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Primary Care Clinician Tools to Increase Colorectal Cancer Screening Rates

The Colorectal Cancer Clinician's Guide: Cancer Screening Action Plan, a publication produced by the National Colorectal Cancer Roundtable (NCCRT), provides primary care clinicians practical, evidence-based, and action-oriented assistance that can be used in the office to improve colorectal cancer screening rates. Follow this link to the toolbox and guide: <http://nccrt.org/about/provider-education/crc-clinician-guide/>.

Toolbox and guide information from the NCCRT includes the Four Essentials:

Essential #1 – Make a Recommendation

- Determine the screening messages you and your staff will share with patients.
- Explore how your practice will assess a patient's risk status and receptivity to screening, taking into consideration their insurance coverage and their individual preferences.

Essential #2 – Develop a Screening Policy

- Create a standard course of action for screenings, document it, and share it with everyone in your practice.
- Compile a list of screening resources, and determine the screening capacity available in your community.

Essential #3 – Be Persistent with Reminders

- Determine how your practice will notify patient and physician when screening and follow up is due.
- Ensure that your system tracks test results and uses reminder prompts for patients, providers, and follow-up on all positives.

Essential #4 – Measure Practice Progress

- Discuss how your screening system is working during regular staff meetings, and make adjustments as needed.
- Have staff conduct a screening audit, or contact a local company that can perform such a service.

Colorectal cancer screening rates may be improved by:

- Implementing practice changes to achieve the Four Essentials;
- Taking steps to identify and screen every age-appropriate patient;
- Involving your staff, and putting office systems in place and;
- Following a continuous improvement model to develop and test changes (Plan, Act, Study, Adjust).

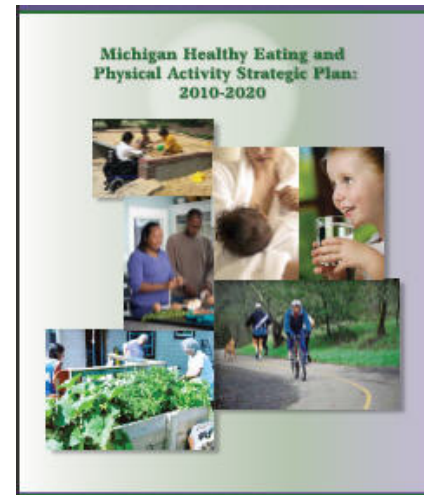
Michigan Healthy Eating and Physical Activity Strategic Plan: 2010-2020

The **Physical Activity and Nutrition** Unit of the Michigan Department of Community Health along with the Healthy Weight Partnership Advisory Committee is pleased to announce the release of the "Michigan Healthy Eating and Physical Activity Strategic Plan: 2010-2020."

This plan serves as a guide for moving Michigan's population toward healthy eating and physical activity patterns in an effort to prevent and control overweight and obesity.

The Healthy Eating and Physical Activity Strategic Plan represents the joint vision of partner organizations across the state of Michigan, committed to working together to ensure that Michigan can be a place where regular physical activity, healthy eating and healthy weight are part of everyone's life and community.

You can download a copy of the plan at www.michigan.gov/preventobesity.



Prostate Cancer Fact Sheets: Valuable Education Tools

Men with prostate cancer often have troubling symptoms that continue after treatment has ended. Members of the Michigan Cancer Consortium Prostate Cancer Action Committee, which includes Michigan prostate cancer survivors and prostate cancer medical experts, developed a series of 14 informational "Fact Sheets" about the most troublesome problems men experience. Each fact sheet describes the problem, gives practical tips for managing the problem and indicates when further professional help is needed. These fact sheets can be an important component of a prostate cancer survivorship care plan. Accompanying the fact sheets is a list of websites that men and their loved ones can visit to learn more about prostate cancer.

The fact sheets are available at <http://www.prostatecancerdecision.org/MCCfactsheets.htm>. A list of web resources is available at www.prostatecancerdecision.org.

Fact Sheets:

- Managing Symptoms After Prostate Cancer: Bowel Problems After Radiation (September 2009; *available as an Adobe Acrobat PDF file*)*
 - [English](#)
 - [Spanish](#)
 - [Arabic](#)
- "Managing Symptoms After Prostate Cancer: Brittle Bones From Hormone Therapy" (September 2009; *available as an Adobe Acrobat PDF file*)*
 - [English](#)
 - [Spanish](#)
 - [Arabic](#)
- "Managing Symptoms After Prostate Cancer: Coping with Cancer Stress — Skills for Patients and Caregivers" (September 2009; *available as an Adobe Acrobat PDF file*)*
 - [English](#)
 - [Spanish](#)
 - [Arabic](#)

[See 11 more Fact Sheets: continued on page 6](#)

Updates to the 2011 NCCN Guidelines for Hereditary Breast and Ovarian Cancer

Submitted by the Michigan Cancer Genetics Alliance

The 2011 National Comprehensive Cancer Network (NCCN) Guidelines included several updates to the clinical practice guidelines in oncology regarding Genetic/Familial High-Risk Assessment: Breast and Ovarian. For more information on this summary or to view the guidelines, visit www.nccn.org.

