**Florida Cancer Plan 2030 Planning Meeting**

**Subgroup on Screening/Early Detection  
July 22, 2025 at 10:00 AM**

**Quick recap**

The team discussed and refined cancer screening and early detection goals, focusing on reducing mortality rates while considering equity and access challenges across different cancer types. They reviewed specific metrics and objectives for lung and breast cancer screening initiatives, including treatment access and follow-up care processes. The group addressed data collection limitations and program implementation challenges, while emphasizing the importance of patient navigation and quality improvement metrics to enhance cancer screening outcomes.

## **Summary**

## **Cancer Screening Goals Discussion**

The group discussed whether to anchor their goals on screening versus mortality for cancer screening and early detection. Clement presented a draft document for Step 3 of the process, which included reviewing goals and answering specific questions. The team agreed, based on input from Laura Corbin and others, to continue with current goals focused on reducing mortality through screening and early detection.

Deandrea joined the meeting to contribute insight on structuring goals, building on the prior meeting’s conversation. Jen Woodard contributed that while screening more directly reduces late-stage diagnosis, mortality reduction occurs more indirectly underscoring the importance of broad survivorship outcomes and improved quality of life, not just mortality.

## **Mortality and Screening Rate Focus**

The group debated whether to emphasize mortality rates or screening rates in the plan, with Deandrea voicing concern that focusing solely on screening does not guarantee lives are saved. Clement reiterated that mortality-focused goals seem more meaningful and publicly impactful. Bill Fredericks suggested supplementing mortality rate monitoring with county-level data to better identify regional disparities, especially in rural and underserved areas.

Based on this input, the group agreed to include monitoring and reporting of population differences in screening, early diagnosis, and mortality—stratified by rurality and insurance status—to strengthen equity and disparity recognition throughout the plan.

## **Cancer Screening Objectives Framework**

Karin and Leslie clarified that objectives may be written broadly, with underlying measurable components, to allow multiple measures per objective without overwhelming the plan. Clement raised the risk of overcomplicating the objectives if each area becomes too granular. Deandrea recommended focusing on broad goals, like reducing breast cancer mortality, with specific objectives directed at equity and disparities.

Danny Armstrong emphasized distinguishing between actionable factors (like access to evidence-based therapy) and non-actionable ones in mortality, referencing data that demonstrated a 15% difference in mortality based on timely access to best practices. Leslie shared the Texas Cancer Plan as an example of how multiple measures and late-stage diagnosis, plus health equity objectives, can be captured in a cancer plan (see References/Resources).

## **Cancer Screening and Treatment Access**

Discussion shifted to screening and treatment access metrics. Danny reiterated that reducing mortality requires both early detection and prompt, evidence-based treatment. Clement acknowledged the difficulty in consistently measuring statewide access to care, but agreed with the overall approach. Ashley Lyerly (American Lung Association) cited state-level reports showing persistent problems with late-stage diagnosis and cases seeking no treatment. Ashley proposed an objective to decrease the number of newly diagnosed lung cancer cases receiving no treatment. Bill emphasized in chat that tracking the time between diagnosis and treatment can help illuminate barriers and gaps among underserved populations.

## **Lung Cancer Mortality Reduction Strategy**

The group agreed to prioritize mortality reduction as the primary lung cancer objective, with Ashley refining a set of secondary measures and data sources for the team to review. Ashley, Leah, and others will verify these measures, cross-checking state and American Lung Association data, and consult Monique and Gary to resolve any discrepancies. Danny and others discussed balancing detailed disease-specific objectives with overall document manageability—aiming for specificity where actionable and consolidation where possible.

## **Lung Cancer Disparity Treatment Goals**

Ashley proposed tracking and improving treatment rates for Black individuals diagnosed with lung cancer to reduce racial disparities. Danny cautioned not to proliferate objectives by repeating disparity language for every topic but supported an overarching disparities objective. Clement suggested an overarching disparities statement for the whole plan instead of repeating objectives for every cancer type, a strategy Leslie affirmed as seen in the Kansas Cancer Plan’s dedicated health equity section (see References/Resources). Deandrea clarified that treatment objectives should be categorized under diagnosis and treatment, not screening.

