



**Florida Cancer Control
& Research Advisory Council**

General Membership Meeting

Friday, October 23, 2020

10:00 AM to 3:00 PM



**Florida Cancer Control
& Research Advisory Council**

Mission Statement

The Florida Cancer Control and Research Advisory Council was established by the Florida Legislature in 1979, under Florida Statute 1004.435, with the purpose of advising the Legislature, Governor, and Surgeon General on ways to reduce Florida's cancer burden.



Florida Cancer Control & Research Advisory Council

General Membership Meeting Agenda

Friday, October 23, 2020

10:00 AM – 3:00 PM

Virtual Meeting

Meeting Registration Link:

https://moffitt.zoom.us/webinar/register/WN_E5DJTr93TUS8aHt_KXRzgg

10:00 AM	Log-in & Networking	<i>All Meeting Participants</i>
10:10 AM	Welcome, Introductions & Mission Moment	<i>Dr. Chris Cogle</i>
10:20 AM	Approval of Minutes from May 29, 2020 Meeting	<i>Dr. Clement Gwede & Council</i>
10:25 AM	State Cancer Plan Overview, Revisions & Implementation Update	<i>Dr. Chris Cogle</i>
11:00 AM	COVID-19 & Department of Health Updates	<i>Dr. Scott Rivkees</i>
11:30 AM	Legislative Update & Discussion	<i>Sen Benacquisto & ACS CAN</i>
11:45 AM	Resumption of Cancer Screenings	<i>Dr. Mike Diaz, Megan Wessel & DOH</i>
12:15 PM	Break	
12:30 PM	Palliative Care & Hospice Presentation	<i>Paul Ledford</i>
1:00 PM	Biomedical Research Advisory Council (BRAC) Update	<i>Dr. Danny Armstrong</i>
1:30 PM	Florida Consortium of National Cancer Institute Centers Program Report	<i>Dr. Chris Cogle</i>
1:45 PM	State Cancer Plan Implementation Discussion	<i>Dr. Chris Cogle and All State Cancer Control Stakeholders</i>
2:30 PM	CCRAB Leadership Elections	<i>Dr. Chris Cogle & Council</i>
2:55 PM	Next CCRAB Meeting	<i>Dr. Chris Cogle</i>
3:00 PM	Adjourn	<i>Dr. Chris Cogle</i>



Florida Cancer Control & Research Advisory Council

Florida Cancer Control & Research Advisory Council Membership (October 2020)



Chair
Christopher Cogle, MD
Senate President's Appointee



Vice Chair
Clement Gwede, PhD, MPH, RN, FAAN
H. Lee Moffitt Cancer Center &
Research Institute



Senator Lizbeth Benacquisto
Senate President's
Appointee



Asher Chanan-Khan, MD
Florida Hospital Association



Michael Diaz, MD
Association of Community
Cancer Centers



Carole Duncanson
House Speaker's
Appointee



Patricia I. Geddie, PhD,
APRN-CNS, AOCNS
Florida Nurses
Association



Erin Kobetz, PhD, MPH
Sylvester
Comprehensive
Cancer Center
University of Miami



Nitesh Paryani, MD
Florida Medical
Association



Mitchell F. Peabody, DO
Florida Osteopathic
Medical Association



Scott Rivkees, MD
Florida's Surgeon
General



Ramzi G. Salloum, PhD
University of Florida
Health Cancer Center



Amy Smith, MD
Governor's Appointee



Megan Wessel, MPH
American Cancer Society

TBD
House Speaker's
Appointee

BYLAWS OF THE FLORIDA CANCER CONTROL AND RESEARCH ADVISORY COUNCIL

ARTICLE I: AUTHORITY, TITLE, AND DEFINITIONS

- 1.1 **AUTHORITY:** The Cancer Control and Research Act (Section. 1004.435, Florida Statutes) establishes the Florida Cancer Control and Research Advisory Council (referred to as “the Council”).
- 1.2 **TITLE:** These bylaws may be known and cited as the bylaws of the Florida Cancer Control and Research Advisory Council.
- 1.3 **EXECUTIVE DIRECTOR:** Employee designated by Moffitt Cancer Center to administer the Council.

ARTICLE II: LOCATION AND STAFF

- 2.1 **LOCATION:** The Council office shall be located at the H. Lee Moffitt Cancer Center and Research Institute.
- 2.2 **STAFF:** The H. Lee Moffitt Cancer Center and Research Institute shall provide staff support and other assistance as reasonably necessary for the completion of the responsibilities of the Council. An Executive Director will be assigned to facilitate coordinated functions and assist in carry out of the duties of the Council.

ARTICLE III: MISSION AND PROCEDURES

- 3.1 **MISSION:** In an effort to reduce morbidity and mortality associated with cancer in Florida through prevention, early detection, and state-of-the-art therapy, the mission of the Council is:
 - a. To advise the Governor, the Legislature, and state agencies on cancer control programs, policies, priorities and initiatives,
 - b. To approve a state cancer plan, and coordinate with the Biomedical Research Advisory Council on a state cancer research plan
 - c. The Council will meet in person bi annually.
- 3.2 **PROCEDURES**
 - 3.2.1 *Advisory Capacity:* Issues may be brought to the Council by any member or other interested person by notifying the Chairperson or the Executive Director. Recommendations shall be made in writing to the Governor, Legislators, the Secretary of Health, or other appropriate individuals or agencies.

ARTICLE IV: COMPOSITION OF THE COUNCIL

- 4.1 COMPOSITION: Membership criteria, agencies represented, and requirements for minority representation are as specified in Section 1004.435, F.S (4)(a), Florida Statutes.

ARTICLE V: NOMINATION AND APPOINTMENT PROCESS

5.1 APPOINTMENT PROCESS

5.1.1 New Appointments

- 5.1.1.1 Organizations, the Governor’s Office, the Speaker of the House’s Office, and the Florida Senate President’s Office shall provide the Executive Director the name of the member they wish to appoint.

5.1.2 Reappointments

- 5.1.2.1 At the end of a member's term, the represented organization shall notify the Executive Director if they wish to reappoint their current member or appoint a new one.

