



**Florida Cancer Control
& Research Advisory Council**

General Membership Meeting

**Thursday, September 24, 2026
8:00 AM to 11:30 AM**



**Florida Cancer Control
& Research Advisory Council**

Mission Statement

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



Florida Cancer Control & Research Advisory Council

Florida Cancer Control & Research Advisory Council Membership

(September 2026)



Chair

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



Vice Chair

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



Avan Armaghani, MD
Florida Medical Association



Senator Colleen Burton
Senate President's Appointee



Representative Linda
Chaney
House Speaker's
Appointee



Autumn Citta, MSN, APRN,
CPNP-AC
Governor's Appointee



Christopher Cogle, MD
Senate President's
Appointee



Michael Diaz, MD
Association of
Community
Cancer Centers



Paul Hull, PhD
American Cancer Society



Joseph Ladapo, MD, PhD
Florida's Surgeon
General



Jessica MacIntyre, DNP,
MBA, APRN, AOCNP
Florida Nurses
Association



Merritt Martin
House Speaker's
Appointee



Mitchell F. Peabody, DO
Florida Osteopathic
Medical Association



Alfredo Quinones-
Hinojosa, MD
Mayo Clinic
Jacksonville



Luis Raez, MD
Florida Hospital
Association



Susan Vadaparampil,
PhD, MPH
H. Lee Moffitt Cancer
Center &
Research Institute

BYLAWS OF THE FLORIDA CANCER CONTROL AND RESEARCH ADVISORY COUNCIL

ARTICLE I: AUTHORITY, TITLE, AND DEFINITIONS

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

ARTICLE II: LOCATION AND STAFF

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

ARTICLE III: MISSION AND PROCEDURES

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

ARTICLE IV: COMPOSITION OF THE COUNCIL

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

ARTICLE V: NOMINATION AND APPOINTMENT PROCESS

5.1 APPOINTMENT PROCESS

5.1.1 New Appointments

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

5.1.2 Reappointments

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

ARTICLE VI: MEMBERSHIP RULES

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

ARTICLE VII: OFFICERS

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

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

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

ARTICLE VIII: DUTIES OF THE COUNCIL

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

ARTICLE IX: MEETINGS

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

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

ARTICLE X: AMENDMENT OF BYLAWS

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

ARTICLE XI: INDEMNIFICATION OF DIRECTORS AND OFFICERS

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



Thursday, September 24, 2026

Meeting Registration Link (for Zoom participation):

Physical Meeting Location: Sylvester Comprehensive Cancer Center Griffin Cancer Research Building, 1425 NW 10th Ave, Miami, FL 33136, Executive conference room, 402

8

**FLORIDA CANCER CONTROL AND RESEARCH ADVISORY COUNCIL
GENERAL MEMBERSHIP MEETING
Thursday, April 23, 2026, 10:00 AM to 2:00 PM**

Council Members in Attendance:

- Representative Linda Chaney - House Speaker Appointee
- Autumn Citta, ARNP - Governor Appointee
- Christopher Cogle, MD - Senate President Appointee
- Paul Hull, PhD - American Cancer Society
- Erin Kobetz, PhD - Sylvester Comprehensive Cancer Center University of Miami (Chair)
- Joseph Ladapo, MD, PhD - Florida Surgeon General (represented by Laura Corbin)
- Merritt Martin - House Speaker Appointee
- Alfredo Quiñones-Hinojosa, MD - Mayo Clinic in Jacksonville
- Luis Raez, MD - Florida Hospital Association
- Ramzi Salloum, PhD - University of Florida Health Cancer Center (Vice Chair)
- Susan Vadaparampil, PhD, MPH - Moffitt Cancer Center

Council Members Not in Attendance:

- Senator Colleen Burton - Senate President Appointee
- Mike Diaz, MD - Association of Community Cancer Centers
- Jessica MacIntyre, DNP, MBA, APRN, AOCNP - Florida Nurses Association
- Nitesh Paryani, MD - Florida Medical Association
- Mitchell Peabody, DO - Florida Osteopathic Medical Association

Others:

- | | | |
|---------------------|-----------------------|--------------------|
| • Leanne Alexander | • Monique Hernandez | • Bobbie McKee |
| • McKinsie Anderson | • Allison Ivey | • Leah Mitchem |
| • Danny Armstrong | • Lori Koch | • Bridgette Morton |
| • Tarik Benidir | • Till Krenz | • Brooke Murray |
| • D'Elia Bonilla | • Janice Krieger | • Julie Newberry |
| • Lacoadia Burkes | • Heather Lake-Burger | • Deandrea Newsome |
| • Laura Corbin | • Paul Ledford | • Vicki Piazza |
| • Jeff Feller | • Valarie Lee | • Jose Plimiento |
| • Bill Fredericks | • David Lee | • Lindsey Redding |
| • Shana Geary | • Peyton Lurk | • Betsy Shenkman |
| • Thom George | • Ashley Lyerly | • Chris Sugg |
| • Anders Gutierrez | • Sam Marticorena | • Jody Sullivan |
| • Susan Harbin | • Martin Martino | • Lynn Vinson |
| • Meredith Hennon | • Justice Mbizo | • Jennifer Woodard |
| | | • Vanessa Yoder |

Welcome & Introductions

Dr. Erin Kobetz welcomed members and guests and noted this was the first CCRA meeting held outside of Moffitt Cancer Center. She discussed plans to rotate future meetings throughout Florida and reaffirmed the Council's commitment to advancing implementation of the Florida Cancer Plan.

Approval of Minutes from November 14, 2025 Meeting

Dr. Erin Kobetz presented the minutes from the meeting on November 14, 2025. Dr. Ramzi Salloum made a motion to approve the previous meeting minutes. Dr. Paul Hull seconded the motion. The Council concurred with no objections.

Florida Cancer Plan 2026-2030 – Highlights of Opportunities for Action

The Council reviewed implementation opportunities within the new Florida Cancer Plan, including surveillance, prevention, screening, treatment, survivorship, pediatric cancer, research priorities, and strategies to address regional disparities across Florida.

Florida Department of Health Updates

Laura Corbin provided updates on statewide cancer control efforts, including breast and cervical cancer screening, colorectal cancer screening, HPV-related initiatives, survivorship activities, and Tobacco Free Florida programs.

Biomedical Research Advisory Council (BRAC) Update

Dr. Danny Armstrong presented updates on the state-supported biomedical and cancer research programs and opportunities to strengthen translational research collaboration.

State Legislative Update & Discussion

Representative Linda Chaney and Susan Harbin, American Cancer Society Cancer Action Network, provided legislative updates, including healthcare appropriations, cancer research funding, mobile mammography initiatives, and pending health-related legislation. It is still to be determined when the Legislature will close the 2026 legislative session.

OneFlorida Presentation

Dr. Betsy Shenkman presented on the OneFlorida Clinical Research Consortium, its statewide data resources, governance model, and opportunities for cancer research collaboration.

Community Outreach & Engagement

Dr. Ramzi Salloum presented on the University of Florida Health Cancer Center Community Outreach and Engagement outreach activities focused on cancer prevention, screening, navigation, survivorship, and community-engaged research.

North Central Regional Cancer Control Collaborative Updates & Discussion

Lindsey Redding presented on the North Central Regional Cancer Control Collaborative's efforts addressing screening access, tobacco cessation, survivorship, and rural cancer disparities. There was discussion regarding the personnel needs for regional cancer control collaboratives to implement initiatives through additional grant funds available. There was discussion regarding the number of plans with cancer-related goals and objectives in the state. Partners will work on a landscape analysis to better understand the current state and identify opportunities to be more aligned.

Cancer Plan Implementation – Working Group Updates & Discussion

Council members discussed implementation strategies, partner alignment, performance measures, and opportunities for statewide coordination. Members emphasized collaboration, stakeholder engagement, data-informed action, and alignment among research, advocacy, and public health partners.

Comments

Dr. Kobetz invited any meeting participant to make comments.

Next CCRAB Meeting

The next CCRAB meeting will be in the Fall of 2026. Dr. Bobbie McKee will follow-up with Council members with additional information. It is anticipated that the next meeting will be held at Sylvester Comprehensive Cancer Center in late-September to align with the Live Like Bella Research Symposium in Miami.

Adjourn

With no further business, the meeting was adjourned.

381.915 Casey DeSantis Cancer Research Program.—

(1) This section may be cited as the “Casey DeSantis Cancer Research Act.”

(2) The Casey DeSantis Cancer Research Program is established to enhance the quality and competitiveness of cancer care in this state, further a statewide biomedical research strategy directly responsive to the health needs of Florida’s citizens, capitalize on the potential educational opportunities available to its students, and promote the provision of high-quality, innovative health care for persons undergoing cancer treatment in this state. The department shall:

(a) Make payments to cancer centers recognized by the National Cancer Institute (NCI) at the National Institutes of Health as NCI-designated cancer centers or NCI-designated comprehensive cancer centers, and cancer centers working toward achieving NCI designation. The department shall distribute funds to participating cancer centers on a quarterly basis during each fiscal year for which an appropriation is made.

(b) Make cancer innovation grant funding available through the Cancer Innovation Fund under subsection (9) to health care providers and facilities that demonstrate excellence in patient-centered cancer treatment or research.

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

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

(b) “Cancer center” means a comprehensive center with at least one geographic site in the state, a freestanding center located in the state, a center situated within an academic institution, or a Florida-based formal research-based consortium under centralized leadership that has achieved NCI designation.

(c) “Cancer Connect Collaborative” or “collaborative” means the council created under subsection (8).

(d) “Florida-based” means that a cancer center’s actual or sought designated status is or would be recognized by the NCI as primarily located in Florida and not in another state, or that a health care provider or facility is physically located in Florida and provides services in Florida.

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

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

weighted at 1.0. Determination of institutional or investigator-initiated interventional clinical trials must be consistent with reporting guidelines provided by the NCI.

(4) Tier designations and corresponding weights within the Casey DeSantis Cancer Research Program are as follows:

(a) Tier 1: NCI-designated comprehensive cancer centers, which shall be weighted at 1.5.

(b) Tier 2: NCI-designated cancer centers, which shall be weighted at 1.25.

(c) Tier 3: Cancer centers seeking designation as either a NCI-designated cancer center or NCI-designated comprehensive cancer center, which shall be weighted at 1.0.

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

a. Conducting cancer-related basic scientific research and cancer-related population scientific research;

b. Offering and providing the full range of diagnostic and treatment services on site, as determined by the Commission on Cancer of the American College of Surgeons;

c. Hosting or conducting cancer-related interventional clinical trials that are registered with the NCI's Clinical Trials Reporting Program;

d. Offering degree-granting programs or affiliating with universities through degree-granting programs accredited or approved by a nationally recognized agency and offered through the center or through the center in conjunction with another institution accredited by an accrediting agency or association recognized by the database created and maintained by the United States Department of Education;

e. Providing training to clinical trainees, medical trainees accredited by the Accreditation Council for Graduate Medical Education or the American Osteopathic Association, and postdoctoral fellows recently awarded a doctorate degree; and

f. Having more than \$5 million in annual direct costs associated with their total NCI peer-reviewed grant funding.

2. The General Appropriations Act or accompanying legislation may limit the number of cancer centers which shall receive Tier 3 designations or provide additional criteria for such designation.

3. A cancer center's participation in Tier 3 may not extend beyond June 30, 2024.

4. A cancer center that qualifies as a designated Tier 3 center under the criteria provided in subparagraph 1. by July 1, 2014, is authorized to pursue NCI designation as a cancer center or a comprehensive cancer center until June 30, 2024.

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

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

Where:

CAF = A cancer center's allocation fraction.

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

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

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

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

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

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

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

(7) The amount of \$37,771,257 from the total funds appropriated in the General Appropriations Act for the Casey DeSantis Cancer Research Program shall be excluded from the annual allocation fraction calculation under subsection (5). The excluded amount shall be distributed to participating cancer centers in the same proportion as determined by the allocation fraction calculation.

(8) The Cancer Connect Collaborative, a council as defined in s. 20.03, is created within the department to advise the department and the Legislature on developing a holistic approach to the state's efforts to fund cancer research, cancer facilities, and treatments for cancer patients. The collaborative may make recommendations on proposed legislation, proposed rules, best practices, data collection and reporting, issuance of grant funds, and other proposals for state policy relating to cancer research or treatment.

(a) The Surgeon General shall serve as an ex officio, nonvoting member of the collaborative and shall serve as the chair.

(b) The collaborative shall be composed of the following voting members:

1. Two members appointed by the Governor, three members appointed by the President of the Senate, and three members appointed by the Speaker of the House of Representatives, based on the criteria of this subparagraph. The appointing officers shall make their appointments prioritizing members who have the following experience or expertise:

- a. The practice of a health care profession specializing in oncology clinical care or research;
- b. The development of preventive and therapeutic treatments to control cancer;
- c. The development of innovative research into the causes of cancer, the development of effective treatments for persons with cancer, or cures for cancer; or
- d. Management-level experience with a cancer center licensed under chapter 395.

2. One member who is a resident of this state who can represent the interests of cancer patients in this state, appointed by the Governor.

(c) The terms of appointees under paragraph (b) shall be for 2 years unless otherwise specified. However, to achieve staggered terms, the initial appointees under that paragraph shall serve 3 years for their first term. These appointees may be reappointed for no more than four consecutive terms.

(d) Any vacancy occurring on the collaborative must be filled in the same manner as the original appointment. Any member who is appointed to fill a vacancy occurring because of death, resignation, or ineligibility for membership shall serve only for the unexpired term of the member's predecessor.

(e) Members of the collaborative whose terms have expired may continue to serve until replaced or reappointed, but for no more than 6 months after the expiration of their terms.

(f) Members of the collaborative shall serve without compensation but are entitled to reimbursement for per diem and travel expenses pursuant to s. 112.061.

(g) The collaborative shall meet as necessary, but at least quarterly, at the call of the chair. A majority of the members of the collaborative constitutes a quorum, and a meeting may not be held with less than a quorum present. In

order to establish a quorum, the collaborative may conduct its meetings through teleconference or other electronic means. The affirmative vote of a majority of the members of the collaborative present is necessary for any official action by the collaborative.

(h) The department shall provide reasonable and necessary support staff and materials to assist the collaborative in the performance of its duties.

(i)1. As used in this paragraph, the term “proprietary business information” means information that:

- a. Is owned or controlled by the applicant;
- b. Is intended to be private and is treated by the applicant as private;
- c. Has not been disclosed except as required by law or a private agreement that provides that the information will not be released to the public;
- d. Is not readily available or ascertainable through proper means from another source in the same configuration as received by the collaborative;
- e. Affects competitive interests, and the disclosure of such information would impair the competitive advantage of the applicant; and
- f. Is explicitly identified or clearly marked as proprietary business information.

2. Proprietary business information held by the department or the collaborative is confidential and exempt from s. 119.07(1) and s. 24(a), Art. I of the State Constitution. This exemption does not apply to information contained in final recommendations of the collaborative.

3. Portions of a meeting of the collaborative during which confidential and exempt proprietary business information is discussed are exempt from s. 286.011 and s. 24(b), Art. I of the State Constitution. The closed portion of a meeting must be recorded, and the recording must be maintained by the collaborative. The recording is confidential and exempt from s. 119.07(1) and s. 24(a), Art. I of the State Constitution.

4.a. Proprietary business information made confidential and exempt under subparagraph 2. may be disclosed with the express written consent of the applicant to whom the information pertains, or the applicant’s legally authorized representative, or pursuant to a court order upon a showing of good cause.

b. Recordings of those portions of exempt meetings which are made confidential and exempt under subparagraph 3. may be disclosed to the department or pursuant to a court order upon a showing of good cause.

5. This paragraph is subject to the Open Government Sunset Review Act in accordance with s. 119.15 and shall stand repealed on October 2, 2029, unless reviewed and saved from repeal through reenactment by the Legislature.

(9)(a) The collaborative shall advise the department on the awarding of grants issued through the Cancer Innovation Fund. During any fiscal year for which funds are appropriated to the fund, the collaborative shall review all submitted grant applications using the parameters provided in paragraph (c) and make recommendations to the department for awarding grants to support innovative cancer research and treatment models, including emerging research and treatment trends and promising treatments that may serve as catalysts for further research and treatments. The department shall make the final grant allocation awards. The collaborative shall give priority to applications seeking to expand the reach of cancer screening efforts and innovative cancer treatment models into underserved areas of this state.

(b) To be eligible for grant funding under this subsection, a licensed or certified health care provider, facility, or entity must meet at least one of the following criteria:

1. Operates as a licensed hospital that has a minimum of 30 percent of its current cancer patients residing in rural or underserved areas.
 2. Operates as a licensed health care clinic or facility that employs or contracts with at least one physician licensed under chapter 458 or chapter 459 who is board certified in oncology and that administers chemotherapy treatments for cancer.
 3. Operates as a licensed facility that employs or contracts with at least one physician licensed under chapter 458 or chapter 459 who is board certified in oncology and that administers radiation therapy treatments for cancer.
 4. Operates as a licensed health care clinic or facility that provides cancer screening services at no cost or a minimal cost to patients.
 5. Operates as a rural hospital as defined in s. 395.602(2)(b).
 6. Operates as a critical access hospital as defined in s. 408.07(14).
 7. Operates as a specialty hospital as defined in s. 395.002(28)(a) which provides cancer treatment for patients from birth to 18 years of age.
 8. Operates as a licensed hospital that is accredited by the American College of Surgeons as a Comprehensive Community Cancer Program or Integrated Network Cancer Program.
 9. Engages in biomedical research intended to develop therapies, medical pharmaceuticals, treatment protocols, or medical procedures intended to cure cancer or improve the quality of life of cancer patients.
 10. Educates or trains students, postdoctoral fellows, or licensed or certified health care practitioners in the screening, diagnosis, or treatment of cancer.
- (c) To ensure that all proposals for grant funding issued through the Cancer Innovation Fund are appropriate and are evaluated fairly on the basis of scientific merit, the department shall appoint peer review panels of independent, scientifically qualified individuals to review the scientific merit of each proposal and establish its priority score. The priority scores must be forwarded to the collaborative and must be considered in determining which proposals the collaborative recommends for grant funding through the Cancer Innovation Fund.
- (d) The collaborative and the peer review panels shall establish and follow rigorous guidelines for ethical conduct and adhere to a strict policy with regard to conflicts of interest regarding the assessment of Cancer Innovation Fund grant applications. A member of the collaborative or a panel may not participate in any discussion or decision of the collaborative or a panel with respect to a research proposal by any firm, entity, or agency with which the member is associated as a member of the governing body or as an employee or with which the member has entered into a contractual arrangement.
- (e) Beginning December 1, 2025, and annually thereafter, the collaborative shall prepare and submit a report to the Governor, the President of the Senate, and the Speaker of the House of Representatives which identifies and evaluates the performance and the impact of grants issued through the Cancer Innovation Fund on cancer treatment, research, screening, diagnosis, prevention, practitioner training, workforce education, and cancer patient survivorship. The report must include all of the following:
1. Amounts of grant funds awarded to each recipient.
 2. Descriptions of each recipient's research or project which include, but need not be limited to, the following:
 - a. Goals or projected outcomes.
 - b. Population to be served.
 - c. Research methods or project implementation plan.

3. An assessment of grant recipients which evaluates their progress toward achieving objectives specified in each recipient's grant application.

4. Recommendations for best practices that may be implemented by health care providers in this state who diagnose, treat, and screen for cancer, based on the outcomes of projects funded through the Cancer Innovation Fund.

(10) Beginning July 1, 2025, and each year thereafter, the department, in conjunction with participating cancer centers, shall submit a report to the Cancer Control and Research Advisory Council and the collaborative on specific metrics relating to cancer mortality and external funding for cancer-related research in this state. If a cancer center does not endorse this report or produce an equivalent independent report, the cancer center is ineligible to receive program funding for 1 year. The department must submit this annual report, and any equivalent independent reports, to the Governor, the President of the Senate, and the Speaker of the House of Representatives no later than September 15 of each year the report or reports are submitted by the department. The report must include:

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

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

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

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

(d) A description of the numbers and types of cancer cases treated annually at each participating cancer center, including reportable and nonreportable cases.

(11) Beginning July 1, 2025, each allocation agreement issued by the department relating to cancer center payments under paragraph (2)(a) must include all of the following:

- (a) A line-item budget narrative documenting the annual allocation of funds to a cancer center.
- (b) A cap on the annual award of 15 percent for administrative expenses.
- (c) A requirement for the cancer center to submit quarterly reports of all expenditures made by the cancer center with funds received through the Casey DeSantis Cancer Research Program.
- (d) A provision to allow the department and other state auditing bodies to audit all financial records, supporting documents, statistical records, and any other documents pertinent to the allocation agreement.

(e) A provision requiring the annual reporting of outcome data and protocols used in achieving those outcomes.

(12)(a) The Legislature finds that targeted areas of cancer research require increased resources and that Florida should become a leader in promoting research opportunities for these targeted areas. Floridians should not have to

leave the state to receive the most advanced cancer care and treatment. To meet this need, the Cancer Connect Collaborative Research Incubator, or “incubator” as used in this subsection, is created within the department, to be overseen by the collaborative, to provide funding for a targeted area of cancer research over a 5-year period. For the 5-year period beginning July 1, 2025, the incubator’s targeted area of cancer research is pediatric cancer.

(b) Contingent upon the appropriation of funds by the Legislature, grants issued through the incubator must be awarded through a peer-reviewed, competitive process. Priority must be given to applicants that focus on enhancing both research and treatment by increasing participation in clinical trials related to the targeted area of cancer research, including all of the following:

1. Identifying strategies to increase enrollment in cancer clinical trials.
2. Supporting public and private professional education programs to raise awareness and knowledge about cancer clinical trials.
3. Providing tools for cancer patients and community-based oncologists to help identify available cancer clinical trials in this state.
4. Creating opportunities for the state’s academic cancer centers to collaborate with community-based oncologists in cancer clinical trial networks.

(c) Priority may be given to grant proposals that foster collaborations among institutions, researchers, and community practitioners to support the advancement of cures through basic or applied research, including clinical trials involving cancer patients and related networks.

(d) Applications for incubator funding may be submitted by any Florida-based specialty hospital as defined in s. 395.002(28)(a) which provides cancer treatment for patients from birth to 18 years of age. All qualified applicants must have equal access and opportunity to compete for research funding. Incubator grants must be recommended by the collaborative and awarded by the department on the basis of scientific merit, as determined by a competitively open and peer-reviewed process to ensure objectivity, consistency, and high quality.

(e) To ensure that all proposals for research funding are appropriate and are evaluated fairly on the basis of scientific merit, the department shall appoint peer review panels of independent, scientifically qualified individuals to review the scientific merit of each proposal and establish its priority score. The priority scores must be forwarded to the collaborative and must be considered in determining which proposals the collaborative recommends for funding.

(f) The collaborative and the peer review panels shall establish and follow rigorous guidelines for ethical conduct and adhere to a strict policy with regard to conflicts of interest regarding the assessment of incubator grant applications. A member of the collaborative or a panel may not participate in any discussion or decision of the collaborative or a panel regarding a research proposal from any firm, entity, or agency with which the member is associated as a governing body member, as an employee, or through a contractual arrangement.

(g) Each recipient of incubator grant funds must enter into an allocation agreement with the department. Each such allocation agreement must include all of the following:

1. A line-item budget narrative documenting the annual allocation of funds to a recipient.
2. A cap on the annual award of 15 percent for administrative expenses.
3. A requirement for the recipient to submit quarterly reports of all expenditures made by the recipient with funds received through the incubator.
4. A provision to allow the department and other state auditing bodies to audit all financial records, supporting documents, statistical records, and any other documents pertinent to the allocation agreement.

5. A provision requiring the annual reporting of outcome data and protocols used in achieving those outcomes.

(h) Beginning December 1, 2026, and annually through December 1, 2030, the collaborative shall prepare and submit a report to the Governor, the President of the Senate, and the Speaker of the House of Representatives which evaluates research conducted through the incubator and provides details on outcomes and findings available through the end of the fiscal year immediately preceding each report. If the collaborative recommends that the incubator be extended beyond its 5-year lifespan, the collaborative shall make such recommendation in the report due December 1, 2029, and shall include a recommendation for the next targeted area of cancer research. The report due on December 1, 2030, must include all of the following:

1. Details of all results of the research conducted with incubator funding which has been completed or the status of research in progress.

2. An evaluation of all research conducted with incubator funding during the 5 fiscal years preceding the report.

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

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

History.—s. 3, ch. 2014-165; s. 10, ch. 2018-24; ss. 20, 21, 110, ch. 2020-114; s. 4, ch. 2020-133; s. 1, ch. 2020-156; s. 4, ch. 2022-150; s. 1, ch. 2023-14; s. 2, ch. 2023-246; s. 1, ch. 2024-247; s. 1, ch. 2024-248; s. 2, ch. 2025-204



Casey DeSantis Cancer
Research Program

*formerly known as the Florida Consortium of National
Cancer Institute Centers Program*

Ron DeSantis
Governor

Joseph A. Ladapo, MD, PhD
State Surgeon General

Annual Report to the Cancer Control and Research Advisory Council

July 1, 2026

Contents

Background.....	3
Cancer in Florida.....	4
An Analysis of Trending Age-Adjusted Cancer Mortality Rates in Florida	4
Lung cancer.....	4
Pancreatic cancer.....	6
Melanoma.....	8
Leukemia.....	10
Lymphoid, hematopoietic, and related tissue cancers	12
Brain/central nervous system cancer	14
Breast cancer	16
Colorectal Cancer.....	18
Federal Funding Awarded to Florida Institutions	21
Federal Research Funding 2024	21
Federal Research Funding 2023	22
Federal Research Funding 2022	22
The Florida National Cancer Institutes.....	23

Background

Cancer is the second leading cause of death in the United States and in Florida (Source: FLHealthCHARTS). Cancer mortality rates can be seen as indicators of the health and well-being of the population as well as the quality of available health care. Cancer mortality information is used by local governments and organizations to identify areas in need and direct available resources.

The Casey DeSantis Cancer Research Program, formerly known as the Florida Consortium of National Cancer Institute (NCI) Centers Program, section 381.915, Florida Statutes, was established to enhance the quality and competitiveness of cancer care in Florida, further a statewide biomedical research strategy directly responsive to the health needs of Floridians and capitalize on the potential educational opportunities available to students. The Florida Department of Health (Department) administers funding, through contractual agreements, that supports Florida-based cancer centers recognized as NCI-designated cancer centers or NCI-designated comprehensive cancer centers.

This report provides an update on cancer trends in Florida and comprehensive reports from each of the four institutions recognized as Florida-based NCIs. This report is required for submission to the Cancer Control and Research Advisory Council. Prior to 2025, this report was required every three years beginning July 1, 2017. However, changes to statute beginning July 1, 2025, require an annual report by the Department, in conjunction with the participating cancer centers, submitted to the Cancer Control and Research Advisory Council and the Cancer Connect Collaborative on specific metrics relating to cancer mortality and external funding for cancer-related research in this state. If a cancer center does not endorse this report or produce an equivalent independent report, the cancer center is ineligible to receive program funding for one year.

Per subsection 381.915(10), F.S., the report must include:

1. An analysis of trending age-adjusted cancer mortality rates in the state, overall age-adjusted mortality rates for cancer statewide and age-adjusted mortality rates by age group, geographic region, and type of cancer.

At a minimum, the types of cancer addressed in the report must include:

- Lung cancer
 - Pancreatic cancer
 - Sarcoma
 - Melanoma
 - Leukemia and myelodysplastic syndromes
 - Brain cancer
 - Breast cancer
2. Information on trends in overall federal funding, broken down by institutional source, for cancer-related research in the state.
 3. A list and narrative description of interinstitutional collaboration among participating cancer centers, which may include:
 - Grants received by participating cancer centers in collaboration
 - A comparison of such grants in proportion to the grant totals for each cancer center
 - A catalog of retreats and progress seed grants using state funds
 - Targets for collaboration in the future and reports on progress regarding such targets, where appropriate.

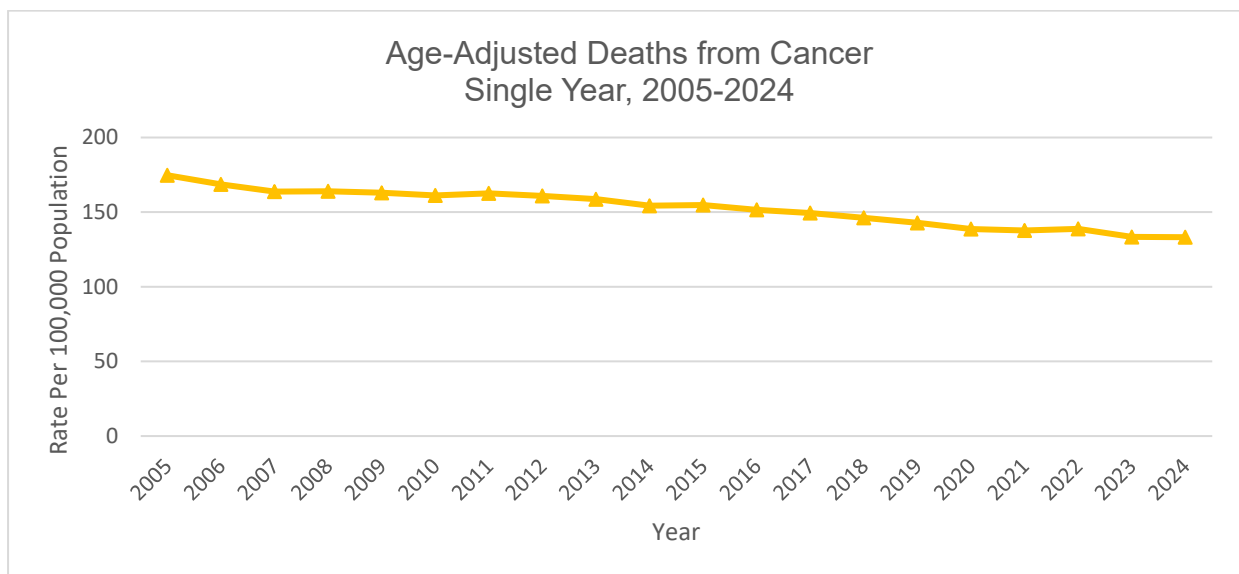
Cancer in Florida

Overall, the death rates of cancer in Florida have slightly decreased over the past 20 years. However, Florida has the second highest cancer burden in the nation. Since 2014, cancer has been the second leading cause of death in Florida, after heart disease. Some common types of cancers can be attributed to lifestyles and lack of health care access. The five most common newly diagnosed cancers in Florida are breast, prostate, lung and bronchus, colorectal, and melanoma.

