

SOUTH DAKOTA CANCER PLAN

2026-2030



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Together, we strive for a South Dakota free from the burden of cancer—through prevention, early detection, accessible treatment, survivor support, and unified action. Though progress has been made in easing the impact of cancer, our work is far from over. By deepening collaboration with our partners and driving the proven strategies outlined in the South Dakota Cancer Plan, we can reduce the impact of cancer across our communities—now and for generations to come.”

Melissa Magstadt,

*Secretary of Health, South Dakota
Department of Health*

BACKGROUND

INTRODUCTION

In 2024, approximately 5,680 South Dakotans were diagnosed with reportable cancer—averaging about 15.5 new cases each day. Cancer remains one of the leading causes of death in the state and was the leading cause in 2024. It was responsible for 1,780 deaths in 2024. An estimated 71,000 cancer survivors currently reside in South Dakota. For the most up-to-date information on cancer risk factors and burden data, visit getscreenedsd.org/sdcr.

A new addition to the 2026–2030 South Dakota Cancer Plan is a focus on childhood cancer. Between 2013 and 2021, there were 366 pediatric cancer cases reported and 39 pediatric cancer-related deaths. While both the incidence and mortality rates of pediatric cancer have been declining, more progress is needed to improve outcomes. The impact of pediatric cancer extends across South Dakota and the nation, and it is our shared responsibility to work toward keeping children cancer-free.

The South Dakota Cancer Plan 2026–2030 is the result of a collaborative planning process undertaken by the South Dakota Department of Health: South Dakota Comprehensive Cancer Control Program (SD CCCP), South Dakota Cancer Coalition, and other cancer prevention and control stakeholders in South Dakota. Stakeholders were involved in the planning process through stakeholder surveys, a best practice review, key informant interviews, a plan advisory committee, and virtual feedback sessions. Reports outlining these efforts and the key findings can be obtained from the SD CCCP.

HOW TO USE THE PLAN

The SD Cancer Plan provides a framework for action and a collaborative road map for organizations and individuals in all sectors and regions of South Dakota to reduce the burden of cancer. Dedication and collaboration are essential to achieve the goals and objectives identified within the plan. The plan consists of 14 priority areas, which correspond to the six overarching plan goals. To ensure progress, the plan also outlines measurable objectives for each priority area. The plan is intended to reach adolescents and adults across all races and socioeconomic levels, as well as target priority populations who face a higher proportion of the cancer burden.

The plan focuses on evidence-based strategies but does not include activity-level information to ensure the plan remains relevant and adaptable. The plan is designed so that anyone can implement efforts to reduce the burden of cancer in SD. Additionally, the SD Cancer Coalition aims to select approximately three priorities from the SD Cancer Plan to implement on an annual basis and convene task forces to develop detailed action plans to achieve these priorities using the strategies and objectives identified. All stakeholders are invited to join the SD Cancer Coalition in these efforts. More information on the SD Cancer Coalition is available at: cancersd.com.

The SD Cancer Coalition Steering Committee will utilize the approved SD CCCP Implementation Funding Plan, which outlines the protocol for allocating funding for coalition task forces and external funding opportunities, to allocate resources

to aid in implementation of the SD Cancer Plan. The Steering Committee will review and update this funding plan on an annual basis. The SD Cancer Plan is a living document and modifications or mid-course revisions to the plan will occur as identified by stakeholders during its implementation. All revisions will first be reviewed and approved by the Steering Committee, as indicated in the bylaws.

71,000

estimated cancer survivors resided in South Dakota in 2024.

5,680

South Dakotans were diagnosed with reportable cancer in 2024.

19%

of deaths in South Dakota were caused by cancer in 2024.

16

cases of cancer were diagnosed every day on average in 2024.

BACKGROUND CONT.

EVIDENCE-BASED PRACTICE

Evidence-based guidelines, interventions, and best practices are integrated into the SD Cancer Plan wherever possible to support achievement of long-term health outcomes for cancer prevention and control. Evidence-based strategies are those that have been evaluated and proven to be effective in addressing the problem being targeted. These strategies identify the target populations that have benefited from the strategy, the conditions under which the strategy works, and sometimes the change mechanisms that account for their effects (Fertman, 2010). A defining characteristic of evidence-based strategies is their use of health theory both in developing the content of the approach and evaluation.

