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MCC Welcomes 2 New Member Organizations

The MCC is pleased to announce that the National Association of Social Workers – Michigan Chapter and The Wellness Community of Southeast Michigan have recently joined the Consortium.

The National Association of Social Workers (NASW) is the oldest and largest organization of professional social workers with 153,000 members; more than 7,500 in Michigan. It serves members and advocates for sound social policy.

Professional social workers practice in many settings including family service agencies, community mental health centers, schools, hospitals, employee assistance programs, and public and private agencies. Professional social workers provide more than half of the nation's mental health services and offer vital services to individuals, families, and communities. A professional social worker has a degree and meets state legal requirements. NASW is a nonprofit organization.

The NASW - Michigan Chapter is committed to serving its members and advocating for the social work profession. More information about the Michigan Chapter of the National Association of Social Workers is available online at <http://www.nasw-michigan.org/>

Founded in 1982, **The Wellness Community** is an international non-profit organization dedicated to providing free support, education, and hope to people with cancer and their loved ones. Through participation in professionally-led support groups, educational workshops, nutrition and exercise programs, and stress-reduction classes, people affected by cancer learn vital skills that enable them to regain control, reduce isolation, and restore hope regardless of the stage of their disease.

The Wellness Community provides support, education, and hope for people with cancer at over 100 locations worldwide including 24 U.S. based and 2 international centers with 73 satellite and offsite programs and online at The Virtual Wellness Community. The Wellness Community of Southeast Michigan is located in Ann Arbor.

To learn more about The Wellness Community, please visit their website at: <http://www.thewellnesscommunity.org/>

The number of MCC organizations now totals 108.

President Bush Signs Landmark Genetic Nondiscrimination Information Act into Law

On May 21, 2008, President George W. Bush signed into law the first civil rights legislation of the new millennium, the Genetic Information Nondiscrimination Act (GINA). GINA is the first and only federal legislation that will provide protections against discrimination based on an individual's genetic information in health insurance coverage and employment settings.

"This is a tremendous victory for every American not born with perfect genes - which means it's a victory for every single one of us," said Representative Louise Slaughter (D-NY). "Since all of us are predisposed to at least a few genetic-based disorders, we are all potential victims of genetic discrimination."

"Today marks the beginning of a new era in health care," continued Slaughter. "Americans can finally take advantage of the tremendous potential of genetic research without the fear that their own genetic information will be used against them."

Just a few weeks ago, GINA received overwhelming support in both the Senate, with a unanimous vote of approval, and the House of Representatives, where the legislation was passed by a landslide vote of 414-1.

"Individuals no longer have to worry about being discriminated against on the basis of their genetic information, and with this assurance, the promise of genetic testing and disease management and prevention can be realized more fully," stated Sharon Terry, president of the Coalition and CEO of Genetic Alliance (<http://www.geneticalliance.org/>). "We applaud our champions on the Hill who have worked tirelessly to pass this important legislation. It is now our responsibility to make sure the public knows that these new protections are in place."

The health insurance protections offered by GINA are expected to roll out 12 months after the bill is signed, whereas the employment protections will be fully realized in 18 months.

"Now that GINA has been approved and signed into federal law by the President, American health care consumers and employees will no longer have to fear the adverse effects of being tested to determine their risk status for genetic diseases," said Joann Boughman, Ph.D., executive vice president of the American Society of Human Genetics (<http://www.ashg.org/>) and a member of the Coalition's executive committee. "Once this legislation has taken effect, clinicians will be able to order genetic tests for patients and their families in a manner that ensures the full realization of the advantages of personalized medicine models, while easing patients' concerns about the risk of genetic discrimination by insurance companies and employers based on this data."

Specifically, the legislation protects against genetic discrimination by health insurers or employers by:

- Prohibiting group health plans and issuers offering coverage on the group or individual market from basing eligibility determinations or adjusting premiums or contributions on the basis of genetic information. They cannot request, require, or purchase the results of genetic tests or disclose genetic information.
- Prohibiting issuers of Medigap policies from adjusting pricing or conditioning eligibility on the basis of genetic information. They cannot request, require, or purchase the results of genetic tests or disclose genetic information.
- Prohibiting employers from firing, refusing to hire, or otherwise discriminating with respect to compensation, terms, conditions, or privileges of employment. Employers may not request, require, or purchase genetic information and may not disclose genetic information. Similar provisions apply to employment agencies and labor organizations.