Genetic/Familial High-Risk Assessment section:

Criteria for further risk evaluation were re-organized by cancer history into “an affected individual” and “an unaffected individual with a family history”. For affected individuals, the following bullets to consider during a risk evaluation were added:

- **Triple negative** (ER-, PR-, HER2-) breast cancer
- Breast cancer at any age, with
 - ≥ 1 close blood relative with breast cancer ≤ 50 yr at diagnosis, or
 - ≥ 1 close blood relative with epithelial ovarian/fallopian tube/primary peritoneal cancer at any age, or
 - ≥ 2 close blood relatives with breast cancer **and/or pancreatic cancer** at any age

In addition, the footnote regarding genetic counseling was altered to read “A genetic counselor, medical geneticist, oncologist, surgeon, oncology nurse or other health professional with expertise and experience in cancer genetics should be involved early in counseling patients who potentially meet criteria for an inherited syndrome. Genetic counseling is highly recommended when genetic testing is offered...”

Hereditary Breast and Ovarian Cancer (HBOC) section:

For those with a personal history of breast cancer, four testing criteria were added:

- Diagnosed age < 60 years with a triple negative breast cancer
- Diagnosed age < 50 years with a limited family history
- Personal history of breast and/or ovarian cancer at any age with ≥ 2 close blood relatives with pancreatic cancer at any age
- Personal history of pancreatic adenocarcinoma at any age with ≥ 2 close blood relatives with breast and/or ovarian cancer and/or pancreatic cancer at any age

Additional footnotes were added as well which include:

- Testing of an unaffected family member when no affected member is available should be considered. Significant limitations of interpreting test results should be discussed.
- Genetic testing for familial BRCA1/2 in children < 18 years is generally not recommended.

HBOC Syndrome Management section:

In addition, minor changes were made on the management of patients with HBOC, mostly regarding the timing of some screening measures. These include:

- Added recommendation of breast self-exam training and education starting at 18 years of age
- Clinical breast exam should occur every 6-12 months starting at age 25 years
- Breast MRI should be done preferably day 7-15 of the menstrual cycle for premenopausal women
- Transvaginal ultrasound should occur preferably day 1-10 of menstrual cycle in premenopausal women and CA-125 preferably after day 5 of the menstrual cycle in premenopausal women
- Screening recommendations for men were updated which include: 1) Breast self-exam training and education starting at age 35 years; 2) clinical breast exam every 6-12 months starting at age 35 years; and 3) consider a baseline mammogram at age 40 years

Help for Cancer Survivors in Michigan

Survivorship is one of the Michigan Cancer Consortium's (MCC) Special projects. The Survivorship workgroup established several objectives one of which is to increase cancer survivors' awareness of, and access to, survivorship resources and services. The MCC Survivorship workgroup developed the Michigan Cancer Survivorship Resource Guide to meet this objective. The information, originally in PDF format, has been converted to a searchable database.

The Resource Guide database is organized by counties and can be used by both providers, cancer survivors, and their loved ones to find resources and support services. Any MCC member who is aware of cancer services or resources in their area is encouraged to submit details about these resources by contacting us at cochairs@michigan.cancer.org. The goal of the Survivorship workgroup is to make this database a comprehensive listing of resources for survivors in all areas of the state. Resource listings will be updated as new information is made available.

The database can be found at <http://michigancancer.org/searchResources/index.cfm>.

Pain and Palliative Care Assembly Meets in September

The **2011 Pain and Palliative Care** Assembly will be held on Friday, September 16 at the Johnson Center at Cleary University in Howell, Michigan. For more information, contact Michigan Hospice and Palliative Care Organization at <http://www.mihospice.org/>.

Residents may apply for Pre-Existing Condition Insurance

Eligible residents of Michigan can apply for coverage through the state's Pre-Existing Condition Insurance Plan program, currently being established. To qualify for coverage, individuals must:

- Be a citizen or national of the United States or residing in the United States legally.
- Have been uninsured for at least the last six months before you apply.
- Have a pre-existing condition or have been denied coverage because of your health condition.

The Pre-Existing Condition Insurance Plan will cover a broad range of health benefits, including primary and specialty care, hospital care, and prescription drugs. All covered benefits are available to individuals, even if it's to treat a pre-existing condition.

To learn more about this program, please call 1-877-459-3113 or visit www.hipmichigan.com/.

