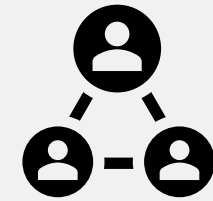


WELCOME!

While we are getting set up....

Please share in the chat box your name and organization so we can get a sense of who is on the call today.



Housekeeping

Please mute your line.

If you have a question, please type it in the Chat Box.

Questions will be answered after the panel discussion.

This meeting is being recorded.

A link to the recording will be e-mailed to everyone who registered.

Unveiling a New Roadmap for Cancer Control: New York's Latest Cancer Control Plan is Here!



NEW YORK STATE
QUARTERLY MEETING
SERIES

July 14, 2026

11 AM – 12 PM

New York State Cancer Consortium

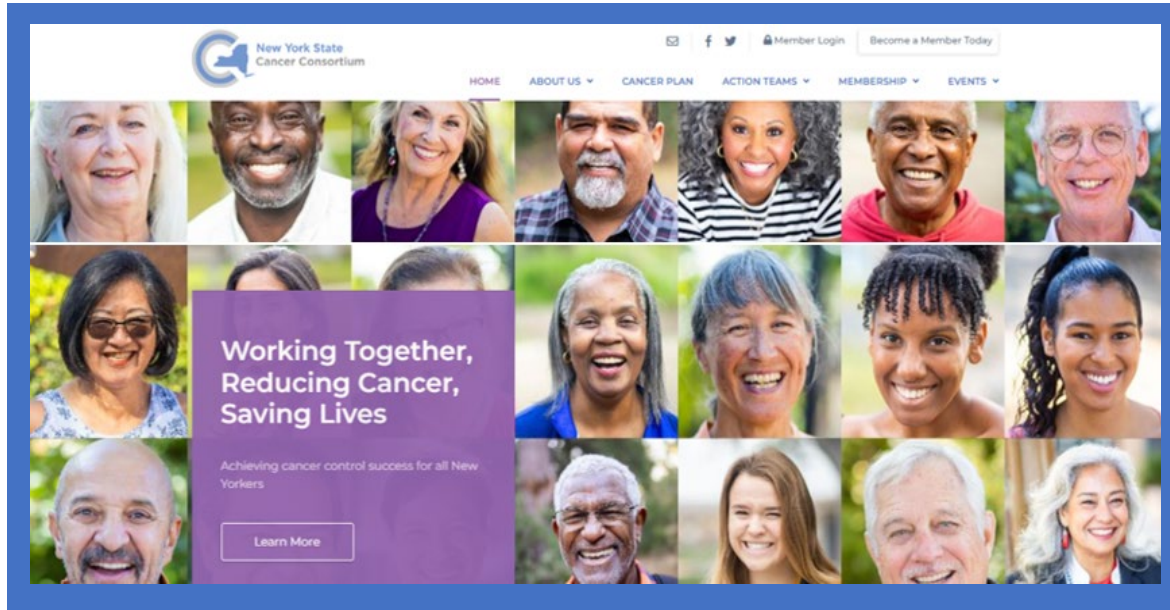


Mission

- Reduce the human and economic burden of cancer in New York State

Vision

- People concerned about cancer will work collaboratively to implement the ***New York State Comprehensive Cancer Control Plan***, while respecting and embracing the cultural, demographic and geographic diversity across the whole State.



[Member Area | New York State Cancer Consortium](#)

Today's Session Goal:

To generate enthusiasm about the latest NYS Cancer Control Plan and empower partners to actively engage in its implementation



Cancer is the second leading cause of death in New York State

The Burden of Cancer in New York State

More than 120,000 New Yorkers of all ages are diagnosed with cancer each year, making cancer one of the most significant health challenges facing our state.

Cancer continues to be a leading cause of premature death, despite steady improvements in prevention, screening, treatment, and survival.

Hundreds of thousands of New Yorkers are living with a history of cancer, reflecting advances in early detection and treatment while increasing the need for survivorship and supportive care services.

Many cancers are preventable or can be detected early, highlighting the opportunity to reduce the burden of cancer through coordinated action.



The Burden of Cancer in New York State



The burden of cancer is not shared equally. Differences in cancer risk, screening, stage at diagnosis, treatment, survival, and mortality persist across population groups, geographic regions, and communities facing socioeconomic barriers.



No single organization can address this burden alone. Improving cancer outcomes requires coordinated action among public health, healthcare, researchers, community organizations, advocates, policymakers, and New Yorkers themselves.



