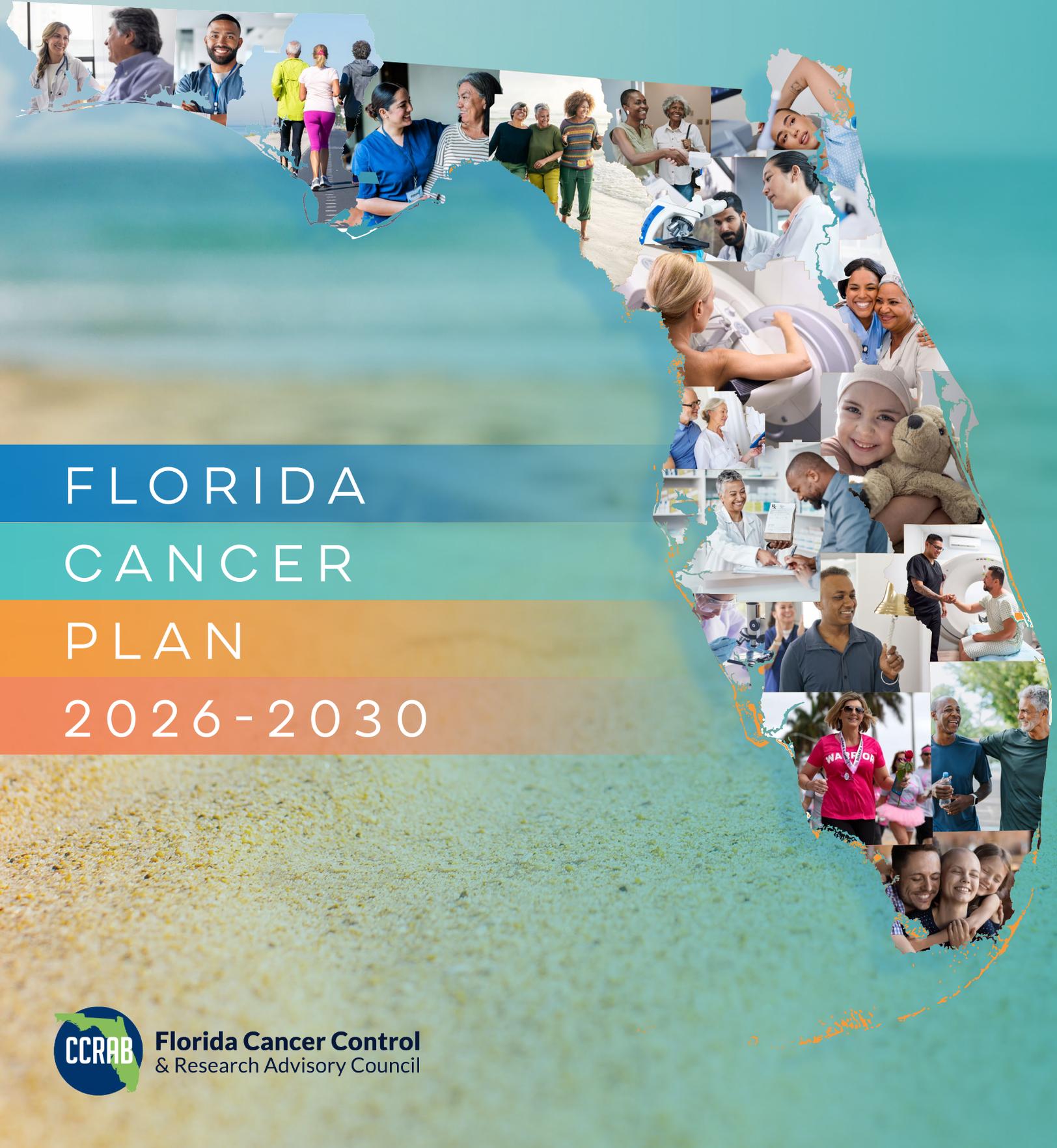


FLORIDA
CANCER
PLAN
2026-2030



**Florida Cancer Control
& Research Advisory Council**



THE PURPOSE OF THE FLORIDA CANCER PLAN



CANCER IS A LEADING CAUSE OF DEATH AMONG FLORIDIANS, TOUCHING EVERY AGE, FROM CHILDREN AND YOUNGER PEOPLE NAVIGATING EARLY DIAGNOSES TO OLDER RESIDENTS MANAGING COMPLEX, LONG-TERM CARE.

The burden is costly, and growing, with profound impacts on families, communities, and our state’s economic and social well-being. The goal of the Cancer Plan is to provide an innovative and enduring roadmap to reduce the burden of cancer in Florida by creating new opportunities to maximize health care access and outcomes and reduce risk factors associated with a cancer diagnosis.

This Plan represents the collective thinking and action of many public and private partners – both individuals and organizations – who serve many constituencies with unique cancer concerns. The Plan accounts for key differences in cancer risks and outcomes that are observed by rural/urban location (geography), life span/age (childhood and adult) and across the cancer control continuum from prevention to survivorship. The plan identifies opportunities for individuals, community-based organizations, and policy makers to act positively for the direct benefit of all Floridians, consistent with the Florida Cancer Control and Research Advisory Council’s (CCRAB) over 45-year commitment to cancer prevention, early detection, and control.

COLLABORATIVE DEVELOPMENT OF FLORIDA CANCER PLAN

The development process was led by the CCRAB and involved many cancer partners, from conceptualization to implementation. Criteria were established to guide the development and ultimate selection of impactful, measurable, and equitable goals and strategies, informed by empirical evidence from the Florida Cancer Data System (FCDS). Such data guided the assessment of trends in new cancer cases, stage of disease at diagnosis, treatment and survivorship for the state, thus allowing for sustained evaluation of cancer burden over time and in relation to Plan implementation. Contributing partners include CCRAB members, the Florida Department of Health (FDOH), the Regional Cancer Control Collaboratives (RCCCs), Florida Prostate Cancer Advisory Council (PCAC), partners from FCDS, academic institutions and cancer centers, and additional individuals and organizations throughout the state committed to cancer prevention in control. The Florida Cancer Plan was also reviewed by specialists in cancer prevention, early detection and control, including the Florida Academic Cancer Center Alliance (FACCA) and the 16 organizations represented on the CCRAB. Important health policy tools and reports were used to evaluate and optimize the comprehensiveness of the Florida Cancer Plan, including the Centers for Disease Prevention and Control (CDC) Cancer Plan Self-Assessment Tool, Community Guide to evidence-based interventions, and the other guidelines and consensus reports.

WHAT IS IN THE PLAN?

This Cancer Plan takes a comprehensive approach to address cancer issues and opportunities while creating a cumulative impact. This plan is organized around the cancer control continuum:

COLLABORATION

DATA

RESEARCH

PREVENTION AND RISK REDUCTION

SCREENING AND EARLY DETECTION

DIAGNOSIS AND TREATMENT

QUALITY OF LIFE, SURVIVORSHIP AND END OF LIFE CARE

CHILDHOOD CANCERS

Each section includes examples of evidence-based interventions and strategies, such as policy changes, that build upon and leverage existing state-based programs and public and professional education.

These approaches offer opportunities for collaborative and coordinated work between CCRAB members, the Florida Department of Health, Regional Cancer Collaboratives, cancer centers, and other individuals and organizations throughout Florida, committed to improving the State cancer burden. Within each section of the Plan the reader will see the following:

GOALS

major transformations to be achieved to reduce the cancer burden.

OBJECTIVES

what must be accomplished to achieve the goals.

STRATEGIES

how the objectives will be achieved using evidence-based interventions based on research, national guidelines and proven best practices.

PROGRESS IN CANCER CONTROL

THERE HAS BEEN MUCH PROGRESS IN PREVENTING AND CONTROLLING CANCER IN FLORIDA.

Data indicate improved early detection, access to treatment and survivorship outcomes for adults and children, with declining mortality for the most common cancers. However, variability in disease burden exists, particularly among those population sub-groups and/or communities that face socioeconomic and system-level barriers in accessing cancer prevention, screening, diagnosis, treatment and survivorship care. For example, persons living in rural regions shoulder an uneven burden of disease and face multiple challenges in accessing cancer prevention, treatment and associated resources. These differences in disease burden create opportunities for future intervention. Such opportunities include closing gaps in cancer screening uptake, particularly for lung and colorectal cancers, increasing access to screening facilities and raising awareness about the importance of regular screening for earlier stage detection of disease.

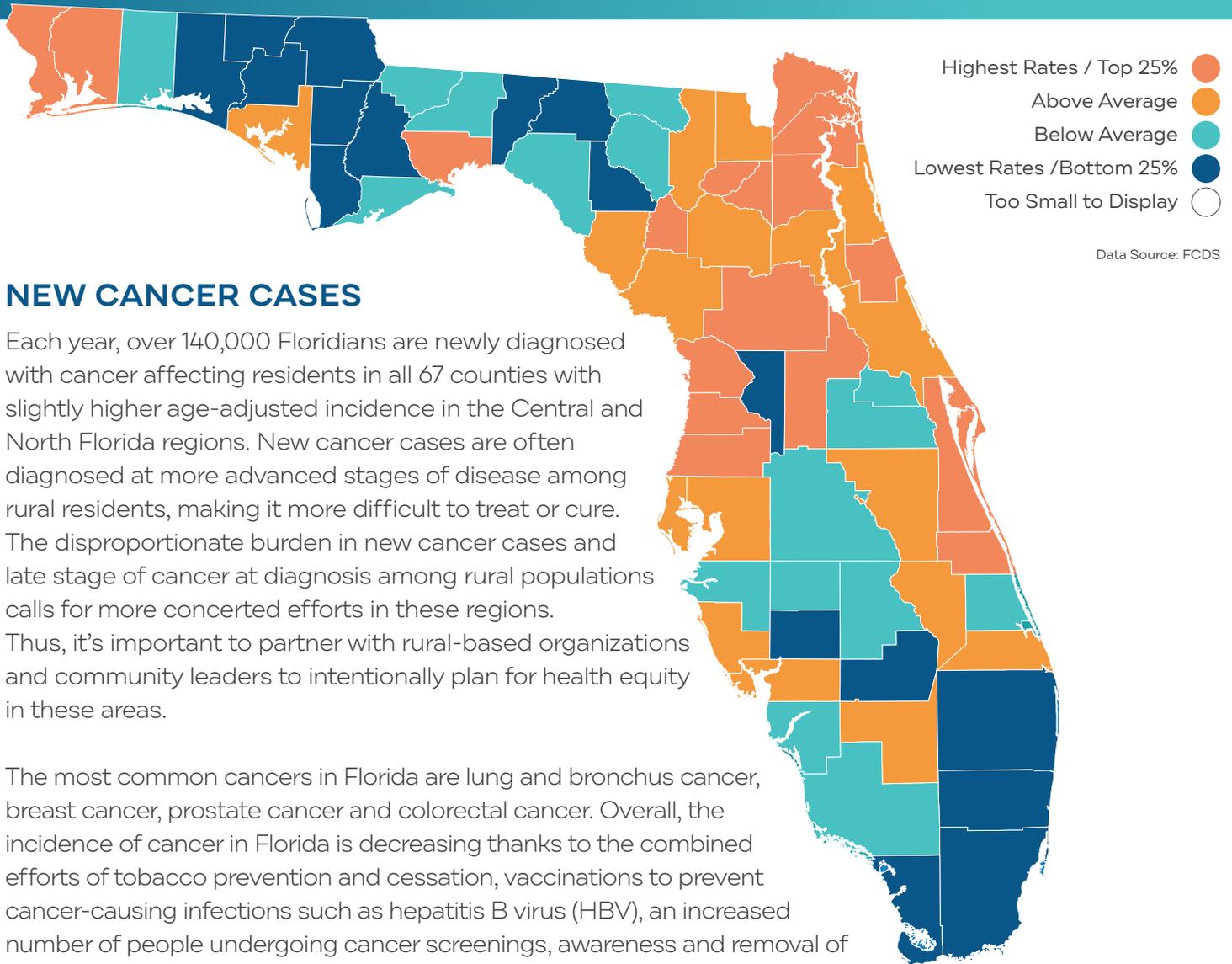


In the last 25 years, the number of lung cancer cases in Florida has significantly fallen due to effective campaigns to stop and prevent tobacco use. In the last 10 years, over 80 percent of Florida women who meet breast cancer screening guidelines report using mammography for the early detection of breast cancer. Also, in the past 10 years, the State of Florida has invested much needed support for the state cancer registry and created and sustained a new pediatric cancer research program, the Live Like Bella Pediatric Cancer Initiative. In the last two cancer plan cycles, FCDS, embarked on several successful pilot programs for more complete case capture, such as archiving cancer screening data, social determinants, molecular disease characteristics, emerging treatments, and case outcomes including cancer recurrence. This evolution continues to transform our state cancer registry from a repository to a data engine for comprehensive and proactive cancer surveillance and research.

BURDEN OF CANCER IN FLORIDA

Avg # of Cases per year
140,673 CASES

Age-Adjusted cases per 100k
454.9 STATEWIDE
2018-2022



NEW CANCER CASES

Each year, over 140,000 Floridians are newly diagnosed with cancer affecting residents in all 67 counties with slightly higher age-adjusted incidence in the Central and North Florida regions. New cancer cases are often diagnosed at more advanced stages of disease among rural residents, making it more difficult to treat or cure. The disproportionate burden in new cancer cases and late stage of cancer at diagnosis among rural populations calls for more concerted efforts in these regions. Thus, it's important to partner with rural-based organizations and community leaders to intentionally plan for health equity in these areas.

