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Join the Fight against Cancer When Filing Your Taxes

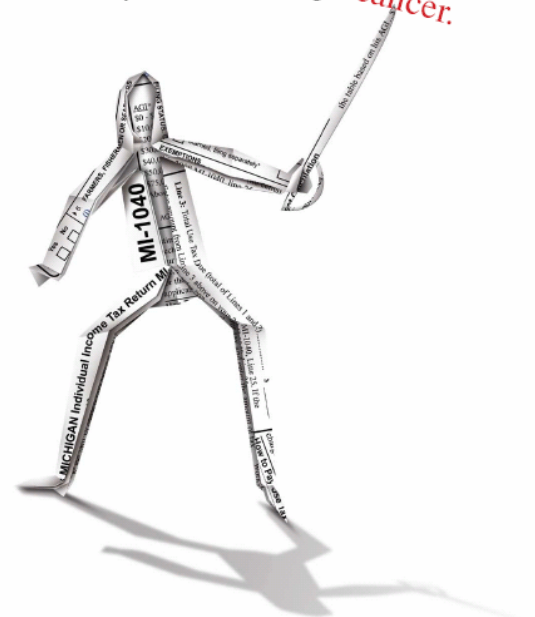
Feel good about filing your taxes this year by supporting Michigan Tax Check-Offs to Fight Cancer. Michigan tax payers can donate \$5, \$10, or more to two important cancers funds:

- 1) Amanda's Fund for Breast Cancer Prevention and Treatment
- 2) Prostate Cancer Research Fund

One hundred percent of monies collected stays here in Michigan. Please help us spread the word by:

- Printing off the "Use Your Tax Return to Fight Cancer" [poster](#) and display it at:
 - workplaces
 - local health agencies, doctor's offices, and clinics
 - libraries, post offices, churches, and municipal buildings, such as city halls
 - special sporting events and concerts
 - health fairs
 - retail shops, shopping malls, restaurants, and beauty shops.
- Printing off and distributing the "Use Your Tax Return to Fight Cancer" [flyer](#)
- Encouraging your local station to use the [radio public service announcement \(PSA\)](#) promoting the Michigan Tax Check-Offs to Fight Cancer.
- Including this [sample article \("Make this Tax Season Count!"\)](#) in your newsletters or on your Web site communications.

Use your tax return to fight **cancer.**



To learn more about the cancer funds, please visit <http://www.michigancancer.org/taxcheck-off.cfm>.

MCC Revises Breast Cancer Guidelines

The MCC Breast Cancer Advisory Committee recently convened and revised its *Screening Guidelines for the Early Detection of Breast Cancer*. The revised guidelines continue to support yearly mammography and clinical breast exam beginning at age 40 for average-risk women.

The MCC Board of Directors approved the revised guidelines in December.

The revised guidelines are available exclusively online at:

<http://www.michigancancer.org/PDFs/EarlyDetectionRecs/MCCBreastCaGuidelines-Dec2009.pdf>.

Check Out CDC's Pre-Teen Vaccine Campaign

The Center for Disease Control and Prevention's Pre-teen Vaccine Campaign includes posters, flyers, web buttons, and PSAs that educate parents and providers about recommended pre-teen vaccines and the 11 and 12 year old medical check-up. Materials, created after extensive audience research, are available in English, Spanish, Korean, and Vietnamese. Several pieces include audience-tested, culturally-specific messages and graphics.

The campaign goals are to:

- Motivate caregivers of 11 and 12 year olds to have their pre-teens immunized with Tdap, Flu, MCV4, and HPV (for girls).
- Motivate caregivers to get their pre-teens caught up on missed childhood vaccines.
- Increase awareness in African American, Hispanic, Korean, Native American, and Vietnamese parents of immunization recommendations and benefits (and thereby increase immunization rates and prevent disparities).
- Promote the 11 to 12 year old medical check-up.
- Provide healthcare providers with educational materials to facilitate their efforts.

To learn more about the campaign and order materials, please visit: <http://www.cdc.gov/vaccines/spec-grps/preteens-adol/07gallery/default.htm>.

Information supports MCC Cervical Cancer Special Project for 2009-2011

As her parent, you have always been there for her.

When she was 3, you were there to bandage her knee.