An Analysis of Trending Age-Adjusted Cancer Mortality Rates in Florida

Overall age-adjusted death rates from cancer in Florida are trending downward as shown in Exhibit 1.

Exhibit 1:



*FLHealthCHARTS

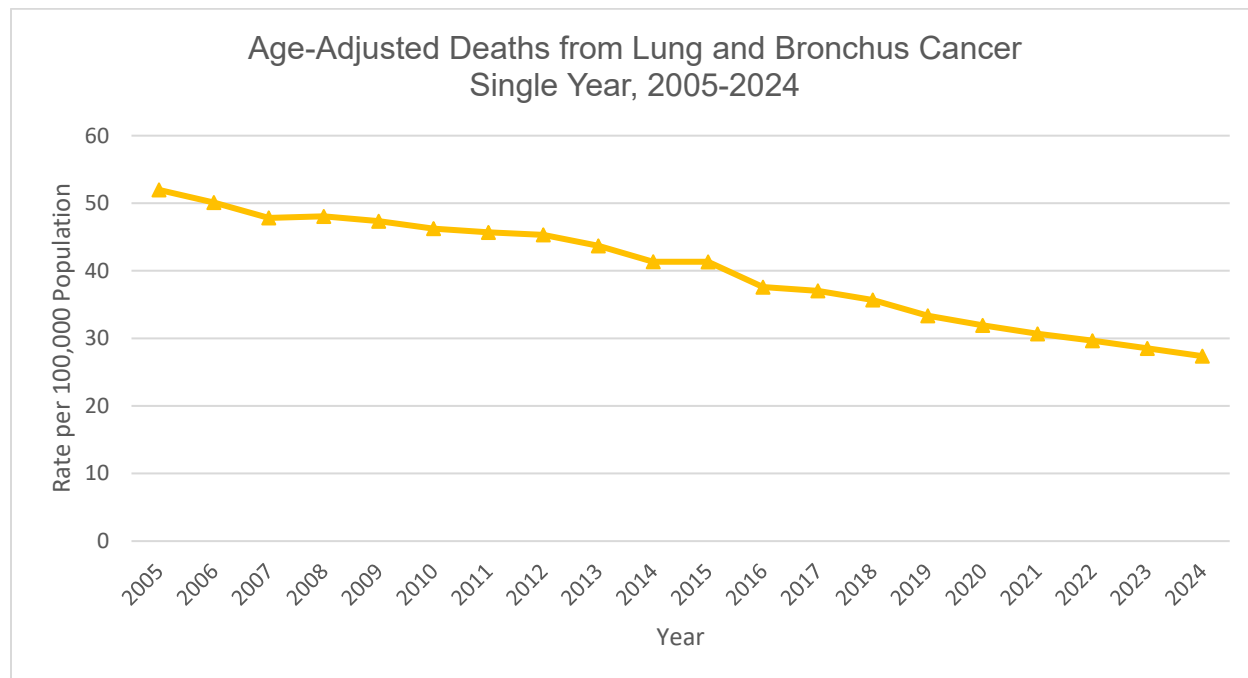
The sections below provide an overview of common cancers in Florida.

Lung cancer is a disease which consists of uncontrolled cell growth in tissues of the lung. This growth may lead to metastasis, which is the invasion of cancer cells into adjacent tissue and infiltration beyond the lungs.

- The vast majority of primary lung cancers are carcinomas of the lung, derived from epithelial cells.
- The most common cause of lung cancer is long-term exposure to tobacco smoke.
- The occurrence of lung cancer in nonsmokers, who account for as many as 15% of cases, is often attributed to a combination of genetic factors, radon gas, asbestos, and air pollution, including secondhand smoke.

Lung cancer death rates have steadily declined over the last 20 years in Florida (see Exhibit 2). The death rate from lung cancer is significantly greater in the 40–64 age group with the highest death rate in the 65 and older population.

Exhibit 2



*FLHealthCHARTS

Exhibits 3a and 3b provide age-adjusted death rates by age groups and by year. Lung cancers are most prevalent in the two highest age groups.

Exhibit 3a: Lung and Bronchus Cancer Age-Adjusted Mortality, Single Year Rates by Age Group, per 100,000, 2015-2024				
Year	0-19	20-39	40-64	65+
2015	0.0	0.6	45.9	233.6
2016	0.0	0.5	41.4	214.4
2017	0.0	0.5	40.7	211.1
2018	0.0	0.5	38.9	205.2
2019	0.0	0.4	35.4	194.9
2020	0.0	0.6	34.0	186.3
2021	0.0	0.5	32.2	180.7
2022	0.0	0.5	30.5	174.1
2023	0.0	0.4	28.2	171.2
2024	0.0	0.4	25.6	166.4

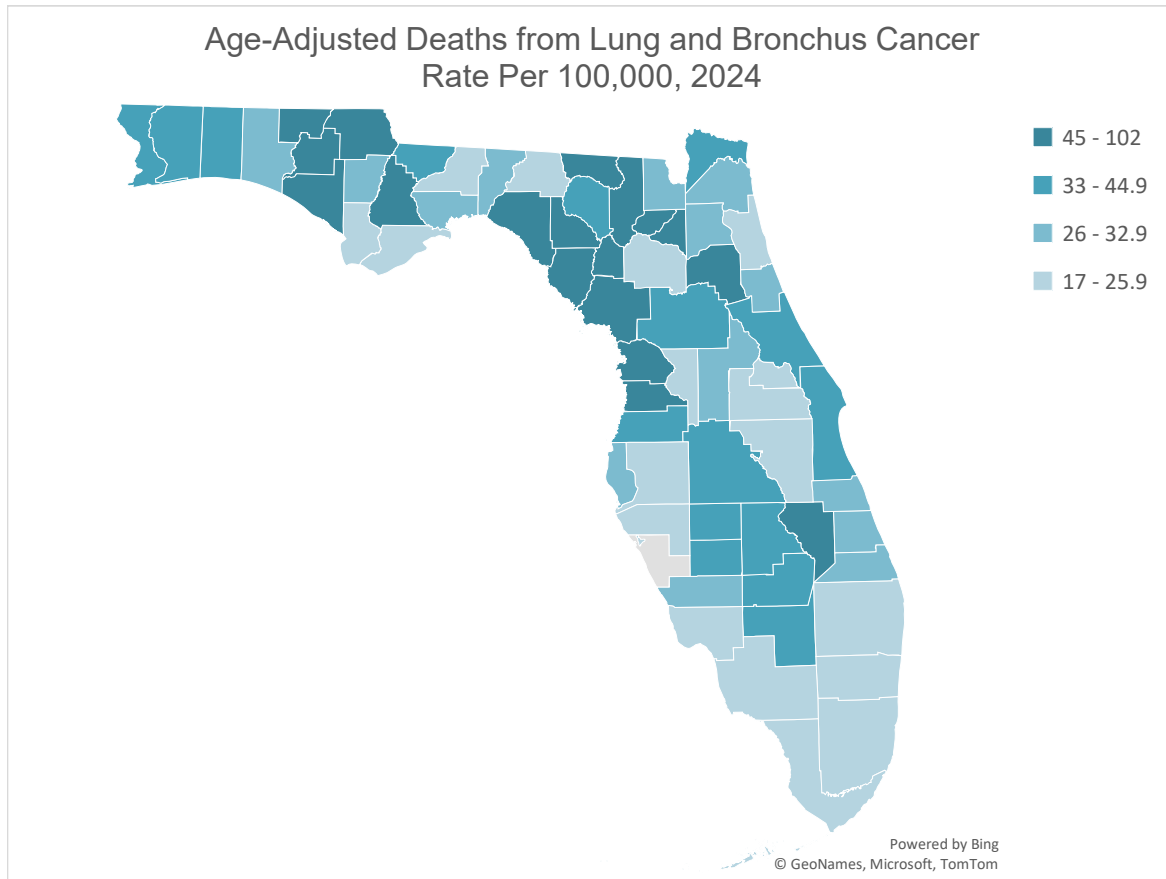
*FLHealthCHARTS

Exhibit 3b: Lung and Bronchus Cancer Age-Adjusted Mortality Single Year Rates, per 100,000, 2015-2024	
Year	Rate
2015	41.33
2016	37.59
2017	37.03
2018	35.68
2019	33.35
2020	31.93
2021	30.68
2022	29.66
2023	28.51
2024	27.38

*FLHealthCHARTS

The highest death rates from lung cancer occur in rural counties and are concentrated in the Florida Panhandle (see Exhibit 4). Higher death rates are, in part, attributable to decreased access to prevention, diagnostic, and treatment services.

Exhibit 4



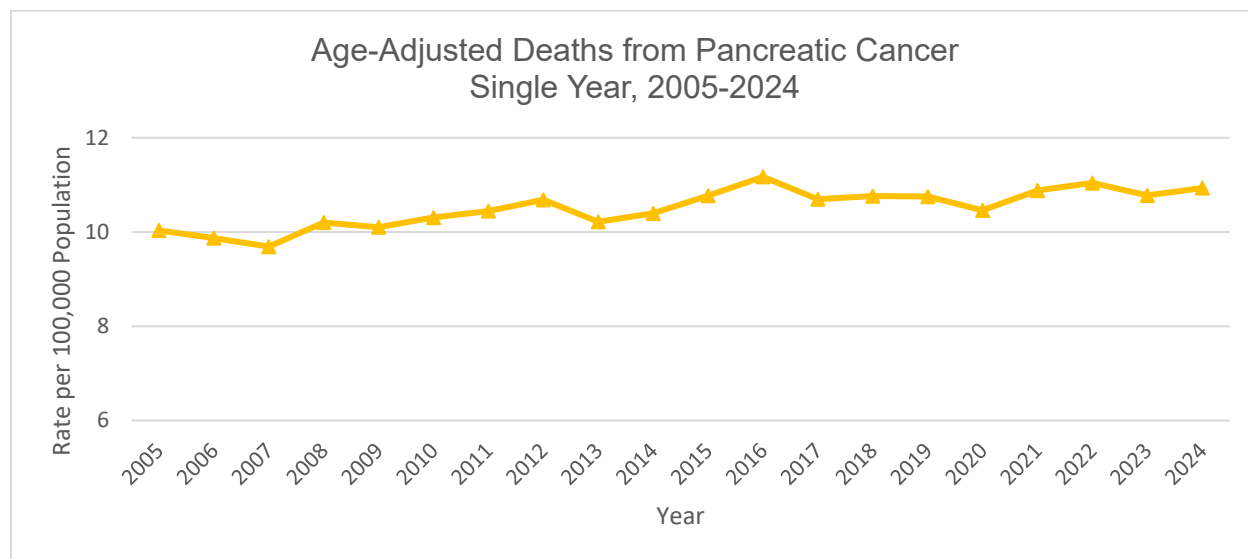
*FLHealthCHARTS

Pancreatic cancer is a disease in which malignant (cancerous) cells form in the tissues of the pancreas.

- The pancreas is a gland located behind the stomach and in front of the spine.
- The pancreas produces digestive juices and hormones that regulate blood sugar.
- Cells called exocrine pancreas cells produce digestive juices, while cells called endocrine pancreas cells produce hormones.
- Most pancreatic cancers start in the exocrine glands.

Exhibit 5 provides the age-adjusted death rates for pancreatic cancer by year.

Exhibit 5



*FLHealthCHARTS

Exhibits 6a and 6b show age-adjusted mortality by age group from 2015 to 2024 and overall mortality rates by year. Rates are highest for the two highest age groups.

Exhibit 6a: Pancreatic Cancer Age-Adjusted Mortality, Single Year Rates by Age Group, per 100,000, 2015-2024				
Year	0-19	20-39	40-64	65+
2015	0.0	0.2	10.9	62.7
2016	0.0	0.2	12.0	63.1
2017	0.0	0.3	10.8	62.1
2018	0.0	0.2	11.1	62.5
2019	0.0	0.2	11.8	61.4
2020	0.0	0.3	10.9	60.7
2021	0.0	0.3	11.7	62.6
2022	0.0	0.3	11.0	64.2
2023	0.0	0.2	10.9	62.9
2024	0.0	0.3	10.6	64.6

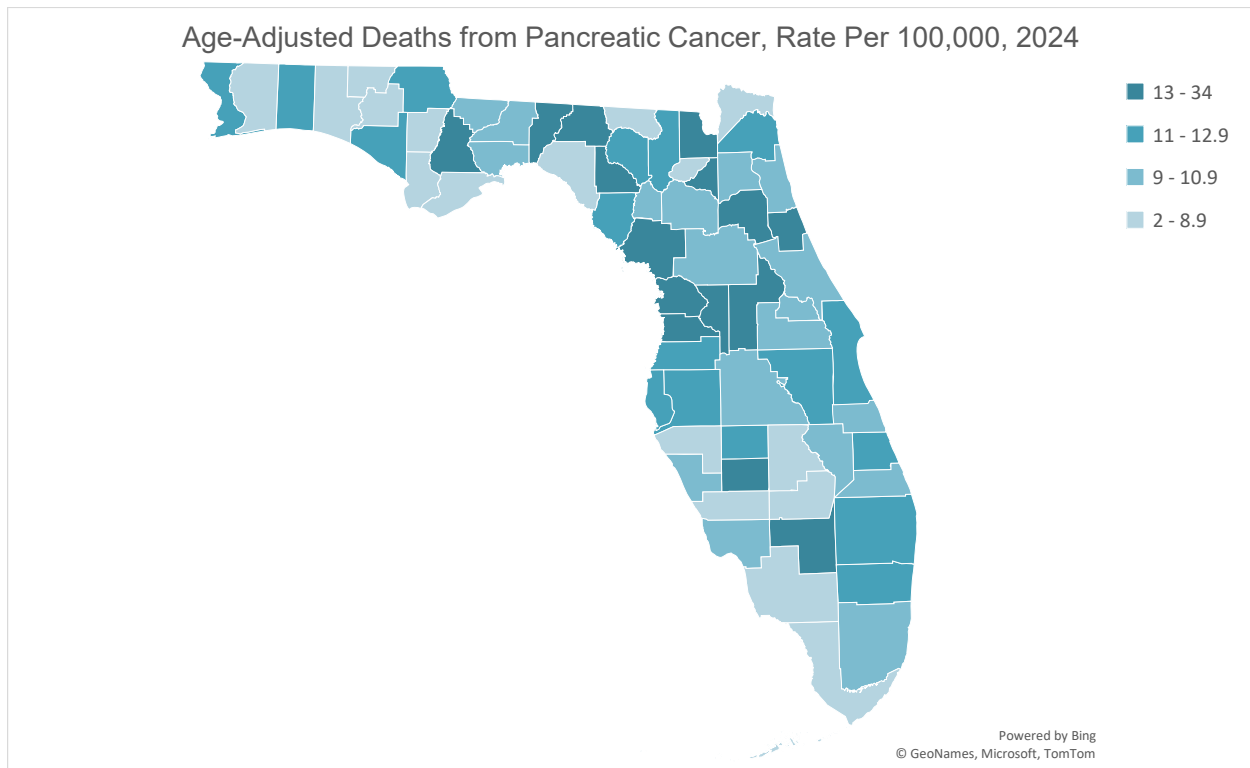
*FLHealthCHARTS

Exhibit 6b: Pancreatic Cancer Age-Adjusted Mortality, Single Year Rates, per 100,000, 2015-2024	
Year	Rate
2015	10.77
2016	11.17
2017	10.69
2018	10.76
2019	10.75
2020	10.46
2021	10.88
2022	11.04
2023	10.77
2024	10.93

*FLHealthCHARTS

High death rates due to pancreatic cancer widely distributed across Florida as shown in Exhibit 7. Death rates by county range from less than 10 to nearly 35 per 100,000 population.

Exhibit 7

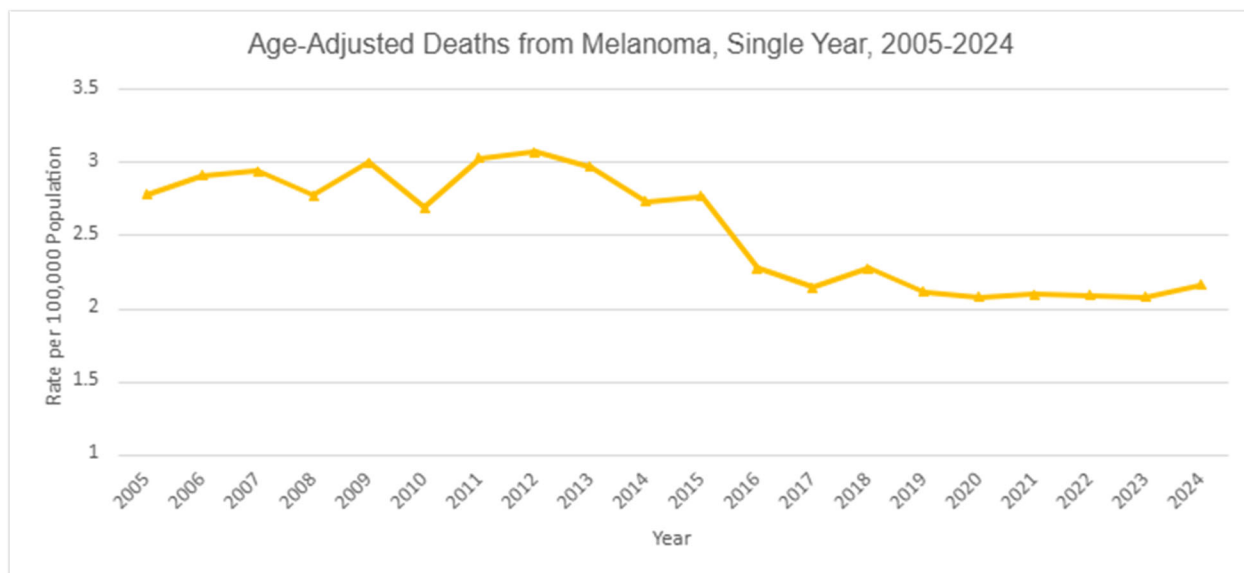


*FLHealthCHARTS

Melanoma is a malignant tumor of melanocytes. Such cells are present in the skin and are responsible for the production of the dark pigment melanin but are also found in the bowel and the eye (see uveal melanoma).

- Melanoma is one of the less common types of skin cancer but causes the majority (75%) of skin cancer related deaths.
- Overall, the age-adjusted death rates from melanoma have declined over the last 20 years as shown in Exhibit 8.

Exhibit 8



*FLHealthCHARTS

As shown in Exhibit 9a, age-adjusted death rates are higher for persons age 40 and older. Exhibit 9b shows a very small uptick in age-adjusted mortality in 2024 and Exhibit 10 shows age-adjusted deaths by county.

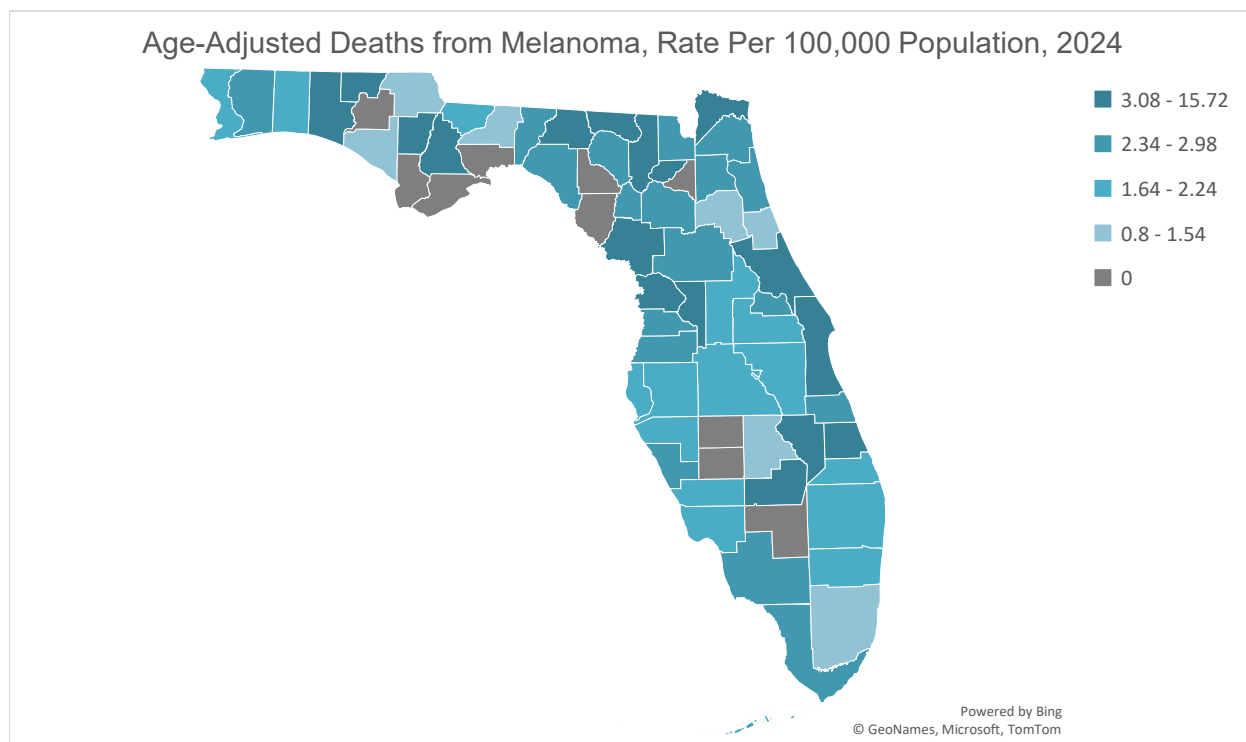
Exhibit 9a: Melanoma Age-Adjusted Mortality Single Year Rates by Age Group, per 100,000, 2015-2024				
Year	0-19	20-39	40-64	65+
2015	0.0	0.3	3.2	13.8
2016	0.0	0.2	2.6	11.7
2017	0.0	0.3	2.5	10.7
2018	0.0	0.5	2.7	10.9
2019	0.0	0.3	2.2	11.3
2020	0.0	0.3	2.2	11.3
2021	0.0	0.3	2.3	11.4
2022	0.0	0.3	2.0	11.3
2023	0.0	0.4	2.0	11.0
2024	0.0	0.2	2.5	11.2

*FLHealthCHARTS

Exhibit 9b: Melanoma Cancer Age-Adjusted Mortality Single Year Rates, per 100,000 2015-2024	
Year	Rate
2015	2.77
2016	2.28
2017	2.15
2018	2.27
2019	2.12
2020	2.08
2021	2.10
2022	2.09
2023	2.08
2024	2.16

*FLHealthCHARTS

Exhibit 10



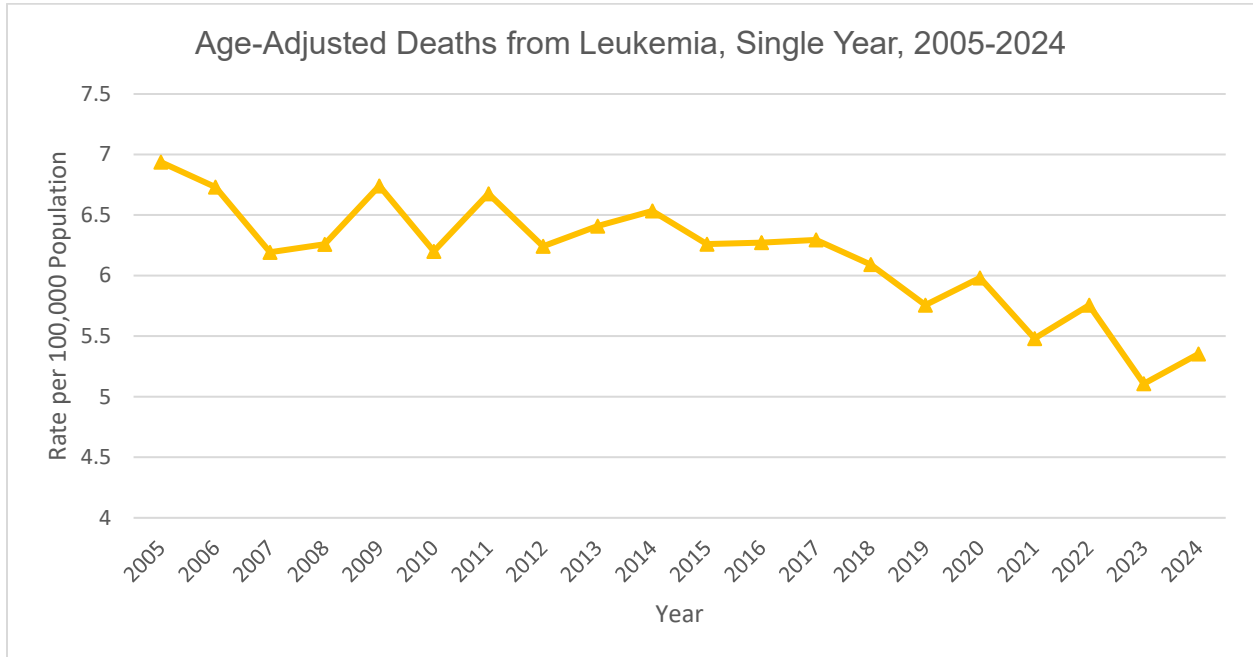
*FLHealthCHARTS

Leukemia is a broad term covering a spectrum of diseases including cancers of blood or bone marrow.

- Leukemia is characterized by an abnormal increase in blood cells, usually leukocytes (white blood cells).
- Leukemia is part of the even broader group of diseases called hematological neoplasms.

As shown in Exhibit 11, the overall age-adjusted death rate has declined slightly over the past 20 years. However, like other cancers, deaths from leukemia death rates increase with age. Leukemia impacts the 0–19 age group slightly more than some of the cancers described in this report.

Exhibit 11



**FLHealthCHARTS*

As shown in Exhibit 12a, the age group 65 and older has the highest age-adjusted mortality rate but the second highest rate is for the group age 0 to 19.