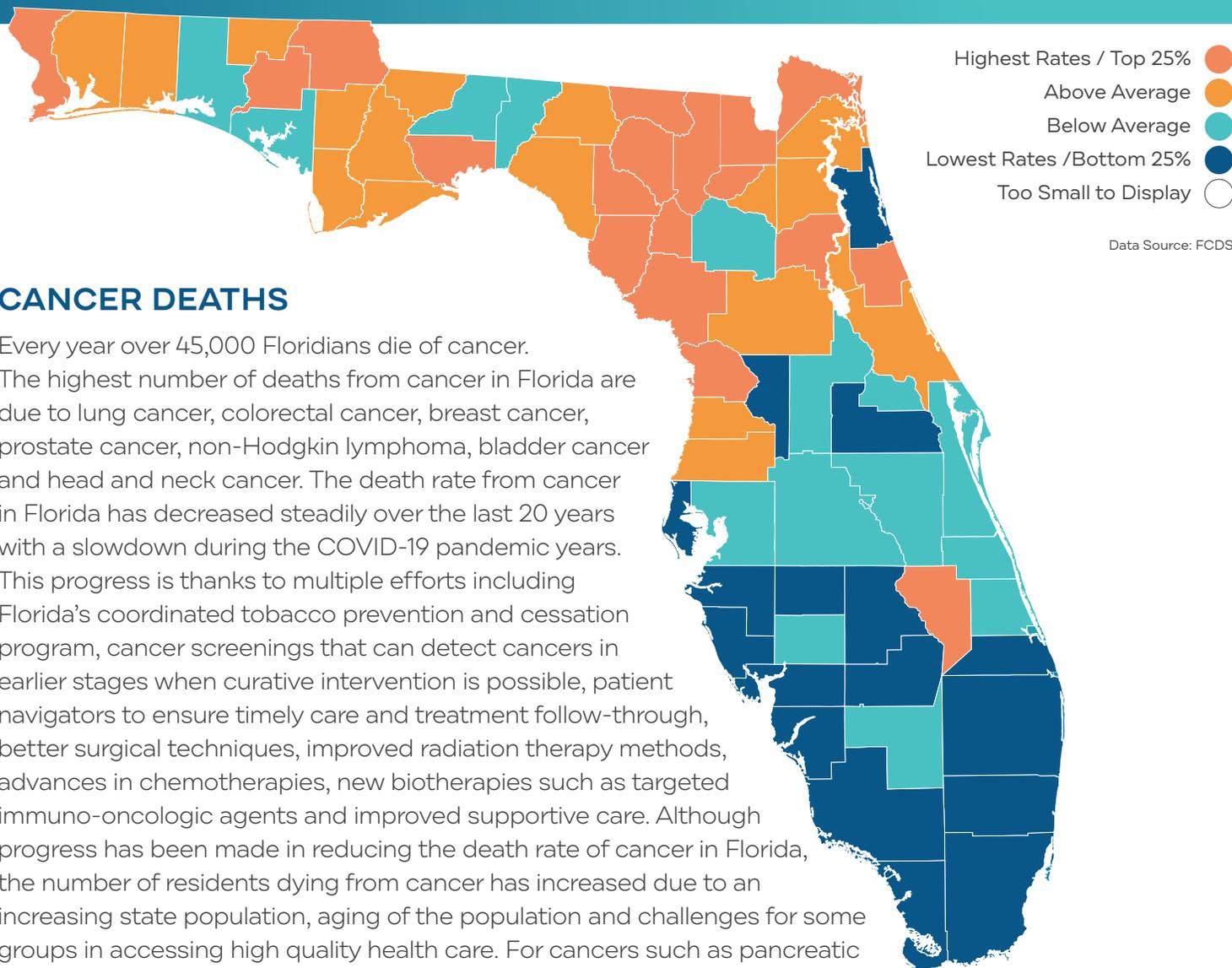
The most common cancers in Florida are lung and bronchus cancer, breast cancer, prostate cancer and colorectal cancer. Overall, the incidence of cancer in Florida is decreasing thanks to the combined efforts of tobacco prevention and cessation, vaccinations to prevent cancer-causing infections such as hepatitis B virus (HBV), an increased number of people undergoing cancer screenings, awareness and removal of environmental carcinogens such as radon, sun safety programs and other prevention efforts. New targeted treatments are also prolonging survival rates in Floridians, including those with historically lethal cancers like lung cancer and melanoma. Despite this progress, there is room for improvement for multiple cancer types. For example, there has been an alarming increase in the number HPV-related cancers, such as throat cancers in men and women; yet vaccination rates against HPV remain low. The incidence of liver cancer is on the rise in Florida. Screening for hepatitis C virus (HCV), a known risk factor for liver cancer, and treating those who test positive have the potential to halt and reverse this trend.

In addition, there is currently an epidemic of e-cigarette use among Florida youths, which raises concerns about direct exposure to toxins and proximity to combustible tobacco products. Funding for tobacco prevention and cessation programs continues to remain below target and is consistently threatened in Florida. Additionally, participation in cancer screening, while increasing, is suboptimal (markedly below 80 percent) for lung cancer, colorectal cancer and prostate cancer. Furthermore, certain populations at higher risk experience higher burden of new cancer cases, such as Black men who experience excess burden of prostate cancer, lung cancer and colorectal cancer.

BURDEN OF CANCER IN FLORIDA

Avg # of Deaths per year
45,479 STATEWIDE

Age-Adjusted cases per 100k
138.2 STATEWIDE
2018-2022



CANCER DEATHS

Every year over 45,000 Floridians die of cancer.

The highest number of deaths from cancer in Florida are due to lung cancer, colorectal cancer, breast cancer, prostate cancer, non-Hodgkin lymphoma, bladder cancer and head and neck cancer. The death rate from cancer in Florida has decreased steadily over the last 20 years with a slowdown during the COVID-19 pandemic years.

This progress is thanks to multiple efforts including Florida's coordinated tobacco prevention and cessation program, cancer screenings that can detect cancers in earlier stages when curative intervention is possible, patient navigators to ensure timely care and treatment follow-through, better surgical techniques, improved radiation therapy methods, advances in chemotherapies, new biotherapies such as targeted immuno-oncologic agents and improved supportive care. Although progress has been made in reducing the death rate of cancer in Florida, the number of residents dying from cancer has increased due to an increasing state population, aging of the population and challenges for some groups in accessing high quality health care. For cancers such as pancreatic cancer, leukemias and the myelodysplastic syndromes, hepatobiliary cancers, cervical cancer and head and neck cancers, there has been no decrease in death rates in the last 15 years. People with these cancers often present with advanced disease and would benefit from better screening, diagnostic and treatment strategies. A major challenge in inventing and testing these newer technologies is a merit gap in funding for cancer research – where our Florida cancer scientists and clinicians propose research that goes unfunded.

Deaths from cancer are lower in more populated counties such as in South Florida, but higher in less populated counties north of Tampa Bay and in the panhandle. This disparity continues to be studied but remains unrelenting and mirrors the rural/urban disparity seen nationally. Engagement of local and regional cancer control partners in the development and implementation of this plan is crucial in abating these differences.

CANCER PLAN IMPLEMENTATION

THE CORE OF THE PLAN CONSISTS OF 22 GOALS AND 84 OBJECTIVES.

The goals, objectives and strategies align with the work and interests of many cancer control partners in the state. **All individuals and organizations whose work aligns with the Cancer Plan are called upon as crucial partners for implementation.** The involvement of multiple partners is essential for addressing the state's cancer burden at various levels (e.g., city, county, catchment area). For most of the objectives, the associated metrics are based on current benchmarks and provide good targets for future impact. This plan also invites collaboration across the state to benefit all Floridians by expanding access for rural and medically underserved populations, reducing inequities and late-stage diagnosis and improving quality of care.



CROSS-CUTTING THEMES

Throughout this plan, four overarching and foundational themes guide the goals, objectives, and strategies to ensure that all Floridians benefit. As such, our assessment of progress also keeps a keen lens on these themes.

EXPANDING
ACCESS FOR
RURAL AND
MEDICALLY
UNDERSERVED
POPULATIONS

REDUCING
INEQUITIES

REDUCING
LATE-STAGE
DIAGNOSIS

IMPROVING
QUALITY
OF CARE

FLORIDA CANCER PLAN GOALS AT A GLANCE



2026-2030

COLLABORATION

GOAL 1

Maximize cancer control resources by increasing collaboration among Florida cancer control partners through resource mapping, improving dashboard capabilities and expanding partnerships throughout the region.

DATA

GOAL 2

Ensure collection of comprehensive and high-quality cancer-related data from all Florida cancer patients to inform cancer prevention and control programs.

RESEARCH

GOAL 3

Expand Florida's reputation as a nationally renowned state for innovative and impactful pediatric cancer research.

GOAL 4

Expand Florida's national reputation for innovative and impactful cancer research.

PREVENTION AND RISK REDUCTION

GOAL 5

Reduce the incidence and mortality from tobacco-related cancers in all Floridians.

GOAL 6

Eliminate cervical cancer as a public health problem in Florida by increasing vaccination against human papillomavirus (HPV) and increasing cervical cancer screening.

GOAL 7

Decrease both the incidence of melanoma and diagnosis of advance stage melanoma in all Floridians by reducing exposure to natural and artificial sources of ultraviolet (UV) radiation.

GOAL 8

Ensure all Floridians have access to guideline directed genetic risk assessment, genetic counseling, and appropriate genetic testing to identify all Floridians with hereditary cancer predisposition.

GOAL 9

Decrease heavy alcohol use and binge drinking by Florida youth and adults.

GOAL 10

Reduce the risk of cancer in all Floridians through promotion of maintenance of a healthy lifestyle.

GOAL 11

Reduce radon gas exposure in all Florida households, workplaces, and other buildings.

FLORIDA CANCER PLAN GOALS AT A GLANCE

CONTINUED

SCREENING AND EARLY DETECTION

GOAL 12

Reduce lung cancer mortality through early detection of lung cancer in Floridians

GOAL 13

Reduce breast cancer mortality through early detection of breast cancer in Floridians

GOAL 14

Reduce colorectal cancer mortality among all Floridians through screening and early detection

GOAL 15

Reduce prostate cancer mortality in Florida men at high risk for aggressive and late-stage disease

GOAL 16

Eliminate hepatitis C virus (HCV) as a public health problem in Florida

DIAGNOSIS AND TREATMENT

GOAL 17

Achieve excellent clinical outcomes for all Floridians through access to high-quality, evidence-based cancer treatment

QUALITY OF LIFE, SURVIVORSHIP AND END OF LIFE CARE

GOAL 18

Achieve excellent quality of life for all Floridians with cancer and their caregivers from Day 1 of diagnosis, during treatment, and after treatment

GOAL 19

Achieve high-quality survivorship and palliative care for all Floridians with a cancer history.

CHILDHOOD CANCERS

GOAL 20

Provide high quality pediatric oncology care to every child with cancer in Florida.

GOAL 21

Improve the long-term health, well-being, and self-sufficiency of childhood cancer survivors in Florida by increasing access to evidence-based survivorship care and resources for all.

GOAL 22

Establish the Live Like Bella® Comprehensive Childhood Cancer Network (CCCN), a collaborative, patient-and family-centered, full-service wrap-around survivorship program that implements standardized protocols designed to enhance the quality of life for pediatric cancer patients and survivors across the state.

COLLABORATION

The Florida Cancer Plan was developed with a shared commitment, blending insight, expertise, and strategic foresight to shape stronger solutions. Our goal now is to carry that collaborative energy forward, bringing together partners from across the state to focus on the most pressing priorities for reducing Florida's cancer burden.

GOAL 1

Maximize cancer control resources by increasing collaboration among Florida cancer control partners through resource mapping, improving dashboard capabilities and expanding partnerships throughout the region.

OBJECTIVE 1.1

By December 2030, expand and diversify the network of cancer control partner organizations and their involvement in Regional Cancer Control Collaboratives (RCCCs) in Florida to better share and align resources and foster cancer plan implementation activities.

BASELINE **200 CURRENT PARTNERS (2025)**

TARGET **400 INCLUDING NEW PARTNERS**

Data Source: CCRAB/RCCC documentation

OBJECTIVE 1.2

By December 2027, enhance the Florida Cancer Plan online dashboard to integrate data on cancer prevention, screening, treatment, and survivorship resources.

BASELINE **CURRENT CANCER PLAN DASHBOARD (2025)**

TARGET **ENHANCED DASHBOARD REFLECTING 2030 CANCER PLAN**

Data Source: CCRAB dashboard

OBJECTIVE 1.3

By December 2030, each Regional Cancer Control Collaborative will identify and address two proven cancer-related needs in its catchment area that align with cancer plan goals.

BASELINE **0 (NEW)**

TARGET **2 PER REGION**

Data Source: CCRAB/RCCC documentation

STRATEGIES

- **Regional Cancer Control Collaboratives**, local cancer centers and local cancer patient advocacy organizations will actively recruit Floridians to be involved in fighting cancer and implementing the Florida Cancer Plan.
- **FDOH and the NCI-designated cancer centers** will host bi-annual trainings on evidence-based practices for cancer risk reduction and enhanced survivorship.
- **Encourage all Florida cancer control partners to use the Florida Cancer Plan** for planning, funding, and advocacy.
- **Coordinate with partners** and regional collaboratives to use consistent and accurate cancer control messages.
- **Increase the number and diversity of Floridians within the Regional Collaboratives** to reflect all populations.
- **Communicate plan successes, progress, and areas of continued need** among partners periodically throughout the year.
- **FDOH and the Regional Cancer Collaboratives will develop a communications campaign** to be conducted at the local level to promote the knowledge, use, and implementation of the Florida Cancer Plan.
- **Invite local cancer centers to collaborative meetings** to share strategic plans to ensure alignment with the Florida Cancer Plan and seek potential opportunities for cross-collaboration.
- **Identify and engage partners representing various communities** within the regions to address the shared cancer-related goals and needs of each Regional Cancer Collaborative catchment area in the Florida Cancer Plan.
- **Evaluate the effectiveness of collaborative efforts annually** through partner surveys, data analysis of engagement metrics, and dashboard usage statistics.