ARTICLE VI: MEMBERSHIP RULES

- 6.1 TERMS OF SERVICE: Organizations appoint members for a term of four years, and can be re-appointed for an unlimited number of terms.
- 6.2 RESIGNATION: A member wishing to resign before the end of his/her term shall submit a letter of resignation to the Executive Director. Organizations must immediately appoint a new member.
- 6.3 CONFLICT OF INTEREST: No member of the Council shall participate in any discussion or decision to recommend grants or contracts to any qualified nonprofit association or to any agency of this state or its political subdivisions with which the member is associated as a member of the governing body or as an employee or with which the member has entered into a contractual arrangement.
- 6.4 REMUNERATION: Council members will serve without pay per Section 1004.435, F.S. (4)(e).

ARTICLE VII: OFFICERS

- 7.1 CHAIRPERSON: A chairperson shall be selected by the majority of the Council for a term of 2 years. The chairperson shall appoint an executive committee of no fewer than three members to serve at the pleasure of the chairperson. This committee will prepare material for the council but make no final decisions.

The Chairperson, or his/her proxy, will liaison with other state councils and advisory boards as needed to fulfill the duties of the Council. The Chairperson may request participation by content experts or other state council/advisory members to fulfill the duties of the Council. These consultants will have no voting capacity and must adhere to the Council Conflict of Interest policy.

- 7.2 VICE CHAIRPERSON: A vice chairperson shall be selected by the majority of the Council for a term of 2 years.

ARTICLE VIII: DUTIES OF THE COUNCIL

- 8.1 DUTIES: The duties of the Council are outlined in F.S. 1004.435 (4)(g-m), Florida Statutes.

ARTICLE IX: MEETINGS

- 9.1 REGULAR MEETINGS: The Council shall meet at least twice a year. Notification of such meetings shall be at least thirty days prior to the meeting date, and shall be published in the Florida Administrative Weekly.
- 9.2 SPECIAL MEETINGS: Special meetings may be called by the Chairperson at his/her discretion upon the written request of four members of the Council. Notification of such meetings shall be at least fifteen days in advance of the meeting date.
- 9.3 QUORUM: Eight members shall constitute a quorum for the purpose of exercising the powers of the Council. A vote of the majority of the members present is sufficient for all actions of the Council.
- 9.4 EXECUTIVE COMMITTEE MEETINGS: The Chairperson shall appoint an executive committee of no fewer than three persons to serve at the pleasure of the chairperson. This committee will prepare material for the council but make no final decisions. Meetings of executive committee members shall be noticed 10 days prior to the meeting.

- 9.5 **SUBSTITUTES:** If a member cannot attend a meeting, s/he may send a substitute, who is authorized to vote. The member must notify the Executive Director in writing prior to the meeting if a substitute will be attending and who the substitute will be.
- 9.6 **ABSENCES:** Members shall inform the Executive Director if they are unable to attend a scheduled meeting. In the event of two consecutive absences without just cause or prior notification, even if a substitute is provided, a member may be asked by the Chairperson to submit a letter of resignation. The sponsoring organization will be notified and asked to nominate another representative.
- 9.7 **RULES OF ORDER:** The rules contained in the current edition of Roberts Rules of Order shall govern the Council in all cases to which they are applicable, and in which they are consistent with these bylaws and any special rules of order the Council shall adopt.

ARTICLE X: AMENDMENT OF BYLAWS

- 10.1 **PROCEDURE:** The Council may prescribe, amend, and repeal bylaws governing the manner in which the business of the Council is conducted. The bylaws can be amended by a two-thirds vote of the Council provided that the proposed amendment has been submitted in writing to all members at least fifteen days in advance of the next regular or special meeting, and that a quorum is present.

ARTICLE XI: INDEMNIFICATION OF DIRECTORS AND OFFICERS

- 11.1 To the fullest extent permitted by law, and to the extent not covered by insurance, the Corporation shall indemnify, hold harmless, and pay on behalf of its Directors and officers, including former Directors and officers, for any and all claims and liabilities which any such Director may incur as a result of serving or having served as a Director or officer, or by reason of any action, incident, error, or omission committed as a Director or officer. In addition, the Corporation shall reimburse such Director or officer for reasonable attorneys' and legal assistants' fees and costs incurred in connection with any such claim or liability. Notwithstanding the foregoing, the Corporation shall not indemnify any Director or officer for any expenses incurred in relation to any claim or liability arising out of that Director's or officer's own willful misconduct, bad faith, gross negligence, conscious disregard for the best interests of the Corporation, recklessness, violation of criminal law (unless the Director or officer had reasonable cause to believe that his or her conduct was lawful or had no reasonable cause to believe his or her conduct was unlawful), as a result of a final adjudication, or any transaction from which the Director or officer derived an improper personal benefit, either directly or indirectly.

FLORIDA CANCER CONTROL AND RESEARCH ADVISORY COUNCIL
GENERAL MEMBERSHIP MEETING
Friday, May 29, 2020, 10:00 AM to 12:15 PM
Virtual Session Part 2

Council Members in Attendance

- Senator Lizbeth Benacquisto - Senate President's Appointee
- Robert Cassell, MD, PhD - Association of Community Cancer Centers
- Asher Chanan-Khan, MD - Florida Hospital Association
- Christopher Cogle, MD - Senate President's Appointee (Chair)
- Carole Duncanson - House Speaker's Appointee
- Patricia Geddie, PhD, APRN-CNS, AOCNS - Florida Nurses Association
- Clement Gwede, PhD, MPH, RN, FAAN - Moffitt Cancer Center (Vice Chair)
- Melissa Murray Jordan, Florida Department of Health (sub for Scott Rivkees, MD)
- Nitesh Paryani, MD - Florida Medical Association
- Mitchell Peabody, DO - Florida Osteopathic Medical Association
- Ramzi Salloum, PhD - University of Florida Shands Cancer Center
- Amy Smith, MD - Governor's Appointee
- Dinah Trevil, MPA - Sylvester Comprehensive Cancer Center University of Miami (sub for Erin Kobetz, PhD)

