



FALL MEETING 2025

ROOTED IN PARTNERSHIP,
GROWING IN PURPOSE

October 30
Highland Conference Center
Mitchell



Shannon Park
Megan Myers

Cancer Coalition



Thank you to our Gold sponsors!



New Materials, New Look



Welcome to the Cancer Coalition

Partners in cancer prevention and control.

Mission

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

Vision

Every South Dakotan free from the burden of cancer.

Get Involved

We welcome partners from across sectors - including non-traditional organizations and businesses such as schools, faith and community organizations, and local businesses. Your connections and resources strengthen our collective impact.

- Subscribe to email newsletters
- Join a task force or committee
- Share expertise and resources
- Collaborate on priority activities
- Support Coalition events and outreach

Meetings & Events

- Quarterly Task Force Meetings (virtual)
- Fall Meeting (in-person)
- Summer Social (in-person)

Leadership

The Coalition is guided by a Steering Committee of healthcare providers, survivors, public health leaders, and advocates.

2025-2026 Coalition Task Forces

- Prevention
- Screening
- Survivorship

Committees

- Data, Surveillance & Evaluation
- Membership and Communication
- Policy, System and Environment Change

Learn more & join us: Explore the South Dakota Cancer Plan, access interactive cancer data dashboards, and find resources to support cancer prevention, early detection, treatment, and survivorship in your community.

South Dakota Cancer Coalition
1501 S Highline Ave, Sioux Falls, SD
info@cancersd.com

2024-2025 By the Numbers

Steering Committee 2024-2025

Chair: Emily E. K. Murphy, MD, FACS
Dawn Arkinson-Red Cloud

Charlene Berke
Lora Black
Doris Cardwell
Kay Dosch
Laura Gudgeon
Kristi Gylten
Jill Ireland
Lindsey Karlson
Dr. Denis Miller
Megan Myers
Shannon Park
Sarah Quail
Laura Streich
Marissa Turner

2 Statewide Gatherings

11 New Partners

71 Organizations Represented

161 Active Partners

More than 425 Hours Partner Collaboration

South Dakota Cancer Coalition
1501 S Highline Ave, Sioux Falls, SD
info@cancersd.com

Task Force Outcomes 2024-2025

Task Force	Strategies	Outcomes
Early Detection	Colorectal: Develop best practices/educate providers on conversations around screening and during patient visits to avoid missed opportunities and during of time, as well as improved outreach to patients that don't follow up with further diagnostics after initial screening. Provide public education/provider resources for patients. Breast/cervical: Educate providers and the public on early detection through current screening guidelines. Lung: Increase public awareness of screening - provide lung cancer screening education to tobacco program workplace outreach/education events.	Coalition hosted a continuing education webinar on CRC screening best practices in April 2025 with Bayan Al-Share, MD, of Monument Health. The webinar was attended by 37 providers. CRC screening education promoted via DOH social media. SD CCCP published a cervical cancer monograph highlighting incidence, mortality, stage at diagnosis, and screening data. Self-collection testing highlighted in the Coalition's Spring 2025 newsletter sent to 566 partners. Partnership established with Teddy Bear Den to distribute screening info to new mothers in priority populations.
Improving HPV Vaccination Rates	Promote professional education for healthcare providers and dental professionals and implement evidence-based policy and systems changes such as assessment and feedback, provider reminders, immunization information systems, reducing barriers to vaccination, and standing orders. Collaborate with schools and universities to provide education and offer equitable and affordable access to the HPV vaccine.	SD Tobacco Prevention Program shared lung cancer screening resources with more than 150 human resources professionals at the WorkWell/SD SHRM Conference in May 2025. Delta Dental and Health Connect of SD engaged more than 200 dental professionals statewide in cancer prevention by sharing materials on HPV vaccination and head/neck cancer detection at the South Dakota Dental Association's annual meeting.
Patient Support & Quality of Care	Increase awareness and use of survivorship care plans - increase survivors' awareness of and access to survivorship resources. SD CCCP was awarded supplemental funding to increase support networks for pediatric cancer survivors and their families. Incorporate language into new SD Cancer Plan regarding pediatric cancer support.	Coalition promoted survivorship resources on www.cancersd.com and in partnership with SDAH for patient palliative/survivorship information. The Childhood Cancer Workgroup drafted new language for 2026-2030 SD Cancer Plan found within Priority 14: Improve pediatric cancer survivorship resources and supportive care.

South Dakota Cancer Coalition
1501 S Highline Ave, Sioux Falls, SD
info@cancersd.com

Partnership Commitment Card



Partnership Commitment

Working together to reduce the burden of cancer in South Dakota.

The Cancer Coalition unites people and organizations committed to preventing and controlling cancer across our state. You're helping advance the goals of the South Dakota Cancer Plan 2026-2030 through our collaboration, education, and action.

As a Coalition partner, I (and/or my organization) commit to:

- Support the Coalition's mission.
- Participate in meetings, task forces, and/or activities as I'm able.
- Share relevant coalition information and opportunities.
- Contribute expertise, perspective, and/or resources that strengthen coalition efforts.

I would also like to (check all that apply):

☐ Join a 2025-2026 task force:

Prevention

Screening

Survivorship

- ☐ Serve on an ad-hoc cross-cutting committee
- ☐ Apply to serve on the Steering Committee
- ☐ Contribute educational materials or public outreach support
- ☐ Provide in-kind goods, services, or facilities for coalition events
- ☐ Help make connections to key partners or organizations
- ☐ Provide financial sponsorship of coalition activities or events

Name: _____ Date: _____

Title: _____

Organization: _____

Email Address: _____

Phone: _____ Signature: _____

South Dakota Cancer Coalition

1501 S Highline Ave, Sioux Falls, SD

info@cancersd.com

SOUTH DAKOTA CANCER PLAN

2026-2030



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

The plan was created in collaboration with the SD Cancer Coalition, Steering Committee and Advisory Committee.

The implementation of this plan would not be possible without the efforts of the dedicated cancer prevention and control stakeholders in South Dakota.

Thank You!



Screening to Survivorship: Workup & Evolving Management of Colon & Rectal Cancer

Andrew-Paul Deeb, MD MSc
30 October 2025



Surgical Institute
of
South Dakota

Avera 



FALL MEETING 2025

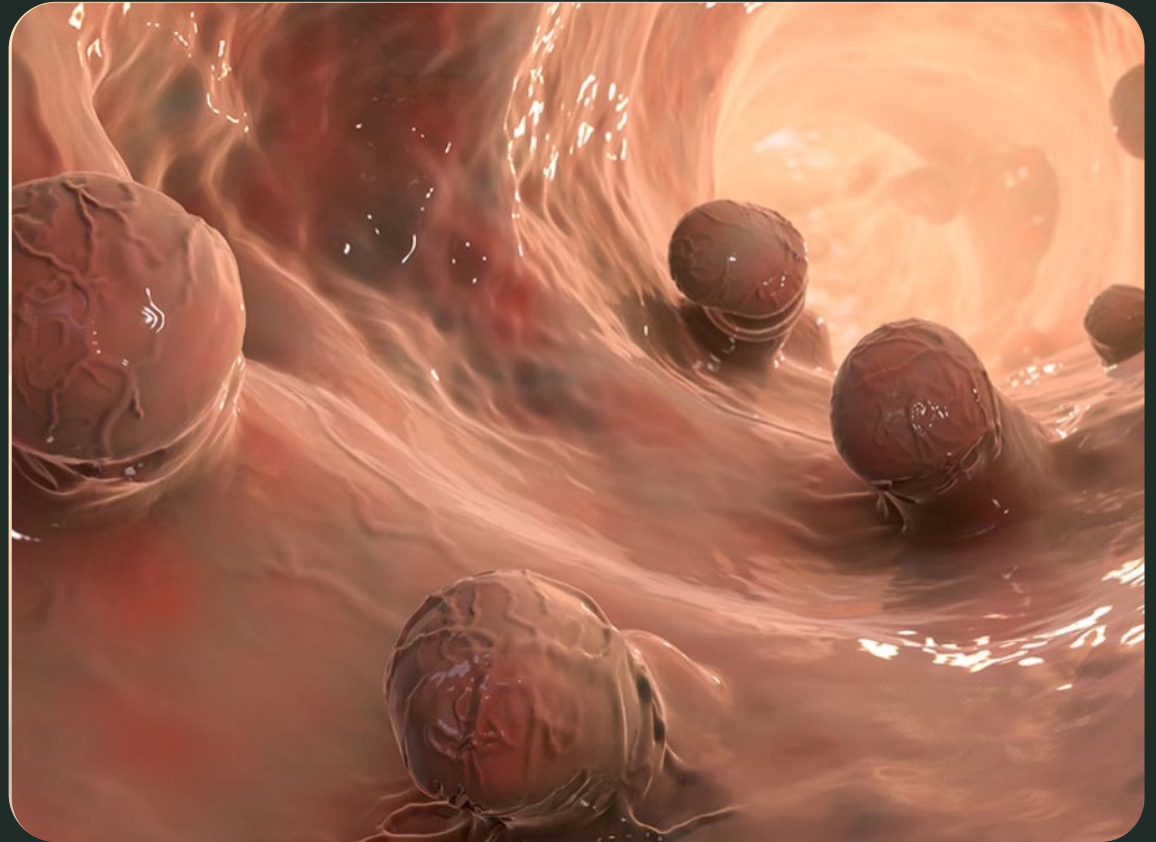
ROOTED IN PARTNERSHIP,
GROWING IN PURPOSE

October 30
Highland Conference Center
Mitchell

No Disclosures

Objectives

1. Define Colon & Rectal Cancer
 - Epidemiology
2. Establish
 - Screening
 - Workup
 - Influence of SDOH
3. Differentiate Colon from Rectal
 - Treatment Differences

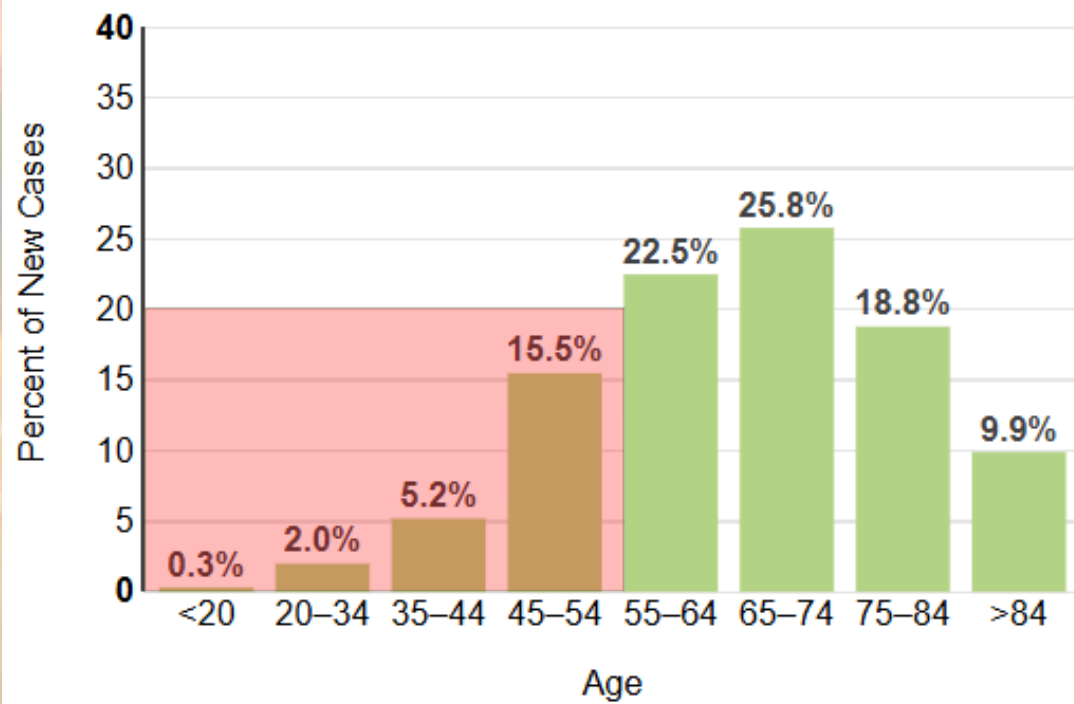


Common Types of Cancer	Estimated New Cases 2025	Estimated Deaths 2025
1. Breast Cancer (Female)	316,950	42,170
2. Prostate Cancer	313,780	35,770
3. Lung and Bronchus Cancer	226,650	124,730
4. Colorectal Cancer	154,270	52,900
5. Melanoma of the Skin	104,960	8,430
6. Bladder Cancer	84,870	17,420
7. Kidney and Renal Pelvis Cancer	80,980	14,510
8. Non-Hodgkin Lymphoma	80,350	19,390
9. Uterine Cancer	69,120	13,860
10. Pancreatic Cancer	67,440	51,980

Colorectal cancer represents 7.6% of all new cancer cases in the U.S.



Second leading cause of cancer-related deaths in USA

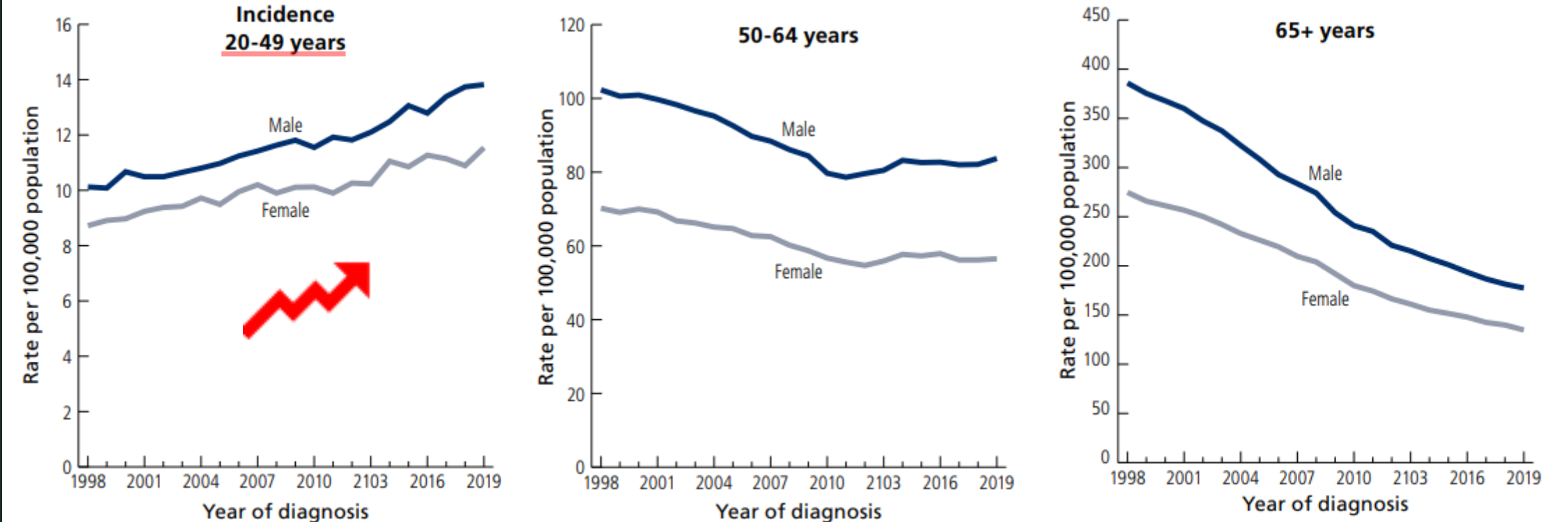


Colorectal cancer is most frequently diagnosed among people aged 65-74.

Median Age
At Diagnosis

66

Trends in CRC Incidence by Age



Colorectal cancer is **on the rise** in young people.

It will be the leading cause of cancer death for people between the ages of 20-49 by the year 2030.

1 in 5

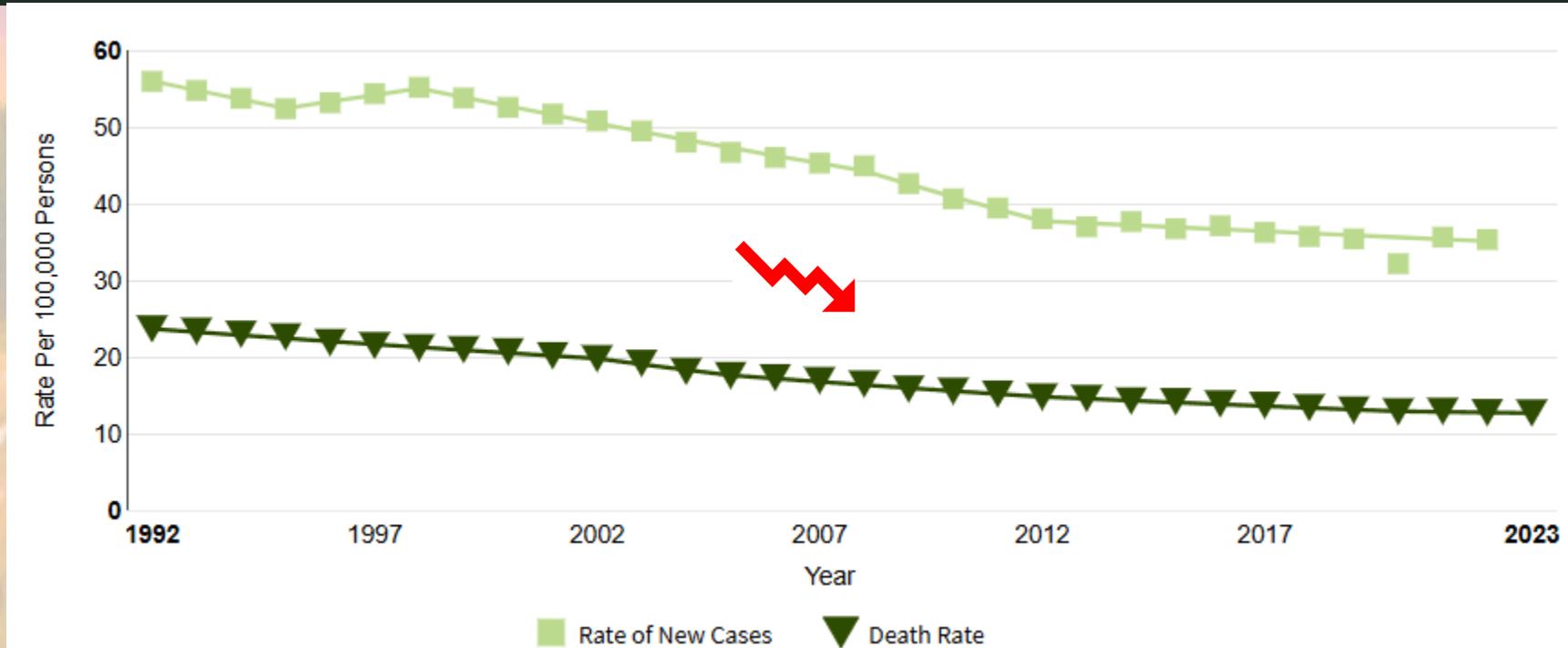
cases of colorectal cancer occur in people age 54 or younger.



Source: American Cancer Society. Colorectal Cancer Facts & Figures 2023-2025. Atlanta: American Cancer Society; 2023.

**Doubled
since 1995**

Trends in CRC Incidence/Mortality over Time



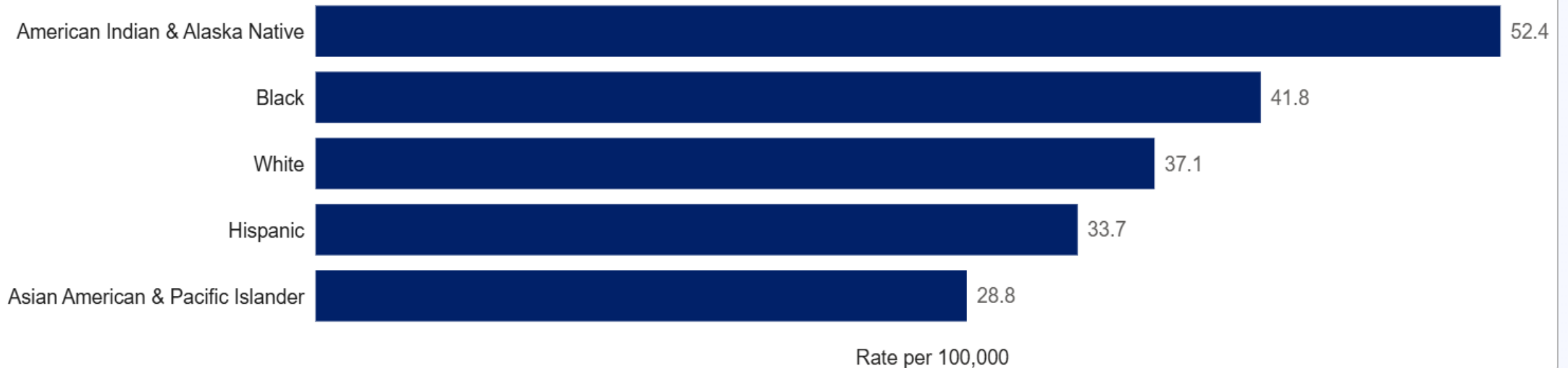
Social Determinants of Health

“Conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and QOL outcomes and risks”

- ✓ Economic Stability
- ✓ Education Access/Quality
- ✓ Healthcare Access/Quality
- ✓ Neighborhood Environment
- ✓ Social & Community Setting

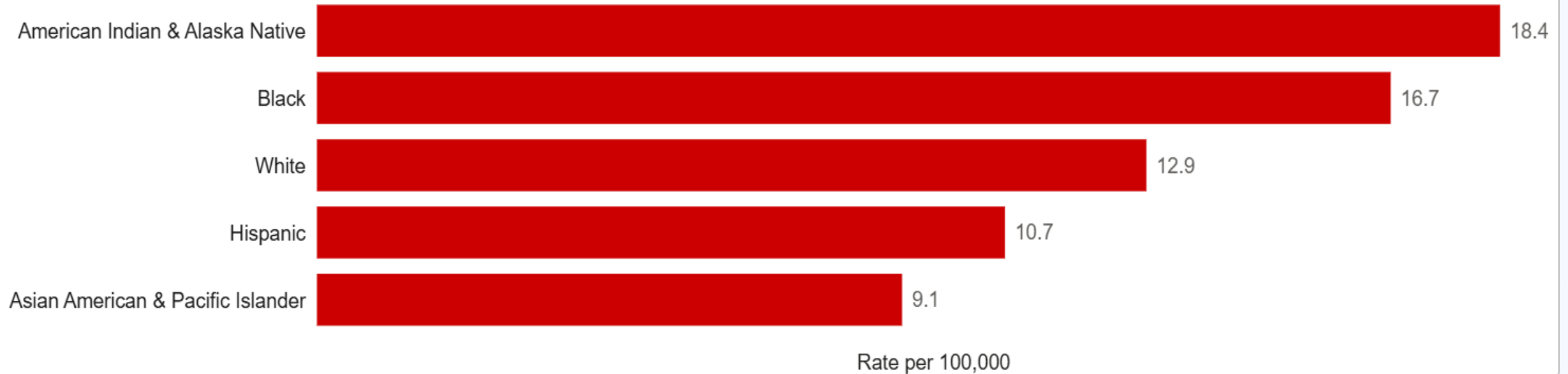


Trends in CRC Incidence/Mortality by Race/Ethnicity

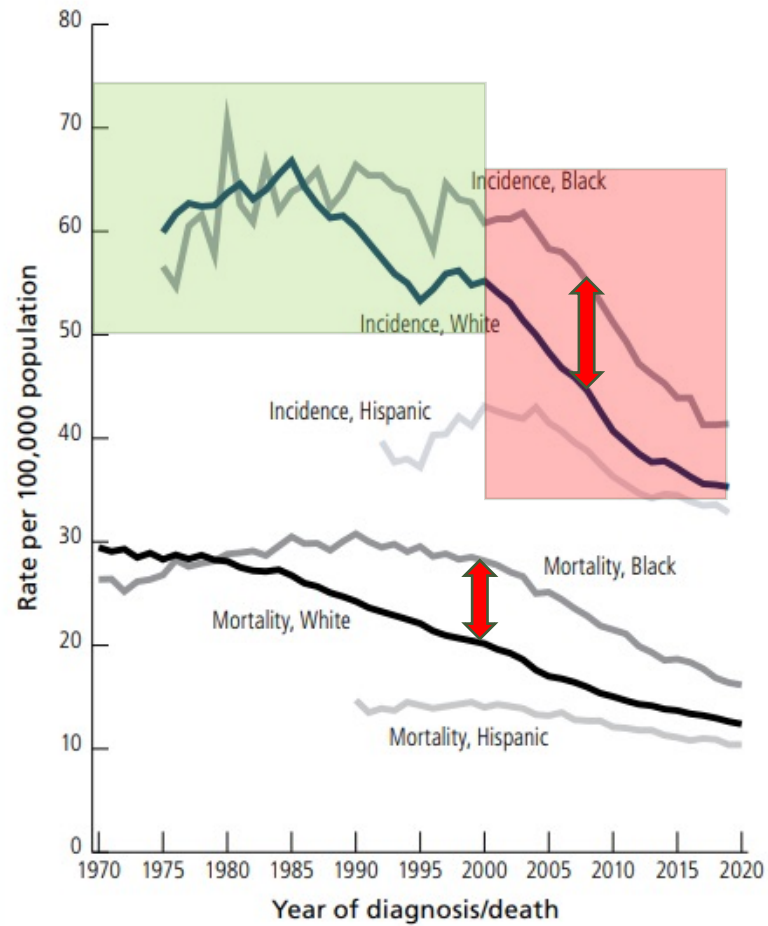


©American Cancer Society, 2025

Trends in CRC Incidence/Mortality by Race/Ethnicity



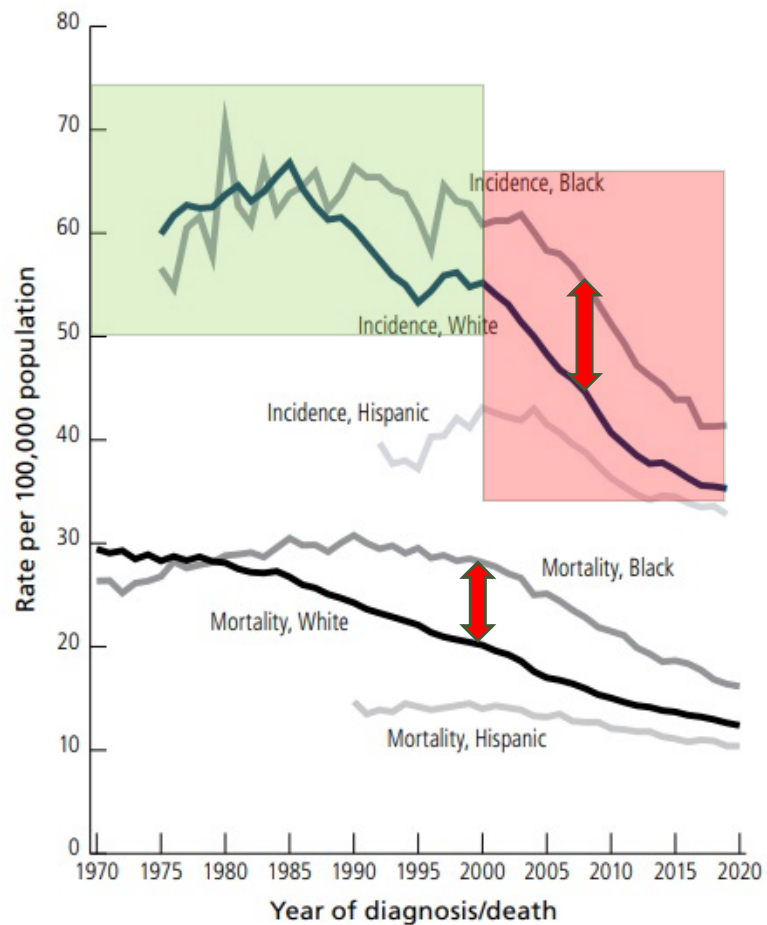
©American Cancer Society, 2025



Rates are age adjusted to the 2000 US standard population. Incidence rates are adjusted for reporting delays and exclude appendix. White and Black race are not exclusive of Hispanic ethnicity.