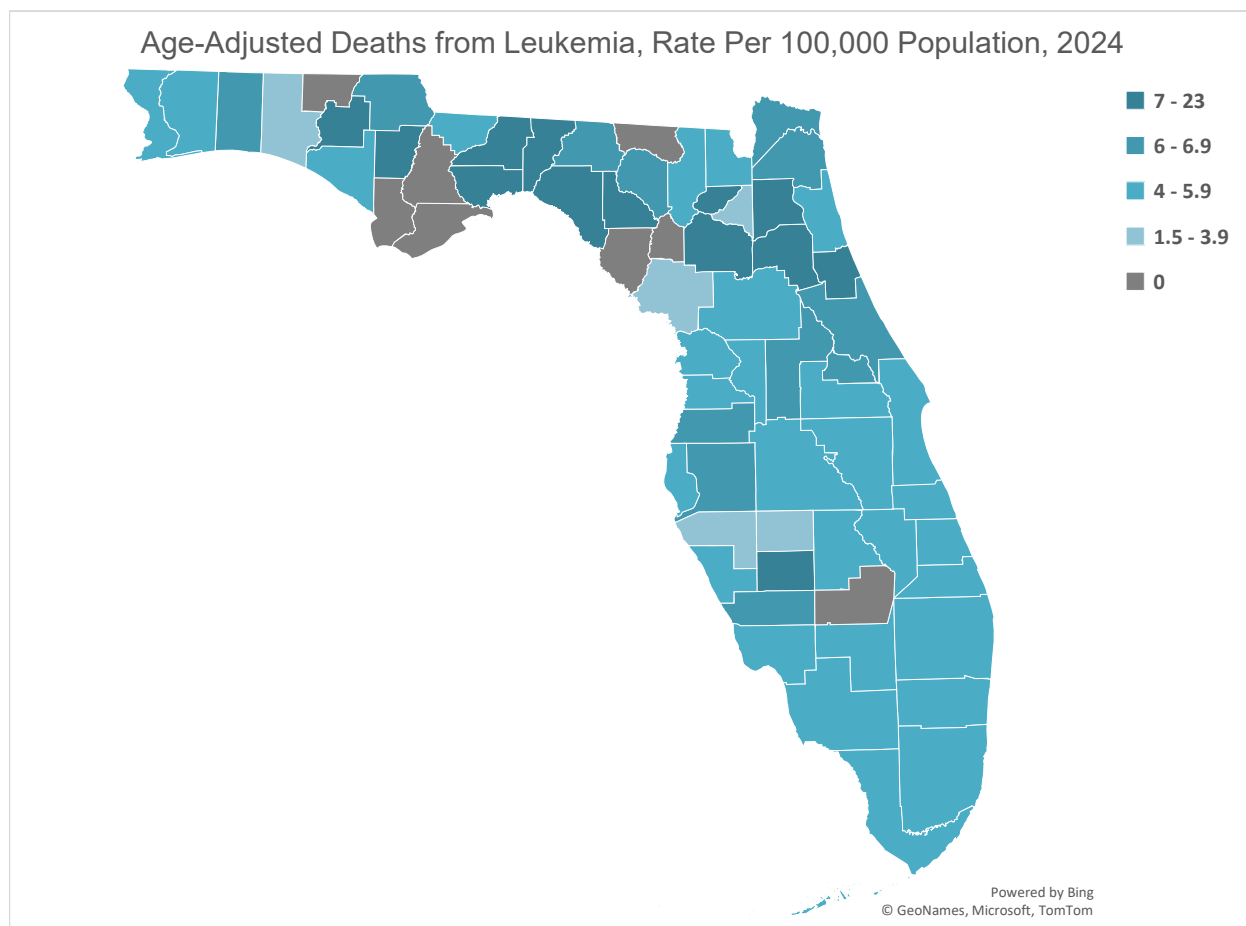
Exhibit 12a: Leukemia Age-Adjusted Mortality Single Year Rates, per 100,000, 2015-2024				
Year	0-19	20-39	40-64	65+
2015	6.3	1.2	4.6	35.6
2016	6.3	1.1	4.8	35.7
2017	6.3	0.9	4.9	35.6
2018	6.1	1.1	4.3	35.0
2019	5.8	0.9	4.2	33.4
2020	6.0	1.1	4.4	34.1
2021	5.5	1.0	4.2	31.8
2022	5.8	0.9	3.8	32.9
2023	5.1	0.7	3.5	30.3
2024	5.4	0.7	3.7	31.4

**FLHealthCHARTS*

Exhibit 12b: Leukemia Age-Adjusted Mortality Single Year Rates, per 100,000 2015-2024	
Year	Rate
2015	6.26
2016	6.27
2017	6.29
2018	6.09
2019	5.76
2020	5.98
2021	5.48
2022	5.76
2023	5.11
2024	5.35

**FLHealthCHARTS*

Exhibit 13



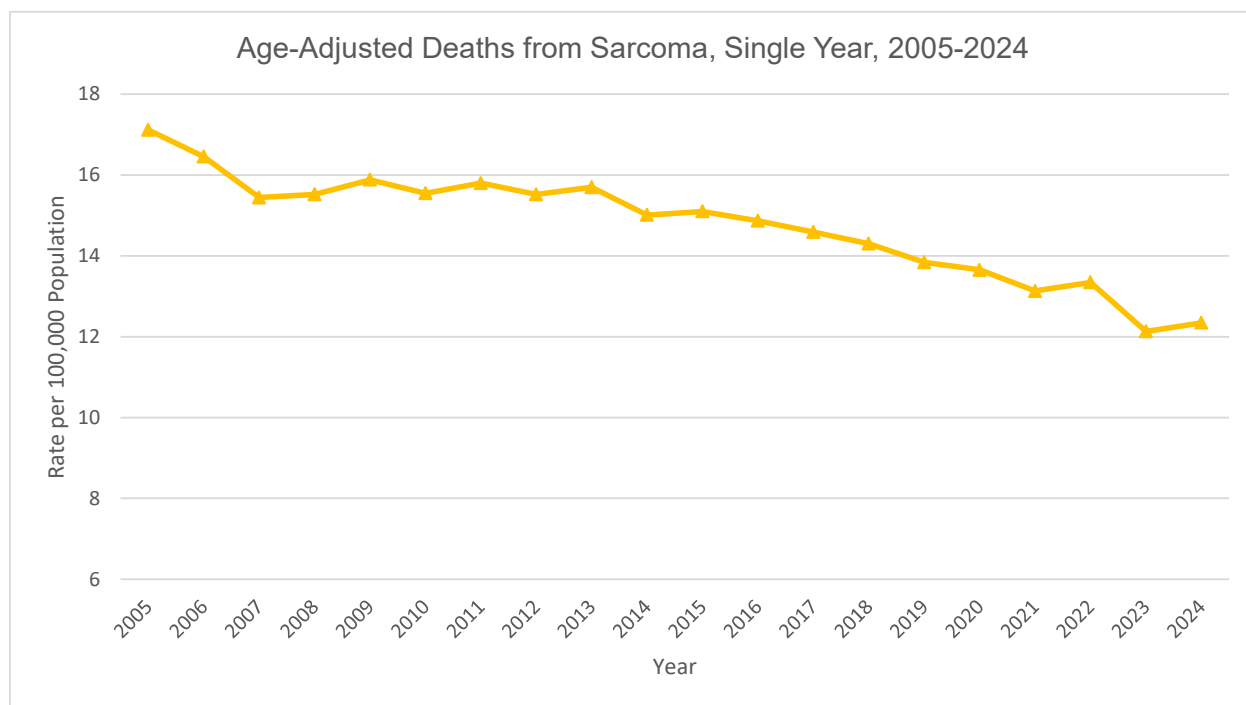
*FLHealthCHARTS

Lymphoid, hematopoietic, and related tissue cancers (sarcoma) refers to primary cancers of lymphoid, hematopoietic, and related tissues.

- Soft tissue sarcoma begins in various soft tissues including muscle, fat, blood vessels, nerves, tendons, and linings of joints.
- Soft tissue sarcoma can occur anywhere but is most common in the abdomen, arms, and legs.
- Some risk factors found to be associated with soft tissue sarcoma are radiation, damaged lymph system and exposure to certain chemicals.
 - Lifestyle factors are not linked to increased risk of soft tissue sarcoma.

As shown in Exhibit 14, overall, the age-adjusted death rate from soft tissue sarcoma has declined from 17.1 per 100,000 population to 12.3.

Exhibit 14



*FLHealthCHARTS

Death rates for these cancers increases with age, as with most other cancers (see Exhibit 15a). Some rural counties have a significantly higher death rate which could be attributed to decreased access to diagnostic care and treatment (see Exhibit 16)

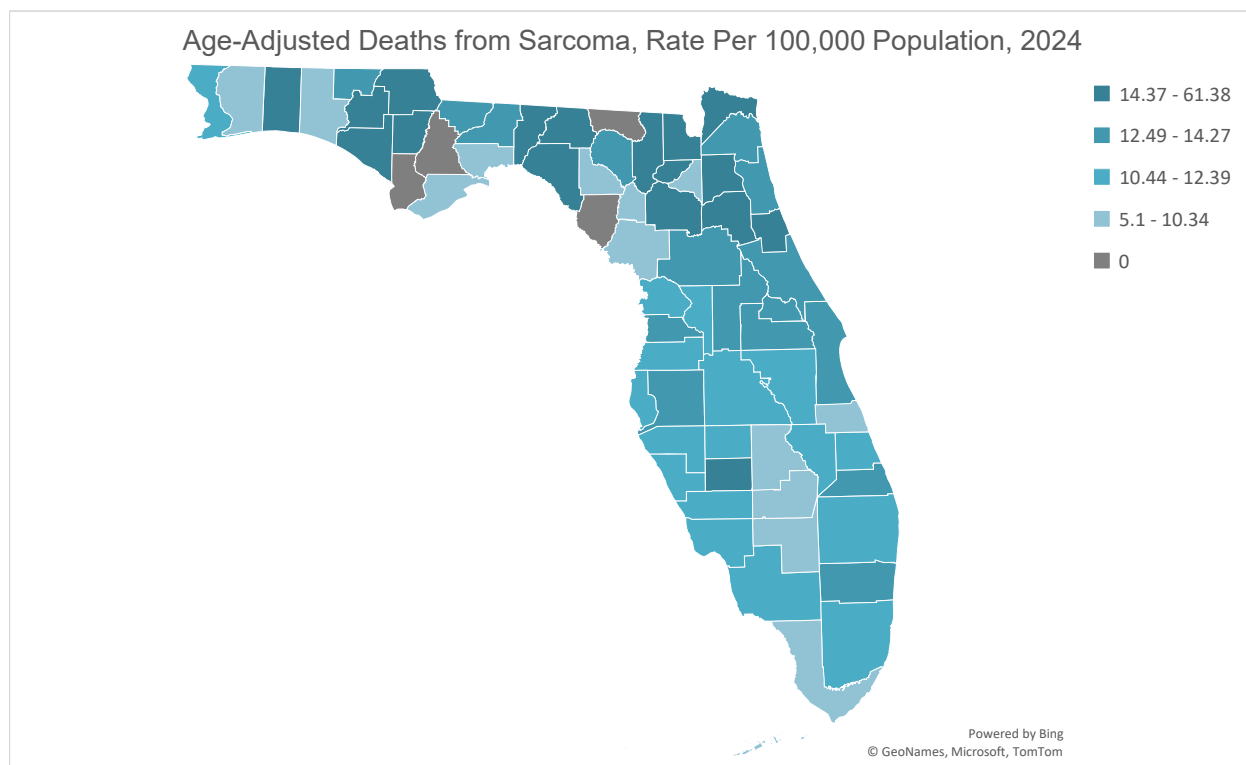
Exhibit 15a: Sarcoma Age-Adjusted Mortality Single Year Rates by Age Group, per 100,000, 2015-2024				
Year	0-19	20-39	40-64	65+
2015	0.9	1.8	12.3	87.7
2016	0.6	1.8	12.2	86.4
2017	0.7	1.4	11.8	85.4
2018	0.6	1.7	11.2	84.1
2019	0.6	1.6	11.0	81.6
2020	0.5	1.7	9.9	81.7
2021	0.4	1.6	10.5	77.6
2022	0.6	1.6	9.8	77.7
2023	0.6	1.5	8.9	72.4
2024	0.6	1.2	8.9	73.8

*FLHealthCHARTS

Exhibit 15b: Sarcoma Age-Adjusted Mortality Single Year Rates, per 100,000 2015-2024	
Year	Rate
2015	15.1
2016	14.87
2017	14.59
2018	14.3
2019	13.84
2020	13.65
2021	13.13
2022	13.34
2023	12.13
2024	12.35

*FLHealthCHARTS

Exhibit 16



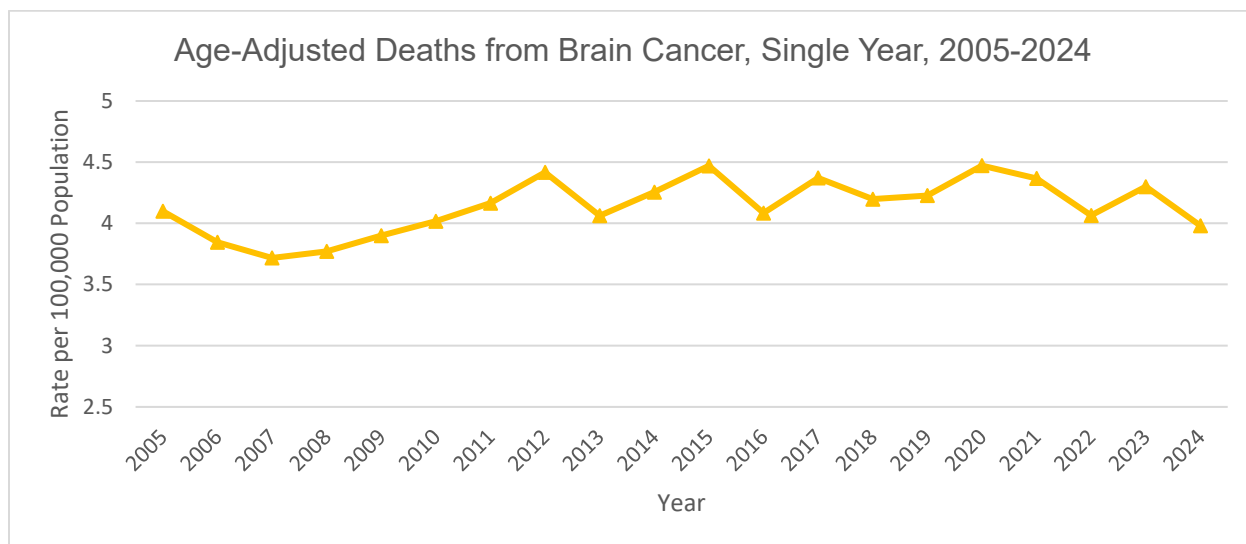
*FLHealthCHARTS

Brain/central nervous system cancer is the growth of abnormal cells in the tissues of the brain and central nervous system.

- Cancerous brain and spinal cord tumors are the second most common cancers in children.
- Little is known about the causes of childhood and adult cancers of the brain and central nervous system, but risk factors appear to be different for these age groups.
 - Several studies of environmental risk factors have produced inconsistent results.
 - About 5% of brain tumors are due to hereditary factors.
 - Established risk factors include exposure to therapeutic doses of ionizing radiation, rare hereditary syndromes, and family history.

As shown in Exhibit 17, the age-adjusted death rate from brain cancer and central nervous system cancer has remained relatively consistent over the past 20 years.

Exhibit 17



*FLHealthCHARTS

As shown in Exhibit 18a, deaths from central nervous system cancer occur across all age groups but are highest for those 65 and older.

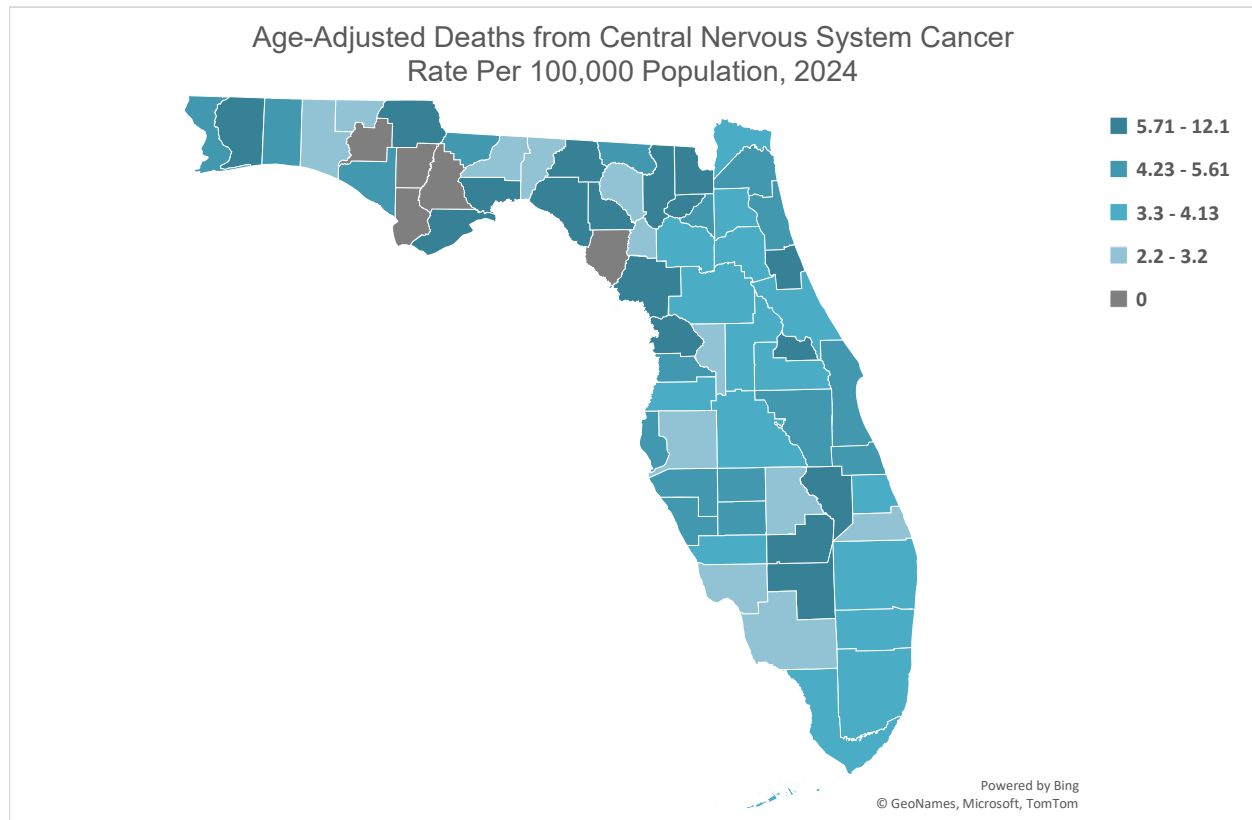
Exhibit 18a: Central Nervous System Cancer Age-Adjusted Mortality, Single Year Rates by Age Group per 100,000, 2015-2024				
Year	0-19	20-39	40-64	65+
2015	0.8	0.8	6.0	18.6
2016	0.9	0.7	5.6	16.4
2017	0.8	1.0	6.1	17.6
2018	0.6	1.0	5.8	17.1
2019	0.7	1.0	5.5	18.2
2020	0.7	0.8	6.2	19.0
2021	0.7	1.1	6.4	17.2
2022	0.7	1.0	5.4	17.2
2023	0.7	1.1	5.8	17.9
2024	0.7	1.0	5.4	16.3

*FLHealthCHARTS

Exhibit 18b: Central Nervous System Cancer Age-Adjusted Mortality Single Year Rates per 100,000, 2015- 2024	
Year	Rate
2015	4.47
2016	4.08
2017	4.37
2018	4.20
2019	4.23
2020	4.47
2021	4.37
2022	4.06
2023	4.30
2024	3.98

*FLHealthCHARTS

Exhibit 19



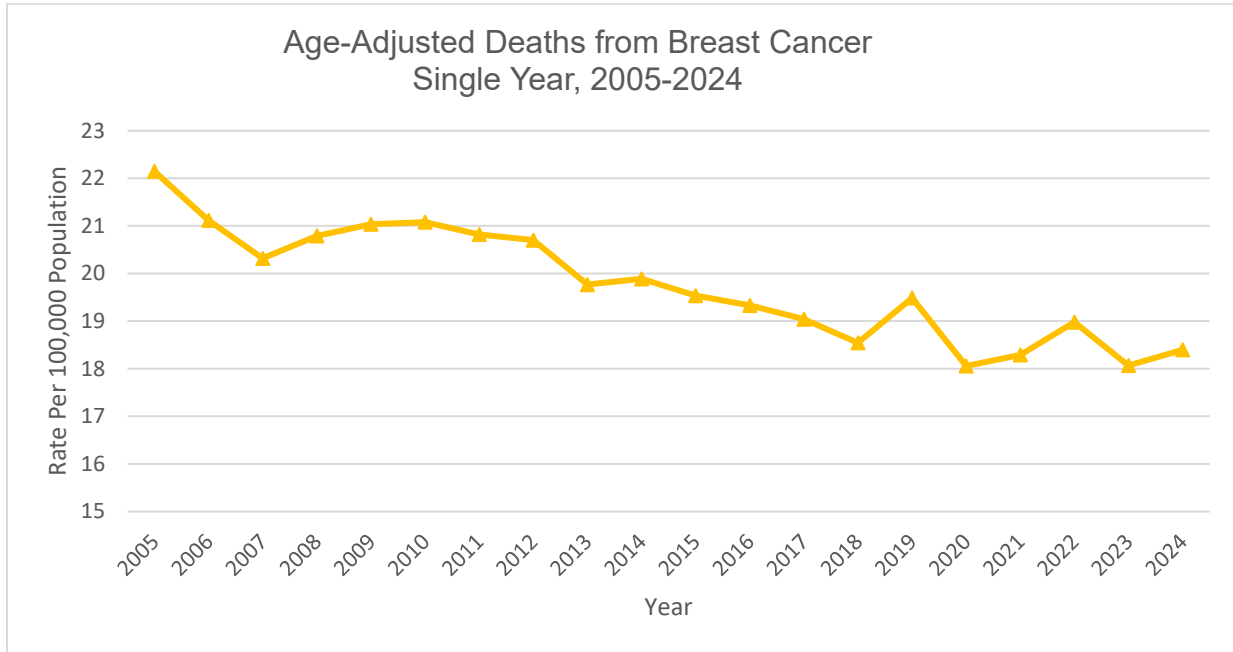
*FLHealthCHARTS

Breast cancer is a malignant tumor that begins in the breast and can invade surrounding tissues or spread to other areas of the body.

- Breast cancer is predominantly a disease among women and is the most common type of cancer among women in the U.S., however, a small number of men also develop breast cancer.
- While the causes of breast cancer are often unknown, certain genetic factors are linked to the disease.
 - Risk factors include sex, family history, genetic mutations in either the BRCA1 or BRCA2 gene, previous radiation, and breast density.
 - Other known risk factors include a woman's age when she has her first child, hormone replacement therapy, alcohol intake, weight, and lactation.

As shown in Exhibit 20, age-adjusted mortality from breast cancer has declined over the past 20 years in Florida. However, as shown in Exhibit 21a, death rates for this cancer increase with age, as is the case with many other cancers.

Exhibit 20



*FLHealthCHARTS

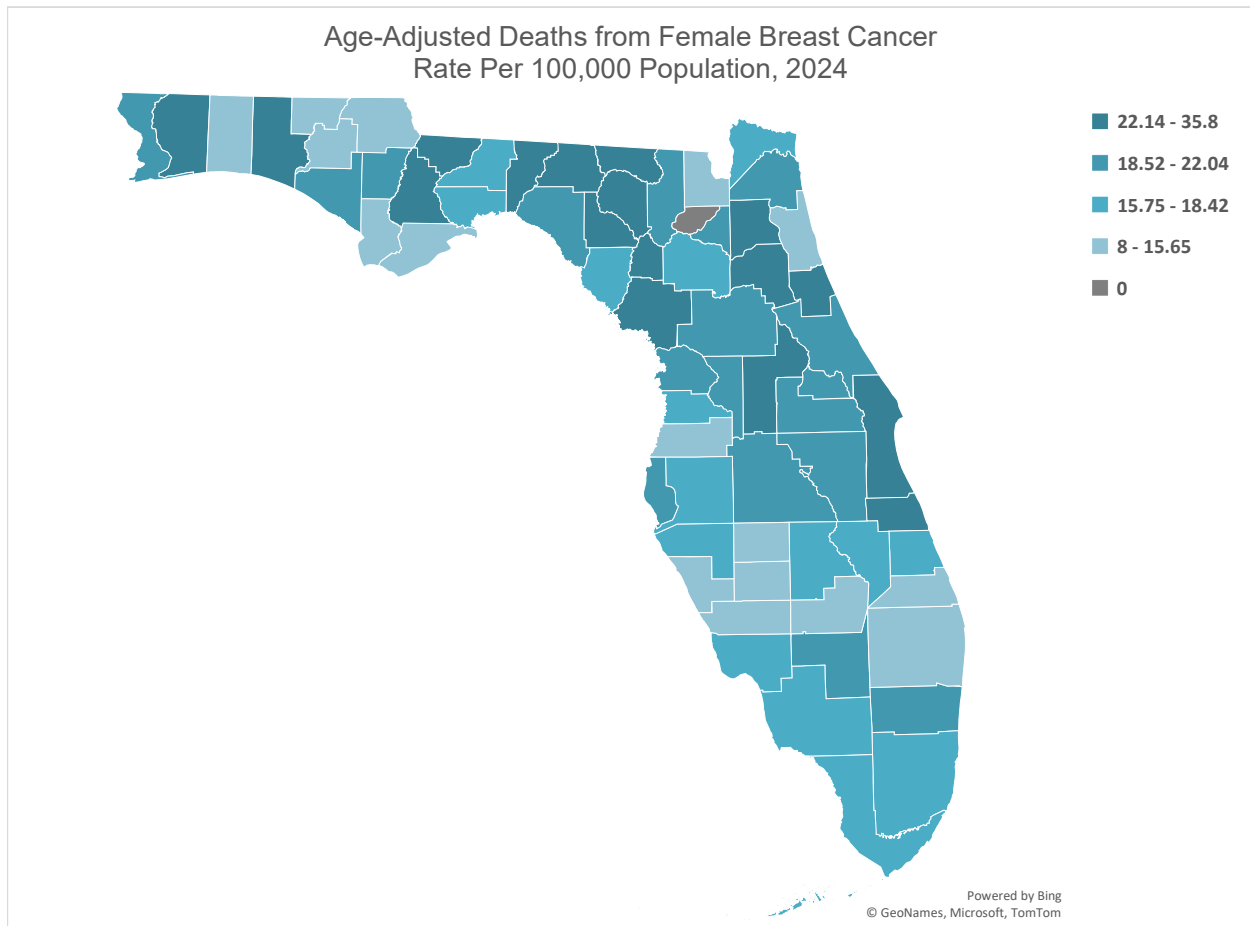
Exhibit 21a: Breast Cancer Age-Adjusted Mortality Single Year Rates by Age Group, per 100,000, 2015-2024				
Year	0-19	20-39	40-64	65+
2015	0.0	3.4	30.4	82.9
2016	0.0	3.0	29.9	83.2
2017	0.0	3.1	28.7	83.5
2018	0.0	2.1	28.4	82.5
2019	0.0	4.0	30.3	82.7
2020	0.0	2.5	28.3	78.0
2021	0.0	2.8	28.1	79.6
2022	0.0	3.0	27.7	82.5
2023	0.0	2.7	26.6	81.1
2024	0.0	2.7	27.1	81.8

*FLHealthCHARTS

Exhibit 21b: Breast Cancer Age-Adjusted Mortality Single Year Rates, per 100,000 2015-2024	
Year	Rate
2015	19.54
2016	19.33
2017	19.04
2018	18.54
2019	19.49
2020	18.06
2021	18.29
2022	18.98
2023	18.07
2024	18.40

*FLHealthCHARTS

Exhibit 22



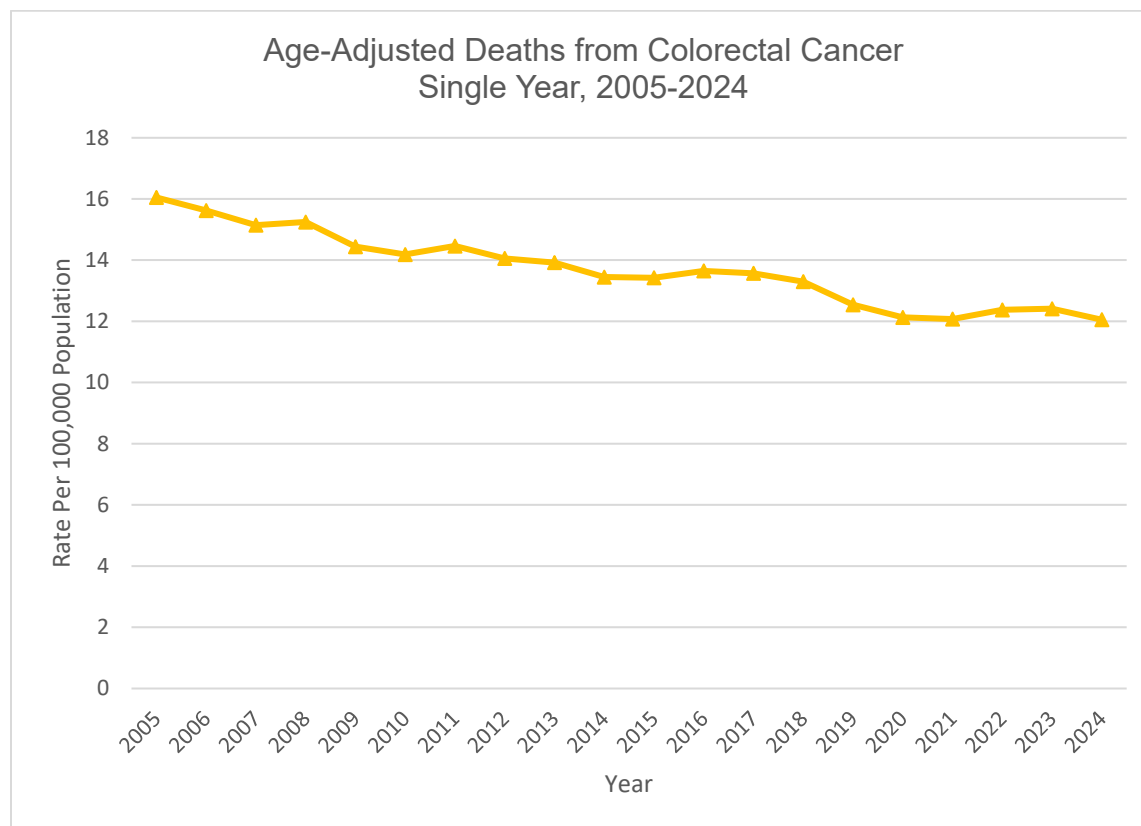
*FLHealthCHARTS

Colorectal Cancer, also called colon cancer or large bowel cancer, includes cancerous growths in the colon, rectum and appendix. It is one of the most common forms of cancer in the United States and the third leading cause of cancer-related death in the Western world. Localized colon cancer is usually diagnosed through colonoscopy.

According to experts, colorectal cancer almost always develops from precancerous polyps (abnormal growths) in the colon or rectum. Screening tests can find precancerous polyps, so that they can be removed before they turn into cancer. Screening tests can also find colorectal cancer early, when treatment works best.

As shown in Exhibit 23, from 2005 to 2024, age-adjusted death rates from colorectal cancer in Florida have declined from 16.05 to 12.05 per 100,000 in the population.

Exhibit 23



*FLHealthCHARTS

As shown in Exhibits 24a and 24b, while overall age-adjusted mortality rates have declined slightly, mortality rates remain very high among adults ages 65 and older.