Council Members Not in Attendance

- Representative Jamie Grant - House Speaker's Appointee
- Erin Kobetz, PhD - Sylvester Comprehensive Cancer Center University of Miami
- Scott Rivkees, MD - Florida's Surgeon General, Florida Department of Health
- Megan Wessel, MPH - American Cancer Society

Others

- Tenesha Avent - Southeast Regional Cancer Control Collaborative
- Daniel Armstrong, PhD, Chair, Florida Biomedical Research Advisory Council (BRAC)
- Leanne Baily - Merk
- Marion Banzhaf - Florida Department of Health
- Patsy Barrington - Northwest Regional Cancer Control Collaborative
- Joanie Bewa - Southwest Regional Cancer Control Collaborative
- Laura Corbin - Florida Department of Health
- Felicia Dickey - Florida Department of Health
- Linda Friedlander - Florida Department of Health
- Bonnie Gaughan-Bailey - Florida Department of Health
- Tara Hylton - Florida Department of Health
- Gary Levin - Florida Cancer Data System
- Virginia Liddell - Southwest Regional Cancer Control Collaborative
- Ashley Lyrely - American Lung Association
- Rebecca McClain - Florida Department of Health
- Bobbie McKee, PhD - Moffitt Cancer Center
- Merritt Martin - Moffitt Cancer Center
- Jose Morales - East Central Regional Cancer Control Collaborative
- Ken Peach - Northeast Regional Cancer Control Collaborative

- Lindsey Redding – North Central Regional Cancer Control Collaborative
- Gregg Smith - Florida Department of Health
- Thomas Stringer, MD - Florida Prostate Cancer Advisory Council (PCAC)
- Susan Vadaparampil, PhD - Moffitt Cancer Center
- Josephine Visser - East Central Regional Cancer Control Collaborative
- Jamie Wilson, DBA - Moffitt Cancer Center

Welcome

Dr. Chris Cogle began by welcoming members and guests, taking a moment to reaffirm the Council's mission to advise the state on ways to reduce cancer burden, and reviewing the day's agenda.

State Cancer Plan Implementation Discussion, Part 2

Dr. Cogle began the discussion of selecting 2020-2025 Florida Cancer Plan priorities to work on collectively by reviewing the summary of high priority goals and objectives that stakeholders shared at the CCRAB meeting on April 17, 2020, and the guidance/criteria for selecting objectives.

The most frequently talked about items were HPV and cervical cancer, tobacco, obesity, colorectal cancer screening, lung cancer screening, and survivorship. Transportation and lodging were also added.

There was discussion regarding the growing impact of the COVID-19 pandemic on cancer screenings and services. Dr. Ramzi Salloum addressed the importance of considering not only issues such as transportation and lodging, but also the overall financial burden of cancer, which has been recognized as a top priority at the national level by groups such as the NCI and ASCO. This will be amplified with COVID-19 situation. Senator Lizbeth Benacquisto emphasized the need to consider the moment in time when developing a unified message. Many individuals are not receiving cancer screenings right now and need to be reminded of how critical it is to take care of themselves. The logistics of addressing transportation and lodging would likely be very difficult given the current situation with COVID-19. It is important to focus on a measurable way to make an impact. Dr. Susan Vadaparampil from Moffitt Cancer Center added that a unified message regarding screenings in general provides an opportunity to incorporate more specific messaging for issues like cervical cancer screening, which is an area that could immediately impact disparities.

Dr. Danny Armstrong addressed the importance of considering obesity given that it is a contributor to health disparities in hospitalizations and deaths in COVID-19 patients. He also reviewed the Bankhead-Coley Cancer Research Program research priorities. Among these research priorities are improving screening accuracy and detection in high risk groups, and examining the relationship between obesity and cancer, cancer treatment responsiveness, and cancer treatment-related morbidities.

There was discussion regarding survivorship. Several of the state's Regional Cancer Control Collaboratives are working on survivorship issues. Dr. Amy Smith echoed the importance of survivorship as a priority, and suggested the development of an overarching message that could address survivorship as well as screening, obesity, etc.

There was discussion regarding the development of messaging for a potential statewide campaign focused on staying healthy and resuming health services. Specific recommendations for taking action could be included under the umbrella of this overarching message. It is important to have a clear, appealing message. Tara Hylton from the DOH shared that the Bureau of Chronic Disease Prevention has been working on health promotion messaging and outreach for chronic conditions during the pandemic. Laura Corbin from the DOH added that the state has a number of evidence-based chronic disease programs locally that promote screening, and suggested broadening the discussion of screening promotion to include health care providers and health systems to increase patient referrals to available services and programs.

Dr. Cogle asked if there was any additional input from representatives of the Regional Cancer Control Collaboratives given that the messaging being discussed would need to resonate at the community level.

There was general agreement that that the items being discussed – screening, prevention, survivorship, obesity, and transportation and lodging – are priorities being worked on at the community level. Clear messaging is important.

Gregg Smith from the Department of Health (DOH) provided an update regarding the pandemic impact and the Mary Brogan Breast and Cervical Screening program. There has been a decrease in screenings, as many appointments from March, April, and May were rescheduled and many providers are not able to see patients unless it is essential.

There was discussion regarding the likelihood that many people might have lost jobs and/or health insurance during the pandemic.

Mr. Smith also provided an update on the state’s colorectal cancer screening program. The DOH is waiting to hear back regarding CDC funding for an additional five years. Felisha Dickey from the DOH added that this funding for the next cycle is specific to follow-up diagnostics after a positive FIT test.

Ashley Lyrely from the American Lung Association (ALA) shared that coverage for lung cancer screening is a priority issue for the ALA. Florida is one of only twelve states that does not cover Medicaid fee-for-service for lung cancer screening. Dr. Cogle asked if there is a gap in the availability of facilities. Ms. Lyrely will look into this and provide follow up information.