DATA

State cancer registry data are the foundation for Florida's comprehensive cancer control plan. Reducing Florida's cancer burden requires accurate measurements to assess change. Florida has one of the best state cancer registries in the nation thanks to high quality data collection, archiving, and dissemination by the Florida Cancer Data System (FCDS). This goal aims to enhance our state cancer registry, and other data sources, to become an even more comprehensive data repository for informing health policy makers, health care providers, and researchers in the development of more efficient technologies for cancer screening, diagnosis, treatment, and surveillance necessary to reduce cancer morbidity and mortality in the State of Florida.

GOAL 2

Ensure collection of comprehensive and high-quality cancer-related data from all Florida cancer patients to inform cancer prevention and control programs.

OBJECTIVE 2.1

By December 2030, secure state or other funding support for expanded reporting, including molecular, screening, and pathology data.

BASELINE **0 # OF LEGISLATION/FUNDING**

TARGET **>1 EXPANDED # LEGISLATION/FUNDING**

Data Source: CCRAB documentation

STRATEGIES

- **Engage partners** to advance statutory and administration revisions to enable collection of cancer-related molecular, screening, and pathology data that have both negative and positive screening results.
- **Seek funding from state and federal sources** (e.g. Bankhead Coley, National Cancer Institute).

OBJECTIVE 2.2

By December 2030, pilot and evaluate the addition of tumor biology data in Florida's statewide cancer surveillance system.

BASELINE **0 DEMONSTRATION PROJECTS**

TARGET **1 DEMONSTRATION PROJECT**

Data Source: CCRAB documentation

STRATEGY

- **Seek funding from state and federal sources** (e.g., Bankhead Coley, National Cancer Institute) to support the demonstration project.

OBJECTIVE 2.3

By December 2030, pilot and evaluate the integration of social and environmental data into Florida's statewide cancer surveillance system.

BASELINE **0 (NEW)**

TARGET **1 PILOT**

Data Source: CCRAB documentation

STRATEGY

- **Perform a landscape analysis to identify partners and sources of data.** Provide opportunities for researchers to use identified social and environmental data sources.

OBJECTIVE 2.4

By December 2030, expand the collection and archiving of cancer screening data statewide through Florida's statewide cancer surveillance system.

BASELINE **1 CANCER SCREENING DATA PILOT**

TARGET **>1 CANCER SCREENING DATA PILOTS**

Data Source: CCRAB Documentation/FCDS

STRATEGIES

- **Recruit additional reporting sites** to expand the cancer screening pilot program.
- **Seek additional state funding** for pilot program expansion.

OBJECTIVE 2.5

By December 2030, develop recurring linkages with the Florida Health Information Exchange and Medicaid to improve data completeness and timeliness.

BASELINE **0 (NEW)**

TARGET **DEVELOP RECURRING LINKAGES**

Data Source: FCDS

STRATEGIES

- **Establish partnerships with the Agency for Healthcare Administration** for recurring access to data from Florida Health Information Exchange and Medicaid.
- **Pilot the integration of Florida Health Information Exchange and Medicaid** into the Florida Cancer Data System.

OBJECTIVE 2.6

By December 2030, launch a rapid case ascertainment system to enhance clinical trial accruals in collaboration with research institutions.

BASELINE **0 (NEW)**

TARGET **1 PROJECT**

Data Source: FCDS

STRATEGIES

- **Perform a landscape analysis** of established rapid case ascertainment systems throughout the nation.
- **Identify a select group of cancers** for the development of a rapid case ascertainment system.
- **Establish partnerships** and develop a collaborative rapid case ascertainment demonstration project targeting the identified select group of cancers.

OBJECTIVE 2.7

By December 2030, explore the feasibility of enhancing and standardizing the collection of occupational data at the time of diagnosis.

BASELINE **0 (NEW)**

TARGET **1 PROJECT**

Data Source: FCDS

STRATEGIES

- **Perform a landscape analysis** of external data sources available to enhance historical occupational data of cancer patients in Florida.
- **Develop a protocol** for more robust collection of occupational data at the time of diagnosis.
- **Partner with NCI Cancer Centers** to pilot the expanded protocol.

OBJECTIVE 2.8

By December 2030, collaborate with partners to enhance visualization and accessibility of cancer data tools across Florida.

BASELINE **2 DATA VISUALIZATION TOOLS (2025)**

TARGET **>2 ENHANCED DATA VISUALIZATION TOOLS**

Data Source: FCDS/SCAN 360

STRATEGIES

- **Perform a landscape analysis** of existing state cancer data visualization platforms.
- **Develop partnerships** with existing state cancer data visualization platforms.
- **Cross-promote state cancer data visualization platforms** to diverse cancer partners throughout Florida.

RESEARCH



Research leads to critical discoveries in cancer prevention, early detection, treatment, and survivorship. This goal prioritizes funding high-impact research in Florida to accelerate such discoveries as is essential for reducing the state cancer burden.

GOAL 3

Expand Florida's reputation as a nationally renowned state for innovative and impactful pediatric cancer research.

OBJECTIVE 3.1

By December 2030, demonstrate an improving trend in the number of meritorious applications submitted (with an impact score of 1.0–4.0) for the Live Like Bella Pediatric Cancer Research Initiative over time.

BASELINE **0 (NEW)**

TARGET **IMPROVING TREND**

Data Source: FDOH/BRAC

STRATEGIES

- **Publicize to Florida cancer centers and institutes** of higher learning the Florida Live Like Bella Pediatric Cancer Research Initiative.
- **Publicize examples of successful pediatric research** led by Florida researchers and supported by the Florida Live Like Bella Pediatric Cancer Research Initiative.
- **Prioritize projects studying pediatric cancers** with lower survival rates and improving survivor care including prevention and mitigation of late effects.

OBJECTIVE 3.2

By December 2030, demonstrate an improving trend in enrollment of eligible children diagnosed with cancer in Florida on a research protocol involving genetic sequencing over time.

BASELINE **0 (NEW)**

TARGET **IMPROVING TREND**

Data Source: FAFTP/COG

STRATEGIES

- **Educate pediatric oncologists** in the state about research protocols involving genetic sequencing.
- **Promote the creation of a unified Florida Pediatric Cancer Registry** linked to electronic health records across hospitals, clinics, and the state's children's specialty hospitals.
- **Promote routine tumor biopsy collection and next-generation sequencing** at diagnosis for all eligible pediatric cases, with automated flagging for research protocol eligibility.
- **Establish an annual dashboard** under the Florida Pediatric Cancer Registry tracking enrollment by demographics, region, and cancer type.



GOAL 4

Expand Florida’s national reputation for innovative and impactful cancer research.

OBJECTIVE 4.1

By December 2030, demonstrate an improving trend in the number of Bankhead-Coley Cancer Research Program grants that receive subsequent federal or major non-federal, non-state grants over time.

BASELINE **0 (NEW)**

TARGET **IMPROVING TREND**

Data Source: FDOH/BRAC

OBJECTIVE 4.2

By December 2030, demonstrate an improving trend in the number of James and Esther King Biomedical Research Program grants that receive subsequent federal or major non-federal, non-state grants over time.

BASELINE **0 (NEW)**

TARGET **IMPROVING TREND**

Data Source: FDOH/BRAC

OBJECTIVE 4.3

By December 2030, demonstrate an improving trend in the number of Live Like Bella Pediatric Cancer Research Program grants that receive subsequent federal or major non-federal, non-state grants over time.

BASELINE **0 (NEW)**

TARGET **IMPROVING TREND**

Data Source: FDOH/BRAC

STRATEGIES

- **Educate Florida legislators about the large number of Florida cancer research** and tobacco research applications each year with excellent scores by peer-reviewers but go unfunded due to insufficient resources.
- **Educate Florida legislators** about the high return on investment of the Biomedical Research Programs.
- **Educate and engage partners** to advocate for increased appropriations to fund more cancer-focused research grants.
- **Publicize the need for and support research projects** that seek to correct persistent variability in disease outcomes among patients with cancer.
- **Support the development and implementation of a Florida Cancer Health Policy Scholar Program** for early, mid-career, and late-career oncology providers and researchers.
- **Incentivize start-up companies based in Florida** that are bringing to market technologies for cancer prevention, early detection, or control by providing seed funding for companies that are using technology derived from state funding for a cancer research program.

OBJECTIVE 4.4

By December 2030, sustain or grow the number of National Cancer Institute (NCI) designated cancer centers headquartered in Florida, with ongoing state support.

BASELINE **4 NCI DESIGNATED CANCER CENTERS**

TARGET **≥4 NCI DESIGNATED CANCER CENTERS**

Data Source: CCRAB documentation

STRATEGIES

- **Support star recruitment programs** that attract highly productive cancer researchers across the career spectrum to move to a Florida NCI-designated cancer center.
- **Incentivize the maintenance of NCI-designated cancer center status in Florida.**
- **Engage partners and the legislature** to continue annual funding for the Casey DeSantis Cancer Research Program.



OBJECTIVE 4.5

By December 2030, increase the percentage of eligible patients participating in therapeutic clinical trials.

BASELINE ~7% OF ELIGIBLE PATIENTS PARTICIPATING IN CLINICAL TRIALS

TARGET >7% OF ELIGIBLE PATIENTS PARTICIPATING IN CLINICAL TRIALS

Data Source: NCI designated cancer centers and/or CCOE data, CoC, etc.

OBJECTIVE 4.6

By December 2030, maintain the accrual rate among Florida pediatric cancer patients eligible for clinical trials.

BASELINE ___% OF ELIGIBLE PATIENTS PARTICIPATING IN CLINICAL TRIALS

TARGET 75% OR HIGHER OF ELIGIBLE PATIENTS PARTICIPATING IN CLINICAL TRIALS

Data Source: COG and all pediatric hematology/oncology programs in Florida

STRATEGIES

- **Support Florida implementation projects** that translate Biomedical Research Program supported research into clinical settings.
- **Educate and engage patient advocacy groups** to publicize clinical trials, including both public and private matching services.
- **Incentivize the attainment and maintenance of NCORP** designation in Florida by providing funding support for new and renewal applications.
- **Educate the Florida public about cancer clinical trials**, where to find them, and how to participate.
- **Provide culturally and linguistically appropriate educational materials to Florida communities** with historically low rates of participation in clinical trials.
- **Support the development and implementation of infrastructure** to improve Florida health care provider awareness of open patient-relevant clinical trials, facilitating rapid referrals, rapid consultation, and more efficient clinical trial operations, including but not limited to electronic health record tools and telehealth technologies.

OBJECTIVE 4.7

By December 2030, increase the percentage of Florida's share of National Cancer Institute grant and award dollars amongst the states.

BASELINE 2.1% SHARE OF NCI AWARDS

TARGET 2.3% SHARE OF NCI AWARDS

Data Source: NCI funding data

STRATEGIES

- **Educate and engage partners and lawmakers** to enhance research appropriations to fuel a continued rising share of NCI funding to cancer researchers and institutions in Florida.
- **Garner partner engagement and legislative support** for enhanced funding for the Casey DeSantis Cancer Research Program, as well as the state's peer-reviewed, competitive grant programs funded by the legislature and administered by the Biomedical Research Advisory Council.



PREVENTION AND RISK REDUCTION

Cancer prevention and risk reduction is a cornerstone of Florida’s comprehensive approach to reducing the burden of cancer across the state. By addressing modifiable risk factors, expanding access to evidence-based preventive services, and promoting policies that support healthy environments, Florida aims to decrease the incidence of cancer and improve population health. This section of the cancer plan outlines statewide priorities and strategies designed to prevent cancer before it starts – through tobacco control, human papillomavirus vaccination, sun safety, early risk identification, and healthy nutrition and physical activity. Together, these efforts reflect a coordinated commitment to empowering communities, reducing cancer disparities, and fostering a healthier future for all Floridians.

GOAL 5

Reduce the incidence and mortality from tobacco-related cancers in all Floridians.

TOBACCO INITIATION

OBJECTIVE 5.1

By December 2030, decrease the percentage of Florida youth (11-17) who have ever tried cigarettes, cigars or smokeless tobacco.

BASELINE 10.5% OF YOUTH WHO EVER TRIED CIGARETTES, CIGARS, SMOKELESS TOBACCO (2024)

TARGET 7.5% OR LESS OF YOUTH WHO EVER TRIED CIGARETTES, CIGARS, SMOKELESS TOBACCO

Data Source: FYTS

OBJECTIVE 5.2

By December 2030, decrease the percentage of Florida youth (11-17) who have ever tried E-cigarettes or vaping.

BASELINE 15.6% OF YOUTH WHO HAVE EVER TRIED E-CIGARETTES OR VAPING (2024)

TARGET 10% OR LESS OF YOUTH WHO HAVE EVER TRIED E-CIGARETTES OR VAPING

Data Source: FYTS

STRATEGIES

- **Conduct comprehensive media campaigns** tailored to youth and young adults.
- **Recruit and engage youth in tobacco prevention** and control and advocacy efforts.
- **Prohibit tobacco use on all school, college, and university campuses** at all grade levels.

TOBACCO CESSATION

OBJECTIVE 5.3

By December 2030, decrease the percentage of Florida youth (ages 11-17) who currently use cigarettes, cigars, or smokeless tobacco.

BASELINE 2.5% OF YOUTH WHO CURRENTLY USE CIGARETTES, CIGARS OR SMOKELESS TOBACCO (2024)

TARGET 2% OR LESS OF YOUTH WHO CURRENTLY USE CIGARETTES, CIGARS, SMOKELESS TOBACCO

Data Source: FYTS

OBJECTIVE 5.4

By December 2030, decrease the percentage of Florida youth (ages 11-17) who currently use electronic cigarettes or vaping.

