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## MDCH Launches Statewide Colorectal Cancer Early Detection Program

The Michigan Department of Community Health (MDCH) is pleased to announce that the Michigan Colorectal Cancer Early Detection Program (MCRCEDP) has been implemented through a multi-year grant from the U.S. Centers for Disease Control and Prevention.

The MCRCEDP provides colorectal screening services to program-eligible men and women in an effort to prevent or detect colorectal cancer at its early, most treatable stage. Eligible participants include men or women:

- who are at average or increased risk for colorectal cancer;
- who are 50-64 years old;
- with incomes at or below 250 percent of the federal poverty level; and
- who are uninsured or underinsured.

Screening methods vary depending upon whether the risk of the client is considered to be at "average" or "increased" risk for colorectal cancer.

Average-risk patients are generally defined as clients with:

- no personal or family history of colorectal cancer or adenomas;
- no personal history of inflammatory bowel disease (Crohn's disease or ulcerative colitis); and
- no history of genetic syndromes, such as familial adenomatous polyposis or hereditary non-polyposis colorectal cancer.

Average-risk clients will be screened with a high-sensitivity fecal occult blood test (FOBT), which is an at-home procedure involving the collection of two stool samples from three consecutive bowel movements. Clients with positive FOBT results will be referred for a diagnostic colonoscopy.

Increased-risk patients are defined as clients with:

- a personal history of adenomatous (pre-cancerous) polyps;
- a personal history of curative-intent resection of colorectal cancer; or
- first-degree relatives with colorectal cancer or adenomatous (pre-cancerous) polyps.

Clients who are considered to be at increased risk for colorectal cancer will be screened by colonoscopy.

The MCRCEDP will provide outreach and colorectal cancer education, individualized risk assessment, and screening to eligible 50- to 64-year-old

## MDCH Launches MCRCEDP *(continued from page 1)*

men and women living in 37 Michigan counties. The program's services are being provided through seven local coordinating agencies (LCAs), with the cooperation and partnership of physicians, hospitals, and other health care organizations in their communities. Participating LCAs and service areas include:

- Barry-Eaton District Health Department (Barry and Eaton counties);
- Central Michigan District Health Department (Arenac, Clare, Gladwin, Isabella, Osceola, and Roscommon counties);
- District Health Department #4 (Alpena, Cheboygan, Montmorency, and Presque Isle counties);
- District Health Department #10 (Crawford, Kalkaska, Lake, Mason, Manistee, Mecosta, Montcalm, Missaukee, Newaygo, Oceana, and Wexford counties);
- Health Department of Northwest Michigan (Antrim, Benzie, Charlevoix, Emmet, Grand Traverse, Leelanau, and Otsego counties);
- Huron County Health Department (Bay, Huron, Sanilac, Saginaw, St. Clair, and Tuscola counties); and
- Muskegon County Health Department (Muskegon County).

For more information about the MCRCEDP, visit the program's website at [www.michigancancer.org/colorectal](http://www.michigancancer.org/colorectal).

## March is 2011 National Colorectal Cancer Awareness Month

**March 2011 marks** the annual observance of National Colorectal Cancer Awareness Month. Since 2000, the goals of this nationwide observance have been to generate widespread awareness about colorectal cancer and to encourage people to learn more about prevention of the disease through regular screening and a healthy lifestyle.

Colorectal cancer affects many Michigan citizens. During 2010, 5,170 Michigan men and women were diagnosed with colorectal cancer, and 1,740 people died from colorectal cancer. In fact, colorectal cancer is the second-leading cause of cancer-related death in Michigan. Early colorectal cancer often has no symptoms, which is why screening is so important. Yet, according to the Behavioral Risk Factor Survey, only 63 percent of Michigan men and women age 50 and older have had an appropriately timed colorectal cancer screening.