Dr. Cogle recapped the campaign discussed during this meeting. Under the umbrella of the “take care, be safe” theme, specific priority areas will be linked to specific strategies to achieve Cancer Plan objectives. Drs. Cogle, Gwede and McKee will reach out to the DOH, American Cancer Society and other stakeholders to discuss further developing the statewide campaign prior to the next CCRAB meeting.

CCRAB Business

Approval of Minutes

Dr. Clement Gwede presented the minutes. Dr. Robert Cassell made a motion to accept the minutes. Carole Duncanson seconded the motion to approve the minutes. The Council concurred with no objections.

CCRAB Leadership

Dr. Cogle reminded Council members that nominations for the CCRAB Chair and Vice Chair positions need to be submitted to Dr. Bobbie McKee by June 17, 2020.

Next CCRAB Meeting

Dr. Cogle stated that the next CCRAB meeting will be in September or October of 2020. He asked Council members to notify Dr. McKee of dates they are unavailable.

Adjourn

Dr. Cogle thanked everyone for participating. The meeting adjourned at 11:25 AM on May 29,2020.

Florida Cancer Plan 2020 – 2025 Implementation Plan

Purpose

The Florida Cancer Plan is a guide for assuring a data- and stakeholder-driven strategy to reduce Florida’s cancer burden. The key to this plan lies in its successful implementation. The Florida Cancer Control and Research Advisory Council (CCRAB) believes that effective implementation of the Florida Cancer Plan must ensure that efforts meet the following principles:

- Coordinated and collaborative
- Non-duplicative
- Leveraging the strengths of individuals and organizations involved in cancer control efforts
- Addressing gaps in efforts
- Measurable and progress is tracked
- Utilizing existing, in-kind, and new resources

Because of limited resources, not all objectives in the Florida Cancer Plan can be worked on immediately or simultaneously. The Florida Cancer Plan is a five-year plan. CCRAB in close collaboration with the Regional Cancer Collaboratives and other state cancer control stakeholders will select priority objectives for focused attention. Priorities will be determined using criteria that consider need and impact, feasibility, likelihood for success, and interest in working on the issue. CCRAB, the Regional Cancer Collaboratives, and other state cancer control stakeholders will select evidence-based strategies in this plan that correspond to the priority objectives and cooperatively develop action plans for each of the strategies. CCRAB members will develop action plans for statewide implementation and Collaboratives will develop action plans for regional implementation. Some Collaboratives may select additional objectives from the Florida Cancer Plan for their region, based on regional priorities and needs; however, there will be greater synergy and potential success in achieving objectives if CCRAB and the Collaboratives work together toward the same priority objectives.

Selecting Priorities from the Cancer Plan for Implementation

Every 1-2 years CCRAB will engage the Regional Collaboratives and other key stakeholders in a process to identify priority objectives from the Florida Cancer Plan for implementation and to select strategies associated with those priorities to work on, using a written action plan to guide efforts. Choosing priorities at the objective level will enable CCRAB and stakeholders to focus on measurable outcomes to achieve together.

Guidance/Criteria for Selecting Objectives

The following criteria will be used to help guide selection of priority objectives:

- **Importance:**
 - Is it important that Floridians achieve this objective over the next 1-2 years?

- Is the objective a sentinel or bellwether for change?
- **Effectiveness:**
 - Is this objective the most useful effort we can make to achieve the goal?
 - Will achieving this objective lead to a meaningful impact on Florida's cancer burden?
- **Measurable:**
 - Are reliable data available now or could data be developed to measure outcomes?
- **Equitable:**
 - If the objective is met, to what degree would all Floridians benefit?
- **Synergistic:**
 - Are stakeholders willing to work on this objective?

Guidance/Criteria for Selecting Strategies

The following criteria will be used to select priority strategies from the Florida Cancer Plan in association with the priority objectives:

- **Evidence-Based:**
 - Is the strategy based on research or proven best practices, thus increasing the likelihood that the strategy will be successful?
(Note: The strategies in the Florida Cancer Plan should be evidence-based, as this criterion was used for inclusion; however, it is good to re-examine the strategy to ensure it is the best approach, given available evidence.)
- **Feasibility:**
 - Is it feasible to execute the strategy over the next 1-2 years, considering the costs associated, resources required, cultural appropriateness, political will, likelihood of stakeholders working cooperatively, etc.?
- **Synergistic:**
 - Is this strategy one we need to accomplish together, rather than one stakeholder bearing sole responsibility?
 - Are stakeholders willing to work on this strategy?

Once the strategies are selected, CCRAB, the Collaboratives, and the state's cancer control stakeholders will develop written action plans for each priority objective. The action plan will serve as a guide for all stakeholders working collaboratively on a priority objective. Action plans should include the following items (see Action Plan Template below):

- Priority objective and measures (from the Florida Cancer Plan)
- Priority strategies chosen to achieve the objective (from the Florida Cancer Plan and additional evidence-based and best practice strategies)
- Tasks or activities to achieve the strategies with relevant timeframes for completion and who is responsible
- Short- and/or intermediate-term outcomes with measures to gauge progress towards achieving strategies (if needed)
- Resources and information needed to achieve strategies (funding, in-kind)
- Stakeholders to engage (who are the key stakeholders to engage and how will we do that, etc.)

- Communication processes (who do we need to communicate with about the strategy and when, etc.)
- Progress notes section

Resources for Florida Cancer Plan Implementation

CCRAB does not have funding to implement the Florida Cancer Plan and it is not a financial fiduciary for the plan, i.e., CCRAB does not receive funds from stakeholders for implementation. However, CCRAB members and other stakeholders do have opportunities to commit and/or leverage resources (funding and in-kind resources) to implement the Florida Cancer Plan, such as their own organizational resources. Identifying and securing the resources needed to implement the priority objectives and strategies is a critical task for CCRAB, the Regional Cancer Collaboratives and other stakeholders to take in order to successfully implement priorities.

