

Fifth Edition

# Arkansas Cancer Plan

**ANY PHOTOS HERE OR THEMES FOR THE COVER?**



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**Letter from AR Department of Health Secretary**

**Letter from ACC Board of Director Chair**

# Executive Summary

## Acknowledgement from ACC Executive Director

Arkansas's cancer burden is one of the highest of any state in the country, and some Arkansans are more likely to carry the load than others, based simply on their race, where they live, and their socioeconomic status.

It has long been established that disparities exist within our state regarding cancer diagnosis and survival rates.

Black men are twice as likely as white men to be diagnosed with prostate cancer. Black women are 40 percent more likely than white women to die of breast cancer – and they are twice as likely to die if they are not yet 50 – according to the American Cancer Society.

Residents of rural counties in our state are more likely to hear the devastating news that they have cancer, and are more likely to die from the disease, than those in more populated areas. Those with low income or less education may not have insurance, transportation, time off work during the week or may be unaware of the importance of regular medical care, which may add up to later diagnoses of common cancers – and that can lead to poorer prognoses.

We at the Arkansas Cancer Coalition (ACC), however, have a plan.

In this, the 5th Edition of the Arkansas Cancer Plan (ACP), we are digging deeper, delving into data and research in collaboration with our partners and contributors, to find new ways to effectively lessen the burden of cancer for all Arkansans.

In 2009, the Arkansas General Assembly authorized \$1.8 million in annual funding to the Arkansas Department of Health for the creation of the ACP.

The ACP serves as an outline, laying out actions our stakeholders and contributors can and should do at the state and local levels to reach goals surrounding cancer prevention, early detection and care efforts within our state. The plan is a living document, adapting to conditions and challenges to create new strategies. It is a blueprint identifying activities for coordinated actions by government agencies, private sector institutions, nonprofit organizations and individuals throughout our communities.

The ACC, a core part of the ACP, offers an overview of cancer control in the state, fostering partnerships that will help us increase awareness of actions Arkansans might take to prevent cancer, to help them access cancer screening and treatment. We bring our partners, healthcare professionals and stakeholders together for an annual Arkansas Cancer Summit and for workshops and symposiums throughout the year so they might network in ways that further our common mission – reducing the burden of cancer for everyone in our state.

# Introduction

The burden of cancer lies not just with the 19,700 people across our state the American Cancer Society estimates will be newly diagnosed this year, or even just with those who love and care for them. The heavy burden of the disease that is expected to claim the lives of 6,730 in Arkansas alone weighs on all of us.

The American Cancer Society's projections for new cancer diagnoses in Arkansas have climbed for the past three years – from 18,760 new cancer cases in 2023 to 19,100 in 2024, and the number rose again this year.

Cancer is the second leading cause of death in our state, according to the Arkansas Department of Health's Arkansas Central Cancer Registry (ACCR). The most common newly diagnosed cancers in Arkansas are breast cancer for women and prostate cancer for men. Lung cancer, though, takes the most lives.

Lung cancer cases are diagnosed at a rate of 68.2 percent in

**The most common newly diagnosed cancers in Arkansas are breast cancer for women and prostate cancer for men. Lung cancer, though, takes the most lives.**

Arkansas, according to the American Lung Association, well above the national rate of 53.6 percent. Black Arkansans are being diagnosed with lung cancer, at a rate of 65.7 per 100,000, compared to 55.7 per 100,000 nationwide. The five-year survival rate of these patients is much lower than the national average as well – 19.2 percent in Arkansas and 25.5 percent nationwide – and it is also much lower than the survival rate of White patients with the same disease (23.1 percent).

We know, though, that tobacco cessation programs that support people as they try to quit smoking can ultimately help prevent lung cancer. We know that early detection leads to higher survival rates - for lung cancer as well as almost all other types of cancers.

If later diagnoses are leading to lower survival rates for Black cancer patients, we know we must figure out what stands in the way of their getting the recommended screenings, and we have to determine how to knock down those barriers so they may access the care they need. Lives depend upon it.

We have to find new ways to spread awareness about cancer prevention and the critical importance of screening and to cultivate trust within even the most skeptical-of-healthcare populations, and we have to work with our multitude of partners to ensure access and equitable care so that more people may take steps toward health.

In turn, we hope to support our partners who can coordinate clinical trials, because those experimental treatments can both benefit cancer patients and further research into disease treatment.

We recognize how vital it is for us to align priorities and efforts to control cancer with federal organizations, including the Centers for Disease Control and Prevention (CDC) and the National Institute of Health's National Cancer Institute (NCI), where cancer control efforts focus on education and awareness about cancer prevention, screening that can lead to early detection and equitable access to treatment and care.

ACC is down in the trenches, our efforts entwined with the efforts of those national entities, as we pore over data and research gathered about new cancer diagnoses and treatments from hospitals and clinics around our state by the ACCR to find the places where we are making strides and where we need to dig in our heels and work harder to make a difference.

We will work until no Arkansan has to suffer because of cancer, and we believe geography and demographics should not mean some Arkansans are more at risk of suffering than others.

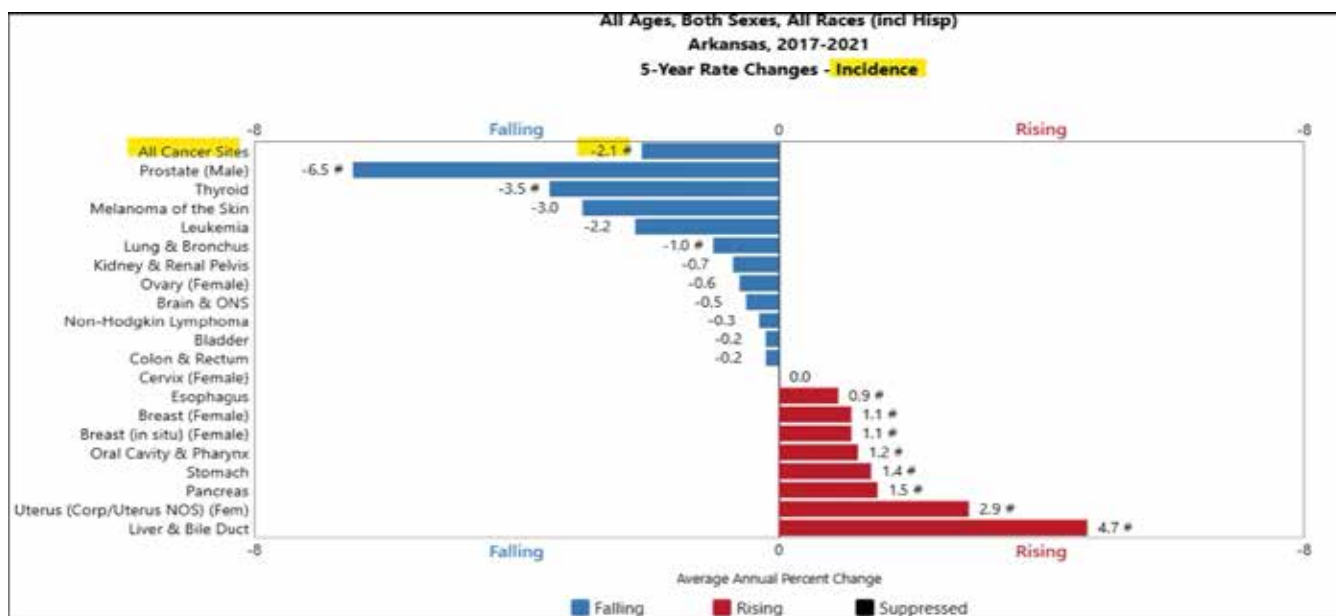
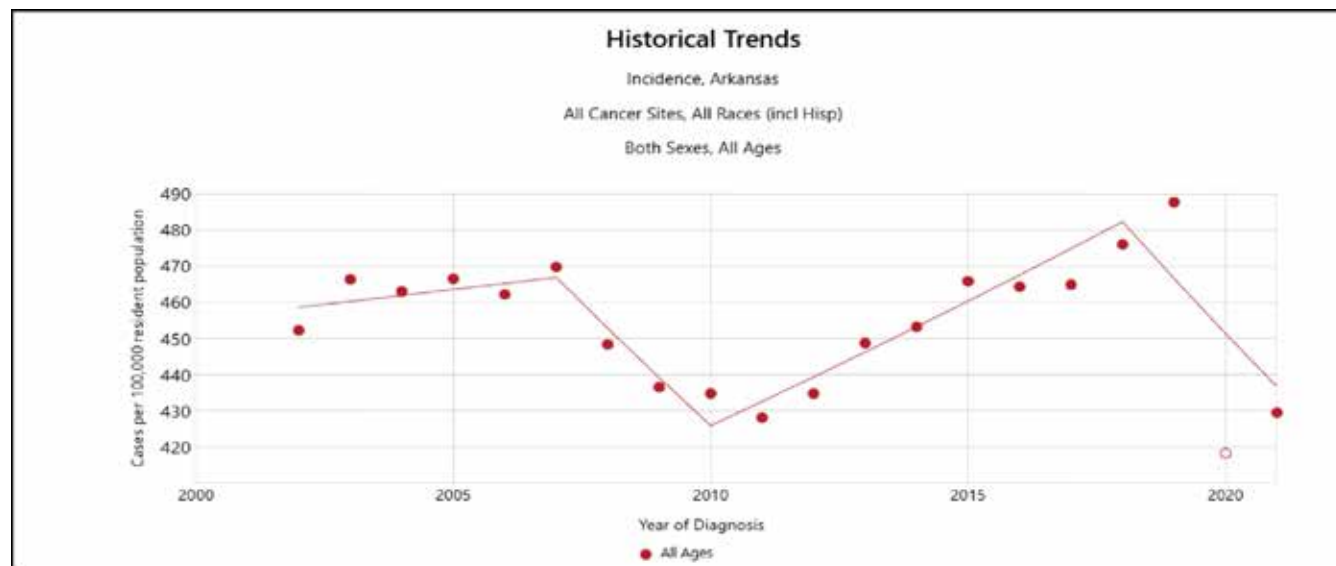
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**ADD DATA CHARTS HERE from Arkansas Central Cancer Registry Measures Data Request pdf**