In an effort to reduce deaths due to colorectal cancer, one goal of the *Comprehensive Cancer Control Plan for Michigan* is to increase to 75 percent, by 2015, the proportion of average-risk people in Michigan who report having received appropriate colorectal screening and follow-up of abnormal screening results. All MCC partners should work to increase the colorectal cancer screening rate, and with the current emphasis on accountability and outcome data, using evidence-based interventions is the best strategy. Evidence-based interventions have been proven effective through outcome evaluations. As such, evidenced-based interventions are likely to be effective in changing target behavior.

Among the evidence-based interventions the Centers for Disease Control and Prevention (CDC) recommends for increasing colorectal screening rates:

- develop and implement small media (i.e., brochures) for education and outreach;
- promote the use of reminder and recall systems;
- reduce structural barriers using patient navigation support systems; and
- promote provider education and training.

Help Michigan reach the goal of 75 percent screened by 2015. Plan an activity for Colorectal Cancer Awareness Month!

- For more activity ideas, visit [www.michigancancer.org/WhatWeDo/colo-activityideas.cfm](http://www.michigancancer.org/WhatWeDo/colo-activityideas.cfm).
- For additional resources, visit [www.michigancancer.org/CancerPlan/ColorectalCancer\\_Resources.cfm](http://www.michigancancer.org/CancerPlan/ColorectalCancer_Resources.cfm).
- To order free colorectal cancer educational materials from the Michigan Health Promotions Clearinghouse, download the order form at [www.michigancancer.org/PDFs/CancerEdMatisOrderForm-021209.pdf](http://www.michigancancer.org/PDFs/CancerEdMatisOrderForm-021209.pdf).

For more information about colorectal cancer, visit the MCC website at [www.michigancancer.org](http://www.michigancancer.org) or call the American Cancer Society at 1-800-ACS-2345 or the National Cancer Institute's Cancer Information Service at 1-800-4-CANCER.

## Informed Consent: Do You Obtain It? It's the Law

By Becky Bettin, University of Cincinnati Genetic Counseling student and intern with the Michigan Department of Community Health

**Informed consent** is a term often used in the medical field. Consent is gained prior to surgery, medical testing, release of records, and in many additional scenarios. But, what does obtaining informed consent really mean?

- What does the process consist of?
- Why should consent be obtained?
- Who should be involved?
- When is the most appropriate time to gain consent?
- Is a signature required or is verbal confirmation enough?

Obtaining consent in medical practice is so common that a signature or a verbal agreement is often taken as formal consent. However, does a simple signature or a verbal agreement from the patient truly represent **informed** consent? One Michigan law tells us that the answer is “no.”

In March of 2000, the [Michigan Public Health Code \(act 368 of 1978\)](#) was amended to add a section on informed consent for genetic testing (analysis of human DNA, RNA, chromosomes, proteins, or metabolites used to detect heritable or somatic disease). The law states that, with the exception of newborn screening, a provider should obtain the written, informed consent of the test subject prior to ordering any pre-symptomatic or predictive genetic tests. The law in this area defines written informed consent as a signed writing executed by the test subject or legally authorized representative of the test subject that confirms that the health care provider has explained *and* the test subject or their representative *understands* the following:

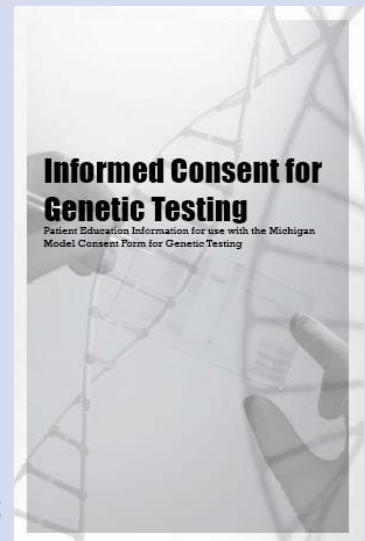
1. the nature and purpose of the genetic test;
2. the effectiveness of mutation detection and limitations of the genetic test;
3. the risks and benefits of the genetic test, both medically and socially;
4. the future uses of the sample obtained from the test subject and the results of the test;
5. the explanation of the possible tests results (positive, negative or inconclusive);
6. a plan on how the test results will be shared with the test subject or representative; and
7. the confidentiality of the sample, the results, and any other information obtained about the subject through the testing process.