Policy, systems, and environmental change approaches are incorporated into the SD Cancer Plan to ensure cancer prevention and control efforts are long-lasting. The goals, priorities, strategies, and objectives included in the plan are evidence-based approaches designed to encourage change in policies, systems, and/or environments in South Dakota to make the healthy choice, the easy choice. Policy, systems, and environmental changes are key factors in making healthier choices a reality for communities

FAIR ACCESS TO HEALTHCARE

The SD Cancer Plan was developed and will be implemented to support achievement of long-term fair access to healthcare outcomes. The Cancer Plan Advisory Committee and coalition members elected to incorporate specific objectives and strategies focusing on the identified priority populations to ensure the opportunity for everyone to be healthy. This decision was intentionally designed to ensure fair access to healthcare is addressed within all priorities of the plan. As appropriate, objectives and strategies specific to vulnerable populations within the state are identified. The identified priority populations (American Indians, rural and frontier populations, low socioeconomic status populations, and uninsured/underinsured populations) and associated objectives and strategies were determined based on a thorough review of the available risk factor and disease burden data.

EVALUATION

Evaluation of the SD Cancer Plan is essential to ensure the goals and objectives are met and measurable impact occurs. The SD CCCP is committed to providing stakeholders with an annual evaluation report demonstrating the effectiveness

and impact of program activities. Evaluation of the objectives and strategies in the SD Cancer Plan is essential to ensure efforts are directed appropriately, progress is achieved, and no strategies are overlooked. Annual evaluation of the SD CCCP includes tracking of all measurable objectives outlined in the SD Cancer Plan. Indicator data is gathered from a number of sources, including cancer incidence and mortality data from the South Dakota Cancer Registry, risk behavior data from the South Dakota Behavioral Risk Factor Surveillance System, and survey data collected by the SD DOH Office of Health Statistics, including associated youth surveys. Finally, programs and organizations throughout the state gather information through surveys and studies of sub-populations, graciously sharing this data to promote cancer control efforts in South Dakota. A contracted evaluator conducts ongoing evaluation of the SD Cancer Plan, the SD CCCP, and the SD Cancer Coalition. The SD CCCP evaluator uses program monitoring and key indicator data to measure progress and identify areas for future priority focus. Each year, the SD CCCP publishes a public report outlining progress towards meeting the SD Cancer Plan objectives, which can be found at cancersd.com.



Learn more at

CANCERSD.COM



KEY TERMS



GOALS:

are general, “big picture” statements of outcomes a program intends to accomplish to fulfill its mission. In this plan, goals reflect overarching desirable outcomes related to cancer prevention, early detection, treatment, quality of life, fair access to healthcare, and collaboration.



OBJECTIVES:

are the “big steps” that a program will take to attain its goals and achieve its priorities. Objectives indicate what will be done, not how to make it happen. Objectives are Specific, Measurable, Achievable, Relevant, and Time-bound (SMART).



PRIORITIES:

reflect the necessary changes that must be made in order for a program to meet its goals. In this plan, priorities reflect the changes that must be made to reduce the burden of cancer in South Dakota.



STRATEGIES:

are the processes that will be undertaken to achieve the identified objectives. To the extent possible, strategies are evidence-based.



FAIR ACCESS TO HEALTHCARE:

is achieved when every person has the opportunity to attain his or her full health potential and no one is disadvantaged from achieving this potential because of social position or other socially determined circumstances.



GOALS

01

Prevent cancer among South Dakotans

02

Detect cancer in the earliest stages for all South Dakotans

03

Promote fair access to healthcare as it relates to cancer control in South Dakota

04

Optimize quality of life for South Dakota cancer patients, survivors, and caregivers

05

Ensure timely and appropriate access and treatment for all cancer patients in South Dakota

06

Support collaboration among stakeholders in South Dakota to reduce duplication and maximize impact

VISION

Every South Dakotan free from the burden of cancer.

MISSION

Working together to reduce cancer incidence and mortality while improving quality of life for cancer survivors.

