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Study Shows that Lung Cancer Rates Are Declining in United States

Report shows a continuing decline among men, and a promising decline among women

The rates of new lung cancer cases in the United States dropped among men in 35 states and among women in six states between 1999 and 2008, according to a report by the Centers for Disease Control and Prevention (CDC). Among women, lung cancer incidence decreased nationwide between 2006 and 2008, after increasing steadily for decades.

The decrease in lung cancer cases corresponds closely with smoking patterns across the nation. In the West, where smoking prevalence is lower among men and women than in other regions, lung cancer incidence is decreasing faster. Studies show declines in lung cancer rates can be seen as soon as five years after smoking rates decline.

The report also noted that states that make greater investments in effective tobacco control strategies see larger reductions in smoking; and the longer they invest, the greater the savings in smoking-related health care costs. Such strategies include higher tobacco prices, hard-hitting media campaigns, 100 percent smoke-free policies, and easily accessible quitting treatments and services for those who want to quit.

“Although lung cancer among men and women has decreased over the past few years,” said CDC Director Thomas R. Frieden, MD, MPH. “Too many people continue to get sick and die from lung cancers, most of which are caused by smoking. The more we invest in proven tobacco control efforts, the fewer people will die from lung cancer.”

Lung cancer is the most commonly diagnosed cancer that affects both men and women, and is the leading cause of cancer death in the United States. Cigarette smoking and exposure to secondhand smoke cause most lung cancer deaths in the United States. To further reduce lung cancer incidence, intensified efforts to reduce smoking are needed.

For this report, researchers analyzed lung cancer data from CDC’s National Program of Cancer Registries and the National Cancer Institute’s Surveillance, Epidemiology, and End Results Program. They estimated smoking behavior by state using the CDC’s Behavioral Risk Factor Surveillance System.

- more -

Lung Cancer Rates (continued from page 1)

Study findings include the following:

- Among men, lung cancer rates continued to decrease nationwide.
- From 1999 to 2008, lung cancer rates among men decreased in 35 states and remained stable in nine states. (Change could not be assessed in six states and the District of Columbia.)
- States with the lowest lung cancer incidence among men were clustered in the West.
- After increasing for years, lung cancer rates among women decreased nationwide between 2006 and 2008.
- Lung cancer rates decreased between 1999 and 2008 among women in California, Florida, Nevada, Oregon, Texas, and Washington.

People who smoke can get free resources and help quitting by calling 1-800-QUIT-NOW (784-8669) or visiting www.smokefree.gov and www.michigan.gov/tobacco.

Released: September 15, 2011
Centers for Disease Control and Prevention
MMWR, September 16, 2011 / 60(36);1243-1247
www.cdc.gov/mmwr

ANN Names Lacks Cancer Center's Coralyn Martinez National GI Navigator of the Year at its 2011 Conference

Coralyn Martinez, MSN, RN, OCN, of MCC member Lacks Cancer Center at Saint Mary's Health Care has been named the National GI (gastro-intestinal) Navigator of the Year by the Academy of Nurse Navigators (ANN) at their 2011 conference in San Antonio, Texas.

Coralyn has been a nurse navigator since January of 2010, when the GI Navigation Program began at Lacks Cancer Center; Coralyn assisted in the development of the program.

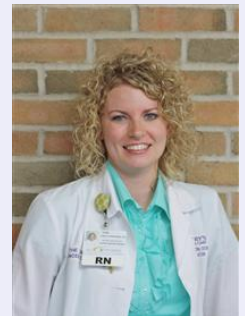
Prior to being named as navigator, she served as the Center's education coordinator. In that role, she was asked to meet the navigation needs of the GI patients one day a week. She quickly learned that the work of a navigator is ongoing, non-ending, and ever-changing and that navigation soon overtook the majority of her time.

"I love navigation!" she says. "Much like the profession of nursing, navigation offers so much. Navigation is a little bit of everything: case management, leadership, quality care, education, program development, patient care/ interaction, and so much more."

"I think that the uniqueness of our program comes from the model of care that is delivered at The Lacks Cancer Center," she added. "The patient is truly at the center of everything that we do."

A "Michigander," Coralyn received her BSN from Grand Valley State University in 2003 and has worked in oncology since, becoming an oncology certified nurse in 2006. Coralyn received her MSN from Michigan State University in May 2011, and she reports that between receiving her degree and this award, "It's been an exciting year for me."

Congratulations, Coralyn!