BASELINE 7.4% OF YOUTH WHO CURRENTLY USE E-CIGARETTES OR VAPING (2024)

TARGET 7% OR LESS OF YOUTH WHO CURRENTLY USE E-CIGARETTES OR VAPING

Data Source: FYTS

OBJECTIVE 5.5

By December 2030, decrease the percentage of Florida adults (ages 18 years and older) who currently use cigarettes, cigars, or smokeless tobacco.

BASELINE 8.4% OF ADULTS WHO CURRENTLY SMOKE CIGARETTES (2024)

TARGET 7% OF ADULTS WHO CURRENTLY SMOKE CIGARETTES

Data Source: FLATS

OBJECTIVE 5.6

By December 2030, decrease the percentage of Florida adults (ages 18 years and older) who currently use electronic cigarettes or vaping.

BASELINE 50.1% OF ADULT CIGARETTE SMOKERS WHO REPORT A PAST-YEAR ATTEMPT TO QUIT (2024)

TARGET 55% OF ADULT CIGARETTE SMOKERS WHO REPORT A PAST-YEAR ATTEMPT TO QUIT

Data Source: FYTS

STRATEGIES

- **Conduct comprehensive media campaigns** to promote quitting and generate awareness of evidence-based cessation services.
- **Work with health systems, insurance companies and employers to reduce barriers** to the availability and accessibility of evidence-based cessation services.
- **Advance health care system changes through the adoption of institutional policies** that increase tobacco use screenings and referrals to and the delivery of cessation services.

SECONDHAND SMOKE

OBJECTIVE 5.7

By 2030, decrease the percentage of Florida youth (ages 11-17) who have been exposed to secondhand cigarette smoke or electronic cigarette aerosol.

BASELINE 53.8% OF YOUTH EXPOSED TO SECONDHAND SMOKE OR E-CIGARETTE AEROSOL (2024)

TARGET 45% OR LESS OF YOUTH EXPOSED TO SECONDHAND SMOKE OR E-CIGARETTE AEROSOL

Data Source: FYTS

STRATEGIES

- **Collaborate with housing entities** to establish policies for multi-unit housing facilities, including federally assisted and market rate, multi-family properties.
- **Collaborate with employers** to establish policies for comprehensive tobacco free worksites including casinos, bars, and membership organizations.
- **Collaborate with local jurisdictions to establish policies** for outdoor tobacco free public spaces including public beaches and parks.

FUNDING

OBJECTIVE 5.8

By December 2030, sustain or increase funding for comprehensive tobacco control programs with programmatic allocations that are consistent with CDC best practices.

BASELINE **CURRENT CATEGORICAL FUNDING (2025)**

TARGET **CDC BEST PRACTICES FOR CATEGORICAL FUNDING**

Data Source: FYTS

STRATEGIES

- **Educate Florida policy makers** on the costs of tobacco use to the state's health, and the necessity for anti-tobacco messaging to the general public.
- **Engage Florida cancer control key partners** to cooperatively advocate for programmatic allocations.
- **Engage key partners** in activities that will achieve the goals of the Florida Tobacco Strategic Plan.

GOAL 6

Eliminate cervical cancer as a public health problem in Florida by increasing vaccination against human papillomavirus (HPV) and increasing cervical cancer screening.

OBJECTIVE 6.1

By December 2030, increase the percentage of youth (aged 13-17 year old, female and male) who are up to date (UTD) with the HPV vaccination series.

BASELINE **59% UP TO DATE (2023)**

TARGET **80% UP TO DATE**

Data Source: FL SHOTS

STRATEGIES

- **Strengthen provider recommendation** using evidence-based communication.
- **Implement school-based or school-linked vaccination partnerships** with middle/high schools.
- **Engage school systems** (middle schools and high schools) to host HPV vaccine clinics and integrate HPV awareness into health education.
- **Use reminder/recall systems via FL SHOTS** to improve completion.

OBJECTIVE 6.2

By December 2030, increase the percentage of youth aged 13-17 years old who have completed the HPV vaccination series.

BASELINE **56.8% COMPLETED SERIES (2023)**

TARGET **80% COMPLETED SERIES**

Data Source: FL SHOTS

STRATEGIES

- **Address access and equity in rural and underserved communities** through mobile/extended-hour clinics.
- **Conduct parent education campaigns** emphasizing "HPV vaccination = cancer prevention."
- **Build capacity of teachers, school nurses, staff, and Health Occupation Student Association** (Operation Wipeout).

PREVENTION AND RISK REDUCTION

CONTINUED

OBJECTIVE 6.3

By December 2030, increase the percentage of youth aged 9-11 years old who have initiated the HPV vaccination series.

BASELINE **17.2% INITIATED SERIES (2023)**

TARGET **80% INITIATED SERIES**

Data Source: FL SHOTS

STRATEGIES

- **Embed HPV vaccination into routine well-child** visits starting at age 9.
- **Launch school-entry and middle-school outreach** to parents/guardians.
- **Develop public awareness campaigns** targeting parents of preteens, focusing on cancer prevention.
- **Provide provider training** on early HPV vaccination communication.
- **Use FL SHOTS data to identify low-initiating practices** and target technical support.

OBJECTIVE 6.4

By December 2030, increase the percentage of youth aged 9-13 years old who have completed the HPV vaccination series on-time by age 13 years.

BASELINE **14.1% COMPLETED SERIES ON TIME (2023)**

TARGET **80% COMPLETED SERIES ON TIME**

Data Source: FL SHOTS

STRATEGIES

- **Strengthen follow-up systems** (text/email/phone) to ensure timely completion.
- **Link initiation and completion strategies**—start early to finish on time.
- **Provide performance feedback to clinics** on completion by age 13.
- **Conduct school-linked catch-up clinics** and community events.
- **Implement missed-opportunity reduction** through standing orders and provider prompts.



PREVENTION AND RISK REDUCTION

CONTINUED

OBJECTIVE 6.5

By December 2030, increase the percentage of Florida women 18 and older who received a cervical cancer screening in the past year.

BASELINE **34.4% (2022)**

TARGET **80%**

Data Source: FL SHOTS

STRATEGIES

- **Community educational initiatives** to raise awareness about screening and the importance of early detection of disease.
- **Develop Electronic Health Record (EHR)** reminder-based systems to ensure women are screened according to recommended intervals.
- **Expand clinical use of self-sampling** now that FDA approved, including as part of FDOH BCCED program.
- **Conduct implementation science** to explore the best strategies for deploying self-sampling in communities with less access to the formal healthcare system.
- **Explore developing a statewide registry** for cervical cancer screening and abnormal results.

OBJECTIVE 6.6

By December 2030, increase adherence to follow-up and timely treatment among women identified as having abnormal cervical screening results.

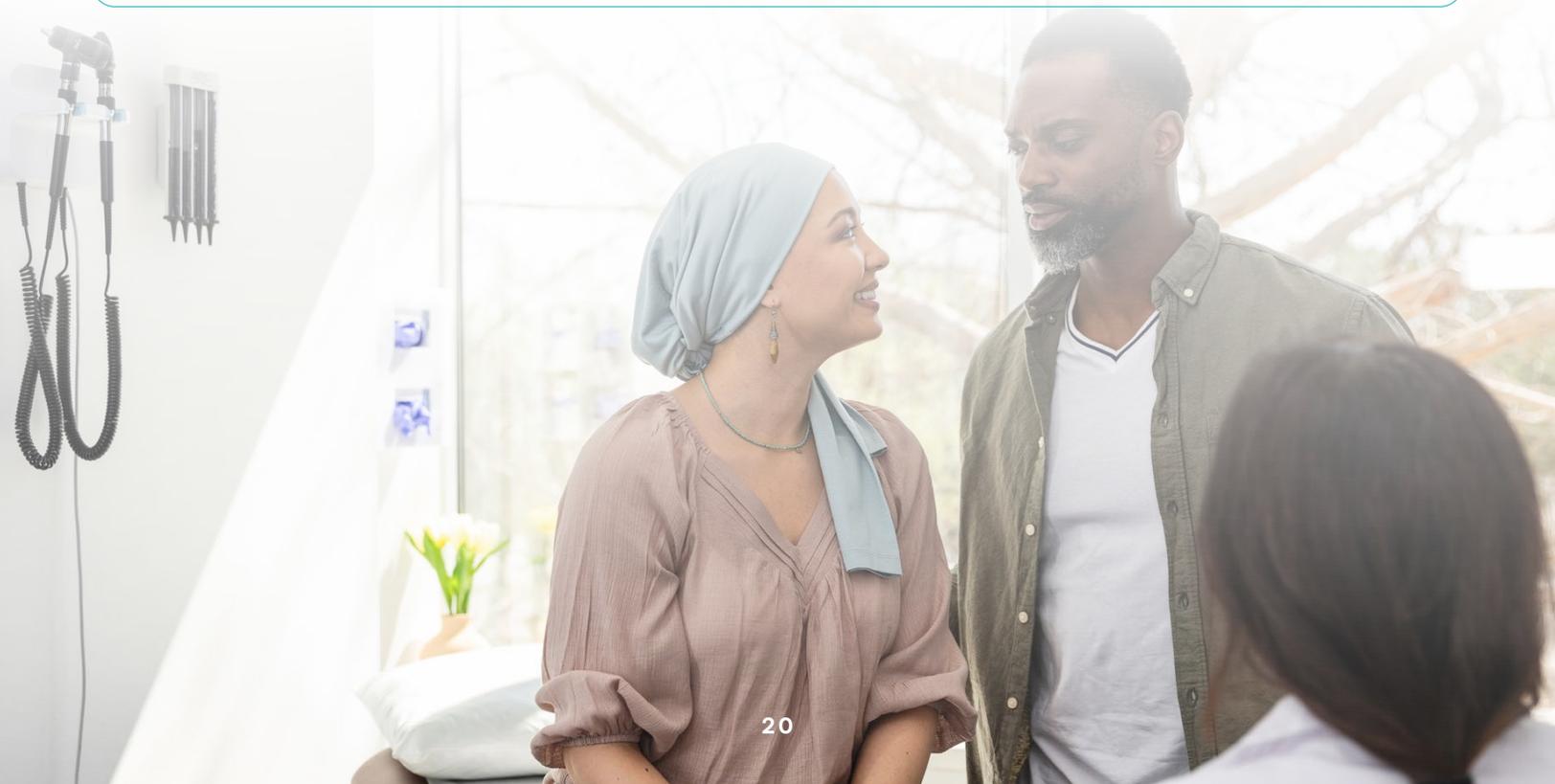
BASELINE **XX% OF WOMEN WITH ABNORMAL CERVICAL CANCER SCREENING RESULTS WHO ARE ADHERENT TO FOLLOW-UP AND TREATMENT GUIDELINES (2025)**

TARGET **80% OF WOMEN WITH ABNORMAL CERVICAL CANCER SCREENING RESULTS WHO ARE ADHERENT TO FOLLOW-UP AND TREATMENT GUIDELINES**

Data Source: FL SHOTS

STRATEGIES

- **Strengthen follow-up systems** (text/email/phone) to ensure timely follow-up.
- **Train primary care providers on colposcopy** to expand access to follow-up.



GOAL 7

Decrease both the incidence of melanoma and diagnosis of advance stage melanoma in all Floridians by reducing exposure to natural and artificial sources of ultraviolet (UV) radiation.

OBJECTIVE 7.1

By 2030, increase education about sun protection to reduce UV exposure among youth and adults in settings like schools, worksites, and recreational settings.

BASELINE 0 EDUCATION CAMPAIGNS ABOUT SUN PROTECTION FOR ADULTS AND YOUTH (NEW)

TARGET 1 OR MORE EDUCATION CAMPAIGNS ABOUT SUN PROTECTION FOR ADULTS AND YOUTH PER YEAR

Data Source: FL SHOTS

OBJECTIVE 7.2

By 2030, increase education about early signs of skin changes including the ABCDEs of skin cancer and reducing the number of sunburns.

BASELINE 0 EDUCATION CAMPAIGNS ABOUT EARLY SIGNS OF SKIN CANCER (NEW)

TARGET 1 OR MORE EDUCATION CAMPAIGNS ABOUT EARLY SIGNS OF SKIN CANCER PER YEAR

Data Source: Regional efforts (e.g., University of Florida) and RCCCs

STRATEGIES

Education

- **Offer evidence-based, community-engaged sun safety programs** in partnership with schools, summer camps, recreational sites, and worksites to increase the use of proven sun protection behaviors.
- **Encourage youth to avoid tanning, use sunscreen every day,** and avoid sunburns to reduce their lifetime risk of skin cancer with activities to influence knowledge, attitudes, and behaviors.

Access to care/Navigation to services

- **Support early detection by encouraging use of Florida's cost-free skin cancer screening** for state employees, with a focus on state employees at highest risk (e.g. outdoor worksites, personal history of blistering sunburns, family or personal history of skin cancer, many moles/freckles, tanning bed use).

Collaboration

- **Develop partnerships and engage local partners** to support education and behavior change objectives.

Environmental Approaches

- **Use shade planning and other environmental approaches to reduce exposure to UV radiation** in outdoor settings like providing sun tents, trees, or access to sunscreen.
- **Work with high priority audiences and settings** including pools, beaches, schools, summer camps, and other outdoor recreational or occupational settings.

Communication Campaigns

- **Promote education on the risk of sunburn** and indoor/outdoor tanning and protective practices.
- **Align health campaigns with national skin cancer prevention months and dates** (May is Skin cancer/melanoma awareness month, July is UV Safety awareness Month, Don't Fry Day on the Friday before Memorial Day is a national day to promote sun safety as summer begins).

PREVENTION AND RISK REDUCTION

CONTINUED

GOAL 8

Ensure all Floridians have access to guideline directed genetic risk assessment, genetic counseling, and appropriate genetic testing to identify all Floridians with hereditary cancer predisposition.

OBJECTIVE 8.1

By December 2026, form a working group of key partners to create a framework for implementation of the 2026-2030 Florida Cancer Plan goals and objectives related to genetic risk assessment, counseling and testing.