In addition, the patient or patient representative should receive a copy of their signed consent document, and the original should be kept in their permanent medical record.

By having a patient sign an informed consent document, the health care provider ordering the genetic test is protected against the patient or their representative bringing civil action against the provider for failing to obtain informed consent for the test.

There are specially trained genetics professionals, including genetic counselors and medical geneticists, who can help facilitate the informed consent process. Please visit [www.migeneticsconnection.org/genetichealth.shtml](http://www.migeneticsconnection.org/genetichealth.shtml) for information on what facilities in Michigan provide access to genetics professionals. The Michigan Department of Community Health (MDCH) has created [Informed Consent booklets](#) that can be ordered and given to patients as a resource.

For additional information regarding informed consent, please contact MDCH staff at 517-335-8887.



## Consortium Welcomes Board Members, 2011 Officers

The Michigan Cancer Consortium is pleased to announce that the following individuals have been elected to serve as members of the Board of Directors for the 2011-2013 term:

- Lori Pearl-Kraus, PhD, CS, FNP-BC, Kirkhoff College of Nursing;
- Carol R. Rapson, MD, Michigan Society of Hematology and Oncology;
- Charles H. Sherwin, MS, BSN, RN, Alpena Regional Medical Center;
- Mary Jo Voelpel, DO, FACOI, FACNM, Michigan Osteopathic Association; and
- Dana Zakalik, MD, William Beaumont Hospital Cancer Institute.

The following members of the Board have been elected as officers for the 2011 term:

- **Co-Chairs:** Carolyn Johnston, University of Michigan Comprehensive Cancer Center, and Chuck Sherwin, Alpena Regional Medical Center;
- **Secretary/Treasurer:** Lori Pearl-Kraus, Grand Rapids Clinical Oncology Program; and
- **Immediate Past Co-Chair:** Vicki Rakowski, American Cancer Society, Great Lakes Division, Inc.

Congratulations and a big “thank you” to all of these individuals for their service and leadership on behalf of the Consortium and the citizens of Michigan!

### How Cancer Has Affected You: A LIVESTRONG Survey

LIVESTRONG is conducting an anonymous survey to learn how cancer has affected people’s lives.

LIVESTRONG recognizes that cancer survivors face many obstacles from the point of diagnosis and beyond. Cancer impacts individuals other than just the person diagnosed with cancer.

This survey includes questions for people who have been impacted by cancer in a number of ways, including those who have ever been diagnosed with cancer and those who have never been diagnosed, but have a loved one who has been diagnosed.

Your answers to this survey will help LIVESTRONG improve programs and resources for people affected by cancer. The results of the survey may be presented in written and oral reports and will be used to educate other organizations and researchers about survivorship issues. Survey results will be available in late 2011.

For more information, or take the survey, visit [www.livestrong.org/survey2010](http://www.livestrong.org/survey2010).

## 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](http://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.*

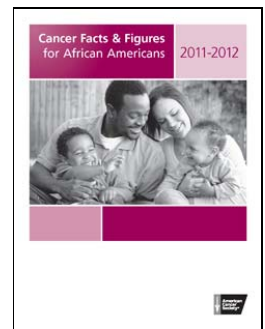
# ACS Report: African Americans Still Have Highest Overall Cancer Mortality Rate and Shorter Survival of Any Group

While the overall death rate for cancer continues to drop among African Americans, the group continues to have higher death rates and shorter survival of any racial and ethnic group in the United States for most cancers, according to findings in [Cancer Facts & Figures for African Americans, 2011-2012](#), the latest edition of a report produced every two years by the American Cancer Society.

The higher overall cancer death rate among African Americans is due largely to higher mortality rates from breast and colorectal cancers in women and higher mortality rates from prostate, lung, and colorectal cancers in men.

In recent years, death rates for lung and other smoking-related cancers and for prostate cancer have decreased faster in African American men than white men, leading to a narrowing of the gap in overall cancer death rates. Notably, lung cancer death rates for young African Americans and whites have converged in both men and women.