What is the Comprehensive Cancer Control Plan?



A shared statewide roadmap for reducing the burden of cancer and improving cancer outcomes for all New Yorkers.

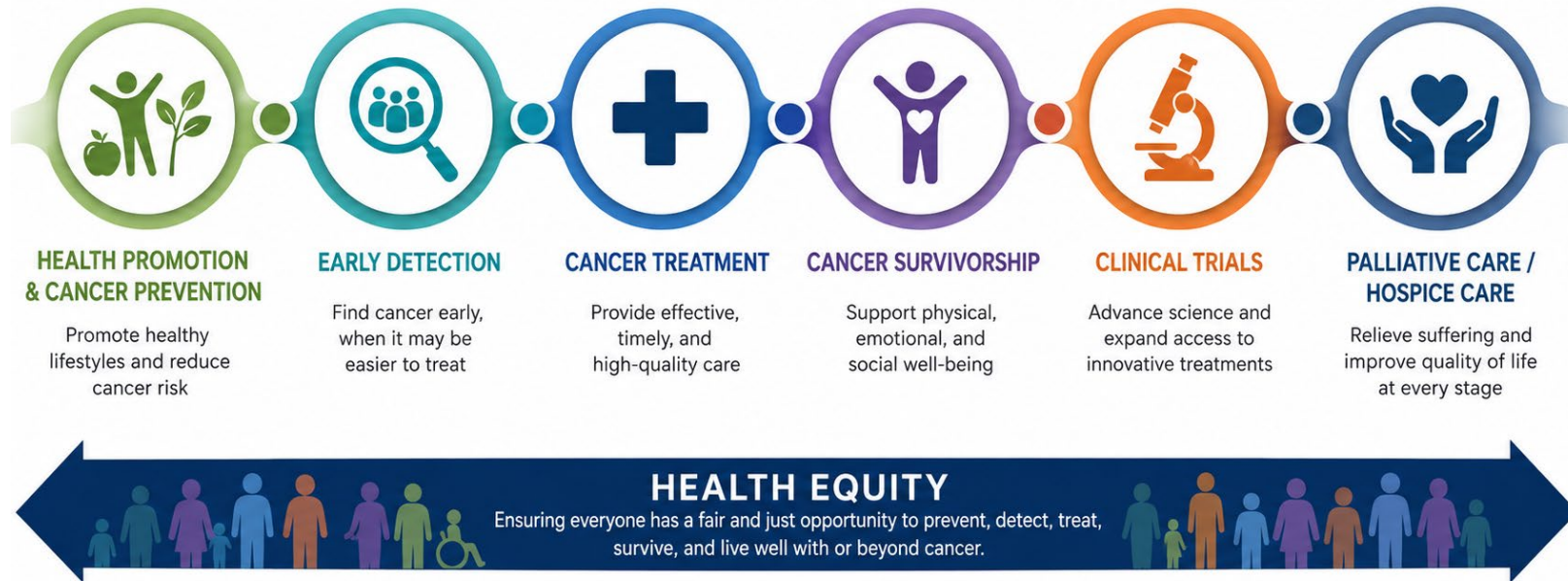


A shared document, reflecting input from subject matter experts, the medical community, NYSDOH and NYS Cancer Consortium Members



The Cancer Prevention and Control Continuum

A Comprehensive Approach Across the Lifespan



2003-2010 Cancer Plan

- 43 Goals
- Only 11 were measurable
- No Dashboard

2012-2017 Cancer Plan

- 48 Objectives
- 40 Measurable
- 24 Dashboard indicators

2018-2023 Cancer Plan

- 56 Objectives
- 51 measurable
- 43 Dashboard indicators

New York State 2025-2030 Cancer Control Plan



Health Promotion & Cancer Prevention

- Commercial Tobacco Use
- Environmental Exposures
- Excessive Alcohol Use
- Nutrition, Food Security & Physical Activity
- HPV and Hepatitis C
- Ultraviolet Radiation



Early Detection & Treatment

- Screening
- Family History & Genetics
- Cancer Treatment
- Clinical Trials



Survivorship

- Physical Health Promotion
- Mental Health Promotion
- Palliative & Hospice Care



