

August 2017

Dear MCC members and partners,

The [Cancer Plan of Michigan](#) was released in November 2015. Since then as the MCC and its partners have worked to implement the Cancer Plan, some discrepancies were noted and edits to the plan were required. The Cancer Plan was edited accordingly and we continue to monitor for additional changes. Each change to the Cancer Plan is noted below. Deletions are crossed out and insertions are underlined. A brief explanation for the change is provided in italics.

If you have a hard copy of the Cancer Plan, please note the changes and use the edited versions of the pages that are attached.

The online version of the Cancer Plan and Dashboard have been updated to reflect the changes.

We apologize for any inconvenience this may have caused. The MCC is committed to presenting the most accurate information as it is available and will continue to make changes as necessary.

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Objective 1: Reduce the proportion of adults and adolescents who currently smoke from 21.4% (adults) and 4% ~~11.8%~~ (adolescents) to 19.3% (adults) and ~~3.6%~~ 10.6% (adolescents).

Objective 2: Reduce use of smokeless tobacco products by adults and adolescents from ~~11.8%~~ 4.0% (adults) and 6.9% (adolescents) to ~~10.6%~~ 3.6% (adults) and 6.2% (adolescents).

The data was listed incorrectly.

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Objective 5: Increase the proportion of females and males ages 13-17 years who have ~~received at least three doses completed the recommended series~~ of HPV vaccine from 24.2% (females) and 7.4% males to 80% (females and males).

Change was made to reflect the most recent update to the clinical guidelines.

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Objective 29: Increase the number of Michigan adults diagnosed with cancer reporting they were given a written summary of all the cancer treatment they received from ~~51%~~ 31.5% to ~~52.5%~~ 44.6%.

Objective 30: Increase the number of Michigan adults diagnosed with cancer who report they received instructions about where to return or who to see for routine cancer check-ups after completing treatment for cancer from ~~67%~~ 46.6% to ~~69%~~ 57.1%.

Previously, objectives 29 and 30 used 2013 BRFSS data as the baseline. Data from 2013 and 2015 of the survivorship module of the BRFSS are not comparable because questions from 2013 were asked of any one who reported ever being diagnosed with cancer, while 2015 questions were asked only to those who were diagnosed with cancer and had been out of treatment for at least three months or never received treatment. The baseline data was changed to 2011 data since it is comparable to 2015 and beyond.

Again, we appreciate your understanding and look forward to continuing our work to reduce the cancer burden in the state.

Sincerely,

Thomas Rich
MCC Evaluation Committee Chair