Sources: Incidence – Surveillance, Epidemiology, and End Results Program, 2022; Mortality - National Center for Health Statistics, Centers for Disease Control and Prevention, 2022.

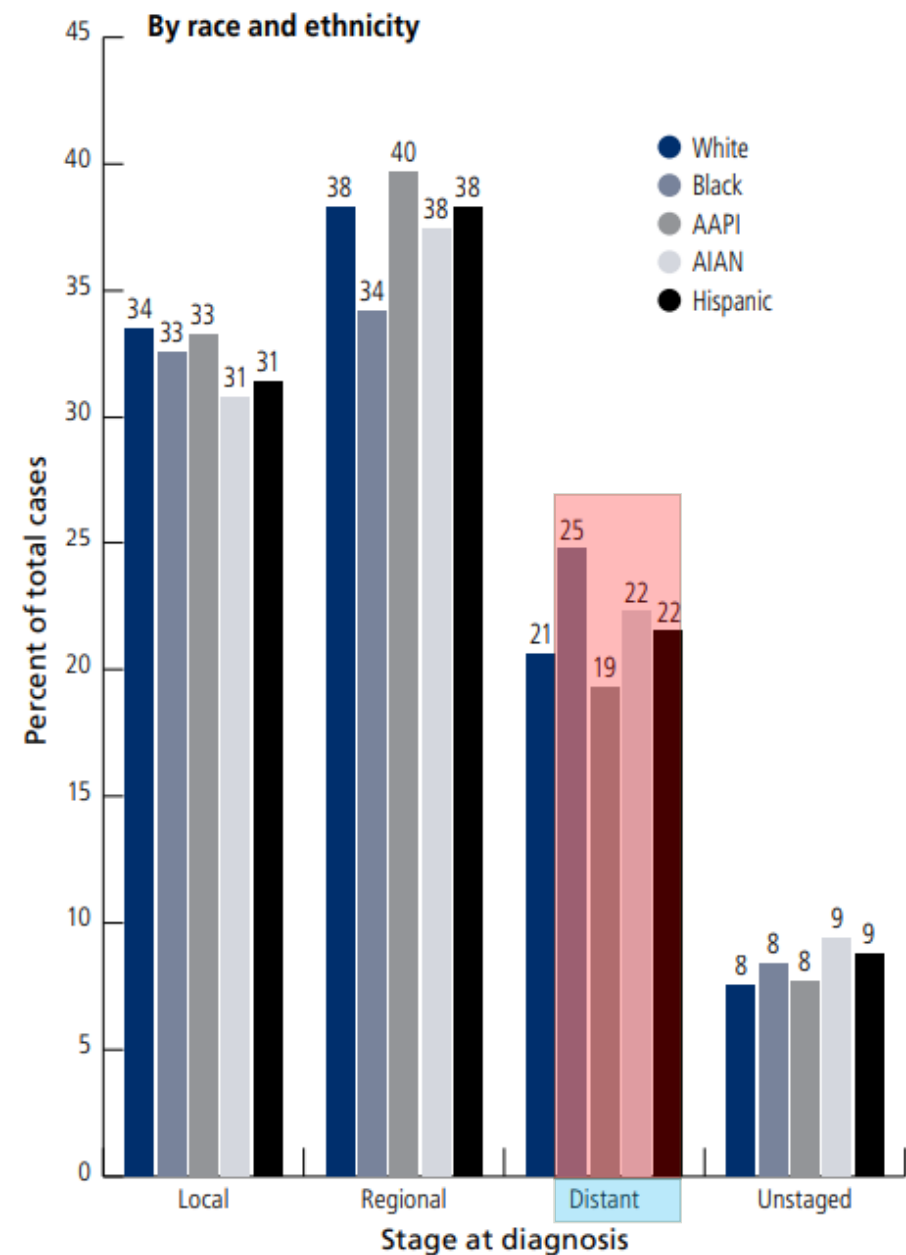
©2023, American Cancer Society, Inc., Surveillance and Health Equity Science



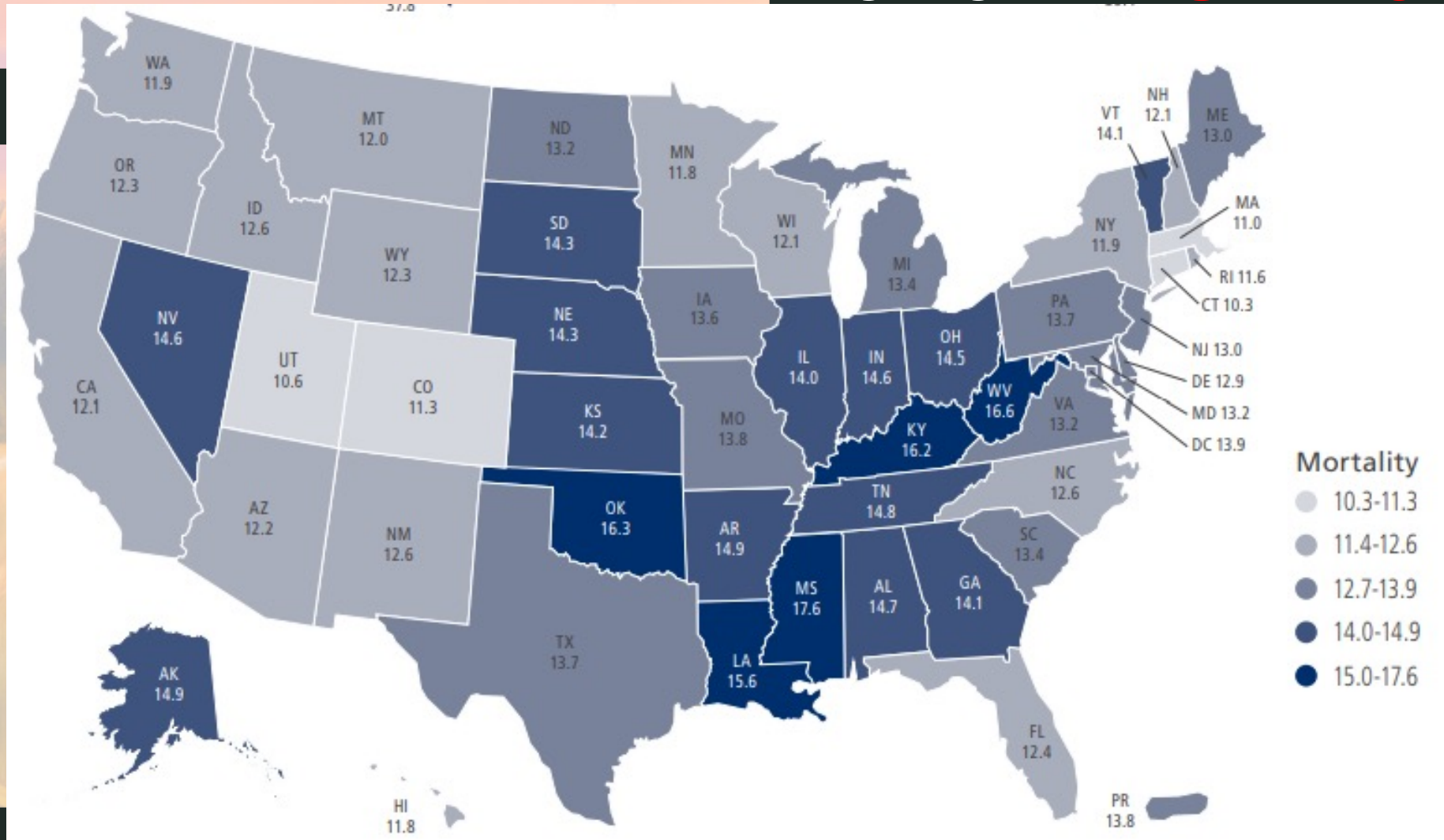
Rates are age adjusted to the 2000 US standard population. Incidence rates are adjusted for reporting delays and exclude appendix. White and Black race are not exclusive of Hispanic ethnicity.

Sources: Incidence – Surveillance, Epidemiology, and End Results Program, 2022; Mortality - National Center for Health Statistics, Centers for Disease Control and Prevention, 2022.

©2023, American Cancer Society, Inc., Surveillance and Health Equity Science

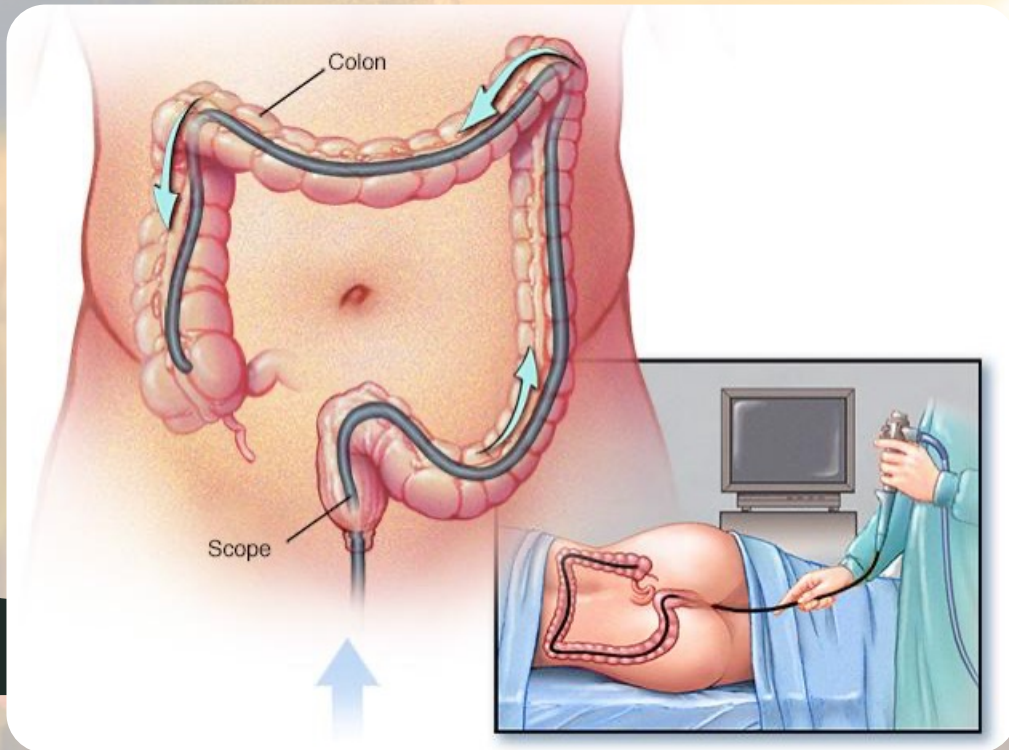
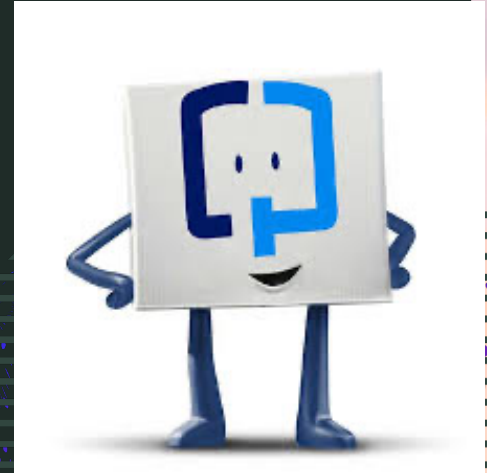


Trends in CRC Mortality by Geography



Geographic access to colonoscopy, neighborhood social vulnerability, and associations with late-stage colorectal cancers in Maryland: 2010–2021

Samuel Roubin ^a  , Broderick Yoerq ^b, Michael R. Desjardins ^{a c} 



Barriers:

- Income/Education (SES)
- Insurance, Health Literacy
- Primary Care Access
 - Distance
 - Transportation
 - Limited Providers



5-Year
Relative Survival

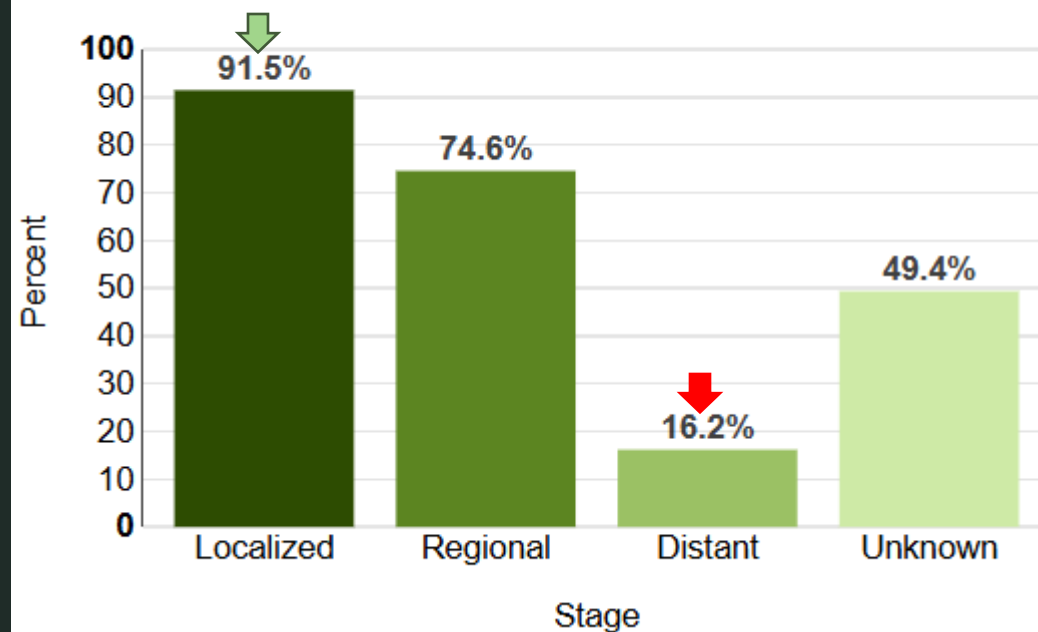
65.4%

We can PREVENT CRC....

Improved treatment options &
outcomes when diagnosed **EARLY**

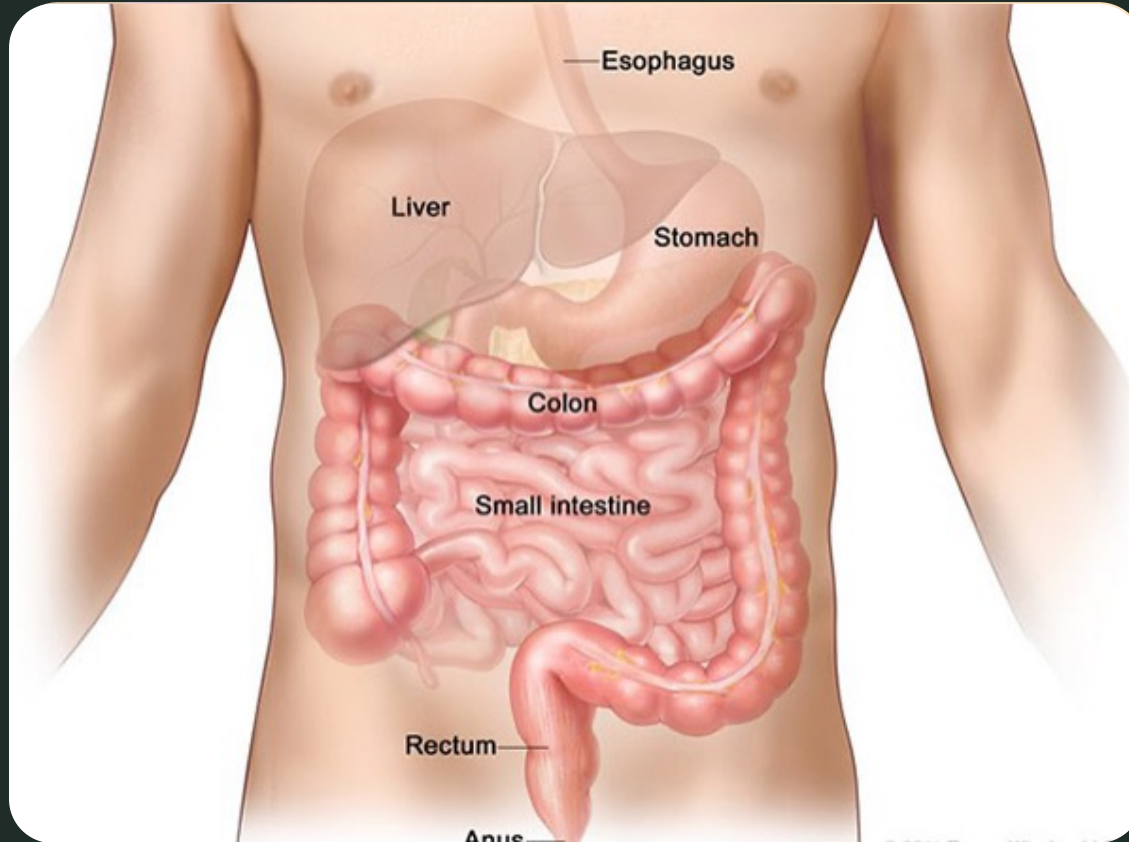
- <50 yo: advanced disease

5-Year Relative Survival



NATIONAL CANCER INSTITUTE
Surveillance, Epidemiology, and End Results Program

Colon & Rectal Adenocarcinoma

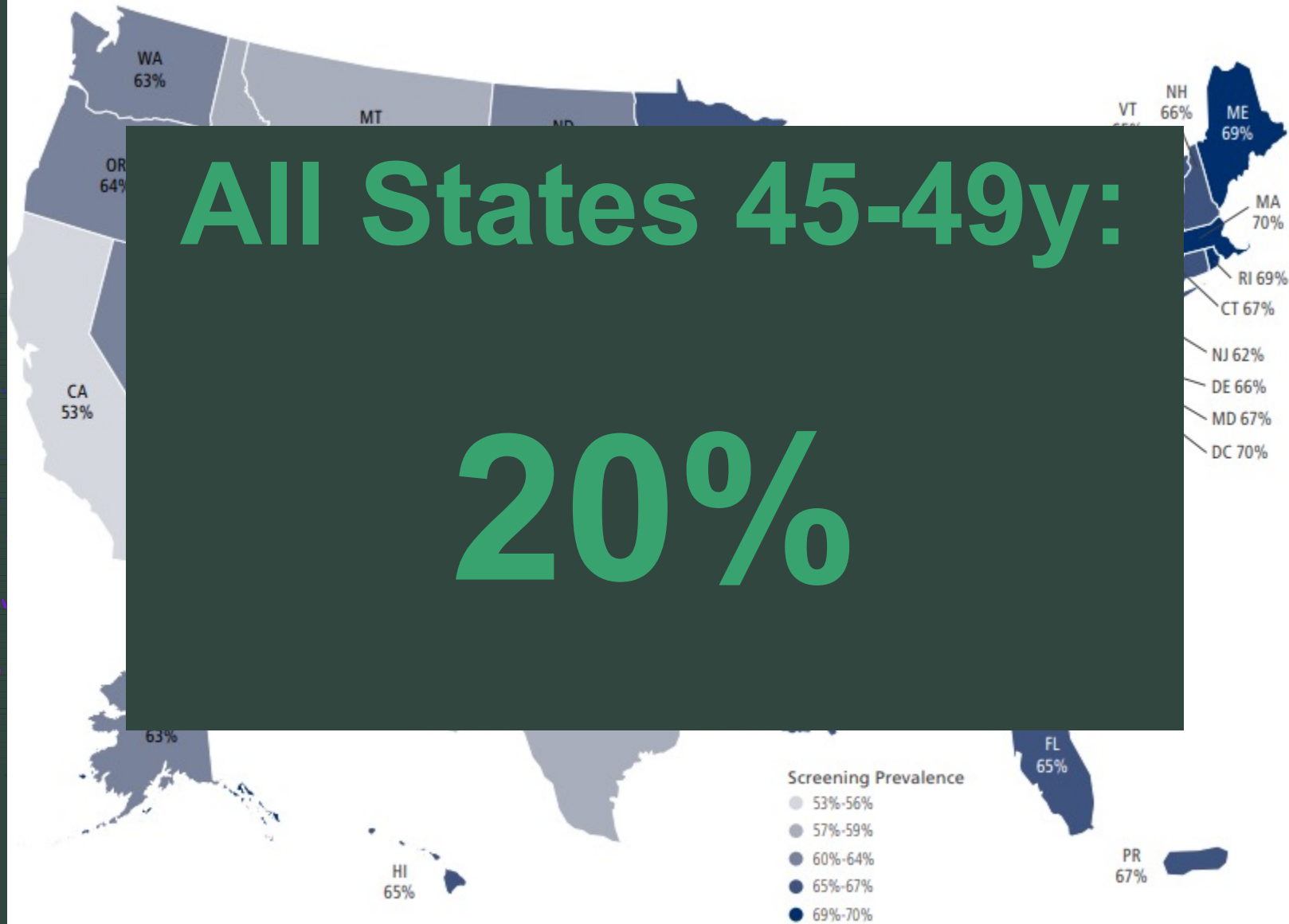


- Adeno - “gland” | carcinoma – “karkinos”...”crab-like”
 - Epithelial cancer or glandular origin
- Abnormal cell growth from inner lining (mucosa) of colon or rectum
- Adenoma-Carcinoma Sequence
 - From Polyp → Cancer



SCREENING

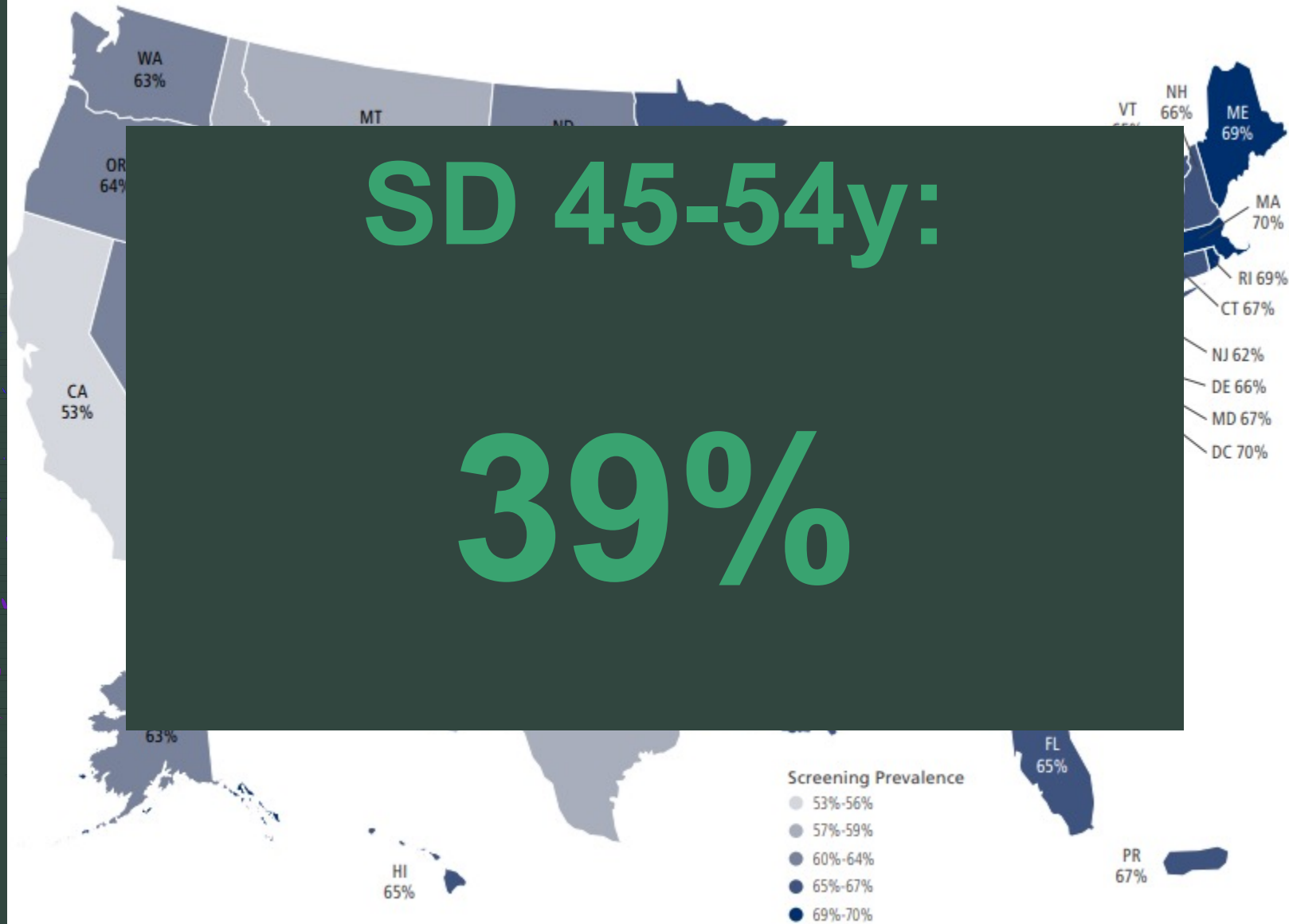
Colorectal Cancer Screening* (%), Adults 45 Years and Older by State, 2020



*Blood/DNA stool test, sigmoidoscopy, or colonoscopy in the past 1/3, 5, or 10 years, respectively. Note: Estimates are age adjusted to the 2000 US standard population and do not distinguish between examinations for screening and diagnosis.