President George W. Bush signs H.R. 493, the Genetic Information Nondiscrimination Act of 2008, Wednesday, May 21, 2008, in the Oval Office. White House photo by Eric Draper.

MCC Members in the News

Check out our MCC members who have been making the news during the past months:

- [Cancer Center Opens: Mount Clemens Regional Has High-Tech Equipment, Expert Staff to Fight Disease](#)
- [Hospitals Team Up for Cancer](#)
- [Beaumont Hospitals Has Healthy Ambition](#)

Register Now for Precepting for Success

Michigan State University College of Nursing is offering a preceptor development workshop for registered nurses who are interested in sharing their expertise with *RN Career Transition: Nursing for Life* course participants who are preparing to return to transition nursing roles in community-based settings of Home Care, Hospice/Palliative Care, Ambulatory Care, or Long Term Care.

This two-day workshop is being offered without charge to participants with the support of a Partners Investing in Nursing's Futures grant from the Robert Wood Johnson Foundation, Northwest Health Foundation and supported by the Blue Cross Blue Shield Foundation of Michigan.

Participants who attend the entire program will receive 13 continuing nursing education contact hours.

For more information, please visit:
http://www.nursing.msu.edu/reg_preceptor.aspx

New Certificate Exam from NBCHPN

The National Board for Certification of Hospice and Palliative Nurses (NBCHPN®) will be offering a national board certification examination for hospice and palliative care administrators. This is a computer-based exam, and it will be offered for the first time the entire month of September, 2008.

Everyone who passes the exam will be known as an expert administrator and will be able to use the credential "CHPCA" for Certified Hospice and Palliative Care Administrator. This is the only national board certification of its kind.

Eligibility requirements and exam overview the upcoming hospice and palliative care administrator exam is available online at www.nbchpn.org under the ADMIN tab at the top of the home page.

Below are some frequently asked questions about the exam:

- 1. What are the eligibility requirements for the Hospice and Palliative Care Administrator certification exam?**
Candidates applying for the administrator certification exam provide confirmation from their supervisor (with the exception of the CEO who self verifies) that they have fulfilled the eligibility requirements of the equivalent of two years of full time hospice and palliative administrative work in the past three years that covers the content in the administrator test content outline.
- 2. How will I apply for the Hospice and Palliative Care Administrator certification exam?**
The Candidate Handbook and written application for the administrator are available online by visiting www.nbchpn.org and clicking the "Admin" tab or by calling the testing agency, Applied Measurement Professionals (AMP) at 1-888-519-9901. Candidates may also apply online for the exam through www.nbchpn.org. Faxed applications are not accepted and deadlines are strictly enforced.
- 3. What credential is associated with passing the Hospice and Palliative Care Administrator certification exam?**
NBCHPN® awards certification and the permission to use the certification mark CHPCA (Certified Hospice and Palliative Care Administrator) to those who successfully pass the hospice and palliative administrator certification exam.

What is Hereditary Non-Polyposis Colorectal Cancer (HNPCC) or Lynch Syndrome?

Submitted by The Michigan Cancer Genetics Alliance

Cancer happens when gene changes called mutations occur in a cell's DNA causing it to multiply faster than normal cells and form tumors. Most cancers are described as sporadic, i.e., happen by chance. However, about 5-10% of common cancers are due to inherited risk. The following chart compares hereditary cancers to sporadic:

Hereditary Cancers	Sporadic Cancers
Passed on in families due to germline mutations (changes in most every cell's DNA including the egg and sperm, and therefore able to be passed to the next generation)	Occurs by chance, and comes from changes in genes that happen as a person ages.
Risk for one specific cancer or a small group of cancers	Sporadic cancer does not target a specific organ
Younger age of onset (typically under 50 years of age)	Older age of onset
The odds of inheritance are 50% for each child since either the mutated copy or the normal copy is transmitted	Acquired mutations are not transmitted to the next generation.

