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## Hurley Medical Center Joins the MCC

The MCC is pleased to announce that Hurley Medical Center has joined the Consortium, bringing the total number of MCC organizations to 114.

Founded in 1908, Hurley is a 443 bed public, non-profit, teaching medical center located in Flint, Michigan. Each year, more than 20,000 people choose Hurley for their inpatient hospital care. As the largest medical center in Genesee County and the region's only Level 1 trauma center, Hurley's emergency department handles over 76,000 annual emergency cases.

To live up to its mission "Clinical Excellence. Service to People." Hurley offers a wide variety of hospital and health services. From mid Michigan's most comprehensive health care offerings for children, to specialized critical care centers, Hurley has the dedicated professionals, advanced technology and convenient facilities to meet the complex health needs of their region.



With over 2,500 employees, Hurley is one of the area's largest employers, and actively involved in collaborative efforts to enhance the quality of life in their community.

To learn more about Hurley Medical Center, please visit <http://www.hurleymc.com/>.

## Register Now for Journey Forward Web Conference

Join the MCC in an online demonstration of the Journey Forward cancer survivorship care plan. Journey Forward is a free software for clinicians to build customizable treatment summary and follow-up care plans, and has a medical history builder that can be used by cancer survivors.

Date: May 20, 2010  
Time: 1:00 - 2:00 p.m.

Please RSVP by May 12th using the following link:  
<http://www.michigancancer.org/surveys/index.cfm?surveyid=192>



**MICHIGAN Health GO LOCAL**  
Your link to health services in Michigan  
[medlineplus.gov/MI](http://medlineplus.gov/MI)

## Michigan's First Comprehensive Online Directory of Health Services

Michigan Health Go Local is a directory of health care services and providers that serve the residents of Michigan. It is a joint project of the Wayne State University Vera P. Shiffman Medical Library (Detroit, MI) and the National Library of Medicine.

This resource helps you:

- Find up-to-date information about medical care providers and health-related social services in your community
- Link to reliable health information about diseases and conditions from MedlinePlus, the premier source for consumer health information from the National Library of Medicine

The online directory is searchable by geographic area (county, city, zip code), organized by health service (free clinics, public health services, support groups), and indexed by health topic (immunization, mental health, seniors health).

Michigan Health Go Local currently has information on more than 13,000 (and growing!) health and medical care services and providers in the state of Michigan.

Michigan Health Go Local was created and is maintained by professional medical librarians. The services and providers included in this directory are carefully selected using specific guidelines including:

- Provide health services to Michigan residents
- Health care services and providers have proper credentials
- Contact information is current

For more information about Michigan Health Go Local, please visit [www.medlineplus.gov/MI](http://www.medlineplus.gov/MI).

*Information supports Access to Care, a MCC cross-cutting area for 2009-2015.*

## The Michigan Meeting 2010: The Economy & Cancer Health Disparities

Michigan Cancer Consortium members are invited to attend *The Michigan Meeting 2010: The Economy and Cancer Health Disparities* hosted by the University of Michigan Comprehensive Cancer Center. This free conference will take place May 20-22 in Ann Arbor and is open to all patients, physicians, community members, researchers, social workers, and allied health professionals.

This unique forum will gather experts from diverse perspectives to address the issue of cancer health disparities in the United States. National leaders in the fields of cancer care, health services research, health policy and economics will analyze current and future health reform efforts and other policy initiatives aimed at lessening the dramatic disparities that currently exist.

Featured speakers include:

- **Peter Bach**, MD, Associate Attending Physician, Memorial Sloan Kettering Cancer Center
- **Harold P. Freeman**, MD, President and Founder, Ralph Lauren Cancer Center for Cancer Care and Prevention, Senior Advisor to the Director of the National Cancer Institute
- **Lovell A. Jones**, PhD, Director, Center for Research on Minority Health, MD Anderson Cancer Center
- **Christopher J. Ruhm**, PhD, Professor of Economics, Bryan School of Business, University of North Carolina-Greensboro
- **Kevin Volpp**, MD, PhD, Associate Professor, University of Pennsylvania School of Medicine and the Wharton School

Details about the conference and how to register can be found at <http://mcancer.org/cancer-disparities/index.html>.