Source: Behavioral Risk Factors Surveillance System, 2020.

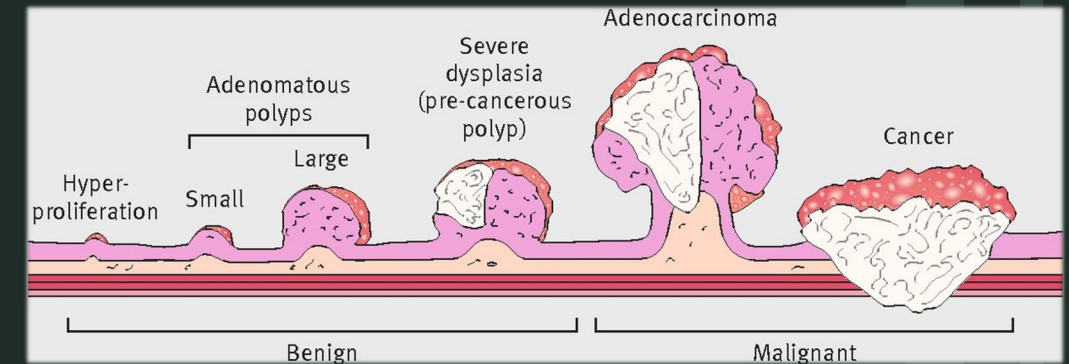
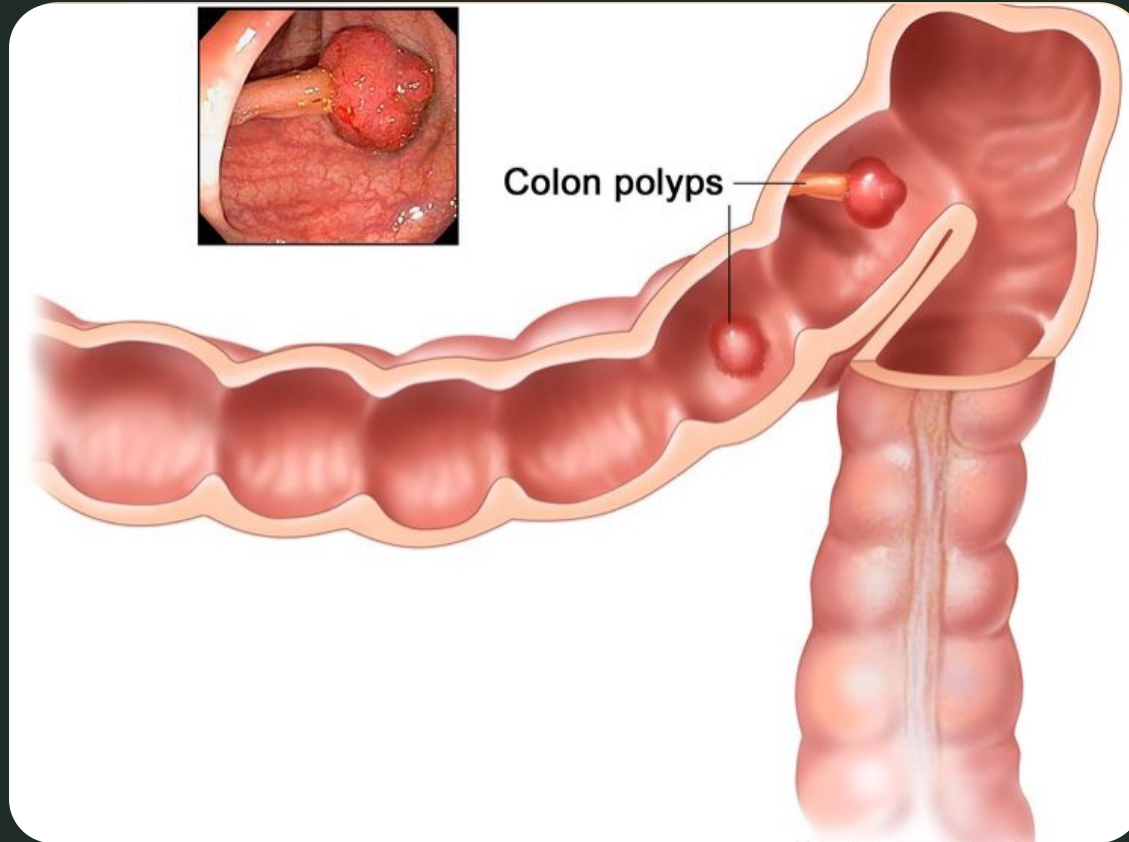
Colorectal Cancer Screening* (%), Adults 45 Years and Older by State, 2020



*Blood/DNA stool test, sigmoidoscopy, or colonoscopy in the past 1/3, 5, or 10 years, respectively. Note: Estimates are age adjusted to the 2000 US standard population and do not distinguish between examinations for screening and diagnosis.

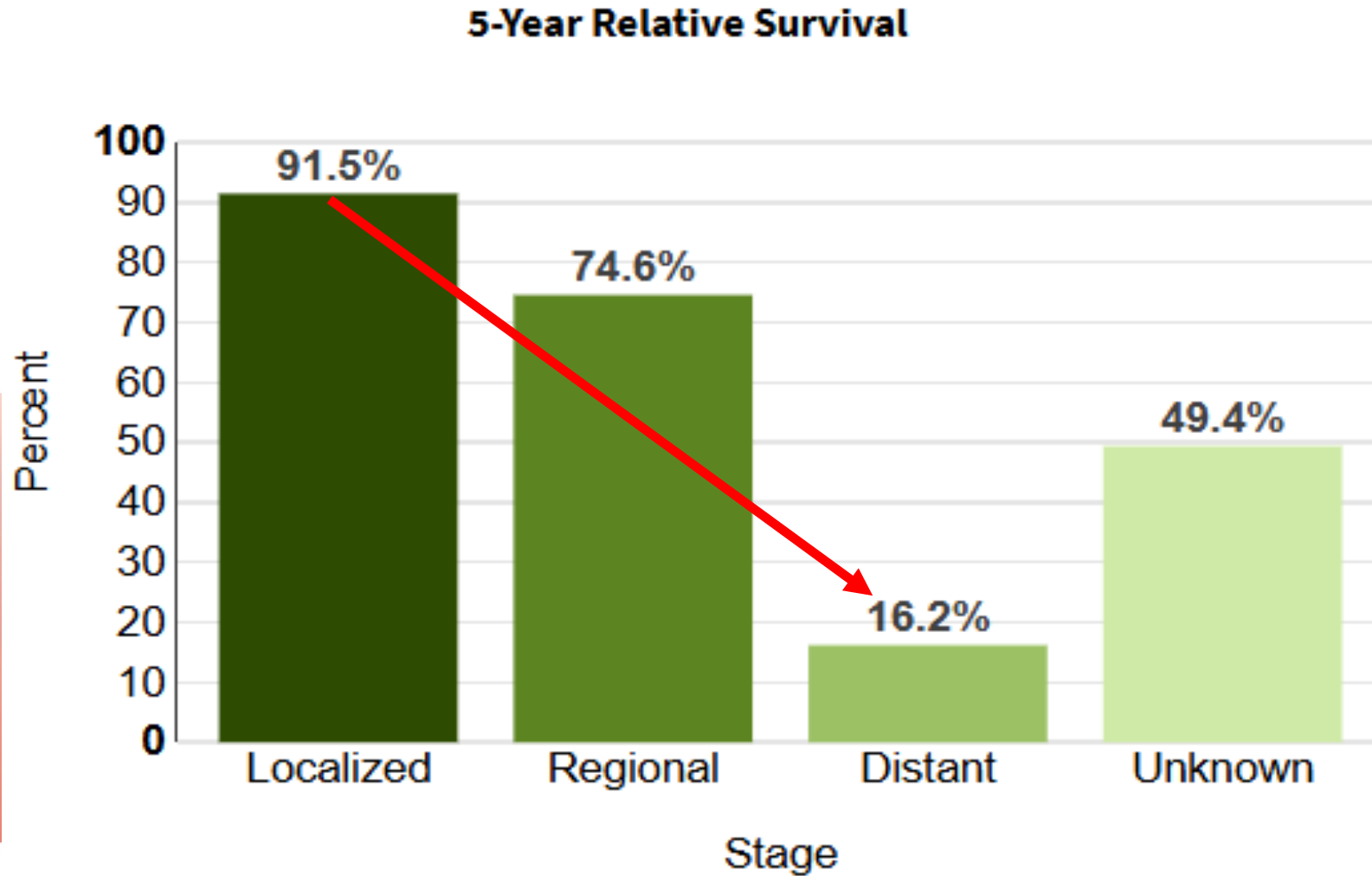
Source: Behavioral Risk Factors Surveillance System, 2020.

Adenoma (Polyp) → Carcinoma



- 7-10 years
 - Polyposis syndromes
 - Genetic mutations
 - Yet to be identified risk factors/mutations
- Screening
 - Average risk: start at 45 yo

Prevention & Catching it Early...

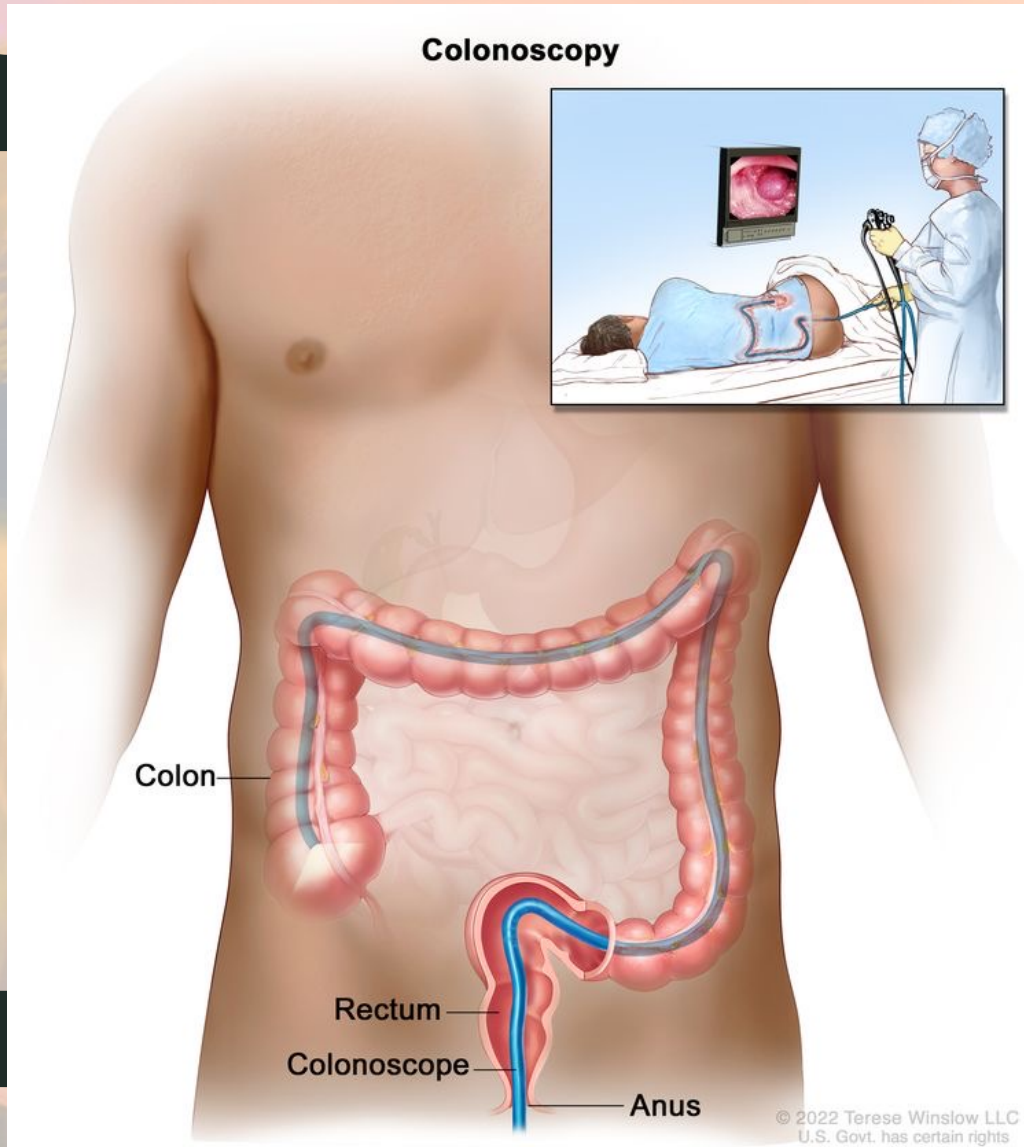


Signs & Symptoms



- Change in bowel habits
- Melena/Hematochezia
- Abdominal pain
- Systemic symptoms:
 - Anorexia
 - Weight loss
 - Fatigue
- Left vs Right Colon

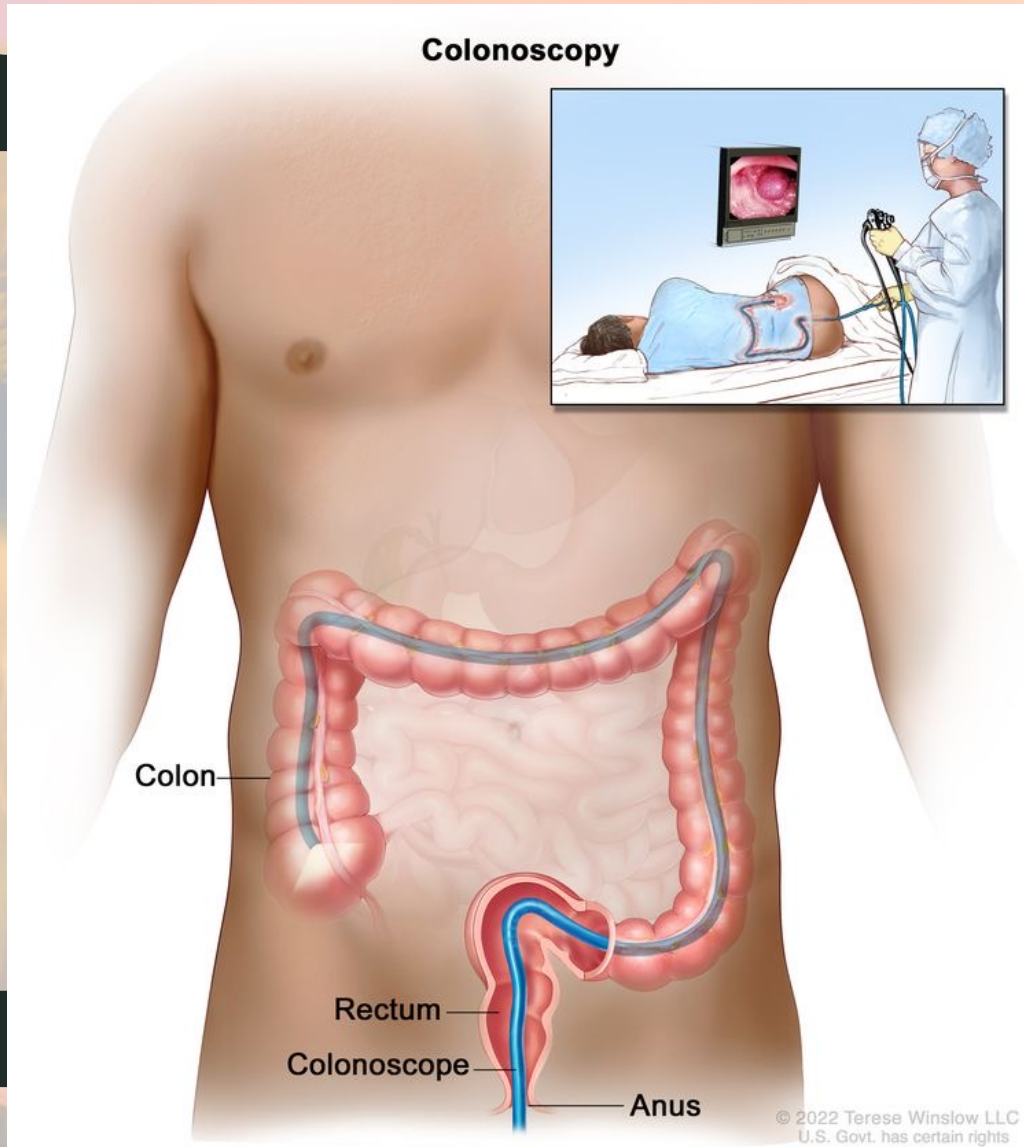
Screening Recommendations



Average Risk Patients: 45+

- *Asymptomatic*
- **Stool-based tests:**
 - FOBT (Guaiac) or FIT test annually
 - Multitargeted stool DNA test with FIT q3 y
- **Visual exams:**
 - Colonoscopy q10 y
 - Sigmoidoscopy q5 y +/- stool test
- **Imaging exams:**
 - CT colonography q5 y

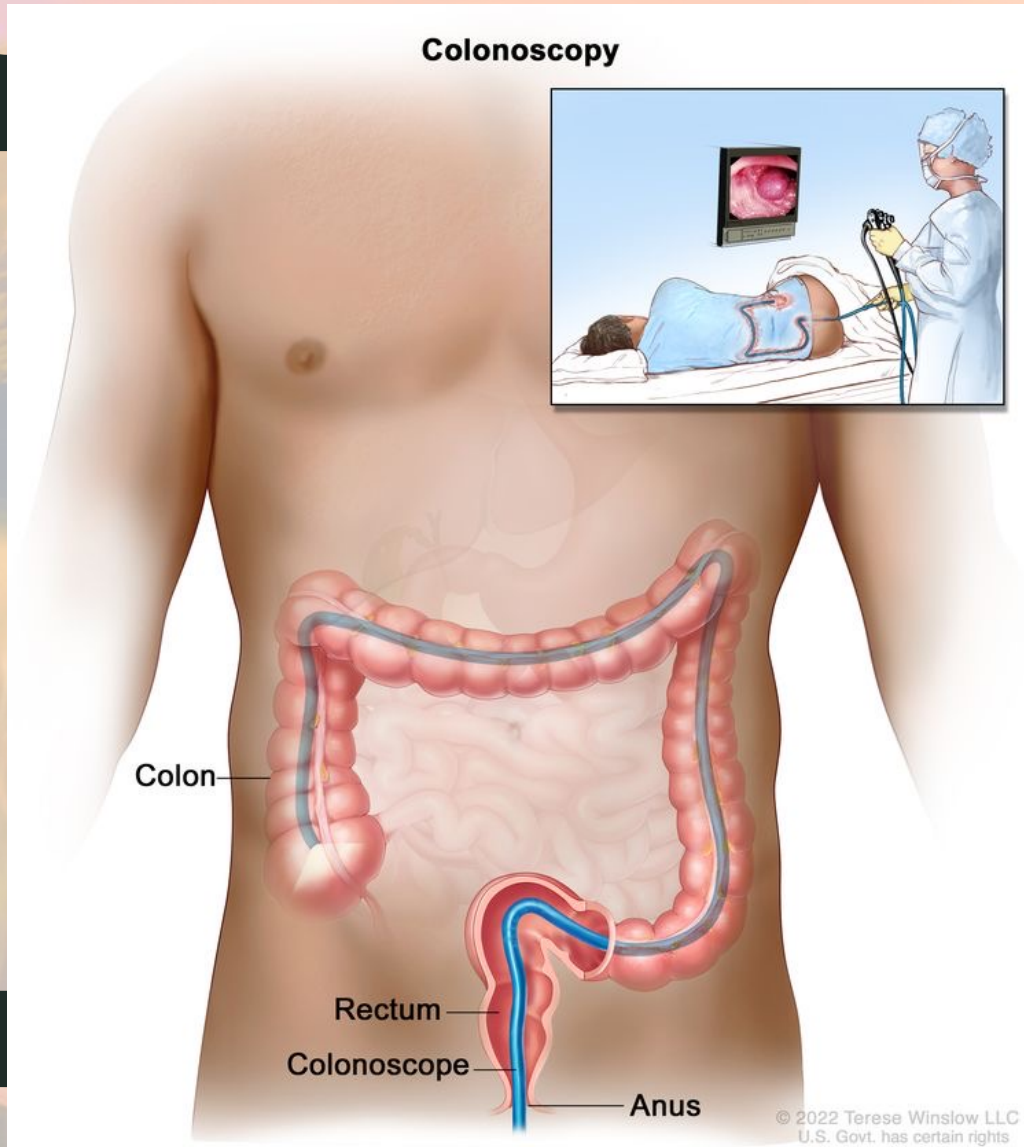
Screening Recommendations



Average Risk Patients: 45+

- ANY + findings → colonoscopy
- USPSTF – No definitive “gold-standard”
- Colonoscopy: Diagnostic + Therapeutic
- Limitations of Stool DNA, Cologuard
 - 92% Sensitivity - Cancer
 - **45% Sensitivity – Advanced Adenoma/Dysplasia**
- “Purpose” of a Colonoscopy: not to catch a cancer, but prevent a cancer...