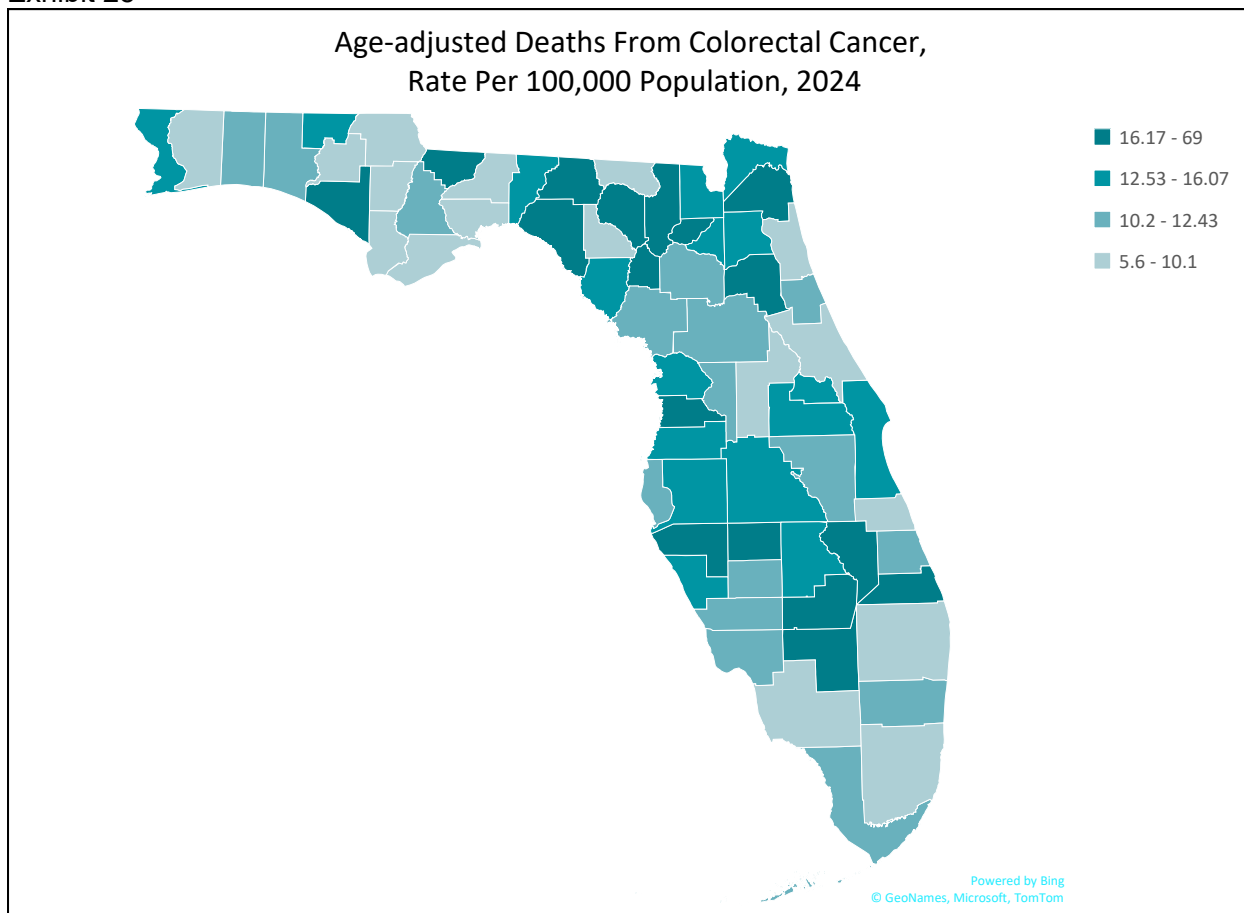
Exhibit 24a: Colorectal Cancer Age-Adjusted Mortality, Single Year Rates by Age Group, per 100,000, 2015-2024				
Year	0-19	20-39	40-64	65+
2015	0.0	0.9	16.2	70.0
2016	0.0	1.0	17.5	69.8
2017	0.0	1.1	17.5	68.6
2018	0.0	1.0	16.5	68.4
2019	0.0	0.9	16.6	62.4
2020	0.0	1.2	16.3	59.6
2021	0.0	0.9	16.2	60.4
2022	0.0	1.2	16.3	60.0
2023	0.0	1.1	16.9	60.4
2024	0.0	1.3	15.9	58.8

*FLHealthCHARTS

Exhibit 24b, Colorectal Cancer Age-Adjusted Mortality Single Year Rates, per 100,000 2015-2024	
Year	Rate
2015	13.42
2016	13.65
2017	13.57
2018	13.30
2019	12.54
2020	12.13
2021	12.07
2022	12.38
2023	12.41
2024	12.05

Exhibit 25 shows how age-adjusted mortality from colorectal cancer varies across the state, with age-adjusted rates ranging from a low of 5.6 to a high of 69.0 per 100,000 in the population.

Exhibit 25



*FLHealthCHARTS

Federal Funding Awarded to Florida Institutions

Cancer research efforts in Florida are amplified through federal funds.

- The William G. “Bill” Bankhead, Jr., and David Coley Cancer Research Program (Bankhead-Coley) provides research grant funding for proposals that demonstrate the greatest opportunity to attract federal research grants and private financial support.
- Annually, the Bankhead-Coley Funding Opportunity Announcement includes bridge grants as a mechanism to provide interim support for promising investigator-initiated research projects that have been highly rated by national panels of peer reviewers in recent federal competitions but were not funded due to budgetary constraints.
- To be eligible, applicants must have submitted a multi-year, investigator-initiated research application to a federal agency.
- The applicant must have received a peer review summary statement indicating high scientific merit. For purposes of this competition, “high scientific merit” is a percentile ranking of 16th or better.

Since 2015, Florida cancer researchers have ranked in the top 15 states in National Institutes of Health (NIH) funding. The following exhibits show Florida’s ranking in federal funding awards for the three most recent years available.

Federal Research Funding 2024

STATE	AWARDS	FUNDING	RANK
California	6515	\$3,950,306,856	1
New York	4629	\$2,753,088,382	2
Massachusetts	4130	\$2,678,813,369	3
Pennsylvania	3006	\$1,695,145,926	4
Texas	2884	\$1,522,760,260	5
North Carolina	1925	\$1,193,676,689	6
Maryland	1653	\$997,273,896	7
Washington	1272	\$949,511,857	8
Illinois	1753	\$946,011,296	9
Ohio	1581	\$828,176,959	10
Michigan	1445	\$783,178,470	11
Florida	1275	\$724,578,640	12
Missouri	1114	\$716,246,292	13
Connecticut	1080	\$627,169,887	14
Georgia	1134	\$596,479,673	15

*NIH Research Portfolio Online Reporting Tools (RePORT)

Federal Research Funding 2023

STATE	AWARDS	FUNDING	RANK
California	6642	\$4,038,666,260	1
New York	4818	\$2,795,544,171	2
Massachusetts	4250	\$2,740,109,912	3
Pennsylvania	3053	\$1,694,308,399	4
Texas	2907	\$1,457,762,836	5
North Carolina	1985	\$1,195,943,139	6
Maryland	1652	\$989,413,669	7
Washington	1311	\$974,545,793	8
Illinois	1748	\$927,367,454	9
Ohio	1631	\$835,714,846	10
Michigan	1464	\$762,772,050	11
Florida	1347	\$757,294,291	12
Missouri	1139	\$631,792,319	13
Connecticut	1073	\$600,886,613	14
Georgia	1122	\$578,373,667	15

**NIH Research Portfolio Online Reporting Tools (RePORT)*

Federal Research Funding 2022

STATE	AWARDS	FUNDING	RANK
California	6607	\$4,230,310,243	1
New York	4611	\$2,713,483,081	2
Massachusetts	4148	\$2,569,887,496	3
Pennsylvania	3085	\$1,663,180,754	4
Texas	2747	\$1,389,358,857	5
North Carolina	1972	\$1,245,739,077	6
Washington	1384	\$1,129,336,448	7
Maryland	1683	\$988,955,880	8
Illinois	1730	\$900,664,814	9
Ohio	1555	\$773,068,310	10
Michigan	1398	\$713,885,991	11
Florida	1276	\$693,326,385	12
Georgia	1095	\$631,918,777	13
Missouri	1063	\$622,560,282	14
Minnesota	967	\$583,176,976	15

**NIH Research Portfolio Online Reporting Tools (RePORT)*

The Florida National Cancer Institutes

The Department administers funding agreements with the four Florida facilities designated by the National Cancer Institute (NCI):

- H. Lee Moffitt Cancer Center
- University of Florida Shands Cancer Hospital
- Mayo Clinic Jacksonville
- University of Miami Sylvester Comprehensive Cancer Center

The goal of this funding is to enhance the quality and competitiveness of cancer care in this state, furthering a statewide biomedical research strategy directly responsive to the health needs of Floridians and capitalize on the potential educational opportunities available to its students.

Annually, the NCI-designated Florida facilities that receive this funding provide a report regarding their efforts to:

- a. Conduct peer reviewed cancer-related basic, clinical, and population scientific research.
- b. Offer and provide the full range of diagnostic and treatment services on site at provider locations as determined by the Commission on Cancer of the American College of Surgeons.
- c. Lead or participate in conducting cancer-related interventional clinical trials that are registered with the NCI's Clinical Trials Reporting Program.
- d. Offer degree-granting programs directly or affiliate with universities through degree-granting programs that are accredited or approved by a nationally recognized agency and offered through the provider or in conjunction with another institution accredited by the Commission on Colleges of the Southern Association of Colleges and Schools. Prepare a report documenting completion of this task.
- e. Provide biomedical education and training to clinical trainees, and medical trainees accredited by the Accreditation Council for Graduate Medical Education or the American Osteopathic Association, and postdoctoral fellows recently awarded a doctorate degree.
- f. Have more than \$5 million in annual direct costs associated with the provider's total NCI peer-reviewed grant funding.
- g. Document peer review funding, reportable cases of patients seen by the provider, reportable cases of patients enrolled in an institutional or investigator-initiated interventional clinical trial, biomedical education and training.
- h. Document National Cancer Institute P30 Cancer Center Support Grant application, application for renewal, or documentation of award.
- i. The full range of diagnostic and treatment services provided by the cancer center.

The NCI-designated Florida facilities have provided a comprehensive report for Fiscal Year 2025-26. This report is due to the Cancer Control and Research Advisory Council by July 1. On the following pages you will find this report describing the accomplishments of Florida's NCIs.

Florida Academic Cancer Center Alliance

Mayo Clinic Comprehensive Cancer Center
Moffitt Cancer Center
Sylvester Comprehensive Cancer Center
UF Health Cancer Institute

2026 Annual Consolidated Report

EXECUTIVE OVERVIEW

The Florida Academic Cancer Center Alliance (FACCA), consisting of Moffitt Cancer Center (Moffitt), UF Health Cancer Institute (UF Health), Sylvester Comprehensive Cancer Center at the University of Miami (UM Sylvester), and Mayo Clinic Comprehensive Cancer Center in Florida (Mayo Clinic in Florida), formed in 2014 to build collaborations that expedite innovation in the area of cancer research throughout the State of Florida and maximize state investments in biomedical technology and research.

A primary goal of the program at the time of creation was to provide support for UF Health and UM Sylvester to obtain National Cancer Institute (NCI) designation and for Moffitt to sustain NCI Comprehensive designation. As reported previously, UF Health Cancer Center obtained NCI designation in June 2023. UM Sylvester competitively renewed its designation in 2024, after having first obtained designation in 2019. Moffitt submitted its sixth competitive renewal in January 2026 to begin in early 2027. Mayo Clinic joined the program in 2024 as an NCI designated Comprehensive Cancer Center, the same year as its most recent competitive renewal. Thus, all FACCA members are NCI designated and recognized for significant and impactful research.

Ongoing funding from this extraordinary partnership enables the FACCA members to advance cancer care, research, and education throughout the State of Florida. The foundation of this relationship is engaged collaboration among faculty and staff at the centers. Examples since last year's report¹ include:

- Treatment of 29,028 newly diagnosed patients combined across all four centers
- Combined accrual of 7,906 patients to interventional clinical studies including treatment, screening, prevention, and other interventional protocols
- Successfully competing for \$136 million (M) in peer-reviewed grant funding across all four centers
- Providing programming for 17,604 clinical and scientific trainees
- Publication of 2,578 peer-reviewed articles across the four centers, with more than 200 articles featuring at least two (2) FACCA centers
- Continued investment in the FACCA Pilot Program, which has resulted in 9 pilot awards (\$1.35M investment) over the last 5 years that have generated \$19.5M in extramural funding, 20 peer-reviewed publications, and 2 patent applications, demonstrating a strong return
- Holding the May 2026 collaborative retreat, fueling research collaborations and alignment
- Continuous and purposeful collaboration and communication between the four (4) Center Directors
- Monthly virtual meetings between the four (4) Center administrative teams and principal Administrators.

¹ The period for this report reflects data provided for the Casey DeSantis Cancer Research Program allocation from FY 2025 (July 1, 2024 – June 30, 2025).

MOFFITT CANCER CENTER

Moffitt is currently in its 28th year as an NCI-designated Cancer Center and its 25th year of holding Comprehensive Cancer Center status. In January 2026, Moffitt submitted its 6th renewal application to the NCI and continues its forward momentum in achieving or sustaining efforts to contribute to the prevention and cure of cancer. Moffitt expects to start its 7th cycle as an NCI Comprehensive Cancer Center in February 2027.

Over the last year, Moffitt continued its focus on expanding access within our communities with the first phase of developing the 775-acre Speros regional biomedical park in Pasco County coming to a completion. A new 100,000-ft² ambulatory center, Moffitt at Speros, opened in January 2026 with a state-of-the-art proton therapy center opening next door that will offer flash therapy and begin treating patients in July 2026.

Finally, a 5-story, 250,000-ft² cutting-edge Discovery & Innovation Center is nearing completion and will open in October 2026. This new facility will ultimately house 55 laboratories for the following research disciplines: bioengineering, cancer biology, drug discovery (including facilities for chemistry), metabolism, and tumor metastasis. The initial phase of construction will build out 28 of the 55 laboratories.

Florida's investment has enabled Moffitt to recruit 11 faculty with protected research time at all ranks (FY25) to support innovative research. Of these new recruits, Moffitt was able to promote three highly competitive scientists to faculty from its own pool of highly qualified trainees, successfully retaining scientific expertise in Florida, and successfully competing for top-tier scientists against established institutions including:

• Marcelo Bonini, PhD	Northwestern University	Chicago, IL
• Jon Chatzkel, MD	University of Florida	Gainesville, FL
• Robert Haile, PhD	Cedars-Sinai Medical Center	Los Angeles, CA
• Mitchell Hayes, MD	University of South Florida Moffitt Cancer Center	Tampa, FL
• Megan Hitchins, PhD	Cedars-Sinai Medical Center	Los Angeles, CA
• Stuart Maudsley, PhD	University of Antwerp	Antwerp, Belgium
• Robin Park, MD	University of South Florida Moffitt Cancer Center	Tampa, FL
• Brahm Segal, MD	Roswell Park Comprehensive Cancer Center	Buffalo, NY
• Rory Shallis, MD	Yale University	New Haven, CT
• Nicole Vincelette, PhD	Moffitt Cancer Center	Tampa, FL
• Ignacio Wistuba, MD	UT MD Anderson Cancer Center	Houston, TX

UF HEALTH CANCER INSTITUTE

Through sustained investment from the State of Florida, the UF Health Cancer Institute (UF Health) has achieved NCI designation while actively advancing its strategic goal of becoming an NCI Comprehensive Cancer Center. This designation affirms the Center's leadership in scientific discovery, patient care, and community impact. UF Health Cancer Institute has earned national recognition by U.S. News & World Report for ranking in 7 adult specialties, 6 pediatric specialties and distinguished as high performing in 4 adult specialties and 20 procedures/conditions.

UF Health continues to build its reputation for excellence across the cancer continuum. In August 2025, UF Health completed a virtual site visit and received reaccreditation by the Commission on Cancer (CoC). The CoC is scheduled to review the enhancements to key standard operating procedures in August 2026, with the next site visit tentatively planned for September 2026. Additionally, UF Health maintains several key clinical accreditations, including the UF Health Proton Therapy Institute through the American College of Radiology, the UF Health Breast Center via the National Accreditation Program for Breast Centers, and the UF Health GI Oncology Program under the National Accreditation Program for Rectal Cancer. Collectively, these accreditations recognize that UF Health is fully committed to and engaged in the provision of high-quality, evidence-based oncology care. In January 2025, the Center also achieved recertification through ASCO's Quality Oncology Practice Initiative (QOPI), reinforcing its commitment to quality, evidence-based oncology care. Lastly in April 2026, the UF Health Pediatric Blood & Marrow Transplant and Cellular Therapy is the first in Florida to receive accreditation from the Foundation for Accreditation of Hematopoietic Cell Transplantation (FACT).

In alignment with its Accelerate 2030 strategic plan, UF Health is enhancing statewide access to cancer prevention and early detection services through its Mobile Cancer Screening Connector unit, known as CONNIE. CONNIE brings bundled, evidence-based cancer screening directly to communities across the catchment area, with a focus on rural and underserved populations that experience disproportionate cancer burden and access barriers to care. The unit supports screening for breast, cervical, colorectal and prostate cancer risk in partnership with UF Health, while also connecting individuals to education, navigation services, follow-up care and treatment when needed. Integrated with UF Health’s Community Outreach and Engagement, CONNIE serves as both an access point and a learning platform to mitigate barriers to care, strengthen referral pathways, provide access to research opportunities and inform actionable strategies that improve cancer prevention, early detection and outcomes for Floridians.

In Fall 2025, the University of Florida designated the UF Health Cancer Institute as an Institute, a prestigious title reserved for units providing broad services across multiple colleges with approval from the state Board of Governors. This elevation recognizes the institute’s engagement of researchers across all 16 UF colleges to advance cancer care and research. Becoming an institute allows us to harness "Uniquely UF" strengths to foster a premier research and clinical system through the following resources:

- A robust membership from all 16 UF colleges that enables innovative team science collaborations and infuses more expertise and new dimensions into our cancer research
- Data science and information technologies that are best in class
- Faculty, facilities and expertise at The Herbert Wertheim UF Scripps Institute for Biomedical Innovation & Technology
- Novel Immunotherapeutics, our ability to manufacture therapeutics on campus and microbiome manipulations that augment immune function
- Pharmacogenomic, transcriptomic and precision medicine expertise that can combine with biobehavioral and lifestyle modifications to foster precision prevention strategies
- Longstanding partnerships as a land grant university with the UF/IFAS Extension supporting statewide engagement, rural outreach and expansion of mobile services
- State investments and partnerships through the Florida Academic Cancer Center Alliance, with the opportunity to create a statewide research network inclusive of fundamental, population, data and clinical research
- Access to other world-class UF institutes leveraging their own expertise to cross-collaborate with our cancer research mission.

With 377 members across from all 16 of UF’s colleges as well as the Florida Museum of Natural History, the UF Health Cancer Institute continues to unite transdisciplinary expertise to address the cancer burden in Florida and beyond. Its focus on integrating scientific innovation, community engagement, and inclusive excellence ensures meaningful progress toward comprehensive status and lasting impact on cancer outcomes statewide.

Faculty recruitment is an ongoing initiative and was recognized as essential for UF Health’s resubmission application to NCI in 2022. In FY 2025, state funding has been a critical resource in the successful recruitment of a total of 12 strategic faculty recruits from several states, including established NCI-Designated Cancer Centers and Academic Medical Centers. Among the recent recruits include:

• Aline Fares, MD	Princess Margaret Cancer Center	Canada
• Ansh Mehta, MD	Dana-Farber, Harvard Cancer Institute	Boston, MA
• Daniel Araujo, MD	Princess Margaret Cancer Center	Canada
• Danielle Cerbon, MD	Jackson Memorial Hospital	Miami, FL
• Dina Khalaf, MD	University Health Network	Canada
• Francis Dalisay, MA, PhD	University of Florida	Gainesville, FL
• Gahyun Gim, MD	Wilmot Cancer Center	Rochester, NY
• John Ligon, MD	National Cancer Institute	Bethesda, MD
• Leighton A Elliott, MD	Geisinger Medical Center	Danville, PA

• Muhammad Tariq, MD	Roswell Park Comprehensive Cancer Center	Buffalo, NY
• Patrick Underwood, MD	The Ohio State University Wexner Medical Center	Columbus, OH
• Sulma Mohammed, DVM, PhD	Purdue University	West Lafayette, Indiana

UM SYLVESTER COMPREHENSIVE CANCER CENTER

Sylvester Comprehensive Cancer Center at the University of Miami (UM Sylvester), the only academic cancer center in South Florida, became the 71st NCI designated Cancer Center in July 2019. In 2023, UM Sylvester competitively renewed its designation, receiving a score of 21. The Center's catchment area remains a primary driver of its clinical and research agenda, encompassing a four-county region (Miami-Dade, Broward, Monroe, and Palm Beach) that spans nearly 10,000 square miles. Of Florida's 23 million residents, more than 6.5 million comprise UM Sylvester's unique catchment area which is poorer and older than that of the national average, providing UM Sylvester's investigators with important opportunities to advance cancer research more quickly than other areas in the country.

UM Sylvester's Office of Outreach and Engagement and its team of 10 community health workers routinely collaborate with community residents to understand emerging concerns and close gaps in cancer education and care through targeted outreach. Leveraging UM Sylvester's Game Changer Vehicles, the community health workers offer testing, screening, and education in the community. UM Sylvester's Community Advisory Committee (CAC) consists of leaders of local organizations, Federally Qualified Health Centers (FQHCs), faith-based organizations, and civic and advocacy groups that serve key population sub-groups. The CAC formally reports to the UM Sylvester Director, Stephen D. Nimer, MD, to ensure that community input is heard at the highest levels of leadership and can appropriately inform strategic planning and investment.

For 14 years, Dr. Nimer has built an impressive core of cancer researchers and health professionals to best position UM Sylvester as a national leader in cancer research, with teams of outstanding scientists who conduct impactful, collaborative, and transdisciplinary research. UM Sylvester's 463 cancer researchers (as of 12/31/25), span 40 academic disciplines and four UM Sylvester Research Programs: Tumor Biology (TB), Cancer Epigenetics (CE), Translational & Clinical Oncology (TCO), and Cancer Control (CC). The four programs' various interests, perspectives, and expertise advance UM Sylvester's competency in addressing the cancer burden and responding to unique challenges within South Florida.

With the support from the State of Florida appropriation, UM Sylvester has made sustained investments in basic, clinical, translational, and population-based research, as well as in the infrastructure that enables this work. These investments have strengthened the center's Research Programs, expanded shared resources, and enhanced clinical research services. As a result, UM Sylvester continues to play a critical role in the NCI network, leading multiple Experimental Therapeutics Clinical Trials Network (ETCTN) studies. These include an AML ETCTN trial led by Sangeetha Venugopal, MD, and multiple brain tumor ETCTN studies, including glioblastoma and glioma trials, led by Macarena de la Fuente, MD.

In parallel, strategic investments in education, training, and team science continue to lead to significant funding milestones. In CY2025, Sylvester supported multiple large-scale cancer-relevant education and training awards, including an NIH T32 and several NIH R25 grants, reflecting sustained commitment to building a robust pipeline of cancer researchers across disciplines and career stages. These investments are complemented by major multi-project team science awards aligned with cancers of high relevance to Florida's population. Notably, Sylvester investigators secured a newly awarded NCI U54 Specialized Program of Research Excellence (SPORE) focused on HPV-associated anal and cervical cancers, diseases that are overrepresented in the catchment area, advancing coordinated multi-institutional research with clear translational and population-level impact. Sylvester's portfolio also includes an active NCI P01 program project in gastrointestinal cancers to investigate the molecular response to reflux in the early and late stages of esophageal adenocarcinoma tumorigenesis, and a Blood Cancer United (BCU, previously Leukemia & Lymphoma Society) SCOR grant, devoted to developing epigenetic therapies for myeloid malignancies. These grants further demonstrate the Center's capacity to lead the nation in complex, multidisciplinary initiatives that integrate basic, translational, clinical, and population science.

These investments have also enabled structured, cross-disciplinary team science initiatives designed to advance

emerging areas of cancer research. In CY2025, Sylvester advanced its Precision Medicine Taskforce, a Center-wide effort that brings together faculty leaders from pathology, clinical research, translational science, oncology service line leadership, and informatics. Through this coordinated effort, the Taskforce established a Center-wide definition of precision medicine and conducted a comprehensive review of investigator-initiated studies to assess alignment with precision oncology goals. This work identified 45 active precision medicine studies and resulted in development of standardized workflows to ensure consistent tracking and review moving forward. Together, these efforts illustrate how Sylvester’s strategic investments in infrastructure, data integration, and collaborative leadership are driving alignment across programs and accelerating the Center’s capacity to deliver precision oncology research relevant to the catchment area.

Finally, UM Sylvester has continued to invest in the FACCA Pilot Funding Program, a collaborative effort with Moffitt and UF Health. This program is already yielding important outcomes, including peer-reviewed publications and new external funding, as outlined below (see the **FACCA Pilot Projects** section).

Through the support of the State of Florida’s Casey DeSantis Cancer Research Program, the Center’s NCI designation, and the rising reputation of the quality of clinical care and research, UM Sylvester has successfully attracted exceptional physicians and investigators from premier institutions. Building on this momentum, the Center has prioritized the strategic recruitment of leadership talent to accelerate progress in research, education and training, and patient care. Notable leadership recruitments in CY2025 include Leor Weinberger, PhD, who joined the Miller School of Medicine as Chair of the Department of Cell and Systems Biology and a member of Sylvester’s Tumor Biology Research Program. Dr. Weinberger was recruited from the Gladstone Institutes at the University of California, San Francisco, where he held multiple senior leadership roles, and brings internationally recognized expertise in systems biology and antiviral therapeutics that is being expanded toward cancer-relevant research. In parallel, Alvaro Alencar, MD, was appointed Chief Medical Director of Sylvester, strengthening clinical leadership, integration across programs, and alignment between translational research and patient care. These leadership appointments reflect Sylvester’s continued focus on recruiting leaders who can drive multidisciplinary collaboration, mentorship, and sustained growth across the Cancer Center.

In parallel, Sylvester advanced leadership capacity within its Shared Resources and research infrastructure through targeted senior appointments. These include the recruitment of Sang Yong Kim, PhD, as Assistant Director of the Cancer Modeling Shared Resource, and Fei Ye, PhD, as Assistant Director of the Biostatistics and Bioinformatics Shared Resource, both of whom bring specialized expertise to support investigator-initiated and team-based science across the Center. In addition, Ronald Hendrickson, PhD, was recruited as Director of the emerging Cancer Proteomics Shared Resource, providing strategic leadership for development of new proteomics capabilities. Collectively, these leadership recruitments reflect Sylvester’s continued focus on building a deep, multidisciplinary leadership bench to support collaborative research, workforce development, and sustained growth across the Cancer Center.

In CY2025, state appropriations supported the recruitment of 24 new faculty. Each new recruit brings expertise, grant funding, and/or clinical trials to the State of Florida.

• Dafne Avgousti, PhD • Emanuela Palmerini, MD, PhD • Brian Walker, PhD • Jie Ping, PhD • Fei Ye, PhD • Marcelo Blaya, MD • Leor Weinberger, PhD • Maria Pilar Alcaide Alonso, PhD • Lauren Oshry, MD • John Michael Bryant, MD • Gil Hevroni, MD • Mindy Sue Bohrer, MD • Sara Fleszar-Pavlovic, PhD • Alexandra Dreyfuss, MD • Amandeep Mahal, MD • Nicolas Descostes, PhD	• Fred Hutchinson Cancer Research Center • Istituto Ortopedico Rizzoli • Indiana University School of Medicine • Vanderbilt University • Vanderbilt University • Memorial Healthcare System • Gladstone Institutes • Tufts University School of Medicine • Boston Medical Center • Moffitt Cancer Center University South Florida • University of Miami Jackson Memorial Hospital • WellMed GenesisCare USA of Florida • University of Miami Miller School of Medicine • Memorial Sloan Kettering Cancer Center • Harvard University • European Molecular Biology Laboratory (EMBL)	• Seattle, WA • Bologna, Italy • Indianapolis, IN • Nashville, TN • Nashville, TN • Hollywood, FL • San Francisco, CA • Boston, MA • Boston, MA • Tampa, FL • Miami, FL • Boca Raton, FL • Miami, FL • New York, NY • Cambridge, MA • Rome, Italy
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• Wafa Khadraoui, MD	Ohio State University	Columbus, OH
• Juan Bautista Blaquier, MD	University of Miami Jackson Memorial Hospital	Miami, FL
• Enze Liu, PhD	Indiana University	Indianapolis, IN
• Rafat Abonour, MD	Indiana University Medical Center	Indianapolis, IN
• Heidy Medina, PhD	University of Miami Miller School of Medicine	Miami, FL
• Raymond Mailhot, MD	University of Florida	Gainesville, FL
• Neil Newman, MD	MD Anderson Cancer Center	Houston, TX
• Sang Yong Kim, PhD	NYU Langone Health	New York, NY

Recruitment at UM Sylvester has significantly enhanced the University’s cancer focus and overall scientific environment, fostering greater collaboration, multidisciplinary innovation, and success in securing competitive peer-reviewed funding—resulting in significant growth in UM Sylvester’s overall research portfolio.

In CY2025, UM Sylvester has continued to invest in its research infrastructure with the opening of the Griffin Cancer Research Building (GCRB), a major milestone in the Center’s continued growth. Beginning clinical operations in Spring 2025, the GCRB was intentionally designed to integrate research and clinical activities through the co-location of scientists and physicians across research programs and cross-cutting themes. This investment positions Sylvester to support continued growth in clinical trials, collaborative research, and workforce development, reinforcing the Center’s ability to deliver meaningful impact for patients and communities across Florida.

MAYO CLINIC COMPREHENSIVE CANCER CENTER IN FLORIDA

Mayo Clinic in Florida is one of three integral sites of the NCI-designated Mayo Clinic Comprehensive Cancer Center (MCCCC), a national leader in cancer research, education, and patient care. In close collaboration with its campuses in Phoenix, Arizona, and Rochester, Minnesota, MCCCC in FL leverages a unified, multi-state model to accelerate discovery and translate innovation into meaningful advances for patients with cancer. Cheryl L. Willman, MD, serves as the enterprise Executive Director of Mayo Clinic Cancer Programs and Director of the MCCCC, and Roxana Dronca, MD, is the Site Deputy Director of MCCCC in FL. Dr. Dronca has provided leadership to MCCCC in FL since 2003 and has advanced a vision focused on expanding access, accelerating research, and enhancing the patient experience. Under their leadership, the Florida campus has advanced a strategy focused on expanding access, accelerating translational research, and enhancing the patient experience, while contributing disproportionately to the Cancer Center’s publications, funding, and clinical trial activity.