BASELINE 0 WORKING GROUP (NEW)

TARGET WORKING GROUP ESTABLISHED

Data Source: CCRAB documentation

OBJECTIVE 8.2

By December 2027, document and analyze the types and availability of genetic services provided in the state of Florida.

BASELINE 0 DOCUMENTATION OF GENETIC SERVICES AVAILABLE (NEW)

TARGET DOCUMENTATION OF GENETIC SERVICES AVAILABLE

Data Source: CCRAB documentation

OBJECTIVE 8.3

By December 2028, identify one or more data sources to track the statewide provision of guideline-directed genetic risk assessment and genetic counseling services.

BASELINE 0 DATA SOURCES IDENTIFIED TO TRACK GENETIC SERVICES (NEW)

TARGET IDENTIFY A DATA SOURCE TO TRACK GENETIC SERVICES

Data Source: CCRAB documentation

OBJECTIVE 8.4

By December 2028, develop a process for tracking the statewide provision and/or use of high-quality genetic risk assessment and genetic counseling services.

BASELINE 0 PROCESSES FOR TRACKING GENETIC SERVICES (NEW)

TARGET PROCESS IN PLACE TO TRACK GENETIC SERVICES

Data Source: CCRAB documentation

OBJECTIVE 8.5

By December 2030, pilot the use of at least one data source to track genetic services for one cancer type at one or more of the major institutions in Florida.

BASELINE 0 PILOT OF DATA SOURCE TO TRACK GENETIC SERVICES (NEW)

TARGET PILOT OF DATA SOURCE TO TRACK GENETIC SERVICES COMPLETED

Data Source: CCRAB documentation

STRATEGIES

- **Partner with the Florida Association of Genetic Counselors** to create a framework for implementation of the 2026-2030 Florida Cancer Plan Goal 6 and objectives.
- **Recruit one or more genetic counselors from health care institutions** providing genetic risk assessment and genetic counseling services in the state of Florida to document current practices, collect data, and encourage communication and cooperation.
- **Create a database that compiles all the data** from each major participating health care institution.
- **Collaborate with Florida partners**, such as CoC accredited institutions, Regional Cancer Control Collaboratives, and NCI designated centers.

GOAL 9

Decrease heavy alcohol use and binge drinking by Florida youth and adults.

OBJECTIVE 9.1

By December 2030, decrease the percentage of Florida youth (middle and high school students) reporting current use of alcohol on at least one day within the past 30 days.

BASELINE 10.2% OF YOUTH REPORT CURRENT USE OF ALCOHOL AT LEAST ONE DAY WITHIN THE PAST 30 DAYS (2024)

TARGET 8.9% OR LESS OF YOUTH REPORT CURRENT USE OF ALCOHOL AT LEAST ONE DAY WITHIN THE PAST 30 DAYS

Data Source: FYSAS

OBJECTIVE 9.2

By December 2030, decrease the percentage of Florida youth (middle and high school students) reporting binge drinking within the past 30 days.

BASELINE 4.4% OF YOUTH REPORT BINGE DRINKING WITH THE PAST 30 DAYS* (2024)

TARGET 3.9% OR LESS OF YOUTH REPORT BINGE DRINKING WITH THE PAST 30 DAYS

Data Source: FYSAS

OBJECTIVE 9.3

By December 2030, decrease the percentage of Florida adults (aged 18 years or older) who report binge drinking within the past 30 days.

BASELINE 22.6% OF ADULTS REPORT BINGE DRINKING WITHIN THE LAST 30 DAYS** (2022-23)

TARGET 21% OF ADULTS REPORT BINGE DRINKING WITHIN THE LAST 30 DAYS

Data Source: NSDUH

STRATEGIES

- **Educate the public on cancer risk related to alcohol** usage, particularly those at risk of alcohol related cancer.
- **Support the enforcement of laws prohibiting alcohol sales** to minors and other public policies that discourage underage drinking.
- **Collaborate with Florida institutes of higher education** to support campus safety programs that reduce binge drinking.
- **Promote alcohol screening brief intervention** and referral to treatment for cancer patients who continue to use alcohol at any stage during and after cancer diagnosis and those with a history of cancer.
- **Among individuals meeting the diagnostic criteria for alcohol** use disorder, promote screening brief intervention and referral to treatment via traditional (face to face) or electronic means.

*Binge drinking in the FYSAS is defined as the consumption of five or more drinks in a row in the last two weeks

**Binge alcohol use is defined as drinking five or more drinks (for males) or four or more drinks (for females) on the same occasion (i.e., at the same time or within a couple of hours of each other) on at least 1 day in the past 30 days



PREVENTION AND RISK REDUCTION

CONTINUED

GOAL 10

Reduce the risk of cancer in all Floridians through promotion of maintenance of a healthy lifestyle.

OBJECTIVE 10.1

By December 2030, decrease the percentage of Florida adults (aged 18 years or older) who are obese (BMI \geq 30).

BASELINE **31.6% OF ADULTS (AGED 18 AND OLDER) WHO ARE OBESE (2022)**

TARGET **25% OR LESS OF ADULTS (AGED 18 AND OLDER) WHO ARE OBESE**

OBJECTIVE 10.2

Data Source: BRFSS

By December 2030, decrease the percentage of Florida public high school students who are obese (BMI \geq 95th percentile based on sex- and age-specific reference data from the 2000 CDC growth charts).

BASELINE **14.4% OF PUBLIC HIGH SCHOOL STUDENTS WHO ARE OBESE (2024)**

TARGET **13% OR LESS OF PUBLIC HIGH SCHOOL STUDENTS WHO ARE OBESE**

OBJECTIVE 10.3

Data Source: FYTS

By December 2030, decrease the percentage of Florida adults (aged 18 years or older) who are sedentary.

BASELINE **25.4% OF ADULTS (AGED 18 AND OLDER) WHO ARE SEDENTARY (2023)**

TARGET **20% OR MORE OF ADULTS (AGED 18 AND OLDER) WHO ARE SEDENTARY**

OBJECTIVE 10.4

Data Source: BRFSS

By December 2030, increase the percentage of Florida public high school students who were physically active per guidelines.

BASELINE **59% OF PUBLIC HIGH SCHOOL STUDENTS WHO WERE PHYSICALLY ACTIVE (2023)**

TARGET **67% OR MORE OF PUBLIC HIGH SCHOOL STUDENTS WHO WERE PHYSICALLY ACTIVE**

OBJECTIVE 10.5

Data Source: Florida Department of Education Florida Specific Youth Survey

By December 2030, increase access to fresh food for all Floridians.

BASELINE **_ POUNDS OF FRESH FOOD DISTRIBUTED**

TARGET **_ POUNDS OF FRESH FOOD DISTRIBUTED**

Data Source: DOH/Partner Organizations

STRATEGIES

- **Partner across State Agencies** to support evidence-based interventions related to the State Health Plan for reducing Obesity
- **Identify strategic partners in health and fitness** that support community fitness (YMCA, etc.) to provide access for individuals with a history of cancer personally or hereditarily.
- **Develop partnerships with food banks and local food/farm share organizations** that provide fresh produce at low or no cost to individuals with a history of cancer personally or hereditarily.
- **Identify organizations like Feeding Florida or UF IFAS extension** that can provide nutrition education for individuals with a history of cancer personally or hereditarily.

GOAL 11

Reduce radon gas exposure in all Florida households, workplaces, and other buildings.

OBJECTIVE 11.1

By December 2030, increase the annual number of unique home addresses measured for radon.

BASELINE 49,036 UNIQUE HOME ADDRESSES MEASURED FOR RADON (2024)

TARGET 54,141 UNIQUE HOME ADDRESSES MEASURED FOR RADON

Data Source: FDOH

OBJECTIVE 11.2

By December 2030, double the number of homes measured for radon in the six counties with the highest incidence rate of lung cancer in Florida.

BASELINE 135 HOMES TESTED FOR RADON IN 6 COUNTIES WITH HIGHEST INCIDENCE OF LUNG CANCER IN FL* (2024)

TARGET 270 HOMES TESTED FOR RADON IN 6 COUNTIES WITH HIGHEST INCIDENCE OF LUNG CANCER IN FL

Data Source: FDOH

OBJECTIVE 11.3

By December 2030, increase the annual number of unique addresses tested for Radon and receiving results through the [Florida Free Radon Test Kit Program](#).

BASELINE 9,535 UNIQUE ADDRESSES TESTED FOR RADON AND RECEIVED TEST RESULTS (2024)

TARGET 14,535 UNIQUE ADDRESSES TESTED FOR RADON AND RECEIVED TEST RESULTS

Data Source: FDOH

STRATEGIES

- **Educate the Florida public, real estate professionals, builders, and healthcare providers about radon** as a modifiable risk factor for cancer, certified methods for measuring radon in homes and buildings, how to access locational radon sampling results in their communities, and certified methods of mitigating high radon levels.
- **Offer incentives for compliance** for facility types, such as schools and assisted living facilities, in locations that require radon testing.
- **Enact local construction ordinances** that include radon-resistant language.
- **Support the development and implementation of system changes** that increasing the number of buildings tested for radon level and facilitating radon mitigation when radon levels exceed the EPA action level.

*Six counties with lung cancer incidence rates above 90 per 100,000 and include Baker, Bradford, Gilchrist, Suwannee, Union and Calhoun counties



SCREENING AND EARLY DETECTION

This section outlines goals, objectives, and strategies for expanding our impact on screening and early detection and early-stage diagnosis for several frequently occurring cancers for which there are established national guidelines for early detection. Breast cancer, lung cancer, colorectal cancer, cervical cancer, prostate cancer and hepatitis C virus (HCV) are supported by strong evidence and national consensus on the benefits of routine screening and early detection (early diagnosis) and treatment. Despite availability of effective screening tests, access and use of these tests are suboptimal in Florida. For example, there is underutilization of low dose CT (LDCT) screening for lung cancer, colonoscopy and stool-based tests for colorectal cancer, mammography for breast cancer, HCV testing and treatment, prostate specific antigen (PSA) test for prostate cancer, and cervical cancer screening in rural areas, medically underserved settings and among certain population sub-groups. Florida's diverse population—age, race/ethnicity, socioeconomic, language and variable education levels – intersect to drive differential access and disparity. We envision a Florida where disparities are eliminated, and the benefits of screening are realized by all Floridians.

GOAL 12

Reduce lung cancer mortality through early detection of lung cancer in Floridians

OBJECTIVE 12.1

By December 2030, among Floridians with newly diagnosed lung cancer, increase the percentage of those with early stage/localized disease (Summary Stage 1).

BASELINE 38.3% DIAGNOSED WITH EARLY STAGE/LOCALIZED LUNG CANCER (2022)

TARGET 45% OR HIGHER DIAGNOSED WITH EARLY STAGE/LOCALIZED LUNG CANCER

OBJECTIVE 12.2

Data Source: FCDS

By December 2030, increase lung cancer screening rates among high-risk Floridians, per current practice guidelines.

BASELINE 15.8% LUNG CANCER SCREENING AMONG HIGH-RISK FLORIDIANS (2024)

TARGET 30% OR HIGHER LUNG CANCER SCREENING AMONG HIGH-RISK FLORIDIANS

Data Source: American Lung Association, State of Lung Cancer Report

STRATEGIES

Patients/Public

- **Educate Floridians who smoke tobacco** or have smoked in the past to ask their doctors about their personal need for yearly lung cancer screenings.
- **Educate the public** about who is at risk for developing lung cancer, who should undergo lung cancer screening, and where to seek screening.
- **Incorporate lung cancer screening recommendations** in tobacco control messaging to the Florida public.
- **Educate the public** on the early signs and symptoms of lung cancer.

Providers/Health Systems

- **Educate primary care providers** and appropriate specialists (e.g., cardiologists) about guideline-directed lung cancer screening.
- **Support primary care practices** and other clinics in developing and implementing system changes that improve lung cancer screening, including electronic health record tools that help providers identify and refer patients who need lung cancer screening and follow up on abnormal screening test results.
- **Improve access to LDCT screening facilities** in all Florida communities.

Policy/Advocacy

- **Reduce out-of-pocket costs for Floridians** undergoing guideline-directed lung cancer screening.
- **Expand screening coverage, particularly for Medicaid and Medicare populations in Florida**, including removal of prior authorization for screening and coverage for follow-up screening and diagnostic services for lung cancer when recommended by a health care provider in accordance with clinical practice guidelines.
- **Universal coverage of comprehensive biomarker** testing in Florida.

Assessment

- **Annually, using publicly available and emerging data sources**, assess trends towards achieving objectives for all Florida communities including by age groups, race/ethnicity, rural vs urban, health insurance coverage and health systems settings.

SCREENING AND EARLY DETECTION

CONTINUED

GOAL 13

Reduce breast cancer mortality through early detection of breast cancer in Floridians

OBJECTIVE 13.1

By December 2030, increase the percentage of Floridians newly diagnosed with localized (Summary Stage 1) breast cancer.

BASELINE **63.3% DIAGNOSED WITH LOCALIZED (SUMMARY STAGE 1) BREAST CANCER (2022)**

TARGET **75% OR HIGHER DIAGNOSED WITH LOCALIZED (SUMMARY STAGE 1) BREAST CANCER**

Data Source: FCDS

OBJECTIVE 13.2

By December 2030, increase the percentage of Florida women who meet the current practice guidelines for breast cancer screening who receive regular mammography screening.