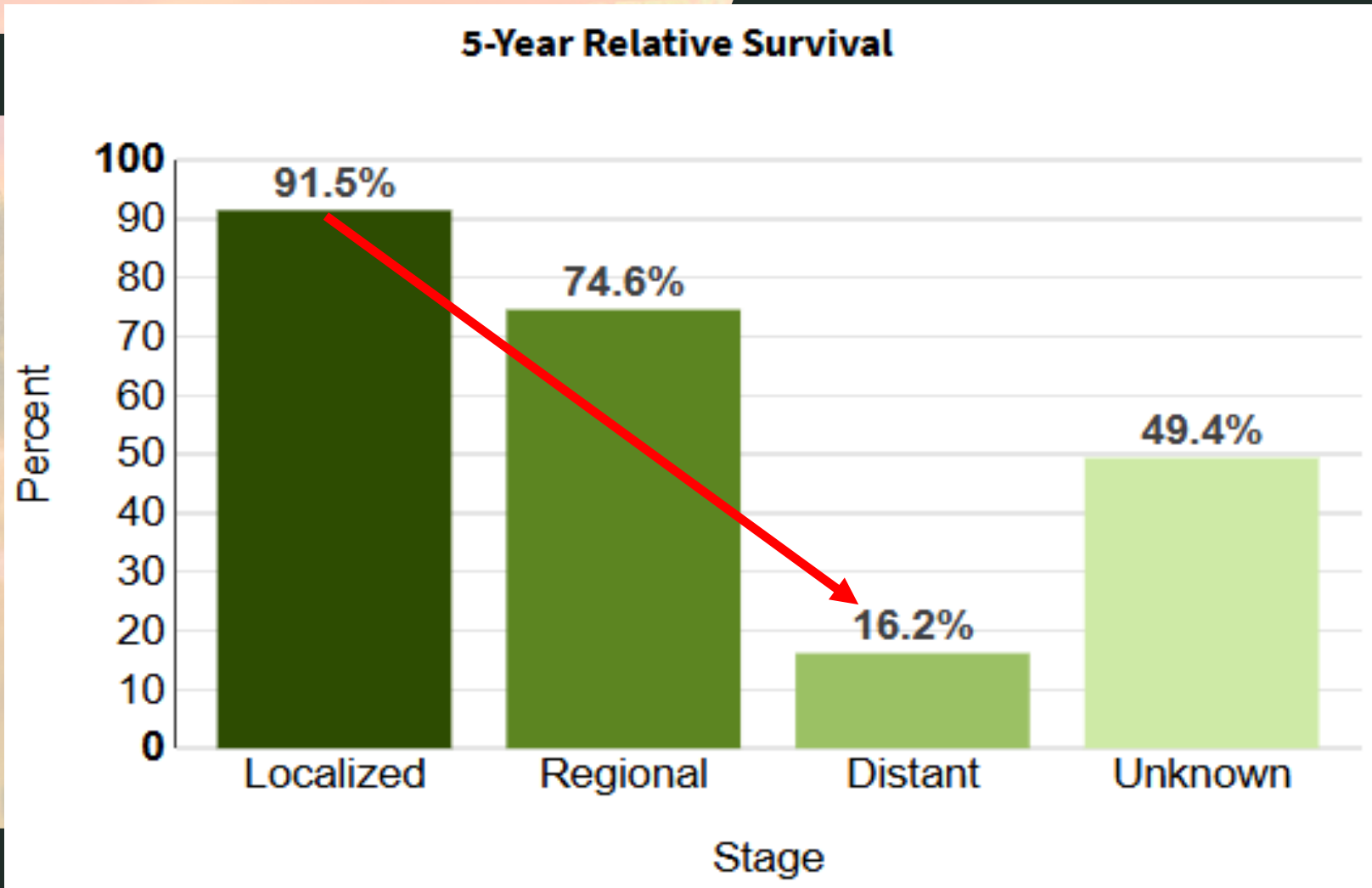
Increased Risk

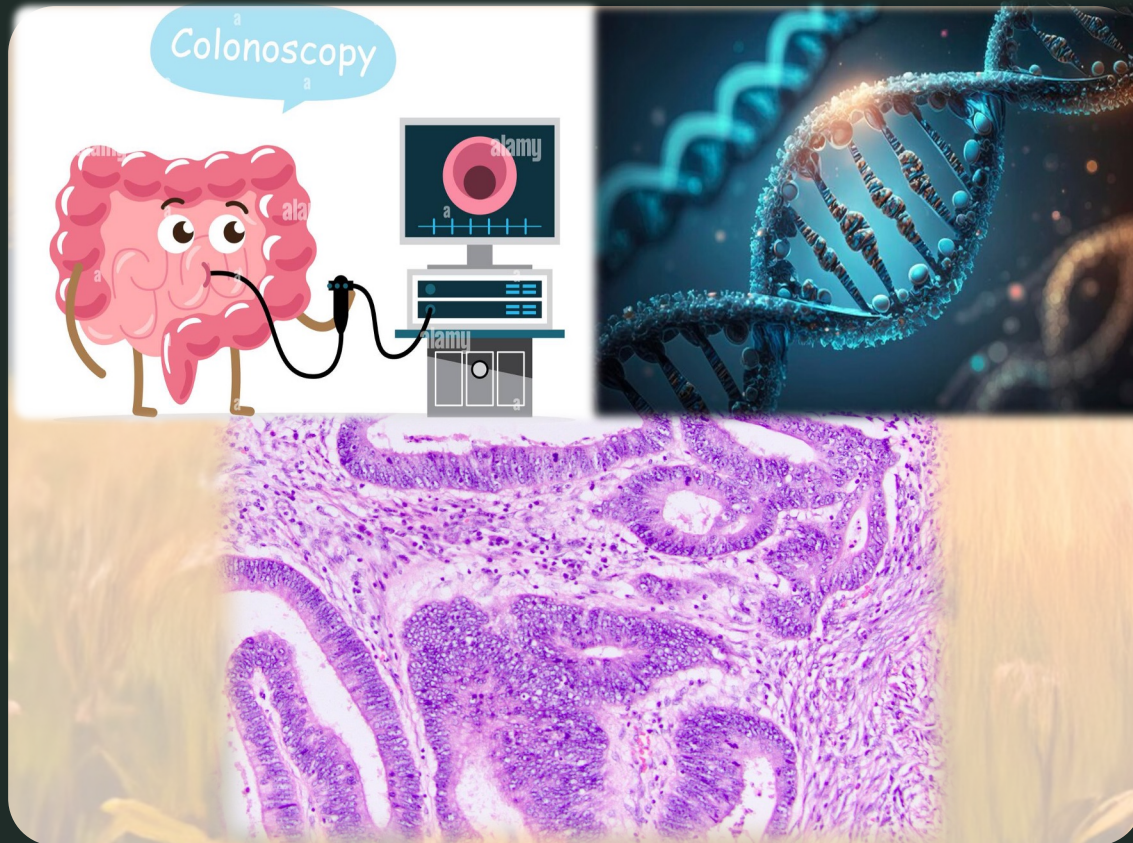


Modified Screening Recs

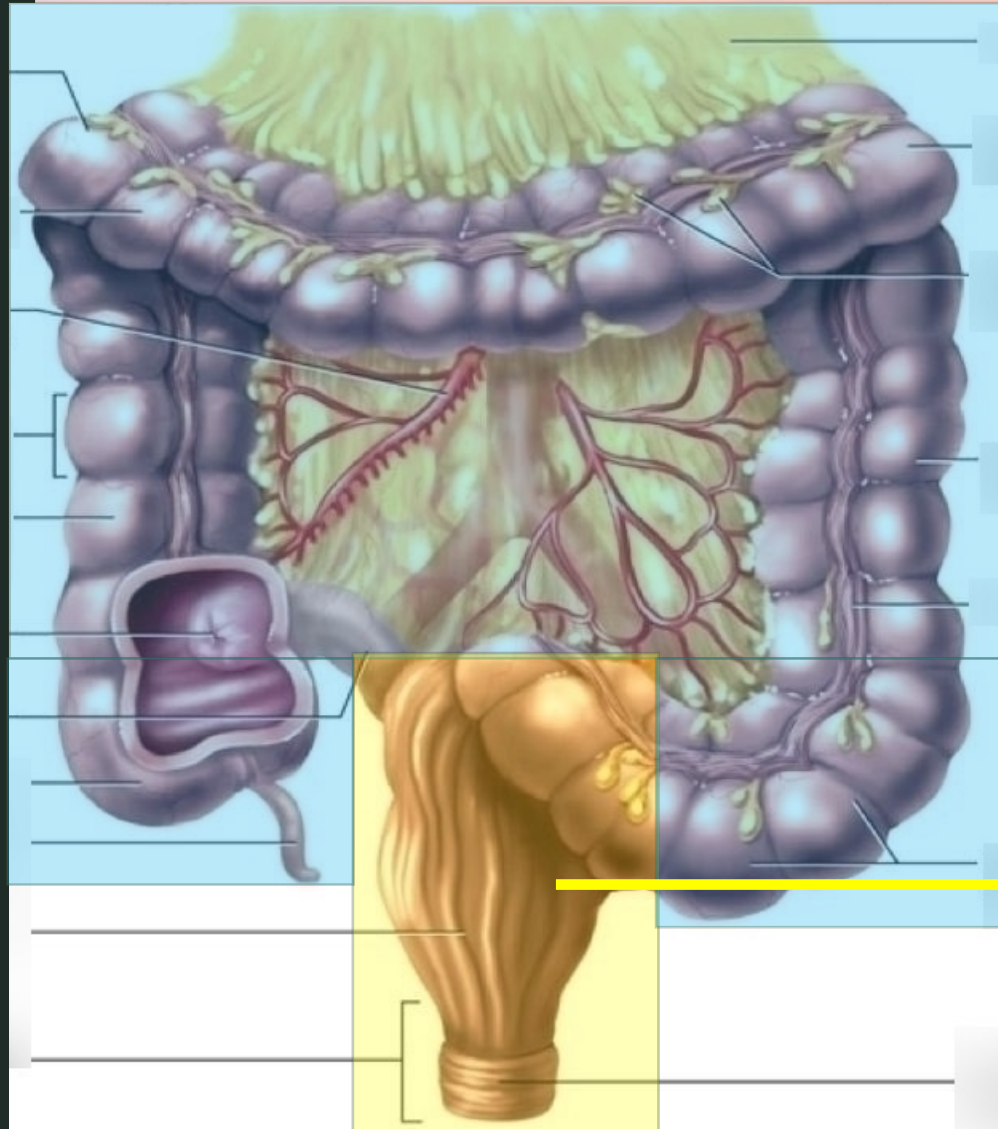
- Age >45
- Family or personal hx of polyps or cancer
 - < 50yo, #
- Inflammatory bowel disease
- Family or personal hx of ovarian, endometrial or stomach cancer
- Genetic Mutations/Polyposis Syndromes
- ? expedite Adenoma to Carcinoma Sequence

Steps in Management...catching it early...

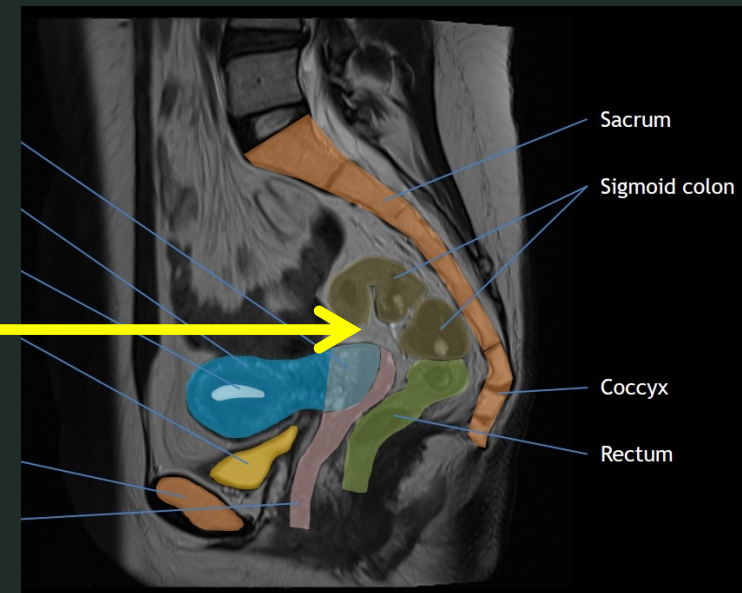




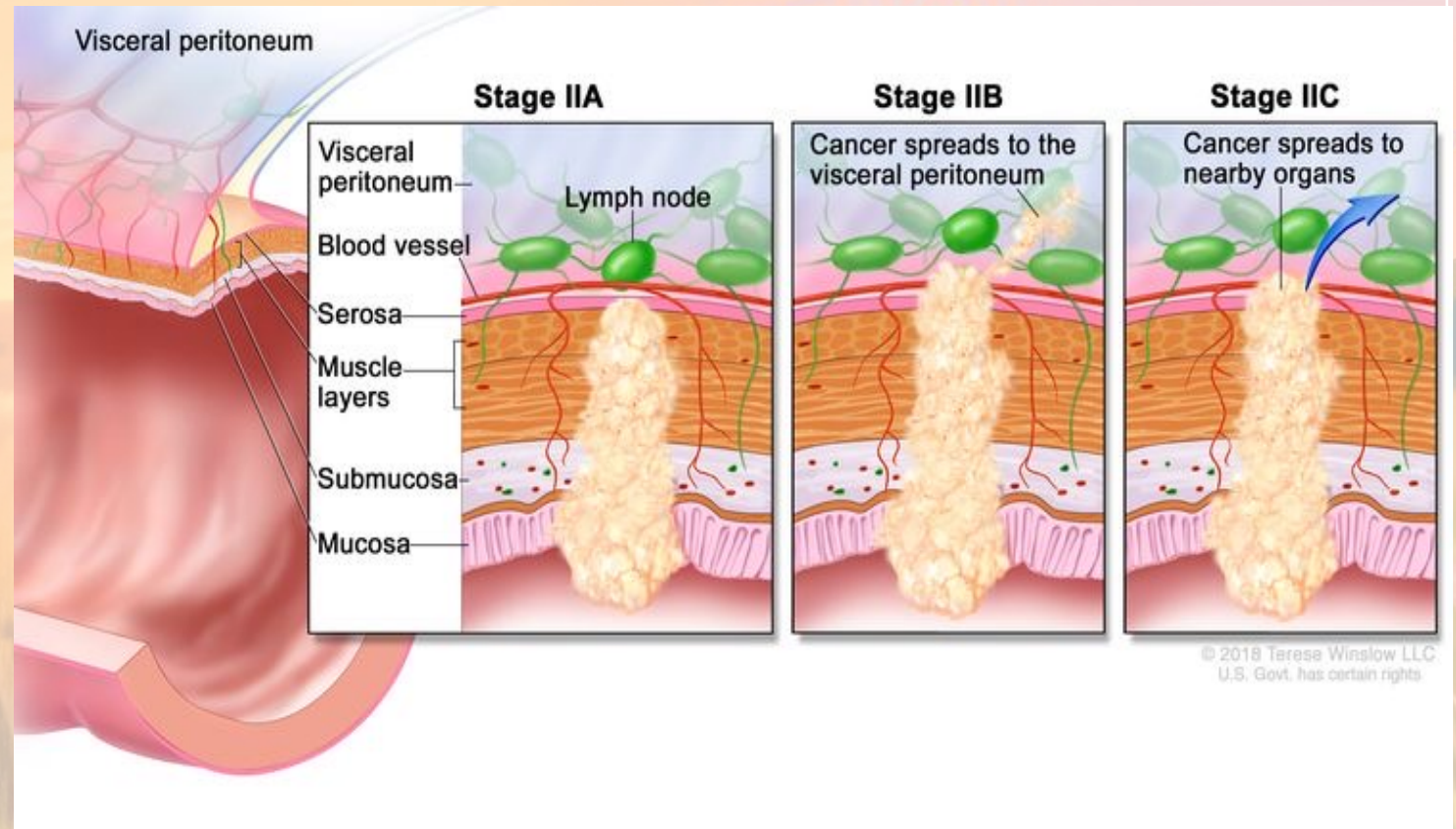
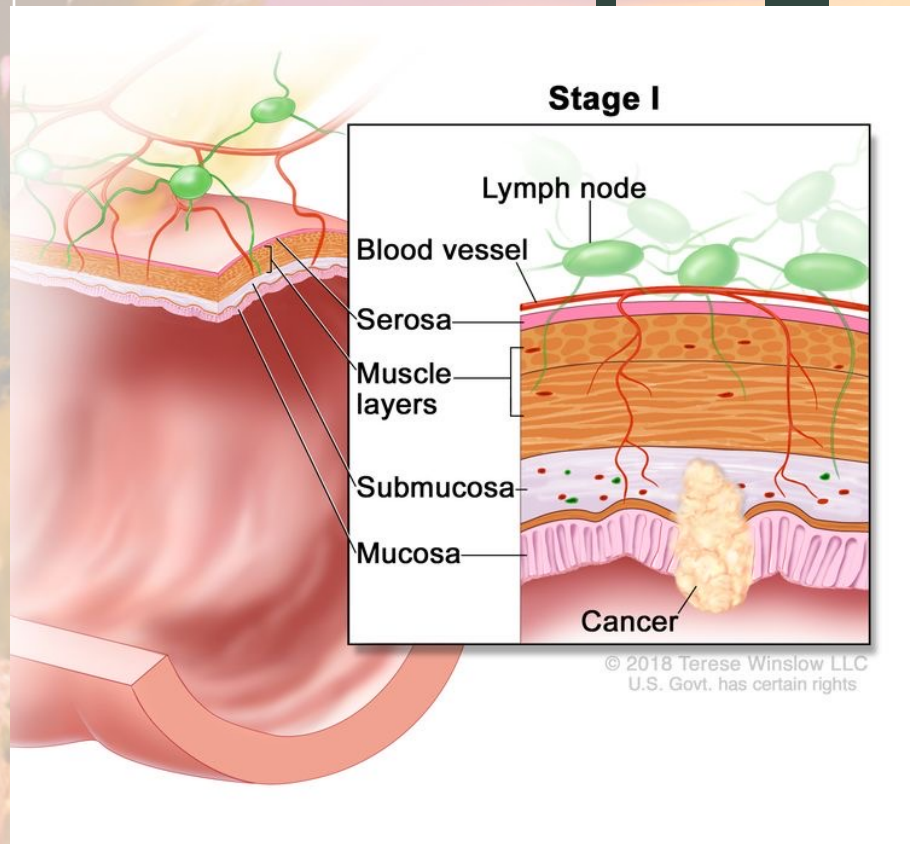
Name it!



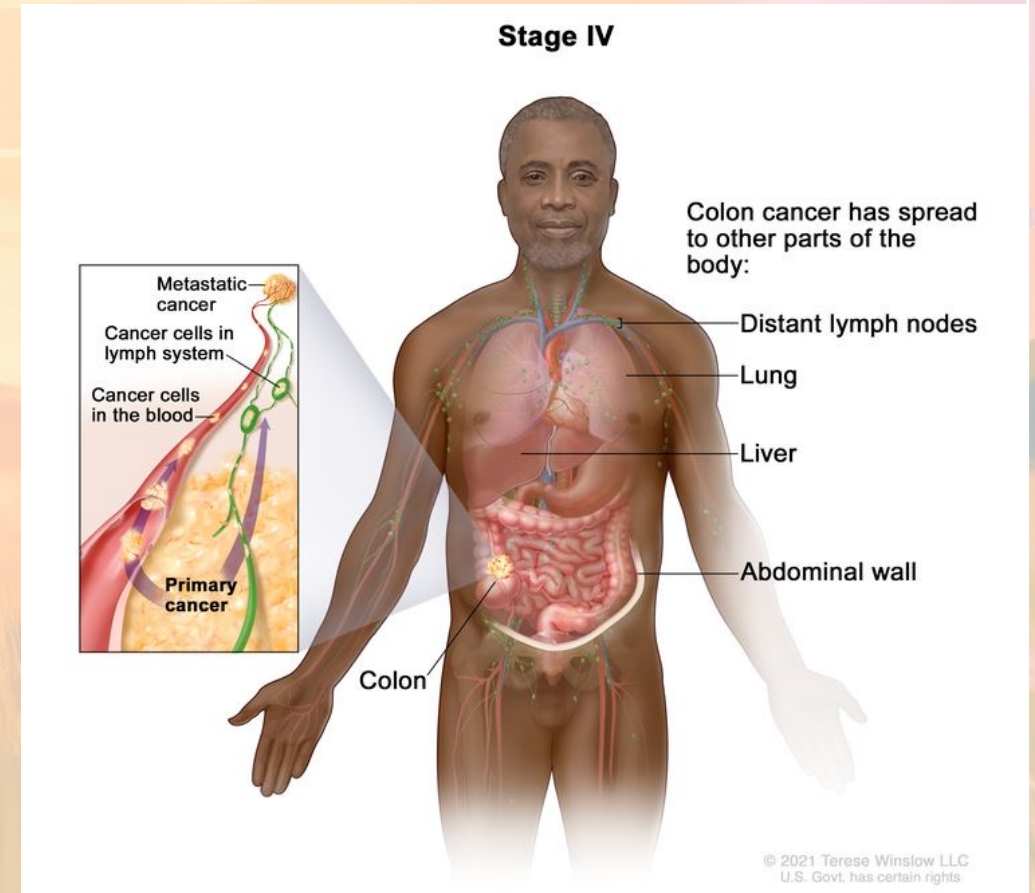
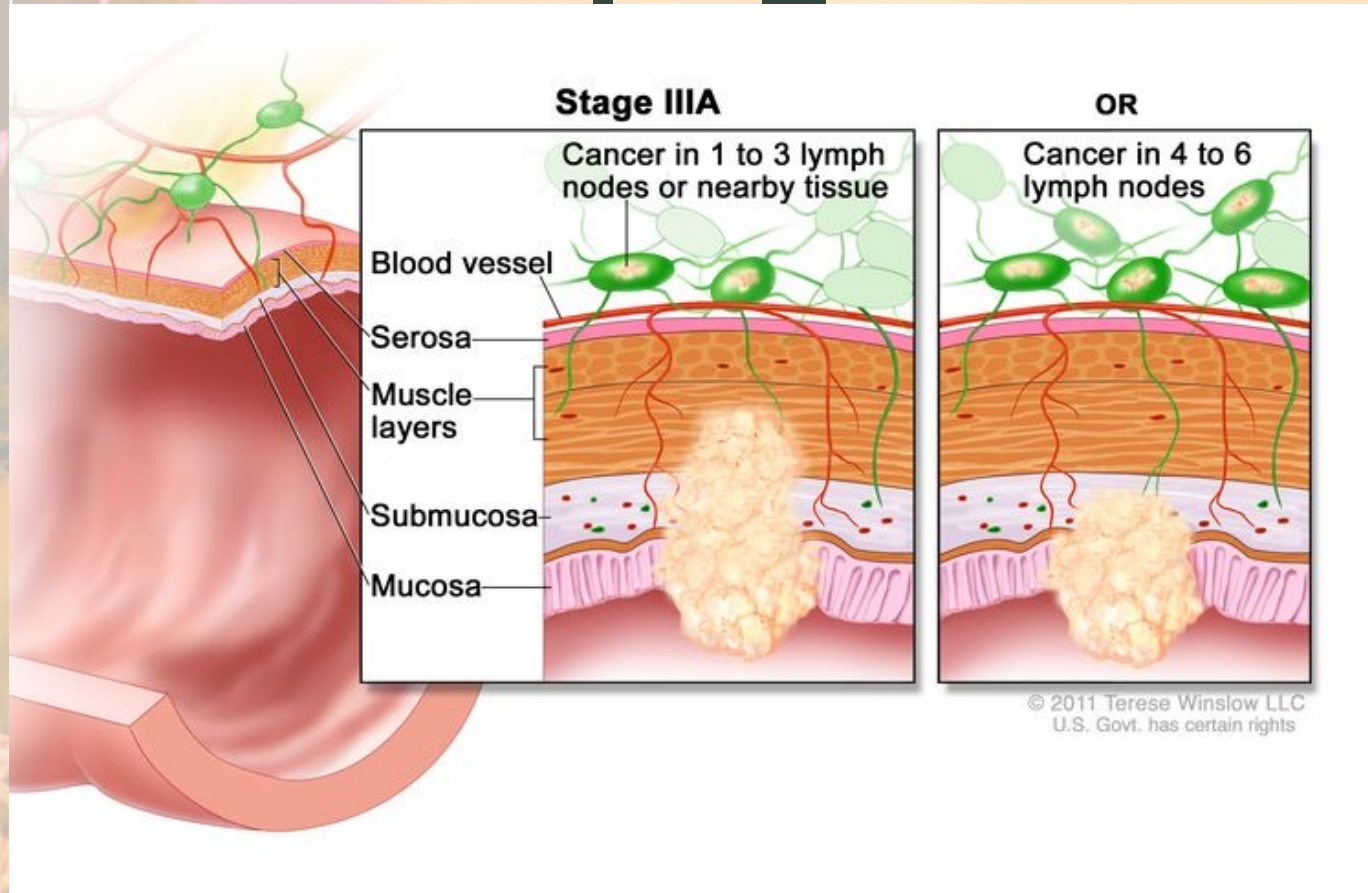
Treat it!