An example of hereditary colon cancer is hereditary non-polyposis colorectal cancer (HNPCC) or Lynch syndrome (LS). This year nearly 150,000 people in the US will be diagnosed with colon and rectal cancers – 5,150 of them in the state of Michigan. About 3-5% of these cancers will be attributable to HNPCC. Identification of those with HNPCC is important because their lifetime risk of colon cancer is up to 80% compared to 4% risk in the general population. Although non-polyposis suggests that polyps are not present, in fact, the number of polyps an individual with HNPCC will develop over a lifetime is the same as in the general population (<10), but these polyps will progress to cancer at a much faster rate.

~Continued on Page 5~

Public Members Needed on Various Health Professional Licensing Boards

Are you interested in serving on one of the 23 health professional licensing boards as a public member? Each board is comprised of both professional and public members as mandated by the Public Health Code, and all members are appointed by Governor Granholm. Board members may serve a maximum of two, four-year terms.

The Public Health Code mandates the duties of the boards. Underlying all duties is the responsibility of the board to promote and protect the public's health, safety, and welfare by ascertaining the minimal entry-level competency of health practitioners. The board also has the obligation to take disciplinary action against licensees who have adversely affected the public's health, safety, and welfare.

The Governor's Appointments Division is always seeking Michigan citizens who are interested in serving as public members on health professional licensing boards. For additional information, go to www.michigan.gov/gov and click on the *Gov. Appointments* button on the left side of the page. The appointments application is also available on this page for either downloading or completing online.

What is Hereditary Non-Polyposis Colorectal Cancer (HNPCC) or Lynch Syndrome? ~continued~

The following chart compares HNPCC to sporadic colorectal cancers:

HNPCC/Lynch syndrome	Sporadic Colorectal Cancer
Due to germline/inherited mutations in MSH2, MLH1, and MSH6 genes	Occurs through chance genetic changes that are acquired as a person ages
Confers 80% lifetime risk of colon cancer, 13% lifetime risk of stomach cancer, and less than 5% risk for small bowel, biliary tract, ureter/kidney, sebaceous adenoma and brain cancer. Up to 70% lifetime risk of uterine/endometrial cancer and 12% risk for ovarian cancer for women	No increased risk for other primary cancers
Younger age of onset (typical onset of 44 years of age)	Older age of onset (typical onset of 64 years of age)
Colon cancer is predominately right-sided	Most sporadic colon cancer is left-sided

There are two approaches to performing genetic testing in families with suspected HNPCC syndrome. If a tumor tissue sample is available, the most advanced strategy of identifying candidates for HNPCC genetic testing is starting with combined immunohistochemistry (IHC) and microsatellite instability (MSI) profiling. This requires DNA extraction from small samples of tumor and normal cells. DNA contains many short repeated sequences called microsatellites, each of a set length in each individual. However, when one of the HNPCC genes is mutated, changes in microsatellite length called microsatellite instability (MSI) can occur. A small but specific group of microsatellites are examined and when differences in length are detected between normal and tumor DNA, the tumor is labeled MSI-high. MSI testing can also be combined with an immunohistochemical (IHC) technique that stains for the presence of the mismatch repair proteins. If a protein is unstained, and therefore missing, we have a clearer idea which gene is the culprit. Either or both tumor tests are cause to proceed to genetic testing to identify the exact gene mutation. If a tumor tissue sample is not available, proceeding directly to genetic testing on affected individuals is another option.

Genetic testing can be done alone or following tumor testing. It requires a blood sample to extract DNA to sequence the three genes commonly tested - MLH1, MSH2, and MSH6. These genes code for the proteins that act as spell checkers for newly synthesized DNA (also called mismatch-repair). A mutation carrier will normally have a mutation in only one of these three genes. Family cancer history, age of onset and location of cancers are clues to appropriate candidates for testing. Those with HNPCC syndrome often have multi-generation family histories of colon and other cancers, though there are many exceptions. Genetic testing can identify the gene mutation for the individual, and can also be used to test family members.

