**Florida Cancer Plan 2030 Planning Meeting**

**Subgroup on Screening/Early Detection  
June 26, 2025 at 3:00 PM**

**Quick recap**

The meeting focused on improving cancer screening and early detection, with discussions on various cancer types including lung, breast, colorectal, prostate, and hepatitis C. Participants reviewed current screening rates, data collection methods, and challenges in meeting targets, while also addressing disparities in screening and diagnosis across different populations. The group agreed to revise objectives, align goals with state health improvement plans, and explore new data sources to better track progress and inform future strategies for cancer prevention and control in Florida.

**Summary**

**Cancer Screening Collaboration Meeting**

The meeting, led by Clement Gwede, focused on improving screening and early detection of screenable cancers. New members were introduced, including Shannon Christy from Moffitt Cancer Center, Taylor Humphries from the Florida Department of Health, and Danny Armstrong from the University of Miami. The group discussed the importance of collaboration among stakeholders, including Florida Cancer Data Systems and ACS, to enhance cancer incidence and mortality data. The conversation ended with plans to review the workbook and outline tasks for the day.

**Cancer Screening Progress Review**

The group reviewed progress on their cancer screening goals, focusing on lung, breast, colorectal, prostate, and hepatitis C screening. Clement explained that while Florida is not meeting targets for lung cancer screening (currently below 10%), this is due to newness of the program and developing infrastructure. The team identified that some goals lack consistent measurement metrics, with only breast and colorectal cancers having established tracking systems. Danny raised a concern about changes in screening age requirements affecting denominator calculations for screening rates.

**Colorectal Cancer Screening Rates Update**

Clement explained the baseline screening value for colorectal cancer in Florida, noting that the target is for 80% of adults aged 45 to 75 to be up to date with screening. He highlighted the impact of the pandemic, which caused a drop in screening rates from 75% to 62%, partially due to the expanded age group for screening. Bobbie inquired about the data collection frequency, and Laura mentioned that the next available data point would be in 2024, which has not been fully analyzed yet.

**Colorectal Screening Trends and Challenges**

The group discussed colorectal cancer screening trends, noting that while there was minimal progress towards pre-pandemic baselines, they were seeing a positive trend overall. They identified challenges including rural-urban disparities, with FQHCs performing below targets, and discussed the newly eligible population aged 45-49, acknowledging that scheduling delays could impact participation rates. The team agreed to focus on developing objectives at their next meeting, taking into account the new screening-eligible populations and disparities, while deciding to drop the legislative objective as it had proven difficult to implement.

**Cancer Stage Diagnosis Progress Review**

Monique presented data on age-adjusted rates by stage of disease from the FCDs data, noting variations in terminology and the importance of aligning language with data sources. She highlighted that while local stage disease rates decreased from 32% in 2016 to 29% in recent years, early diagnosis remains a challenge across cancers. Clement concluded that objectives should focus on reducing mortality through improved stages of disease diagnosis and address rural-urban and racial-ethnic disparities to ensure progress towards an 80% target across all population subgroups.

**Age Trends in Colorectal Cancer**

Monique presented data dashboards showing age-specific colorectal cancer incidence rates, highlighting an increase in younger age groups (45-49) and a decrease in older groups. She suggested breaking down statistics by screenable populations to better understand these trends before making changes to the Florida Cancer Plan. Clement agreed to review the data and consider separate targets for different age subgroups, noting that current screening metrics should be maintained except for legislation changes.

**Prostate Cancer Objectives Realignment**

The group discussed changes to prostate cancer objectives, noting that the current data tracking had stopped and agreed to align future goals with the State Health Improvement Plan, focusing on mortality rates and racial disparities. Bobbie mentioned that PCAC partners had previously requested language revisions to the plan, and Dr. Benidir had expressed interest in exploring survivorship and quality of life aspects for prostate cancer. The team agreed to consult with Dr. Benidir on the final objectives and to track the impact on mortality rather than PSA testing rates.

**HCV Surveillance and Treatment Challenges**

Clement discussed the challenges in developing surveillance methods for hepatitis C virus (HCV) testing and treatment, particularly for adults aged 18 and above, due to sparse data sources and differences between general and health systems populations. He recommended letting legislation develop before leveraging it, as enacting laws is beyond their influence. Shannon suggested considering Healthy People 2030 goals related to HCV, which include increasing the proportion of people who no longer have HCV, reducing the rate of acute HCV, and reducing deaths caused by HCV, while noting the lack of a definitive screening goal. They also discussed the need to examine recent Burden of Disease surveys for larger-scale screening data in Florida.

**Cancer Data Tracking and Objectives**

The group discussed tracking objectives for hepatitis C, noting challenges with current data sources and the need to pivot to more trackable measures, such as statewide incidence rates. They also reviewed breast and lung cancer data, highlighting disparities in stage at diagnosis, particularly for breast cancer among racial and ethnic groups. The team agreed to focus on lung cancer in the next meeting, addressing barriers to early diagnosis and screening, while also revisiting and revising objectives. They confirmed their commitment to meet every two weeks, with those unable to attend contributing information as needed.

**Next steps**

* Bobbie to resend the link to the State Health Improvement Plan goals to all participants.
* All participants to review the State Health Improvement Plan goals before the next meeting.
* Shannon Christy to provide input on hepatitis C virus screening and treatment objectives.
* All participants to review the [CCRAB Annual Progress Report for 2025,](https://www.ccrab.org/annual-reports) focusing on breast cancer disparities.
* All participants are to begin drafting revised objectives for colorectal cancer screening, considering subgroup categories and different targets.
* All participants are to review data and prepare suggestions for revising objectives before the next meeting.
* All participants to prepare for discussion on lung cancer and breast cancer goals at the next meeting.
* Bobbie is to schedule the next meeting in 2 weeks.

**Relevant links/Resources**

* <https://fcds.med.miami.edu/inc/statistics_CRC_Screeningf.shtml>
* <https://fcds.med.miami.edu/inc/statistics_CRC_trendsf.shtml>
* <https://map.hepvu.org/hepc-prevalence/state/rate/none/none/florida?geoContext=national>
* <https://map.hepvu.org/hepc-mortality/state/rate/none/none/florida?geoContext=national>