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Kimberly Pierre, MPH, CHES
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Adana A. M. Llanos, PhD, MPH
Associate Professor of Epidemiology
Mailman School of Public Health
Program Co-Leader, Cancer Population Science Program
Herbert Irving Comprehensive Cancer Center
Columbia University Irving Medical Center

Jennifer Tsui, PhD, MPH
Professor of Population and Public Health Sciences
Department of Population and Public Health Sciences
Keck School of Medicine
University of Southern California

Dear Drs. Llanos and Tsui,

Please consider this letter as confirmation of my strong support for your proposed modification to the California Committee for the Protection of Human Subjects IRB protocol for the ACHIEVE Study. I support your request to remove the requirement for participants to sign a consent form prior to completing the baseline survey, which once complete, should ideally serve as sufficient documentation of consent for their study participation.

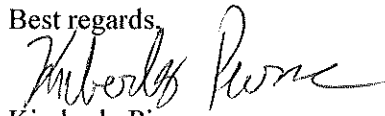
From my perspective as Deputy Director of Health and Senior Services, this proposed change represents an important step toward reducing barriers to equitable research participation and ultimately improving health outcomes in underserved communities. In my experience working with diverse populations, including Haitian Creole-speaking and immigrant communities, requiring written consent may create obstacles to participation. Individuals may have concerns about signing formal documents, particularly if there are fears related to privacy, anonymity, or potential unintended consequences of sharing personal information in the current political climate. In the context of cervical cancer, stigma associated with its link to sexual health may further increase hesitation to formally document participation. Together, these factors can limit engagement among populations that are already underrepresented in research.

I also understand that there are differences in response rates between the New Jersey State Cancer Registry (NJSCR), where a waiver of documentation of consent is permitted, and the Los Angeles Cancer Surveillance Program (LACSP), which currently requires signed consent. These differences highlight the impact that consent procedures can have on participation and support the need for more accessible and culturally responsive approaches.

As a member of the ACHIEVE Study Community Advisory Board, I support efforts to ensure that study materials and procedures are culturally and linguistically appropriate, including accurate translations and approaches that facilitate participation. I believe that implementing a waiver of documentation of consent is an important step toward reducing barriers while maintaining ethical standards for informed consent.

I strongly support this request and look forward to continuing to contribute to the ACHIEVE Study's efforts to improve cervical cancer outcomes across diverse communities.

Best regards,

A handwritten signature in black ink, appearing to read "Kimberly Pierre", written in a cursive style.

Kimberly Pierre

Deputy Director of Health