Local Disease



Locally Advanced and Metastatic Disease



Colon Cancer Treatment

- Non-metastatic → Upfront Surgery (Colectomy)
 - Adjuvant Therapy dependent on stage
 - Systemic Chemotherapy
 - Immunotherapy/Targeted Therapies
 - Genetic Profile/Mutations
- Metastatic → Systemic Therapy
 - Surgery limited for complications of cancer



Rectal Cancer Treatment

- Upfront Radiation + Chemotherapy
 - “TNT” - Dependent on local stage
- MDT – NAPRC
 - Medical Oncology
 - Radiation Oncology
 - Radiology
 - Pathology
 - Genetics
 - Surgery



ACS **NAPRC**

National Accreditation Program
for Rectal Cancer
American College of Surgeons

Rectal Cancer

Balance of Oncologic Care & QOL

- Morbidity
- Mortality
- Functional Outcome



- Chemo & XRT
- Oncologic Resection
- Cure

Rectal Cancer: Why so different?

- Biologically the same – yet...the colon is accessible
- Visceral Geography: same goal – resect cancer + feeding lymphatics/vessels
- **Rectum:**
 - **Anatomically confined space – boney pelvis, vascular, urogenital anatomy**
 - **Anastomosis difficult and higher risk vs APR**
- **Rectal Cancer:**
 - **Greater risk of local/pelvic recurrence**
 - **Greater morbidity: stomas, bowel function - FI, sexual & urinary function**
 - **QOL**

Rectal Cancer Treatment – a medical disease?

“TNT”

ChemoRT

Chemo

Eval
Response

“Watch & Wait”

Surgery

Rectal Cancer Treatment – a medical disease?

Total Neoadjuvant Therapy

- Dependent on local (pelvis) staging
- Goals:
 - ✓ Improved completion of therapy
 - ✓ Tumor down-staging
 - ✓ Preserve anal sphincters
 - ✓ Potentially avoid surgery
- Watch and Wait:
 - No surgery
 - Close surveillance
 - Surgery with recurrence
- Surgery:
 - Rectal resection, anastomosis
 - Permanent colostomy

Rectal Cancer:
Biology the same, approach very
different

Giovanni Battista Morgagni

- 1682-1771
- 1st to propose rectal resection for cancer



Colon & Rectal Cancer Surveillance

- ☐ 5 years
- ☐ Physical Exam
- ☐ Tumor Markers
- ☐ Imaging
- ☐ Colonoscopy



6 Steps to Lowering Your Risk of CRC

1. Don't miss CRC screenings
2. Eat plenty of fiber: **30** grams daily
3. Eat a low-fat diet
4. Avoid excessive red meat
5. Avoid tobacco & excessive alcohol
6. Exercise: 20 minutes 3-4x per week

In the US, **>55%** of all CRCs attributable to modifiable risk factors

Incidence & Mortality:
preventable with
screening, surveillance,
treatment

Don't fall behind on your colorectal health.

Delaying screening
can increase the risk
of colorectal cancer.

Sources: Davidson KW, Barry MJ, Mangione CM, et al. Screening for Colorectal Cancer: US Preventative Services Task Force Recommendation Statement. JAMA. 2021;325(19):1965-1977. doi:10.1001/jama.2021.6238.

Schwartz S, Hornsusch M, Pox C, Haug U. Colorectal Cancer After Screening Colonoscopy: 10-Year Incidence by Site and Detection Rate at First Repeat Colonoscopy. Clinical and translational gastroenterology. 2023;14(1):e00535. doi:10.14309/ctg.0000000000000535

Las Vegas
Complex Surgical
Specialists

Questions?



Thank you

andrewpaul.deeb@avera.org

Meeting Evaluation



Hard copies also available at registration table



Panel



Advancing Cancer Prevention & Control in Priority Populations

Moderator: Corryn Gabbert, DOH

- ▶ **Heather Brings Plenty**

- ▶ Great Plains Tribal Health Board

- ▶ **Alexandria Merdanian**

- ▶ Great Plains Tribal Health Board

- ▶ **Diane Inch, MPA-C**

- ▶ Horizon Health

- ▶ **Erica Lessman**

- ▶ Sanford Health



Breakout Sessions

▶ **Innovative Approaches and Success Stories in Colorectal Cancer Control: A South Dakota Perspective**

- ▶ Jenna Cowan - SDSU
- ▶ Brooke Lusk, BS, RN - BHSSC
- ▶ Laura Neises, RN - Horizon Health Care
- ▶ Diane Inch, MPA-C, Horizon Health Care

Room: Winchester

▶ **Improving Cervical Cancer Screening Rates in South Dakota Through HPV Self-Collection**

- ▶ Dawn Nordquist, MSN, APRN - SDCCCCP

Room: Remington

▶ **Understanding the Needs of Young Adult Caregivers in Advanced Cancer**

- ▶ Samantha Fischbach, PhD, RN, CHPN - SDSU

Room: Browning



Thank you to our Gold sponsors!



Lunch in Benelli



2025 Cancer Coalition Champion



- ▶ Award recognizing cancer control leadership efforts and quality improvement
- ▶ Individual who works to reduce cancer incidence and mortality and/or improving quality of life



2025 Cancer Coalition Champion



Jill Ireland

**American Cancer Society
Tea**

*Nominated by: David Benson, ACS CAN &
other ACS colleagues*



Breakout Sessions

▶ **Innovative Approaches and Success Stories in Colorectal Cancer Control: A South Dakota Perspective**

- ▶ Jenna Cowan - SDSU
- ▶ Brooke Lusk, BS, RN - BHSSC
- ▶ Laura Neises, RN - Horizon Health Care
- ▶ Diane Inch, MPA-C, Horizon Health Care

Room: Winchester

▶ **Improving Cervical Cancer Screening Rates in South Dakota Through HPV Self-Collection**

- ▶ Dawn Nordquist, MSN, APRN - SDCCCCP

Room: Remington

▶ **Understanding the Needs of Young Adult Caregivers in Advanced Cancer**

- ▶ Samantha Fischbach, PhD, RN, CHPN - SDSU

Room: Browning



Thank you to our Gold sponsors!



Group Photo Time!



Panel



Policy in Practice: Conversations on Cancer Advocacy

Moderator: Megan Myers, Cancer Coalition

- ▶ **Tony Burke, BA, CCMP**
 - ▶ American Heart Association
- ▶ **Jodi L. Radke**
 - ▶ Tobacco-Free Kids Network
- ▶ **Carla Graciano Sariñana**
 - ▶ ACS CAN
- ▶ **Bobbie Will**
 - ▶ Susan G. Komen



World Café: Break



Stretch your legs, network with partners, grab a snack and take a seat at one of the six marked tables by 2:10 pm





World Café Discussion: Data Review & Cancer Plan 2026-2030

Laura Gudgeon, Shannon Park & Megan Myers

World Café Discussion

A conversational approach to brainstorming and strategic planning

- Conversations as a catalyst
 - Cross-pollination of ideas
 - Collective intelligence
 - Host vs. expert dynamic
-





World Café Discussion: Data Review

Laura Gudgeon, MS



South Dakota Cancer Plan

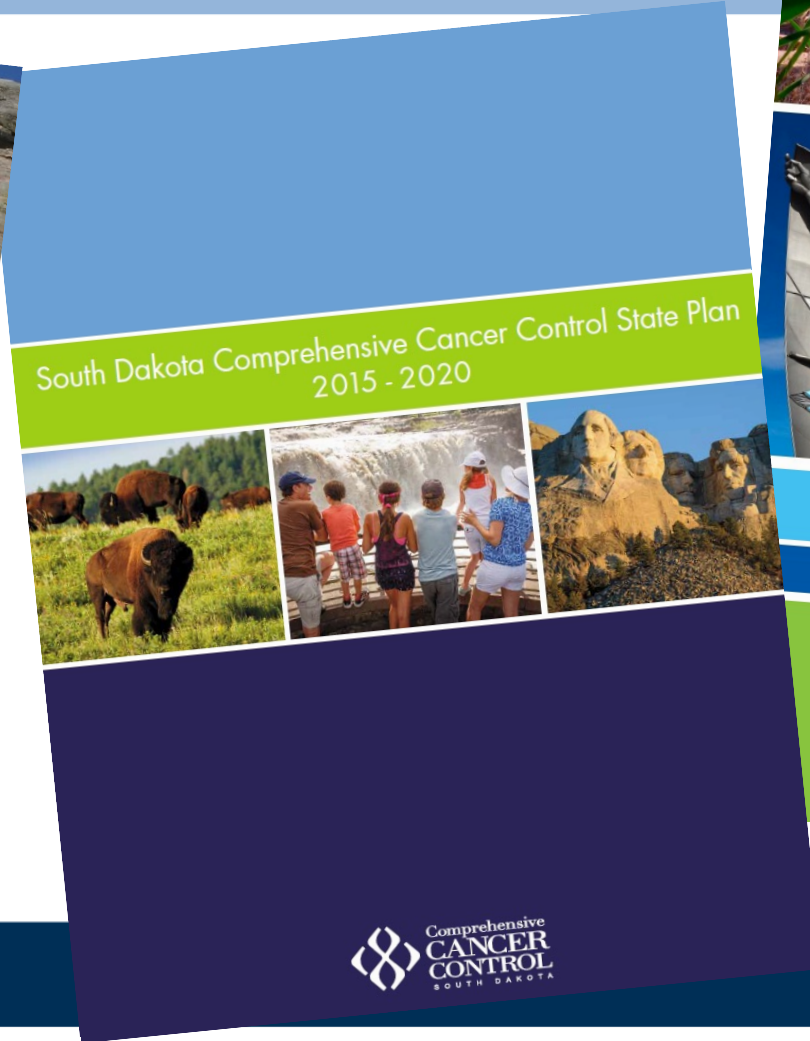
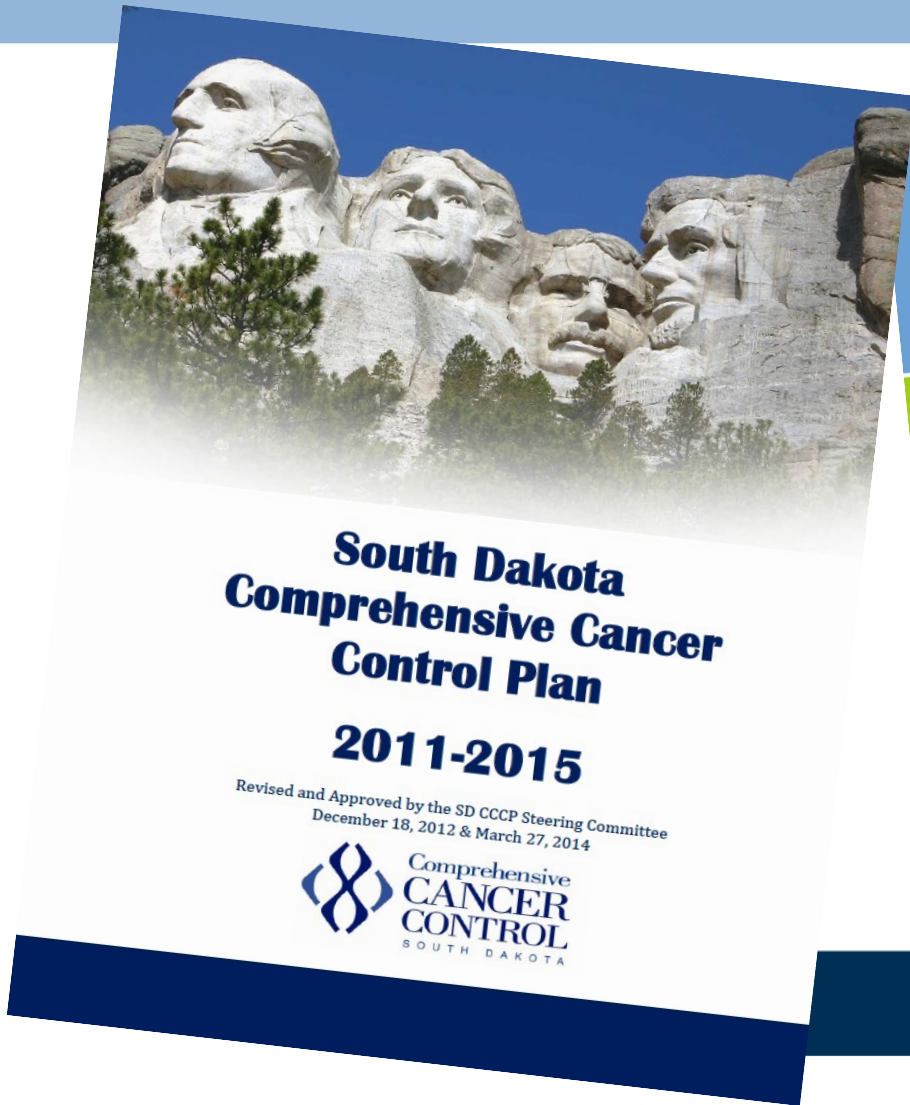
Looking Back on Key Data Progress

Fall Meeting

October 30, 2025



SD Cancer Plan: 2011 – 2025



SD Cancer Plan: 2026 – 2030



SOUTH DAKOTA CANCER PLAN

2026–2030

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.

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

PRIORITY POPULATIONS

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



Cancer Early Detection & Survival



Priority 6

- Prostate Cancer Screening and Rates

Priority 7

- Cervical Cancer Screening and Rates

Priority 8

- Breast Cancer Screening and Rates

Priority 9

- Colorectal Cancer Screening and Rates

Priority 10

- Lung Cancer Screening and Rates



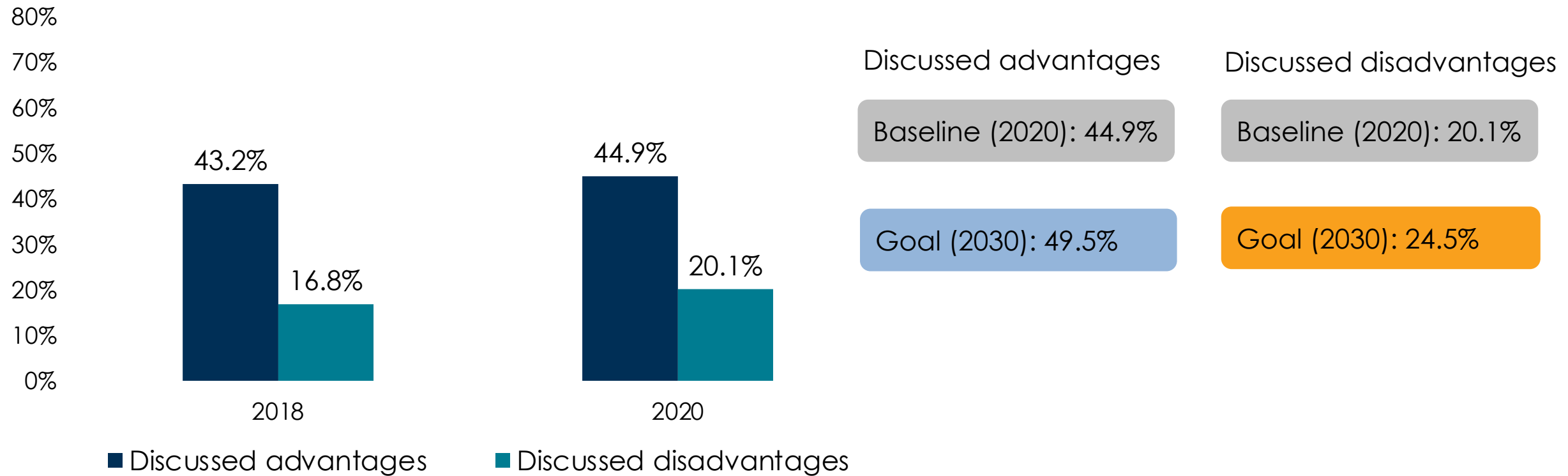
Data Sources

BRFSS Survey
SD Cancer Registry

Prostate Cancer Screening



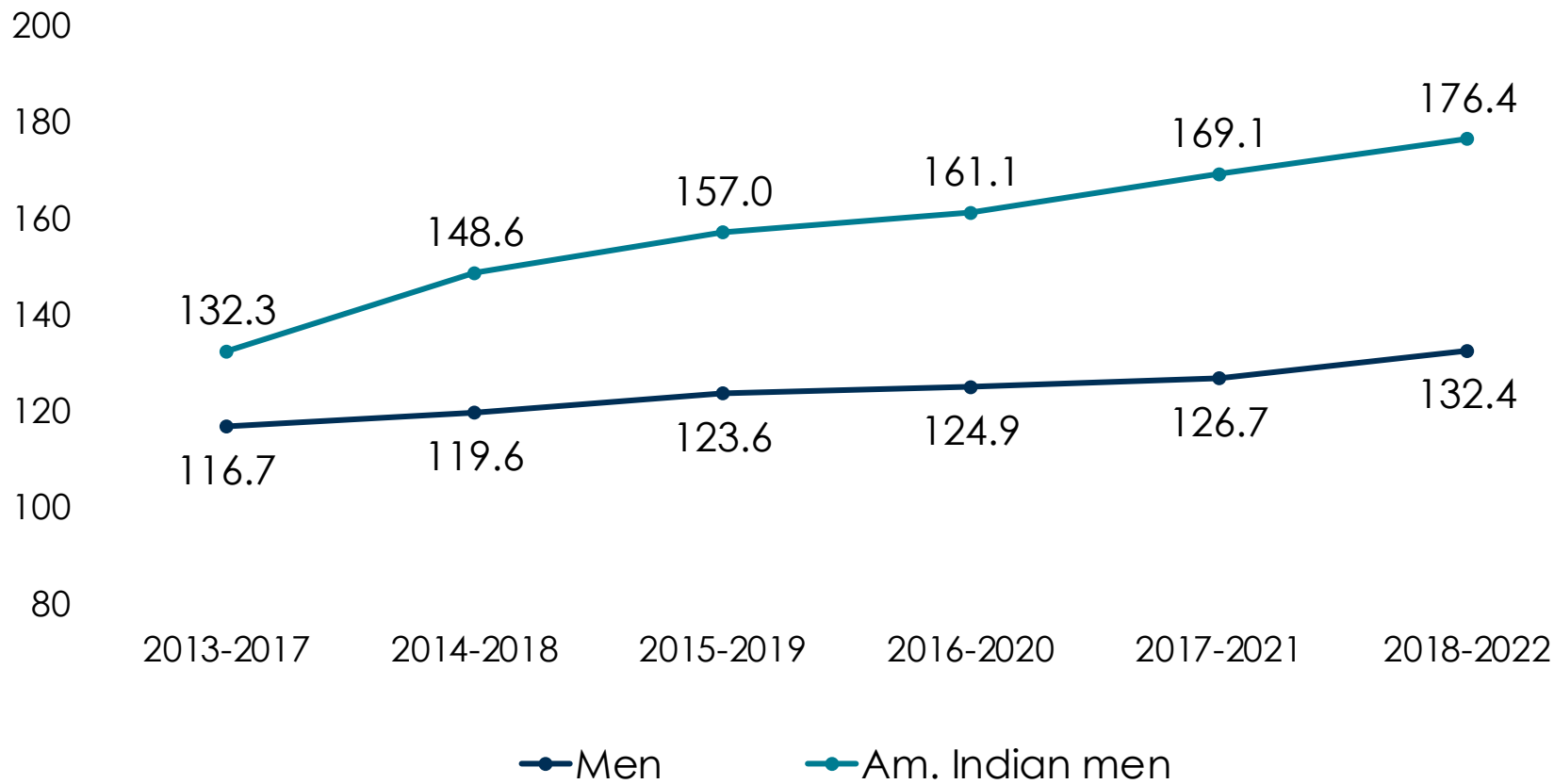
Men 40 years and older who have had a discussion with their healthcare provider about the advantages and disadvantages of PSA testing



Prostate Cancer Incidence



Age-adjusted incidence rate per 100,000 of prostate cancer



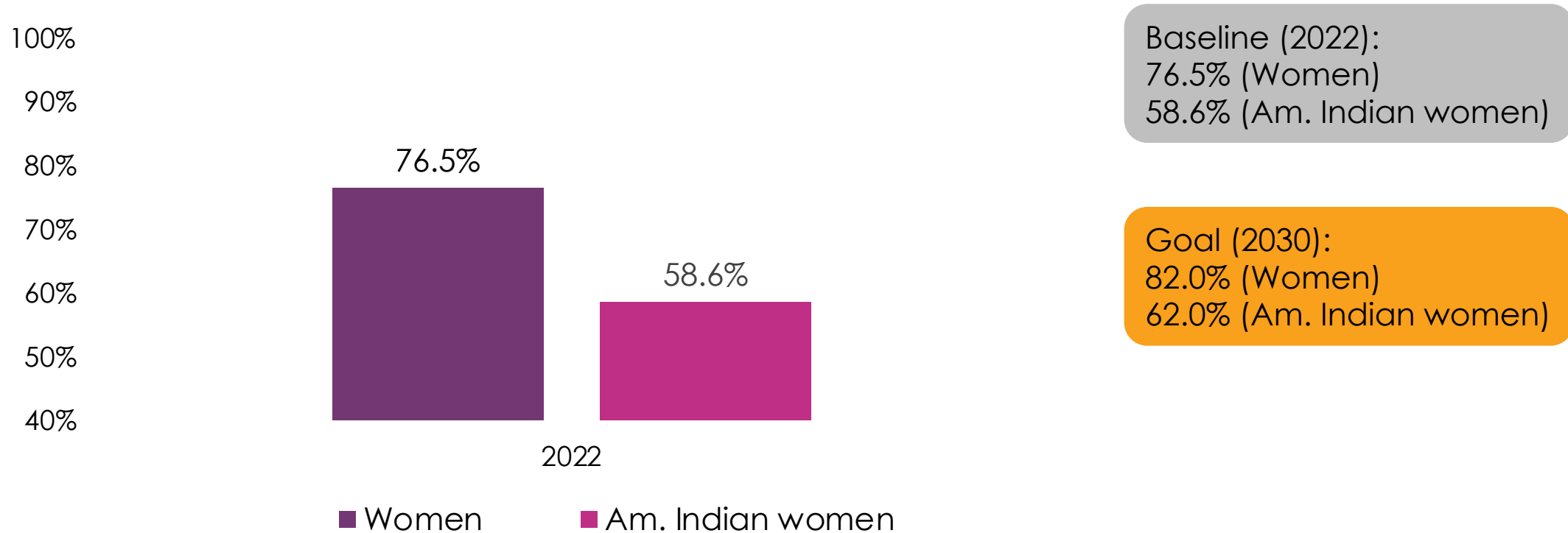
Baseline (2018-2022):
132.4 (Men)
176.4 (Am. Indian men)

Goal (2030):
125.0 (Men)
165.0 (Am. Indian men)

Cervical Cancer Screening



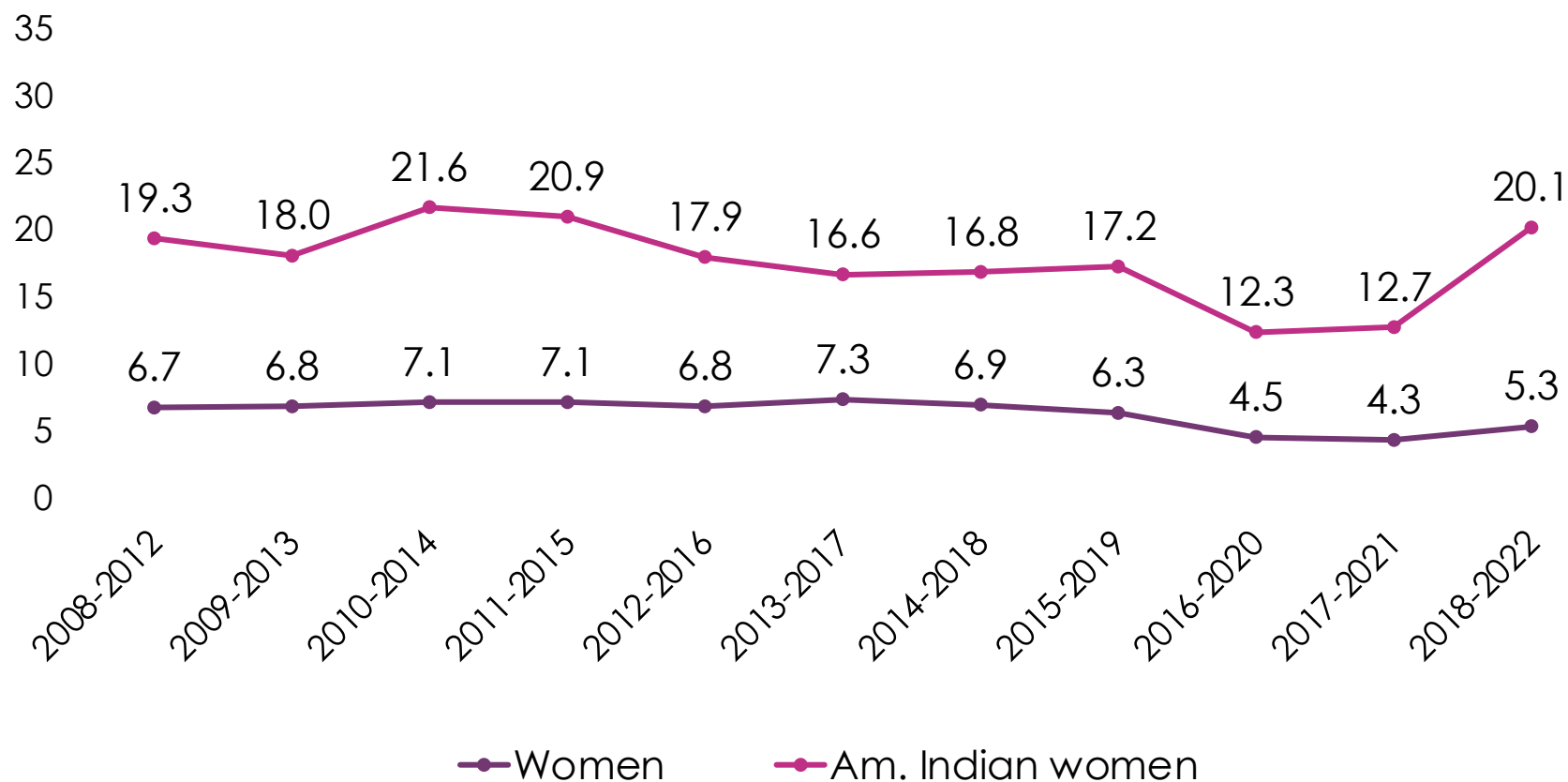
Women 21-65 years who have had a cervical cancer screening test within the last 1-5 years