- **Cancer Disparities**
- **Cancer Incidence**
- **Cancer Mortality**

# Cancer Data and Trends

The series of tables and graphs present the most current cancer data trends in Arkansas, offering a clear, evidence-based picture of where the state is making progress and where significant gaps remain. By highlighting patterns in incidence, mortality, stage at diagnosis, screening rates, risk factors, and disparities across populations and regions, these visuals help illustrate why a comprehensive cancer plan is necessary. They identify which cancers are most common or deadliest, where outcomes differ by race, ethnicity, geography, or income, and how prevention and early detection efforts are performing over time. Together, this data-driven snapshot guides the Arkansas Cancer Plan in setting priorities, targeting resources, and sharpening strategies so attention is focused on the areas with the greatest burden and the greatest opportunity to improve cancer outcomes for all Arkansans.



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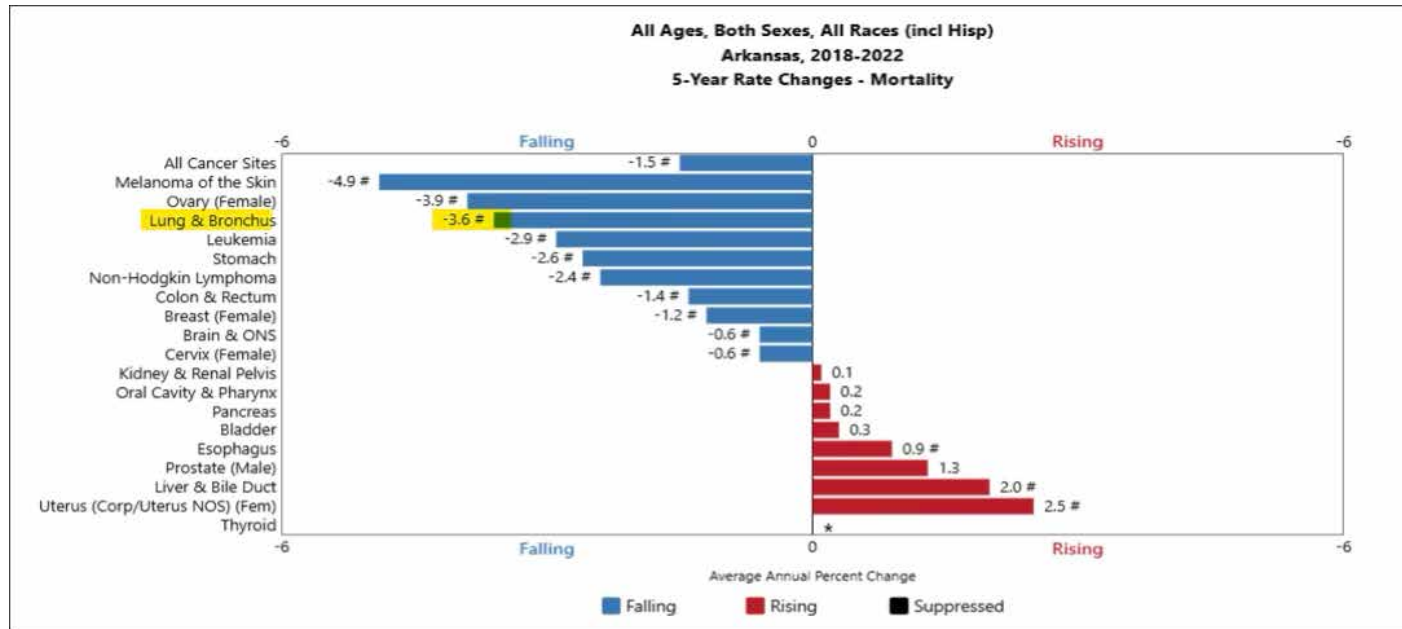
## All Cancer Sites - Incidence

Year	AAIR per 100,000 population	Annual percent change (estimated)
2021	429.5	0.5%
2022	427.4	0.5%
2023	425.2	0.5%
2024	423.1	0.5%
2025	421.0	0.5%
2026	418.9	0.5%
2027	416.8	0.5%
2028	414.7	0.5%
2029	412.6	0.5%
2030	410.6	
<b>Estimated percent change from 2021 to 2030</b>		<b>-4.4%</b>