BASELINE **62.2% OF WOMEN WHO RECEIVE REGULAR MAMMOGRAPHY SCREENING (2024)**

TARGET **85% OF WOMEN WHO RECEIVE REGULAR MAMMOGRAPHY SCREENING**

Data Source: BRFSS, FDOH/FL HealthCharts

STRATEGIES

Patients/Public

- **Educate Florida women aged 25 to 39 years** old to ask their doctors about yearly clinical breast examinations and when to begin mammograms.
- **Educate Florida women with a first-degree family member (parent, sibling, child) diagnosed with a breast cancer** or with a known genetic predisposition for breast cancer (for example, women with BRCA1 or BRCA2 gene mutations) to ask their doctors about special breast cancer screening.
- **Educate Florida women aged 40 to 74 years to undergo biennial (every 2 years) mammograms** and clinical breast examinations by their doctors.
- **Educate the Florida public about the benefits of regular mammogram screening and clinical breast examinations;** women should undergo breast cancer screening; signs and symptoms of breast cancer; and what happens when screening exam results are abnormal.

Providers

- **Educate Florida's primary care providers about breast cancer screening** for average risk and above-average risk women.

Health Systems

- **Collaborate with mobile mammography programs** to expand access to early breast cancer detection.
- **Maintain a database and dashboard** mapping of mammography facilities/resources in Florida.
- **Support primary care practices and other clinics** in developing and implementing evidence-based strategies (e.g. Community Guide) that improve breast cancer screening.

Policy/Advocacy

- **Maintain funding for Florida's Breast and Cervical Cancer Early Detection Program** to reduce out-of-pocket costs for breast cancer screening examinations and follow up care.

Assessment

- **Annually, using publicly available and emerging data sources,** assess trends towards achieving objectives for all Florida communities including by age groups, race/ethnicity, rural vs urban, health insurance coverage and health systems settings.

SCREENING AND EARLY DETECTION

CONTINUED

GOAL 14

Reduce colorectal cancer mortality among all Floridians through screening and early detection

OBJECTIVE 14.1

By December 2030, increase the percentage of those with localized disease (Summary Stage 1) among Floridians newly diagnosed with colorectal cancer.

BASELINE 37.7% DIAGNOSED WITH LOCALIZED (SUMMARY STAGE 1) COLORECTAL CANCER (2022)

TARGET 50% OR HIGHER DIAGNOSED WITH LOCALIZED (SUMMARY STAGE 1) COLORECTAL CANCER

OBJECTIVE 14.2

Data Source: FCDS

By December 2030, increase the percentage of Floridians who have fully met current practice guidelines for colorectal cancer screening.

BASELINE 69.0% OF FLORIDIANS WHO ARE SCREENED FOR COLORECTAL CANCER PER GUIDELINES (2024)

TARGET 80% OF FLORIDIANS WHO ARE SCREENED FOR COLORECTAL CANCER

Data Source: BRFSS, FDOH/FL HealthCharts

STRATEGIES

Patients/Public

- **Educate Floridians aged 45 to 75 years old to undergo colorectal screening**, and the importance of routine asymptomatic colorectal cancer screening per current guidelines.
- **Educate Floridians aged 40 to 44 years old to ask their doctors about when to begin colorectal cancer screening** and which screening methods to use.
- **Educate Floridians younger than age 45 with high risk for colorectal cancer** (e.g., strong family history, germline genetic mutations, first-degree family member with colorectal cancer diagnosed at an early age) to ask their doctors for special instructions on their colorectal cancer screening plan.

Providers/Health Systems

- **Update primary care providers about colorectal cancer screening guidelines**, methods, high risk populations, and special instructions for screening high risk populations.
- **Support primary care practices and safety net clinics** (e.g., federally qualified health centers) with low colorectal cancer screening rates in implementing evidence-based system-wide interventions that improve colorectal cancer screening, including electronic health record tools that help providers identify and refer Floridians who need colorectal cancer screening and follow up to abnormal screening test results. The CDC's Community Guide and American Cancer Society, for example, have published evidence-based strategies.

Assessment

- **Monitor trends in CRC screening/early detection and mortality to ensure all Florida populations** and communities are benefiting from effective interventions. For example, examine data by age, health insurance coverage, county of residence/rurality, and health systems.

SCREENING AND EARLY DETECTION

CONTINUED

GOAL 15

Reduce prostate cancer mortality in Florida men at high risk for aggressive and late-stage disease

OBJECTIVE 15.1

By December 2030, reduce the overall percentage of late-stage prostate cancer diagnoses among all high-risk men.

BASELINE 23% OF MEN DIAGNOSED WITH LATE-STAGE PROSTATE CANCER (2022)

TARGET 15% OR BELOW MEN DIAGNOSED WITH LATE-STAGE PROSTATE CANCER

Data Source / FCDS

OBJECTIVE 15.2

By December 2030, reduce the prostate cancer age-adjusted death rate among non-Hispanic Black men.

BASELINE 35.2 PER 100,000 POPULATION OF PROSTATE CANCER AGE-ADJUSTED DEATH RATE AMONG NON-HISPANIC BLACK MEN (2022)

TARGET 26.4 PER 100,000 POPULATION OF PROSTATE CANCER AGE-ADJUSTED DEATH RATE AMONG NON-HISPANIC BLACK MEN

Data Source: BRFSS, FDOH/FL HealthCharts

STRATEGIES

Patients/Public

- **Educate all Florida men aged 45 years old and older** to talk to their doctors about the advantages and disadvantages of prostate cancer screening.
- **Educate Florida men with above-average risk of prostate cancer** to talk to their doctors about screening beginning at age 40 (e.g., African American or Caribbean Ancestry; men with strong family history of prostate cancer or other cancers associated with high risk prostate cancer, men with known mutations associated with high-risk prostate cancer (i.e., BRCA1/2, ATM, CHEK, MSH2/MSH1 etc.).
- **Use a variety of culturally competent evidence-based approaches to communicate prostate cancer** early detection and early treatment information to diverse populations and a variety of settings (e.g., Black men, rural settings).

Providers

- **Educate primary care providers on definition of high-risk men for prostate cancer screening** (African/Caribbean ancestry, strong family history of prostate cancer, personal or family history of cancers associated with high-risk prostate cancer, known mutations such as BRCA 1 and 2, Lynch Syndrome, etc.).
- **Educate primary care providers about post treatment** (i.e., Radical Prostatectomy or Radiation Therapy) PSA monitoring for early recurrence and initiating appropriate early referral for biochemical recurrence (- based on definitions and guidelines from American Urological Association (AUA) and National Comprehensive Cancer Network (NCCN).

Health Systems

- **Support primary care practices and other clinics** in implementing system changes that improve adoption of evidence-based strategies to reduce the burden of prostate cancer for all Florida men in a variety of settings and communities.

Assessment

- **Annually, using publicly available statewide data sources** (e.g., Florida Department of Health, Bureau of Vital Statistics via FLHealthCHARTS.gov; Florida Cancer Data System Annual Data Report), to monitor trends and differences in prostate cancer stage of disease at diagnosis and mortality by population characteristics (e.g., race/ethnicity, age [e.g. 40-64 vs 65+] and geographic locations (e.g., rural vs. urban) characterized by excess burden of disease, or limited access to care.

SCREENING AND EARLY DETECTION

CONTINUED

GOAL 16

Eliminate hepatitis C virus (HCV) as a public health problem in Florida.

OBJECTIVE 16.1

By December 2030, increase the rates of Floridians ages 18-79 who complete HCV screening.

BASELINE 12% OF FLORIDIANS AGES 18-79 WHO COMPLETE HCV SCREENING (2025)

TARGET 25% OR MORE OF FLORIDIANS AGES 18-79 WHO COMPLETE HCV SCREENING

Data Source: FDOH/Merlin Surveillance System

OBJECTIVE 16.2

By December 2030, reduce the prevalence of HCV infection.

BASELINE 950 PER 100,000 POPULATION PREVALENCE OF HCV INFECTION AMONG FLORIDIANS (2022)

TARGET 25% REDUCTION (712 PER 100,000 POPULATION OR LESS) PREVALENCE OF HCV INFECTION AMONG FLORIDIANS

Data Source: HepVu, FDOH

OBJECTIVE 16.3

By December 2030, reduce the number of Floridians whose death is related to HCV.

BASELINE 3.5 PER 100,000 POPULATION OF FLORIDIANS WHOSE DEATH IS RELATED TO HCV (2022)

TARGET 15% REDUCTION (2.9 PER 100,000 POPULATION OR LESS) OF FLORIDIANS WHOSE DEATH IS RELATED TO HCV

Data Source: HepVu, FDOH

STRATEGIES

Patients/Public

- **Educate the public about Hepatitis C virus** testing per current practice guidelines.
- **Empower Floridians living with HCV infection to:**
 - **Discuss treatment options with their health care provider**
 - **Reduce risk for transmission.**

Providers

- **Educate primary care providers to implement Hepatitis C** virus testing and linkage to care programs per current practice guidelines.

Health Organizations and Systems

- **Provide support to local health departments to implement Hepatitis C** virus testing and linkage to care programs.
- **Develop initiatives to improve Hepatitis C** virus treatment capacity among primary care providers by removing provider barriers and increasing facilitators.

Assessment

- **Annually, using publicly available and emerging data sources,** assess trends towards achieving objectives for all Florida communities including by age groups, race/ethnicity, rural vs urban, health insurance coverage and health systems settings.

DIAGNOSIS & TREATMENT



This section outlines goals, objectives and strategies for achieving high quality care and outcomes and expanding access to cancer diagnosis and treatment facilities. Looking forward to delivering the best cancer care, by building up quality, training, and education, enhancing current programs in Florida in a multidisciplinary fashion. Our goals include enhancing rural health care systems and delivering quality cancer care closer to where every patient lives.

GOAL 17

Achieve excellent clinical outcomes for all Floridians through access to high-quality, evidence-based cancer treatment.

OBJECTIVE 17.1

By December 2030, increase the number of cancer patient care facilities in Florida participating in quality improvement programs.

BASELINE 88 CANCER PATIENT CARE FACILITIES PARTICIPATING IN QUALITY IMPROVEMENT PROGRAMS (2025)

TARGET 100 CANCER PATIENT CARE FACILITIES PARTICIPATING IN QUALITY IMPROVEMENT PROGRAMS

Data Source: CoC and ASCO

STRATEGIES

- **Work with key partners (such as ACS, Blood Cancer United, FQHCs, Community 211, FL Breast Cancer Foundation, Gilda's Club/Cancer Support Community, Food banks, homeless coalitions)** to increase referrals to community-based organizations for information, support, and resources for Floridians in need of cancer-related clinical services.
- **Work with key partners to increase the availability and utilization of culturally sensitive,** linguistically diverse, and low-literacy information resources about cancer diagnosis and treatment.
- **Assist cancer centers, oncology clinics, and hospitals throughout Florida** in their application for evidence-based quality improvement program accreditation or certification by providing administrative support, data collection support, data analysis support, peer-review, and/or grant funding.
- **Incentivize cancer centers, oncology clinics, and hospitals throughout Florida** to participate in evidence-based quality improvement programs like: American College of Surgeons' Commission on Cancer® (CoC) accreditation program and/or the American Society of Clinical Oncology's (ASCO) Quality Oncology Practice Initiative (QOPI®) certification program and/or the new ASCO Certified Program®; through public recognition and eligibility for grant funding for those clinical entities that achieve or maintain accreditation or certification.
- **Support the development and implementation of system** changes that improve quality of care for Florida cancer patients at the local or state level, including data tools that help identify quality deficits and electronic health record tools that assist providers in delivering timely and accurate oncology patient care. Projects may include collaboration with FCDS.

[Examples include the American College of Surgeons' Commission on Cancer® (CoC) accreditation program and/or the American Society of Clinical Oncology's (ASCO) Quality Oncology Practice Initiative (QOPI®) certification program and/or the new ASCO Certified Program®; from 88* to 100 certified programs and at least 10% increase.*Currently we have 72 CoC accredited programs 15 QOPI certified, and 1 ASCO Certified programs in 2025.]



DIAGNOSIS AND TREATMENT

CONTINUED

OBJECTIVE 17.2

By 2030, increase the number of high-quality, oncology-certified Registered Nurses and Advanced Practice Registered Nurses (OCN®, AOCNP®, CBCN®, CPHON®, BMTCN®), and nurse and patient navigators (ONN-CGSM), in Florida.

BASELINE 2443 HIGH-QUALITY, ONCOLOGY-CERTIFIED REGISTERED NURSES AND ADVANCED PRACTICE REGISTERED NURSES IN FLORIDA (2025)

TARGET 2565 OR HIGHER HIGH-QUALITY, ONCOLOGY-CERTIFIED REGISTERED NURSES AND ADVANCED PRACTICE REGISTERED NURSES IN FLORIDA

Data Source: FNA

STRATEGIES

- **Include comprehensive content about cancer** and high-quality cancer patient care in every pre-licensure nursing education program curriculum and minimum competency criteria in Florida
- **Increase the recruitment and retainment of nursing faculty with oncology specialization** in baccalaureate and graduate nursing degree programs in Florida.
- **Educate Florida healthcare employers about the Oncology Nursing Certification Corporation's** and the Academy of Nurse and Patient Navigators resources to assist and encourage Florida nurses to obtain oncology certifications.
- **Encourage cancer centers, oncology clinics, and hospitals in Florida** to offer free continuing education units (CEUs) and opportunities to support membership to professional oncology nursing organizations that educate their nurses on latest cancer technologies and emerging cancer therapies.
- **Encourage primary care clinics and other non-oncology clinics in Florida** to appropriately designate and train nursing professionals when cancer survivorship care is being provided.
- **Encourage academic cancer centers and professional nursing organizations in Florida to collaborate** to train prelicensure and graduate nursing students in oncology through such initiatives as internships, mentorships, or advanced practice programs.

OBJECTIVE 17.3

By December 2030, increase the number of oncologists and hematologists in Florida.