In 2025, Mayo Clinic successfully completed its Cancer Center Support Grant (CCSG) renewal with the National Cancer Institute (NCI), reaffirming its commitment to excellence in cancer research and care. This milestone reflects the strength of its integrated research and clinical enterprise and continued alignment with national priorities in discovery, innovation, and patient-centered care.

Mayo Clinic in Florida is advancing cancer care through integrated, patient-centered models that combine virtual, in-facility, and home-based services. A key initiative, Cancer CARE Beyond Walls (CCBW), continues to expand access by enabling patients to receive care and participate in clinical trials closer to home. The program captures patient-reported outcomes, preferences, and quality-of-life data, helping inform scalable models for decentralized oncology care and improving access across the region.

At the same time, MCCCC in Florida continues to expand its research and clinical infrastructure to support end-to-end translational science. Investments in cell therapy manufacturing, radiopharmaceutical development, and advanced technologies, along with the opening of the Duan Family Building, are enhancing the campus’s ability to deliver next-generation therapies, including proton and carbon ion radiation.

Recognizing the transformative potential of data-driven approaches, MCCCC in FL has prioritized the integration of AI, predictive modeling, and advanced data analytics into cancer research and care. By leveraging Mayo Clinic Platform, these efforts enable personalized treatment strategies, predictive diagnostics, and innovative research, driving improved patient outcomes through intelligent, evidence-based insights.

These capabilities, combined with a focus on strategic recruitment and partnerships, position Mayo Clinic at the forefront of precision oncology and enable continued progress in addressing complex cancer diagnoses.

Aligned with enterprise priorities, MCCCC in Florida is concentrating efforts in areas where it can lead and differentiate, including immunotherapy, theranostics, RNA therapeutics, and advanced radiation modalities. Through these coordinated investments in discovery, infrastructure, and care delivery, Mayo Clinic continues to strengthen its impact in Florida while contributing to the broader mission of advancing cancer care globally.

With support from the Casey DeSantis Cancer Research Program, MCCCC in FL continues to attract and support exceptional physicians and scientists. By providing resources for recruitment and long-term professional success, these efforts help establish Mayo Clinic as a leader in cancer research, fostering innovation and strengthening the impact of discoveries on patient care worldwide. Out-of-state recruits over the last FY include:

- Matthew Fleming, MD, PhD - Lauren Haydu, PhD - Craig Horbinski, MD, PhD - John Strickler, MD	- Vanderbilt University - US Air Force - Northwestern University - Duke University	- Nashville, TN - San Antonio, TX - Chicago, IL - Durham, NC
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MCCCC in FL is committed to advancing cancer education, research, and patient care by cultivating the next generation of biomedical researchers and healthcare professionals. Through initiatives such as the Cancer Research Training and Education Coordination Office (CRTEC), led by Associate Director John Copland, PhD, and the Science Program for the Advancement of Research Knowledge (SPARK), the Florida campus supports early talent development by providing high-achieving students with hands-on research experiences, mentorship, and leadership opportunities. The impact of SPARK continues to grow, with seven scholars earning awards at the 2025 Florida State Science Fair, including the program’s first overall State Champion, and three students advancing to the International Science and Engineering Fair in Columbus, Ohio.

PEER REVIEWED FUNDING

The four centers have sustained their peer-reviewed funding for direct costs for FY 2025. Together, the centers have been awarded over \$136M in peer-reviewed awards to directly fund innovative cancer research (Fig. 1), with funds primarily derived from NCI, other NIH institutes, Department of Defense/War, State of Florida Biomedical Research Program, and other peer-reviewed philanthropic organizations.

To provide better context, of the \$140.5M in grants awarded to organizations in Florida from NCI in FY 2025 (the most recently completed NIH fiscal year), 90% of the funds were awarded to FACCA members (Fig. 2). These awards funded 244 research projects across the four centers and demonstrate significant leadership in conducting nationally recognized cancer research in the State of Florida.

Based on NCI grants (FY25 RePORT data), Florida is the 11th highest funded state. As the nation’s 3rd most populous state, with the Casey DeSantis Cancer Research Program providing critical support and investment, the four FACCA institutions are best equipped to further increase cancer related grant funding to the State.

Moffitt Cancer Center

Moffitt Members conducted 342 cancer research projects totaling \$46.0M in awards from federal, state, and philanthropic peer-reviewed funding sponsors. Of the 342 projects, 94 of them are multiple principal investigator (MPI) awards, reflecting Moffitt’s deep commitment to collaborative science. NCI funding remains exceptional at \$27.1M, which is 59% of Moffitt’s peer-reviewed funding portfolio. Moffitt also receives significant funds from other NIH institutes, the Department of Defense/War, the State of Florida Biomedical Research Program, and

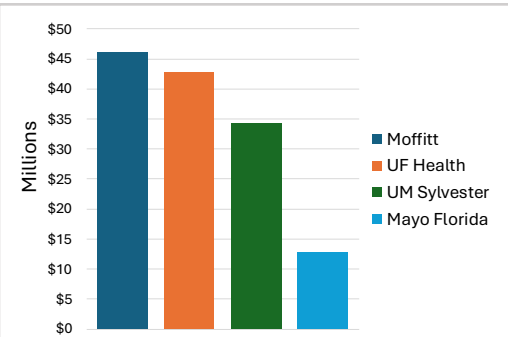


Figure 1. Peer-reviewed funding levels for FY 2025. Peer-reviewed funding is defined as annual direct costs of cancer-related awards based on sponsors considered peer-reviewed.

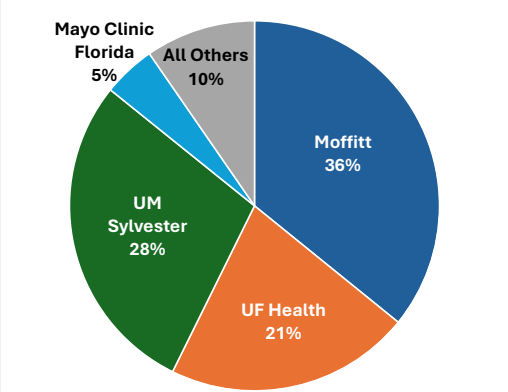


Figure 2. Percent funding to the four cancer centers from the NCI in FY2025. Data is based on NIH RePORT data filtered by awarding institute (NCI) and state. Data represents annual total costs, demonstrating 100% cancer focus across all Florida organizations.

other peer-reviewed philanthropic sponsors such as the American Cancer Society indicating a robust and sustainable funding portfolio.

UF Health Cancer Institute

UF Health investigators conducted 189 peer-reviewed, cancer relevant research projects totaling \$42.69M in awards. Importantly, NCI funding remained a major driver of the portfolio, accounting for \$18.09M in annual direct costs and representing more than 42% of UF Health's total peer-reviewed cancer research funding. This sustained level of NCI support reinforces the strength and competitiveness of UF Health's cancer research enterprise.

UM Sylvester Comprehensive Cancer Center

UM Sylvester's annual direct cost NCI-funding base reached \$19.4M as of July 1, 2025. Total peer-reviewed funding totaled \$34.3M during a period marked by national reductions in federal grant programs. As of December 31, 2025, UM Sylvester had 181 active peer-reviewed projects, of which 40 supported projects with multiple principal investigators (MPI), including a U54 SPORE focused on HPV-associated anal and cervical cancers, led by Isabella Rosa-Cunha, MD, and Erin Kobetz, PhD, as well as multiple R01 awards.

Mayo Clinic Comprehensive Cancer Center in Florida

MCCCC in FL continues to demonstrate strong underlying momentum in its research enterprise, with total peer-reviewed awards reaching \$12.7M, supporting 216 active research projects. NCI funding is strong with awards totaling \$5.3M, which is an impressive 42% of MCCC's peer-reviewed funding portfolio. Overall, funding levels underscore a resilient and growing research portfolio, supported by diversified funding sources and sustained investment in high-impact cancer research.

PEER-REVIEWED PUBLICATIONS

Investigators at all four cancer centers remain highly productive, having published 2,578 peer-reviewed articles combined in 2025 with more than 200 of the articles having at least one collaboration between Moffitt, UF Health, UM Sylvester, and/or Mayo Clinic in Florida researchers (see **Collaborations** section for more details).

Moffitt Cancer Center

Researchers at Moffitt published 760 peer-reviewed articles over FY 2025 with 252 (33%) appearing in high impact journals ($IF \geq 10$) such as *Nature Medicine*, *Cancer Cell*, and the *New England Journal of Medicine*. The average impact factor across this period was 11.005, which has remarkably increased by 60% from the last report. Its membership remains highly collaborative with 25% of articles having intra-programmatic collaborations and 24% having inter-programmatic collaborations.

UF Health Cancer Institute

UF Health researchers published a total of 748 peer-reviewed articles in FY 2025. Of these publications, 113 were considered high impact ($IF > 10$) and 58 were collaborative publications with researchers at Moffitt (8), UM Sylvester (24), Mayo Florida (23), and investigators all four Centers combined (3).

UM Sylvester Comprehensive Cancer Center

UM Sylvester investigators published a total of 728 peer-reviewed cancer relevant journal articles in CY2025; 157 of the publications are published in journals with an impact factor greater than 10 and represent a high degree of collaboration among UM Sylvester's investigators. In CY2025, the percentage of publications between UM Sylvester Research Programs (inter-programmatic publications) was 22% while collaboration within Research Programs (intra-programmatic publications) was 26%. Inter-institutional collaboration (with other NCI centers) accounted for 60% of the articles. Sylvester collaborated with Moffitt, UF Health, and/or Mayo on 53 of these 728 publications (see additional details on this collaboration below).

Mayo Clinic Comprehensive Cancer Center in Florida

MCCCC in FL conducts and disseminates high-quality peer-reviewed research in numerous cancer-focused areas. The scope of research activities includes basic, translational, clinical, population sciences, science of healthcare delivery, and cancer control and prevention. MCCCC in Florida is a robust and dynamic enterprise, comprising 60 distinguished members across 16 departments, 6 interdisciplinary research programs, and 6

shared resources. In FY 2025, Members published 342 peer-reviewed manuscripts, with 25% appearing in journals with an Impact Factor >10. The Membership is highly connected with 14% of publications being intra-collaborative, 13% being inter-collaborative, and 53% being external collaborations with other NCI Cancer Centers. This production reflects a highly engaged faculty, maturing research infrastructure, and culture of collaboration.

REPORTABLE CASES & INTERVENTIONAL TRIALS

In FY 2025, the FACCA centers collectively served 29,028 newly reported patients (reportable cancer registry analytic cases; **Fig. 3**) and accrued 7,906 patients to interventional clinical trials, accounting for enrolling 27% of new patients onto studies (**Fig. 4**).

Moffitt Cancer Center

Moffitt primarily serves Floridians with almost 97% of its patients coming from all 67 counties in the state and is reflected in the 11,422 newly diagnosed cases reported in FY 2025. Further, the demand for care at Moffitt reflects the numerous opportunities to participate in cutting edge clinical studies and experience the resulting superior outcomes. As such, Moffitt accrued 3,904 individuals to interventional clinical studies (3,106 to investigator-initiated studies) since the last report, which encompassed protocols of all types including treatment, screening, and prevention. Moffitt also continues to grow its reach and provided care for 12,558 admissions; 713,757 outpatient visits; 14,752 surgeries; and 31,377 new patients (non-analytic + analytic cases) care for.

UF Health Cancer Institute

Over the FY reporting period, UFHCI provided evaluation, diagnosis, and/or care for 6,347 reportable registry cases from across its catchment area and beyond. The Institute also enrolled a total of 749 patients to interventional clinical trials with 599 of those to investigator-initiated trials, demonstrating UFHCI’s strong commitment to providing cutting edge treatments to its patients with cancer. New IITs activated in 2025 include a trial evaluating a novel lymphatic mapping agent, Magtrace, in Ductal Carcinoma In Situ (PI: Spiegel), RNA lipid particles targeting pediatric malignancies (PI: Ligon), and salvage High Intensity Focused Ultrasound (HIFU) in radio-recurrent localized prostate cancer (PI: Benidir). The center’s commitment to advancing investigator-led treatment studies is further demonstrated through targeted pilot awards aimed at large impact interventions over the past year. Projects funded as part of this initiative include a smoking cessation intervention tailored to cancer survivors and caregivers (PI: LeLaurin), a physical activity intervention for adults who have completed cancer treatment (PI: Christou), and a lung cancer screening uptake initiative (PI: Wollney). UFHCI’s Clinical Research Office works closely with the recently developed Translational Research Council to drive forward UF-development science into clinical investigation. As of 2025, 68% of all treatment enrollments and 80% of all interventional accruals were to IITs, underscoring UFHCI’s continued investment in homegrown, practice-informing research.

UM Sylvester Comprehensive Cancer Center

Between July 1, 2024 and June 30, 2025, UM Sylvester treated 7,003 newly diagnosed cancer patients (analytic cases) and significantly expanded access to cutting edge research. Within the same period, enrollment in investigator-initiated interventional clinical trials grew to 1,539 patients, representing 22% of newly diagnosed cases. As part of UM Sylvester’s 2024-2028 Strategic Plan, the Center is focused on expanding trial access across its network, with eight regional locations now offering open protocols: Aventura/North Miami, Coral Springs, Doral, Deerfield Beach, Hollywood, Kendall, Lennar, and Plantation. Through this expanding network of regional locations, UM Sylvester has broadened access to interventional clinical trials, extending research opportunities closer to patients’ communities across South Florida. Enrollment to Phase I clinical trials, the first

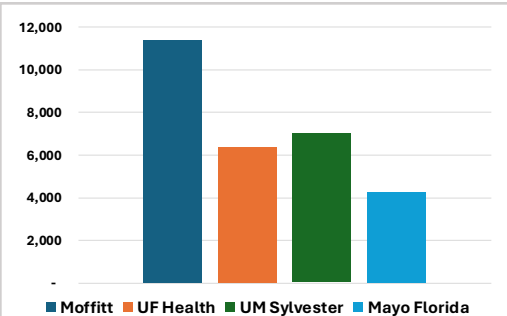


Figure 3. Reportable registry cases for FY 2025. Data derived from center specific cancer registries.

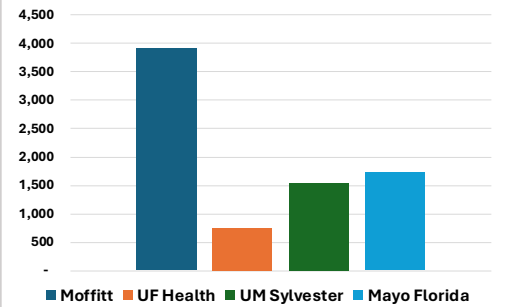


Figure 4. Accrual to interventional trials in FY 2025, which includes treatment, screening, prevention, and other interventional protocols.

step in evaluating new cancer therapies, reached 217 during this period, reflecting UM Sylvester's growing role of advancing innovative treatment options.

Mayo Clinic Comprehensive Cancer Center in Florida

Over FY 2025, MCCC in Florida cared for 4,256 newly diagnosed cancer patients, and during this same period, accruals totaled 1,714 across 6,727 investigator-initiated interventional clinical trials (IITs). In 2025, Mayo Clinic Florida served more than 175,231 unique patients, including 14% with confirmed cancer diagnoses. As an integral part of Mayo Clinic in Florida's multidisciplinary, patient-centered care model, MCCCC delivers comprehensive cancer care across 50 medical and surgical specialties and subspecialties. This work is supported by a dedicated workforce of 11,556 professionals, including 10,185 allied health staff and 1,371 physicians, scientists, residents, and fellows. Together, they advance Mayo Clinic's mission to transform cancer care through excellence in clinical practice, groundbreaking research, and world-class education.

CANCER MORTALITY RATES

Each Center tracks mortality rates within their geographic catchment areas and how they compare with those in the State of Florida. Please see **Appendix A** for detailed mortality rate information for each Center.

FLORIDA CANCER CENTER COLLABORATIONS

FACCA PILOT PROJECTS

Since its inception in 2015, the original three centers have cumulatively invested \$3.2M and have awarded 23 collaborative pilot grants to 58 researchers across the four cancer centers. With Mayo joining in the program in 2023, additional investment is planned in coming years.

The FACCA Pilot Program collects outcomes for up to 5 years past the project period of the award. Thus, this report focuses on the outcomes of the last 5 years (pilot cycles 2019 – 2022), which consists of 9 pilot awards and represents a total investment of \$1.35M by Moffitt, UF Health, and UM Sylvester. The investigators of these projects have been highly productive, remarkably returning \$19.5M in extramural funding with 88% of awards stemming from peer-reviewed sponsors. Further, these pilot awards have resulted in 20 peer-reviewed publications and 2 patent applications. A summary of each center's return on investment is provided below. See **Appendix B** for detailed outcome information for each award.

Moffitt Cancer Center

Since 2015, Moffitt invested \$1M in funds across 17 pilot awards to 18 distinct Moffitt investigators. Of these awards, 12% were collaborations between UF Health and Moffitt, 35% between Moffitt and UM Sylvester, and 53% were collaborations between all three centers.

Over the last 5 years, Moffitt invested \$450,000 in funds across 7 pilot awards to 7 Moffitt investigators. Of these awards, 57% were collaborations between Moffitt and UM Sylvester and 43% were collaborations between all three centers. These pilot awards returned \$9.4M in extramural funding (80% peer-reviewed) and 11 peer-reviewed publications.

UF Health Cancer Institute

Since 2015, UF Health has invested \$1M in funds across 17 pilot awards to 17 distinct UF Health investigators. Of these awards, 12% were collaborations between UF Health and Moffitt, 35% between UF Health and UM Sylvester, and 53% were collaborations between all three centers.

Over the last 5 years, UF Health invested \$350,000 across 5 pilot awards to 5 UF Health investigators. Of these awards, 40% were collaborations between UF Health and UM Sylvester, and 60% were collaborations between all three centers. These pilot awards returned \$8M in extramural funding (100% peer-reviewed) and 26 peer-reviewed publications (35% with an impact factor greater than 10).

UM Sylvester Comprehensive Cancer Center

Since 2015, UM Sylvester invested \$1.2M in funds across 21 pilot awards to 23 distinct UM Sylvester investigators. Of these awards, 28% were collaborations between UM Sylvester and Moffitt, 29% between UF Health and UM Sylvester, and 43% were collaborations between all three centers.

Over the last 5 years, pilots awarded to Sylvester investigators through this program have resulted in 28 number of publications and \$9.1M in extramural grant awards. The full impact of these pilot awards will continue to develop over time, as research outcomes often take several years to emerge. A detailed return on investment for all UM Sylvester funded projects is available in **Appendix B**.

Mayo Clinic Comprehensive Cancer Center in Florida

As a new member of the Alliance, Mayo Clinic in Florida has not yet had the opportunity to join the pilot project program but is committed to actively participating over the next several years. Mayo Clinic in Florida is particularly looking forward to opportunities to partner with FACCA members to accelerate capabilities to avail cancer care and research to Floridians in rural and underserved areas across the state.

EXTRAMURAL COLLABORATIONS

Collaboration between the FACCA centers emanate from, and extend beyond, the pilot program and reflect the collaborative cultures at all four institutions. Additionally, investigators from the four institutions have collaborated on extramural peer-reviewed research projects. Center specific details are described below. Note that the number of collaborative publications reported by each center is based on the center’s CCSG eligible member list and may differ from that reported by the other FACCA centers, who may include collaborative publications with a non-CCSG member at that institution.

Moffitt Cancer Center

Over FY 2025, Moffitt investigators published 760 peer-reviewed articles. Of those, 104 (14%) publications had collaborations with researchers from at least once of the other FACCA centers (**Table 1**). Of those articles, Moffitt collaborated on 36 articles with a UF Health investigator; 38 articles with a UM Sylvester investigator; and 30 with a Mayo Clinic investigator.

Table 1. Collaborative publications involving Moffitt Cancer Center Faculty					
Year	Moffitt UF Health	Moffitt UM Sylvester	Moffitt Mayo Clinic	Moffitt UF Health UM Sylvester Mayo Clinic	Total Unique collabs
2025	36	38	30	0	104

Moffitt researchers collaborate with investigators from UF Health, UM Sylvester, and Mayo Clinic on 17 exciting, funded research projects. A summary of active Moffitt collaborative awards and subcontracts that involve FACCA centers is presented in **Table 2**. For example, Moffitt’s Dr. Conor Lynch is collaborating with UM Sylvester’s Dr. Kerry Burnstein on a mathematical approach to treatment of metastatic prostate cancer to the bone. As another example, Moffitt’s Dr. Keiran Smalley works with UF Health’s Dr. Jonathan Licht and UM Sylvester’s Dr. Zelia Correa in a long-standing collaboration to understand the underlying epigenetics of uveal melanoma liver metastasis. Finally, Moffitt’s Drs. Anna Giuliano and Antonio Amelio are collaborating with Mayo Clinic Florida’s Dr. Anders Berglund to identify biomarkers for early detection of HPC related oral cancer.

Table 2. Moffitt Cancer Center active collaborations on extramural research projects						
Moffitt PI	Specific Funding Source	Collaborating Institution(s)	Collaborator	Project Number	Project Title	Moffitt Annual Project DC
Baz, R	NHLBI UF	University of Florida	Gong, Y	1R01HL1516 59	A Multi-omic evaluation of Carfilzomib- related Cardiotoxicity	\$8,713
Giuliano, A Amelio, A	NIDCR	Mayo Clinic Jacksonville	Berglund, A	5U01DE033 329-03	Biomarker Approach to Screening for the early detection of HPV-related Oropharyngeal Cancer (BASH OPC)	\$330,992
Heine, J	NCI UF	University of Florida	Yaghjian, L Tamimi, R	5R01CA277 817-03	Stromal Contributions to Breast Carcinogenesis	\$26,484
Jain, M	FBRP	University of Miami	Spiegel, J	23B07	A Clinical Trial of Pirtobrutinib and Brexucabtagene Autoleucel in Patients with Relapsed or Refractory Mantle Cell Lymphoma	\$900,035
Kissil, J	NINDS	University of Florida	Pipkin, M	5R01NS117 926-02	Elucidating the epigenetic landscape of neurofibromatosis and development of therapeutic targets	\$191,658

Table 2. Moffitt Cancer Center active collaborations on extramural research projects						
Moffitt PI	Specific Funding Source	Collaborating Institution(s)	Collaborator	Project Number	Project Title	Moffitt Annual Project DC
Lynch, C	DOD UM	University of Miami	Bernstein, K	HT94252310389	Proprietary arginine vasopressin receptor type 1a (AVPR1a) antagonists for treatment of lethal prostate cancer	\$44,510
Padron, E	NCI	University of Florida	Ferrel-Fairbanks, M	5R01CA278300-04	The impact of inflammation on HSPC composition and disease progression in chronic myelomonocytic leukemia.	\$344,292
Permeth, J	FBRP	University of Florida	Judge, A	24K03	Comparing the Morphology and Molecular Profile of Skeletal Muscle Tissue and the Influence of Tobacco and Obesity on Pancreatic Cancer Outcomes in a Diverse Cohort of Floridians	\$85,808
Sawyer, G	USDA UF	University of Florida	Sayour, E	R01FD007268-01	A phase I study of RNA-lipid particle vaccines for newly diagnosed glioblastoma	\$69,822
Schabath, M	FBRP	University of Florida	O'Dell, W	21B12	Non-invasive radiomic biomarkers to predict treatment response for immunotherapy of lung cancer	\$111,891
Shaw, T	FBRP	University of Florida	Lamba, J	23L10	Targeting ER Stress in Pediatric Acute Myeloid Leukemia	\$31,357
Smalley, K	NCI	University of Florida	Licht, J	5R01CA256193-02	Characterization and Targeting of the Epigenetic state underlying uveal melanoma liver metastasis	\$247,944
Smalley, K	NCI UF	University of Florida	Zhang, W Zheng, G	1R01CA290792-01	Proteolysis targeting chimera against nuclear receptor NR4A1 for melanoma therapy	\$109,925
Smalley, K	NCI	University of Florida	Licht, J	1R01CA262483-05	Defining and Targeting Epigenetic Plasticity-Driven Drug Resistance and Immune Escape in Melanoma	\$162,337
Vidrine, D Simmons, V	FBRP	University of Florida University of Miami	Dallery, J Crane, T	23K01	Creation of an Infrastructure to Support Delivery of mHealth Interventions for Cancer Patients Throughout Florida	\$160,515
Wang, X	FBRP UM	University of Miami	Schurer, S	23B16	Next-Generation Biomedical Big Data Platform for Cancer Research and Collaboration Across Florida	\$13,001
Yin, J	NCI UF	University of Florida	Sayour, E	5R01CA266857-02	Overcoming Metastatic Spread of Osteosarcoma with RNA Loaded Nanoparticles	\$39,074
Moffitt Funding Total						\$2,878,358

UF Health Cancer Institute

Of the 748 peer-reviewed articles published by UF Health investigators in FY2025, 58 have collaborations with researchers from at least one of the three other FACCA centers (**Table 3**). Of these collaborative inter-institutional publications, 41.4% were with UM Sylvester researchers, 13.8% were with Moffitt researchers, 39.6% were with Mayo researchers, and 5.2% involved researchers at two or more other centers.

Table 3. Collaborative publications involving UF Health Faculty					
Year	UF Health Moffitt	UF Health UM Sylvester	UF Health Mayo Clinic	Moffitt UF Health UM Sylvester Mayo Clinic	Total Unique collabs
2025	8	24	23	3	58

UF Health investigators collaborated with researchers from Moffitt and UM Sylvester on cutting-edge funded research projects since the last report that developed outside of the FACCA pilot program. A summary of collaborative awards based at UF Health that involve collaborations with FACCA centers as demonstrated through a subcontract is presented in **Table 4**. For

example, UF Health's Dr. Benjamin Lok is collaborating on an MPI U01 led by Dr. Janice Krieger at Mayo Clinic in Florida and UM Sylvester's Dr. Olveen Carrasquillo that is investigating the use of precision recruitment of underrepresented individuals onto clinical trials to promote cancer health equity across Florida populations. Additionally, UF Health's Drs. Weizhou Zhang and Guangrong Zheng are collaborating with Moffitt's Dr. Kieran Smalley to establish a new therapeutic target for melanoma.

Table 4. UF Health active collaborations on extramural research projects

UFHCI PI	Funding Source	Project Number	Project Title	Collaborating Institution(s)	Collaborating Investigator(s)	UF Health Funding
Dallery J	FBRP James & Esther King	23K01	Creation of an Infrastructure to Support Delivery of mHealth Interventions for Cancer Patients Throughout Florida	Moffitt	Damon Vidrine Vani Simmons	\$69,375
Ferrel-Fairbanks M	NIH NCI	R01CA278300	The impact of inflammation on HSPC composition and disease progression in chronic myelomonocytic leukemia.	Moffitt	Eric Padron	\$61,422
Gong Y	NIH NCI	R01HL151659	A Multi-omic evaluation of Carfilzomib-related Cardiotoxicity	Moffitt	Rachid Baz	\$95,217
Judge A	FBRP Bankhead Coley	24K03	Comparing the Morphology and Molecular Profile of Skeletal Muscle Tissue and the Influence of Tobacco and Obesity on Pancreatic Cancer Outcomes in a Diverse Cohort of Floridians	Moffitt	Jennifer Permuth	\$84,025
Lamba J	FBRP Live Like Bella	23L10	Targeting ER Stress in Pediatric Acute Myeloid Leukemia	Moffitt	Timothy Shaw	\$2,577
Licht J	NIH NCI	R01CA256193	Characterization and targeting of the epigenetic state underlying uveal melanoma liver metastasis	Moffitt UM Sylvester (formerly)	Keiran Smalley (MPI) James Harbour (MPI)	\$131,416
Licht J	NIH NCI	R01CA262483	Defining and targeting epigenetic plasticity-driven drug resistance and immune escape in melanoma	Moffitt UM Sylvester (formerly)	Keiran Smalley (MPI) James Harbour	\$149,796
Lok B	NIH NCI	U01CA274970	Precision Clinical Trial Recruitment to Promote Cancer Health Equity Across Florida	UM Sylvester Mayo Clinic Jacksonville	Olveen Carrasquillo (MPI) Janice Krieger (MPI)	\$190,064
O'Dell W	FBRP Bankhead Coley	21B12	Non-invasive radiomic biomarkers to predict treatment response for immunotherapy of lung cancer	Moffitt	Matthew Schabath	\$36,917
Pipkin M	NIH NINDS	R01NS117926	Elucidating the epigenetic landscape of neurofibromatosis and development of therapeutic targets	Moffitt	Joseph Kissil	\$59,842
Sayour E	USDA	R01FD007268	A phase I study of RNA-lipid particle vaccines for newly diagnosed glioblastoma	Moffitt	Greg Sawyer	\$513,175
Sayour E	NIH NCI	R01CA266857	Overcoming Metastatic Spread of Osteosarcoma with RNA Loaded Nanoparticles	Moffitt	Jun Yin	\$418,306
Wang Y	NIH NCI	U01CA286810	Assessing Benefits and Harms of Medical Cannabis and Cannabinoid Use in Breast Cancer Patients During and After Treatments	UM Sylvester	Jennifer Hu (PI)	\$201,875

Yaghjian L Tamimi R	NIH NCI	R01CA277817	Stromal Contributions to Breast Carcinogenesis	Moffitt	John Heine	\$339,931
Zhang W Zheng G	NIH NCI	R01CA290792	Proteolysis targeting chimera against nuclear receptor NR4A1 for melanoma therapy	Moffitt	Keiran Smalley (MPI) Emily Moser	\$275,013
UF Health Funding Total						\$1,271,409

UM Sylvester Comprehensive Cancer Center

In CY2025, UM Sylvester researchers published a total of 728 peer-reviewed publications, of which 53 were collaborators at Moffitt, UF Health, and Mayo. Of these collaborative inter-institutional publications, 23% were with UF researchers, 68% were with Moffitt researchers, and 24% were with Mayo researchers (**Table 5**).

