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Don't Miss the 2010 MCC Annual Meeting

Join MCC members, partners and other comprehensive cancer control stakeholders Thursday, Nov. 4 for the 2010 Michigan Cancer Consortium Annual Meeting at The James B. Henry Center for Executive Development, located at 3535 Forest Road in Lansing.

Following the theme "Looking Beyond the Horizon: Linking Prevention, Policy & Practice," the meeting will include:

- Educational sessions addressing barriers to cancer screening; psychosocial issues common to cancer survivors; management of symptoms after prostate cancer treatment; the Michigan Breast Oncology Quality Initiative; sexual and reproductive issues related to cancer diagnosis and treatment; materials and resources to address cancer health disparities; and strategies to increase colorectal cancer screening rates;
- posters highlighting progress being made on the six MCC Special Projects for 2009-2011 and collaborative cancer control projects in Michigan;
- presentation of the 2010 MCC Spirit of Collaboration Awards; and
- a Closing Keynote presentation on the new Patient Protection and Affordable Care Act, its impact on Michigan, and work being done by the Michigan Health Insurance Reform Coordinating Council to implement health care reforms in our state.

Come to the Board meeting: Immediately following the meeting, the MCC Board of Directors will meet for the final time in 2010; all MCC member and partner organizations are urged to attend and meet the members of the Board, as well as other organizations interested in similar cancer control activities.

The Board meeting agenda includes a discussion of the Physician Group Incentive Program and Organized Systems of Care being undertaken by Blue Cross Blue Shield of Michigan, as well as a presentation from the Michigan Department of Community Health Pain and Symptom Management Program.

To learn more about the 2010 Annual Meeting, visit www.michigancancer.org/WhatWeDo/AnnualMeetings.cfm.

If you're planning to attend the Nov. 4 MCC Board meeting, please RSVP by Oct. 29 to Amy Stagg at 517-324-7310 (e-mail: stagg@michigan.gov).

MDCH Cancer Section Receives New Cancer Policy Grant from CDC

The Michigan Department of Community Health Cancer Prevention and Control Section has received word that it is one of 12 awardees of a new five-year grant from the U.S. Centers for Disease Control and Prevention entitled “Demonstrating the Capacity of Comprehensive Cancer Control Programs to Implement Policy and Environmental Cancer Control Interventions.”

In accordance with [Michigan’s Comprehensive Cancer Control Plan](#), the activities funded by the grant will focus on policy interventions designed to address primary, secondary and tertiary prevention of cancer. The evidence-based strategies that Michigan intends to implement will address decreasing tobacco use, improving physical activity and nutrition, increasing access to screening tests for cancer, and improving screening for cancer survivors to reduce the risk of recurrent or new cancers.

The grant agreement requires that a portion of the funding be used to support one full-time policy consultant who will be available to provide technical assistance to colleagues, local health agencies, and MCC member organizations, committees and special workgroups engaged in cancer policy promotion and interventions. This consultant will collaborate with other chronic disease partners and key decision-makers to assist in the planning, promotion, monitoring, and evaluation of evidence-based cancer control policy interventions.

This is a wonderful opportunity for promotion of new policies within organizations’ systems and at the community and state level to impact some of the root causes of cancer health disparities and improve cancer control during this critical time of health care reform.

BCBSM Foundation & MDCH Award Prostate Cancer Research Grants

In 2007, the Michigan legislature enacted PA 135 to create the Prostate Cancer Research Fund within the Michigan Department of Community Health (MDCH) to provide funding for prostate cancer research conducted by a Michigan medical school, a Michigan hospital specializing in the treatment of cancer, or an urban Michigan hospital providing services to African-American men.

Taxpayers donated slightly more than \$55,000 to the Prostate Cancer Research Fund through their 2008 state tax returns and an additional \$27,000 via their 2009 returns, yielding a cumulative total of \$82,000 in taxpayer donations for the first two years of the fund. Because of a provision in PA 135 that called for the law to sunset (expire) if donations over the two-year period did not reach \$100,000, that meant action was needed.

The Blue Cross Blue Shield of Michigan (BCBSM) Foundation, which is dedicated to improving the health of Michigan residents by supporting health care research and innovative community health programs, was more than willing to provide matching funds for prostate cancer research when approached. The BCBSM Foundation and MDCH issued a joint RFP seeking proposals from Michigan researchers to develop methods to disseminate the [MCC Guidelines for the Primary Care Management of Prostate Cancer Post-Treatment Sequelae](#) (2009) and evaluate the acceptance and implementation of the guidelines among primary care providers. Two excellent proposals were received, and additional funds were contributed by the BCBSM Foundation so that both projects could be funded.