Save the Date!



2011 MCC Annual Meeting
Wednesday, Nov. 9, 2011
8:30 a.m. – 4:30 p.m.

The James B. Henry Center for Executive Development
3535 Forest Road, Lansing

Information about the program will be sent to MCC member and partner organizations and posted at www.michigancancer.org as it becomes available.

Please note: The MCC Annual Meeting is open to representatives of all MCC member and partner organizations, as well as other interested comprehensive cancer control stakeholders.

Despite Medicare Expansion, Racial Disparities in Colorectal Cancer Screenings Persist

Elderly black and Hispanic Americans are less likely than whites to get colorectal cancer screening, even though Medicare has expanded coverage for screening tests, according to a study in the journal *Cancer Epidemiology, Biomarkers & Prevention*. Researchers examined National Cancer Institute data between 1996 and 2005 to determine rates of colorectal cancer screening among Medicare beneficiaries aged 70 to 89 with no history of any cancer. They found that blacks were "less likely than whites to receive colorectal cancer screening before and after Medicare provided coverage of fecal occult blood test, and after coverage of colonoscopy," and the data also showed that Hispanics were "less likely than whites to receive colorectal cancer screening" after Medicare expanded coverage.

Cancer Epidemiology, Biomarkers and Prevention; 20(5); 811–7. ©2011 AACR

Bone Drug Reduces Odds for Breast Cancer's Return: Study Effect Seen Years after Zometa Treatment Stopped

Early stage breast cancer patients can see their chances of the cancer's return drop by 32 percent when the osteoporosis drug Zometa is added to regular hormone therapy for three years after surgery, Austrian researchers report.

Women undergoing hormone treatment for breast cancer are prone to develop osteoporosis, so they are usually given a bisphosphonate such as Zometa (zoledronic acid), to build bone strength. However, Zometa appears to have the additional benefit of reducing the risk of cancer recurrence, according to Dr. Otis Brawley, chief medical officer for the American Cancer Society.

"This study says that putting a patient on Zometa may have even a bigger bang for the buck than the prevention of osteoporosis," Brawley said.

Lead researcher Dr. Michael Gnant, a professor of surgery at the Medical University of Vienna, believes Zometa reduces the risk of recurrence by "prohibiting dormant tumor cells in the bone marrow from 'waking up.'"

The choice of hormone drugs is important, because while Arimidex is associated with a risk of developing osteoporosis, tamoxifen isn't. So women prescribed tamoxifen would not usually be given an osteoporosis drug, Brawley explained.

In 2009, after four years of follow-up, the researchers reported women receiving Zometa had a 36 percent reduction in the risk of a recurrence of breast cancer, compared with women not on the drug. The effect of Zometa was even more pronounced in women over 40, where the risk of the cancer's recurrence was cut by 42 percent.

SOURCES: Michael Gnant, M.D., professor, surgery, Medical University of Vienna, Austria; Otis Brawley, M.D., chief medical officer, American Cancer Society; Dana Kahn Cooper, spokeswoman, AstraZeneca; June 4, 2011, *The Lancet Oncology*, online; June 3, 2011, presentation, American Society of Clinical Oncology annual meeting, Chicago

Source: *The Lancet Oncology*, online; June 3, 2011

Prostate Cancer Fact Sheets are Valuable References

(continued from page 2)

- "Managing Symptoms After Prostate Cancer: Coping with Hormone Changes from Prostate Cancer Treatment" (September 2009; *available as an Adobe Acrobat PDF file*)*
 - [English](#)
 - [Spanish](#)
 - [Arabic](#)
- "Managing Symptoms After Prostate Cancer: Dealing With Strong Feelings About Cancer" (September 2009; *available as an Adobe Acrobat PDF file*)*
 - [English](#)
 - [Spanish](#)
 - [Arabic](#)
- "Managing Symptoms After Prostate Cancer: Fatigue — Feeling Tired or Worn Out" (September 2009; *available as an Adobe Acrobat PDF file*)*
 - [English](#)
 - [Spanish](#)
 - [Arabic](#)
- "Managing Symptoms After Prostate Cancer: Feeling Like a Man After Prostate Cancer Treatment" (September 2009; *available as an Adobe Acrobat PDF file*)*
 - [English](#)
 - [Spanish](#)
 - [Arabic](#)
- "Managing Symptoms After Prostate Cancer: Listening and Talking — Family Communication and Prostate Cancer" (September 2009; *available as an Adobe Acrobat PDF file*)*
 - [English](#)
 - [Spanish](#)
 - [Arabic](#)
- "Managing Symptoms After Prostate Cancer: Losing Your Hair" (September 2009; *available as an Adobe Acrobat PDF file*)*
 - [English](#)
 - [Spanish](#)
 - [Arabic](#)
- "Managing Symptoms After Prostate Cancer: Sexual Side Effects" (September 2009; *available as an Adobe Acrobat PDF file*)*
 - [English](#)
 - [Spanish](#)
 - [Arabic](#)
- "Managing Symptoms After Prostate Cancer: Staying Hopeful When the Future is Uncertain" (September 2009; *available as an Adobe Acrobat PDF file*)*
 - [English](#)
 - [Spanish](#)
 - [Arabic](#)
- "Managing Symptoms After Prostate Cancer: Support for the Spouses/Partners of Prostate Cancer Patients" (September 2009; *available as an Adobe Acrobat PDF file*)*
 - [English](#)
 - [Spanish](#)
 - [Arabic](#)
- "Managing Symptoms After Prostate Cancer: Urine Leaks After Prostate Cancer Treatment" (September 2009; *available as an Adobe Acrobat PDF file*)*
 - [English](#)
 - [Spanish](#)
 - [Arabic](#)
- "Managing Symptoms After Prostate Cancer: Urine Problems After Radiation" (September 2009; *available as an Adobe Acrobat PDF file*)*
 - [English](#)
 - [Spanish](#)
 - [Arabic](#)