Stakeholder Engagement in Plan Implementation

CCRAB

CCRAB is made up of 15 members representing 15 cancer stakeholder organizations. CCRAB serves as the steering body for implementing the Florida Cancer Plan. At each of CCRAB's biennial meetings, it will review the state's progress toward plan objectives by reviewing available data relative to each objective's baseline and target. During CCRAB biennial meetings special attention will be given to progress being made on the current priority objectives and the action plans developed for each strategy chosen under that objective. There may be a need to convene additional meetings of CCRAB members and other stakeholders to discuss collaborative efforts and communicate about progress and opportunities related to the priority objectives and strategies.

Florida Department of Health and Regional Cancer Collaboratives

As a CCRAB member, the Florida Department of Health (FDOH) is instrumental in collecting data for measuring progress towards several of the Cancer Plan objectives. The FDOH will also implement many of the strategies in the Florida Cancer Plan to achieve the stated objectives. The Florida Department of Health uses the Centers for Disease Control and Prevention support to coordinate the activities of six Regional Cancer Collaboratives. The Collaboratives are essential in implementing many of the State Cancer Plan's strategies.

During the six regional Town Hall meetings conducted to provide input on the Florida Cancer Plan 2020-2025, Regional Cancer Collaborative members indicated they were willing to work with CCRAB on plan implementation and expressed a desire to increase 2-way communication between CCRAB and the Collaboratives. Engagement of the Collaboratives is a critical part of the Goal 1 of the cancer plan: *To maximize cancer control resources by increasing collaboration among Florida cancer control stakeholders.*

Suggested strategies to engage the Regional Cancer Collaboratives from the Florida Cancer Plan, with additional actions are:

- Increase the number and diversity of Floridians engaged in the Regional Cancer Collaborative activities.
 - Encourage Floridians interested in joining the fight against cancer to contact their [local Regional Cancer Collaborative](#).
 - Highlight the work of the Collaboratives on the CCRAB website and in progress reports and other communications.

- Encourage Regional Cancer Collaborative members and stakeholders to use the Florida Cancer Plan for planning, funding, and advocacy.
 - Meet with the leaders of the six Regional Cancer Collaboratives on an annual basis to get their input on priority objectives, share progress on priorities, identify gaps/opportunities to work together on, and to strategize about coordinated efforts.
 - Disseminate priority objective information to Collaboratives so they can work to align their regional efforts with statewide efforts.
 - Communicate overall plan successes, progress, and areas of continued need among Collaboratives periodically (e.g. quarterly) throughout the year.
 - Create a CCRAB speakers list of members willing to attend regional Collaborative meetings to share CCRAB information/updates and hear about Collaborative efforts.

- Coordinate with Regional Cancer Collaboratives to use consistent and accurate cancer control messages.
 - Work with the FDOH and Collaboratives to identify cancer control messages that are/will be associated with priority objectives identified from the plan. For each priority objective, identify possible public and provider education and advocacy messages that can be shared with the Collaboratives.
 - Provide written materials/messages to Collaboratives that they may disseminate and adapt for use in their own regions.

- Work with the Regional Cancer Collaboratives to identify two areas for focused collaborative efforts over the 5-year plan period
 - Conduct an initial meeting with the FDOH and leadership of the six Collaboratives to identify potential areas of collaborative focus for the 5-year plan period (**Note:** Feedback gathered during the six regional Town Hall meetings in 2019 indicated that the following may be areas of interest: transportation, lung cancer screening, and HPV vaccination).
 - Use input on areas of interest from Collaboratives to help guide selection of priority objectives from the cancer plan for the first 1-2 years of implementation.
 - During subsequent annual meetings with Collaborative leadership, set aside time to review progress and adjust strategies for the focused collaborative efforts.
 - Communicate with Collaboratives on a regular (e.g. quarterly) basis to coordinate campaign efforts, via email and/or conference call.

Additional Stakeholders

Florida has a rich environment of cancer control stakeholders within Florida’s many communities, clinics, hospitals, and boardrooms. Success of achieving the goals and objectives of this plan depend greatly on cancer control stakeholders across the state working together to coordinate and collaborate on cancer control efforts.

Additional statewide and regional partner engagement will be needed to support priority objective implementation efforts. For each priority objective CCRA should identify potential stakeholders (beyond CCRA members and Regional Cancer Collaboratives) to engage in the statewide effort. As action plans are developed, stakeholders should be identified, with a strategy for engaging them: e.g., who is best to contact the stakeholder, who do we know within the stakeholder organization, what is our “ask” and what is our follow-up plan.

CCRA should also identify processes to respond to inquiries from stakeholders interested in partnering with CCRA on plan implementation efforts. For example, the CCRA Executive Director and Chair could receive and then triage inquiries from interested stakeholder organizations and ensure follow-up occurs.

CCRA may consider convening an annual summit of Florida cancer control stakeholders to foster communication and collaborative efforts to achieve cancer plan objectives. This could occur in conjunction with an already established state conference or meeting, where CCRA can present plan progress. Or CCRA may co-convene an already established state conference, where CCRA member organizations and other cancer control stakeholders may be in attendance.

Tracking Progress with Plan Implementation

Achieving progress requires measurement. CCRA will measure progress toward the priority objectives by regularly examining cancer-relevant data. This examination process will consist of the following elements:

Track Progress in Achieving Priority Objectives and Associated Strategies

- Each priority objective selected from the Florida Cancer Plan has measures associated with it. CCRA should collect and report on those measures to gauge progress. Additional short- or intermediate-term outcomes may need to be identified to gauge progress for each priority objective.
- Tracking and sharing progress on the statewide collaboration among CCRA, Regional Cancer Collaboratives, and other state cancer control stakeholders is also important. For each Action Plan, metrics for collaboration should be included to convey what can be achieved by working together. For example, under an objective to increase the proportion of limited stage (Stage 1 and 2) lung cancer and decrease late-stage (Stage 3 and 4) lung cancer in Florida, strategies may include increasing awareness, access, and usage of lung cancer screening in target populations. Metrics for collaboration may include tracking the amount of time between action steps, diversity of resources used, and/or comparing the individual stakeholder’s projected value in the effort (number of lung cancer patients diagnosed with limited stage cancer versus late-stage cancer) versus the collaboration’s realized value of the effort demonstrating synergy.