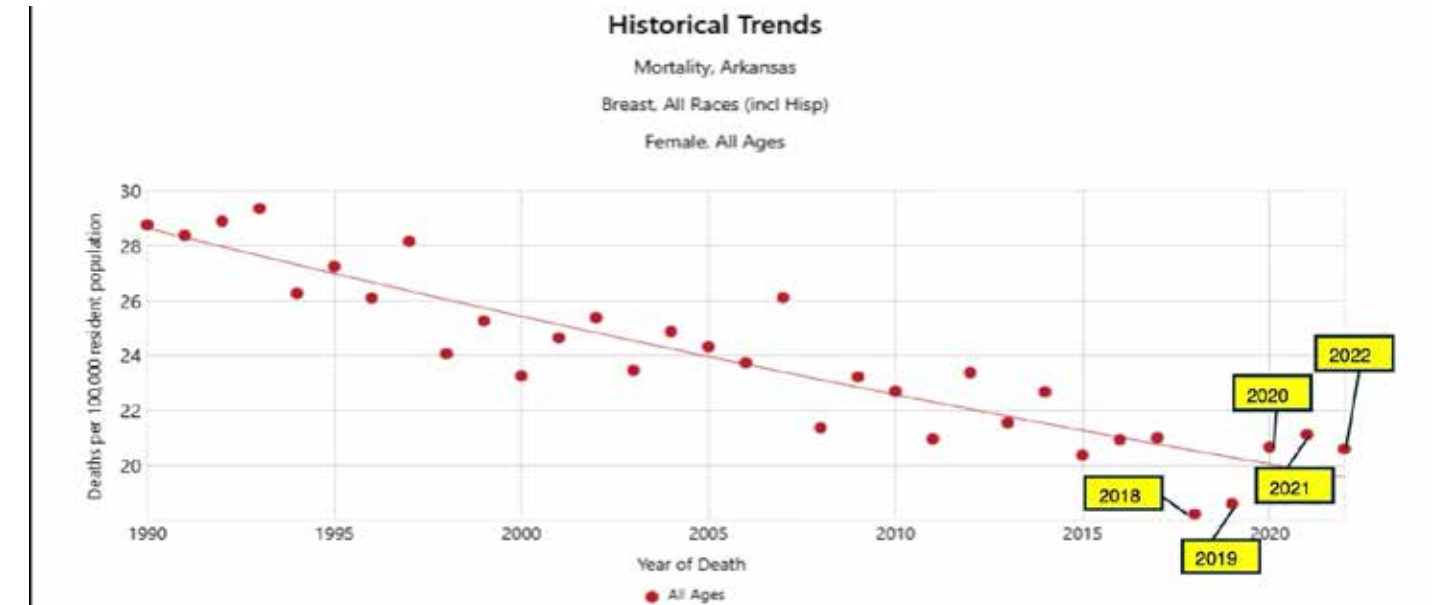
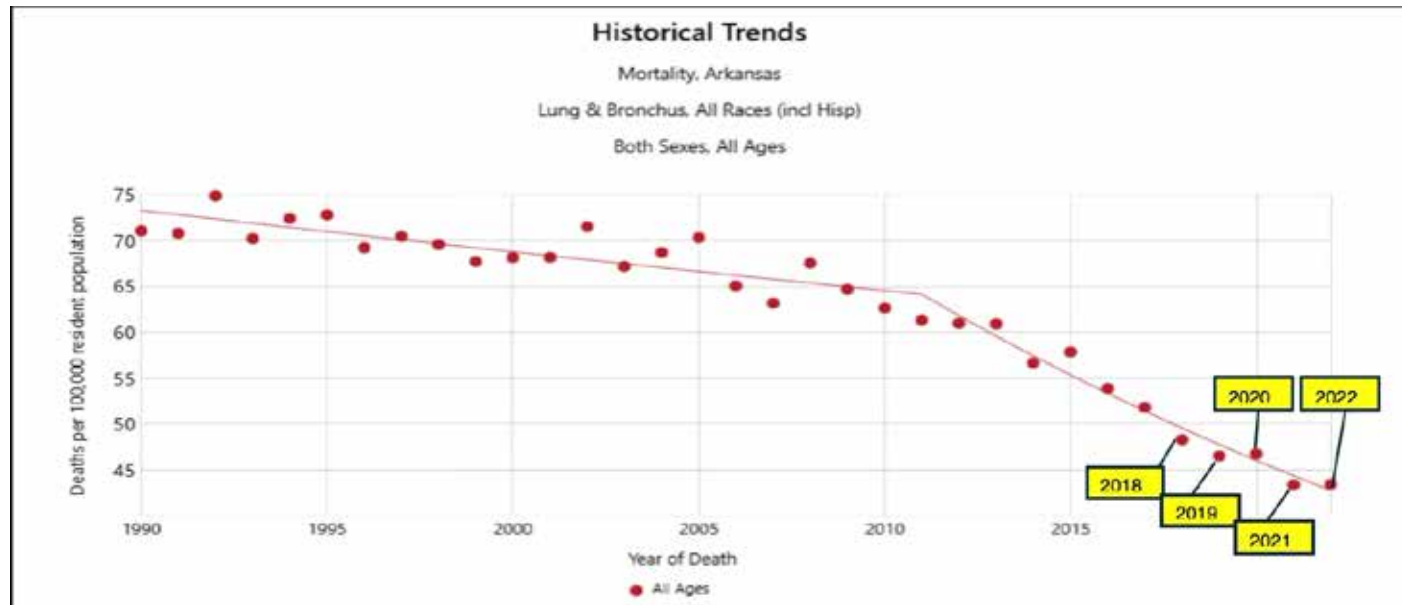
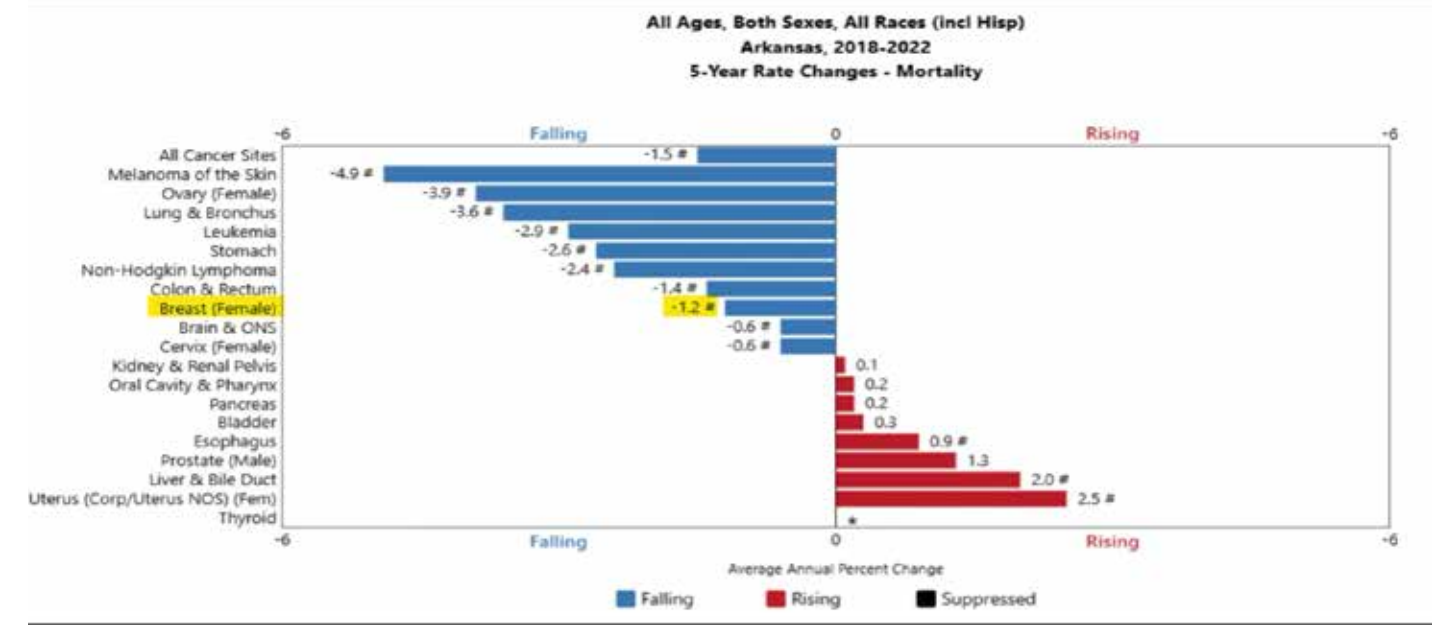
## All Cancer Sites - Incidence

Year	AAIR per 100,000 population	Average annual percent change (NCI State Cancer Profiles)
2021	429.5	2.1%
2022	420.5	2.1%
2023	411.7	2.1%
2024	403.0	2.1%
2025	394.5	2.1%
2026	386.3	2.1%
2027	378.1	2.1%
2028	370.2	2.1%
2029	362.4	2.1%
2030	354.8	
<b>Estimated percent change from 2021 to 2030</b>		<b>-17.4%</b>