Cervical Cancer Research News

Regimen for Precancerous Cervical Lesions May Reduce Risk Level to Normal

Women who "have three consecutive negative Pap smears after recurrence of cervical intraepithelial neoplasia" can safely resume the regular, three-interval Pap and HPV test screening schedule, according to a study in *The Lancet Oncology*.

Researchers reviewed follow-up screenings of "435 women who were treated for precancerous cervical lesions" between 1988 and 2004. In one group, women were given Pap tests at "six, 12 and 24 months after treatment." But if the test results were normal, they resumed "normal testing, which in the Netherlands is once every five years." Their new "precancerous cervical lesion" risk was 16.5%. In contrast, for women who stayed on the "three normal Pap and HPV test" regimen, the "risk dropped" to 3%, the same risk as "women who never had precancerous cervical lesions."

Sources: April 27 online edition of *The Lancet Oncology*

Cervical Cancer Often Linked to Failure to Get Screenings

The Washington Post reports that doctors view cervical cancer as a disease that can easily be prevented and treated. However, health officials say too many women don't get regular screenings because they don't have health insurance or for other reasons, and discover the problem when the disease has already progressed. "In most cases, women who get cervical cancer in this country are those who did not get a Pap smear," said Robert Hilgers, a gynecologic oncologist in Kentucky, one of the states with the highest incidence of cervical cancer. Two vaccines protect against the virus that can cause cervical cancer: Gardasil, approved in 2006 by the Food and Drug Administration, and Cervarix, approved in 2009.

Source: *Washington Post* (5/3, Ungar)

Financial Assistance Program for Breast Cancer Patients Receives \$2 Million Grant from Susan G. Komen for the Cure®

The Patient Advocate Foundation (PAF), an important resource that may stand between paying for a woman's life-saving breast cancer treatment and her possible financial ruin, has received a \$2 million contribution from Susan G. Komen for the Cure®.

The investment by Komen for the Cure will provide pharmaceutical co-payment help to more than 850 breast cancer patients nationwide and will also allow PAF to directly reach out to African American and Hispanic/Latina breast cancer patients to inform them of available resources. Issues related to medical debt continue to be the number one access barrier for the clients they serve.

Since 2004, PAF has assisted 8,377 breast cancer patients through the co-pay relief program and allocated more than \$16.4 million to cover unmet pharmaceutical expenses for these patients.

July

Sun	Mon	Tue	Wed	Thu	Fri	Sat
					1	2
3	4	5	6	7	8	9
10	11	12 <i>Webinar:</i> Cancer Survivorship Series: Living with, Through and Beyond Cancer, Part IV 1:30-2:30 p.m. ET	13	14	15	16
17	18	19	20 MCHA Coalition Meeting Lansing	21 <i>Webinar:</i> "Mich. Hospitals and the New Tobacco Measure Set: Update from the Joint Commission" 11:00 a.m.-Noon ET <hr/> <i>Webinar:</i> "What is Research Advocacy?" 1:00-2:30 p.m. ET	22	23
24	25	26 <i>Webinar:</i> "LIVESTRONG Resources for Cancer Survivors" 3:00-4:00 p.m. ET	27	28	29	30
31						

2011

August

Sun	Mon	Tue	Wed	Thu	Fri	Sat
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
			Webinar: MCHA Coalition Meeting 1:00-3:00 p.m. ET	Webinar: "What is Research Advocacy?" 1:00-2:30 p.m. ET		
21	22	23	24	25	26	27
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2011