*Information supports Health Disparities, a MCC cross-cutting area for 2009-2015.*

## Free Chantix Coupons

Pfizer is offering a free month (28 days) of Chantix to first time users. Current users can get \$30 off a refill. This offer is good for insured and uninsured patients. To learn more, go to: <http://www.chantix.com/offers.aspx?chtsrc=CHW10021079&cmp=RED-FTO-CTA>

*Information supports MCC Tobacco Control/Lung Cancer Strategic Plan for 2009-2015.*



## Advance Directives Effective in Ensuring Care Associated With Preferences of Older Patients

Advance directives are effective in ensuring care associated with patient preferences, according to the results of a large-scale study reported in the April 1 issue of the *New England Journal of Medicine*. "Prior to our study, no one knew how many elderly adults might need others to make complex medical decisions on their behalf at the end of life," lead author Maria Silveira, MD, MPH, from the Veterans Affairs Ann Arbor Healthcare System's Clinical Management Research and the University of Michigan, said in a news release. "Our research shows that a substantial number of older adults need someone else to make decisions about whether aggressive, limited, or comfort care should be provided at the end of life."



The investigators used data from survey proxies in the Health and Retirement Study to examine the prevalence of the need for decision making and lost decision-making capacity and to evaluate the association between preferences recorded in advance directives and outcomes of surrogate decision making. Of 3746 participants 60 years of age or older who died between 2000 and 2006, 42.5% required decision making at the end of life. Of these, 70.3% lacked decision-making capacity, and two thirds (67.6%) of those unable to make medical decisions had advance directives.

To read this article in its entirety, please visit <http://www.medscape.com/viewarticle/719607>

*Information supports MCC End-of-Life Care Strategic Plan for 2009-2015.*

## Check Out New Palliative Care Tools at CAPC.org

The Center to Advance Palliative Care has a collection of technical assistance materials to assist in designing, strengthening, and maintaining palliative care programs.



A few of the latest tools include:

- [Measurement Tools:](#)  
Using Metrics to Grow Your Program; CAPC Consensus Metrics Self- Assessment
- [Clinical Tools:](#)  
Physician Orders for Life-Sustaining Treatment (POLST)
- [Tools for Hospice-Hospital Relationships:](#)  
Hospice Eligibility and Payment
- [Billing Tools:](#)  
2010 CMS Billing Changes

To check out these tools, please visit <http://www.capc.org/tools-for-palliative-care-programs>

*Information supports MCC End-of-Life Care Strategic Plan for 2009-2015.*

## The Last Hours of Living: CME/CE Opportunity

### Target Audience:

This activity is intended for physicians, physician assistants, nurse practitioners, nurses, students, and other clinicians who care for patients during their last hours of life.

### Goal:

The goal of this activity is to provide a comprehensive overview of the last hours of life, focusing on the assessment and management of common physical symptoms and syndromes near the time of death.

### Learning Objectives:

Upon completion of this activity, participants will be able to:

- Assist families to prepare for the last hours of life.
- Assess and manage the pathophysiologic changes of dying.
- Pronounce a death and notify the family.

### Credits Available:

**Physicians** - maximum of 1.50 *AMA PRA Category 1 Credit(s)*<sup>™</sup>  
**Nurses** - 1.50 *ANCC Contact Hour(s)* (0.5 contact hours are in the area of pharmacology)

This course is available online at:

<http://cme.medscape.com/viewarticle/716874?src=cme>

*Information supports MCC End-of-Life Care Strategic Plan for 2009-2015.*

# Genetic and Genomic Testing for Cancer Susceptibility

~ Submitted by the Michigan Cancer Genetics Alliance

The American Society of Clinical Oncology (ASCO), one of the leading organizations representing cancer care specialists, recently issued an updated summary of recommendations regarding genetic testing for cancer susceptibility (see reference below). These new guidelines, an update of a statement issued in 2003, were published online in the *Journal of Clinical Oncology* in on January 11, 2010.

These guidelines provide a framework by which health care providers, patients, and the public can optimally utilize the latest developments in the area of cancer genetics. The field of genetic medicine is rapidly changing and many genetic tests are becoming available, both through a doctor's visit as well as through direct to consumer (DTC) testing options. Therefore, ASCO released these new guidelines in order to address a number of key issues.