Michigan Health Plans Honored for Genomics Best Practices in Aligning Policies with USPSTF BRCA Recommendations

Submitted by Michigan Cancer Genetics Alliance

Through a three-year cooperative agreement with the Centers for Disease Control and Prevention (CDC) Office of Public Health Genomics (OPHG) and supplemental funds from the Division of Cancer Prevention and Control (DCPC), the Michigan Department of Community Health (MDCH) has been promoting the 2005 U.S. Preventive Services Task Force (USPSTF) Grade B and D Recommendations for BRCA counseling and testing to health plans and providers.

Since 2008, MDCH and partners have been reviewing Michigan health plan policies, attending key Michigan health plan events, and disseminating the USPSTF BRCA recommendation statements throughout Michigan.

As of September 2011, MDCH in partnership has honored 12 Michigan health plans for their exemplary policies aligned with the USPSTF Grade B Recommendation for BRCA counseling and testing. This is a significant increase from the 2008 baseline of only four Michigan health plans that were aligned with the recommendation.

In 2011, MDCH partnered with MCC member organization Michigan Association of Health Plans (MAHP), an organization of 17 Michigan health plan covering more than 2.1 million Michigan residents, to develop one award for cancer genomics best practices. All member health plans were encouraged to apply for the award.

Congratulations to **Priority Health** as the recipient of this MAHP Special Pinnacle Award for Cancer Genomics Best Practices in 2011. Priority Health was awarded this prestigious honor in September 2011 for developing a comprehensive medical policy and prior authorization process for genetic counseling, testing and screening, and for promoting cancer genomics best practices throughout their network.

Priority Health offers coverage of in-person consultations, as well as telephone and web-based services as part of its network of genetic services for counseling and education for both members and providers. Priority Health developed policies offering access to the recommended follow-up testing and services for its members identified as being at increased risk by having a known BRCA mutation. Since implementation of the program, Priority Health has seen “a substantial increase in access to these services with an overall decrease in associated costs.” (<http://mahp.org/media/releases/2011/2011PinnacleAwardsWinnersRelease.pdf>).

For more information on Michigan Department of Community Health Cancer Genomics or our health plan initiatives, please visit www.michigan.gov/genomics.

*In 2005, the USPSTF issued a Grade B Recommendation that women whose family history is associated with an increased risk for deleterious mutations in BRCA1 or BRCA2 genes should be referred for genetic counseling and evaluation for BRCA testing. In contrast, USPSTF issued a Grade D Recommendation against routine referral or routine BRCA testing for women whose family history is not associated with increased risk. To view these recommendation statements, please visit www.uspreventiveservicestaskforce.org/uspstf05/brcagen/brcagenrs.pdf.

Congratulations to these Michigan health plans for aligning their policies with the USPSTF Grade B BRCA Counseling and Testing Recommendation:

- Aetna
- Blue Cross Blue Shield of Michigan
- Blue Care Network of Michigan
- Beaumont Employee Health Plan
- Cigna
- Grand Valley Health Plan
- Health Alliance Plan of Michigan
- Molina Healthcare of Michigan
- Physicians Health Plan of Mid-Michigan
- Priority Health
- Total Health Care
- UnitedHealthcare

MDCH Receives 3-Year Cooperative Agreement for Genomics

The Michigan Department of Community Health (MDCH) is one of three state health departments to receive a 3-year program award aimed at enhancing breast cancer genomic practices. The award was announced last month by the Centers for Disease Control and Prevention (CDC), Division of Cancer Prevention and Control (DCPC).

MDCH will promote the adoption of new health plan policies or adaptation of existing policies to increase coverage of clinical genetic services in high-risk women. In addition, MDCH hopes to increase health care provider knowledge and the use of clinical practice recommendations as well as to expand state surveillance of genetic counseling and testing for the inherited breast and ovarian cancer genes (BRCA1/2).

In addition, the University of Michigan (U of M) School of Nursing, in partnership with the U of M School of Public Health and the U of M School of Medicine, will be carrying out projects related to young breast cancer survivors, with funds from the CDC DCPC. MDCH will partner with U of M on these efforts.

Breast cancer is the second leading cause of cancer death and the most commonly diagnosed cancer (excluding skin cancer) in women in both the US and Michigan. Breast cancer can run in families and may be caused by an underlying genetic change, passed from parent to child (called "inherited cancer"). Early breast cancer (under age 50) is one sign of such a gene change. One of the most common genes causing inherited breast cancer is the BRCA gene. Knowing one's own family health history and sharing it with a healthcare provider is an important way for people to find out about inherited risk factors for breast and ovarian cancer, which often run together in families.

For more information on these initiatives, visit www.cdc.gov/cancer/breast/what_cdc_is_doing/genomics_foa.htm and www.michigan.gov/genomics.