In contrast, the racial disparity has continued to increase in recent years for colorectal cancer in both men and women and for breast cancer in women, cancers for which progress has been made through screening and improvements in treatment.



“There is no simple answer as to why these racial disparities occur, but socioeconomic status plays a role,” Maureen Killackey, MD, chief medical spokesperson for the American Cancer Society of New York and New Jersey, said. “African Americans are disproportionately represented in lower socioeconomic groups. For most cancers, the lower the socioeconomic status, the higher the risk. People with lower socioeconomic status have higher cancer death rates, regardless of demographic factors, such as race/ethnicity.”

Among the highlights from the report:

- About 168,900 new cancer cases and 65,540 cancer deaths are expected among African Americans in 2011.
- The most commonly diagnosed cancers among African American men are prostate (40 percent of all cancers), lung (15 percent), and colon and rectum (9 percent).
- Among African American women, the most common cancers are breast (34 percent of all cancers), lung (13 percent), and colon and rectum (11 percent).
- Lung cancer accounts for the largest number of cancer deaths among both men (29 percent) and women (22 percent), followed by prostate cancer in men (16 percent) and breast cancer in women (19 percent).
- For African American men and women, cancers of the colon and rectum and pancreas are expected to rank third and fourth, respectively, as the leading sites for cancer deaths.
- Although the overall racial disparity in cancer death rates has decreased, in 2007, the death rate for all cancers combined continued to be 32 percent higher in African American men and 16 percent higher in African American women than in white men and women, respectively.
- The use of colorectal screening tests among African Americans has continued to increase over the last two decades, but remains lower than whites (49 percent reported a recent test compared to 56 percent in whites).
- About half (52 percent) of African American women aged 40 and older reported having a mammogram within the past year, slightly less than whites (54 percent).
- African American women and teen girls have the highest rates of obesity in the United States. Half of African American women, and nearly 1 in 3 African American teen girls, are obese. Obesity increases the risk of many cancers, including cancers of the breast (in post-menopausal women), colon, endometrium, kidney, and adenocarcinoma of the esophagus.
- In 2008, almost half of African American adults reported no leisure-time physical activity, compared to about one in three whites.
- African American boys and girls, among whom smoking rates have been decreasing since the late 1990s, have lower smoking rates than any other racial/ethnic group.

For more information or to download a copy of *Cancer Facts & Figures for African Americans, 2011-2012*, visit [www.cancer.org/Research/CancerFactsFigures/CancerFactsFiguresforAfricanAmericans/index](http://www.cancer.org/Research/CancerFactsFigures/CancerFactsFiguresforAfricanAmericans/index).

# MCC Adds Two Training Webinars on Cancer Screening

The Michigan Cancer Consortium has added two new “tool box” webinars to its online educational offerings.

The first — “[Message & Mechanisms: What Works to Increase Cancer Screening?](#)” — examines barriers to cancer screening and identifies strategies to promote screening that have been shown to be effective in the recruitment of low-income and/or minority individuals for breast, cervical and colorectal cancer screening. Presenters include Debi Howe (Susan G. Komen for the Cure, Southwest Michigan), Aisha Langford, MPH (University of Michigan Comprehensive Cancer Center) and Erin Reese Burks, MHA (St. Joseph Mercy Oakland).

The second webinar — “[Increasing Colorectal Screening Rates in Michigan](#)” — offers an overview of the Centers for Disease Control and Prevention-funded Michigan Colorectal Cancer Early Detection Program. In it, presenters Mary Lou Searls, RN (Michigan Department of Community Health), Donald Nease, MD (University of Michigan), Kevin Hughes, MA (District Health Department #10), and Dave Courey (DCMI) discuss a range of topics, including the use of evidence-based practices, provider education and reminder systems, patient navigation, patient-centered medical homes, outreach, and public education.

Both webinars are being offered free of charge, and each has been approved for 1.5 Continuing Nursing Education contact hours by the Oncology Nursing Society, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation. No commercial support or non-commercial sponsor support were provided for either of the programs.

