**Florida Cancer Plan 2030 Planning Meeting**

**Subgroup on Screening/Early Detection  
July 10, 2025 at 3:00 PM**

**Quick recap**  
The group discussed revising lung cancer and breast cancer objectives for the 2030 cancer plan, focusing on screening rates, early detection, and mortality trends. They reviewed current data, identified areas for improvement, and considered updating objectives to align with current guidelines and address health disparities. Volunteers were assigned to lead the development of goals and objectives for both cancer types, with plans to discuss drafts at the next meeting scheduled for July 22nd.

## **Summary**

## **Cancer Plan Objectives Review**

The group discusses revisiting lung cancer and breast cancer objectives for the 2030 cancer plan. Bobbie referenced the major screening and early detection goals from the 2022 Florida Cancer Plan in the chat for context. Bobbie mentioned that there was an error in the previous spreadsheet regarding late-stage lung diagnosis, which has since been corrected with data from Monique. Clement suggested starting with step 2 of the planning process, which involves identifying areas of success and areas needing improvement, as well as considering opportunities, barriers, and potential revisions to goals. The group has data on the burden of disease for lung cancer but lacks information on current objectives.

## **Lung Cancer Trends and Mortality**

Monique and Clement discussed lung cancer statistics, noting that there has been little change in the stage at diagnosis for lung cancer over recent years. Despite this, they observed a decreasing trend in lung cancer mortality, attributed to tobacco cessation programs and better treatments. The group considered including this positive mortality trend as a metric for the new cancer plan. Notably, discussions highlighted the continuing need for improved screening as current lung cancer screening rates in Florida lag behind the national average, remaining in single digits.

## **Florida Lung Cancer Screening Goals**

Clement noted that Florida's screening rate is lagging behind national double-digit averages and suggested modifying objectives to increase lung cancer screening with low-dose CT to match or exceed national averages. He referenced opportunities such as expanding mobile screening programs and integrating technological solutions, highlighted by Dr. Mbizo and the regional collaborative's exploration of mobile app-based outreach for lung screening. Bill Fredericks added that rural areas, especially in the Panhandle, have a significant need for enhanced services and prioritized outreach.

## **Lung Cancer Screening Measures Update**

Leah shared in chat that the American Cancer Society is working with NCQA on HEDIS measures for lung cancer screening, which will have implications for health plans and payers. This reflects a new landscape for surveillance methods; Bobbie noted that lung cancer screening can now be systematically tracked—unlike when original objectives were drafted. Ashley (American Lung Association) confirmed ALA’s ongoing work to track lung diagnoses and promote screening through state and national campaigns. In chat, Ashley volunteered to draft objective language and consult internally, with others offering to support.

## **Florida Lung Cancer Mortality Trends**

Monique demonstrated a visualization dashboard during the meeting, showing regional disparities in lung cancer mortality rates, particularly elevated rates in the Panhandle. The group discussed the value of tracking mortality trends by county, geography, gender, and urban/rural split for better regional targeting. Dr. Mbizo especially highlighted problematic high smoking rates among women in Taylor County, further emphasizing the importance of granular data.

## **Lung Cancer Screening Goals Discussion**

Clement summarized the need to continue tracking stages at diagnosis and low-dose CT screening rates, recognizing some objectives may be new and lack baseline data. A consensus was reached to update objectives to reflect current guidelines, and he solicited volunteers for drafting the next iteration of goals—Ashley, Leah, Monique, and screening workgroup members volunteered to lead efforts.

## **Breast Cancer Detection Rate Challenges**

The team reviewed breast cancer objectives, noting that the goal of 75% early-stage detection has not been met, with the current rate at about 63%. Mammography screening rates stabilized near 80% pre-pandemic but dipped during COVID-19. Felisha reported recovery and upward trends in the state’s breast and cervical cancer screening program, targeting 13,000 screenings this year. The group identified rural regions as having persistent deficits in both screening and survival outcomes, echoing earlier points about service disparities in the Panhandle.

## **Breast Cancer Disparities Discussion**

A key discussion focused on persistent disparities in breast cancer mortality between Black and White women statewide. The team debated whether objectives should focus on screening, early detection, or mortality reduction, and how to best address persistent disparities in the plan. Several participants liked the idea of broad objectives, “screening eligible patients” (chat: Leah), in line with the flexibility required for guideline updates. Recent changes to mammography recommendations (extending to women as young as 40) were considered for inclusion. Clement suggested flagging all objectives with a health disparities/equity tag, adopting comparable approaches used in other states’ cancer plans.

## **Cancer Plan Language Updates**

The group agreed to make plan language more flexible, favoring terms like “screening eligible patients” and “based on current preventive guidelines” instead of set age ranges, to keep pace with evolving evidence and recommendations. Dr. Ambizo, ACS, and Susan G. Komen representatives volunteered to lead drafting of breast cancer objectives—Angelica Katz from Komen expressed support in chat. Ashley will now lead the development of lung cancer objectives, with Leah, Monique, and screening group members supporting. The next meeting is scheduled for July 22nd at 10 AM (to work around Dr. Gwede’s travel). Leads for other cancers were identified as well.

## **Next Steps**

* Ashley (American Lung Association): Draft proposed goals and objectives for lung cancer screening.
* Dr. Mbizo, Leah (ACS), Komen representatives: Draft proposed goals and objectives for breast cancer screening.
* Shannon, Christie, and others: Lead drafting for HCV goals and objectives.
* Clement: Lead drafting for colorectal cancer, working with Felisha and Bill at DOH.
* Clement & Prostate Group: Coordinate with prostate cancer group for goals and objectives (using recent SHIP process as a reference).
* Bobbie, Dr. Benidir, Clement: Meet to discuss prostate cancer in the plan.
* Bobbie: Send out meeting invite for July 22nd at 10 AM; send communication naming drafting leads/subgroups.
* All leads: Work on drafting/updating goals and objectives before the next meeting.
* All participants: Review notes and connect with relevant contacts for drafting.

## **Personal Assignments**

* Ashley Lyerly (American Lung Association): Lung cancer objectives (lead; with support from Leah Mitchem, Monique, and other screening workgroup members)
* Dr. Mbizo, Leah Mitchem (American Cancer Society), Angelica Katz (Susan G. Komen): Breast cancer objectives (drafting leads/volunteers)
* Shannon, Christie, and team: HCV goals/objectives
* Clement, Felisha, Bill (DOH): Colorectal cancer goals/objectives
* Prostate Cancer Group (Clement liaison, Dr. Benidir): Prostate cancer goals/objectives

## **References / Resources**

* NCQA Lung Cancer Screening Measure Updates:  
  <https://www.ncqa.org/blog/ncqas-lung-cancer-screening-measure-updates-and-next-steps/>