When she was 6, you were there to help her sound out the big words.

Now is the time to protect your pre-teen daughter from cervical cancer.

• Cervical cancer is caused by a common virus called the human papillomavirus (HPV).
• In 2007, about 11,000 women will be diagnosed with cervical cancer and about 3,600 women will die from it in the U.S.
• An HPV vaccine is now available. It can prevent most cervical cancers.
• The vaccine is safe and very effective.
• Doctors recommend the HPV vaccine for all 11 and 12 year old girls. If your daughter missed getting the vaccine when she was 11 or 12, make an appointment for her to get it now.

FOR MORE INFORMATION ON VACCINES, VISIT WWW.CDC.GOV/VACCINES OR CALL 800.CDC.INFO (800.232.6243).
VISIT WWW.CDC.GOV/VACCINES/PRETEEN/

CDC

MCGA, MCC Release Genetics Position Paper

The Michigan Cancer Genetics Alliance and the MCC have recently developed a position paper for health care providers entitled *Testing for Hereditary Cancer Predisposition Syndromes and Genetic Counseling*.

This paper was prepared by cancer genetics experts and approved by the MCC Board of Directors in November. Check out the paper at:

<http://www.michigancancer.org/PDFs/Genetics/PositionStatement-TestgHereditaryCaPredispSyndromesGenCounselg.pdf>.

Information supports MCC Cancer Genomics Special Project for 2009-2011.

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Look! We're on

You Tube™

U.S. Cancer Cases and Deaths Continued to Decline in 2006

The overall rate of new cancer cases diagnosed (incidence) and deaths from cancer (mortality) continued to decline significantly in the United States through 2006, due largely to lower lung, prostate, and colorectal cancer rates in men and lower breast and colorectal cancer rates in women. New diagnoses for all cancers decreased, on average, almost 1 percent per year between 1999 and 2006. Cancer deaths decreased 1.6 percent per year between 2001 and 2006. Researchers from the National Cancer Institute (NCI), Centers for Disease Control and Prevention (CDC), American Cancer Society, and North American Association of Central Cancer Registries reported these findings in the *Annual Report to the Nation on the Status of Cancer (1976-2006)*, published online December 7 in *Cancer*.

This year's report featured a special section on colorectal cancer (CRC) trends. Over the most recent data collection period, new cases of CRC fell 3.0 percent per year in men and 2.2 percent in women, while deaths from CRC fell 3.9 percent per year in men and 3.4 percent in women. Using data from NCI's SEER Program and the CDC's National Center for Health Statistics, the researchers used a microsimulation model, MISCAN-Colon, from NCI's Cancer Intervention and Surveillance Modeling Network (CISNET) consortium to estimate the impact of historical changes in modifiable risk factors (obesity, smoking, and diet), screening, and treatment on past CRC incidence and mortality trends and to project future mortality trends through 2020.

Of the 26 percent reduction in CRC mortality from 1975 to 2000, estimates from MISCAN-Colon modeling indicated that slightly more than half was due to increased screening (especially of older adults using the fecal occult blood test, sigmoidoscopy, and colonoscopy), more than a third was due to improvements in risk factors, and the remaining reduction can be attributed to better treatment. The model predicted a "36 percent overall decline in CRC mortality from 2000 to 2020 if current trends in risk factors, screening, and treatment continue," and, with accelerated cancer control efforts, "an overall mortality reduction of 50 percent by 2020 is possible," the authors wrote.

"The continued decline in overall cancer rates documents the success we have had with our aggressive efforts to reduce risk in large populations, to provide for early detection, and to develop new therapies that have been successfully applied in this past decade," said NCI Director Dr. John E. Niederhuber in a statement. "Yet we cannot be content with this steady reduction in incidence and mortality. We must, in fact, accelerate our efforts to get individualized diagnoses and treatments to all Americans and our belief is that our research efforts and our vision are moving us rapidly in that direction."

<http://www.cancer.gov/ncicancerbulletin/121509/page3#b>

BCCCP
Breast and Cervical
Cancer Control Program

Save The Date

**2010 BCCCP/WISEWOMAN
Annual Meeting**

GREAT WOLF LODGE

May 6-7, 2010
Great Wolf Lodge
Traverse City, MI

SPOTLIGHT:

oncology



The first and only
video sharing website
for oncology professionals.