- To access “Message & Mechanisms: What Works to Increase Cancer Screening?” visit [http://learning.mihealth.org/mediasite/mcc\\_increasecancerscreening/](http://learning.mihealth.org/mediasite/mcc_increasecancerscreening/).
- To access “Increasing Colorectal Screening Rates in Michigan,” visit [http://learning.mihealth.org/mediasite/mcc\\_increasecolorectalscreening/](http://learning.mihealth.org/mediasite/mcc_increasecolorectalscreening/).

## Prevent Cancer Foundation Launches Colorectal Cancer Screening Competition for Community-Based Organizations

In recognition of National Colorectal Cancer Awareness Month, the Prevent Cancer Foundation has launched the *Screening Saves Lives Challenge*, a national competition for community-based organizations to submit their best ideas for colorectal cancer (CRC) screening initiatives.

The purpose of the challenge is to champion community projects in colorectal cancer screening/awareness and engage participating organizations in an online community supportive of colorectal cancer screening efforts across the country. Projects may range from public awareness and education to encouraging or providing screening. Organizations should use the unique features of their communities in the design and implementation of their projects.

First, second and third prizes will be awarded. The first prize winner will receive: a \$5,000 grant; a site visit from the Prevent Cancer Super Colon, a 20-foot interactive educational exhibit, to enhance local CRC awareness efforts; and opportunities for increased visibility of their winning project, including a feature on the Prevent Cancer blog, articles in Prevent Cancer's online and print newsletters, and year-long exposure on the *Screening Saves Lives* website.

Organizations that enter must encourage their communities to vote online for their projects beginning April 12. The project that receives the most votes will move on in the competition to be judged by a selection committee, and the final winner will be announced on May 6.

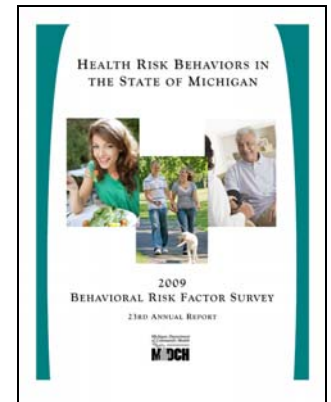
The *Screening Saves Lives* website contains community discussion boards, learning tools, and sharing opportunities that will raise awareness and promote an open dialogue about CRC. To learn more, visit [www.screeningsaves.org](http://www.screeningsaves.org) or phone Suzette Smith at 703-837-3695.

# MDCH Releases 2009 Michigan Behavioral Risk Factor Survey

The Michigan Department of Community Health, Chronic Disease Epidemiology, Surveillance and Program Evaluation Section, has released the 2009 Behavioral Risk Factor Survey: *Health Risk Behaviors in the State of Michigan*. It is available online at [www.michigan.gov/brfs](http://www.michigan.gov/brfs).

This report presents estimates from the 2009 Michigan Behavioral Risk Factor Survey (BRFS), the only source of state-specific, population-based estimates of the prevalence of various health behaviors, medical conditions, and preventive health care practices among Michigan adults. Sections include:

- **Health Status Indicators** (General Health Status; Quality of Life; Caregiver Status; Disability; Weight Status; No Health Care Coverage; Limited Health Care Coverage);
- **Risk Behavior Indicators** (No Leisure-Time Physical Activity; Inadequate Fruit and Vegetable Consumption; Cigarette Smoking; Smokeless Tobacco; Alcohol Consumption; Hypertension Awareness and Medication Use);
- **Clinical Preventive Practices** (Routine Checkup in Past Year; Cholesterol Screening and Awareness; Adult Immunizations; HIV Testing); and
- **Chronic Conditions** (Asthma in Adults; Asthma in Children; Arthritis; Cardiovascular Disease; Diabetes; Cancer).