## **Florida Cancer Plan Equity Discussion**

The team discussed how best to integrate equity and access into the Florida Cancer Plan. Options include dedicated sections on equity within each goal area, or explicit paragraphs explaining how each goal area addresses disparities in access and outcomes. Clement reported that good progress was being made on the lung cancer section, with identified objectives and screening targets, and delegated refinement to Ashley, Leah, and others. Bobbie confirmed breast cancer would be the next area to discuss, and Deandrea and Dr. Mbizo would lead the review.

## **Breast Cancer Screening Data Challenges**

Deandrea summarized the breast cancer goal: reducing breast cancer mortality for all Floridians (including men) via early detection. The challenge of tracking and ensuring timely follow-up for abnormal screening was discussed. In chat, Leslie suggested that time to diagnosis could become an outcome measure if available, and noted the B&C screening program currently tracks this for a significant segment of women, even if not the entire population.

Felisha (Breast and Cervical Early Detection Program) described challenges with loss to follow-up and the need to improve completion of services after an abnormal screening. Valerie from BCC further explained the client treatment process, emphasizing the program's intensive follow-up, including insurance enrollment, appointment scheduling, and outreach to clients who initially refuse treatment. Leslie suggested as a strategy that office-based policies or collaborations with insurers could help set a standard for time to diagnosis.

## **Cancer Screening Follow-Up Challenges**

Bill raised, both in discussion and chat, the critical issue of gaps between screening and diagnosis, and the way system lags or access barriers can delay treatment. Clement and Felisha noted that state and federal programs for breast and cervical cancer address such gaps through coverage, but colorectal cancer screening lags due to remaining coverage shortfalls. Bobbie flagged that new state legislation will soon require insurance plans to cover screening all the way to diagnostic resolution, helping close the financial gap.

## **Cancer Screening Objectives and Metrics**

The group reviewed screening objectives and metrics, focusing on patient navigation as a pivotal intervention for improving screening outcomes and access to care, as well as follow-up for those with abnormal findings. Deandrea suggested incorporating quality improvement metrics for the referral process and screening completion, and proposed alternative objectives to target increased breast cancer screening among Florida women. Clement agreed but advised merging some objectives for document simplicity. The group highlighted the need for continued attention to quality of life, as flagged by multiple chat participants, and planned to continue work on colorectal and Hep C objectives at the next session, with prostate cancer to follow.

## **Next Steps**

* Ashley and Leah to iterate and advance the lung cancer goal area document, identifying specific objectives and confirming data sources.
* Deandrea and Dr. Mbizo to merge their breast cancer objective drafts and send them to the breast cancer leads.
* Bobbie to synthesize and circulate breast cancer objective drafts among leads for review.
* Screening/Early Detection subgroup to develop a plan-wide statement or section for monitoring/assessing disparity populations.
* Colorectal cancer and Hepatitis C virus subgroups to prepare their objective drafts for the next meeting.
* Clement to consult with the prostate cancer group on goal drafting for that area.
* Lung and breast cancer subgroups to work on refining their objectives based on meeting feedback.

## **References / Resources**

* TX Cancer Plan (Multiple Measures/Equity Example):  
  <https://texascancerplan.org/the-plan/?tab=3&goal=1>
* State of Lung Cancer reports | Florida | American Lung Association:  
  <https://www.lung.org/research/state-of-lung-cancer/states/florida> (general reference from Ashley)
* ACS Cancer Statistics Center (State & Racial/Ethnic Data):  
  <https://cancerstatisticscenter.cancer.org/states/florida>
* Kansas Cancer Plan (Equity Example):  
  <https://www.kdhe.ks.gov/DocumentCenter/View/42196/2022-2027-Kansas-Cancer--Prevention-Control-Plan-PDF?bidId=>

## **Personal Assignments**

* *Ashley Lyerly & Leah Mitchem (American Lung Association & ACS):*  
  Lead refinement of lung cancer goals/objectives and verification of state/association data.
* *Deandrea & Dr. Mbizo:*  
  Merge and draft breast cancer goals/objectives before next session; send drafts to other section leads.
* *Screening/Early Detection Subgroup:*  
  Craft plan-wide disparities section/objectives for review.
* *Colorectal Cancer & HCV Subgroups:*  
  Prepare and present updated objectives at the next session.
* *Clement & Bobbie:*  
  Cross-talk/coordinate with prostate cancer subgroups; support document integration across sections.
* *All Participants:*  
  Review summaries, provide comments, and assist with drafting objectives for assigned focus areas.