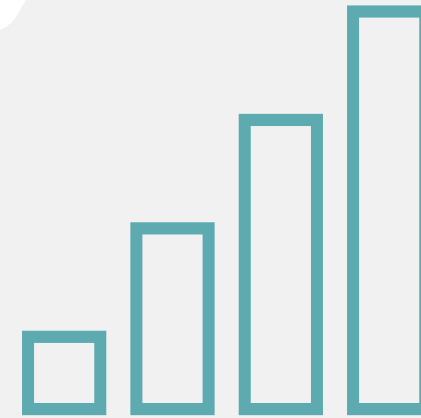
Cross-Cutting Issues:

- Health Care Workforce Shortages
- Financial Toxicity
- Lasting Impact of the COVID-19 Pandemic

Poll Question

Which section(s) of the New York State Comprehensive Cancer Control Plan relates most closely to your work or interests?
(check all that apply)

- ☐ Health Equity
- ☐ Commercial Tobacco Use
- ☐ Environmental and Occupation Exposures
- ☐ Excessive Alcohol Use
- ☐ Nutrition, Food Security, and Physical Activity
- ☐ Human Papillomavirus and Hepatitis C
- ☐ Ultraviolet Radiation
- ☐ Cancer Early Detection/Screening
- ☐ Cancer Treatment
- ☐ Cancer Survivorship
- ☐ Clinical Trials
- ☐ Palliative Care and Hospice Care



Main Layout of Each Section of the Plan



Goal: A clear statement of the overarching aim for that specific area.



Burden: An explanation of the problem or challenge, often including statistics and the scope of the issue.



Health Equity Focus: An examination of how the issue disproportionately affects certain populations.



Key Terms (where applicable): Definitions of important concepts relevant to the section.



Measurable Objectives: Specific, quantifiable targets that the plan aims to achieve by 2030.



Strategies for Action: Concrete steps and approaches that will be taken to achieve the stated objectives.

Kinds of Strategies in the Plan

- Education and Awareness
- Program Development and Implementation
- Policy and Advocacy
- System-Level Changes
- Partnerships and Collaboration
- Research and Innovation



Acknowledgements

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The State Cancer Plan.....

Creates a shared vision

Aligns partners around common priorities

Empowers communities and individuals

Leads with health equity

Focuses action where it is needed

Guides investment and resources

Inspires collaboration and partnership

Panel Session with NYS Cancer Consortium Steering Committee Members

During the panel session:

- Please share your own perspectives, stories, resources, and questions through the chat.
- Please remain muted until we get to the questions and answers portion of today's webinar.

Meet Our Panelists



Charles Kamen, PhD, MPH, is an Associate Professor in the Department of Surgery and Psychiatry in the Division of Cancer Control at the University of Rochester. He also serves as Associate Director for Community Outreach and Engagement at the Wilmot Cancer Institute. He is a clinical psychologist by training, and his program of research focuses on cancer-related health disparities. He has also contributed to the development of several behavioral interventions designed to improve the health and well-being of cancer patients, survivors, and their caregivers.



Dr. Mary Reid, MSPH, PhD, is a cancer epidemiologist, Distinguished Professor of Oncology, Chief of Cancer Screening and Survivorship, and Director of Collaborative Research at Roswell Park Comprehensive Cancer Center (RPCCC). She has over 20 years of experience directing cancer screening and surveillance studies on upper aero-digestive cancers, particularly those evaluating the natural history of epithelial premalignant lesions. In 2014, under Dr. Reid's leadership, RPCCC developed a mixed model comprehensive cancer screening and survivorship clinical and research program, with a central clinic and small satellites. The comprehensive cancer screening program includes lung, breast, cervical, colorectal, and pancreatic cancers and has a general screening clinical service. The survivorship program provides comprehensive patient-centered survivorship care, symptom management, referrals to an array of support services, and the generation of a detailed care plan for all patients and community providers. Over 4600 patients have been seen in the clinical program since its inception from multiple disease sites. The entire multidisciplinary team of providers places great emphasis on wellness, cancer screening, and risk reduction while supporting research that will enhance the evidence base of comprehensive screening and survivorship care.



Michael Davoli is Senior Government Relations Director for the American Cancer Society Cancer Action Network (ACS CAN) in New York, where he leads advocacy efforts to advance evidence-based policies that improve cancer prevention, detection, treatment, and survivorship. Driven by the belief that everyone deserves access to lifesaving cancer care, Michael has built broad coalitions and directed successful campaigns that expanded access to cancer screenings and secured millions of dollars for screening and tobacco-control initiatives.

A respected voice in health policy, Michael continues to work to enact laws that remove financial barriers to cancer care while advocating for a bold New York State cancer research program to accelerate medical innovation, create jobs, and save lives.