Knowing that one is a mutation carrier is vital. Not only does it explain the etiology of an individual's cancer and that of family members, but it also determines appropriate management with the potential to prevent future cancers. For individuals with HNPCC syndrome, yearly colonoscopy is essential to identify and remove polyps that could become malignant. For females, there is additional surveillance for the two gynecological cancers and possible total hysterectomy for prophylaxis once child bearing is completed. Surgical management of colorectal cancer is also influenced by genetic status.

More information about HNPCC/Lynch Syndrome can be found at several websites including:

- <http://www.ncbi.nlm.nih.gov/bookshelf/br.fcgi?book=gene&part=hnpcc;>
- http://www.cancer.med.umich.edu/news/colon_risks07.shtml;
- http://www.genetichhealth.com/CRC_HNPCC_A_Hereditary_Syndrome.shtml;
- [http://myriadresourceguide.com/;](http://myriadresourceguide.com/)
- http://www.nccn.org/professionals/physician_gls/PDF/colorectal_screening.pdf; and
- <http://www.michigancancer.org/WhatWeDo/ColorectalCancer.cfm#guidelines>

July

Sun	Mon	Tue	Wed	Thu	Fri	Sat
		1	2	3	4	5
6	7	8	9	10	11	12
13	<p>Coming Together 2008: <i>A National Forum on Cancer Care in the United States</i></p> <ul style="list-style-type: none"> www.facs.org/cancer/coc/comingtogether2008.html <p>Hospice Regulatory Super-Conference: <i>Tools for Survival: Nuts, Bolts and Beyond</i></p> <ul style="list-style-type: none"> http://www.mihospice.org/ 	<p>Coming Together 2008: <i>A National Forum on Cancer Care in the United States</i></p> <ul style="list-style-type: none"> www.facs.org/cancer/coc/comingtogether2008.html <p>Hospice Regulatory Super-Conference: <i>Tools for Survival: Nuts, Bolts and Beyond</i></p> <ul style="list-style-type: none"> http://www.mihospice.org/ 	<p>Hospice Regulatory Super-Conference: <i>Tools for Survival: Nuts, Bolts and Beyond</i></p> <ul style="list-style-type: none"> http://www.mihospice.org/ <p>Tobacco-Free Michigan Meeting</p> <ul style="list-style-type: none"> 9:30 am – 12:30 pm Hannah Community Center – East Lansing <p>18th Annual Summer Institute in Nursing Informatics: <i>Building Connections for Patient-Centered Records</i></p> <ul style="list-style-type: none"> http://nursing.umaryland.edu/sini/index.htm 	<p>18th Annual Summer Institute in Nursing Informatics: <i>Building Connections for Patient-Centered Records</i></p> <ul style="list-style-type: none"> http://nursing.umaryland.edu/sini/index.htm 	<p>18th Annual Summer Institute in Nursing Informatics: <i>Building Connections for Patient-Centered Records</i></p> <ul style="list-style-type: none"> http://nursing.umaryland.edu/sini/index.htm 	<p>18th Annual Summer Institute in Nursing Informatics: <i>Building Connections for Patient-Centered Records</i></p> <ul style="list-style-type: none"> http://nursing.umaryland.edu/sini/index.htm
20	21	22	23	24	25	26
				<p>2008 LiveSTRONG Summit</p> <ul style="list-style-type: none"> www.livestrong.org/site/ 	<p>2008 LiveSTRONG Summit</p> <ul style="list-style-type: none"> www.livestrong.org/site/ 	<p>2008 LiveSTRONG Summit</p> <ul style="list-style-type: none"> www.livestrong.org/site/
27	28	29	30	31		
<p>2008 LiveSTRONG Summit</p> <ul style="list-style-type: none"> www.livestrong.org/site/ 			<p>National Latino Cancer Summit: <i>Science Meets Service, Moving Forward Together</i></p> <ul style="list-style-type: none"> https://register03.exgenex.com/qcmmaintenance/lcc/html_files/home.html 	<p>National Latino Cancer Summit: <i>Science Meets Service, Moving Forward Together</i></p> <ul style="list-style-type: none"> https://register03.exgenex.com/qcmmaintenance/lcc/html_files/home.html 		

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