PRIORITY POPULATIONS

- American Indians
- Low Socioeconomic Status Populations
- Rural and Frontier Populations
- Uninsured/Underinsured Populations

PRIORITIES, OBJECTIVES, AND STRATEGIES

INCREASE HEALTHY, ACTIVE LIFESTYLES

01

OBJECTIVES:

- 1.1 Increase the percentage of South Dakotans with a healthy weight
 - A. Adults 18 years and older: 28.4% to 30.0%
 - B. School-age children and adolescents: 57.8% to 60.0%
- 1.2 Increase the percentage of South Dakotans who consume at least five servings of fruit and vegetables per day
 - A. Adults 18 years and older: 12.0% to 16.0%
- 1.3 Increase the percentages of South Dakotans who meet the recommended aerobic physical activity levels
 - A. Adults 18 years and older: 59.3% to 60.5%
- 1.4 Decrease the percentage of South Dakotans who engage in binge drinking
 - A. Adults 18 years and older: 19.5% to 16.0%
 - B. High school students: 11.1% to 9.0%

STRATEGIES:

- A. Implement evidence-based policy, system, and environmental approaches that increase access to healthy, affordable foods and beverages.
- B. Promote adoption of healthy community design principles and fair access to safe places and spaces to be physically active.
- C. Engage and support healthcare professionals in counseling and referral of patients on healthy eating and physical activity.
- D. Implement school, worksite, and community policies that support healthy, active lifestyles.
- E. Encourage cross-collaboration and consistent promotion of the 2018 Physical Activity Guidelines for Americans.

REDUCE COMMERCIAL TOBACCO USE AND EXPOSURE

02

OBJECTIVES:

- 2.1 Decrease the percentage of South Dakotans who currently use commercial tobacco
 - A. Adults 18 years and older: 23.4% to 20.0%
 - B. American Indian Adults: 46.5% to 43%
 - C. Adults with an income less than \$35,000: 33.1% to 30%
 - D. High school students: 15.2% to 12.0%

STRATEGIES:

- A. Increase culturally appropriate referrals to evidence-based tobacco cessation services, such as the South Dakota QuitLine.
- B. Advocate for tobacco-free environments.
- C. Promote culturally appropriate evidence-based policy, system, and environmental changes that reduce tobacco use.
- D. Support efforts by the SD Tobacco Prevention and Control Program to implement the SD Tobacco Control State Plan to reduce the impact of tobacco use and exposure on cancer risk.

PRIORITIES, OBJECTIVES, AND STRATEGIES

REDUCE ULTRAVIOLET (UV) RADIATION EXPOSURE

03

OBJECTIVES:

- 3.1 Increase the percentage of South Dakotans who always or nearly always wear sunscreen with an SPF of 15 or higher when outside for more than one hour on a sunny day
 - A. Adults 18 years and older: 24.6% to 27.0%
 - B. High school students: 19.8% to 22.0%

STRATEGIES:

- A. Implement educational interventions and evidence-based policy, system, and environmental changes in early childhood education, school, outdoor occupational, and outdoor recreational and tourism settings to promote sun-protective behaviors.
- B. Implement educational interventions and evidence-based policy, system, and environmental changes that reduce ultraviolet radiation exposure from tanning beds.

DECREASE HPV-RELATED CANCERS

04

OBJECTIVES:

- 4.1 Increase the percentage of South Dakotans who are up to date on the HPV vaccine series
 - A. Adolescents 13-17 years: 72.3% to 80.0%
- 4.2 Decrease the age-adjusted incidence rate of head and neck cancers among South Dakotans
 - A. Adults: 11.6 to 10.5

STRATEGIES:

- A. Implement evidence-based policy and system changes, such as client reminder and recall systems, provider assessment and feedback, provider reminders, and immunization information.
- B. Collaborate with schools and universities to provide education and offer fair and affordable access to the HPV vaccine.
- C. Increase public awareness and education.
- D. Monitor and promote professional education as it relates to HPV and head and neck cancers.

REDUCE EXPOSURE TO ENVIRONMENTAL CARCINOGENS

05

OBJECTIVES:

- 5.1 Increase the number of free radon testing kits that the South Dakota Department of Agriculture and Natural Resources provides to South Dakotans
- A. South Dakota households: 541 to 625

STRATEGIES:

- A. Promote laws and policies that require radon notification, warning statements and disclosure during real estate sales and rental transactions.
- B. Partner with home inspectors and real estate agents to educate clients regarding benefits of radon testing and mitigation.
- C. Educate healthcare providers about radon induced lung cancer and the importance of testing and mitigation in lung cancer prevention.