Tracking Overall Plan Progress

- Reporting on all Florida Cancer Plan goals and associated objectives/measures should be included in the state statute-mandated annual report from CCRAB to the Florida Governor and Florida Legislature (s. 1004.435, section 4(p)), with special focus on Cancer Plan priority goals and objectives.

Communicating Progress

- A Florida Cancer Plan 2020-2025 dashboard may be an effective way to communicate progress. A dashboard that includes all plan objectives/measures with a special focus on the priority objectives chosen from the Florida Cancer Plan may be the most effective way to communicate progress, to call attention to successes, and indicate if more collaborative action is needed to achieve intended outcomes (MI example: <https://www.michigancancer.org/CancerPlan/Dashboard.html>).
- CCRAB's annual reports could include easy-to-understand graphical depictions of overall progress on priority objectives, including what CCRAB, the FDOH, the Regional Cancer Collaboratives and other key stakeholders are doing/were able to achieve together (MI example: https://www.michigancancer.org//PDFs/Publications_Products//MCCAnnualRpt/2018MCCAnnualReport.pdf).
- Annual progress summaries (1-2 pagers with easy to understand graphics) on each priority objective would be good resources to share with Regional Cancer Collaboratives and other stakeholders, to convey successes and outline additional resources/collaborative efforts needed to achieve objectives.

Implementation Plan Timeline and Next Steps

By the April 2020 CCRAB meeting:

- Finalize this implementation plan with input from the FDOH and Regional Collaborative staff and leadership and CCRAB members

At the April 2020 CCRAB meeting:

- Select priority objectives from the plan using the criteria outlined above (if possible, Regional Collaborative staff and leaders should attend this meeting, to provide input on selecting strategies)
- Identify a process and timeframe for CCRAB to select strategies within the priority objective and complete an action plan
- Discuss next steps for Collaboratives, including development of action plans for their region
- Identify key stakeholder communication strategies and timeframes, e.g. how and how often to communicate with Regional Collaboratives on plan implementation

After the April 2020 CCRAB meeting:

- Finalize and disseminate CCRAB priority objective action plans to CCRAB members and other stakeholders, as appropriate
- Regional Collaboratives will hold meetings to select strategies for the agreed upon priority objectives, that leverage existing strengths, programs, efforts within their region, and identify regional stakeholders to recruit to help with implementation

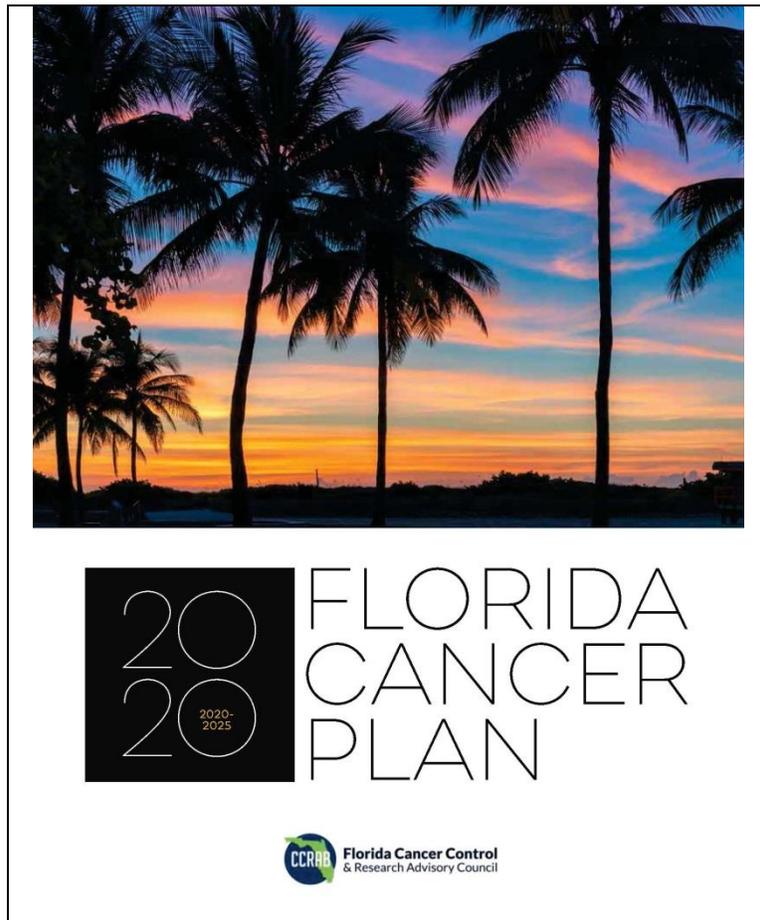
- Communicate with the FDOH, Regional Collaboratives and other key stakeholders on a regular basis about Florida Cancer Plan implementation progress, needs and next steps (e.g. monthly calls with Collaborative staff and leadership, periodic priority objective updates to all CCRAB members and other stakeholders)
- Establish a timeframe for systematically reviewing progress on the priority objectives (every 1-2 years) and selecting to continue and/or identify new 1-2 year priorities from the plan

Florida Cancer Plan: Action Plan Template

Priority objective and measures (from the Florida Cancer Plan)								
Priority strategies chosen to achieve the objective (from the Florida Cancer Plan)	Tasks to achieve the strategy	Timeframe for completion	Person, Organization responsible	Short- and intermediate -term outcomes, measures	Resources, Information Needed	Stakeholders to Engage	Communication Processes	Progress Notes
Strategy 1	Task 1 Task 2 Task 3							
Strategy 2	Task 1 Task 2 Task 3							

Florida Cancer Plan 2020-2025

Link to download the Cancer Plan: <http://www.ccrab.org/cancer-plan>



Plan for Making Changes to the Florida Cancer Plan

Version: October 16, 2020

Potentially allowable changes to state cancer plan:

- Substantive changes based on changes in guidelines.
- Substantive changes based on changes in evidence.
- Errors or inaccuracies that impact a goal or objective.