Question & Answer

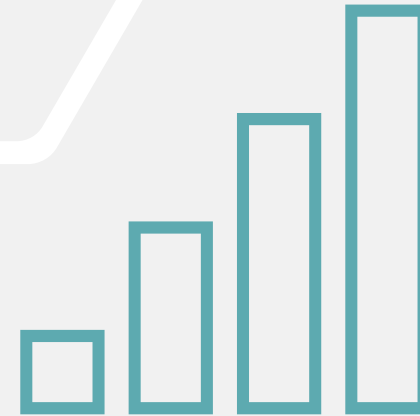


Poll Questions

1. What resources or assistance would be helpful for you or your organization in spreading the word about the new Cancer Plan? (check all that apply)

- ☐ A speaker to talk about the Cancer Plan to my leadership
- ☐ One-pager summarizing the new Cancer Plan
- ☐ Template media materials (e.g., letter to the editor, press release)
- ☐ Template slide set
- ☐ Template social media posts
- ☐ Other resources or assistance

2. The NYS Cancer Consortium is working to identify top policy priorities related to the new Cancer Plan. If you or your organization wants to be involved in discussing these priorities, please share your email here. (Text box)



COMING SOON: INTERACTIVE PLAN WEBSITE!

Member Login

Become a Member Today

HOME

ABOUT US

CANCER PLAN

ACTION TEAMS

MEMBERSHIP

EVENTS

Nutrition, Food Security, and Physical Activity

Human Papillomavirus and Hepatitis C

Ultraviolet (UV) Radiation

CHAPTER 3
Early Detection

CHAPTER 4
Cancer Treatment

CHAPTER 5
Cancer Survivorship

CHAPTER 6
Clinical Trials

CHAPTER 7
Palliative and Hospice Care

Cross-Cutting Issues in Cancer

Key Terms

Burden

Health Equity Focus

Being physically active, keeping a healthy weight, eating a diet centered on plant-based foods, and limiting red meat and processed foods all contribute to a lower risk of cancer. The benefits of these healthful behaviors extend to cancer survivors. Being overweight or having obesity increases the risk for 13 types of cancer including cancers of the breast, colon, rectum, kidney, endometrium, thyroid, pancreas, liver, ovary, gallbladder, stomach, and esophagus as well as multiple myeloma and meningioma.

Opportunities to be physically active, have a healthy weight and eat recommended foods are hindered by **food insecurity**, and lacking places for safe and accessible physical activity. Compared to White communities, Black and Hispanic communities generally have worse access to healthy foods, physical recreation, education, and economic opportunities.

The NYS Cancer Consortium recognizes that breastfeeding is an evidence-informed strategy that may help reduce cancer risk, though more research is needed to clarify the strength and mechanisms of these associations. While not included in this Plan, the Consortium supports the efforts of groups working to promote the benefits of breastfeeding.

Chapter 1

CHAPTER 2
Health Promotion and Cancer Prevention

CHAPTER 3
Early Detection

CHAPTER 4
Cancer Treatment

CHAPTER 5
Cancer Survivorship

CHAPTER 6
Clinical Trials

CHAPTER 7
Palliative and Hospice Care

Screening

Family History and Genetics

CHAPTER 3 | Early Detection

Screening

GOALSTRATEGIES FOR ACTIONMEASURABLE OBJECTIVES

Cancer Screening

This dashboard shows progress towards 2025-2030 New York State Comprehensive Cancer Control Plan measurable objectives using the most recently available data.

Key Terms

Indicator: A specific, available, and measurable data point that will be used to assess progress towards overall 2025-2030 Cancer Plan goals

Baseline: The starting value for each indicator, based on what was available at the start of the 2025-2030 Cancer Plan

Objective: The desired state, or target, on each indicator by 2030

Key:

Current

2030 Objective

Hover over a bar for more information. Click a bar for link to data source.

View by Cancer Type(s):

(All)

Cancer Type	Indicator	Desired Direction	Current	2030 Objective
Breast	Increase the percentage of females aged 40-49 years who received a mammogram within the past two years from 64.4% to 74.7%	► Increase	64.4%	74.7%

https://www.nyscancerconsortium.org/plan/

Join the Consortium! and look out for upcoming meetings



[Events | New York State Cancer Consortium](#)

Thank you for Attending



cancerconsortium@health.ny.gov

New York State



Cancer Consortium