The following is a summary of the recommendations as outlined in this update:

- 1. Role of Oncologists and other Health Care Providers.** Genetic testing for cancer susceptibility should be offered only when an individual has a personal or family history suggestive of an inherited cancer susceptibility or those who are considered "high risk"; the genetic test can be adequately interpreted; and the test results have accepted clinical utility.
- 2. Education and Training.** Educational efforts should focus on raising awareness about recent advances in cancer genetic testing with the goal of increasing preparedness among oncologists and other health care providers to administer genetic tests, interpret results accurately, and recommend appropriate follow up care.
- 3. Research.** ASCO recommends that genetics tests with uncertain clinical utility be administered in the context of clinical trials, and that increased funding be directed toward basic and translational research in clinical cancer genetics.
- 4. Pre-and Post-Test Counseling.** ASCO reiterates its recommendation that genetic testing and genomic risk assessment only be conducted in the setting of pre- and post-test genetic counseling and that any provider ordering a genetic test should be able to carry out this process. This recommendation also applies to direct-to-consumer testing.
- 5. Informed Consent.** ASCO continues to underscore the importance of informed consent for genetic testing in accordance with the basic elements of consent which were previously outlined in the 2003 ASCO policy statement.
- 6. Access.** ASCO supports increasing access to genetic testing and improving insurance coverage of genetic testing services. This initiative should also focus on improving access for genetics services for underserved populations.
- 7. Genetic Privacy.** Individuals considering genetic testing should become familiar with policies regarding privacy of the test results. Companies that provide direct-to-consumer testing may not abide by the same privacy rules which apply to testing facilitated by health care providers.
- 8. Regulation of Genetic and Genomic Tests.** ASCO recommends increased oversight by the Food and Drug Administration and Centers for Medicare and Medicaid Services regarding the accuracy, validity, and quality of genetic testing labs. To accomplish this ASCO recommends the creation of a registry of genetic tests, including those available directly to consumers, which would include information about the validity and clinical utility of these tests.

## Basic Elements of Informed Consent for Cancer Susceptibility Testing

- Information on the specific test being performed.
- Implications of a positive and negative result.
- Possibility that the test will not be informative.
- Options for risk estimation without genetic testing.
- Risk of passing a mutation to children.
- Technical accuracy of the test.
- Fees involved in testing and counseling.
- Psychological implications of tests results (benefits and risks).
- Risks of insurance of employer discrimination.
- Confidentiality issues.
- Options and limitations of medical surveillance and strategies for prevention following testing.
- Importance of sharing genetic test results with at-risk relatives so that they may benefit from this information.

For more information on these guidelines, please refer to the references below. For more information on cancer genetics and genetic testing visit [www.migeneticsconnection.org](http://www.migeneticsconnection.org).

### References:

"American Society of Clinical Oncology Policy Statement Update: Genetic and Genomic Testing for Cancer Susceptibility." *Journal of Clinical Oncology*. Published ahead of print on January 11, 2010. <http://jco.ascopubs.org/cgi/reprint/JCO.2009.27.0660v1>

"American Society of Clinical Oncology Policy Statement Update: Genetic and Genomic Testing for Cancer Susceptibility." *Journal of Clinical Oncology*. Vol 21, No 12 (June 15) 2003. [http://www.asco.org/asco/downloads/Genetic\\_Testing.pdf](http://www.asco.org/asco/downloads/Genetic_Testing.pdf)



# May

Sun	Mon	Tue	Wed	Thu	Fri	Sat
						1
2	3	4	5	6 <a href="#">2010 Michigan BCCCP / WISEWOMAN Program Annual Meeting</a>	7 <a href="#">2010 Michigan BCCCP / WISEWOMAN Program Annual Meeting</a>	8
9	10	11	12 <a href="#">Charting Your IT Course</a>	13 <a href="#">The Other Women's Cancers (Cervical, Ovarian, Vulvar)</a>	14	15 <a href="#">Men's Fellowship Breakfast: Colon Cancer and Weight Loss</a>
16	17	18 <a href="#">Communicating with Your Health Care Team After Treatment: Making the Most of Your Visit</a>	19	20 <a href="#">The Economy and Cancer Health Disparities</a>  The Family Smoking Prevention and Tobacco Control Act of 2009: What State and Local Tobacco Control Professionals Should Know Webinar • 10:30 am – 12:00 pm • For more information: <a href="mailto:lyone@michigan.gov">lyone@michigan.gov</a>  Journey Forward Web Conference • 1:00 – 2:00 pm • To register: <a href="http://www.michigan.org/surveys/index.cfm?surveyid=192">http://www.michigan.org/surveys/index.cfm?surveyid=192</a>	21	22 <a href="#">19<sup>th</sup> Annual Susan G. Komen Detroit Race for the Cure</a>
23	24	25	26	27	28	29
30	31					

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