# Lung Cancer



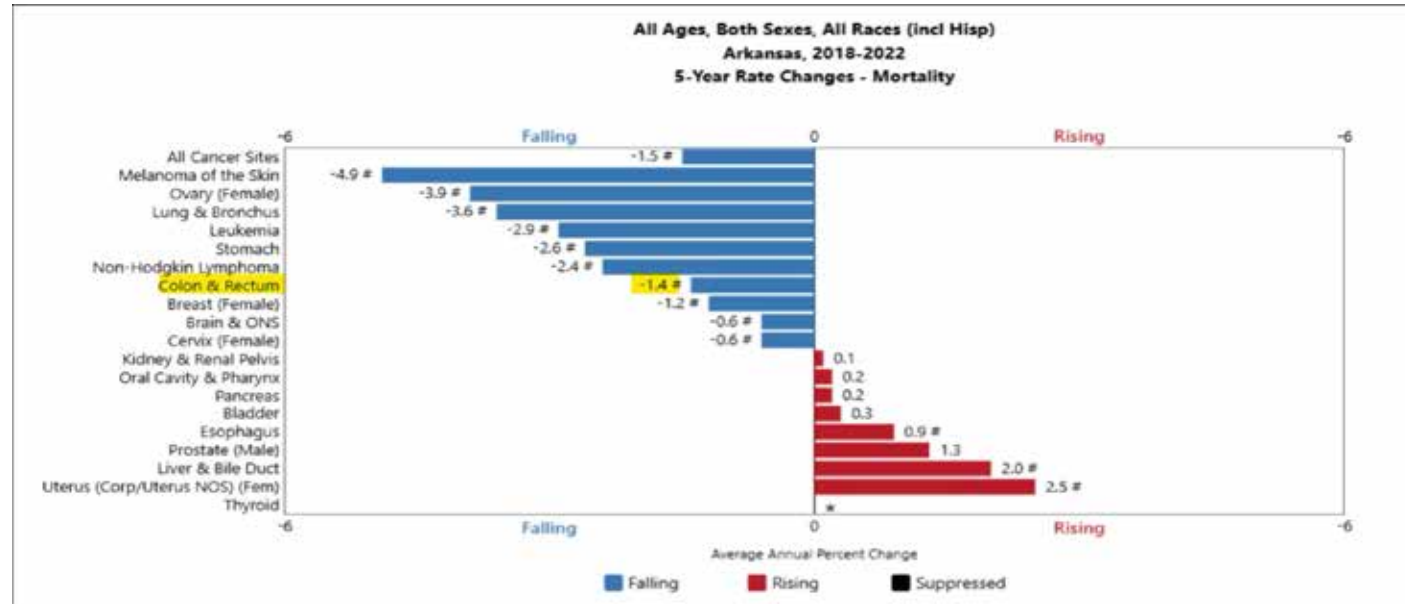
# Breast Cancer



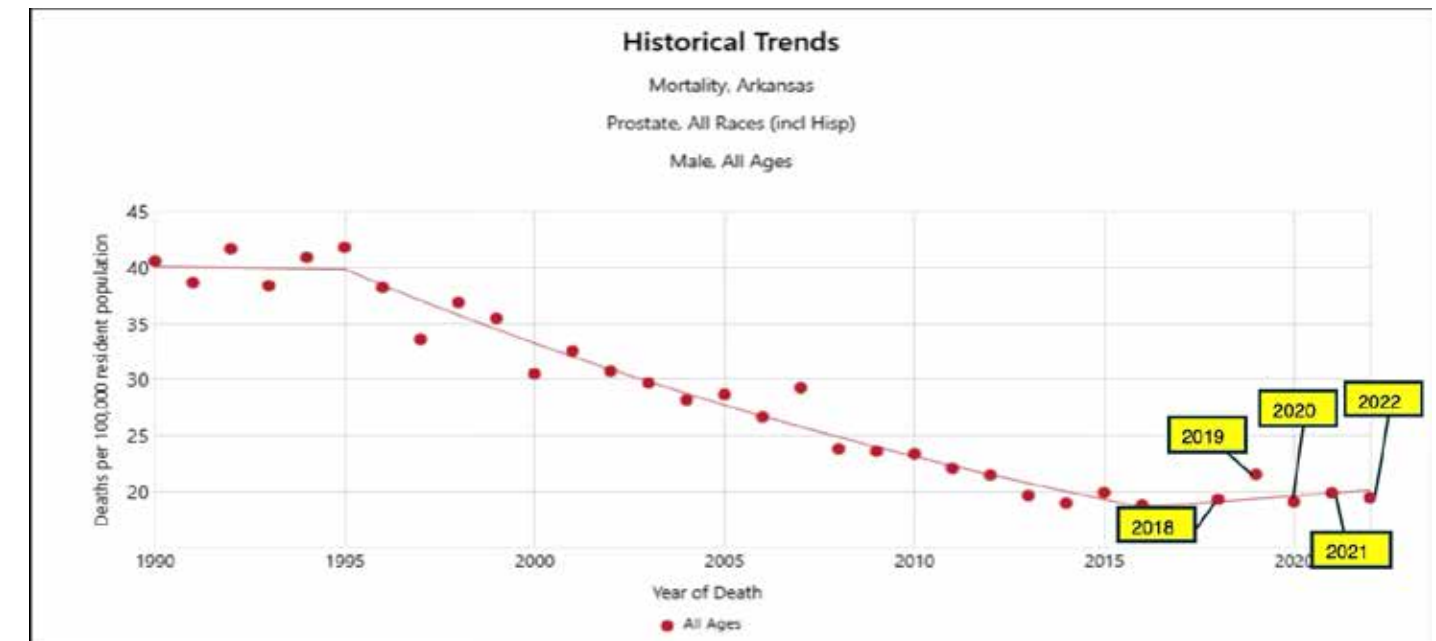
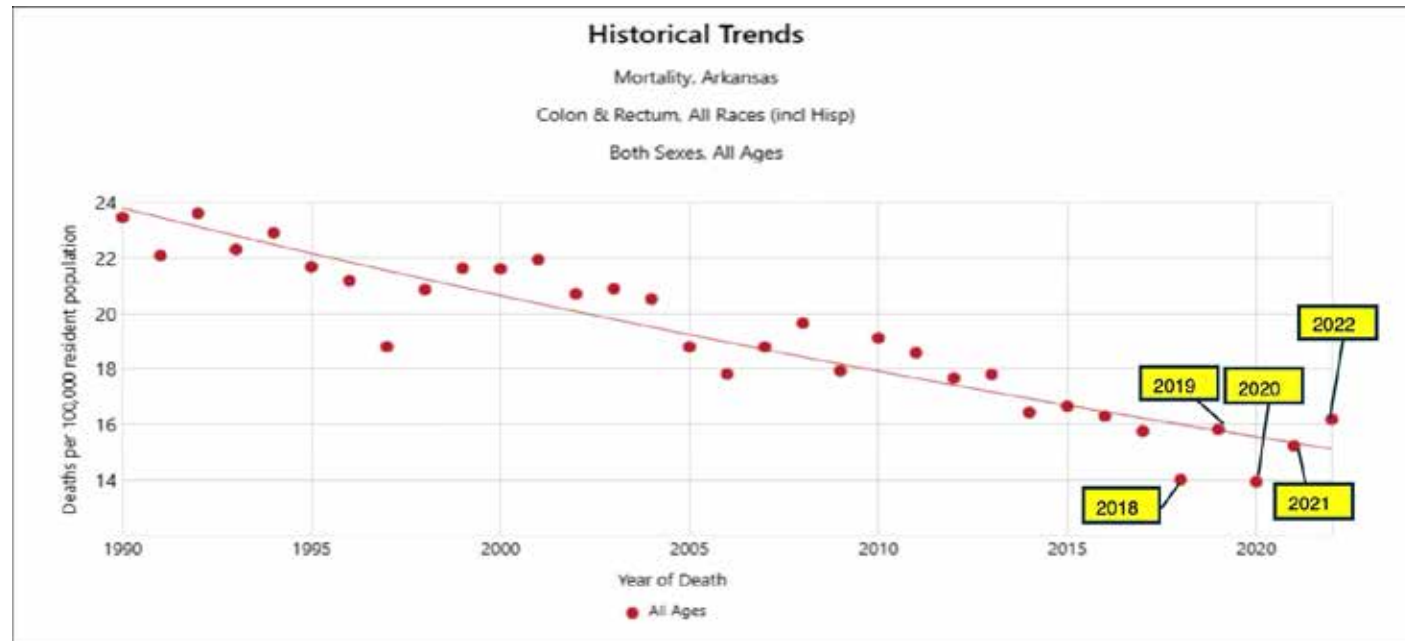
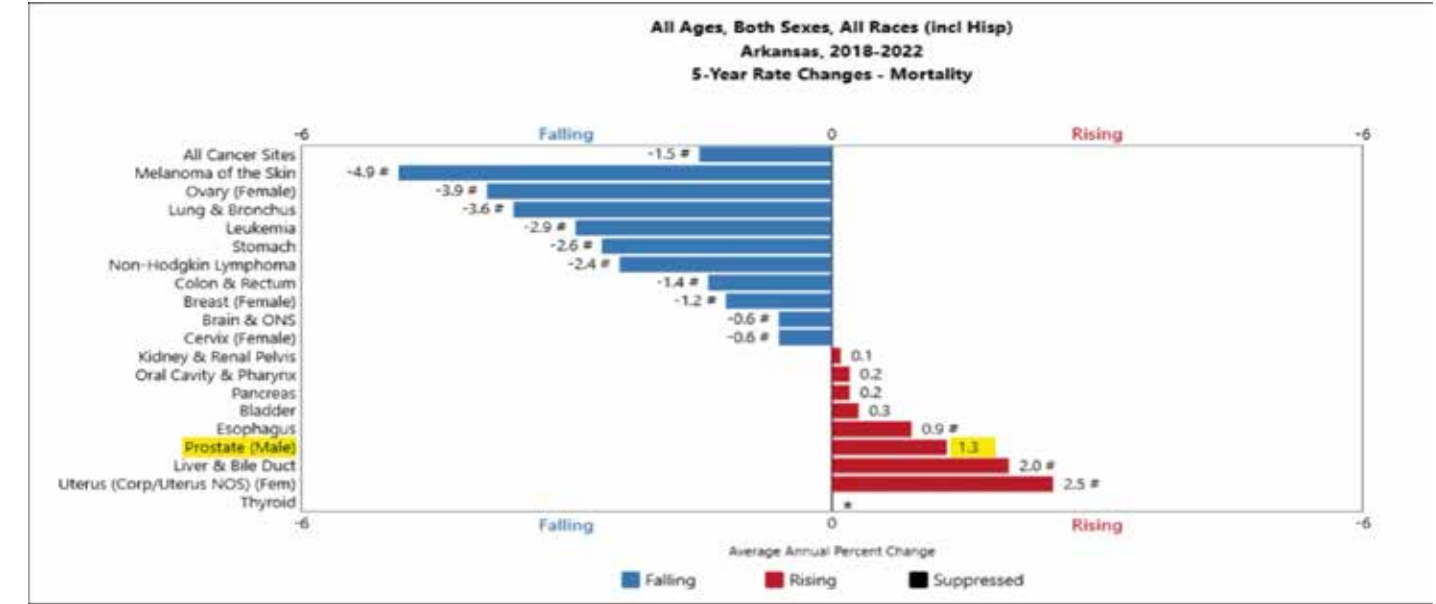
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# Colorectal Cancer