Not allowable changes to state cancer plan:

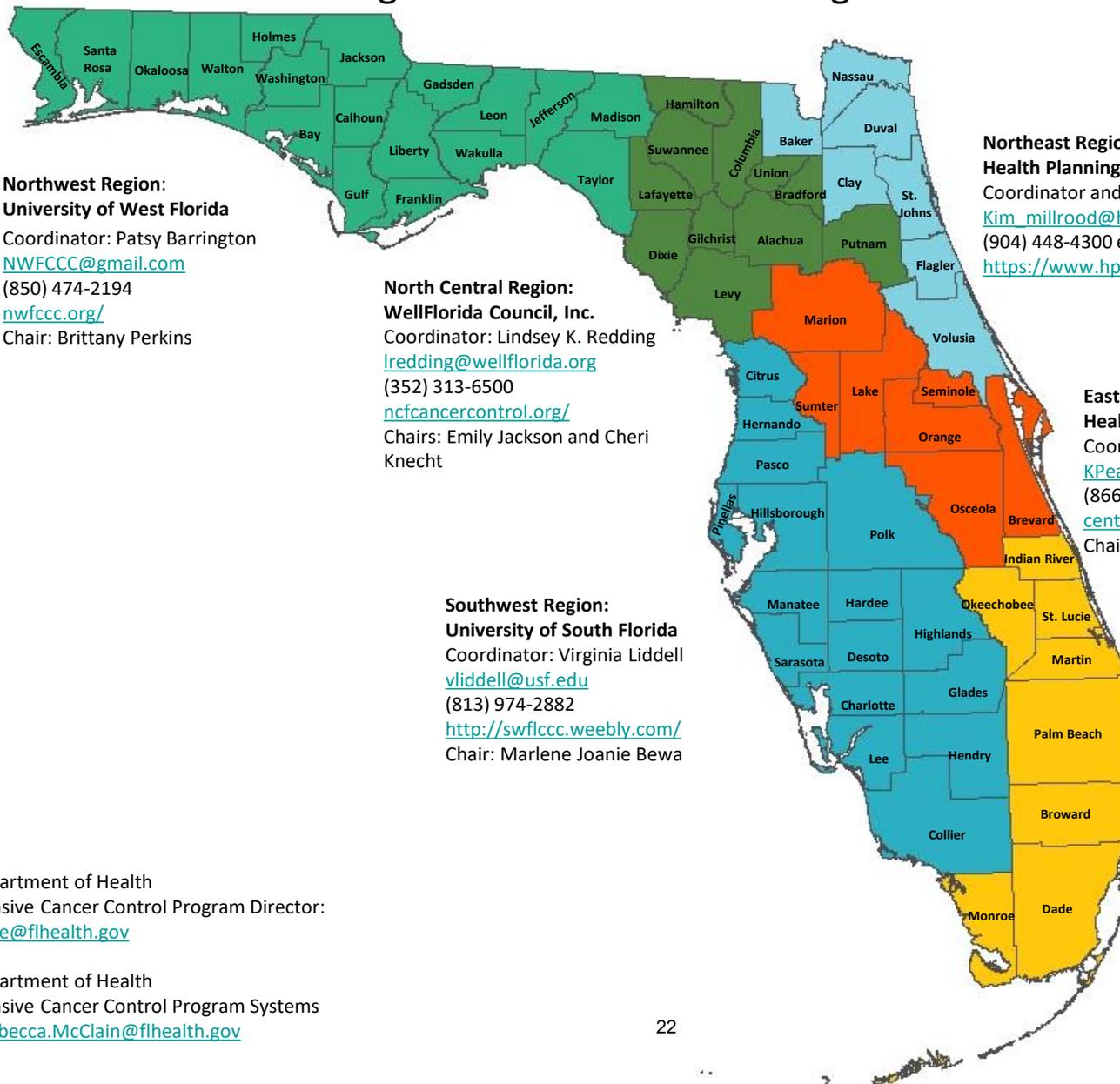
- Misspellings
- No additions to themes, goals, or objectives.

Process:

- Once a year consideration.
- Use original selection criteria for inclusion.
- Minimum 30-day consideration period.
- Discussion and vote by CCRAAB.
- Only electronic version will be changed.
- Notify changes in CCRAAB newsletter and Annual report, if appropriate.

Florida Regional Cancer Control Collaboratives:

Reducing the Cancer Burden through Collaboration



Florida Department of Health
Comprehensive Cancer Control Program Director:
Laura.Morse@flhealth.gov

Florida Department of Health
Comprehensive Cancer Control Program Systems
Change: Rebecca.McClain@flhealth.gov

Florida Consortium of National Cancer Institute Centers Program

National Cancer Institutes in Florida Report 2020

Link to download the 2020 report:

<http://www.floridahealth.gov/provider-and-partner-resources/research/NCIReport2020-FINAL-forwebsite.pdf>



National Cancer Institutes in Florida

Ron DeSantis, Governor

Scott A. Rivkees, MD
Surgeon General and Secretary of Health

Three Year Report to the Cancer Control and Research Advisory Council
July 1, 2020

381.915 - Florida Consortium of National Cancer Institute Centers Program.

(1) This section may be cited as the “Florida NCI Cancer Centers Act.”

(2) The Florida Consortium of National Cancer Institute Centers Program is established to enhance the quality and competitiveness of cancer care in this state, further a statewide biomedical research strategy directly responsive to the health needs of Florida’s citizens, and capitalize on the potential educational opportunities available to its students. The department shall make payments to Florida-based cancer centers recognized by the National Cancer Institute (NCI) at the National Institutes of Health as NCI-designated cancer centers or NCI-designated comprehensive cancer centers, and cancer centers working toward achieving NCI designation. The department shall distribute funds to participating cancer centers on a quarterly basis during each fiscal year for which an appropriation is made.

