should talk to their doctor about alternative testing because “the best test is the one that gets done when it comes to cancer screening.”

Texas A&M University System Health Science Center received two CPRIT Prevention grants (PP180037, PP220013) totaling \$4 million to provide CRC and HCC screening, prevention education, and patient navigation, to low-income residents of 23 mostly rural Texas counties or medically underserved areas.

20. On March 28, The University of Texas Southwestern Medical Center posted an interview via MedBlog with CPRIT principal investigator, Keith Argenbright, M.D., director of Moncrief Cancer Institute and professor in the Harold C. Simmons Comprehensive Cancer Center and patient Vantrille Patterson, a colon cancer survivor. The Moncrief Cancer Institute in Fort Worth provides free, at-home colorectal cancer screening kits to underinsured and uninsured patients through CPRIT funding. A grassroots effort, led by a community outreach team, has helped Moncrief build a network of rural hospitals and health care providers who regularly refer patients for screenings and follow-up care.

Because Vantrille Patterson had no health insurance, her doctor referred her to the Moncrief Cancer Institute for a free, at-home colorectal cancer screening kit. The at-home test led to a colonoscopy which revealed cancerous polyps. After a successful surgery, she is cancer-free. “There is no testimony without that test,” Ms. Patterson said. “I might not even be here, because I didn’t have the know-how or resources to get screened for cancer, much less navigate a cancer diagnosis. It was life changing.”

Since 2010, Moncrief has screened more than 100,000 people, much of it funded by CPRIT. With the addition of an almost \$2.5 million CPRIT Prevention grant awarded in March 2024 to expand its colorectal cancer screening program, Moncrief has now received approximately \$50 million in CPRIT funding according to Dr. Argenbright. “CPRIT has brought a lot of research dollars into the state, which is hugely important, especially five or 10 years down the road,” Dr. Argenbright said. “The prevention grants are impacting people right now – people who have names and faces and spouses and brothers and sisters. So, it’s a really good story to be able to tell. We started small with a breast outreach program and a very small colorectal screening program. And then we just added on geography and different screening sites, bit by bit.”

In March 2024, Moncrief added a new 36-foot Mobile Screening Clinic funded by Tarrant County using federal dollars from the American Rescue Plan Act (ARPA). Today, Moncrief offers free screenings for breast, cervical, colorectal, lung, and prostate cancers to rural and medically underserved populations across 67 Texas counties.

The University of Texas Southwestern Medical Center received several CPRIT Prevention grants (PP100022, PP150061, PP170010, PP200009, PP220034, PP230013, PP240019) since 2010 to fund these programs.

21. The American Cancer Society’s (ACS) latest initiative, the Clinical Champions Corps, aims to revolutionize cancer prevention and screening efforts across the nation. On April 5, Texas Tech University Health Sciences Center El Paso announced that the ACS named Jennifer Molokwu, M.D., MPH, director of Cancer Prevention and Control in the Department of Family and Community Medicine, as one of five primary care clinicians who are part of this national program.

The Clinical Champions Corps identifies subject matter experts in cancer prevention and screening from diverse geographic regions. These experts form a corps dedicated to providing training to health care professionals nationwide and to sharing evidence-based methodologies that will enhance cancer screening practices within communities, clinics, and organizations. Dr. Molokwu supports the South region which includes California, Hawaii, Guam, Nevada, Utah, Arizona, New Mexico, Colorado, Texas, Oklahoma, Arkansas, Louisiana, Mississippi, and Alabama.

The program will also have an impact on the Borderplex, which will complement Texas Tech Health El Paso's existing cancer prevention initiatives and includes the Breast Cancer Education, Screening and Navigation Program, Southwest Coalition for Colorectal Cancer Screening, De Casa En Casa, and Tiempo de Vacunarte. "By leveraging the expertise of health care professionals and empowering them with the latest evidence-based strategies, we can elevate cancer screening initiatives to unprecedented levels of effectiveness," said Dr. Molokwu. Through our programs, we aim to break down barriers to screening and ensure every individual has the opportunity to receive life-saving preventive care."