UM Sylvester collaborated with researchers from Moffitt and UF Health on several innovative peer-reviewed grant awards that formed within and outside of the FACCA pilot program. A summary of these awards as demonstrated by either an inflowing or outflowing subcontract is presented in **Table 6**. For example, UM Sylvester's Dr. Tracy Crane collaborates with Moffitt's Dr. Damon Vidrine on a James and Esther King Biomedical Research Program-funded project aiming to develop a statewide mHealth (mobile health) infrastructure to support tobacco-related research in cancer care and testing its utility through three demonstration smoking cessation projects across Florida.

Table 5. Collaborative publications involving UM Sylvester faculty

Year	UM Sylvester Moffitt	UM Sylvester UF Health	UM Sylvester Mayo Clinic	UM Sylvester Moffitt UF Health Mayo Clinic	Total
2025	36	12	13	0	61

Table 6. UM Sylvester active collaborations on extramural research projects

UM Sylvester PI	Funding Source	Project Number	Project Title	Collaborating Institute(s)	Collaborating Investigator(s)	UM Sylvester Funding
Burnstein, K	DOD	HT94252310389	Proprietary Arginine Vasopressin Receptor Type 1a (AVPR1a) Antagonists for Treatment of Lethal Prostate Cancer	Moffitt	Lynch, C	\$412,957
Carrasquillo, O	NIH NCI	U01CA274970-04	Precision Clinical Trial Recruitment to Promote Cancer Health Equity Across Florida	Mayo	Krieger, J (MPI)	\$130,862
Correa, Z	NIH NCI	R01CA256193-04	Characterization and Targeting of the Epigenetic State Underlying Uveal Melanoma Liver Metastasis	Moffitt	Smalley, K	\$102,134
Crane, T	FBRP James and Esther King	23K01	Creation of an Infrastructure to Support Delivery of mHealth Interventions for Cancer Patients Throughout Florida	Moffitt	Vidrine, D	\$38,946
Hu, Jennifer	NIH-NCI	U01CA286810-02	Assessing Benefits and Harms of Cannabis and Cannabinoid Use in Breast Cancer Patients During and After Treatments	UF Health	Wang, Y	\$201,875
Merchant, N	US Army CDMRP	W81XWH2211021	Evaluating Obesity-Mediated Mechanisms of Pancreatic Carcinogenesis in Minority Populations	Moffitt	Permeth, J	\$22,800
Pollack, A	PCORI	NCT03561220	A Prospective Comparative Study of Outcomes with Proton and Photon Radiation in Prostate Cancer (COMPPARE)	UF Health	Mendenhall, N	\$10,767
Spiegel, J	FBRP Bankhead Coley	23B07	A Clinical Trial of Pirtobrutinib and Brexucabtagene Autoleucel in Patients with Relapsed if Refractory Mantle Cell Lymphoma	Moffitt	Jain, M	\$58,118
UM Sylvester Funding Total						\$978,459

Mayo Clinic Comprehensive Cancer Center in Florida

In FY 2025, MCCCC FL investigators authored a total of 342 peer-reviewed manuscripts, reflecting the depth and breadth of the Center's research enterprise. Of these publications, 69% of these collaborations were with Moffitt, 17% with UM Sylvester, and 1% with UF Health (**Table 7**). This robust collaborative engagement underscores Mayo Clinic's commitment to advancing cancer research through strategic partnerships across Florida's leading academic cancer centers.

MCCCC in FL continues to demonstrate its leadership in advancing collaborative, high-impact cancer research across the state by collaborating with colleagues within FACCA (**Table 8**). Several innovative, peer-reviewed, and externally funded research projects have emerged during the reporting period, underscoring MCCCC in FL's commitment to fostering statewide collaborations that drive scientific discovery and promote cancer health equity. Among these efforts, Mayo Clinic serves as a lead partner on an NCI-funded U01 project focused on precision clinical trial recruitment to advance cancer health equity, working alongside collaborators from UF Health and UM Sylvester. Additional partnerships include DOD/DoW funded research addressing chemotherapy-related cardiomyopathy in women, as well as the development of novel vaccines to prevent progression of triple-negative breast cancer. MCCCC in FL is also engaged in efforts to improve cancer literacy and screening awareness among incarcerated populations through a Radiation Oncology Institute-funded initiative with UF Health. Complementing these activities are NIH-funded collaborations targeting chemotherapy-related heart failure, glioblastoma progression, and inclusive cancer care models for black men across Florida.

Year	MCF Moffitt	MCF UF Health	MCF UM Sylvester	UM Sylvester Moffitt UF Health MCF	Total
2025	28	1	9	5	41

MCF PI	Funding Source	Project Number	Project Title	Collaborating Institute(s)	Collaborating Investigator(s)	MCF Annual Project DC
Berglund, A	NIDCR	5U01DE03 3329-03	Biomarker Approach to Screening for the early detection of HPV-related Oropharyngeal Cancer (BASH OPC)	Moffitt	A. Giuliano A. Amelio	NA
Krieger, J	NIA	7R24AG07 4867-04 (NCE)	Tailoring Recruitment Communication Using Virtual Human Technology to Increase Participation of Older Minority Adults in Clinical Trials	UF Health	S. Anton	\$469,606
Krieger, J	NCI	5U01CA27 4970-04	A Multi-Level Approach to Connecting Individuals to Cancer Clinical Research	UF Health UM Sylvester	S. Anton O. Carrasquillo	\$88,592
Norton, N	NHLBI	R01HL169 268-02	Individualized Medicine to Predict and Prevent Chemotherapy-Related Heart Failure	Moffitt	A. Soyano Muller	\$330,152
Norton, N Advani, P	DOD	W81XWH-22-1-0288	Characterization of TRPC6 to Predict and Prevent Chemotherapy-Related Cardiomyopathy and Heart Failure in Women	UF Health	K. A. Bruno	\$369,783
Oladeru, Oluwadamilola	Radiation Oncology Institute	ROI2020-9112 (NCE)	Improving Prison Health Equity through Cancer Literacy and Screening Awareness in Florida	UF Health	Y-R. Hong	\$41,923
Rosenfeld, S Kenchappa, R	NINDS	R01NS118 513-05 (NCE)	Targeting Go and Grow in Glioblastoma	UF Health	C. A. Miller	\$21,992
Mayo Clinic Florida Funding Total						\$1,322,048

FACCA COLLABORATIVE MEETINGS

The centers regularly collaborate through recurring meetings, conferences, and retreats, which facilitates ongoing and new partnerships among the research communities across the centers. This level of collaboration demonstrates state-wide progress in addressing the needs of Florida citizens and develops a destination for medical tourism for cancer patients.

Since the last report, Moffitt hosted a FACCA retreat in May 2026 (**Fig. 5**) with more than 160 attendees. The FACCA retreat serves as a vital forum for fostering collaboration among Florida's cancer centers, bringing together researchers to share knowledge, spark new partnerships, and align efforts around innovative, high-impact cancer research. This annual event strengthens the statewide cancer research ecosystem, accelerates progress toward shared scientific goals, and provides a forum to share best practices and ultimately impact the

delivery of patient care. The 2026 meeting also included an extra session focused on community activities with representatives from multiple cancer control regions across the state. The next retreat will be hosted by MCCC Florida in the Spring of 2027. **Table 9** illustrates the active work among the centers to ensure opportunities are available to foster inter-institutional collaborations. In addition to the retreats and Director’s meetings, the research administration teams from each center meet monthly to discuss ongoing and emergent items related to FACCA. Detailed retreat agendas are provided in **Appendix C**.



Figure 5. Cancer physicians and researchers from Moffitt, UF Health, UM Sylvester, and Mayo Clinic in Florida gather at the 2026 FACCA Retreat, celebrating statewide collaboration and a shared commitment to advancing cancer research and care across Florida.

Table 9. FACCA collaborative meetings and retreats			
Retreat	Date	Location	Organizing Center
2022 Annual FACCA Retreat	January 18 – 19, 2022	Virtual	Moffitt
2023 Annual FACCA Retreat	March 27 – 28, 2023	Miami, FL	UM Sylvester
2024 Annual FACCA Retreat	April 1 – 2, 2024	Orlando, FL	UF Health
2026 Annual FACCA Retreat	May 7 – 8, 2026	Tampa, FL	Moffitt
Director’s Meetings			
Director’s Meeting	March 27, 2023	Miami, FL	All Centers
Director’s Meeting	September 30, 2023	Washington, DC	All Centers
Director’s Meeting	April 2, 2024	Orlando, FL	All Centers
Director’s Meeting	October 19, 2024	Chicago, IL	All Centers
Director’s Meeting	October 18, 2025	Washington, DC	All Centers
Director’s Meeting	May 8, 2026	Tampa, FL	All Centers

SUMMARY

The State of Florida, as well as each participating cancer center, continue to realize transformative benefits from the Casey DeSantis Cancer Research Program. This critical investment has provided vital resources for reaching the program’s overarching goal of achieving and maintaining four NCI designated centers, most notably the designation of UF Health in 2023 and the addition of Mayo Clinic Florida in 2024. By establishing a robust, statewide network of cancer innovation hubs, the program amplifies each center’s strengths to drive breakthrough discovers, expand access to cutting-edge therapies, and foster high-impact scientific collaboration. Through sustained support, Florida is poised to lead the nation in cancer research, prevention, and care, ultimately leading to better cancer care and improved outcomes for patients throughout Florida. With annual reporting moving forward, FACCA will continue to demonstrate impact and success, bringing the best and brightest to Florida to lead the nation in cancer research, prevention, and translation and improve the health of all residents across the state.

APPENDICES

APPENDIX A | MORTALITY RATES

NOTE: Each Center's mortality rates intentionally begin on a new page

Moffitt Cancer Center

Moffitt's geographic region ("catchment area") is defined as 23 contiguous counties in west and central Florida, which encompasses the county of origin for more than 90% of patients seen and treated at Moffitt and represents more than 11 million Floridians. These counties include: Brevard, Charlotte, Citrus, Collier, DeSoto, Glades, Hardee, Hendry, Hernando, Highlands, Hillsborough, Lake, Lee, Manatee, Marion, Orange, Osceola, Pasco, Polk, Pinellas, Sarasota, Seminole, and Sumter. The requested age-adjusted mortality rates for the cancers listed within the statute (lung, pancreatic, sarcoma, melanoma, leukemia and myelodysplastic syndromes, brain, and breast) is described in the tables below.

Age-adjusted mortality rates by cancer type and geographic region (including overall rates) per 100,000 people. The dash indicates where we do not have data available or it is not estimable.

Cancer Type	Catchment Area	Florida	US
Overall	200.0	201.1	217.2
Brain	5.3	-	-
Breast	13.8	13.9	15.6
Leukemia / MDS	7.7	7.8	8.6
Lung & Bronchus	50.3	48.7	54.0
Melanoma	3.3	3.0	3.2
Pancreas	13.8	14.2	15.5
Sarcoma	2.4	-	-

Age-adjusted mortality rates by cancer type and age group per 100,000 people are presented below. The values below reflect the mortality rates in our 23 county catchment area.

Cancer	Age Groups													
	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84	85+
Brain	0.5	0.8	1.4	1.3	2.2	3.8	5.2	7.5	10.2	13.9	13.9	17.0	18.6	17.9
Breast	0.0	0.6	1.6	4.0	6.2	9.4	14.5	19.7	26.1	28.7	33.4	37.9	49.0	87.5
Leukemia	0.9	0.6	1.0	1.5	1.7	2.2	3.8	5.0	9.0	14.6	20.6	34.1	46.3	74.0
Lung	0.0	0.3	0.4	1.4	3.7	11.2	29.1	63.1	101.3	134.9	179.4	231.6	266.6	285.8
Melanoma	0.1	0.2	0.3	0.8	1.6	1.7	2.9	3.5	4.3	6.4	7.0	12.2	18.2	22.3
Pancreas	0.0	0.1	0.2	0.7	1.3	3.9	9.0	16.5	23.6	34.5	46.7	61.5	77.4	90.6
Sarcoma	0.8	0.9	0.8	0.9	0.8	1.4	1.9	2.8	3.7	3.8	5.7	7.6	10.2	15.0

UF Health Cancer Institute

This report includes patients treated at the UF Health Cancer Institute, from the year 2020 up to 6/30/2025, with the following cancers: Brain, Breast, Leukemia, Lung, Melanoma, Myelodysplastic Syndromes, Pancreatic, Sarcoma Bone, and Sarcoma Soft Tissue.

A cancer mortality rate is the number of deaths, with cancer as the underlying cause of death, occurring in a specified population during a year. Cancer mortality is usually expressed as the number of deaths due to cancer per 100,000 population. That is, Mortality Rate = (Cancer Death Cases/Reference Population) × 100,000.

(Ref: <https://seer.cancer.gov/statistics/types/mortality.html#>)

Population information was obtained from 5-year American Community Survey APIs. Note that census data for 2025 is not available yet, thus 2024 population were used for 2025.

Age Adjusted Mortality Rate Calculation: We take the crude rate of mortality incidence of each age group and multiply it by the proportion of the US 2000 Standard Population in that age group. We then sum up these values to get the age-adjusted rate. The US 2000 Standard Populations were used to calculate the Age-Adjusted Mortality. UFHCI's catchment area consists of 26 counties (previously 23)

Cancer Mortality by Year and Cancer Site (Using UFHCI Catchment Area as Reference Population)

The UF Health Cancer Institute's age-adjusted cancer mortality rate in each year/cancer site represents as death cases per 100,000 people in the catchment area population. This rate is standardized to the US 2000 population to allow fair comparisons across different age groups.

The UF Health Cancer Institute's age-adjusted cancer diagnosis rate in each year/cancer site represents as new diagnosis cases per 100,000 people in the catchment area population. This rate is standardized to the US 2000 population to allow fair comparisons across different age groups.

Cancer Site	Year	Diagnosed Cases	UFHCI: Age Adjusted Diagnosis Rate	Cancer Related Death Cases	Population at Risk	UFHCI: Age Adjusted Mortality Rate
Brain	2025	177	4.716	7	3,443,941	0.225
Breast	2025	255	12.002	11	1,751,725	0.525
Leukemia	2025	187	4.378	2	3,443,941	0.033
Lung	2025	228	4.317	22	3,443,941	0.399
Melanoma	2025	295	6.436	5	3,443,941	0.083
Myelodysplastic Syndromes	2025	97	1.947	1	3,443,941	0.015
Pancreatic	2025	147	2.757	3	3,443,941	0.048
Sarcoma Bone	2025	115	2.752	2	3,443,941	0.058
Sarcoma Soft Tissue	2025	191	4.48	5	3,443,941	0.121

Cancer Mortality by Year and Cancer Site at UFHCI (Using Whole Florida as Reference Population)

The UF Health Cancer Institute's age-adjusted cancer mortality rate in each year/cancer site represents as death cases per 100,000 Florida residents. This rate is standardized for the US 2000 population to allow fair comparisons across different age groups.

Cancer Site	Year	Diagnosed Cases	Cancer Related Death Cases	Population at Risk	UFHCI: Age Adjusted Mortality Rate
Brain	2025	177	7	22,416,077	0.034
Breast	2025	255	11	11,399,997	0.079
Leukemia	2025	187	2	22,416,077	0.006
Lung	2025	228	22	22,416,077	0.065
Melanoma	2025	295	5	22,416,077	0.014

Cancer Site	Year	Diagnosed Cases	Cancer Related Death Cases	Population at Risk	UFHCI: Age Adjusted Mortality Rate
Myelodysplastic Syndromes	2025	97	1	22,416,077	0.003
Pancreatic	2025	147	3	22,416,077	0.009
Sarcoma Bone	2025	115	2	22,416,077	0.009
Sarcoma Soft Tissue	2025	191	5	22,416,077	0.018

UM Sylvester Comprehensive Cancer Center

UM Sylvester's geographic region, or catchment area, is defined as four contiguous counties in South Florida: Miami-Dade, Broward, Palm Beach, and Monroe. This region is the primary geographic area used for assessing cancer burden, mortality, and outcomes relevant to the Center's mission. The requested age-adjusted mortality rates for the cancers listed within the statute (lung, pancreatic, sarcoma, melanoma, leukemia and myelodysplastic syndromes, brain, and breast) are described in the table below.

SCCC Age-Adjusted Survival and Mortality Rates for Top 7 Cancer Sites CY 2023 Class of Case 10-14 (patients diagnosed and treated at Sylvester)

Primary Site	1-Year Mortality Rate	5-Year Mortality Rate
1. Lung (n=217)		
All	22.8%	100%
Age		
15-44 (n=6)	0%	NE
45-54 (n=9)	11.1%	NE
55-64 (n=56)	25.4%	NE
65-74 (n=81)	21.2%	NE
75+ (n=65)	22.9%	100%
County (FIPS code)		
Broward (011) (n=33)	15.3%	NE
Miami Dade (086) (n=148)	26.9%	NE
Monroe (087) (n=0)	N/A	N/A
Palm Beach (099) (n=28)	14.5%	100%
Others/Unknown (n=8)	15.2%	100%
2. Pancreatic (n=53)		
All	48.0%	NE
Age		
15-44 (n=3)	N/A	N/A
45-54 (n=5)	40.0%	NE
55-64 (n=15)	35.3%	NE
65-74 (n=17)	64.4%	100%
75+ (n=13)	42.5%	100%
County (FIPS code)		
Broward (011) (n=5)	25.0%	NE
Miami Dade (086) (n=37)	51.7%	NE
Monroe (087) (n=0)	N/A	N/A
Palm Beach (099) (n=9)	38.3%	100%
Others/Unknown (n=2)	N/A	N/A
3. Sarcoma (n=69)		
All	15.7%	NE
Age		
15-44 (n=12)	30.0%	NE
45-54 (n=13)	50.0%	NE
55-64 (n=11)	10.0%	NE
65-74 (n=18)	15.1%	NE
75+ (n=15)	13.3%	100%
County (FIPS code)		
Broward (011) (n=18)	21.2%	NE
Miami Dade (086) (n=33)	10.1%	NE
Monroe (087) (n=1)	N/A	N/A
Palm Beach (099) (n=15)	26.6%	NE

Primary Site	1-Year Mortality Rate	5-Year Mortality Rate
Others/Unknown (n=2)	N/A	N/A
4. Melanoma (n=102)		
All	2.7%	NE
Age		
<15 (n=1)	N/A	N/A
15-44 (n=11)	0%	NE
45-54 (n=10)	0%	NE
55-64 (n=23)	0%	NE
65-74 (n=30)	0%	NE
75+ (n=27)	8.2%	NE
County (FIPS code)		
Broward (011) (n=12)	10.6%	NE
Miami Dade (086) (n=26)	6.0%	NE
Monroe (087) (n=0)	N/A	N/A
Palm Beach (099) (n=5)	0%	NE
Others/Unknown (n=59)	0%	NE
5. Leukemia and myelodysplastic syndromes (n=19)		
All	16.8%	NE
Age		
15-44 (n=0)	N/A	N/A
45-54 (n=1)	N/A	N/A
55-64 (n=2)	N/A	N/A
65-74 (n=8)	16.7%	NE
75+ (n=8)	20.0%	NE
County (FIPS code)		
Broward (011) (n=3)	N/A	N/A
Miami Dade (086) (n=14)	25.7%	NE
Monroe (087) (n=1)	N/A	N/A
Palm Beach (099) (n=0)	N/A	N/A
Others/Unknown (n=1)	N/A	N/A
6. Brain (n=227)		
All	11.6%	47.8%
Age		
15-44 (n=46)	4.5%	NE
45-54 (n=29)	4.5%	4.5%
55-64 (n=47)	11.1	58.5%
65-74 (n=59)	11.5%	NE
75+ (n=46)	15.8%	NE
County (FIPS code)		
Broward (011) (n=40)	3.7%	100%
Miami Dade (086) (n=121)	10.5%	19.6%
Monroe (087) (n=2)	N/A	N/A
Palm Beach (099) (n=25)	13.0%	NE
Others/Unknown (n=39)	21.1%	NE
7. Breast (n=211)		
All	3.0%	NE
Age		
15-44 (n=18)	5.6%	NE
45-54 (n=49)	3.4%	NE
55-64 (n=70)	2.6%	NE
65-74 (n=42)	0%	NE

Primary Site	1-Year Mortality Rate	5-Year Mortality Rate
75+ (n=32)	6.9%	NE
County (FIPS code)		
Broward (011) (n=34)	4.1%	NE
Miami Dade (086) (n=159)	3.0%	NE
Monroe (087) (n=1)	N/A	N/A
Palm Beach (099) (n=11)	0%	NE
Others/Unknown (n=6)	0%	NE
NE: Not estimable due to limited follow-up/survival time (e.g., when all participants were censored without death event at a specific time point).		
N/A: Not applicable due to small sample size (e.g., fewer than five).		
Note: For calculating age-adjusted survival and mortality rates, "NCI - ICSS Weights used in SEER*Stat using the Five Default Age Groups" (https://seer.cancer.gov/stdpopulations/survival.html) was incorporated.		

Mayo Clinic Comprehensive Cancer Center in Florida

Using Mayo Clinic in Florida's unique patients for 2023, associated with the hierarchical grouping of like conditions, a mortality rate was determined. Data used for the calculation was derived from census.gov for Florida and US populations. Patients must reside in a zip code within Florida to be included in the calculation.

Adjusted rate is determined by breaking death counts into age groups: 0-4, 5-9, 10-15....., 80-84, 85+ (count/population) and determining the crude rate for each age group. Summing the normalized rate for each age group yields the overall age adjusted mortality rate.

Overall Age Adjusted Rate (see methodology above)			
Cancer Type	Rate per 100k	Total Incidence	Trend (2024)
Brain/CNS	0.4581	124	Decreasing
Breast	0.218	56	Decreasing
Leukemia	0.235	63	Decreasing
Lung and Thoracic	0.568	151	Decreasing
Melanoma	0.065	17	Decreasing
Pancreatic Cancer	0.289	77	Decreasing
Sarcoma and Skeletal	0.429	113	Decreasing

>= 65 Age Adjusted Rate			
Cancer Type	Rate per 100k	Total Incidence	Trend (2024)
Brain/CNS	1.48	73	Decreasing
Breast	0.672	33	Decreasing
Leukemia	0.944	47	Decreasing
Lung and Thoracic	2.061	103	Decreasing
Melanoma	0.239	12	Decreasing
Pancreatic Cancer	1.088	54	Decreasing
Sarcoma and Skeletal	1.499	74	Decreasing

< 65 Age Adjusted Rate			
Cancer Type	Rate per 100k	Total Incidence	Trend (2024)
Brain/CNS	0.266	51	Decreasing
Breast	0.12	23	Decreasing
Leukemia	0.083	16	Increasing
Lung and Thoracic	0.247	48	Decreasing
Melanoma	0.027	5	Decreasing
Pancreatic Cancer	0.118	23	Decreasing
Sarcoma and Skeletal	0.199	39	Decreasing

Overall Crude Rate (Number of Deaths / Florida Population)			
Cancer Type	Rate per 100k	Total Incidence	Trend (2024)
Brain/CNS	5.483	124	Decreasing
Breast	2.476	56	Decreasing
Leukemia	2.785	63	Decreasing
Lung and Thoracic	6.676	151	Decreasing
Melanoma	0.752	17	Decreasing
Pancreatic Cancer	3.404	77	Decreasing
Sarcoma and Skeletal	4.996	113	Decreasing

>= 65 Crude Rate			
Cancer Type	Rate per 100k	Total Incidence	Trend (2024)
Brain/CNS	1.485	73	Decreasing
Breast	0.671	33	Decreasing
Leukemia	0.956	47	Decreasing
Lung and Thoracic	2.095	103	Decreasing
Melanoma	0.244	12	Stable
Pancreatic Cancer	1.098	54	Decreasing
Sarcoma and Skeletal	1.505	74	Decreasing

< 65 Crude Rate			
Cancer Type	Rate per 100k	Total Incidence	Trend (2024)
Brain/CNS	0.288	51	Decreasing
Breast	0.130	23	Decreasing
Leukemia	0.090	16	Increasing
Lung and Thoracic	0.271	48	Increasing
Melanoma	0.028	5	Increasing
Pancreatic Cancer	0.130	23	Decreasing
Sarcoma and Skeletal	0.220	39	Decreasing

APPENDIX B | FACCA Pilot Program Return on Investment by Project

Award Number Project Period	Principle Investigators	Institutions	Amount	Project Title
FACCA-2018-01 10/1/18 – 8/31/20	Pierce, C Jobin, C Abreu, M	Moffitt UF Health UM Sylvester	\$300,000	Role of intestinal microbiota in lung cancer therapy
Newsome R, et al. (2022); Interaction of Bacterial Genera Associated with Therapeutic Response to Immune Checkpoint PD-1 Blockade in a United States Cohort. <i>Genome Med</i>; 14(1); PMID: 35346337 NIH/NCI R01CA292532 (PI: Jobin) “Role of Bacterial-Derived Small Molecules in Immunotherapy” (2025-2030); \$2,639,220 Application (Inventor: Jobin) “Bacterial Compositions for Cancer Treatment”				
FACCA-2018-02 10/1/18 – 8/31/20	Vadaparampil, S Wilkie, D Kobetz, E	Moffitt UF Health UM Sylvester	\$300,000	FACCA disparities Think Tank
Dyal, BW. et al. (2022); Developing the Florida Academic Cancer Center Alliance Health Disparities Common Measure: The Florida Health and Ancestry Survey. <i>Cancer Control</i>; PMID: 35758601 Cooks, EJ. et. al. (2022); What did the pandemic teach us about effective health communication? Unpacking the COVID-19 infodemic. <i>BMC Public Health</i>; PMID: 36514047 Koenig, MR. et al. (2023); Feasibility of mail-based biospecimen collection in an online perception cohort study. <i>Front Reprod Health</i>; PMID: 36699143 Dyal, BW; et al. (2024); Perceptions of Palliative Care: Demographics and Health Status Among the General Population in Florida and the United States. <i>American Journal of Hospice and Palliative Medicine</i>; PMID: 37379569; PMCID: PMC10783876 Baeker Bispo, JA. et al. (2024); Does Neighborhood Social Cohesion Influence Participation in Routine Cancer Screening? Findings from a Presentative Sample of Adults in South Florida. <i>Fam Community Health</i>; PMID: 38372330 Herbach, E; et al. (2024); Everyday Discrimination and Cancer Screening: A Cross-Sectional Analysis; <i>Preventive Oncology & Epidemiology</i>; https://doi.org/10.1080/28322134.2024.2399931 NIH/NCI U01CA274970 (MPIs: Krieger/Carrasquillo) “Precision Clinical Trial Recruitment to Promote Cancer Health Equity Across Florida” (2022-2027); \$3,474,465				
FACCA-2019-01 7/1/19 – 6/30/20	Davila, M Schatz, J	Moffitt UM Sylvester	\$100,000	Determinants of response to CAR-T cellular immunotherapy in aggressive B cell lymphomas
Faramand R, et al. (2020); Tumor Microenvironment Composition and Severe Cytokine Release Syndrome (CRS) Influence Toxicity in Patients with Large B-Cell Lymphoma Treated with Axicabtagene Ciloleucel. <i>Clin Cancer Res</i>; PMID: 32669372; PMCID: PMC7501265. Jain et al. (2022); Whole-genome sequencing reveals complex genomic features underlying anti-CD19 CAR T-cell treatment failures in lymphoma. <i>Blood</i>; PMID: 35476848 Faramand R, et al. (2024); Baseline Serum Inflammatory Proteins Predict Poor CAR T Outcomes in Diffuse Large B-Cell Lymphoma. <i>Blood</i>; PMID: 38194367; PMCID: PMC10905320 DoD (PI: Schatz) “The Role of Diffuse Large B-Cell Lymphoma Genoma Complexity in Shaping Immune Response to Anti-CD 19 Chimeric Antigen Receptor T-Cell Therapies” (2023-2026; \$1,534,998				
FACCA-2019-02 7/1/19 – 6/30/20	Kladde, M Ayad, N	UF Health UM Sylvester	\$100,000	Epigenetic basis of glioblastoma chemoresistance
Knight, P. et. al. (2021); Methylscraper: An R/Shiny App for Joint Visualization of DNA Methylation and Nucleosome Occupancy in Single-Molecule and Single-Cell Data; <i>Bioinformatics</i>; PMID: 34125875 Zhou, M. et al. (2024); Single-Molecular Long-Read Methylation Profiling Reveals Regional DNA Methylation Regulated by Elongator Complex Subunit 2 in <i>Arabidopsis</i> roots Experiencing Spaceflight. <i>Biol. Direct</i>; PMID: 38689301 NIH/NIGMS RM1GM139690 (MPIs: Moldawer/Efron/Kladde/Mathews) “Dysfunctional Myelopoiesis and Myeloid-Derived Suppressor Cells in Sepsis Pathobiology” (2022-2026); \$8,282,353 DoD/USAMRA HT94252410275 (PI: Clanton) “Accessible Epigenetic Biomarkers for ‘Climate Readiness’: From Mouse to Human” (2024-2027); \$1,720,536 Application (Inventor: Kladde) “Methods and Kits for Targeted Cleavage and Enrichment of Nucleic Acids for High-Throughput Analyses of User-Defined Genomic Regions”				

Award Number Project Period	Principle Investigators	Institutions	Amount	Project Title
FACCA-2019-03 7/1/19 – 6/30/20	Lele, T Xu, M	UF Health UM Sylvester	\$100,000	Nuclear envelope defect and generation of micronuclei in ovarian cancer development and immune therapy
Smith, ER, et. al. (2021); Nuclear Lamin A/C Expression is a Key Determinant of Paclitaxel Sensitivity. <i>Mol Cell Biol.</i> 2021; PMID: 33972393 Smith, ER, et al. (2021); Breaking malignant nuclei as a non-mitotic mechanism of taxol/paclitaxel. <i>J Cancer Biol</i>; PMID: 35048083 Smith, ER, et. al. (2022); Rationale for Combination of Paclitaxel and CDK4/6 Inhibitor in Ovarian Cancer Therapy - Non-mitotic Mechanisms of Paclitaxel. <i>Front Oncol</i>; PMID: 36185294 Smith, ER, et. al. (2022); Paclitaxel Resistance Related to Nuclear Envelope Structural Sturdiness. <i>Drug Resist Updat</i>; PMID: 36368286 Smith, ER, et. al. (2024); Reassessing Specificity/Selectivity of Taxane-Based Chemotherapy. <i>Cancer Insight</i>. doi.org/10.58567/ci03010002 Xu, AP, et al. (2023); Cell Death in Cancer Chemotherapy Using Taxanes. <i>Front. Pharmacol</i>; doi: 10.3389/fphar.2023.1338633 Xu, AP, et. al. (2024); Cancer Nuclear Envelope Rupture and Repair in Taxane Resistance. <i>Medical Review</i>; doi.org/10.1515/mr-2024-0019 NIH/NCI R01CA230916-03S1 (MPIs: Xu) “Ovarian Epithelial Cancer Progenitor Cell Population” (2020-2021); \$157,823				
FACCA-2019-04 7/1/19 – 6/30/20	Smalley, K Wang, G	Moffitt UM Sylvester	\$100,000	Epigenetically reversing BRAF inhibitor resistance in melanoma by vitamin C
Gan L, et. al. (2019) Vitamin C Inhibits Triple-Negative Breast Cancer Metastasis by Affecting the Expression of YAP1 and Synaptopodin 2. <i>Nutrients</i>; PMID: 31817810 US Army/CDMRP (PI: Wang) “Expanding the Therapeutic Window of PI3K Inhibitors to Treat Triple Negative Breast Cancer” (2022-2024); \$1,531,941				
FACCA-2022-01 9/15/22 – 6/30/23	Coghill, A Goel, N	Moffitt UM Sylvester	\$100,000	Establishing a Multi-Site HIV Oncology Research Program in Florida
ROI Pending				
FACCA-2022-02 9/15/22 – 6/30/23	Islam, J Staras, S Schlumbrecht, M	Moffitt UF Health UM Sylvester	\$150,000	Trends and Disparities in Cervical Cancer Screening Uptake and Follow-Up Among Women in Florida
ROI Pending				
FACCA-2022-03 9/15/22 – 6/30/23	Jain, M Spiegel, J	Moffitt UM Sylvester	\$100,000	Target Antigen Density and T Cell Exhaustion Impact Outcomes After CAR19 and Post-CAR Relapse
V Foundation DEC2024-009 (PI: Spiegel) “Multi-Modality Multi-Targeted Immunotherapy for Treatment of Aggressive Large B-Cell Lymphomas” (2024 - 2026); \$200,000				

APPENDIX C | FACCA RETREAT AGENDAS

The 2026 retreat agenda is cataloged in the following pages.

