CALIFORNIA DIALOGUE ON CANCER
Preventing Cancer & Saving Lives through Collaboration

California's Comprehensive Cancer Control Plan, 2026– 2035
Cancer Plan Revision General Guidance

General Guidelines

1. **General Guidelines for Subcommittees**: Subcommittees will be tasked to develop strategies and action steps for relevant cancer plan chapters. Each cancer plan chapter has identified overarching priorities. Subcommittees will be tasked to identify strategies and specific action steps to achieve priorities. Data measures should also be identified to measure progress of priorities.
2. **Data Measures for Tracking and Evaluation**: Data will be used for future tracking and evaluation; therefore, data sources must be reliable. However, there may be priorities that do not have data measures. For those priorities, please include action steps to address the need for identifying, collecting, and reporting data that can be used for future tracking and evaluation. See example below.
3. **Impact and Feasibility of Strategies**: Strategies developed should be those that have the biggest impact in California in the next 10 years and are feasible to implement.
4. **Defining Action Steps**: Action steps should be more defined and include specific steps on how to implement strategies. Given the ten-year cancer plan timeline, outcomes for action steps should be accomplished in a shorter time period to allow flexibility for routine revisions based on evolving evidence and emerging needs.
5. **PSE Approaches**: Policy, systems, and environmental (PSE) approaches that impact populations instead of individuals should be considered when developing strategies and actions steps (see *Resources for Developing Evidenced Based and Policy, Systems, and Environmental (PSE) Strategies* and *CDOC PSE for Cancer Control Fact Sheet* in the Cancer Plan Revision Guidance Package.
6. **Narrative Guidelines**: Each cancer plan chapter will include a narrative overview with a chapter introduction that highlights key takeaways, key terms, and all references used. Given not all subcommittees will need to write a narrative, we'll be working with an editor and reaching out to various subcommittee members to assist with writing chapter narratives.
7. **Health Equity**: Each subcommittee will develop content related to achieving health equity. Assistance from the Health Equity Subcommittee will be available. Please contact Comp Cancer staff to initiate assistance.

Guidance Document Key Terms:

- **Priority** - the main areas of focus or goals that the plan aims to address under each chapter.
- **Strategy** – the approaches or methods to achieve the priorities.
- **Action Steps** - the specific steps to implement the strategies.

Data Measures Example:

Measures of progress will be included in an online version of the plan for specific priorities where applicable. The plan should aim to have corresponding data measures and targets for these priorities. Data will be used for future tracking and evaluation. However, ***there may be priorities that do not have data measures***. For those priorities, please include action steps to address the need for identifying, collecting, and reporting data that can be used for future tracking and evaluation.

Example *with* data measure (*from Wisconsin State Plan 2020-2030)*:

Priority: Increase access to recommended cancer screenings.
***(Note**: The California cancer plan priority will be written in SMARTIE objective format)*

Data Measure(s): Percent of adults age 50-70 who are up-to-date on colorectal cancer screening- Baseline source, **BRFSS 2018**

Strategy: Increase insurance coverage for diagnostic testing.

Action Steps:

- Provide full insurance coverage for diagnostic testing, including after a positive or inconclusive screening result.
- Encourage insurers to promote screening activities with their consumers.

Example *without* data measure (*from Wisconsin State Plan 2020-2030)*:

Priority: Increase awareness of issues relevant to cancer survivors and caregivers.
***(Note**: The California cancer plan priority will be written in SMARTIE objective format)*

Data Measure(s): None.

Strategy: Increase collection and dissemination of data identifying the unique needs of cancer survivors and caregivers.

Action Steps:

- Track utilization of non-clinical support services by survivors and their caregivers.
- Assess gaps in access and use of non-clinical support services for underserved populations.
- Promote research to improve the quality of life for survivors that addresses the physical, cognitive, social, psychological, and spiritual impacts of treatment from diagnosis through late effects.