INCREASE RISK-APPROPRIATE SCREENING FOR PROSTATE CANCER

06

OBJECTIVES:

- 6.1 Increase the percentage of men 40 years and older who had a discussion with their healthcare provider about the advantages and disadvantages of PSA testing
- A. Discussed advantages among men 40 years and older: 44.9% to 49.5%
- B. Discussed disadvantages among men 40 years and older: 20.1% to 24.5%
- 6.2 Decrease the age-adjusted incidence rate of prostate cancer among South Dakota men
- A. Men: 132.4 to 125.0
- B. American Indian men: 176.4 to 165.0

STRATEGIES:

- A. Implement evidence-based policy and system changes, such as client reminders, provider assessment and feedback, and provider reminder and recall systems.
- B. Monitor and promote professional education and the use of current screening guideline implementation.
- C. Promote the use of culturally appropriate public education, patient navigation, messaging, and fair access to healthcare strategies.
- D. Promote low-or no-cost screening programs to improve affordability of screening for vulnerable populations.
- E. Reduce structural barriers to improve fair and affordable access to screening for vulnerable populations.
- F. Encourage discussion and documentation of family history to inform risk assessment, screening recommendations, and risk-appropriate referral for genetic services.

PRIORITIES, OBJECTIVES, AND STRATEGIES

INCREASE RISK-APPROPRIATE SCREENING FOR CERVICAL CANCER

07

OBJECTIVES:

- 7.1 Increase the percentage of South Dakotan women who have had a cervical cancer screening test within the last 1-5 years
 - A. Women 21-65 years: 76.5% to 82.0%
 - B. American Indian women: 58.6% to 62.0%
 - C. Women with an income less than \$35,000: 60.2% to 64.0%
- 7.2 Decrease the age-adjusted incidence rate of cervical cancer among South Dakotan women
 - A. Women: 5.3 to 3.0
 - B. American Indian women: 20.1 to 14.0

STRATEGIES:

- A. Implement evidence-based policy and system changes, such as client reminders, provider assessment and feedback and provider reminder and recall systems.
- B. Monitor and promote professional education and the use of current screening guideline implementation.
- C. Promote the use of culturally appropriate public education, patient navigation, messaging, and fair access to healthcare strategies.
- D. Promote low-or no-cost screening programs to improve affordability of screening for vulnerable populations.
- E. Reduce structural barriers to improve fair and affordable access to screening for vulnerable populations.
- F. Encourage discussion and documentation of family history to inform risk assessment, screening recommendations, and risk-appropriate referral for genetic services.

INCREASE RISK-APPROPRIATE SCREENING FOR BREAST CANCER

08

OBJECTIVES:

- 8.1 Increase the percentage of South Dakotan women who are up to date with breast cancer screening recommended by the United States Preventive Services Task Force (USPSTF)
 - A. Women 40-74 years: 78.7% to 84.0%
 - B. American Indian women: 53.1% to 79.0%
 - C. Women with an income less than \$35,000: 76.6% to 80.0%
- 8.2 Decrease the age-adjusted incidence rate of late-stage breast cancer among South Dakotan women
 - A. Women: 38.6 to 34.0
 - B. American Indian women: 43.1 to 40.0
- 8.3 Decrease the age-adjusted mortality rate of breast cancer among South Dakotan women
 - A. Women: 17.2 to 16.5
 - B. American Indian women: 28.0 to 19.0

STRATEGIES:

- A. Implement evidence-based policy and system changes, such as client reminders, provider assessment and feedback, and provider reminder and recall systems.
- B. Monitor and promote professional education and the use of current screening guideline implementation.
- C. Promote the use of culturally appropriate public education, patient navigation, messaging, and fair access to healthcare strategies.
- D. Promote low-or no-cost screening programs to improve affordability of screening for vulnerable populations.
- E. Reduce structural barriers to improve fair and affordable access to screening for vulnerable populations.
- F. Encourage discussion and documentation of family history to inform risk assessment, screening recommendations, and risk-appropriate referral for genetic services.