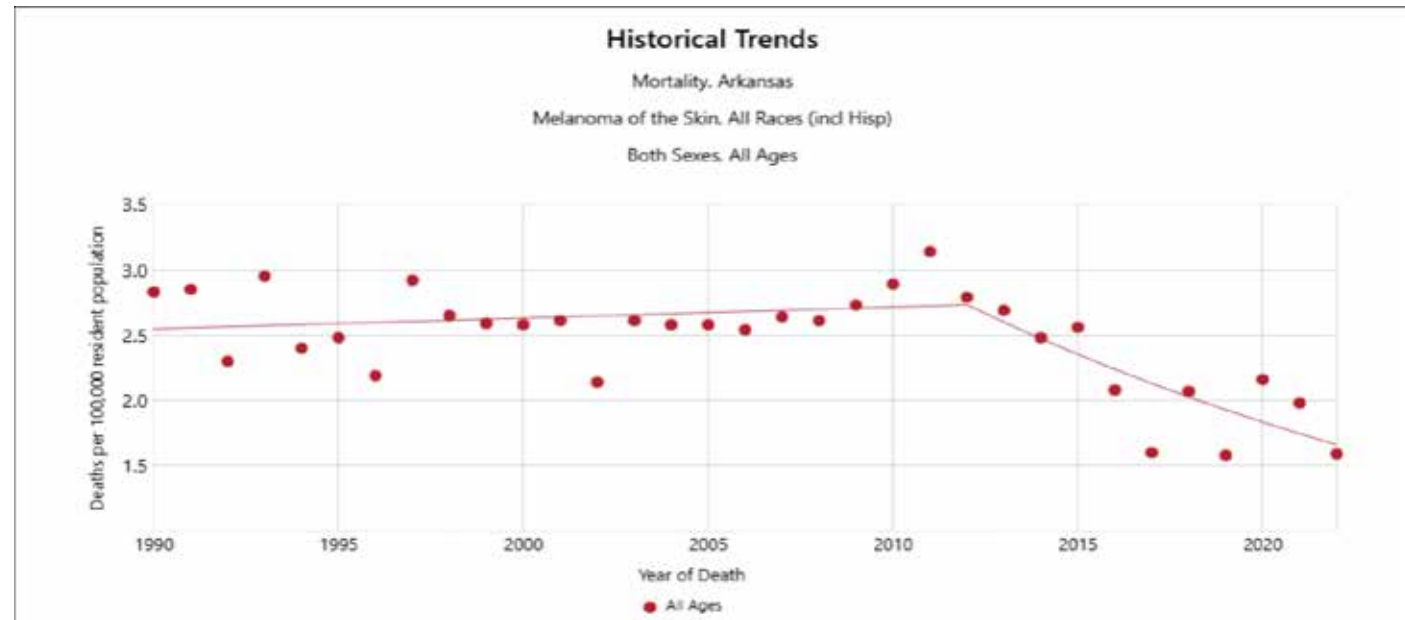
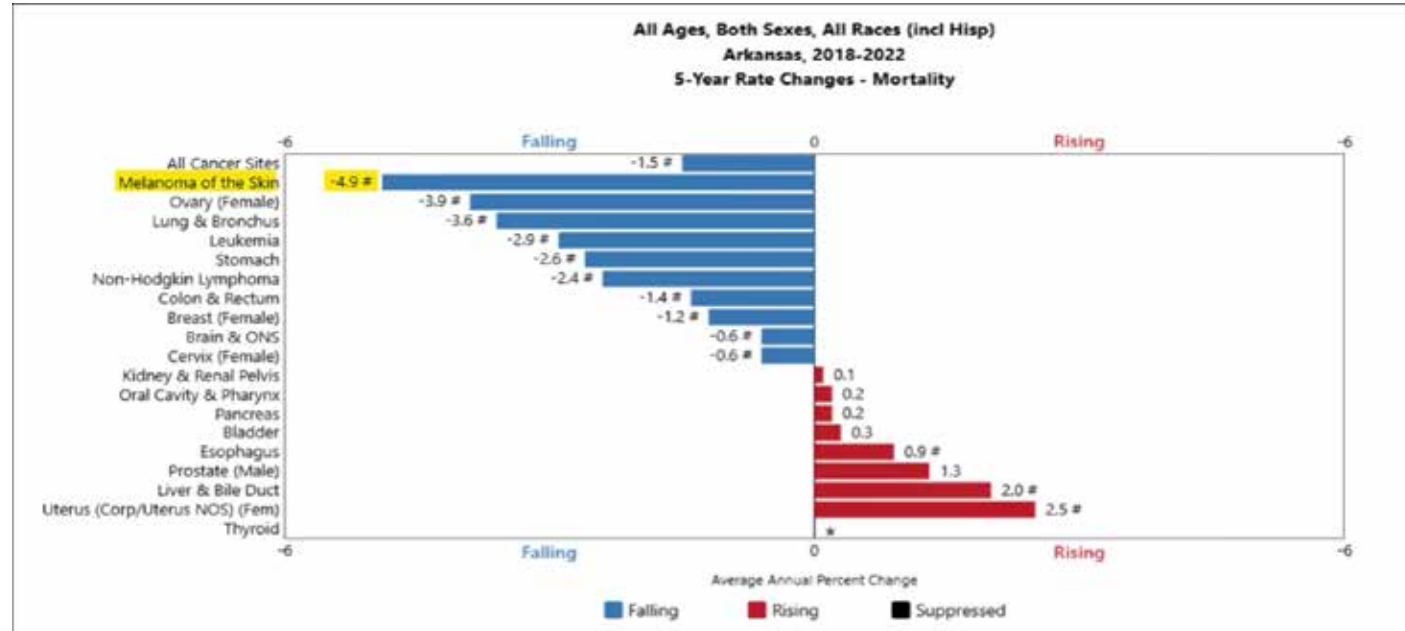
# Prostate Cancer



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# Melanoma Cancer



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SO IT'S BETTER QUALITY

# Oropharyngeal Cancer

Survival - All Cancer Sites		
Year	5-year relative survival	Annual percent change (estimated)
2021	66.4%	0.5%
2022	66.7%	0.5%
2023	67.1%	0.5%
2024	67.4%	0.5%
2025	67.7%	0.5%
2026	68.1%	0.5%
2027	68.4%	0.5%
2028	68.8%	0.5%
2029	69.1%	0.5%
2030	69.4%	0.5%
<b>Estimated percent change from 2021 to 2030</b>		<b>4.5%</b>