(3) On or before September 15 of each year, the department shall calculate an allocation fraction to be used for distributing funds to participating cancer centers. On or before the final business day of each quarter of the state fiscal year, the department shall distribute to each participating cancer center one-fourth of that cancer center’s annual allocation calculated under subsection (6). The allocation fraction for each participating cancer center is based on the cancer center’s tier-designated weight under subsection (4) multiplied by each of the following allocation factors: number of reportable cases, peer-review costs, and biomedical education and training. As used in this section, the term:

(a) “Biomedical education and training” means instruction that is offered to a student who is enrolled in a biomedical research program at an affiliated university as a medical student or a student in a master’s or doctoral degree program, or who is a resident physician trainee or postdoctoral trainee in such program. An affiliated university biomedical research program must be accredited or approved by a nationally recognized agency and offered through an institution accredited by the Commission on Colleges of the Southern Association of Colleges and Schools. Full-time equivalency for trainees shall be prorated for training received in oncologic sciences and oncologic medicine.

(b) “Cancer center” means a freestanding center, a center situated within an academic institution, or a formal research-based consortium under centralized leadership that has achieved NCI designation or is prepared to achieve NCI designation by July 1, 2019.

(c) “Florida-based” means that a cancer center’s actual or sought designated status is or would be recognized by the NCI as primarily located in Florida and not in another state.

(d) “Peer-review costs” means the total annual direct costs for peer-reviewed cancer-related research projects, consistent with reporting guidelines provided by the NCI, for the most recent annual reporting period available.

(e) “Reportable cases” means cases of cancer in which a cancer center is involved in the diagnosis, evaluation of the diagnosis, evaluation of the extent of cancer spread at the time of diagnosis, or administration of all or any part of the first course of therapy for the most recent annual reporting period available. Cases relating to patients enrolled in institutional or investigator-initiated interventional clinical trials shall be weighted at 1.2 relative to other cases weighted at 1.0. Determination of institutional or investigator-initiated interventional clinical trials must be consistent with reporting guidelines provided by the NCI.

(4) Tier designations and corresponding weights within the Florida Consortium of National Cancer Institute Centers Program are as follows:

- (a) Tier 1: Florida-based NCI-designated comprehensive cancer centers, which shall be weighted at 1.5.
- (b) Tier 2: Florida-based NCI-designated cancer centers, which shall be weighted at 1.25.
- (c) Tier 3: Florida-based cancer centers seeking designation as either a NCI-designated cancer center or NCI-designated comprehensive cancer center, which shall be weighted at 1.0.

1. A cancer center shall meet the following minimum criteria to be considered eligible for Tier 3 designation in any given fiscal year:

- a. Conducting cancer-related basic scientific research and cancer-related population scientific research;
 - b. Offering and providing the full range of diagnostic and treatment services on site, as determined by the Commission on Cancer of the American College of Surgeons;
 - c. Hosting or conducting cancer-related interventional clinical trials that are registered with the NCI's Clinical Trials Reporting Program;
 - d. Offering degree-granting programs or affiliating with universities through degree-granting programs accredited or approved by a nationally recognized agency and offered through the center or through the center in conjunction with another institution accredited by the Commission on Colleges of the Southern Association of Colleges and Schools;
 - e. Providing training to clinical trainees, medical trainees accredited by the Accreditation Council for Graduate Medical Education or the American Osteopathic Association, and postdoctoral fellows recently awarded a doctorate degree; and
 - f. Having more than \$5 million in annual direct costs associated with their total NCI peer-reviewed grant funding.
2. The General Appropriations Act or accompanying legislation may limit the number of cancer centers which shall receive Tier 3 designations or provide additional criteria for such designation.
3. A cancer center's participation in Tier 3 shall be limited to 6 years.
4. A cancer center that qualifies as a designated Tier 3 center under the criteria provided in subparagraph 1. by July 1, 2014, is authorized to pursue NCI designation as a cancer center or a comprehensive cancer center for 6 years after qualification.

(5) The department shall use the following formula to calculate a participating cancer center's allocation fraction:

$$CAF=[0.4x(CRC\div TCRC)]+[0.3x(CPC\div TCPC)]+[0.3x(CBE\div TCBE)]$$

Where:

CAF=A cancer center's allocation fraction.

CRC=A cancer center's tier-weighted reportable cases.

TCRC=The total tier-weighted reportable cases for all cancer centers.

CPC=A cancer center's tier-weighted peer-review costs.

TCPC=The total tier-weighted peer-review costs for all cancer centers.

CBE=A cancer center's tier-weighted biomedical education and training.

TCBE=The total tier-weighted biomedical education and training for all cancer centers.

(6) A cancer center's annual allocation shall be calculated by multiplying the funds appropriated for the Florida Consortium of National Cancer Institute Centers Program in the General Appropriations Act by that cancer center's allocation fraction. If the calculation results in an annual allocation that is less than \$16 million, that cancer center's annual allocation shall be increased to a sum equaling \$16 million, with the additional funds being provided proportionally from the annual allocations calculated for the other participating cancer centers.

(7) Beginning July 1, 2017, and every 3 years thereafter, the department, in conjunction with participating cancer centers, shall submit a report to the Cancer Control and Research Advisory Council on specific metrics relating to cancer mortality and external funding for cancer-related research in the state. If a cancer center does not endorse this report or produce an equivalent independent report, the cancer center shall be suspended from the program for 1 year. The report must include:

(a) An analysis of trending age-adjusted cancer mortality rates in the state, which must include, at a minimum, overall age-adjusted mortality rates for cancer statewide and age-adjusted mortality rates by age group, geographic region, and type of cancer, which must include, at a minimum:

1. Lung cancer.
2. Pancreatic cancer.
3. Sarcoma.
4. Melanoma.
5. Leukemia and myelodysplastic syndromes.
6. Brain cancer.

(b) Identification of trends in overall federal funding, broken down by institutional source, for cancer-related research in the state.

(c) A list and narrative description of collaborative grants and interinstitutional collaboration among participating cancer centers, a comparison of collaborative grants in proportion to the grant totals for each cancer center, a catalogue of retreats and progress seed grants using state funds, and targets for collaboration in the future and reports on progress regarding such targets where appropriate.

(8) This section is subject to annual appropriation by the Legislature.

(9) The department may adopt rules to administer this section.

History.—s. 3, ch. 2014-165; s. 10, ch. 2018-24.