INCREASE RISK-APPROPRIATE SCREENING FOR COLORECTAL CANCER

09

OBJECTIVES:

- 9.1 Increase the percentage of South Dakotans who are up to date with colorectal cancer screening recommended by the USPSTF
 - A. Adults 45-75 years: 63.1% to 69.0%
 - B. American Indian adults: 34.3% to 38.0%
 - C. Adults with an income less than \$35,000: 62.3% to 66.0%
- 9.2 Decrease the age-adjusted incidence rate of colorectal cancer among South Dakotans
 - A. Adults: 39.2 to 35.0
 - B. American Indian adults: 61.6 to 50.0
- 9.3 Decrease the age-adjusted mortality rate of colorectal cancer among South Dakotans
 - A. Adults: 13.6 to 11.0
 - B. American Indian adults: 25.6 to 18.5

STRATEGIES:

- A. Implement evidence-based policy and system changes, such as client reminders, provider assessment and feedback, provider reminder and recall systems, and stool-based tests.
- B. Monitor and promote professional education and the use of current screening guideline implementation.
- C. Promote the use of culturally appropriate public education, patient navigation, messaging, and fair access to healthcare strategies.
- D. Promote low-or no-cost screening programs to improve affordability of screening for vulnerable populations.
- E. Reduce structural barriers to improve fair and affordable access to screening for vulnerable populations.
- F. Encourage discussion and documentation of family history to inform risk assessment, screening recommendations, and risk-appropriate referral for genetic services.

INCREASE RISK-APPROPRIATE SCREENING FOR LUNG CANCER

10

OBJECTIVES:

- 10.1 Increase the percentage of South Dakotans who are up to date with lung cancer screening recommended by the USPSTF
 - A. Adults 50-80 years at high risk for lung cancer: 11.4% to 15%
- 10.2 Decrease the age-adjusted incidence rate of lung cancer among South Dakotans
 - A. Adults: 53.1 to 49
 - B. American Indian adults: 87 to 79.5
- 10.3 Decrease the age-adjusted mortality rate of lung cancer among South Dakotans
 - A. Adults: 32.6 to 27.5
 - B. American Indian adults: 49.3 to 44.5

STRATEGIES:

- A. Develop and deliver lung cancer prevention and screening messages to increase awareness of appropriate screening guidelines and quality care standards.
- B. Assess capacity, increase access, and ensure affordable and quality lung cancer screening for high risk individuals and vulnerable populations.
- C. Educate individuals who smoke and are undergoing lung cancer screening on culturally appropriate tobacco cessation support.
- D. Promote the use of culturally appropriate patient navigation, messaging, and fair access to healthcare strategies.

PRIORITIES, OBJECTIVES, AND STRATEGIES

IMPROVE AFFORDABILITY AND ACCESSIBILITY OF QUALITY CANCER CARE AND OTHER HEALTH SERVICES

11

OBJECTIVES:

- 11.1 Increase the percentage of adults who have a health care provider
 - A. Adults with an income less than \$35,000: 82.9% to 85.0%
- 11.2 Increase the percentage of adults who visit their health care provider for a routine checkup once a year
 - A. Adults with an income less than \$35,000: 74.6% to 77.0%
- 11.3 Increase the percentage of South Dakotans with health insurance
 - A. South Dakotans under 65 years: 90.0% to 94.0%

STRATEGIES:

- A. Increase access to financial, transportation, and lodging resources for vulnerable populations.
- B. Enhance health insurance coverage and reimbursement for cancer care, treatment, and supportive services.
- C. Promote adoption of evidence-based practices and accreditation among cancer treatment centers.
- D. Increase access and availability to personalized medicine, cell-based therapies and Biomarker testing for cancer treatment.
- E. Support the use of culturally appropriate patient navigation, care coordination, and community health workers across the cancer continuum.
- F. Support clinical and community-based programs and resources that address the needs of cancer patients and their caregivers.
- G. Increase awareness and use of survivorship care plans.
- H. Support the unique needs of childhood, adolescent, and young adult cancer populations.
- I. Promote technology and innovative practice models, such as telemedicine and telehealth, to increase access to health care.

IMPROVE AVAILABILITY OF ADVANCE CARE PLANNING, PALLIATIVE CARE, AND END OF LIFE CARE SERVICES

12

OBJECTIVES:

- 12.1 Increase the percentage of adults who have an advance directive
 - A. Adults 18 years and older: 27.8% to 33.5%
- 12.2 Increase the number of clinicians with a specialty certification in palliative care
 - A. From 47 to 55

STRATEGIES:

- A. Promote culturally competent professional education.
- B. Increase public awareness, education, and resource promotion.
- C. Promote completion of advance directives.
- D. Promote community-based services, appropriate referrals, technology, and other innovative practice models to increase access for rural and other vulnerable populations.
- E. Support healthcare professional certification.
- F. Promote adoption of best practices and national standards into routine cancer care.