8. **Subcommittee Assignments**: In an effort to develop a shorter, concise, and feasible cancer plan, below is guidance on the maximum number of priorities, strategies, and action steps for each topic in the plan:

Chapter	Subcommittee	Max # of Priorities	Max # of Strategies	Max # of Action Steps per Strategy
Health Equity	Health Equity	6	6	10
Cancer Surveillance and Data	Cancer Surveillance and Data	3	6	10
Childhood Cancer	Childhood Cancer	2	6	10
Primary Prevention	Cancer and the Environment	1	6	10
Primary Prevention	HPV Vaccination • Hepatitis B (special topic)	1	5 (HPV) 1 (Hep B)	10
Primary Prevention	Nutrition and Physical Activity	1	6	10
Primary Prevention	Tobacco Prevention	1	5	8
Primary Prevention	Alcohol (special topic)	1	3	5
Primary Prevention	Special Topics – No subcommittee: • UV Light Protection	1	3	5
Early Detection and Screening	Early Detection and Screening	3	6	10
Treatment	Treatment and Survivorship	3	6	10
Survivorship	Treatment and Survivorship	3	6	10

Subcommittee Expectations

Subcommittees are expected to meet via videoconference at least once a month and provide updates for quarterly check-in webinars. Subsequent meetings will be based on a meeting schedule that works best for all members. Subcommittee members will also determine the best mode of communication, how they will share documents and work on content.

Administrative support is available to assist with meeting scheduling, videoconference use, and document retrieval.

Subcommittee Leads - Each subcommittee will designate a lead. The role of the lead is to be a point of contact for any inquiries related to the work of the subcommittee. The lead should also be available to represent the subcommittee during quarterly check-in webinars, and/or provide an update prior to the meeting to the Comp Cancer team.

Resources

Guidance documents for developing strategies and action steps can be found in the Cancer Plan Development Guidance Package on the CDOC website.

In addition to the documents contained in the guidance package, the following documents are also available to help guide development of strategies and action steps.

1. Relevant sections of the 2021-2025 Cancer Plan. Each subcommittee will receive the section relevant to their work. Requests for other sections should be sent to Comp Cancer staff. Please refer to the *2021-2025 Cancer Plan Table of Contents* document to review specific sections.

2. Worksheets from the 2024 CDOC Member Engagement Meeting that included suggested objectives and strategies for some subcommittees (not all subcommittees will have a worksheet).

Subcommittees are required to submit completed strategies, action steps, and data measures on the required template included in the Cancer Plan Development Guidance Package.

Data Requests

Comp Cancer staff can assist with specific data requests that include data from the following:

1. **California Cancer Registry (CCR)**: Cancer incidence, mortality, survival, as well as demographic, diagnostic, and treatment information.
2. **Behavioral Risk Factor Surveillance System (BRFSS):** Information about health risk behaviors, clinical preventive practices, and health care access and use primarily related to chronic diseases and injury.

Specific data requests including those for special analysis should be sent to Comp Cancer staff. For other data requests, please refer to *Data Sources for the 2025-2036 Cancer Plan* found in the Cancer Plan Development Guidance Package.

Accessing and Sharing Documents

The CDOC Cancer Plan Revision website will house most guidance and resource documents for this process.
2021-2025 Cancer Plan Development Guidance Package.

Each subcommittee will determine where they house their subcommittee documents and how they are shared. Comp Cancer staff is available to assist.

Quarterly Check-In Webinars

Quarterly webinars will be held to update the Cancer Plan Advisory Committee (CPAC) as a whole on the progress and development of each subcommittee. These check-in meetings are also opportunities for open discussions and updates to leverage expertise and minimize duplication of work between subcommittees. The Comp Cancer team will also answer any questions and collect feedback and comments related to the development process. The quarterly webinar schedule is as follows:

September 10, 2024: Noon – 1 pm

December 10, 2024: Noon – 1 pm

March 10, 2025: Noon – 1 pm

June 10, 2025: Noon – 1 pm

State Cancer Plan Development Timeline

2024 CDOC Member Engagement Meeting	June 5, 2024
Subcommittees begin work and develop content	Summer 2024 – Summer 2025
Quarterly Check-In Webinar	September 10, 2024 Noon – 1 pm
Quarterly Check-In Webinar	December 10, 2024 Noon – 1 pm
Quarterly Check-In Webinar	March 10, 2024 Noon – 1 pm
Quarterly Check-In Webinar	June 10, 2024 Noon – 1 pm
Plan is compiled and edited	Summer 2025 – December 2025
Plan is published/dissemination begins	January 2026

Cancer Plan Contact Information

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