Cervical Cancer Incidence



Age-adjusted incidence rate per 100,000 of invasive cervical cancer



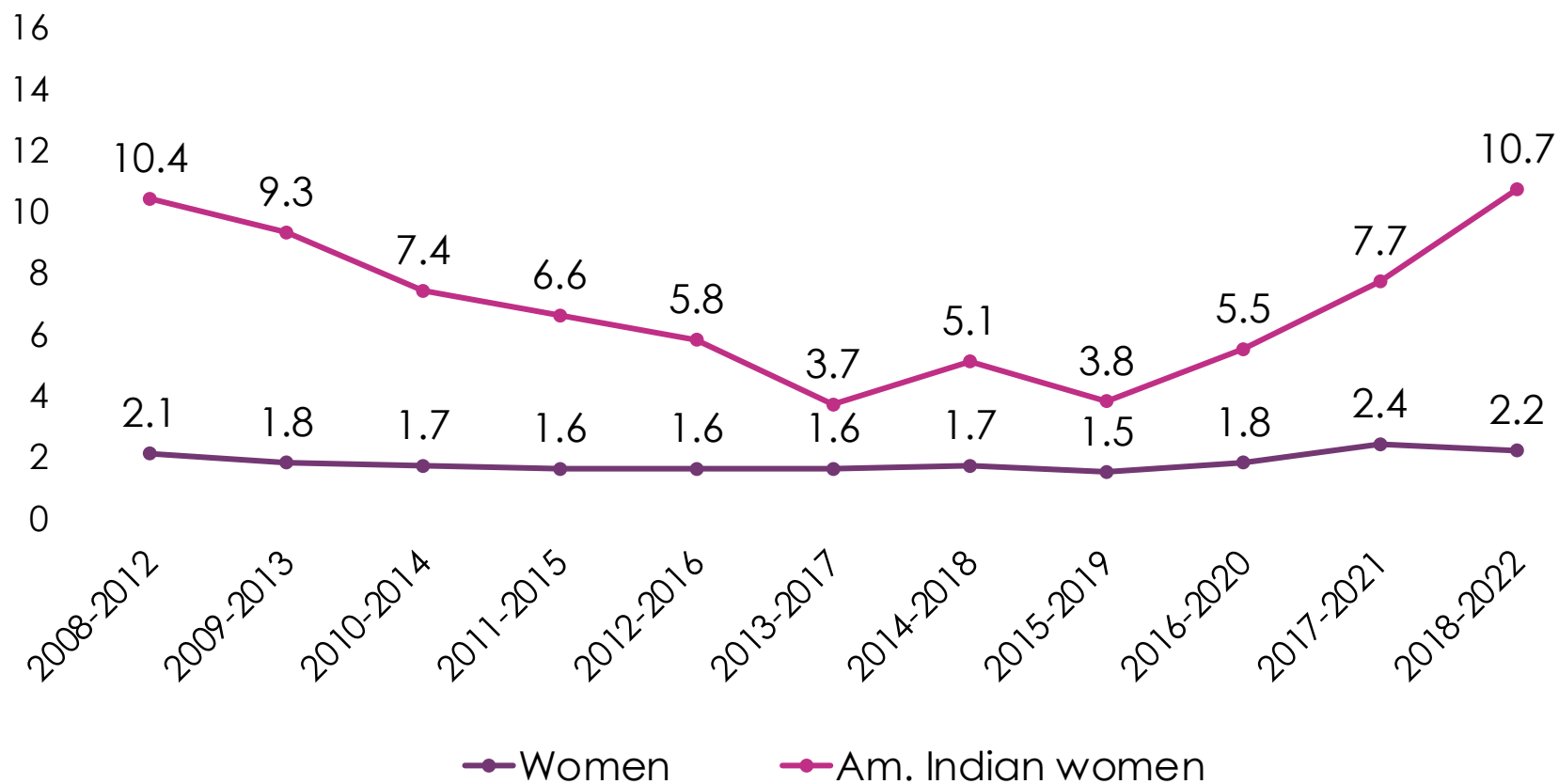
Baseline (2018-2022):
5.3 (Women)
20.1 (Am. Indian women)

Goal (2030):
3.0 (Women)
14.0 (Am. Indian women)

Cervical Cancer Mortality



Age-adjusted mortality rate per 100,000 of invasive cervical cancer



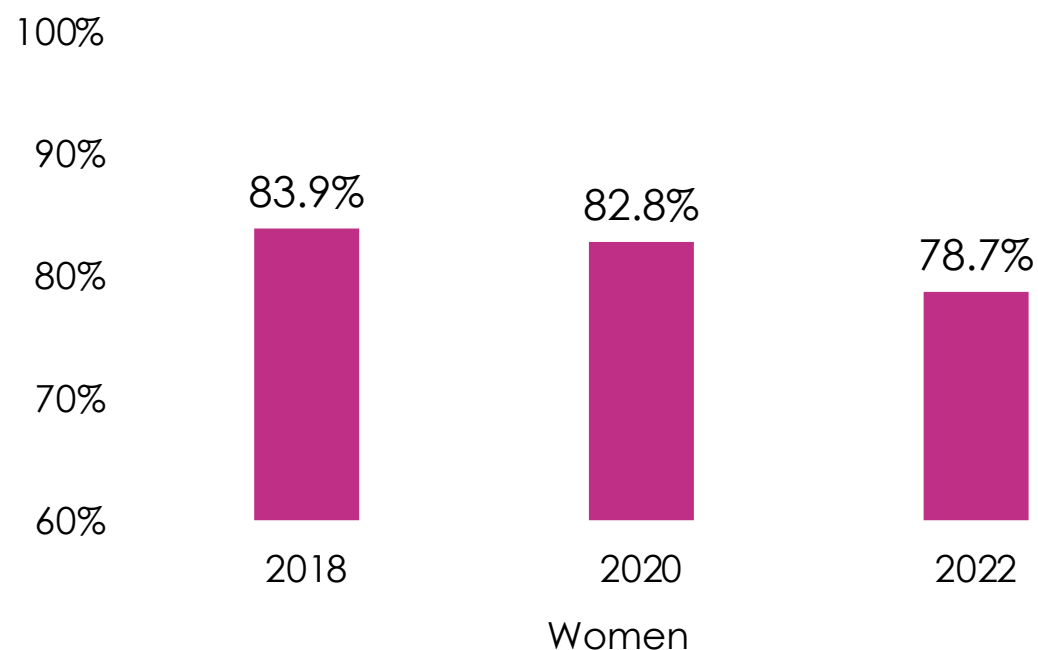
Baseline (2018-2022):
2.2 (Women)
10.7 (Am. Indian women)

Goal (2025):
1.4 (Women)
3.5 (Am. Indian women)

Breast Cancer Screening

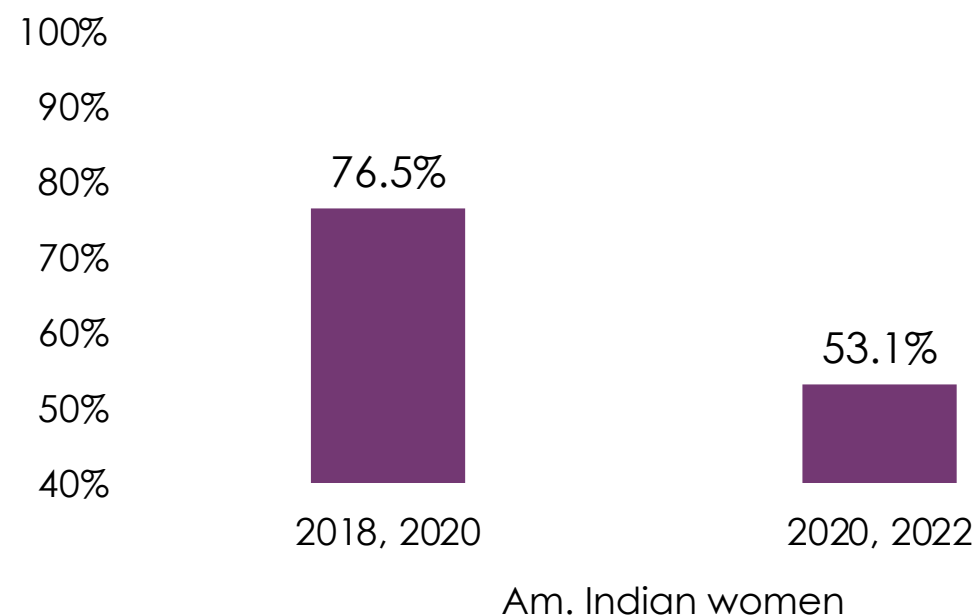


Women 40-74 years who are up to date with recommended breast cancer screening by the USPSTF



Baseline (2022): 78.7%

Goal (2030): 84%



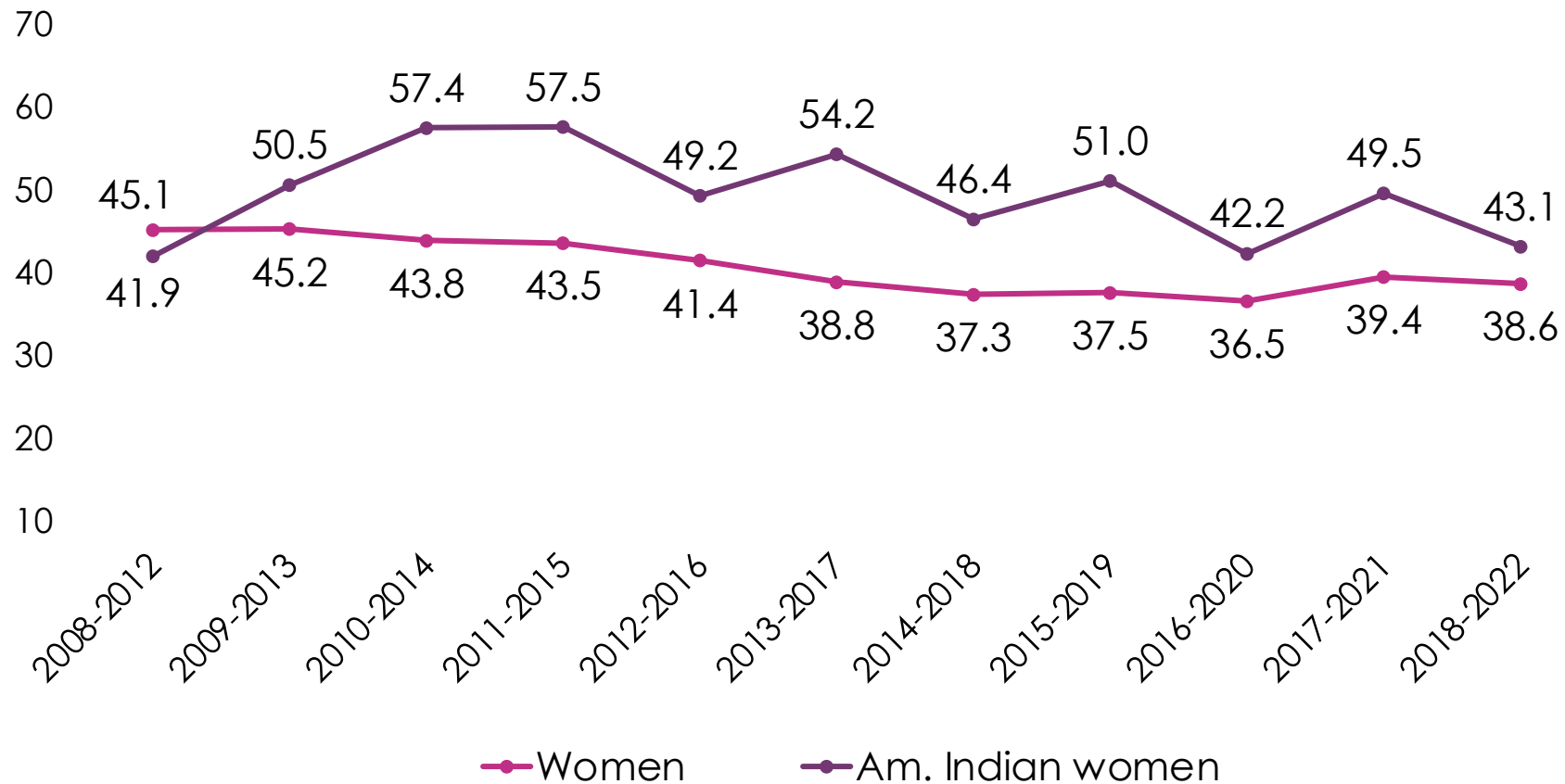
Baseline (2020, 2022): 53.1%

Goal (2030): 79.0%

Breast Cancer Incidence



Age-adjusted incidence rate per 100,000 of late-stage female breast cancer



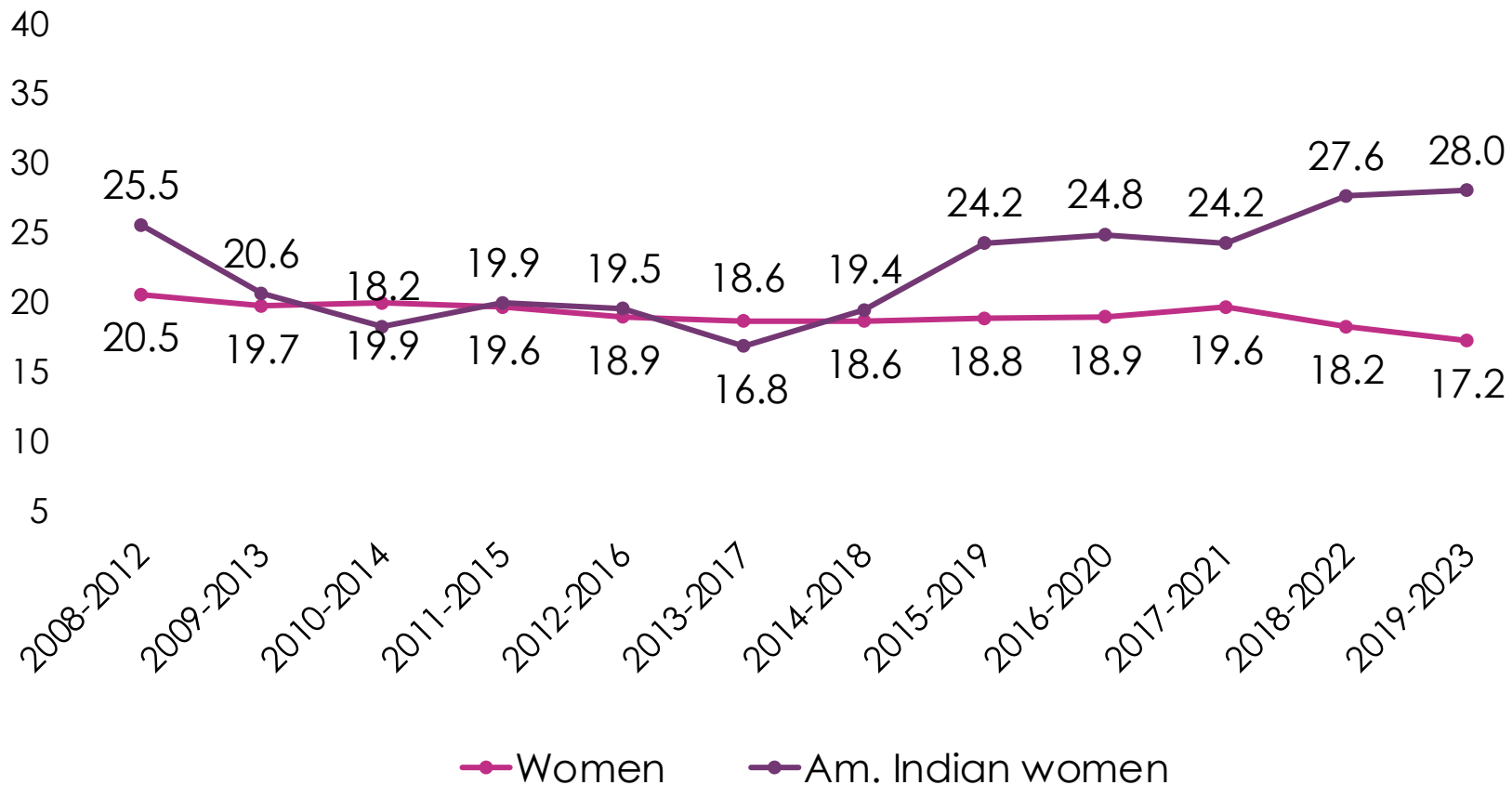
Baseline (2018-2022):
38.6 (Women)
43.1 (Am. Indian women)

Goal (2030):
34.0 (Women)
40.0 (Am. Indian women)

Breast Cancer Mortality



Age-adjusted mortality rate per 100,000 of late-stage female breast cancer



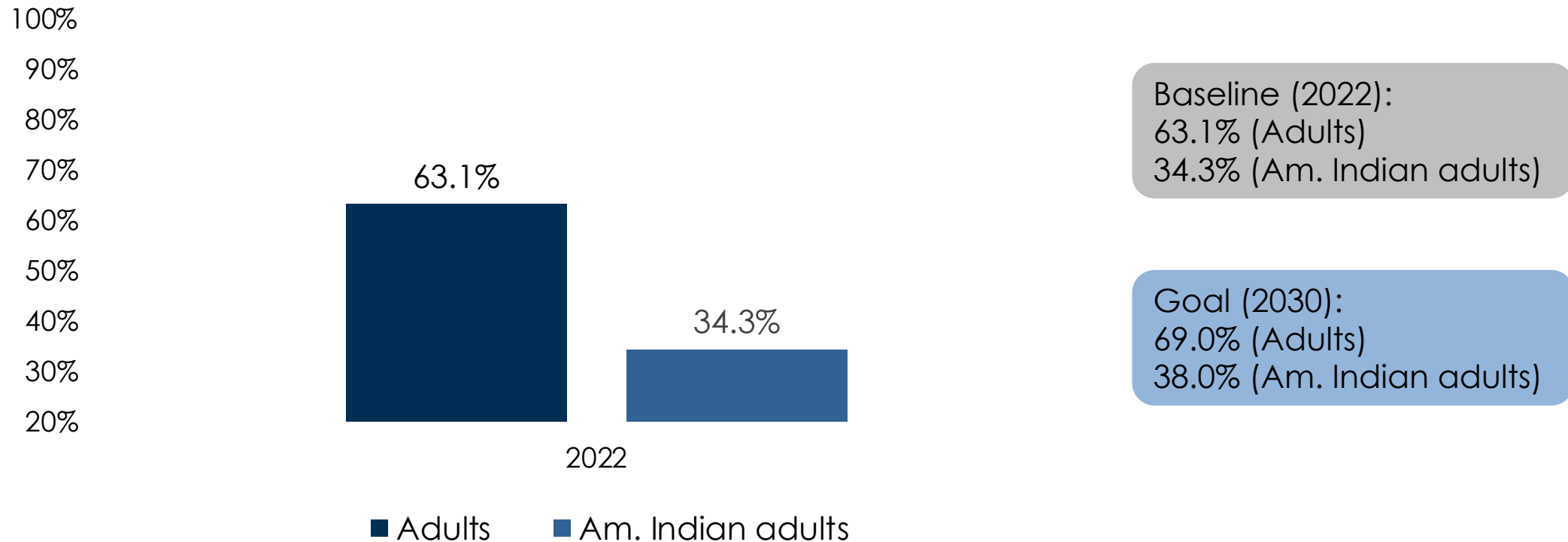
Baseline (2019-2023):
17.2 (Women)
28.0 (Am. Indian women)

Goal (2030):
16.5 (Women)
19.0 (Am. Indian women)

Colorectal Cancer Screening



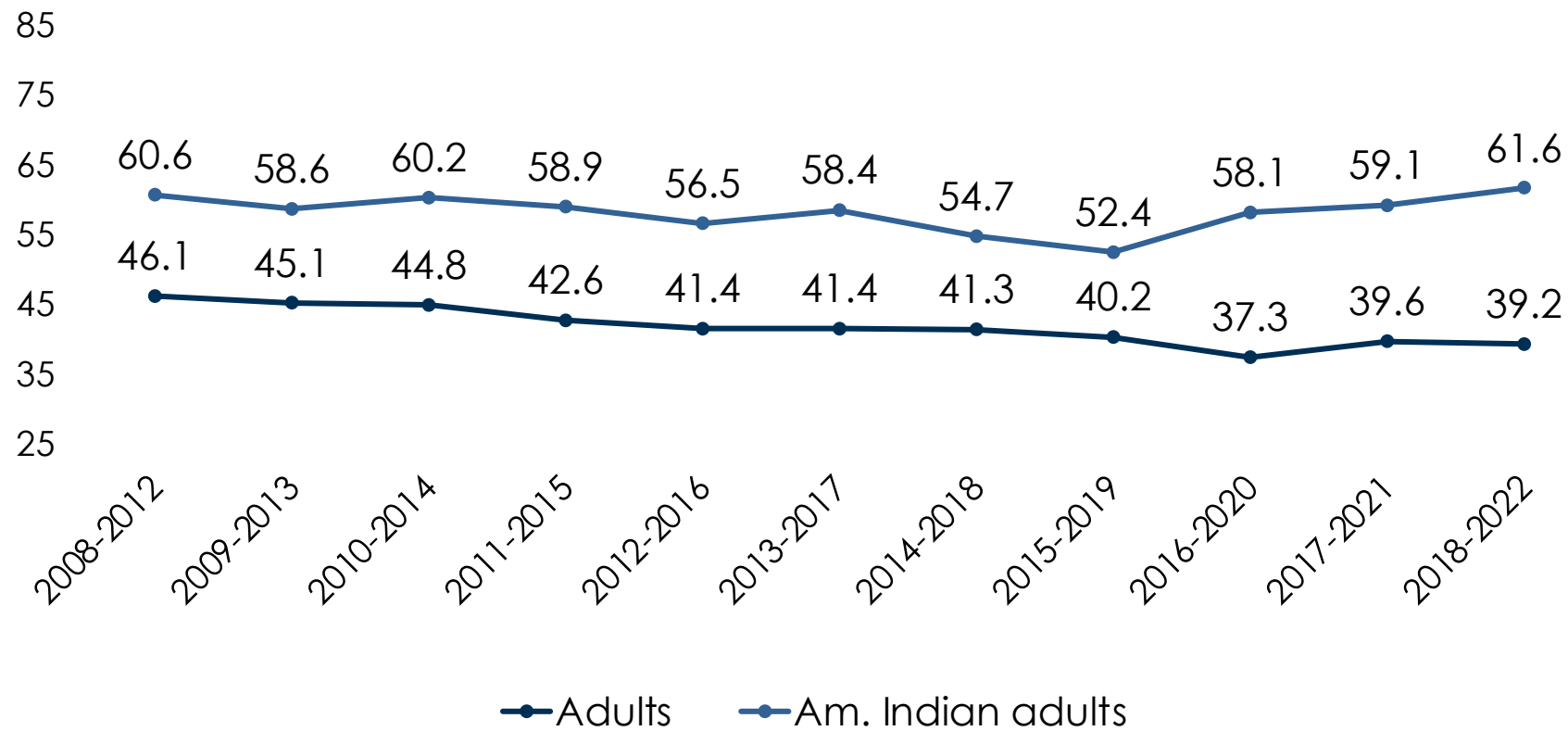
Adults 45-75 years who are up to date with recommended colorectal cancer screening by the USPSTF