Revised Cancer Burden Report Now Available

The Cancer Burden in Michigan: Selected Statistics, 1993-2011 (www.michigancancer.org/WhatWeDo/TheCancerBurdenMichiganSelectedStatistics.cfm)

This September 2011 revised report was developed by the Michigan Public Health Institute Cancer Epidemiology and Evaluation Cancer staff in support of the Michigan Comprehensive Cancer Control Program and the Michigan Cancer Consortium. It describes the cancer burden in Michigan in terms of morbidity and mortality and the human costs associated with cancer to the extent to which data are available. Six cancer sites are presented: breast, cervical, colorectal, lung, prostate, and ovarian.

The report includes epidemiological analyses of cancer mortality from years 1994 to 2008 and cancer incidence from 1993 to 2007 for the selected cancer sites, as well as data regarding the stage at diagnosis for cases reported in Michigan and relative survival rates for the selected cancer sites. Comparisons of incidence and mortality rates amongst Michigan counties and changes in the percentage of cancer cases diagnosed at an early stage in individual counties are presented.

Annual Meeting!



2011 MCC Annual Meeting
Wednesday, Nov. 9, 2011
8:30 a.m. – 2:30 p.m.

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

Information about the program has been sent to MCC member and partner organizations.

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 Great Lakes Division Update

By Judy Stewart, ACS, Great Lakes Division, Inc.

Michigan Update

Obesity: On September 14, Governor Rick Snyder, in a public statement, addressed the problem of childhood obesity, specifically:

- Encouraging the Michigan Department of Education (MDE) to work with schools to facilitate participation in physical activity and health education throughout all grade levels.
- Encouraging all schools to adopt healthier nutrition standards.
- Directing the Michigan Department of Community Health (MDCH) to incorporate information about body mass index (BMI) in the Michigan Care Improvement Registry (MCIR), which tracks childhood immunization records. This rule change will allow a health care provider to report height and weight measurements on MCIR.
- Encouraging physicians to record BMI in the registry and to discuss healthy weight with patients.
- Supporting expanding the registry to include adults.

In other obesity-related Michigan news:

- Healthy Kids, Healthy Michigan and the American Cancer Society (ACS) are working with legislators to introduce legislation that sets minimum standards for health and physical education in Michigan.
- MDCH held a Sept. 21 obesity summit where nearly 500 stakeholders made recommendations for a state obesity plan that included passing legislation for physical and health education requirements.

Affordable Care Act – Health Insurance Exchange: Governor Snyder also addressed the start-up of a health insurance exchange in Michigan, saying he supports establishment of an online competitive marketplace (Michigan Health Marketplace) for individuals and businesses to obtain health insurance.

Senator Jim Marleau (R-Orion Twp) introduced SB 693, which is the Senate's version of the state-based exchange legislation. The MiHealth marketplace would be a non-profit entity with a governance board of seven members. Full text of the bill can be found at www.michiganlegislature.org. Legislators are being encouraged to address a series of questions ACS has posed to ensure fairness, affordability, accessibility, quality, and value.

Federal Update

Federal Budget: On September 21, the Senate Appropriations Committee completed work on the FY 2012 Labor-Health and Human Services (HHS) appropriations bill.

The bill cuts the National Institutes of Health (NIH) budget by \$190 million (0.6 percent), bringing it down to \$30.498 billion. The National Cancer Institute (NCI) budget is \$5.001 billion under the bill, a cut of \$58 million (1.2 percent). The ACS Cancer Advocacy Network (CAN) was informed that the Centers for Disease Control and Prevention's (CDC) programs will be held flat at FY 2011 levels. The Senate bill does not include any language that would consolidate CDC chronic disease programs. Prevention and Public Health Fund highlights include \$100 million for tobacco cessation and \$280 million for Community Transformation Grants.

The House Appropriations Committee released a *draft* FY 2012 health spending bill that contains a \$1 billion increase for cancer research, supported in part by ACS Cancer Action Network advocates. However the bill also includes \$52 million in cuts to CDC programs.

Affordable Care Act (ACA): September 23, 2011, marked the first anniversary of the date strong consumer protection provisions in the Affordable Care Act took effect, meaningfully improving the health care system for people with cancer and their families. For more information, visit www.healthcare.gov/law/resources/reports/patients-bill-of-rights-09232011a.html.

ACA Litigation: At the end of September, the US Supreme Court was petitioned to hear cases affecting the law. At the crux of each challenge is whether Congress has the authority under the U.S. Constitution to require individuals to purchase health insurance (the so-called "individual mandate"). It is anticipated that the high court will hear one of these challenges during its fall term, with a decision expected before the Supreme Court adjourns for the summer of 2012.