BASELINE 1,010 ONCOLOGISTS AND HEMATOLOGISTS (2025)

TARGET 1550 ONCOLOGISTS AND HEMATOLOGISTS (2030)

Data Source: FNA

STRATEGIES

- **Form a workgroup to assess Florida's current labor landscape of oncology physicians**, define and project Florida's future needs for oncology physicians, and identify underrepresented physician demographics and locations with respect to Florida's population and oncology physician shortage areas, in coordination with FHA, SNHA, NCIs, etc.
- **Support oncologist outreach to rural and underserved areas in Florida** using telehealth and other technologies.
- **Support the development and implementation of innovative educational technology** aimed at improving and maintaining high-quality training of oncology physicians practicing in Florida, such as simulation training and other interactive online methods.

DIAGNOSIS AND TREATMENT

CONTINUED

OBJECTIVE 17.4

By December 2030, increase the number of hematology and medical oncology fellowship programs in Florida.

BASELINE 12 HEMATOLOGY AND MEDICAL ONCOLOGY FELLOWSHIP PROGRAMS (2025)

TARGET 15 HEMATOLOGY AND MEDICAL ONCOLOGY FELLOWSHIP PROGRAMS

Data Source: ACGME

STRATEGIES

- **Leverage efforts of the state's Slots for Docs program** coordinated by the Agency for Health Care Administration (AHCA).
- **Promote the opening of new fellowship programs.**
- **Increase the size of the existing programs** in the state (recognizing most of the academic programs have not changed their size for several years).
- **Consolidate selected aspects of education among programs** such that educational activities like lectures and journal clubs can be shared across the state making it easier for the small programs to increase capacity, and help with the creation of new programs.

OBJECTIVE 17.5

By December 2030, increase number of social workers certified by the Board of Oncology Social Worker Certification.

BASELINE 59 SOCIAL WORKERS CERTIFIED BY THE BOARD OF ONCOLOGY SOCIAL WORKER CERTIFICATION (2025)

TARGET 65 OR HIGHER SOCIAL WORKERS CERTIFIED BY THE BOARD OF ONCOLOGY SOCIAL WORKER CERTIFICATION

Data Source: Board of Oncology Social Worker Certification

STRATEGIES

- **Florida Society of Oncology Social Work (FSOSW)** annual meeting, presentation at annual meeting to communicate 2030 Cancer Plan goals and objectives in this area.
- **Develop an Oncology Social Worker Work Group** to focus on growing oncology work force, including FLASCO, FSOSW, Blood Cancer United, ACS, Cancer Centers, FQHC's.
- **Partner/collaborate to share resources for students or new social workers** interested in oncology social workers (consider rapid integration FLASCO model).



QUALITY OF LIFE, SURVIVORSHIP AND END OF LIFE CARE

This section outlines goals, objectives and strategies to achieve excellent quality of life outcomes during cancer treatment, in survivorship and at end of life. As treatment outcomes improve and the numbers of cancer survivors increase across Florida, it is important to implement evidence-based lifestyle, prevention, screening and surveillance efforts to reduce the burden of secondary cancers and late effects of treatment. This plan creates a framework where our Florida cancer patients get the best palliative care, end-of-life care, and our survivors have the best quality of life after cancer therapy.

GOAL 18

Achieve excellent quality of life for all Floridians with cancer and their caregivers from Day 1 of diagnosis, during treatment, and after treatment.

OBJECTIVE 18.1

By December 2027, standardize the definition of palliative care services in Florida statute that applies across healthcare sectors.

BASELINE VARIABLE DEFINITIONS IN STATUTE (2025)

TARGET STANDARDIZED DEFINITION IN STATUTE

Data Source: Florida Palliative Care Coalition

OBJECTIVE 18.2

By December 2029, support the adoption minimum standards that Florida health care agencies must meet for the agencies to report that they provide palliative care services.

BASELINE 0 MINIMUM STANDARDS FOR REPORTING PALLIATIVE CARE SERVICES

TARGET MINIMUM STANDARDS EXIST

Data Source: Florida Palliative Care Coalition

OBJECTIVE 18.3

By December 2030, increase the number of Accreditation Council for Graduate Medical Education (ACGME) accredited Hospice and Palliative Medicine fellowship programs in Florida.

BASELINE 17 ACCREDITED HOSPICE AND PALLIATIVE MEDICINE FELLOWSHIP PROGRAMS (2025)

TARGET 23 OR HIGHER ACCREDITED HOSPICE AND PALLIATIVE MEDICINE FELLOWSHIP PROGRAMS

Data Source: ACGME

STRATEGIES

- **Support and participate in Florida Palliative Care Coalition initiatives** to assure consensus on a definition of palliative care to apply across all sectors of health care.
- **Support partners in adoption of a definition of palliative care** and specific rulemaking authority for the appropriate state agency in Florida Statutes.
- **Support and participate with Florida Palliative Care Coalition** to identify nationally recognized minimum standards for palliative care services.
- **Support and participate with partners**, in consultation with national accrediting agencies to develop rules for adoption in Florida Administrative Code related to minimum standards.
- **Communicate goal and needs to partners like Florida Association of Medical School Deans**, Florida Hospital Association, FMA, FOMA, AAHPM, and seek support for goal attainment.

QUALITY OF LIFE, SURVIVORSHIP AND END OF LIFE CARE

CONTINUED

GOAL 19

Achieve high-quality survivorship and palliative care for all Floridians with a cancer history.

OBJECTIVE 19.1

By December 2027, assess Florida Cancer Centers (American College of Surgeons (ACS) Commission on Cancer (CoC) accredited) for capacity to provide post-treatment care for Florida cancer survivors.

BASELINE **NO ASSESSMENT (2025)**

TARGET **ASSESSMENT**

Data Source: Florida Palliative Care Coalition

STRATEGIES

- **Disseminate survey**, developed from Stal et al (2024) Cancer Survivorship Care in the United States at Facilities Accredited by the Commission on Cancer published in JAMA for use in Florida to current accredited cancer centers in Florida (e.g., care facilities in Florida participating in quality improvement programs, such as the American College of Surgeons' Commission on Cancer® (CoC) accreditation program and/or the American Society of Clinical Oncology's (ASCO) Quality Oncology Practice Initiative (QOPI®) certification program and/or the new ASCO Certified Program®) to staff who deal directly with cancer survivorship care.
- **Develop a report of the findings** from the survey to identify the challenges for Florida Cancer Centers to provide survivorship care and gaps that may exist with referral flow from cancer center to patient.

OBJECTIVE 19.2

By December 2030, provide training and education opportunities for non-oncology health workers to increase the number of community health impact providers (e.g., community health workers) who can support cancer survivors.

BASELINE **0 NON-ONCOLOGY COMMUNITY HEALTH IMPACT PROVIDERS TRAINED TO SUPPORT CANCER SURVIVORS**

TARGET **17 NON-ONCOLOGY COMMUNITY HEALTH IMPACT PROVIDERS TRAINED TO SUPPORT CANCER SURVIVORS**

Data Source: Florida Community Health Worker Coalition (FCHWC)/ ACGME

STRATEGIES

- **Florida will define community-based health care professionals** as those who are involved in the administration, education, research, prevention, diagnosis, treatment, rehabilitation, hospice/Palliative care or psychosocial care of individuals who have experienced cancer both personally and through heredity. (e.g., nurses, physician assistants, social workers, consultants, educators, office managers and community health workers).
- **Partner organizations that can provide oncology-oriented, clinical psychology, and palliative care education** to community health workers (goal 0 to 3).
- **Facilitate partnerships amongst community-based health care professionals**, including social and community health worker organizations to provide oncology-based training at their established conferences that provide education.
- **Establish a state-wide procedure for recruiting and training community-based health working professionals** for oncology-based community outreach by identifying and promoting degree/certificate programs that provide oncology training.

QUALITY OF LIFE, SURVIVORSHIP AND END OF LIFE CARE

CONTINUED

OBJECTIVE 19.3

By December 2030 Educate Legislators and FDOH about the efficacy of improved electronic health record (EHR) sharing through phone apps and wearable fitness devices.

BASELINE 0 EDUCATION OPPORTUNITIES FOR LEGISLATORS AND FDOH STAFF

TARGET >1 EDUCATION OPPORTUNITIES FOR LEGISLATORS AND FDOH STAFF PROVIDED

Data Source: CCRAB and FDOH partners

STRATEGIES

- **Explore work currently being done by partners** such as CancerX that focuses on innovations in digital technologies to support cancer care.



CHILDHOOD CANCERS



Pediatric cancer is the #1 cause of death by disease among children. This section outlines goals, objectives and strategies to improve quality of care and outcomes for pediatric oncology throughout Florida. Florida has seen a disproportionately large increase in new pediatric cancer diagnoses compared to the growth in its pediatric population. The state accounts for about 6% of all new pediatric cancer cases in the U.S. By enhancing access and providing high quality childhood cancer care, we hope to improve their survival. We are committed to eliminating barriers that prevent survivors from receiving comprehensive survivorship care. Over 80% of children are cured of cancer in Florida thanks to more effective therapies; however, over 90% of them will develop one or more chronic health conditions over their lifespan. Childhood cancer survivors require ongoing, personalized follow-up that includes specialized screenings, prevention strategies, and monitoring for late effects. They benefit greatly from evidence-based lifestyle guidance, prevention services, screening programs, and surveillance strategies. By strengthening these efforts, we aim to reduce the burden of secondary cancers, minimize long-term complications, and ensure every survivor can thrive throughout their lifespan.

GOAL 20

Provide high quality pediatric oncology care to every child with cancer in Florida.

OBJECTIVE 20.1

By December 2030, expand pediatric oncology services within Florida by offering multidisciplinary tertiary care and treatment.

BASELINE 57% (2020) OF CHILDREN WITH CANCER TREATED IN COG AFFILIATED OR ACCREDITED CENTERS OF EXCELLENCE

TARGET >90% OF CHILDREN WITH CANCER TREATED IN COG AFFILIATED OR ACCREDITED CENTERS OF EXCELLENCE

Data Source: SPIRS, FAPTP

STRATEGIES

- **Expand the number of regional satellite outreach clinics** in rural and underserved areas who can provide home health nursing services, including central line dressing changes and lab draws performed by trained staff to help reduce travel to larger centers.
- **Promote and expand telemedicine access to all established pediatric oncology patients** and offer as an option for new referrals to expedite care.
- **Set up local trial sites in underserved areas when possible.**
- **Promote development of pediatric cancer consortiums among Florida hospitals** to share resources, expertise, and clinical trials for childhood cancer.

OBJECTIVE 20.2

By December 2030, develop an evaluation strategy to determine the percentage of pediatric cancer patients with access to adequate health insurance with fewer obstacles to standard therapies.

BASELINE 0 (NEW)

TARGET 1

Data Source: FDOH/AHCA/ all pediatric hematology/oncology programs in Florida

STRATEGIES

- **Facilitate expedited Medicaid and Children's Health Insurance Program (CHIP)** enrollment at diagnosis for those without coverage.
- **Establish a state-funded Pediatric Cancer Care Coordination Hub** to oversee insurance enrollment, referrals, and quality metrics and reporting.
- **Reduce prior authorization delays for standard of care treatment.**

CHILDHOOD CANCERS



CONTINUED

OBJECTIVE 20.3

By December 2030, develop an evaluation strategy to determine holistic support and services provided to families of pediatric cancer patients.

BASELINE **0 (NEW)**

TARGET **1**

Data Source: FDOH/AHCA/ all pediatric hematology/oncology programs in Florida

STRATEGIES

- **Conduct needs assessment** to assess needs and outcomes
- **Ensure each patient will be assigned to a clinical care navigator** at their institution who will assess insurance, travel, school, and psychosocial needs throughout the continuum of treatment.
- **Expand lodging support** by increasing the number of hospital housing options for Children, Adolescents and Young Adult patients and families.

OBJECTIVE 20.4

By December 2030, assess utilization of survivorship care programs for pediatric oncology.

BASELINE **0 (NEW)**

TARGET **1**

Data Source: COG/FAFTP

STRATEGIES

- **Conduct needs assessment** to document utilization.
- **Create simplified evidence-based follow-up recommendations** which align with COG's standards.
- **Encourage creation of a state funded registry** to manage data reporting and survivorship tracking.



CHILDHOOD CANCERS

CONTINUED

GOAL 21

Improve the long-term health, well-being, and self-sufficiency of childhood cancer survivors in Florida by increasing access to evidence-based survivorship care and resources for all.

OBJECTIVE 21.1

By December 2030, increase survivor treatment summaries created in Passport for Care® (PFC) by all affiliated Children's Oncology Group sites and increase utilization of activated survivor accounts.

BASELINE **55% (SUMMARIES CREATED, 2025)**

TARGET **70% SUMMARIES CREATED**

BASELINE **11% (UTILIZATION OF ACTIVATED SURVIVOR ACCOUNTS, 2025)**

TARGET **40% UTILIZATION OF SURVIVOR ACCOUNTS**

Data Source: Baylor (PFC)

STRATEGIES

- **Incentivize usage of the Passport for Care® (PFC)** in all Florida pediatric oncology clinics and hospitals by publicizing those with participation. Clinical care provider access is at <https://www.passportforcare.org>.
- **Designate a childhood cancer survivor to serve as an advocate** at an awareness event during Childhood Cancer Month (September) that promotes the usage of Passport for Care® by survivors. Survivor access is at <https://cancersurvivor.passportforcare.org>.
- **Partner with the Florida Medical Association, Florida Nurses Association, and the National Association of Social Workers** Florida Chapter to educate providers about evidence-based, personalized care and screening for childhood cancer survivors.
- **Cancer centers to host an annual "survivorship reunion" for families / patients** to provide community and survivorship information.
- **Support the development and implementation of the PFC mobile app** to establish seamless continuum of care between pediatric and adult primary care for childhood cancer survivors.
- **Promote the development of an automated integration of EHR** into Passport for Care.