Texas Tech University Health Sciences Center El Paso received four CPRIT Prevention grants (PP190058, PP200006, PP230059, PP240014) totaling almost \$9 million to assist Dr. Molokwu's cancer prevention programs for rural and medically underserved populations.

22. On April 17, the *JPHMP Direct* published an article written by Jessica Calderón-Mora, DrPH, MPH, assistant professor in the Department of Population Health and operational director for the Cancer Prevention and Control Program at The University of Texas at Austin, Dell Medical School. The article provides a summary of their research found in the report, "Implementation and Evaluation of a Large Community-based Colorectal Cancer Screening Program," published in the May 2024 issue of the *Journal and Public Health Management and Practice*.

Colorectal Cancer (CRC) is the third most common cancer and the second cause of cancer-related deaths in the U.S. in both men and women. Screening for CRC using stool tests or colonoscopy can significantly reduce cases. However, screening rates in a United States-Mexico border county at the time of program implementation was about 57%, which is significantly lower than the national target of 80%.

Dr. Calderón-Mora and team implemented and evaluated a community-based CRC screening program, Against Colorectal Cancer In Our Neighborhoods (ACCION, now known as SuCCCeS), in El Paso County, from 2012-2015. Funded by CPRIT, the program aimed to increase screening within a predominantly Hispanic, United States-Mexico border population. ACCION was a community-based, multicomponent, CRC program that provided in-person, bilingual, culturally tailored health education facilitated by community health workers, no-cost primarily fecal immunochemical test (FIT) kits and diagnostic colonoscopy, and navigation. The researchers recruited uninsured individuals due for CRC screening from clinics and community sites and then conducted an extensive qualitative and quantitative program process and outcome evaluation.

The researchers, including former ACCION program director, Navkiran Shokar, M.D., MPH, professor and chair of the Department of Population Health and lead for the Cancer Prevention and Control Program at Dell Medical School, recruited and educated 9,421 individuals. Of the 8,361 patients who were eligible for screening, 77.8% completed FIT tests, 74.6% completed colonoscopy testing, and 14 cancers were diagnosed. The mean age of participants was 56.8 years, and the majority were Hispanic, female, and of low socioeconomic status.

According to Dr. Calderón-Mora, the team developed health educational materials, including a flipchart presentation and narrative educational video, both in English and Spanish, that was delivered to community members by a community health worker; engaged a patient navigator to remind participants to complete their screening and to assist in scheduling any follow-up testing; and created a program database to collect all participant demographics, beliefs, and attitudes throughout the program. They also provided navigation assistance for individuals diagnosed with CRC.

The ACCION program was successful at increasing screening rates among the Hispanic population who were uninsured, underinsured, and not up to date with screening. Since 2015, CPRIT has continued to fund the program in El Paso County and has expanded funding for programs in West and South Texas.

Texas Tech University Health Sciences Center El Paso received three Prevention grants (PP150009, PP140164, PP110156) totaling \$5.6 million in ongoing support of ACCION, the multi-component, evidence-based program designed to reduce the burden of CRC.

23. Mailed stool testing for colorectal cancer (CRC) may improve screening uptake and reduce the incidence and mortality of CRC, but it is underutilized. Texas has the largest uninsured population in the United States and CRC screening rates at federally qualified health centers (FQHCs) in Texas are lower than national averages; only 35% of eligible patients were up to date in 2020. Improving CRC screening in Texas FQHCs may substantially reduce inequities in screening and decrease CRC incidence and mortality.

Researchers from The University of Texas at Austin, including Michael Pignone, M.D., MPH, affiliate faculty member in the Department of Population Health, and Navkiran K. Shokar, M.D., MPH, professor and chair, Department of Population Health, and program lead, Cancer Prevention & Control Research Program, set out to identify cost-effective approaches to expand mailed stool testing to unscreened FQHC patients in Texas. They drew on their experience and outcomes from Central Texas and previous work and sought to model the costs and potential effect of implementing a state-wide mailed FIT screening program at FQHCs in Texas.