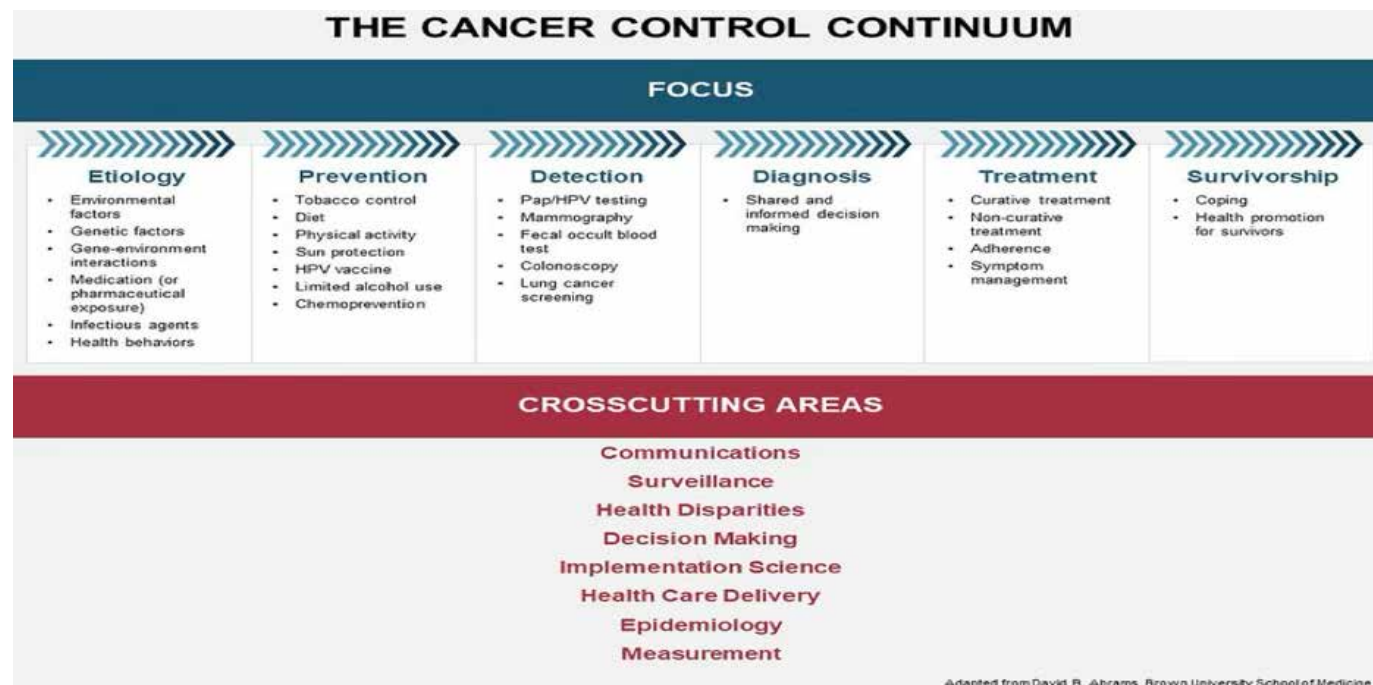
# All Cancers Sites-Survival

Survival - All Cancer Sites		
Year	5-year relative survival	Annual percent change (estimated)
2021	66.4%	0.5%
2022	66.7%	0.5%
2023	67.1%	0.5%
2024	67.4%	0.5%
2025	67.7%	0.5%
2026	68.1%	0.5%
2027	68.4%	0.5%
2028	68.8%	0.5%
2029	69.1%	0.5%
2030	69.4%	0.5%
<b>Estimated percent change from 2021 to 2030</b>		<b>4.5%</b>

# At a Glance

## Goals along the cancer control continuum

The Cancer Control Continuum is a framework the Arkansas Cancer Plan uses to show that reducing cancer burden requires coordinated, evidence-based action across every stage of the cancer experience, not just treatment. It begins with understanding cancer etiology and risk factors, then moves to primary prevention (e.g., tobacco control, HPV vaccination, healthy lifestyle supports), early detection/screening and timely diagnosis, followed by high-quality, equitable treatment. The continuum extends beyond initial care into survivorship, focusing on long-term physical, emotional, and practical needs, and includes palliative and end-of-life care to ensure comfort and dignity when cure isn't possible. These stages overlap and influence each other—progress in prevention changes what we see in diagnosis, and survivorship insights improve treatment and follow-up—so the 5th Edition Arkansas Cancer Plan emphasizes partnerships and strategies that connect the whole continuum for all Arkansans.



the cancer control continuum charts (2)  
IS THE ABOVE THE ONLY CHART?

I WILL HAVE TO REMAKE THE ABOVE CHART  
SO IT'S BETTER QUALITY

**Goal 1:** Improve health by promoting healthy eating and making nutritious foods available.

**Goal 2:** Improve health, fitness and quality of life through regular physical activity.

**Goal 3:** Reduce tobacco use and exposure to secondhand smoke in adults and children.

**Goal 4:** Reduce new cases of cancer and cancer-related illness, disability and death.

**Goal 5:** Improve statewide access to timely, cost-effective, high-quality health care for all Arkansans

**Goal 6:** Increase quality of life for survivors.

### CANCER PREVENTION

The Arkansas Cancer Plan (ACP) outlines the policies, systems changes, and actions necessary to reduce the burden of cancer across the state. A critical component of the cancer control continuum is preventing cancer before it occurs. Research from the American Cancer Society indicates that modifiable risk factors—including overweight and obesity, alcohol use, physical inactivity, and poor nutrition—collectively account for approximately 19 percent of cancer cases, underscoring the importance of comprehensive cancer prevention strategies.

**Goal 1: Improve health by promoting healthy eating and making nutritious foods available.**

**Goal 2: Improve health, fitness and quality of life through regular physical activity.**

Because we know this, our objective is to:

1. Reduce by 5 percent the proportion of adults who are overweight and obese, from a baseline of 71.6 percent in 2023 to 68 percent in 2030. (CDC Behavioral Risk Factor Surveillance System - BRFSS).
2. Reduce the proportion of children ages 14 – 18 years who are obese by 5% from a baseline of 21.5% in 2023 to 20.4% by 2030 (CDC Youth Risk Behavior Surveillance System - YRBSS).
3. Increase the proportion of fruits and vegetables in diets by 5% from a baseline of Fruits one or more per day, 54.5% in 2023 to 57.2% by 2030, Vegetables one or more per day, 79.7% in 2023 to 83.7% by 2030 (CDC BRFSS).

And:

4. Increase the proportion of adults who meet current physical activity by 5% from a baseline of 68.7% in 2023 to 72.1% by 2030 (CDC BRFSS).
5. Reduce the proportion of high school students who were not active at least 60 minutes, 7 days a week by 5% from a baseline of 15.9% in 2023 to 15.1% by 2030 (CDC YRBSS).

**Goal 3: Reduce tobacco use and exposure to secondhand smoke in adults and children.**

Tobacco use is linked to several types of cancer – bladder, blood, cervix, colon and rectum, esophagus, kidney and renal pelvis, liver, lungs, mouth and throat, pancreas, stomach and larynx, according to the CDC. Programs and support targeting cessation of smoking, smokeless tobacco use and vape use, as well as limiting the exposure to secondhand smoke, are valuable in lowering cancer rates.

We aim to:

1. Reduce tobacco use in adults by 5% from baseline to endpoints for:
  - All tobacco products from 26.5% in 2023 to 25.2 by 2030.
  - Cigarettes from 15.3% in 2023 to 14.5% by 2030.
  - Smokeless tobacco from 5.6% in 2023 to 5.3% by 2030.
  - E-cigarette use from 6.7% in 2023 to 6.4% by 2030 (CDC BRFSS).
2. Reduce current tobacco use among high schoolers by 5% from baseline to endpoints for:
  - All Tobacco products from 23.9% in 2023 to 22.7% by 2030.
  - Cigarettes from 7.4% in 2023 to 7.0 by 2030.
  - Smokeless products from 5.3% in 2023 to 5.0% by 2023.
  - Cigars from 9.3% in 2023 to 8.8% by 2030.
  - E-cigarettes from 22.6% in 2023 to 21.5% by 2030 (CDC YRBSS).
3. Reduce the proportion of non-smoking individuals who are exposed to secondhand smoke by 5% from a baseline of 24.3% in 2020 to 23.1% by 2030 (National Cancer Institute).

*The Community Guides offer a wide array of evidence-based strategies to support the goals of the Arkansas Cancer Plan. Organizations can explore strategies that align with their capacity by visiting The Community Guide on Substance Use Interventions to identify interventions involving coalitions or partnerships aimed at preventing substance use among youth.*

## **DETECTION AND DIAGNOSIS**

### **Goal 4: Reduce new cases of cancer and cancer-related illness, disability and death.**

Other effective prevention and risk reduction strategies include programs that increase HPV vaccine use, decrease tobacco use and promote quitting, and promote healthy eating and physical activity.