Colorectal Cancer Incidence



Age-adjusted incidence rate per 100,000 of invasive colorectal cancer



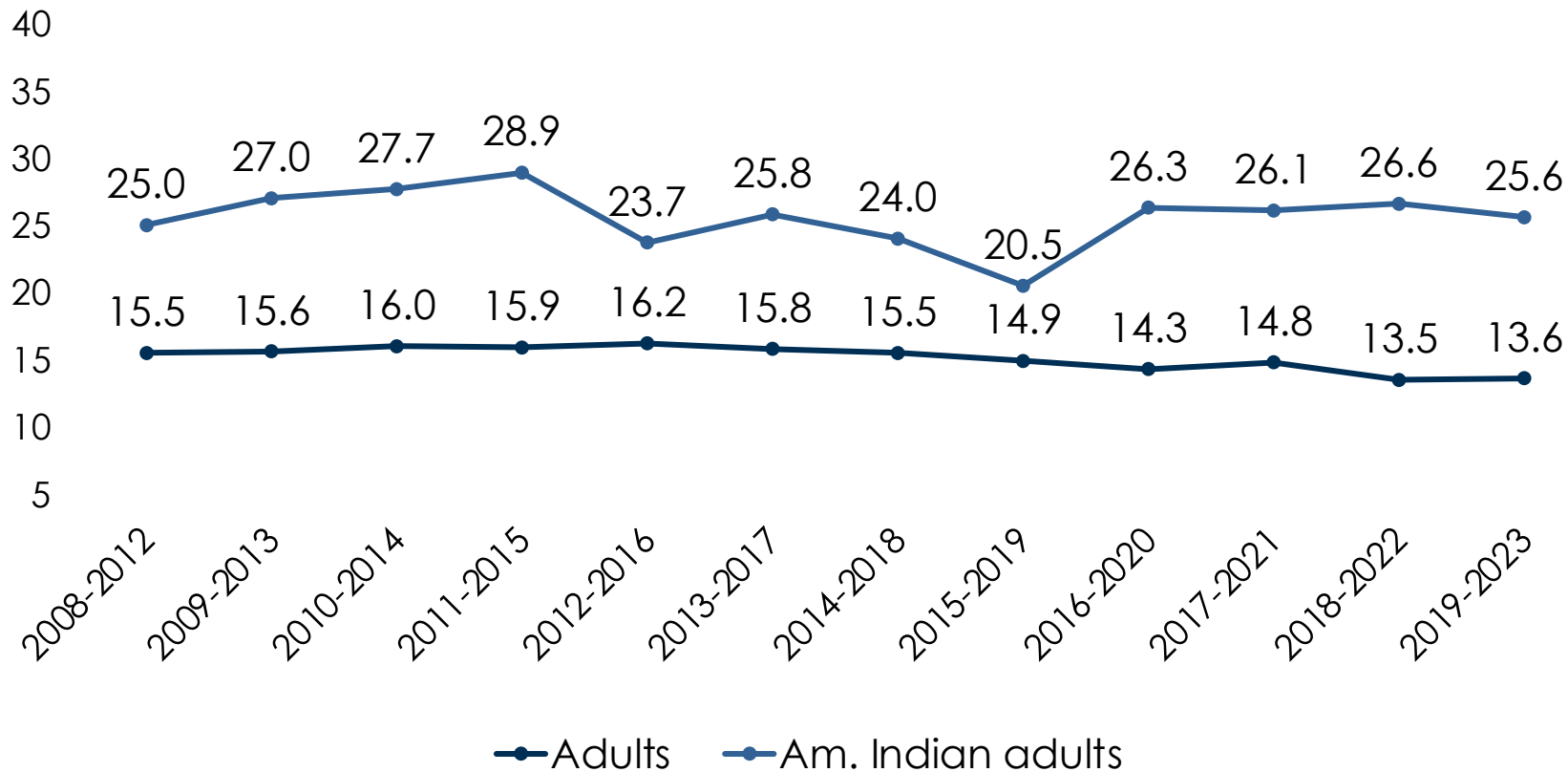
Baseline (2018-2022):
39.2 (Adults)
61.6 (Am. Indian adults)

Goal (2030):
35.0 (Adults)
50.0 (Am. Indian adults)

Colorectal Cancer Mortality



Age-adjusted mortality rate per 100,000 of invasive colorectal cancer



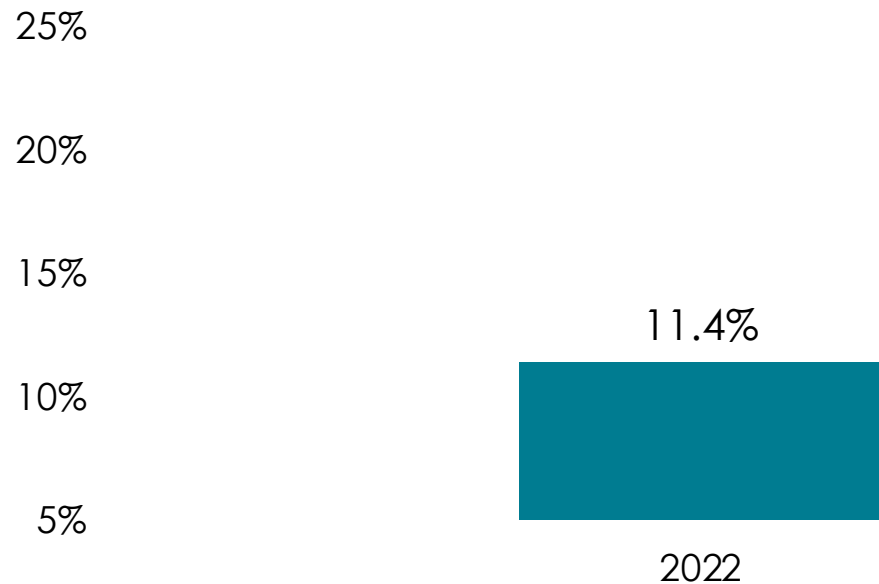
Baseline (2019-2023):
13.6 (Adults)
25.6 (Am. Indian adults)

Goal (2030):
11.0 (Adults)
18.5 (Am. Indian adults)

Lung Cancer Screening



Adults 50-80 years that are at a high risk for lung cancer who are up to date with recommended lung cancer screening by the USPSTF



Baseline (2022): 11.4%

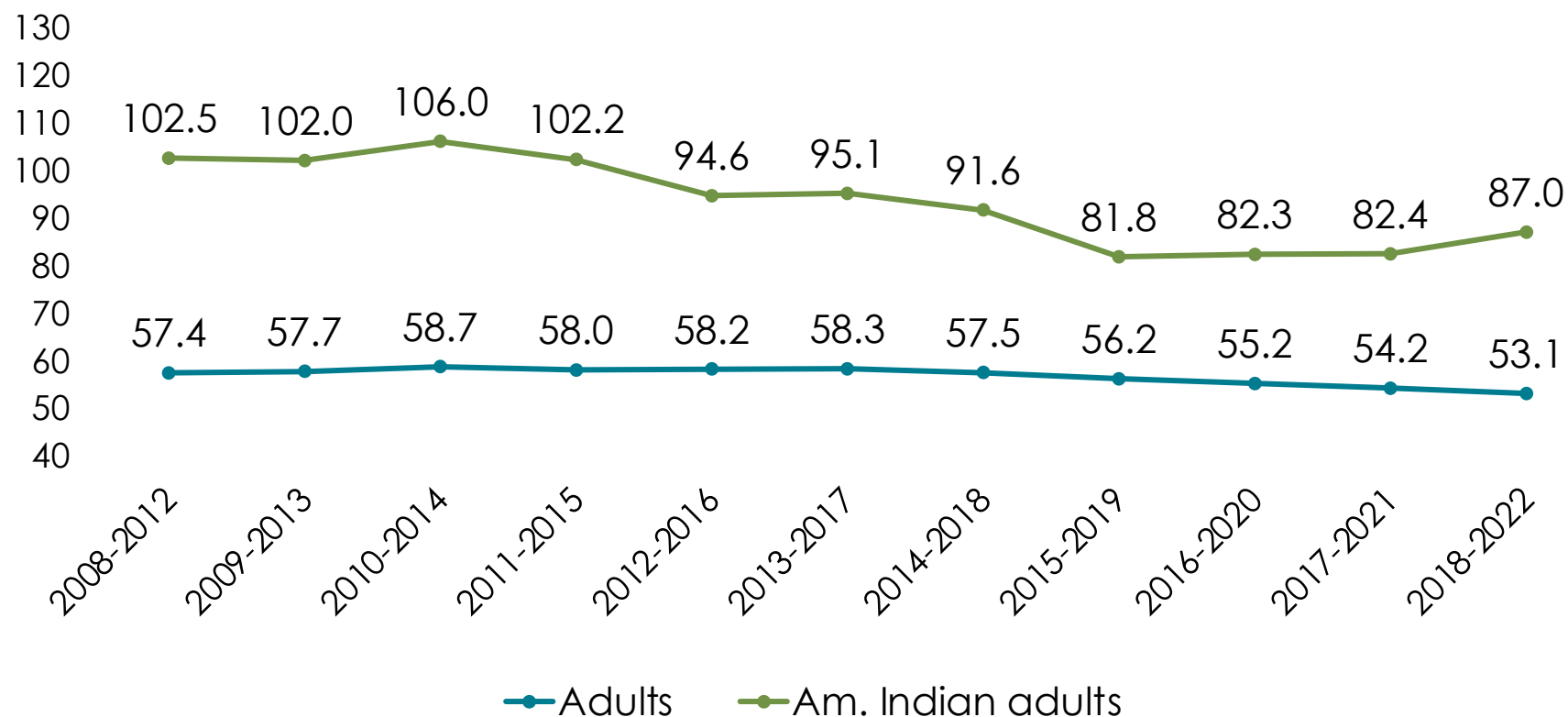
Goal (2030): 15.0%



Lung Cancer Incidence



Age-adjusted incidence rate per 100,000 of lung cancer



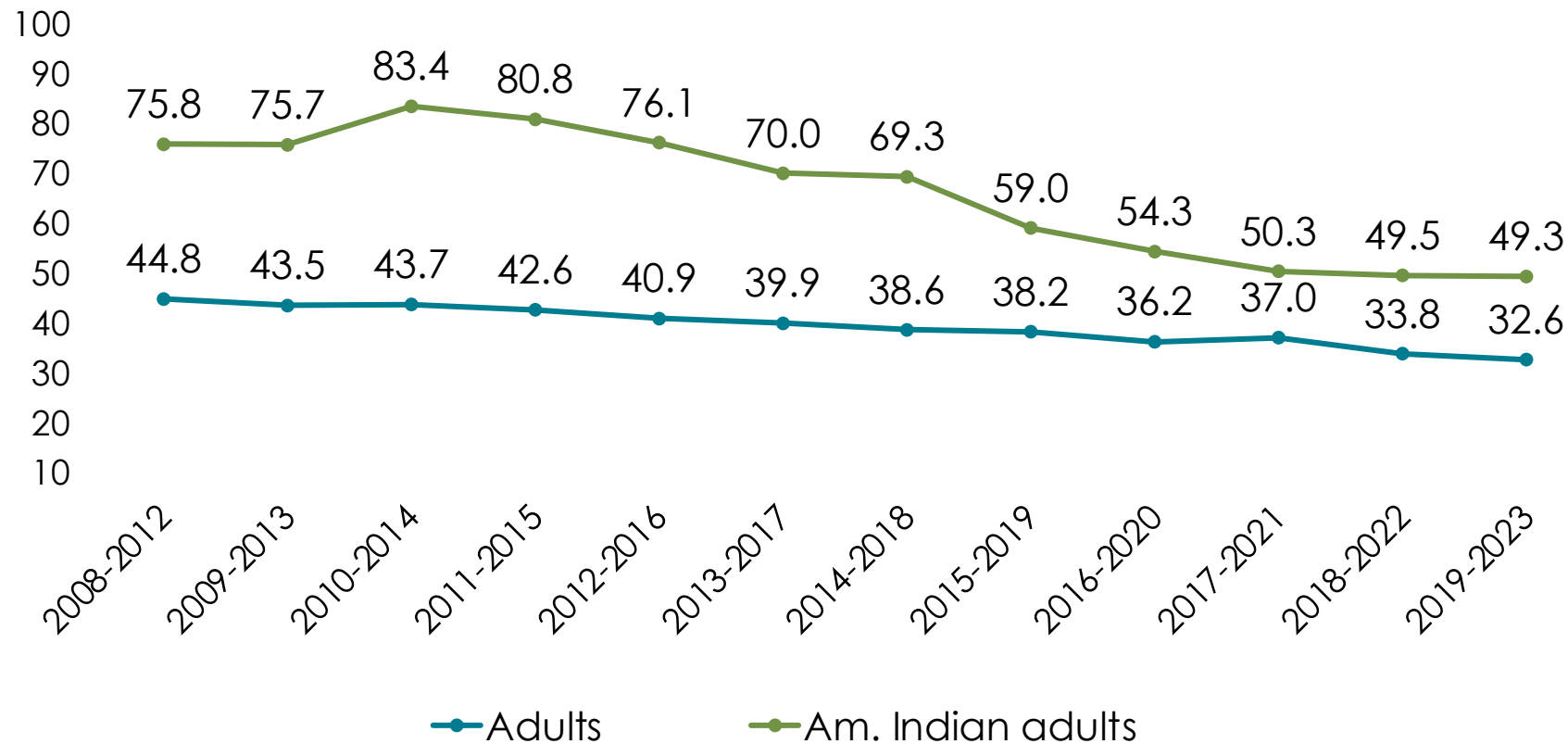
Baseline (2018-2022):
53.1 (Adults)
87.0 (Am. Indian adults)

Goal (2030):
49.0 (Adults)
79.5 (Am. Indian adults)

Lung Cancer Mortality



Age-adjusted mortality rate per 100,000 of lung cancer



Baseline (2019-2023):
32.6 (Adults)
49.3 (Am. Indian adults)

Goal (2030):
27.5 (Adults)
44.5 (Am. Indian adults)

Cancer Prevention & Healthy Lifestyles

Priority 1

- Healthy weight
- Physical activity
- Fruit / vegetable consumption
- Alcohol consumption

Priority 2

- Tobacco use

Priority 4

- HPV vaccination



Data Sources

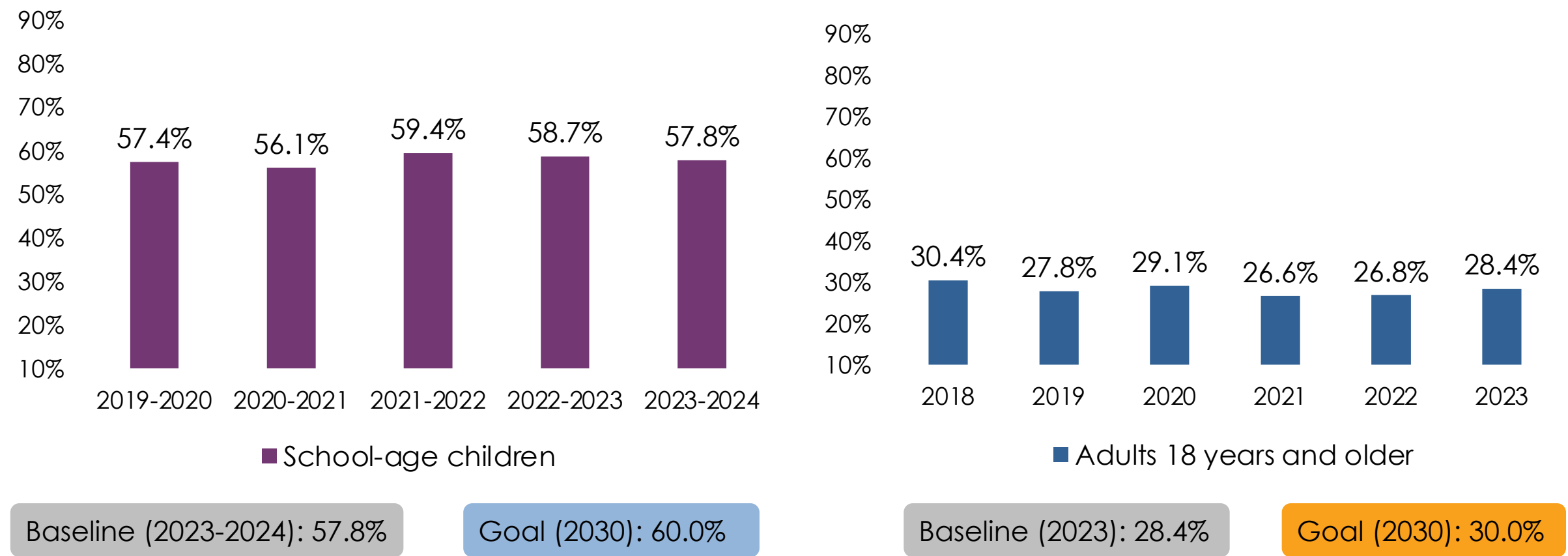
BRFSS Survey

National Immunization Survey

Healthy Lifestyles



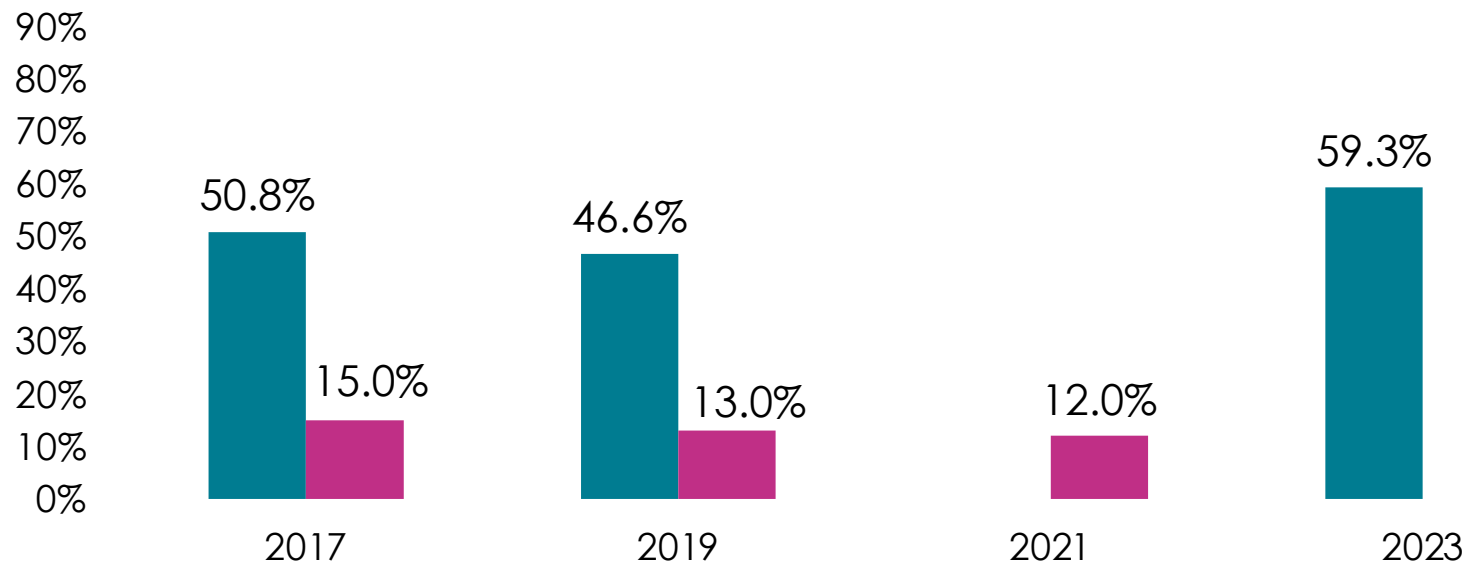
South Dakotans who are at a healthy weight



Healthy Lifestyles (continued)