The team developed a decision-analytic model to estimate the cost, effects on screening and patient outcomes and cost-effectiveness of implementing a state-wide mailed stool testing program among the more than 200,000 unscreened, age-eligible (aged 50–75 y) FQHC patients in Texas over five years. They compared a variety of outreach strategies and organizational structures (centralized, regional, or hybrid), and set parameters for the model using data from the existing regional mailed stool testing program and recent systematic reviews.

According to the data, published in the CDC's *Preventing Chronic Disease* on May 2, the researchers projected that a 5-year state-wide mailed FIT screening program among FQHC patients in Texas that follows their recommended outreach strategy (ongoing mailing to anyone who has participated once) in combination with either a hybrid or centralized organizational configuration would enable more than 110,000 additional screens, detect an incremental 181 to 194 CRCs, prevent 91 to 98 CRC cases, and prevent 46 to 50 CRC deaths, at an implementation cost of \$10 million to \$11 million compared with no program (and not accounting for the savings of reduced treatment costs). These findings suggest that implementing a statewide mailed stool testing program for FQHC patients will result in reasonable cost with considerable effects on CRC screening outcomes.

The University of Texas at Austin received a \$300,000 CPRIT Prevention grant (PP210045) in August 2021 to develop an evidence-informed blueprint, implementation guide, and consultation service for expanding mailed FIT programs to underserved areas of Texas.

24. The human papillomavirus (HPV) 9-valent vaccine helps prevent infection of nine HPV types, including cervical, anal, and oropharyngeal cancers. The HPV vaccination, which has the potential to prevent approximately 34,400 new cases of HPV-associated cancers in the United States each year, is currently underutilized. Recent evidence suggests that using intervention strategies through multi-level and multi-component clinic-based intervention approaches to address the complex factors affecting vaccination at the clinic system, provider, and parent levels has a reciprocal impact on HPV vaccination rates.

In a previous study, principal investigator Ross Shegog, Ph.D., professor, Center for Health Promotion and Prevention Research at The University of Texas Health Science Center at Houston, and colleagues demonstrated that their Adolescent Vaccination Program (AVP), a clinic-based, multi-level, multi-component intervention program, effectively increased HPV vaccination initiation in a 51-clinic pediatric network in Houston. The patients who participated in the original study were primarily privately insured, identified as English speakers, and were demographically diverse.

In the current study reported in *Vaccines* on May 8, the team implemented and evaluated an adapted AVP to examine the effect on HPV vaccination initiation and completion in a five-clinic pediatric network in Bexar County. The study utilized a quasi-experimental single group pre- and post-study design, with an external comparison data using the National Immunization Survey-Teen datasets for the same time period. The clinic setting comprised a primarily privately insured, English-speaking, and largely diverse

patient population, with a slightly larger proportion of Hispanic/Latino patients, reflecting the population in Bexar County. Of the 6,438 patients (11–17 years) with clinic visits during the three-year study period, HPV vaccination initiation rates increased from 64.7% to 80.2% and completion rates increased from 43.2% to 60.2%. In addition, the team reported that the AVP was effective across various demographic and economic subgroups.

The researchers are now designing implementation support strategies to guide clinic leaders and staff in safety-net clinic systems in adoption, implementation planning, and delivery to promote scale-up and sustainment of the evidence-based AVP.

The University of Texas Health Science Center at Houston received a \$1.6 million CPRIT Expansion of Cancer Prevention Services to Rural and Medically Underserved Populations grant (PP180089) in August 2018.