## Registration Now Open!

BCCCP/WISEWOMAN/Michigan Colorectal Cancer Early Detection Program  
2011 Annual Meeting



May 4-5, 2011  
Great Wolf Lodge  
Traverse City, MI

Download the Registration Brochure

# American College of Obstetricians and Gynecologists Recommends Use of Family Health History as Screening Tool

The American College of Obstetricians and Gynecologists (ACOG) is recommending that all women have a family health history on file and that it be reviewed and updated regularly. Family history screening is especially important in reproductive planning.

“Our goal is to help improve our patients’ health by promoting family history as a screening tool,” W. Allen Hogge, MD, chair of the ACOG Committee on Genetics, said. Because certain diseases and conditions run in families (e.g., breast and colon cancer, heart disease, type 2 diabetes, depression, and thrombophilias), Dr. Hogge said that if providers know about the family history, they can better help their patients identify their own risk factors, decide on certain screenings, and modify their lifestyle to prevent or minimize a problem.

“When a woman is planning a pregnancy, it’s an ideal time to review her family history, as well as her partner’s,” Dr. Hogge said. In addition to obtaining the family and medical history of the woman and her male partner, Dr. Hogge said it’s also important to include their:

- ethnic backgrounds;
- any family or personal negative pregnancy outcomes they’ve had separately or together (e.g., miscarriages, pre-term birth, or birth defects); and
- any known causes for infertility.

Some couples may decide against pregnancy after genetic counseling and testing, choose to use donor sperm or eggs, or opt for pre-implantation genetic testing of the embryos.

There are a couple of standard methods that physicians can use to obtain family health histories, including a questionnaire or checklist and a family pedigree. One common screening tool is the family history questionnaire, which patients can fill them out at home, giving them extra time to contact family members and provide more accurate information. The other family history tool is known as a “pedigree” that ideally goes back three generations and indicates the ages, health histories, and ethnicities of each family member, as well as the dates and causes of death.

Family history screening tools can be difficult or impossible to obtain for adopted individuals, and their usefulness may be limited for people with very small families.

Although many adult-onset health problems have complex genetic and environmental interactions, obtaining that information in a family history can help patients modify their diet, lose weight, or exercise to improve their outcome or delay the onset of symptoms.

**More information:** ACOG Committee Opinion #478, “Family History as a Risk Assessment Tool,” published in the March 2011 issue of [Obstetrics & Gynecology](#).



## Learn more about family health history.

Visit the Family Health History section  
of the Michigan Cancer Consortium website at  
[www.michigancancer.org/familyhistory.cfm](http://www.michigancancer.org/familyhistory.cfm).

# March

Sun	Mon	Tue	Wed	Thu	Fri	Sat
		1	2	3 Webinar: <a href="#">"Rankings Methodology"</a> (3:00-4:00 p.m. ET)	4	5
6	7	8	9	10	11	12
13	14	15 Webinar: <a href="#">"Rankings 101: General Introduction to the County Health Rankings"</a> (3:00-4:00 p.m. ET)	16 Webinar: <a href="#">"Putting County Health Rankings into Action"</a> (3:00-4:00 p.m. ET)	17	18	19
20	21	22	23 <a href="#">MCC Board of Directors Meeting</a> (Noon-3:00 p.m.; Okemos)	24 Webinar: <a href="#">"Break Free: Policies and Strategies to Assist People of Low Socio-Economic Status to Quit Tobacco"</a> (3:00-4:00 p.m. ET)	25	26
27	28	29	30	31		

# 2011

# April

Sun	Mon	Tue	Wed	Thu	Fri	Sat
					1 <a href="#">Third Regional Hope &amp; Healing Conference</a> (Detroit)	2
3	4	5	6	7	8	9
10 <a href="#">Where Religion, Policy, and Bioethics Meet: An Interdisciplinary Conference on Islamic Bioethics and End-of-Life Care</a> (Ann Arbor)	11 <a href="#">Where Religion, Policy, and Bioethics Meet: An Interdisciplinary Conference on Islamic Bioethics and End-of-Life Care</a> (Ann Arbor)	12 <i>Webinar:</i> <a href="#">“Chemobrain: The Impact of Cancer Treatments on Memory, Thinking and Attention”</a> (1:30-2:30 p.m. ET)	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

2011