Adults that participate in physical activity and consume fruits and vegetables



■ Adults that meet recommended physical activity levels

■ Adults that consume at least 5 servings of fruits and vegetables per day

Physical activity levels

Baseline (2023): 59.3%

Goal (2030): 60.5%

Fruit / veg. consumption

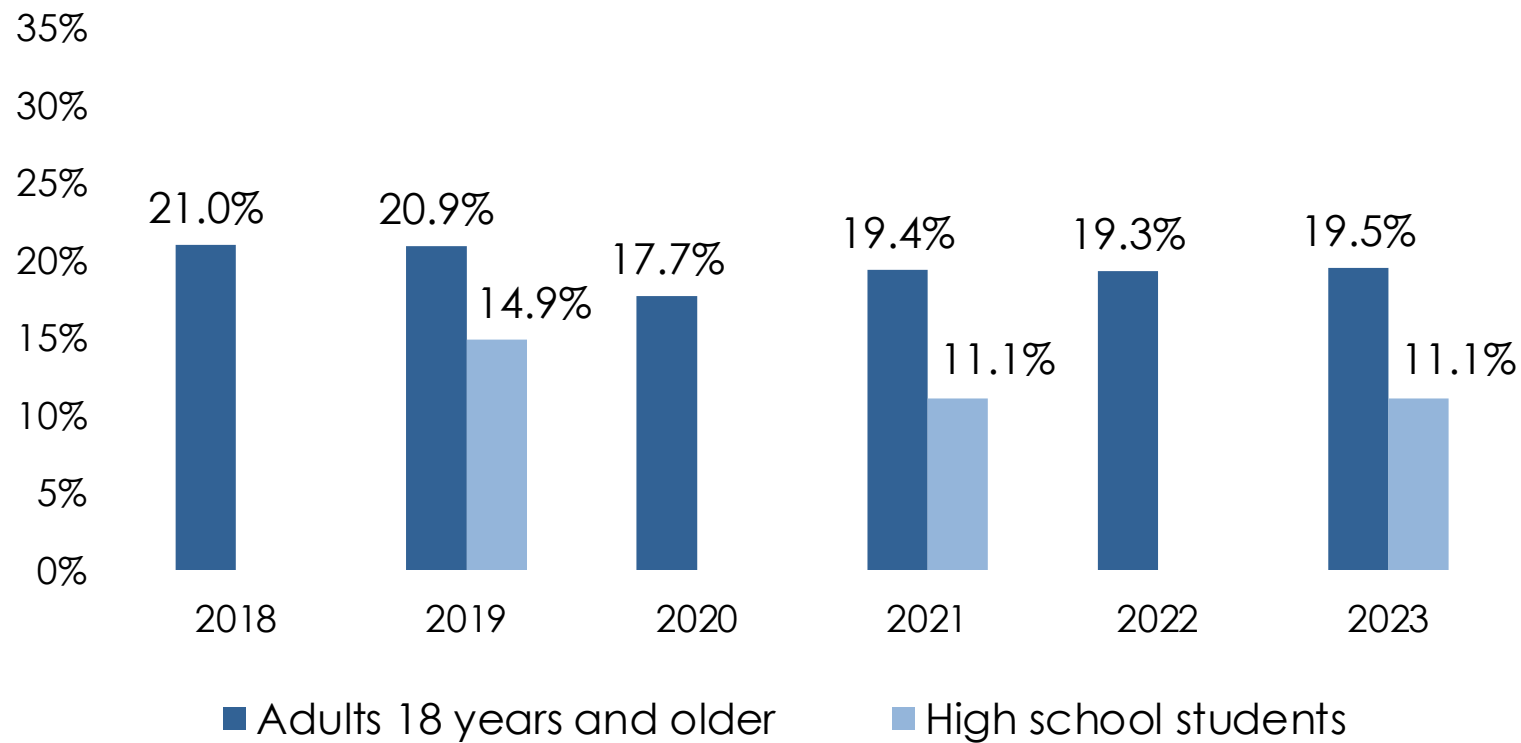
Baseline (2021): 12.0%

Goal (2030): 16.0%

Alcohol Consumption



South Dakotans who engage in binge drinking



Adults 18 years and older

Baseline (2023): 19.5%

Goal (2030): 16.0%

High school students

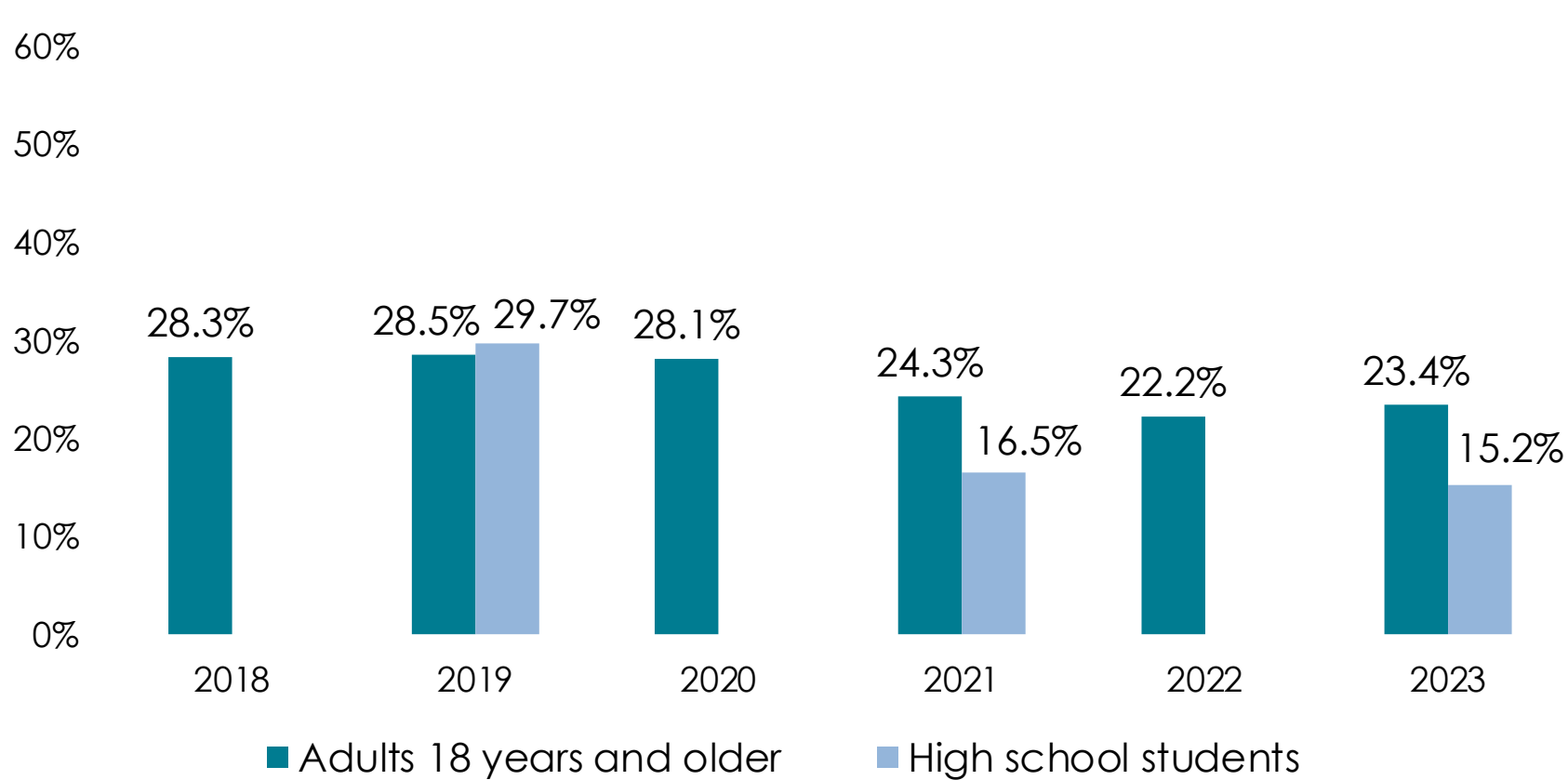
Baseline (2023): 11.1%

Goal (2030): 9.0%

Tobacco Use



South Dakotans who currently use commercial tobacco



Adults 18 years and older

Baseline (2023): 23.4%

Goal (2030): 20.0%

High school students

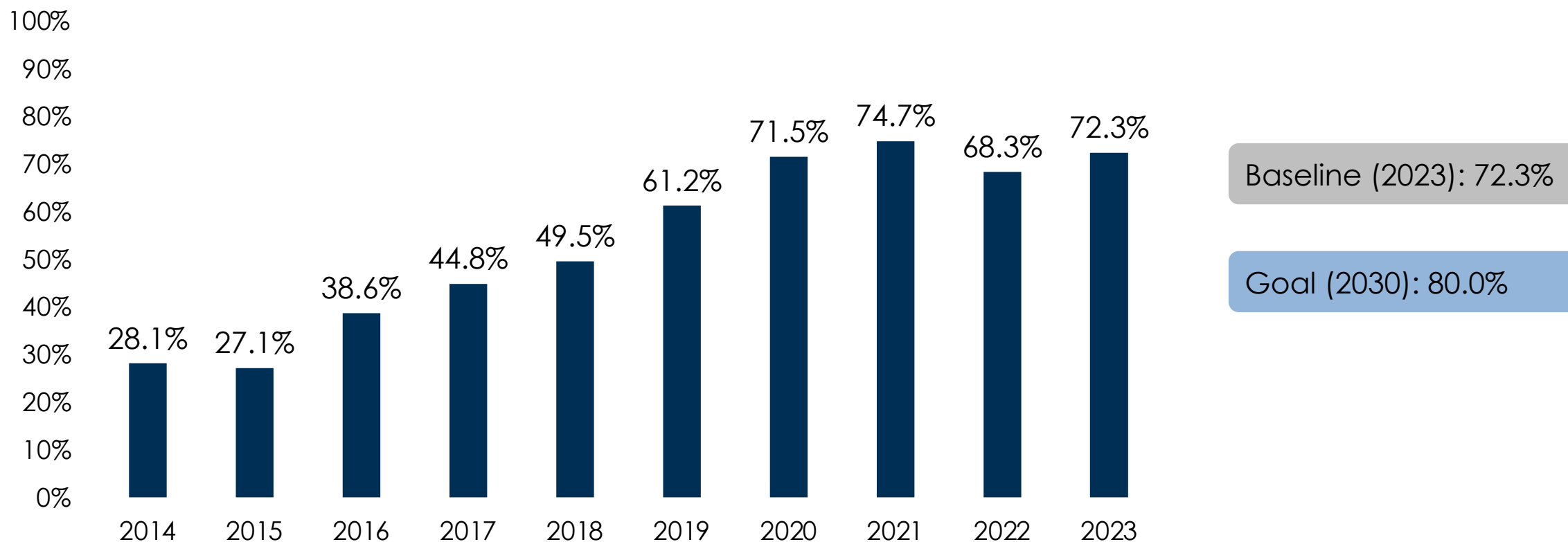
Baseline (2023): 15.2%

Goal (2030): 12.0%

HPV Vaccination



Adolescents 13-17 years who are up to date on the HPV vaccine series



Cancer Services & Continuity of Care

Priority 11

- Adults who have a health care provider
- Adults who visit their health care provider for a routine checkup once a year
- South Dakotans who have health insurance

Priority 12

- Adults who have an advance directive

Priority 13

- Cancer survivors who have good to excellent health
- Cancer survivors who have fair to poor mental health

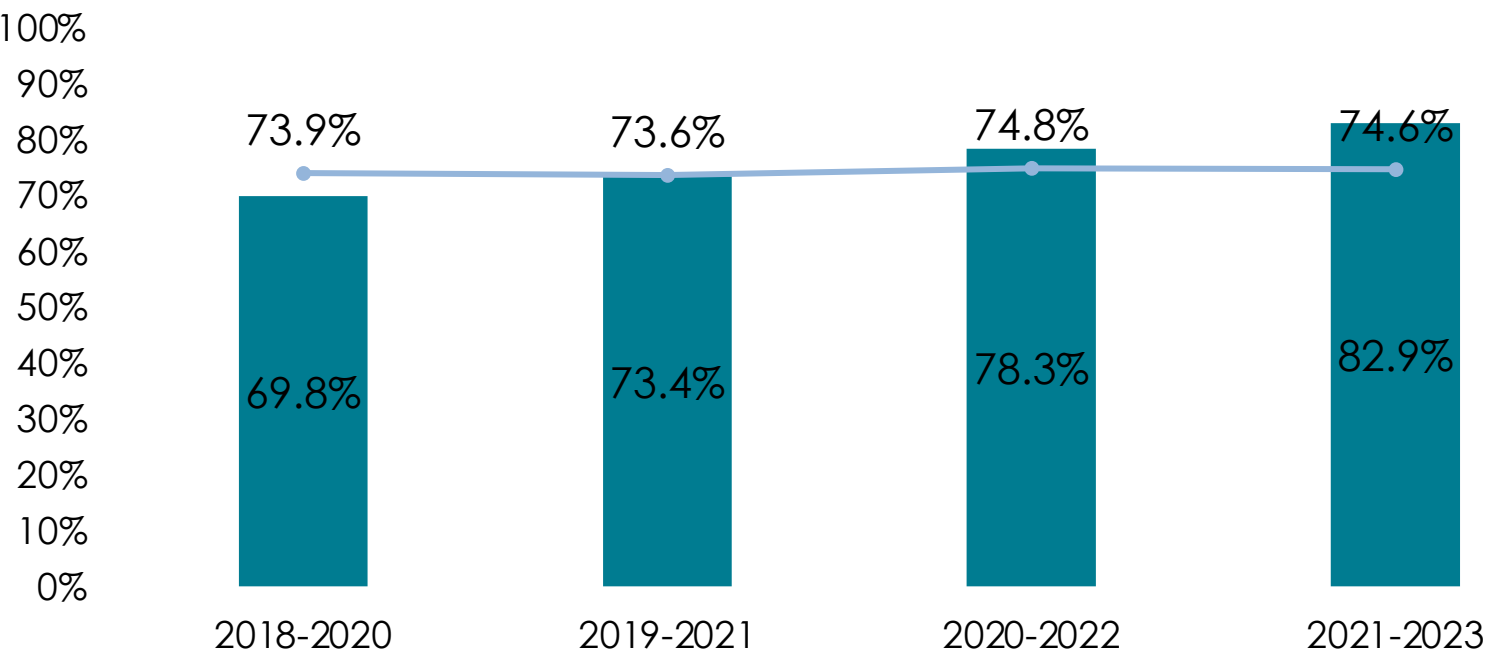
Data Sources

BRFSS Survey
US Census, SAHIE

Healthcare Provider



Adults with an income less than \$35,000



- Adults who have a health care provider
- Adults who visit their health care provider for a routine checkup once a year

Adults who have a health care provider

Baseline (2021-2023): 82.9%

Goal (2030): 85.0%

Adults who visit their health care provider for a routine checkup 1x a year

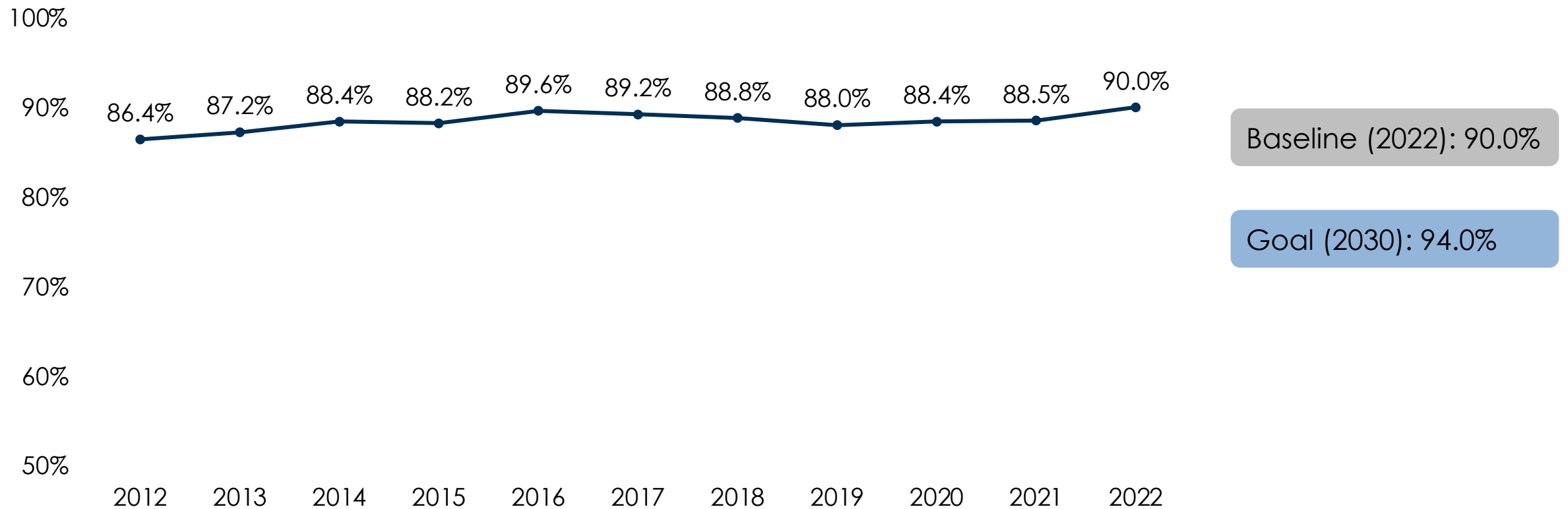
Baseline (2021-2023): 74.6%

Goal (2030): 77.0%

Health Insurance



South Dakotans under 65 years with health insurance



Advance Directive



Adults who have an advance directive

2015 31.4%

Baseline (2023): 27.8%

2017 32.0%

Goal (2030): 33.5%

2019 28.4%

2021 27.9%

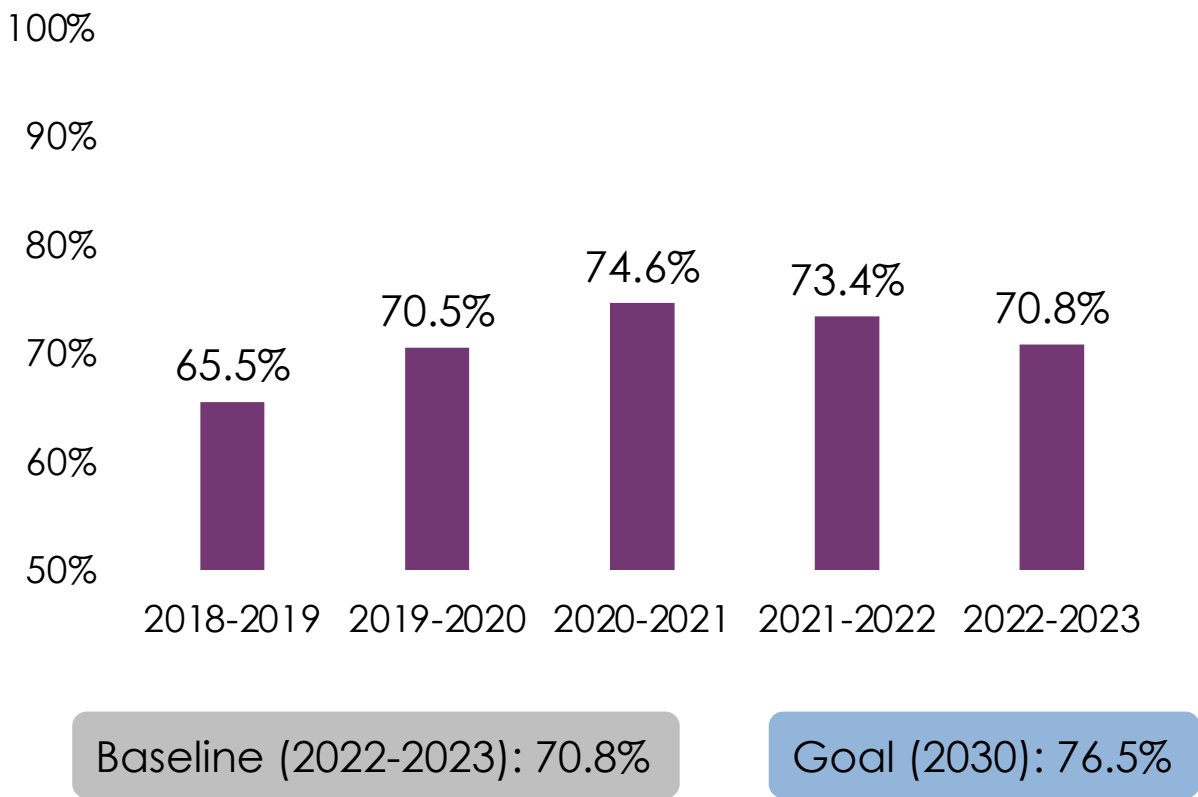
2023 27.8%

0% 10% 20% 30% 40% 50% 60%

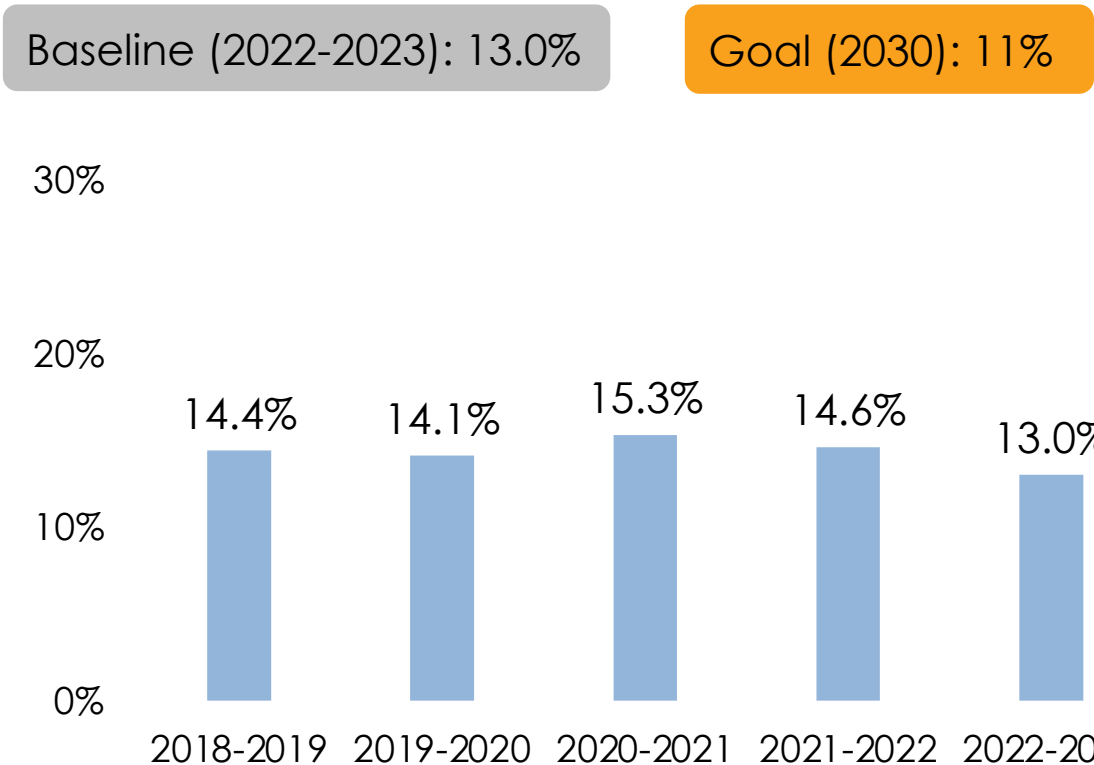
Cancer Survivorship



Cancer survivors who have good to excellent health



Cancer survivors who have had fair to poor mental health for 7 or more days within the last 30 days



SD Cancer Plan Dashboard



South Dakota Cancer Plan

Welcome to the SD Cancer Plan

Priority 1

Priority 2

Priority 3

Priority 4

Priority 5

South Dakota Cancer Plan 2021 - 2025

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.

GOALS

1. Prevent cancer among South Dakotans
2. Detect cancer in the earliest stages for all South Dakotans
3. Ensure timely and appropriate access and treatment for all cancer patients in South Dakota
4. Optimize quality of life for South Dakota cancer patients, survivors, and caregivers
5. Promote health equity as it relates to cancer control in South Dakota
6. Support collaboration among stakeholders in South Dakota to reduce duplication and maximize impact

PRIORITY POPULATIONS

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

Priority 1: Reduce Tobacco Use and Exposure

Select an objective:

1.1.A: Decrease the percentage of high school students who use tobacco from 29.7% to 20%



Goals

Goal 1: Prevent cancer among South Dakotans

Goal 5: Promote health equity as it relates to cancer control in South Dakota

Goal 6: Support collaboration among stakeholders in South Dakota to reduce duplication and maximize impact

Strategies

- A. Increase referrals to equitable and culturally appropriate evidence-based tobacco cessation services, such as the South Dakota QuitLine.
- B. Advocate for tobacco-free environments.
- C. Promote equitable and 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. <https://quittobaccosd.com/about/sd-state-plan>

Thank You

Laura Gudgeon, MS

Chronic Disease Epidemiologist

Email: Laura.Gudgeon@state.sd.us

Phone: 605.367.7081





SOUTH DAKOTA
**CANCER
COALITION**

World Café Discussion: Cancer Plan 2026-2030

Shannon Park



SOUTH DAKOTA CANCER PLAN

2026-2030



South Dakota Cancer Plan 2026-2030

- **Priority 4:** Decrease HPV Related Cancers
- **Priority 6:** Increase Risk Appropriate Screening for Prostate Cancer
- **Priority 11:** Increase Affordability & Accessibility of Quality Cancer Care & other Services
- **Priority 14:** Improve Pediatric Cancer Survivorship Resources & Supportive Care

SD Comprehensive Cancer Control State Plan: 2024-2025 Activities

Priority	Activities	Partners
PRIORITY 1: Reduce tobacco use and exposure.	– The Great Plains Tobacco Prevention Project provided education and tobacco awareness. – Training was provided to medical professionals on cessation assessment and making referrals to the SD Quitline. – In 2024, the Tobacco Control Program funded 15 youth/community engagement grantees and 7 Disparities grantees to work on prevention tobacco use, reducing exposure to secondhand smoke, and promoting cessation. – Cancer survivors identified as tobacco users were referred to tobacco cessation resources. – Delta Dental of South Dakota Foundation provided secondhand smoke and tobacco cessation education in SD. – Tobacco Youth and Community Engagement awardees helped strengthen 3 tobacco-free policies over the 2024-2025 year to promote tobacco-free environments. The Tobacco Control Program assisted secondary-schools on updating and strengthening their tobacco-free policies, which should be updated in 2025/2026. – The Sioux Empire SET-FREE Coalition received Disparity Grant funds to host a virtual vape/smoke-free multi-unit housing summit. The summit had 51 participants from a variety of communities across South Dakota. There are a total of 5,963 noted smoke-/vape-free rental units in Sioux Falls and another 5,502 such rental units throughout South Dakota. – In 2024, The SD Tobacco Control Program released the SD K-12 & Youth Toolkit. With this toolkit staff offered trainings across the state to educate youth on the dangers of tobacco use including vaping. – The SD Quitline provided targeted information to more than 332 clients in the first six months of 2025 on recommended lung cancer screening for current and former tobacco users.	American Cancer Society Cancer Action Network (ACS CAN) Delta Dental of SD Great Plains Tribal Leaders' Health Board SD Cancer Programs SD Tobacco Control Program SD QuitLine Sioux Empire Tobacco Free Coalition SD Cancer Programs
PRIORITY 2: Increase healthy, active lifestyles.	– Fifteen worksites across the state were funded through the WorkWell Grant to implement policy and environmental changes to improve nutrition and increase physical activity in the workplace. – The SD Park Prescription project had 615 healthcare providers who received Park Rx Kits through May 31, 2025. – The Breastfeeding Friendly Business Initiative has 664 businesses that have taken the pledge to show support for their breastfeeding employees and customers.	Monument Health SD Cancer Programs SD Nutrition and Physical Activity Program
PRIORITY 3: Reduce ultraviolet radiation exposure.	– Dakota Dermatology provided sunscreen to patrons at Levitt Sioux Falls concerts. – Lewis Drug, Sanford Health, Avera Health, and Dakota Dermatology held free skin cancer screenings and distributed information on UV exposure on Melanoma Monday in May 2025. – Sanford Health installed new shade structures at the Sanford Sports Complex in Sioux Falls.	Dakota Dermatology SD Cancer Programs Sanford Health Avera Health Lewis Drug
PRIORITY 4: Reduce exposure to environmental carcinogens.	– ACS continues to support national research on limiting exposure to carcinogens. – The Department of Agriculture and Natural Resources supplied 541 radon kits for free in SD in 2024-2025.	American Cancer (ACS) SD Department of Agriculture and Natural Resources

Cancer Plan Activity Reporting



<https://bit.ly/cancersdactivity>



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.



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



World Café Discussion

1. **Discuss** questions on each table for 10 minutes
 - Jot or doodle ideas on tablecloths!
 2. **Move** to a new table after each round – table host stays put
 3. **Come back together** after 2 rounds
 4. **Harvest** themes, insights and patterns to shape strategy and next steps
-



Task Force Selection



Prevention

Screening

Survivorship



Partnership Commitment

Working together to reduce the burden of cancer in South Dakota.

The Cancer Coalition unites people and organizations committed to preventing and controlling cancer across our state. You're helping advance the goals of the South Dakota Cancer Plan 2026-2030 through our collaboration, education, and action.

As a Coalition partner, I (and/or my organization) commit to:

- Support the Coalition's mission.
- Participate in meetings, task forces, and/or activities as I'm able.
- Share relevant coalition information and opportunities.
- Contribute expertise, perspective, and/or resources that strengthen coalition efforts.

I would also like to (check all that apply):

- ☐ Join a 2025-2026 task force:

Prevention Screening Survivorship

- ☐ Serve on an ad-hoc cross-cutting committee
- ☐ Apply to serve on the Steering Committee
- ☐ Contribute educational materials or public outreach support
- ☐ Provide in-kind goods, services, or facilities for coalition events
- ☐ Help make connections to key partners or organizations
- ☐ Provide financial sponsorship of coalition activities or events

Name: _____ Date: _____

Title: _____

Organization: _____

Email Address: _____

Phone: _____ Signature: _____

South Dakota Cancer Coalition

1501 S Highline Ave, Sioux Falls, SD

info@cancersd.com

Meeting Evaluation



Hard copies also available at registration table



Thank you to our Gold sponsors!





Thank you for coming!

Travel safely!