Thursday, May 7th

Time	Duration	Session	Topic	Proposed Sub-Topics & Speakers	
10:30 AM – 12:00 PM	1.5 hours	Registration & Meetings	Registration (Valencia Foyer) Closed Meeting (Roosevelt Room)	Shared Resources Meeting (ADs of Shared Resources)	
<i>The following sessions will take place in the Valencia Ballroom</i>					
12:00 – 1:00 PM	1 hour	Welcome	Directors’ Welcome & Lunch	Welcome from 4 Directors (agenda, goals, unique resources)	
1:00 – 2:00 PM	45 minutes	Session 1	Shared Resources at Each Cancer Center: Force Multipliers of Interdisciplinary Research (10 minutes each) Multi-Center: A National Assessment of Cancer Center Shared Resource Metrics (5 minutes)	Mayo	Laura Lewis-Tuffin “Mayo Clinic Research Core Facilities: Enabling Discovery”
				Moffitt	Alvaro Monteiro “Overview of Moffitt’s SR: Challenges & Opportunities”
				SCCC	George Grills “Sylvester Shared Resources: Catalysts for Advancing Oncology Research”
				UF	Steve Madore “UFHCI Shared Resources – an Update”
				Multi-Center	George Grills “A National Assessment of Cancer Center Shared Resource Metrics”
2:00 – 3:15 PM	75 Minutes	Session 2	Data + AI Strengths and Opportunities across Cancer Centers	Qianqian Song - Moderator	
				Mayo	Lauren Haydu “Accelerating Translational Research via Enterprise Data Integration: AI-Ready”
				Moffitt	Noemi Andor “CLONEID: From Longitudinal Cancer Data to Autonomous Mechanistic Modeling”
				SCCC	Stephan Schürer “FL Cancer Research Network”
				UF	Qianqian Song “Graph-Enabled Multimodal AI for Precision Oncology” YanJun Li “AI-driven Small-molecule Drug Discovery”
3:15 – 3:30 PM	15 mins	BREAK			
3:30 – 4:30 PM	60 minutes	Session 3	Cancer Caregiving Across the Continuum: Challenges, Outcomes, and Interventions	Mayo	Janice Krieger, Moderator
				Moffitt	Christine Vinci “Using Mindfulness to Support Caregivers of Hematopoietic Stem Cell Transplant Patients”
				SCCC	Youngmee Kim "Interpersonal Approaches to Cancer Care"
				UF	Carla Fisher “Enhancing Caregivers' Communication Skills to Reduce Distress and Enhance Care Ability: An Innovative Supportive Care Approach”
4:30 – 5:30 PM	60 minutes	Session 4	Bench to Bedside	Mayo	Nadine Norton “Chemotherapy and cardiotoxicity”
				Moffitt	Stuart Maudsley “Drug Discovery & Development in Higher Dimensions”
				SCCC	Anna Lasorella “Liquid Biopsy in solid tumors”
				UF	Leighton Elliott “mRNA lipid nanoparticle vaccines for cancer”
5:30 - 6:00 PM	30 mins	BREAK	Poster Viewing (Las Novedades)		
6:00 – 6:30 PM	30 minutes	Reception	Reception with Poster Viewing (Las Novedades)		
6:30 – 7:45 PM	1.25 hours	Social	Dinner & informal discussion of Pilot Projects (Valencia Ballroom)		

Friday, May 8th

Time	Duration	Session	Topic	Proposed Sub-Topics & Speakers	
7:30 – 8:15 AM	45 minutes	Social	Breakfast (Valencia Ballroom)		
8:30 – 9:30 AM	1 hour	Meeting	Directors’ Meeting (Roosevelt Room)	Directors’ Meeting (CDs and Administration ADs) – Closed Session	
<i>The following sessions will take place in the Valencia Ballroom</i>					
8:15 – 9:00 AM	45 minutes	Session 5	Bench to Bedside	Mayo	Pooja Advani “From bench to bedside- taking novel discoveries to Phase 1 clinical trial”
				Moffitt	Yu Zhu “Reprogramming tumor vasculature to enhance anti-tumor immunity”
				SCCC	Justin Taylor “Translating small molecule lead compounds into organoids and PDX models in vivo”
				UF	Timothy Spicer “Cancer targets HTS pilots and precision medicine approaches”
9:00 – 10:00 AM	1 hour	Session 6	Risk Assessment & Prevention	Mayo	Sam Antwi “Integrating Polygenic Scores and Rare Pathogenic Variants for Risk Assessment and Stratification in PDAC”
				Moffitt	Jennifer Vidrine “Interventional Strategies to Improve Long-term Smoking Abstinence among Cancer Survivors”
				SCCC	Taghrid Asfar "Advancing Cancer Prevention Through Health Communication of Alcohol-Cancer Risk"
				UF	Chengguo Xing “Clinical translation of AB-free kava as a Food-Is-Medicine to mitigate cigarette smoke-induced lung carcinogenesis biomarkers and reduce cigarette use”
10:00 – 10:15 AM	15 minutes	BREAK			
10:15 – 11:15 AM	1 hour	Session 7	Liquid Tumor focus	Moderator: Paul Crispen (UF)	
				Moffitt	Eric Padron “Creating a CMML single cell sequencing atlas”
				SCCC	Vanessa Aguiar-Pulido “Machine-learning approaches to long-read and single-cell data”
				UF	Jatinder Lamba “AI-Driven Digital Epigenomic Atlas For Leukemia Diagnosis and Prognosis”
11:15 AM – 12:15 PM	1 hour	Session 8	Solid Tumor focus	Mayo	Panos Anastasiadis “Functional genomics in GBM and endometrial cancer”
				Moffitt	Erin George “Building Translational Platforms to Better Inform Clinical Trial Design in Solid Tumors”
				SCCC	Marcelo Kazanietz “Unraveling actionable cancer signaling vulnerabilities”
				UF	Weizhou Zhang “AB-free kava in smoking induced lung cancer prevention and immunosurveillance”
12:15– 12:45 PM	30 minutes	Closing Remarks	Lunch & Closing Remarks (Valencia Ballroom)	4 Center Directors	
12:45 – 2:30 PM	1.75 hours	Meeting	Community Outreach & Engagement (Valencia Ballroom ; closed session)	4 COE ADs + community members and C-CRAB reps	

FLORIDA PATH TO CERVICAL CANCER ELIMINATION 2026 – 2035

A Data-Driven Framework for a Cervical Cancer-Free Sunshine State



1. Executive Summary

Cervical cancer remains one of the most preventable cancers, yet women across Florida continue to experience morbidity and mortality from a disease for which highly effective prevention strategies exist. Persistent infection with high-risk strains of the human papillomavirus (HPV) is responsible for nearly all cervical cancers, and both HPV vaccination and routine screening have been shown to substantially reduce cervical cancer incidence and mortality. Despite these advances, differences in access to care, health literacy, and utilization of preventive services continue to contribute to variation in cervical cancer outcomes across the state.

Based on data from the National Cancer Institute's (NCI) Surveillance, Epidemiology, and End Results (SEER) Program and the National Program of Cancer Registries (NPCR), Florida's age-adjusted cervical cancer incidence rate was 9.2 per 100,000 women between 2018 and 2022, compared to 7.5 per 100,000 in the U.S. overall. These rates remain well above international and national elimination benchmarks of 4.0 per 100,000 women. In addition, statewide estimates mask important geographic variation in disease burden. Cervical cancer incidence is disproportionately concentrated in several smaller, rural, and medically underserved communities, where higher incidence rates often coincide with lower screening uptake, late-stage diagnoses and reduced access to preventive and follow-up care.

9.2 per 100k

Florida Incidence Rate (2022)

According to the National Cancer Institute, late-stage cervical cancer includes cancers diagnosed at the regional or distant stage, when disease has spread beyond the cervix and treatment is often more complex. Between 2018 and 2022, the national age-adjusted incidence rate of late-stage cervical cancer was 3.8 cases per 100,000 women, compared with 4.6 cases per 100,000 women in Florida. As a result, Florida ranked 8th among all U.S. states for the highest incidence of late-stage cervical cancer, highlighting opportunities to improve timely screening, diagnostic follow-up, and access to treatment.

Within Florida, the highest rates of late-stage cervical cancer were observed in Sumter County (8.7 per 100,000), Hernando County (8.2 per 100,000), Highlands County (7.7 per 100,000), Citrus County (6.8 per 100,000), and Polk County (6.8 per 100,000). These geographic disparities underscore the need for targeted interventions to improve screening participation, timely diagnostic evaluation, and equitable access to treatment in high-burden communities. Several of these counties also have lower HPV vaccination coverage, indicating ongoing challenges in primary prevention and preventive service utilization. Addressing these gaps will require coordinated strategies that include community outreach, strengthened healthcare partnerships, payer engagement, and community-informed approaches to improve uptake of evidence-based preventive services.

Importantly, these patterns are strongly associated with areas characterized by higher social vulnerability, more limited healthcare infrastructure, and reduced access to preventive and

specialty care services. Within these regions, localized communities may experience a disproportionately elevated burden of disease, underscoring the importance of geographically targeted and community-informed strategies.

Florida Forward outlines a targeted, data-driven framework aligned with the Florida Cancer Plan 2026–2030. By focusing on high-burden geographies and expanding innovative, community-based approaches, Florida has an opportunity to lead the nation in efforts to reduce cervical cancer incidence and mortality by improving access to prevention and high-quality care across the entire continuum of HPV-related cervical disease. This plan provides a structured framework toward cervical cancer elimination in Florida. Grounded in state-specific data and aligned with Goal 6 of the Florida Cancer Plan 2026–2030, it draws upon successful state-level elimination initiatives implemented nationally. The plan includes actionable objectives organized around four primary pillars: (1) Prevention through Vaccination, (2) Screening and Early Detection, (3) Diagnosis, Follow-Up, and Treatment Access, and (4) Data and Surveillance. Together, these pillars provide a strategic framework for reducing disparities, expanding equitable access to prevention and care, strengthening data-informed action, and advancing cervical cancer elimination across Florida.

Alignment with Goal 6 of the Florida Cancer Plan 2026–2030

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

This plan serves as the implementation framework for Goal 6, translating its six objectives into coordinated, measurable strategies and actions across the state.

This initiative is led by Florida Forward, a multi-institutional statewide collaboration anchored by Sylvester Comprehensive Cancer Center, Moffitt Cancer Center, UF Health Cancer Institute, and Mayo Clinic Comprehensive Cancer Center. It aligns with the Southeast United States Call to Action from the Southeast HPV Vaccination Roundtable (Fall 2024), national World Health Organization elimination targets, and state-level initiatives such as Alabama’s Operation WIPE OUT and Louisiana’s Bayou Blueprint. Similar efforts are also underway in other states, reinforcing the need for a coordinated statewide approach to accelerate cervical cancer elimination efforts in Florida.



2. Understanding Cervical Cancer and the Path to Elimination

What Causes Cervical Cancer?

Cervical cancer is caused predominantly by persistent infection with high-risk human papillomavirus (HPV) types, particularly HPV 16 and 18 (National Cancer Institute, 2024). An estimated 85% of the US population has been infected with HPV at some point in their life. Although most HPV infections resolve spontaneously without clinical intervention or consequence, persistent infection with oncogenic HPV strains can result in progressive cellular abnormalities that may develop into pre-cancer and ultimately invasive cervical cancer if not identified and treated. This well-characterized disease progression highlights the importance of HPV vaccination and routine cervical cancer screening as highly effective strategies for prevention, early detection, and reduction of cervical cancer incidence and mortality.

Why Is Cervical Cancer Uniquely Preventable?

- **HPV vaccination** prevents infection with the high-risk HPV types responsible for nearly all cervical cancers, dramatically reducing the lifetime risk of developing the disease.
- **Routine cervical cancer screening** can detect precancerous abnormalities years before they progress to invasive cancer, allowing for early intervention.
- **Timely follow-up and treatment** of abnormal screening results and precancerous lesions can prevent progression to cervical cancer, making elimination an achievable public health goal.
- **The science is clear.** Safe and effective tools to prevent cervical cancer exist; the challenge is ensuring equitable access to vaccination, screening, timely follow-up, and treatment.

What Is Cervical Cancer Elimination?

The Centers for Disease Control and Prevention aligns with the World Health Organization's definition of cervical cancer elimination as fewer than 4 cases per 100,000 women. Florida's cervical cancer incidence rate remains at 9.2 cases per 100,000 women, more than twice the established benchmark, highlighting the urgent need for dedicated resources to address the disease.

9.2 per 100k

Florida Incidence (2022)

7.5 per 100k

U.S. National Average

Unlike many malignancies, cervical cancer develops gradually, progressing from precancerous lesions to invasive disease over a period of up to 10 years. This extended natural history provides a critical window for intervention through HPV vaccination, routine screening, and timely treatment of precancerous abnormalities, making cervical cancer elimination an achievable public health goal when these evidence-based strategies are implemented consistently and equitably across populations.

3. The Case for Cervical Cancer in Florida

The case for action in Florida is significant. Between 2019 and 2023, the state’s cervical cancer mortality rate was 2.6 per 100,000 women, exceeding the national average of 2.2 per 100,000. While national mortality rates have gradually declined, Florida’s rate has remained relatively stable, suggesting persistent gaps in prevention, screening, and early detection.

Across Florida, 15 counties have cervical cancer incidence rates above the state average and screening rates below the state median, highlighting opportunities for targeted prevention and early detection efforts. An additional 20 counties have insufficient data to produce stable estimates because of small population sizes and low case counts, suggesting that the burden in some rural communities may be underestimated. Higher incidence and late-stage diagnoses are concentrated in rural and medically underserved communities, where lower HPV vaccination and cervical cancer screening rates often coincide with limited access to timely care. These disparities are associated with structural and systemic barriers, including limited healthcare access, insurance coverage challenges, transportation barriers, and differences in health literacy and preventive care utilization.

These overlapping patterns of elevated incidence, late-stage diagnosis, and low HPV vaccination and screening rates informed the selection of Florida Forward’s initial priority areas. As shown in Figure 1, Taylor, Levy, Nassau, Hernando, Sumter, Citrus, and Osceola counties represent opportunities for targeted, locally responsive implementation efforts.

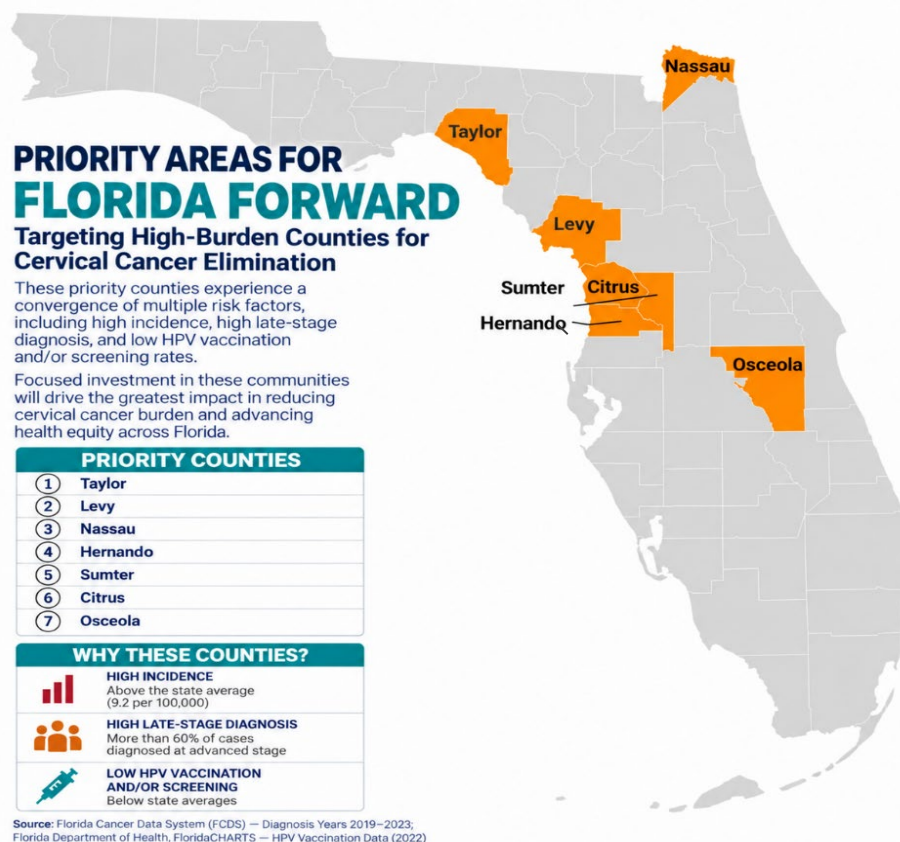


Figure 1. Priority areas for Florida Forward

Florida has an opportunity to shift from broad statewide approaches to more targeted, data-informed interventions focused on high-burden communities. Increasing HPV vaccination coverage, expanding access to evidence-based cervical cancer screening strategies—including innovative approaches such as HPV self-collection—and strengthening diagnostic follow-up, care navigation, and treatment access will be critical to reducing late-stage diagnoses and improving cervical cancer outcomes across the state.

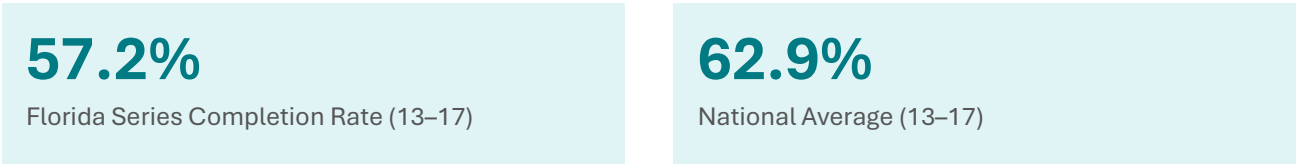
A Statewide Opportunity for Impact

Florida has established a strong strategic framework through the Florida Cancer Plan 2026–2030, creating an important opportunity to advance coordinated, data-informed efforts to reduce the burden of cervical cancer across the state. Achieving meaningful progress will require alignment between statewide priorities and locally tailored implementation strategies. Increasing HPV vaccination coverage in lower-performing counties, expanding access to screening within underserved populations, reducing late-stage diagnoses through earlier detection, and strengthening pathways for diagnostic follow-up and treatment access represent key components of a comprehensive statewide approach. Florida is at an important point in its cervical cancer prevention efforts. Effective tools for prevention and early detection are already available, and current data provides clear insight into where persistent gaps remain. Continued progress will depend on coordinated implementation strategies that emphasize equity, geographic targeting, community engagement, and alignment across healthcare and public health systems.

4. Prevention Gaps

HPV Vaccination

HPV vaccination remains one of the most effective strategies available for preventing cervical cancer and other HPV-associated malignancies. Among adolescents ages 13–17 years, Florida’s HPV vaccine series completion rate was 57.2% in 2024, remaining below the national average of 62.9%. Current vaccination coverage also falls short of the 80% target established in the Florida Cancer Plan 2026–2030, highlighting ongoing opportunities to improve vaccine uptake and strengthen population-level cervical cancer prevention efforts across the state.



As shown below in Figure 2, HPV vaccination coverage varies substantially across Florida counties, with an overall up to date vaccination rate of 35.9% for ages 9-17. Liberty (16.3%), Calhoun (16.7%), Glades (19.4%), Union (19.5%), and Baker (19.7%) have the lowest vaccination rates in the state, highlighting geographic opportunities for targeted vaccination outreach, provider engagement, and community-based education.

Human Papillomavirus (HPV) Vaccine Completion Ages 9–17, HPV Vaccination Rate in 2024

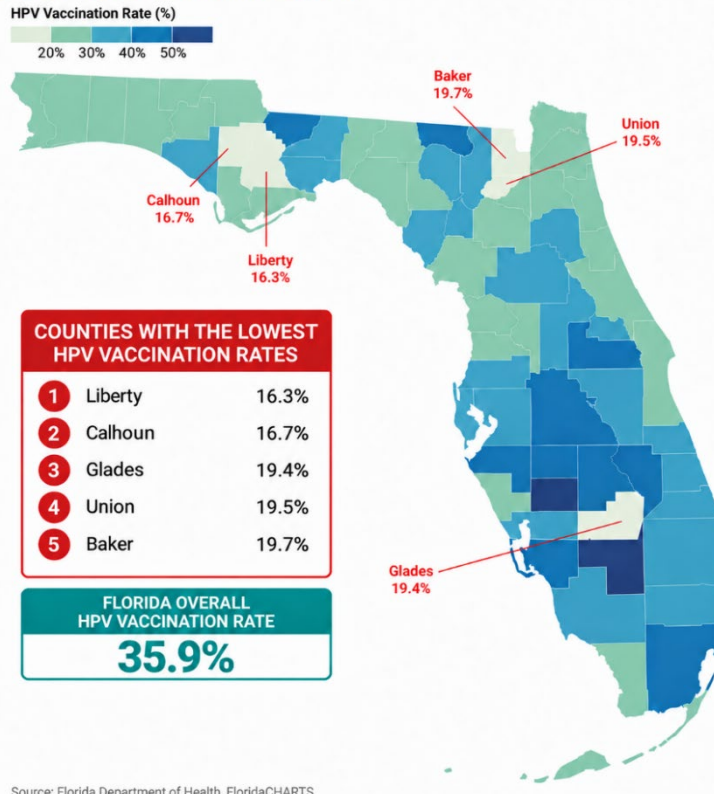


Figure 2. Florida County-Level HPV Vaccination Rates, Ages 9–17 (2024)

Lowest Vaccination Completion Counties

The county-level variation in HPV vaccination rates highlights the importance of implementing prevention strategies that are responsive to local needs. Using geographic data to guide resource allocation, outreach efforts, and partnership development can help ensure that interventions reach communities where they are likely to have the greatest impact. As shown in Figure 3, the 10 lowest performing counties all fall well below Florida’s overall HPV vaccination completion rate

HPV Vaccination Completion Rates Among Youth Ages 9–17 in Florida Counties, 2024

Top 10 Counties with the Lowest HPV Vaccination Rates

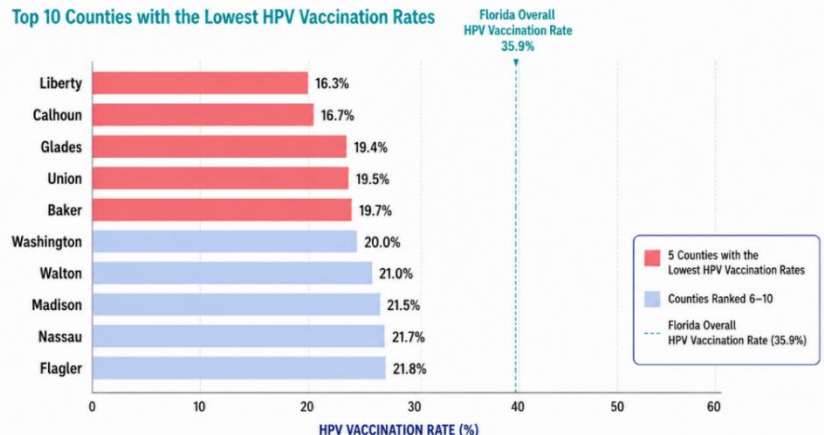


Figure 3. Florida Counties with the Lowest HPV Vaccination Completion Rates, Ages 9–17, 2024.

of 35.9%. These findings indicate a need for focused strategies that address local barriers to vaccine access, recommendation and acceptance.

Highest Vaccination Completion Counties

The counties with the highest HPV vaccine series completion rates in Florida are concentrated within the south-central region of the state, suggesting that local healthcare practices, community partnerships, delivery systems, and other successful approaches may be contributing to higher vaccination uptake and could help inform vaccination strategies in lower-performing counties across the state. Figure 4 shows that Florida’s highest HPV vaccination completion rates are concentrated primarily in South Central Florida, with DeSoto and Hendry counties reporting the highest rates. Successful practices and partnerships in these counties may help inform strategies in lower-performing areas.

HPV Vaccination Completion Rates Among Youth Ages 9–17 in Florida Counties, 2024

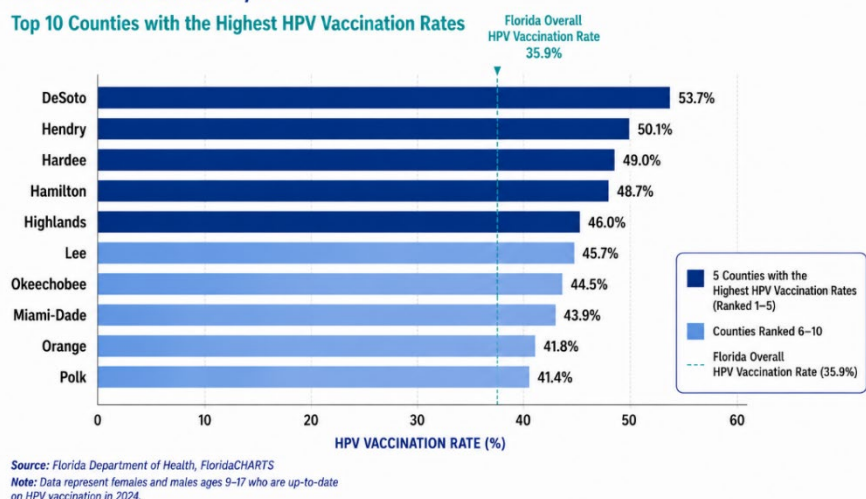


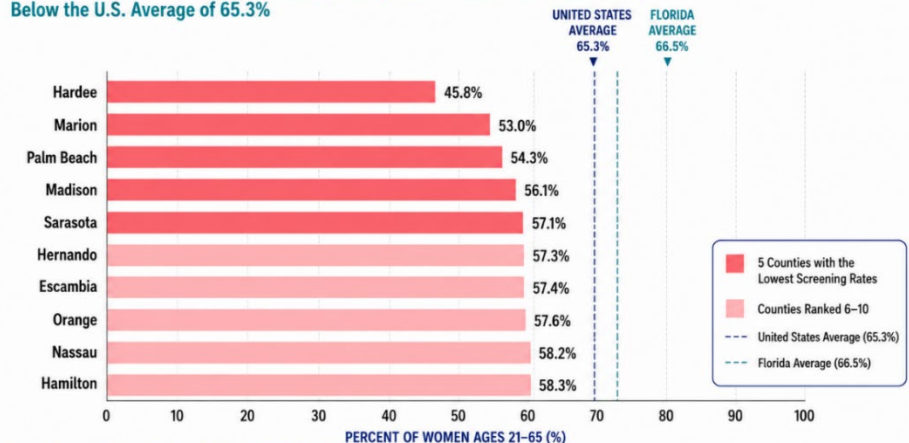
Figure 4. Florida Counties with the Highest HPV Vaccination Completion Rates, Ages 9 –17, 2024

5. Screening Gaps

According to the [Centers for Disease Control and Prevention \(CDC\) State Cancer Profiles](#), as of 2024, 66.5% of Florida women ages 21–65 who had not had a hysterectomy reported receiving a Pap test within the past three years, slightly exceeding the national average of 65.3%. Despite outperforming the national average overall, substantial geographic disparities in cervical cancer screening persist across Florida. As shown in Figure 5, several counties remain well below the national benchmark, including Hardee County (45.8%), Marion County (53.0%), Palm Beach County (54.3%), Madison County (56.1%), and Sarasota County (57.1%). These findings highlight important screening gaps across the state and underscore the need for targeted, place-based strategies to improve access to cervical cancer screening, reduce barriers to care, and ensure timely follow-up in underserved communities.