25. Colorectal cancer (CRC) is the third leading cause of cancer death in the United States. Latinx adults are at greater risk of late-stage CRC diagnosis due to low CRC screening among Latinx-identifying individuals. This study, led by Jennifer Molokwu, M.D., Department of Family and Community Medicine at Texas Tech University Health Sciences Center El Paso, and Navkiran K. Shokar, M.D., MPH, professor and chair, Department of Population Health, and program lead, Cancer Prevention & Control Research Program at The University of Texas at Austin, evaluated the effect of a theory-based narrative video on CRC screening intention, knowledge, and psychosocial variables along the United States-Mexico border.

The researchers designed a non-randomized pre- and post-test evaluation of a culturally appropriate narrative video embedded within a community program. Of the 458 participants who started the survey, 304 completed the survey. The mean age of participants was 39 and most identified as female (72.7%) and Hispanic/Latinx (88.49%). The intervention evaluated changes in participant's knowledge, perceived barriers, perceived susceptibility, self-efficacy, and perceived benefits and intention to screen.

After viewing the narrative video, participants had significantly improved perceived susceptibility, self-efficacy, and benefits, while perceived barriers and sense of fatalism significantly decreased. Paradoxically, this was also associated with a significant decrease in knowledge scores. These results, reported in the *Journal of Cancer Education* on May 22, suggest that a theory-based narrative video following a culturally appropriate storyline can improve psychosocial variables and can increase CRC screening resolve.

Texas Tech University Health Sciences Center at El Paso received two CPRIT Prevention grants (PP170068, PP210005) totaling \$6.18 million in support of the SuCCCeS program.

26. Corresponding author Karen Basen-Engquist, Ph.D., MPH, professor in the Department of Health Disparities Research and director of the Center for Energy Balance in Cancer Prevention and Survivorship at The University of Texas MD Anderson Cancer Center, and colleagues conducted a study to examine the effectiveness and feasibility of the CPRIT-funded program, Active Living After Cancer (ALAC), for metastatic breast cancer (MBC) survivors. ALAC is a 12-session community-based program which helps to improve physical functioning and quality of life through increased physical activity among minority and medically underserved cancer survivors in Texas.

The researchers compared ALAC participants with MBC (stage IV) to survivors with early-stage breast cancer (stages I and II). There was a total of 585 women (59.3 y ± 10.6), most of whom were Hispanic (54%) or non-Hispanic Black (22%). The team administered the International Physical Activity Questionnaire, Godin Leisure-Time Physical Activity, 30-second sit-to-stand test, and PROMIS Global Health at baseline and follow-up. The team assessed program satisfaction and retention levels at week 12.

The results, published in the *Journal of Cancer Survivorship* on May 27, revealed that after the ALAC program, participants showed a significant increase in physical activity, improved physical and mental health T-scores, and more sit-to-stand repetitions for both survivors with early-stage breast cancer and MBC. Women with MBC showed significantly lower physical health and phys-

ical function compared to early-stage at baseline. These findings emphasize the importance of incorporating physical activity interventions into the comprehensive care of breast cancer survivors with both early-stage and metastatic disease.

The University of Texas MD Anderson Cancer Center has received five Prevention grants (PP130079, PP170023, PP200028, PP230074, PP230069) since 2013 in support of the ALAC program, totaling \$6.6 million.

27. On June 25, the *Community Impact* published the story, "Experts urge routine care to intercept colon cancer before it starts," which included an interview with CPRIT grantee, Dr. Navkiran Shokar.

According to a 2024 report by the American Cancer Society, colorectal cancer is the leading cause of cancer deaths in men under 50, and the second-leading cause of cancer deaths in women under 50. A new benchmark age for colonoscopy screening, which was previously 50 and has now dropped to 45, reflects this data. Patients with a normal colon can develop polyps and then cancer in the span of about 10 years.

The American Cancer Society estimates that there will be 12,200 newly diagnosed cases of colorectal cancer in Texas in 2024, second only to California. In 2022, Texas had one of the lowest rates for colon cancer screenings in the United States, ranking 45th for people obtaining the recommended screening between the ages of 45-75. Experts are hoping to reverse this trend by stressing prevention efforts among Texans.