PROMOTE CONTINUITY OF CARE AND CANCER TREATMENT SERVICES FOR CANCER SURVIVORS

13

OBJECTIVES:

- 13.1 Increase the percentage of cancer survivors who have good to excellent general health
 - A. Cancer survivors 18 years and older: 70.8% to 76.5%
- 13.2 Decrease the percentage of cancer survivors who had mental health that was fair to poor for 7 or more days in the last 30 days
 - A. Cancer survivors 18 years and older: 13.0% to 11.0%

STRATEGIES:

- A. Implement policy and system changes to expand access to and promote participation in cancer clinical trials.
- B. Increase public awareness, education, and resource promotion.
- C. Promote culturally competent professional education.
- D. Support translation of research findings into practice.
- E. Conduct data collection and reporting regarding cancer clinical trial participation in SD.

IMPROVE PEDIATRIC CANCER SURVIVORSHIP RESOURCES AND SUPPORTIVE CARE

14

OBJECTIVES:

- 14.1 Increase the number of childhood cancer trainings or resources available to clinical staff, patients and their families.
 - A. From 0 to 1.

STRATEGIES:

- A. Increase public awareness of the incidence and impact of pediatric cancer on South Dakota's children.
- B. Promote increased access to integrated palliative care services for children facing any stage of cancer.
- C. Identify and address patient and family care and cancer-related educational needs such as diagnosis, treatment, fertility, late effects, psychosocial support programs, caregiver support, sibling support, and respite care.
- D. Increase training and resources to public schools to support children returning to school after cancer treatment.
- E. Work with state and national partners to support funding for pediatric cancer research.
- F. Expand workforce training in pediatric palliative care and pediatric oncology nursing.
- F. Enhance the emotional and psychological well-being of childhood cancer survivors and their families.

BACKGROUND:

The South Dakota Comprehensive Cancer Control Program (SDCCCCP) is committed to collaborating with pediatric cancer partners. These partnerships will have support networks which offer group psychosocial support for cancer survivors, management of disease-related emotions, increased social support, enhanced relationships with family and physicians, and improved symptom control. The SDCCCCP has worked with the SD Cancer Coalition and members of the Coalition's Patient Support & Quality of Care Task Force to update the SD Cancer Plan with language supporting the monitoring and analysis of pediatric cancer data. They have also partnered with health systems and organizations to implement support networks for childhood cancer survivors and their families.

From years 2013 through 2021 there were 366 total pediatric cancer cases. Of those cancer cases 189 of them were males, 177 of them were females. Regarding race, 300 of these pediatric cancer cases were White individuals and 46 were American Indian individuals. During this time frame there were 39 total pediatric cancer deaths. Of these cancer deaths, 25 of them were male and 14 of them were female. Regarding race, 31 of these pediatric cancer deaths were White individuals and 8 were American Indian individuals.

Although the rates in both incidence and mortality are decreasing for pediatric cancer, there is still a lot of work to be done to improve the outcomes of pediatric cancer. While new causes of cancer are continually being discovered, we know of prominent risk factors already. Some of these risk factors include radiation exposure, parental smoking, and inherited DNA changes (American Cancer Society). It is also important to bring children in for routine checkups so any signs of pediatric cancer can be brought to the attention of a physician. The burden of pediatric cancer stretches across the entire state and nation, and we all must play a role to keep children cancer-free.

DEDICATION AND ACKNOWLEDGEMENTS

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The South Dakota Cancer Plan 2026-2030 is dedicated to those in South Dakota who have been impacted by cancer.

The South Dakota Cancer Plan 2026-2030 was created in collaboration with the SD Cancer Coalition, SD Cancer Coalition Steering Committee, and the SD Cancer Plan Advisory Committee. The SD Cancer Plan Advisory Committee consisted of the members indicated on this page and represents diverse stakeholders from all sectors across the cancer care continuum. Numerous other coalition members and stakeholders also contributed to the development of this plan. Moreover, implementation of this plan would not be possible without the efforts of the dedicated cancer prevention and control stakeholders in South Dakota.



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