New Online Course: Real Life Approaches to Pain Management

The Michigan Public Health Training Center announces a new course on pain management. The course, about pain and symptom management, will help you gain an understanding of the multidimensional aspects of pain. Physical, emotional, social, psychological and spiritual facets of pain will be discussed. Personal bias towards pain, how pain can impact life and health care delivery, as well as the physiology and pharmacology in pain management are also covered.



The course is a one-hour self-paced tutorial and includes resources on pain management and pain assessment tools. Gain a better understanding of what your clients and patients are experiencing and what can be done to help them with pain management. The course is free.

Learning objectives associated with this course include:

- Define the multidimensional nature of pain.
- Explain three barriers to the recognition of pain.
- Identify assessment tools used in the treatment of pain.

For more information, visit https://practice.sph.umich.edu/mphtc/site.php?module=courses_one_online_course&id=437.

Essential Health Benefits: Balancing Coverage and Cost

A new Institute of Medicine (IOM) report provides the U.S. Department of Health and Human Services (HHS) with a set of criteria and methods to develop a package of essential health benefits that will cover many health care needs, promote medically effective service, and be affordable to purchasers. HHS decisions about which benefits warrant designation as essential should be made in a transparent manner that is informed by input from structured public discussions, added the committee that wrote the report.

The Patient Protection and Affordable Care Act of 2010 (ACA) is intended to help uninsured Americans obtain health insurance. As part of this effort, private health insurance plans will be offered to low- and moderate-income individuals and small business employers through state-based “purchasing exchanges,” often with financial help. To ensure a more consistent level of benefits, the ACA requires that certain insurance plans — including those participating in the state purchasing exchanges — cover a package of diagnostic, preventive, and therapeutic services and products that have been defined as “essential” by HHS.

This package — commonly referred to as a set of essential health benefits (EHB) — constitutes a minimum set of benefits that the plans must cover, but insurers may offer additional benefits. The ACA requires that the EHB include at least 10 general categories of health services and have benefits similar to those currently provided by a typical employer.

The ACA charged HHS with defining what the EHB package should include. To assist with this, HHS asked the IOM to recommend a process that would help HHS define the benefits that should be included in the EHB, and update the benefits to take into account advances in science, gaps in access, and the effect of any benefit changes on cost.

The task of the IOM was *not* to decide what is covered in the EHB, but rather to propose a set of criteria and methods that should be used in deciding what benefits are most important for coverage. The committee recognized that the benefits included in the EHB must be sufficiently inclusive to enable access to essential services but must also be affordable so that as many as possible can purchase the coverage. The committee saw its primary task as finding the right balance between making a breadth of coverage available for individuals at a cost they could afford. This balance will help ensure that an estimated 68 million people have access to care covered by the EHB.

Institute of Medicine Report
Consensus Report released: October 6, 2011

November

Sun	Mon	Tue	Wed	Thu	Fri	Sat
		1	2	3	4	5 State of the Art Management of Lung Cancer (Dearborn)
6	7 Cancer Prevention Study Grand Rapids Enrollment 4:00 - 7:30 p.m. (Grand Rapids)	8 Cancer Prevention Study Grand Rapids Enrollment 10:00 a.m. - 1:30 p.m. (Grand Rapids)	9 MCC Annual Meeting (Lansing) Cancer Prevention Study Grand Rapids Enrollment 4:00 - 7:30 p.m. (Grand Rapids)	10 <i>Webinar</i> The Role of Physicians and Other Health Care Professionals in Creating a Healthier Food System 3:30 - 4:30 pm ET	11	12 Great Lakes Blood Conference (Grand Rapids)
13	14	15 <i>Webinar</i> Michigan Tobacco Quitline: Pregnancy and Postpartum Protocol 2:00 - 3:30 p.m.	16 <i>Webinar</i> MCHA Coalition Meeting 1:00 - 3:00 p.m. ET	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

2011

December

Sun	Mon	Tue	Wed	Thu	Fri	Sat
				1	2	3
4	5 NIH State of the Science Conference - Active Surveillance (Prostate Cancer) (Bethesda, MD)	6 NIH State of the Science Conference - Active Surveillance (Prostate Cancer) (Bethesda, MD)	7 NIH State of the Science Conference - Active Surveillance (Prostate Cancer) (Bethesda, MD)	8	9	10
11	12	13	14	15	16	17
18	19	20	21 MCHA Coalition Meeting 1:00 - 3:00 p.m. (Detroit)	22	23	24
25	26	27	28	29	30	31

2011