Navkiran Shokar, M.D., MPH, professor and chair, Department of Population Health at Dell Medical School, is leading the initiative known as CONNECT, The Coordinating Center for Colorectal Cancer Screening across Texas. CONNECT, funded by CPRIT, is establishing a statewide stakeholder network to develop, implement and disseminate a Texas colorectal cancer screening strategic plan to galvanize screening across the state. Additionally, the center seeks to leverage infrastructure and resources to support the expansion of colorectal screening across the state, with a focus on medically underserved populations.

"We want to help facilitate the clinical systems to support screenings, testing, and treatment," Dr. Shokar said. "We also have to work on education for patients, so they understand the need for screening and know where the resources are."

The University of Texas at Austin received a \$3 million CPRIT Prevention grant (PP230060) in August 2023, to create CONNECT in support of CRC prevention efforts.

28. The *Fort Worth Report* published an article on July 6 entitled, "Colon cancer on the rise in younger adults. Tarrant County health expert explains why." The article explores the growing concern over the increase in the number of colon cancer diagnoses among young adults. Keith E. Argenbright, M.D., director of the Moncrief Cancer Institute and professor at The University of Texas Southwestern Medical Center, and colleagues are working to understand this new trend.

Colon cancer is the third most common cause of cancer mortality in both men and women in Texas. There were an estimated 12,444 Texans diagnosed with colorectal cancer in 2022 and about 4,447 died from it. According to a 2023 study from the American Cancer Society, colon cancer diagnoses have increased from 11% in 1995 to 20% in 2019 for people under 54. The Nonprofit Cancer Care Services in Tarrant County reported an increase in colon cancer referrals for people in their 30s last year, though most of their patients are in their 40s and above.

Recent data suggests that negative effects from environmental factors, including poor air quality and food production, could aid in the development of colon cancer. "Maybe it's the toxins from the air we breathe or the stuff we're ingesting, especially as we've gone to more of these ultra-processed foods," Dr. Argenbright said. "Again, we haven't completely figured out which factors are causing this to happen, but it's absolutely happening."

Although younger people tend to consume more ultra-processed foods, binge drink more frequently, and have a higher preva-

lence of obesity, researchers need to conduct more studies to confirm these as contributing factors, said Dr. Argenbright. The lack of access to screenings is another contributing factor. To help rectify this, Texas Health Resources' mobile health units and the Moncrief Cancer Institute offer free colon cancer screening services and kits for Tarrant County residents without health insurance.

Researchers suggest the rising incidences are due to hereditary factors, but most early onset diagnoses don't have a genetic predisposition, said Carlton Allen, program manager for prevention at the Cancer Prevention & Research Institute of Texas. To help avoid colon cancer, experts recommend that young adults should exercise more, consume adequate fiber, drink responsibly, and lose weight, if possible. The Centers for Disease Control and Prevention recommends screening people with a low risk for colorectal cancer every 10 years. Due to the recent upswing in colon cancer diagnoses in people under 50, the United States Preventive Services Task Force lowered the recommended age for colorectal cancer screening from 50 to 45 in May 2021.

Meanwhile, health experts advise young adults to recognize the warning signs associated with colon cancer. Dr. Argenbright also emphasized the importance of staying aware of research updates. "We have so many more drugs now than we did even 10 years ago," he said. "As you go through this illness, we're going to be discovering new therapies that we'll be able to use that we don't even have available to us now. It'll just take us a little while longer."

The University of Texas Southwestern Medical Center and Dr. Argenbright have received five CPRIT Prevention colorectal cancer screening grants (PP240019, PP220034, PP20009, PP180065, PP150061) since 2015 totaling \$11.7 million.

**TOGETHER . . .
TEXANS CONQUER CANCER**



**CANCER PREVENTION & RESEARCH
INSTITUTE OF TEXAS**

1701 North Congress Avenue, Suite 6-127
Austin, TX 78701
512.463.3190

To view grants online or learn more:

cprit.texas.gov

YouTube @CPRIITEXAS