Collaborate in the fight against cancer. [Watch the latest](#) symposiums, roundtables, interviews and other webcasts strictly dedicated to oncology. Even better, upload your own video and audio for free and share it with the world.

For your FREE ACCOUNT, visit www.OncologyTube.com to begin using the latest tool in cancer research.

When BRCA1/2 Testing is Negative...Should You Look Elsewhere?

~ Submitted by Emily Swan, MS, CGC, Michigan Cancer Genetics Alliance

When addressing a family history of breast cancer, many people think of the Hereditary Breast and Ovarian Cancer (HBOC) syndrome associated with changes in the BRCA1 and BRCA2 genes. A strong family history of breast cancer often signals clinicians to start by testing these genes, as changes in these genes are the most common cause of inherited breast cancer. However, is a negative (or normal) BRCA 1 or 2 result the end of the genetic road, or should further testing be considered?

The road has far from ended as breast cancer is a feature of many other hereditary cancer syndromes. Although not as common as HBOC syndrome, clinicians may want to think about one of these other syndromes in the differential diagnosis. Depending on a patient's personal and family history, they could be at risk for a variety of other conditions and future cancers.

The first is **Cowden syndrome (CS)**; sometimes referred to by one of its phenotypes – the PTEN hamartoma (benign) tumor syndrome (PHTS). CS is a multiple hamartoma syndrome with a high risk of benign and malignant tumors of the thyroid, breast, and endometrium. Affected individuals can have macrocephaly (large head size), trichilemmomas (cysts), and papillomatous skin papules and may present with these non-cancerous findings in their 20s. The lifetime risk of developing breast cancer is 25%-50%, with an average age of diagnosis between 38 and 46 years. Similarly to HBOC syndrome, Cowden syndrome is inherited in an autosomal dominant manner, giving first degree relatives of an affected individual a 50% chance to have the condition. A diagnosis of Cowden syndrome should be considered when a patient or their family members have multiple of the following:

- Lhermitte-Duclos disease (LDD) (a rare non-cancerous brain tumor)
- Mucocutaneous lesions (trichilemmomas, acral keratoses, papillomatous lesions)
- Breast cancer
- Non-medullary thyroid cancer
- Macrocephaly ($\geq 97^{\text{th}}$ ile) (abnormally large head)
- Endometrial cancer
- Structural thyroid lesions (e.g., adenoma, multinodular goiter)
- Learning Difficulties or Developmental Delay (i.e., $\text{IQ} \leq 75$)
- Gastrointestinal hamartomatous polyps
- Fibrocystic breasts
- Lipomas (benign fatty tumors)
- Fibromas
- Genitourinary tumors (e.g., uterine fibroids, renal cell carcinoma)
- Genitourinary structural malformations
- Uterine fibroids

Next is **Li-Fraumeni syndrome (LFS)** which is a rare cancer predisposition syndrome associated with soft-tissue sarcomas, breast cancer, leukemia, osteosarcoma, melanoma, and cancer of the colon, pancreas, adrenal cortex, and brain. LFS is diagnosed in individuals meeting established clinical criteria. More than 50% of individuals diagnosed clinically have an identifiable disease-causing mutation in the TP53 gene. The risk of developing breast cancer in an individual with a [germline mutation](#) in the TP53 [gene](#) is approximately 49% by age 44 years and 60% overall. LFS is inherited in an autosomal dominant manner. A diagnosis of Li-Fraumeni syndrome should be considered when you have a patient with:

- sarcoma, brain, or adrenal cancer before 45
- **and** 1 first degree relative or second degree relative with sarcoma, breast, brain, adrenal or leukemia at any age
- **and** 1 first degree relative or second degree relative with any cancer before age 60

~ Continued on Page 5 ~

AHRQ Releases New Health Literacy Tool

The Agency for Healthcare Research and Quality (AHRQ) has released the Consumer Assessment of Healthcare Providers and Systems™ (CAHPS) Item Set for Addressing Health Literacy in English and Spanish.