Cervical Cancer Screening Rates Below the U.S. Average Among Women Ages 21–65 in Florida Counties, 2021–2023

Counties with Cervical Cancer Screening Rates (Pap Test Within the Past 3 Years) Below the U.S. Average of 65.3%



Source: Centers for Disease Control and Prevention (CDC), State Cancer Profiles, 2024.

Note: Data represent women ages 21–65 who reported receiving a Pap test within the past 3 years. Florida rate: 66.5%. U.S. rate: 65.3%.

Figure 5. Florida Counties with Cervical Cancer Screening Rates Below the U.S. Average, Women Ages 21–65, 2021–2023.

6. The Burden of Cervical Cancer in Florida

Effective cervical cancer elimination strategies require a clear understanding of where prevention, screening, and care gaps persist. This section provides an overview of cervical cancer incidence, late-stage diagnosis, HPV vaccination coverage, and geographic variation across Florida using state and national cancer surveillance data (Florida Cancer Data System [FCDS], 2024; Florida Department of Health [FDOH], 2024; U.S. Cancer Statistics Working Group, 2025).

Current data demonstrate that the burden of cervical cancer in Florida is disproportionately concentrated within specific high-risk counties, many of which are rural, medically underserved, and affected by persistent structural barriers to prevention and care. These patterns underscore the importance of geographically targeted, data-informed strategies that prioritize communities where elevated incidence, higher proportions of late-stage diagnosis, lower screening uptake, and reduced HPV vaccination coverage converge. A successful Florida Forward strategy will therefore require focused, place-based interventions designed to address the specific prevention and access challenges within these high-burden regions.

Trends of Incidence Rate

As shown in Figure 6, age-adjusted cervical cancer incidence rates in Florida have remained persistently elevated over the past two decades, fluctuating between 8.2 and 9.6 cases per 100,000 women and measuring 9.2 per 100,000 women in 2022. Cervical cancer incidence in Florida remains above the elimination target. A modest increase was also observed after 2020, potentially reflecting disruptions in routine screening, follow-up care, and HPV vaccination services associated with the COVID-19 pandemic.

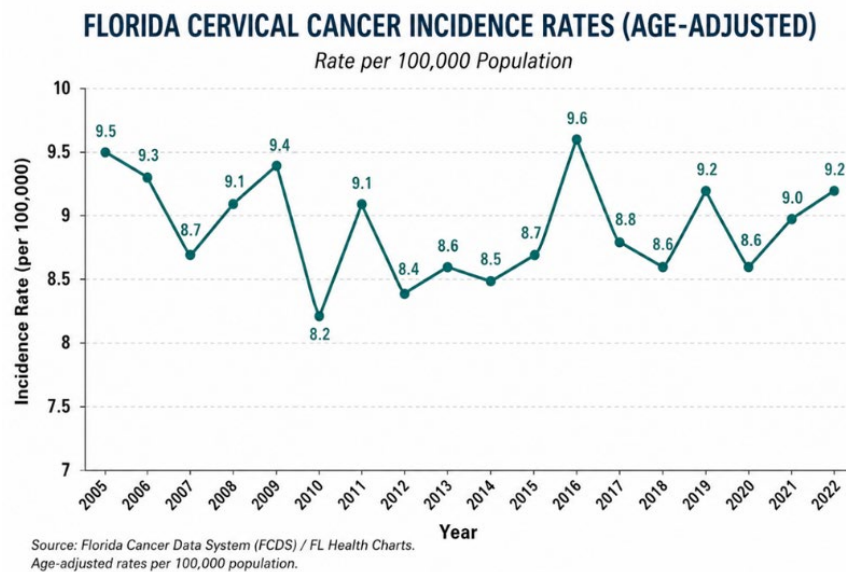


Figure 6. Age-adjusted cervical cancer incidence rates in Florida, 2005–2022.

Key Takeaway

Florida’s cervical cancer incidence rate in 2022 (9.2 per 100,000 women) was comparable to the rate observed in 2005 (9.5 per 100,000), reflecting limited overall progress toward sustained reduction over time. Given the established elimination target of fewer than 4 cases per 100,000 women, substantial reductions in disease burden will be required to achieve cervical cancer elimination in Florida. Continued progress will depend on strengthening HPV vaccination uptake, expanding access to routine screening and early detection, and improving follow-up care for abnormal screening results and precancerous lesions.

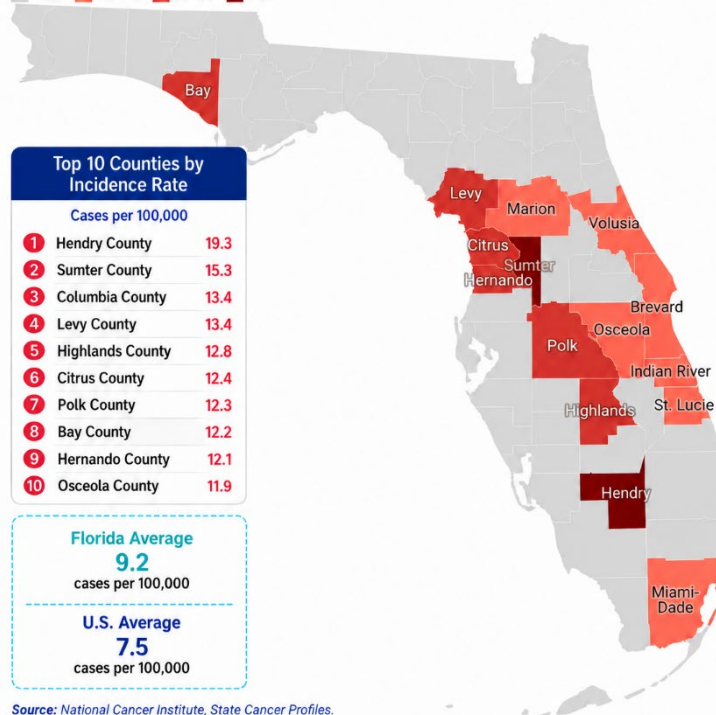
High-Incidence Counties

Geographic analysis reveals substantial variation in cervical cancer incidence across Florida’s 67 counties. According to the NCI’s five-year analysis for 2018–2022, counties with the highest age-adjusted incidence rates are concentrated in Southwest, Central, and North Central Florida. Although these counties differ in geography and population characteristics, several contain rural or medically underserved communities where residents may face barriers to preventive care, including transportation limitations, healthcare provider shortages, and socioeconomic challenges. Addressing these barriers is essential to improving equitable access to HPV vaccination, cervical cancer screening, and timely follow-up care across the state. As illustrated in Figure 7, cervical cancer incidence varies considerably across Florida, with high-incidence counties located in several regions of the state. Hendry and Sumter counties report the highest rates, substantially exceeding the statewide average of 9.2 cases per 100,000 women.

Cervical Cancer Incidence Rates Among Florida Counties, 2018-2022

Age-Adjusted Incidence Rate (Cases per 100,000)
All Races (Including Hispanic), Females of All Ages

< 9.2 9.2-12 12-15 ≥ 15



Source: National Cancer Institute, State Cancer Profiles.
Florida County Cervical Cancer Incidence Rates, 2018-2022.

Figure 7. Florida Counties with the Highest Cervical Cancer Incidence Rates, 2018–2022

Late-Stage Diagnosis

Late-stage cervical cancer diagnosis further illustrates persistent gaps in prevention and early detection systems, with several Florida counties reporting that more than half of cervical cancer cases are identified at advanced stages of disease. Late-stage diagnosis is often indicative of delayed detection, reduced screening uptake, and barriers to timely diagnostic follow-up and care. As shown in Figure 8, although Florida’s overall proportion of late-stage cervical cancer diagnoses (51.6%) is slightly lower than the national average (52.0%), several counties report substantially higher proportions. Hernando (67.2%), Flagler (65.4%), Escambia (64.1%), Santa Rosa (62.2%), and Sarasota (59.8%) are among the highest in the state.

These high-burden counties span multiple geographic regions and include both metropolitan and smaller communities, indicating that delayed cervical cancer diagnosis remains a statewide challenge rather than one confined to a single area or population. Notably, Hernando County, which had the highest proportion of late-stage cervical cancer diagnoses (67.2%), also reports one of the lowest HPV vaccination rates in Florida, highlighting the importance of strengthening primary prevention alongside efforts to improve screening and timely diagnostic follow-up. Overall, the substantial variation in late-stage diagnosis across counties underscores opportunities to expand HPV vaccination, increase cervical cancer screening participation, ensure timely follow-up after abnormal results, and improve equitable access to preventive, diagnostic, and treatment services throughout Florida.

Late-Stage Cervical Cancer Diagnosis Among Florida Counties, 2018-2022

Percentage of Cervical Cancer Cases Diagnosed at a Late Stage

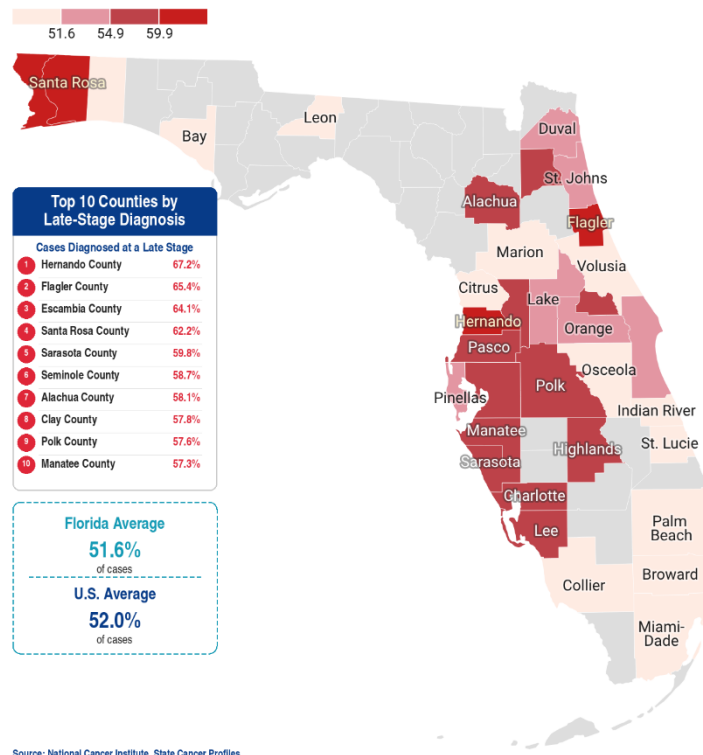


Figure 8. Florida Counties with the Highest Percentage of Late-Stage Cervical Cancer Diagnoses, 2018–2022.

7. Goals for Elimination

Florida Forward was established in response to an objective outlined in the Florida Cancer Plan 2026–2030 and serves as a coordinated statewide initiative to advance cervical cancer elimination. Its work supports Goal 6 and Objectives 6.1–6.6 of the plan and is organized around three pillars: (1) Prevention through Vaccination, (2) Screening and Early Detection, and (3) Diagnosis, Follow-Up, and Treatment Access. Through these pillars, Florida Forward translates the plan’s strategies into coordinated, measurable activities.

PILLAR 1

Prevention through Vaccination

Increase HPV vaccination uptake and series completion among Florida youth (Ages 9-17)

GOAL 6.1 & 6.2

Increase HPV Vaccination Uptake and Series Completion Among Florida Youth (Ages 13–17)

OBJECTIVE 6.1

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

BASELINE**59% Up to Date**

FL SHOTS Data (2023)

TARGET**80% Up to Date**

Target by December 2030

STRATEGIES

- Reduce missed vaccination opportunities through standing orders, EHR prompts, and clinic feedback systems.
- Expand school-linked vaccination and catch-up clinic partnerships.
- Strengthen provider communication training to deliver strong HPV vaccine recommendations to parents and caregivers.
- Increase community and parent outreach focused on HPV vaccine uptake and series completion.
- Use county- and clinic-level data to monitor up to date rates to identify and monitor progress in low-coverage areas.

OBJECTIVE 6.2

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

BASELINE**56.8% Completed Series**

FL SHOTS Data (2023)

TARGET**80% Completed Series**

Target by December 2030

STRATEGIES

- Increase the number of provider practices using Florida SHOTS and/or EHR-based reminder and recall systems to improve HPV vaccine series completion.
- Implement standardized clinical workflows in pediatric, family medicine, and primary care practices to identify, remind, and re-engage patients who initiate but do not complete the HPV vaccine series.
- Expand access to HPV vaccination and catch-up vaccination through pediatric, family medicine, primary care, pharmacies, and school/community clinics.
- Increase provider education and engagement to promote routine HPV vaccination and catch-up vaccination through adulthood, consistent with current clinical practice guidelines. *
- Track HPV vaccine initiation and completion rates across counties, school districts, healthcare systems, and adult catch-up vaccination settings to guide targeted outreach and quality improvement efforts.
- Support parent and patient education initiatives emphasizing the importance of initiating and completing the HPV vaccine series and the benefits of catch-up vaccination when recommended.
- Implement reminder and recall systems to improve follow-up dose completion.
- Develop clinic workflows to identify and re-engage adolescents who initiated but did not complete the series.
- Expand access to catch-up vaccination through pharmacies, primary care, and school/community clinics.
- Track completion rates across counties, school districts, and healthcare systems to guide targeted outreach.

- Support parent education initiatives emphasizing the importance of on time HPV vaccination and completion of the recommended vaccine series.

**For adolescents ages 13–17, provider education and engagement will emphasize routine vaccination and completion of the recommended HPV vaccine series.*

OBJECTIVE 6.3

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

BASELINE

17.2% Initiated Series

FL SHOTS Data (2023)

TARGET

80% Initiated Series

Target by December 2030

STRATEGIES

- Normalize HPV vaccination beginning at age 9 through routine well-child workflows and provider scripting.
- Promote “Start at 9” adoption across pediatric and family medicine practices.
- Integrate EHR prompts and clinical decision support tools to encourage on time initiation starting at age 9.
- Increase provider education on the benefits of initiating HPV vaccination at the recommended age.
- Develop public awareness campaigns focused on routine HPV vaccination at ages 9–11.

OBJECTIVE 6.4

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

BASELINE

14.1% Completed on Time

FL SHOTS Data (2023)

TARGET

80% Completed Series on Time

Target by December 2030

STRATEGIES

- Promote initiation at ages 9–11 to improve timely series completion by age 13.
- Strengthen reminder/recall systems for second-dose scheduling and follow-up.
- Use school-linked and community-based vaccination programs to reduce delays in completion.
- Monitor on time completion rates and disparities across geographic and priority populations.
- Improve coordination between pediatric practices, pharmacies, schools, and public health partners to support timely vaccination.

PILLAR 2

Screening and Early Detection

Increase cervical cancer screening uptake and reduce disparities in screening access.

GOAL 6.5

Increase the Percentage of Florida Women 21 and Older Who Received a Cervical Cancer Screening

OBJECTIVE 6.5

By December 2030, increase the percentage of Florida women 21 and older who received a cervical cancer screening in the past year.

BASELINE

34.4% Screened in Past Year

FL SHOTS Data (2022)

TARGET

80% Screened

Target by December 2030

STRATEGIES

- Expand access to cervical cancer screening through Federally Qualified Health Centers (FQHCs), pharmacies, retail clinics, and community-based screening partnerships.
- Implement HPV self-collection workflows in clinical and safety-net settings with standardized eligibility criteria and follow-up protocols.
- Strengthen outreach and navigation programs for underserved and historically under-screened populations to improve screening uptake and reduce barriers to care.
- Standardize Florida Forward screening pathways aligned with current evidence-based clinical practice guidelines and supported by evidence-based reminder systems.
- Improve referral coordination and follow-up through closed-loop screen, results, follow-up workflows and tracking systems.
- Leverage Florida Department of Health safety-net screening resources and referral pathways to reduce loss to follow-up and improve timely diagnostic care.
- Support policy and advocacy efforts to advance recognition and implementation of HPV self-collection within screening programs and healthcare systems.
- Use statewide and county-level screening data to monitor screening rates, follow-up adherence, and disparities across priority populations.

PILLAR 3

Diagnosis, Follow-Up, and Treatment Access

Ensure all Floridians with abnormal results receive timely, high-quality follow-up and care.

GOAL 6.6

Increase Adherence to Follow-Up and Timely Treatment Among Women with Abnormal Cervical Screening Results

OBJECTIVE 6.6

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

BASELINE

XX% Currently Adherent

FL SHOTS (2025) Baseline TBD

TARGET

80% Adherent to Follow-Up & Treatment

Target by December 2030

STRATEGIES

- Standardize follow-up management using ASCCP risk-based guidelines and clinical decision-support tools.

- Identify geographic care deserts with limited access to gynecologic, women's health, and specialty oncology providers, and prioritize resource allocation, workforce development, and outreach to improve access.
- Expand colposcopy capacity through provider training, referral networks, and improved geographic access to follow-up care.
- Implement patient navigation programs with multimodal outreach and appointment support to reduce loss to follow-up.
- Identify regional barriers to timely diagnosis and treatment and develop targeted mitigation strategies for underserved communities.
- Expand mobile and community-based follow-up services in rural and underserved regions to improve access to diagnostic care.
- Develop culturally and linguistically appropriate patient education materials that help patients understand abnormal cervical cancer screening results, recommended follow-up, and the importance of timely evaluation and treatment.
- Improve access to treatment for patients with CIN2+ or invasive cervical cancer through coordinated referral pathways, insurance and financial assistance, and patient navigation support.
- Develop standardized referral pathways to ensure women diagnosed with invasive cervical cancer are evaluated by a gynecologic oncologist and initiate appropriate treatment within evidence-based timeframes.
- Use statewide tracking systems to monitor adherence to follow-up, time to colposcopy, treatment initiation and completion, and disparities across populations and regions.

8. Florida Forward: Our Initiative

Who We Are

Florida Forward is a statewide, multi-institutional initiative with a shared mission to eliminate cervical cancer in Florida. The initiative brings together Florida's four NCI-Designated Cancer Centers, public health institutions, Regional Cancer Control Collaboratives, healthcare and community-based organizations, industry partners, patient advocates, and other stakeholders committed to achieving a cervical cancer-free Florida.

Florida Forward was developed within the statewide cancer control framework established by the Florida Cancer Plan and the Florida Cancer Control and Research Advisory Council (CCRAB). Recognizing the cervical cancer burden across their respective catchment areas, the Associate Directors and Assistant Associate Directors for Community Outreach and Engagement at Florida's NCI-Designated Cancer Centers came together to develop the initiative and establish its four strategic pillars.

Together, these leaders and participating partners connect institutional expertise, clinical and public health infrastructure, community engagement capacity, and regional partnerships to advance cervical cancer elimination efforts throughout Florida.

Governance Framework

Florida Forward operates through a collaborative governance model that connects statewide direction, strategic coordination, pillar leadership, and regional implementation. CCRAB provides statewide direction through the Florida Cancer Plan, while Florida Forward coordinates the

strategies, partnerships, and activities needed to advance the plan’s cervical cancer elimination priorities.

The initiative’s work is organized around four strategic pillars: Prevention and Vaccination; Screening and Early Detection; Diagnosis, Follow-Up, and Treatment Access; and Data and Surveillance. Each pillar is led by designated co-chairs who guide its goals, objectives, and implementation strategies; engage relevant partners; identify barriers; and monitor progress. The Data and Surveillance pillar also provides support across the initiative by strengthening measurement, evaluation, surveillance, and data-informed decision-making.

The Associate Directors and Assistant Associate Directors for Community Outreach and Engagement at Florida’s NCI-Designated Cancer Centers played a central role in developing Florida Forward and establishing its strategic direction. They provide leadership across the four pillars and work alongside the designated pillar co-chairs to promote institutional alignment, coordinate resources, guide implementation, and maintain accountability for progress.

Regional Cancer Control Collaboratives and other regional and local partners translate statewide priorities into community-level action. These partners help tailor strategies to local needs, strengthen community engagement, and address geographic and population-based disparities in high-burden and underserved communities.

This governance model promotes nested accountability, with statewide priorities informing Florida Forward’s strategic coordination, pillar activities, and regional implementation. Shared measures, surveillance data, implementation findings, and stakeholder feedback are used to assess progress and support continuous improvement. Although each pillar maintains responsibility for its respective area, all four remain aligned with the broader Florida Forward strategy, with equity integrated throughout planning, implementation, and evaluation.

Our Leadership

Prevention & Vaccination Strategies Committee  Susan Vadaparampil, PhD, MPH H. Lee Moffitt Cancer Center & Research Institute Jonathan Hickman, PharmD Medical Executive Director Genentech	Diagnosis & Treatment Access Committee  Patricia P. Jeudin, MD Sylvester Comprehensive Cancer Center, University of Miami Matthew Schlumbrecht, MD, MPH Sylvester Comprehensive Cancer Center, University of Miami
Screening & Early Detection Committee  Tracy Milgram Founder, BRCAStrong CAC Member Erin Kobetz, PhD, MPH Sylvester Comprehensive Cancer Center, University of Miami Chair, CCRAB	Data & Surveillance Committee  Ramzi G. Salloum, PhD University of Florida Health Cancer Center Vice Chair, CCRAB Janice Krieger, PhD Mayo Clinic Comprehensive Cancer Center

Florida Forward is chaired by Erin Kobetz, PhD, MPH, Associate Director for Community Outreach and Engagement at the Sylvester Comprehensive Cancer Center and Chair of Florida's Cancer Control Research Advisory Board (CCRAB). The initiative's four pillars and regional activities are led by subject-matter experts from Florida's NCI-Designated Cancer Centers and partner organizations.

9. How To Get Involved

Eliminating cervical cancer in Florida requires statewide commitment. No single organization can achieve this goal alone. Success depends on coordinated action across healthcare, public health, education, government, community organizations, advocates, survivors, and residents.

Healthcare Providers

- Make a strong recommendation for HPV vaccination at every well-child visit starting at age 9.
- Modify EHR systems to flag patients due for HPV vaccination or cervical cancer screening.
- Offer HPV self-collection as an option for patients who are hesitant about pelvic exams.
- Train staff on updated cervical cancer screening guidelines and HPV self-collection protocols.
- Offer walk-in vaccine and screening appointments and extend clinic hours where possible.

Schools and Educators

- Integrate age-appropriate HPV education into health or science curriculum.
- Partner with local health departments or mobile clinics to offer on-site HPV vaccination.
- Engage families through school networks (newsletters, health fairs, family nights).

Community Members and Advocates

- Talk to family and friends about the importance of HPV vaccination as cancer prevention.
- Encourage women in your community to stay current on cervical cancer screening.
- Share your personal story with policy and decision makers.
- Get involved with Florida Forward. Join a committee or participate in community outreach events.

Policy Makers and Government

- Advocate for no-cost or low-cost coverage of HPV vaccination, cervical cancer screening, and follow-up care.
- Support initiatives to engage communities in HPV vaccination and screening efforts.
- Review and share county-level data to understand the cervical cancer burden in your district.
- Commemorate Cervical Health Awareness Month each January.
- Commemorate HPV Awareness Day each March.

Cervical Cancer Survivors

- Share your story to raise awareness and reduce stigma around HPV and cervical cancer.
- Advocate at the policy level by connecting with the American Cancer Society Cancer Action Network.
- Partner with national survivor advocacy organizations to expand survivor education, peer support, leadership development, and awareness of the Florida Forward initiative.

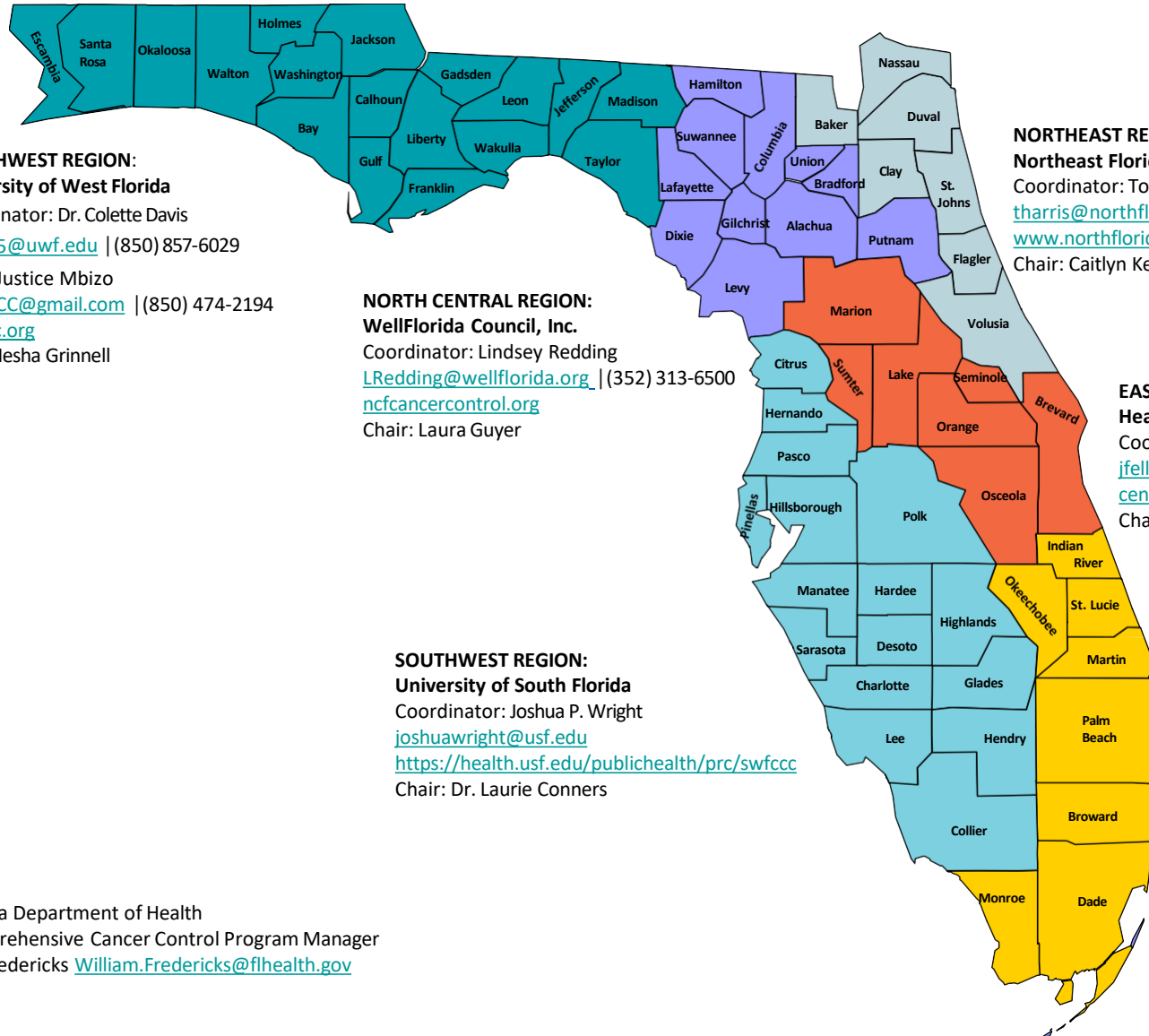
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Florida Regional Cancer Control Collaboratives:

Reducing the Cancer Burden through Collaboration



NORTHWEST REGION:

University of West Florida

Coordinator: Dr. Colette Davis

cdavis5@uwf.edu | (850) 857-6029

PI: Dr. Justice Mbizo

NWFCCC@gmail.com | (850) 474-2194

nwfcc.org

Chair: Iesha Grinnell

NORTH CENTRAL REGION:

WellFlorida Council, Inc.

Coordinator: Lindsey Redding

L.Redding@wellflorida.org | (352) 313-6500

ncfcancercontrol.org

Chair: Laura Guyer

SOUTHWEST REGION:

University of South Florida

Coordinator: Joshua P. Wright

joshuawright@usf.edu

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

Chair: Dr. Laurie Connors

NORTHEAST REGION:

Northeast Florida Area Health Education Council

Coordinator: Tonia Harris

tharris@northfloridaahec.org | (904) 448-4300 ext. 115

www.northfloridaahec.org

Chair: Caitlyn Kennedy

EAST CENTRAL REGION:

Health Council of East Central Florida, Inc.

Coordinator: Jeff Feller

jfeller@wellflorida.org | (866) 991-3652

centralfloridacancer.info

Chair: Josephine Visser

SOUTHEAST REGION:

Health Council of South Florida, Inc.

Coordinator: Vickie Perez-Marrero

vperezmarrero@healthcouncil.org | (786) 535-4378

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

Chair: Rachelle Theodore

Florida Department of Health

Comprehensive Cancer Control Program Manager

Bill Fredericks William.Fredericks@flhealth.gov