We look to our community clinics and hospital systems to encourage the vaccination of youths against HPV, which according to the CDC, can cause serious health problems, including cancers of the anus or the back of the throat as well as cervix, vagina and vulva in women, and the penis in men. HPV vaccination, recommended for 11–12-year-olds before they come into contact with the HPV virus, can prevent more than 90 percent of HPV-related cancers.

#### **Our objective is to:**

Increase the proportion of youth who get recommended doses of the HPV vaccine by 5% from a baseline of: Overall, 74.8% in 2023 to 78.5% in 2030; Females, 54.3% in 2023 to 57.0% by 2030 and Males 51.6% to 2023 to 54.2% by 2030 (AR WebIZ, Arkansas Immunization Information System).

Interventions to promote evidence-based cancer screenings — such as screenings for lung, breast, cervical, and colorectal cancer — can lead to early detection, which in turn can increase survival rates.

Working with individuals and organizations to reduce the cancer burden within their own community is expected to bring about a more comprehensive understanding of the specific challenges and to result in more trust among residents, who may be skeptical of medical professionals or who may have had negative healthcare experiences, which could increase the likelihood that they will take steps to improve their health.

#### **Our screening objectives include:**

1. Increasing the proportion of women who receive cervical cancer screening based on most recent guidelines by 5% from a baseline of 64.0% in 2023 to 67.2% by 2030 (CDC BRFSS).
2. Increasing the proportion of adults who get screened for colorectal cancer is 68.3% in 2022 to 71.7% by 2030 (CDC BRFSS).
3. Increasing the proportion of women who receive breast cancer screening based on most recent guidelines by 5% from a baseline of 68.8% in 2023 to 72.2% by 2030 (CDC BRFSS).
4. Increasing the proportion of adults who receive lung cancer screening based on most recent guidelines by 5% from a baseline of 1.1% % in 2022 to 1.2% by 2030 (CDC BRFSS).
5. Increasing the proportion of adults who receive prostate cancer screening based on most recent guidelines by 5% from a baseline of 43% in 2022 to 45% by x 2030 (CDC BRFSS).

*The Community Guides offer a wide array of evidence-based strategies to support the goals of the Arkansas Cancer Plan. Organizations can explore strategies that align with their capacity by visiting The Community Guide on Substance Use Interventions to identify interventions involving coalitions or partnerships aimed at preventing substance use among youth.*

## **ACCESS TO CARE AND TREATMENT**

It is clearly not enough to know that cancer is present. Once evidence of disease is detected, following up with the appropriate medical care and getting a plan for treatment is crucial. ACC provides grants to organizations dedicated to helping cancer patients navigate their care and to providing transportation and lodging assistance to those who need it. We continue to seek out and foster partnerships with those who can help us support cancer patients and their caregivers after their diagnosis and throughout their cancer treatment.

### **Goal 5: Improve statewide access to timely, cost-effective, high-quality health care for all Arkansans**

#### **Our objectives are;**

1. Reduce Structural Barriers to Screening
  - Address transportation challenges by expanding non-emergency medical transportation services.
  - Offer flexible scheduling, extended clinic hours, and walk-in screening opportunities.
2. Increase Provider Engagement and Referrals
  - Improve provider education on current screening guidelines and referral pathways.
  - Increase systematic use of reminders, referrals, and patient navigation to promote timely screening.
3. Improve Public Awareness and Health Literacy
  - Conduct culturally and linguistically appropriate outreach campaigns to increase awareness of cancer screening benefits
  - Engage trusted community organizations, faith-based groups, and local leaders.
4. Expand Screening Availability in Rural and Underserved Areas
  - Increase the use of mobile screening units and community-based screening events in rural Arkansas.
  - Support screening services in federally qualified health centers (FQHCs), rural health clinics, and critical access hospitals.
5. Improve Timely Access to Cancer Treatment
  - Reduce delays between abnormal screening results, diagnosis, and initiation of treatment.
  - Strengthen care coordination and referral systems across providers and regions.
6. Expand Transportation and Lodging Support for Treatment
  - Increase access to transportation assistance and temporary lodging for patients traveling long distances for treatment.
  - Partner with nonprofit organizations and healthcare systems to reduce travel-related burdens.

7. Enhance Patient Navigation Services
  - Expand patient navigation programs to help individuals overcome financial, logistical, and social barriers to care.
  - Focus navigation services on rural residents, older adults, and low-income populations.
8. Increase Use of Telehealth and Specialty Care Access
  - Expand tele-oncology and tele-navigation services to support patients in rural and remote areas.
  - Improve broadband access and digital literacy to support telehealth utilization.
9. Address Financial Barriers to Care
  - Increase enrollment assistance for Medicaid, Medicare, and charity care programs.
  - Promote awareness of financial assistance programs for screening, treatment, and supportive care.

## **SURVIVORSHIP AND QUALITY OF LIFE**

When cancer treatments end, patients may require post-treatment care, psychological support, palliative care or help with financial issues. They may be at higher risks for developing other conditions, like heart disease, diabetes and osteoporosis, or have increased risks of other cancers. Their bodies may look and feel different than they did before cancer, and they may suffer from anxiety, depression, pain, cognitive difficulties or other issues caused by their disease or that developed as side effects of the treatments they received for it.

### **Goal 6: Increase quality of life for survivors.**

#### **Our aim is to**

1. Improve Access to Comprehensive Survivorship Care
  - Increase the availability of survivorship care plans for all cancer survivors upon completion of treatment.
  - Expand survivorship services in rural and underserved areas through community health centers and oncology practices.
2. Strengthen Care Coordination and Follow-Up
  - Improve coordination between oncology providers, primary care, and specialty services to support long-term survivor health.
  - Increase timely follow-up care, including monitoring for recurrence, secondary cancers, and late treatment effects.

3. Expand Supportive and Palliative Care Services
  - Increase access to supportive care services such as pain management, mental health counseling, nutrition support, and rehabilitation.
  - Expand palliative care availability across the cancer continuum, including earlier integration alongside treatment.
4. Address Physical and Mental Health Needs
  - Increase screening and referral for anxiety, depression, fatigue, and cognitive challenges among cancer survivors.
  - Expand access to physical activity programs, smoking cessation, and chronic disease management services tailored for survivors.
5. Reduce Financial Toxicity for Cancer Survivors
  - Improve access to financial counseling and assistance programs to address treatment-related costs.
  - Increase awareness and enrollment in insurance, disability, and patient assistance programs.
6. Improve Transportation and Access to Services
  - Reduce transportation barriers to follow-up care, rehabilitation, and survivorship services, particularly in rural Arkansas.
  - Support mobile services and telehealth options for survivorship care.
7. Support Return to Work and Daily Functioning
  - Increase access to vocational rehabilitation, job training, and workplace accommodation resources.
  - Educate employers and survivors on legal protections and employment rights.
8. Address Health Disparities Among Special Populations
  - Tailor survivorship programs for rural residents, older adults, low-income individuals, racial and ethnic minorities, and people with disabilities.
  - Ensure culturally appropriate education and survivorship resources.
9. Increase Survivor and Caregiver Education
  - Improve access to education on long-term effects of cancer and treatment, healthy lifestyle behaviors, and self-management strategies.
  - Support caregiver education and respite services.
10. Enhance Data Collection and Survivor Engagement
  - Improve collection and use of survivorship data to identify gaps in care and outcomes.
  - Engage survivors and caregivers in program planning, evaluation, and policy development.

# Special Populations

The Arkansas Department of Health’s 2020 Arkansas **Red Counties Report** assessed the cancer burden and overall health disparities in **28 counties designated as “Red Counties.”** Under Arkansas Code Annotated § 25-1-120, Red Counties are defined as those where residents experience a life expectancy **six to ten years shorter** than that of Arkansans living in other parts of the state.

The legislation establishing Red Counties was enacted in recognition that health outcomes are shaped by a wide range of social and structural factors. These include the conditions in which people are born, grow, live, work, and age; access to healthcare systems; and broader influences such as poverty, substance use, employment conditions, unemployment, social support, access to nutritious food, transportation, and housing. The law further acknowledges that health disparities are driven by complex, interconnected factors operating at individual, interpersonal, organizational, and community levels, and that **collaboration among agencies and organizations is both cost-effective and essential to delivering comprehensive programs and services.**

Under this statute, state agencies, boards, and commissions are directed to work collaboratively to implement strategies that may include health screenings, public awareness and outreach efforts, resource and service navigation, and other initiatives aimed at improving access to healthcare and achieving systems-level change.