The primary purpose of the CAHPS Item Set for Addressing Health Literacy is to measure, from the patients' perspective, how well health care professionals communicate with their patients. Only 12 percent of U.S. adults have proficient health literacy. Over a third of U.S. adults—77 million people—could have difficulty with common health tasks, such as following directions on a prescription drug label or adhering to a childhood immunization schedule using a standard chart. The Item Set for Addressing Health Literacy offers:

- Ability to identify specific topic areas for quality improvement (e.g., communication about test results, medications, and forms)
- Measure of health care professionals' health literacy practices
- Ability to recognize behavior that inhibits effective communication (e.g., talking too fast)
- Assistance in designing a safer, shame-free environment where patients feel comfortable discussing their health concerns (e.g., showing interest in questions)

The CAHPS Item Set for Addressing Health Literacy consists of 29 supplemental items designed for use with the CAHPS Clinician and Group Survey. The items address six areas: (1) communication with doctors, (2) communication about health problems and concerns, (3) communication about medications, (4) communication about tests, (5) communication about forms, and (6) communication about disease self-management. Select to access the [health literacy tool](#).

Information supports the access to care cross-cutting theme in the MCC Comprehensive Cancer Plan for 2009-2015.

When BRCA1/2 Testing is Negative...Should You Look Elsewhere? continued

Hereditary diffuse gastric cancer (HDGC) is the autosomal dominant susceptibility for diffuse gastric cancer, a poorly differentiated adenocarcinoma that infiltrates into the stomach wall, causing thickening of the wall (linitis plastica) without forming a distinct mass. The average age of onset of hereditary diffuse gastric cancer is 38 years, with a range of 14-69 years. The majority of the cancers in individuals with CDH1 mutations occur before age 40 years. The estimated cumulative risk of gastric cancer by age 80 years is 67% for men and 83% for women. Women also have a 39% risk for lobular breast cancer. HDGC should be considered when a patient has early onset diffuse gastric cancer, there are multiple family members with gastric cancer, or a family has both lobular breast cancer and gastric cancer.

Peutz-Jeghers syndrome (PJS), where individuals have gastrointestinal polyposis and mucocutaneous pigmentation, is also associated with breast cancer. Peutz-Jeghers-type hamartomatous polyps are most prevalent in the small intestine (jejunum, ileum, and duodenum, respectively), but also occur in the stomach and large bowel in the majority of affected individuals. In a study by [Lim et al \[2003\]](#) the risk for breast cancer was 29% by age 65 years. Mutations in the STK11 gene (1LKB1) are found in a significant proportion of individuals with or without a positive family history, and the inheritance is autosomal dominant.

In addition to the above conditions, breast cancer is also associated with other hereditary cancer syndromes such as Bloom syndrome, Werner syndrome, and Xeroderma pigmentosum. If you are trying to determine whether a family history is suspicious for a hereditary cancer syndrome, it is helpful to remember the "red flags" for referral to Cancer Genetic Services:

Red Flags of Hereditary Cancer Susceptibility:

- Cancer diagnosed at an unusually young age (e.g., breast or colon cancer before age 50)
- Multiple close family members with either the same type of cancer or related cancers (e.g., breast and ovarian cancer; colon and uterine cancer)
- Two or more primary cancer diagnoses in the same individual (e.g., breast cancer in both breasts, ovarian and breast cancer, colon and uterine cancer)
- Certain rare cancers or tumors (e.g., medullary thyroid cancer; retinoblastoma; hepatoblastoma; male breast cancer; adrenocortical carcinoma; pheochromocytoma)
- Other features associated with a hereditary cancer syndrome (e.g., multiple colon polyps)

To locate a Genetics Center near you visit the Michigan Cancer Genetics Alliance Directory at www.migeneticsconnection.org/cancer/directory.html.

Information supports strategies in the MCC Cancer Genomics Strategic Plan for 2009-2015.

January

<i>Sun</i>	<i>Mon</i>	<i>Tue</i>	<i>Wed</i>	<i>Thu</i>	<i>Fri</i>	<i>Sat</i>
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3	4	5	6	7	8	9
10	11 Expanding Access to Cancer Clinical Trials through Improvements in the Informed Consent Process • https://enacct.webex.com/enacct/k2/j.php?EID=131167062&UID=911273022&FM=1 >	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28 Diabetes and Tobacco Use: A Deadly Combination Webinar • 11:00 am – 12:00 pm • For more information: lyone@michigan.gov michigan.gov	29	30
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