CHILDHOOD CANCERS

CONTINUED

OBJECTIVE 21.2

By December 2030, educate public and health care providers of the long-term effects of cancer treatments and the unique needs of a pediatric cancer survivor

BASELINE **0 GENERAL PUBLIC EDUCATION OPPORTUNITIES ABOUT LONG-TERM EFFECTS OF CANCER TREATMENTS (2025)**

TARGET **>1 GENERAL PUBLIC EDUCATION SESSIONS ABOUT LONG-TERM EFFECTS OF CANCER TREATMENTS**

BASELINE **0 PROVIDER EDUCATION ABOUT LONG-TERM EFFECTS OF CANCER TREATMENTS (2025)**

TARGET **>1 PROVIDER EDUCATION ABOUT LONG-TERM EFFECTS OF CANCER TREATMENTS**

Data Source: FDOH and other partners

STRATEGIES

- **Establish connections between community health care providers and oncology providers** on survivorship care services.
- **Raise awareness and increase knowledge** of existing resources (i.e. Passport for Care).
- **Promote areawide community-based resource guides and continuing medical education (CME)** training opportunities for health care providers, school employees, social workers, patients and family members.
- **Assign care coordinators to survivors transitioning out of treatment** and ensure EHRs include treatment summaries with survivorship care plans that follow the patients into adulthood.

OBJECTIVE 21.3

By December 2030, develop a plan to understand and set childhood cancer survivors up for success when they return to the classroom and through their school trajectory.

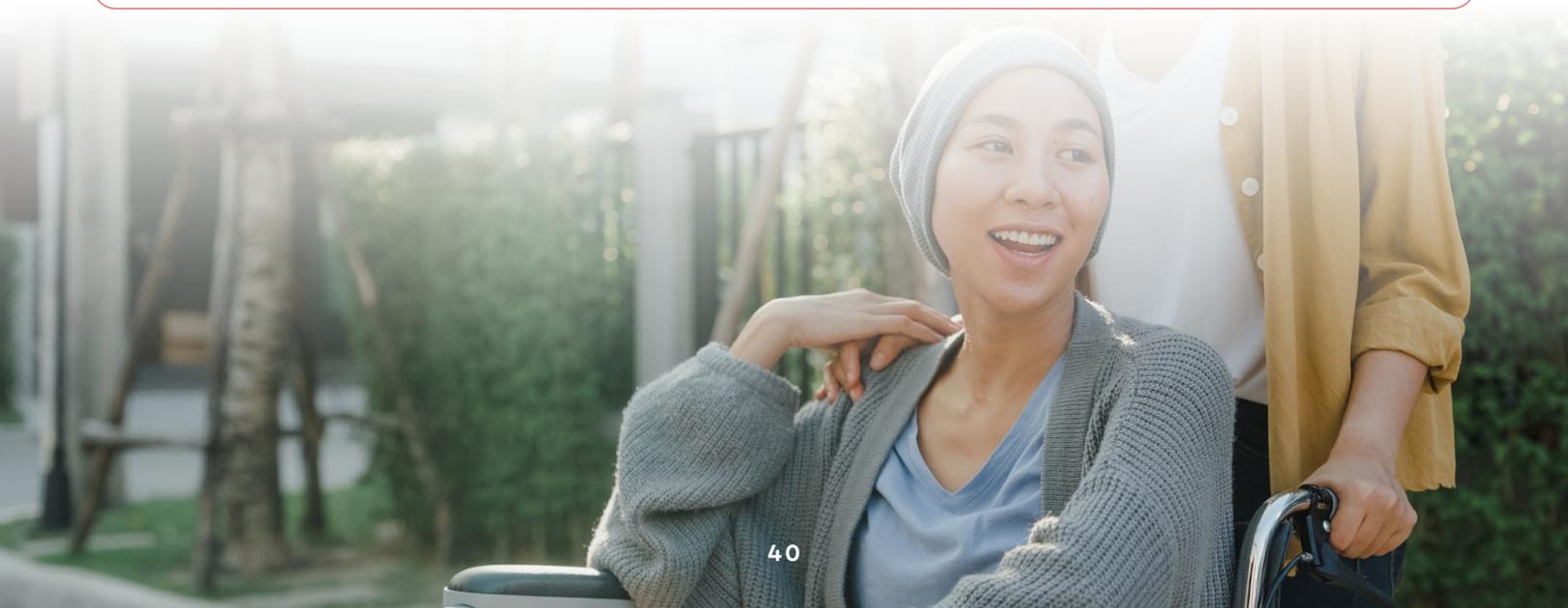
BASELINE **0 (NEW)**

TARGET **1 PLAN**

Data Source: FDOE, FDOH

STRATEGIES

- **Establish safe privacy practices** allowing for the safe linkage of data between the Department of Health and Department of Education.
- **Establish safe privacy practices** for the transfer of data locally between medical centers and school districts.
- **Support programs that track scholastic performance** for childhood cancer survivors.
- **Support interventions that improve cancer survivors' scholastic performance.**
- **Educate parents and caregivers** on how to access academic support as children reintegrate into school post-cancer therapy.



CHILDHOOD CANCERS

CONTINUED

GOAL 22

Establish the Live Like Bella® Comprehensive Childhood Cancer Network (CCCN). Through the Comprehensive Childhood Cancer Network (CCCN), we will develop a collaborative, patient- and family-centered, full-service wrap-around survivorship program. This network will implement standardized protocols designed to enhance the quality of life for pediatric cancer patients and survivors across the state.

OBJECTIVE 22.1

By December 2027, launch a Comprehensive Childhood Cancer Network (CCCN)

BASELINE **0 (NEW)**

TARGET **1**

Data Source: Live Like Bella Foundation

STRATEGIES

- **Develop and implement a real-time, comprehensive family support** and navigation hub designed to assist families with children battling cancer.
- **Offer access to structured psychosocial support**, educational resources, insurance, and medical coverage information.
- **Offer access to critical services** including financial support to help with expenses like medical co-payments, transportation, lodging, rent, utilities, groceries, and other necessities.
- **Providing a synergized, structured and sustainable support network** will reduce family distress, improve adherence to treatment plans, and enhance overall well-being.

OBJECTIVE 22.2

By December 2027, organize Clinical Trial Recruitment & Resource Guide Development

BASELINE **0 (NEW)**

TARGET **1**

Data Source: Live Like Bella Foundation

STRATEGIES

- **Design and scale a secure, customized portal** to streamline clinical trial recruitment and enhance participation in Florida-based pediatric oncology clinical trials.
- **Provide an accessible tool for families and providers**, offering real-time information about current research, available trials, eligibility requirements, logistical considerations.
- **Financial resources** will be made available to offset expenses not covered by clinical trial sponsors. This support will help reduce financial barriers and expand access to life-saving clinical trials.
- **Collaborate with nonprofits and state programs** to provide a resource manual that is updated annually and offers guidance to families to help access financial support for services including but not limited to standardized transportation, lodging support, support, etc.

OBJECTIVE 22.3

By October 2026, Expand the **Live Like Bella® Pediatric Cancer Research Symposium**.

BASELINE **ONE DAY SYMPOSIUM**

TARGET **MULTIDAY SYMPOSIUM**

Data Source: Live Like Bella Foundation

STRATEGIES

- **Build on the success of the existing symposium** and enhance the program to foster greater collaboration among students, researchers, clinicians, and families.
- **Showcase Florida as premiere research and clinical destination** and promote multidisciplinary innovation in the field.

ACRONYMS

Accredited Council for Graduate Medical Education
(ACGME)

Agency for Health Care Administration **(AHCA)**

American Academy of Hospice and Palliative
Medicine **(AAHPM)**

American Cancer Society **(ACS)**

American Cancer Society Cancer Action Network
(ACS CAN)

American College of Surgeons' Commission on
Cancer® **(ACS CoC)**

American Society of Clinical Oncology **(ASCO)**

Behavioral Risk Factor Surveillance System **(BRFSS)**

Biomedical Research Advisory Council **(BRAC)**

Body Mass Index **(BMI)**

Breast and Cervical Cancer Early
Detection Program **(BCCEDP)**

Cancer Centers of Excellence **(CCOE)**

Cancer Control and Research Advisory Council
(CCRAB)

Centers for Disease Control and Prevention **(CDC)**

Children's Oncology Group **(COG)**

Comprehensive Childhood Cancer Network **(CCCN)**

Continuing Medical Education **(CME)**

Electronic Health Record **(EHR)**

Federally Qualified Health Centers **(FQHC)**

Florida Academic Cancer Center Alliance **(FACCA)**

Florida Adult Tobacco Survey **(FLATS)**

Florida Association of Pediatric Tumor Programs, Inc.
(FAPTP)

Florida Cancer Data System **(FCDS)**

Florida Community Health Worker Coalition
(FCHWC)

Florida Department of Education **(FDOE)**

Florida Department of Health **(FDOH)**

Florida Hospital Association **(FHA)**

Florida Medical Association **(FMA)**

Florida Nurses Association **(FNA)**

Florida Osteopathic Medical Association **(FOMA)**

Florida Society of Clinical Oncology **(FLASCO)**

Florida Society of Oncology Social Workers **(FSOW)**

Florida Youth Substance Abuse Survey **(FYSAS)**

Florida Youth Tobacco Survey **(FYTS)**

Food and Drug Administration **(FDA)**

Hepatitis B virus **(HBV)**

Hepatitis C virus **(HCV)**

Human papillomavirus **(HPV)**

Children's Health Insurance Program **(CHIP)**

National Cancer Institute **(NCI)**

National Survey on Drug Use and Health **(NSDUH)**

Passport for Care® **(PFC)**

Prostate Cancer Advisory Council **(PCAC)**

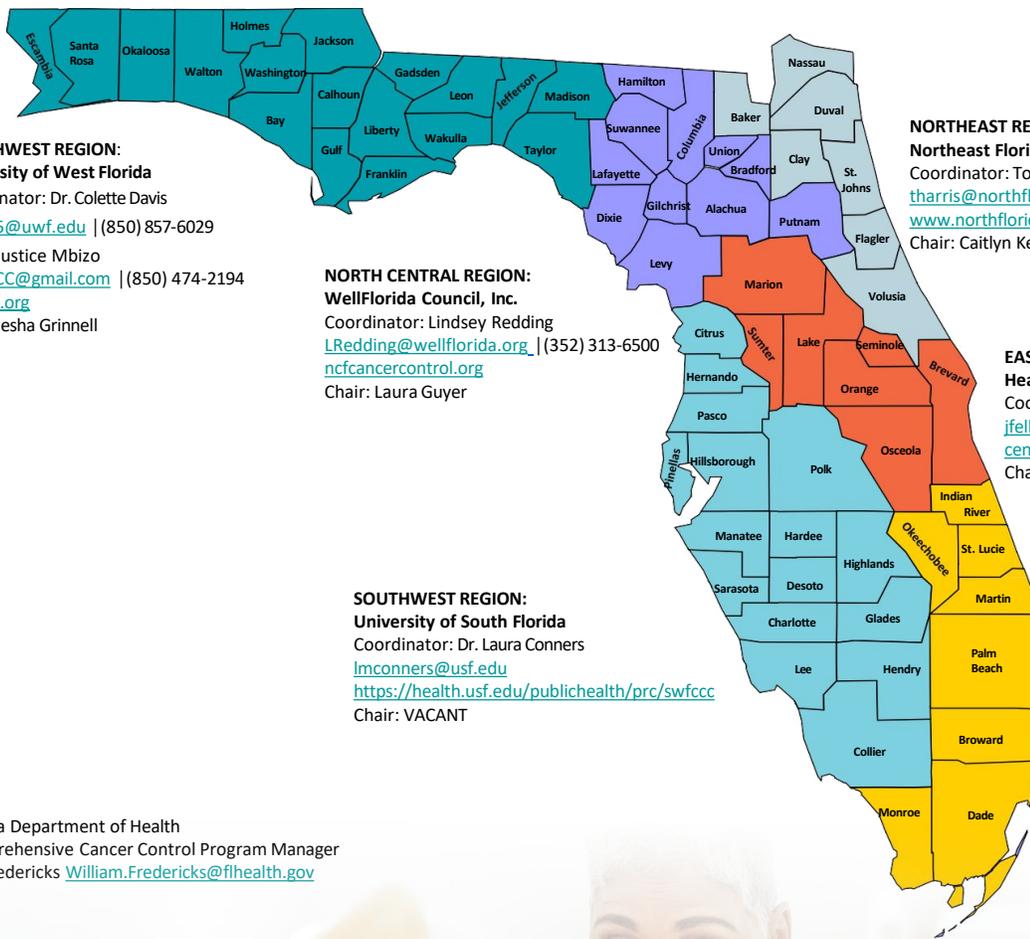
Quality Oncology Practice Initiative **(QOPI®)**

Regional Cancer Control Collaboratives **(RCCC)**

Statewide Patient Information Reporting System
(SPIRS)

FLORIDA REGIONAL CANCER CONTROL COLLABORATIVES

Reducing the Cancer Burden through Collaboration



NORTHWEST REGION:

University of West Florida

Coordinator: Dr. Colette Davis

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nwfcc.org

Chair: Iesha Grinnell

NORTH CENTRAL REGION:

WellFlorida Council, Inc.

Coordinator: Lindsey Redding

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nfcancercontrol.org

Chair: Laura Guyer

NORTHEAST REGION:

Northeast Florida Area Health Education Council

Coordinator: Tonia Harris

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Chair: Caitlyn Kennedy

EAST CENTRAL REGION:

Health Council of East Central Florida, Inc.

Coordinator: Jeff Feller

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Chair: Josephine Visser

SOUTHWEST REGION:

University of South Florida

Coordinator: Dr. Laura Connors

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<https://health.usf.edu/publichealth/prc/swfcc>

Chair: VACANT

SOUTHEAST REGION:

Health Council of South Florida, Inc.

Coordinator: Vickie Perez-Marrero

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<https://www.healthcouncil.org/sfcc>

Co-Chairs: Rachelle Theodore/Cynthia Thiry

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Comprehensive Cancer Control Program Manager
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