In alignment with this mandate, **ACC** is intensifying its efforts to improve access to preventive screenings, as well as the supplies and services necessary for overall wellness, in Red Counties such as **St. Francis County**. These efforts are intended to support longer, healthier lives for residents in communities facing the greatest health challenges.

## Key Findings

1. Life expectancy in Arkansas has consistently remained below the national average. In 2020, Arkansas tied with Tennessee for 45th in the nation for life expectancy (with 1st ranking as the highest).
2. The COVID-19 pandemic, along with other contributing factors, had a significant impact on life expectancy nationwide, with the U.S. average declining by 2.7 years between 2019 and 2021.
3. In 2021, Arkansas’s life expectancy was 73.6 years, compared to 76.1 years nationally. That year, 56 of Arkansas’s 75 counties (75%) had life expectancies below the state average.
4. Benton County recorded the highest life expectancy at 78.2 years, which is 4.6 years higher than the state average, and served as the reference point for county-level comparisons.
5. Phillips County had the lowest life expectancy at 67.2 years, which is 6.4 years below the state average and 11.0 years lower than Benton County.

# Surveillance and Evaluation

A core part of the Arkansas Cancer Coalition's (ACC) mission to reduce the cancer burden in Arkansas is maintaining a strong focus on surveillance—tracking cancer diagnoses statewide and evaluating trends, disparities in incidence and survival across populations, and the real-world impact of prevention and control interventions. The Arkansas Cancer Plan (ACP) is grounded in and responsive to these surveillance findings; we rely on the data to understand where progress is being made and to identify where additional, coordinated effort is needed. This work is supported by the long-standing partnership between ACC and the Arkansas Central Cancer Registry (ACCR). Since 1996, the ACCR has collected population-based cancer incidence data on Arkansans from hospitals, specialty clinics, pathology laboratories, and other reporting institutions, with funding from CDC's National Program of Cancer Registries (NPCR). To further strengthen this foundation, ACC will enhance NPCR data quality, completeness, use, and dissemination by expanding analytic capacity and strengthening how data are shared. Priority actions include linking registry data with complementary sources such as vital records/NDI, Medicaid and claims data, screening programs, and social determinants of health datasets; producing

routine, stakeholder-driven analytic products (e.g., annual cancer burden reports, disparity summaries, survival briefs, and county profiles); and maintaining clear, efficient data request and release procedures through standardized forms, data use agreements, and predictable turnaround timelines. Dissemination will be strengthened by timely submission of de-identified data to national and state platforms, development of accessible dashboards and visual reports, and ongoing feedback loops with reporting facilities and partners through report cards and coalition presentations.

**By 2030, ACC will measurably improve the quality, completeness, use, and dissemination of NPCR data by hosting three targeted training events reaching at least 100 healthcare professionals, registry staff, and public health stakeholders.** These trainings will highlight the most recent Arkansas cancer data, key trends, and practical applications to support stronger surveillance and data-informed decision-making statewide. At least 80% of participants will demonstrate increased knowledge and competency in using NPCR data, as shown through pre- and post-training assessments.

# Policy and Advocacy

The American Cancer Society's Cancer Action Network (ACS CAN) is a nonpartisan, nonprofit affiliate of the American Cancer Society, operating as a strong advocate in the effort to control cancer. During the 2025 Arkansas legislative session, ACS CAN worked with legislators to pass laws requiring health plans to cover genetic testing for inherited cancer risk and eliminate cost-sharing requirements for clinically appropriate genetic testing as well as guideline-recommended cancer imaging for people at high risk of developing cancer, and expanding access to supplemental breast imaging by prohibiting commercial insurers from charging patients for supplemental imaging needed based on risk factors.

Arkansas has advanced major policy attention to breast, colon/colorectal, and lung cancers through targeted "Cancer Acts" designed to remove cost barriers and push screening earlier, especially for high-burden cancers.

For **breast cancer**, Act 553 of 2025 (formerly SB 123) strengthens insurance protections by eliminating cost-sharing for diagnostic and supplemental breast examinations—such as ultrasound, MRI, contrast-enhanced mammography, or molecular breast imaging—so high-risk individuals can get recommended follow-up imaging without out-of-pocket costs that often delay diagnosis.

For **colon/colorectal cancer**, the state's Colorectal Cancer Prevention, Early Detection, and Treatment Act (also known as the Arkansas Colorectal Cancer Screening Initiative Act) established a statewide screening initiative in partnership with ADH, UAMS, and ACC to expand prevention and early detection services. Building on that foundation, Act 779 of 2021 lowered the age for covered colorectal cancer preventive screening from 50 to 45 and prohibited cost-sharing for follow-up colonoscopies after a positive stool-based or other non-colonoscopy test, helping ensure abnormal results lead to timely diagnostic care.

For **lung cancer**, Arkansas has recently moved to strengthen screening access through legislation such as HB 1316 (2025), which mandates coverage of guideline-recommended low-dose CT lung cancer screening in health benefit plans beginning January 1, 2026—an important step in a state with one of the nation's heaviest lung cancer burdens and historically low screening rates.

Complementing these screening laws, Arkansas' **Tobacco 21** law raised the minimum legal sales age for all tobacco, vapor, and alternative nicotine products to **21**, effective September 1, 2019—one of the most important population-level cancer-prevention steps by reducing youth initiation and long-term tobacco-related cancer risk. Together, these measures reflect a coordinated statewide strategy to prevent cancer where possible and detect it earlier when it occurs by lowering financial and access barriers across the cancer control continuum.

These priorities serve as precursors to the objectives that support cancer policy. Continued policy support is imperative to reducing cancer mortality in Arkansas. The following actions outline ways Arkansans are called to action.

## Support Policies that Improve Access to Care

- Advance policies that expand screening coverage, transportation support, and workforce capacity.
- Strengthen cross-agency collaboration to address social determinants of health.

## Enhance Workforce Capacity in Rural Areas

- Support recruitment and retention of healthcare providers, navigators, and specialists in rural Arkansas.
- Promote training programs focused on cancer prevention, screening, and survivorship care.

# Conclusion

Cancer remains a significant public health challenge in Arkansas, particularly for residents living in rural and underserved communities. While meaningful progress has been made, continued and coordinated efforts are essential to further reduce cancer incidence and mortality across the state. The Arkansas Cancer Plan provides a critical framework for advancing evidence-based strategies that address both clinical care and the social determinants of health that influence cancer outcomes.

Increasing access to care must remain a central priority. Transportation barriers continue to limit timely access to cancer prevention, screening, diagnosis, and treatment—especially in rural areas where long travel distances and limited public transit options persist. Expanding transportation support services, mobile health units, and community-based screening initiatives will be essential to ensuring that all Arkansans, regardless of geography or income, can access lifesaving cancer care.

In particular, increasing **lung cancer** screening is a vital opportunity to reduce cancer mortality in Arkansas. Lung cancer remains the leading cause of cancer-related deaths in the state, yet screening rates remain low despite the availability of effective low-dose CT screening for high-risk populations. Strengthening provider education, expanding screening sites, addressing transportation challenges, and improving public awareness can lead to earlier detection and significantly improved survival outcomes.

Arkansas's cancer-related policies and collaborative initiatives are already contributing to progress. Statewide efforts to promote preventive services, enhance data-driven decision-making, and foster partnerships among public agencies, healthcare providers, and community organizations are helping to reduce disparities and improve outcomes. Policies that support coordinated care, screening access, tobacco control, and community outreach are essential components in the continued decline of cancer mortality.

Special attention must be given to **rural populations**, who often experience higher cancer burdens, later-stage diagnoses, and poorer outcomes due to limited access to care, workforce shortages, and socioeconomic barriers. Tailored interventions that reflect the unique needs of rural Arkansans—including culturally appropriate education, local partnerships, telehealth services, and mobile screening programs—are critical to closing these gaps.

Through sustained collaboration, strategic investment, and policy-driven action, Arkansas has the opportunity to further reduce cancer mortality and improve quality of life for all residents. By prioritizing access to care, transportation solutions, expanded lung cancer screening, and focused support for rural and special populations, the Arkansas Cancer Plan sets a clear path toward a healthier and more equitable future for the state.

**INSIDE BACK COVER**



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