We are pleased to announce that the University of Michigan proposal “Activating Patients to Improve Prostate Cancer Care” (Principle Investigator: Ted Skolarus, MD), and the Spectrum Health Hospitals proposal “West Michigan MCC Study” (Principle Investigator: Brian Lane, MD) have both been funded. Although each project is quite different, both should provide valuable information that can be replicated by other institutions.

Congratulations to all those within the MCC community who helped design the RFP and review the proposals. Men of Michigan will certainly benefit. We also want to express our deepest appreciation to our MCC partner, the Blue Cross Blue Shield of Michigan Foundation, for its very generous support.

For more information, contact Carol Garlinghouse, MSN, RN, at cgarling@att.net.

Risk-Reducing Surgery May Benefit Women with BRCA Mutations

A recent study published in the *Journal of the American Medical Association* confirms that risk-reducing surgery in *BRCA* mutation carriers decreases mortality.

Women with *BRCA* mutations have a lifetime risk of breast cancer between 56 percent and 84 percent, and a lifetime risk of ovarian cancer between 10 percent and 63 percent. Women who are *BRCA* positive have management options, including risk-reducing surgery, enhanced screening regimen, and chemoprevention. The decision to have risk-reducing surgery is a personal and often difficult decision that should be carefully thought through and considered by each woman.

Researchers prospectively examined a cohort of almost 2,500 *BRCA1* and *BRCA2* mutation carriers with respect to their risk estimate and cancer history following risk-reducing surgeries. This study confirmed that women who had a risk-reducing mastectomy had a significantly lower risk of developing breast cancer, with and without a prior diagnosis of breast cancer. In addition, women who had a risk-reducing salpingo-oophorectomy had a lower risk of developing ovarian cancer and decreased the risk of breast cancer in both *BRCA1* and *BRCA2* mutation carriers, if performed prior to age 50 and without a prior diagnosis of breast cancer. Salpingo-oophorectomy was associated with both a lower breast and ovarian cancer-specific mortality.

An editorial accompanying the article highlights the importance of identifying woman who are at-risk for a *BRCA* mutation and suggesting referral to a genetic counselor. Genetic counselors can aid in the education of patients regarding the risks and benefits of testing and various surveillance and surgical prophylaxis options, and also facilitate communication of results throughout a family.

To find a cancer genetic counselor in Michigan, visit www.migeneticsconnection.org.

References:

Domcheck et al. Association of Risk-Reducing Surgery in *BRCA1* and *BRCA2* Mutation Carriers with Cancer Risk and Mortality. *JAMA*. 2010;304(9):967-975.

EssermanL, Kaklamani V. Lessons Learned From Genetic Testing. *JAMA*. 2010;304(9):1011-1012.

Who Might Benefit from Genetic Counseling and Assessment?

Individuals with a personal or family history of the following may benefit from genetic counseling and assessment for a *BRCA* mutation:

- Breast cancer diagnosed <50 years
- Bilateral breast cancer
- Ovarian or primary peritoneal cancer diagnosed at any age
- Male breast cancer
- More than one cancer in a single individual (i.e., both breast and ovarian cancer)
- 3 or more family members on the same side of the family with breast or ovarian cancer
- Ashkenazi Jewish ancestry
- A known *BRCA* mutation in the family

(Note: These are in accordance with the 2010 National Comprehensive Cancer Network Guidelines.)

ACS and HHS Offer Tools for Understanding the Affordable Care Act

Since the new healthcare reform law — the Patient Protection and Affordable Care Act of 2010 — was signed into law this March, key provisions have started to go into effect, giving seniors, children and the uninsured better access to quality, affordable health care.

On Sept. 23, 2010, six months after the law was signed, several additional provisions that benefit cancer patients, survivors, and their families took effect. These provisions, as well as those that will be implemented over the next few years, will meaningfully improve the health care system for people touched by cancer and improve access to quality, affordable health care.

The American Cancer Society Cancer Action Network has developed a two-page handout entitled “How the Affordable Care Act is Helping People with Cancer” that addresses the major provisions of the Act that are currently in effect and that will go into effect in the future. The handout, which was shared with the MCC Board of Directors during the Board’s Sept. 22, 2010 meeting, is available for download on the MCC Web site at www.michigancancer.org/PDFs/WhatsNew/AffordableCareActandPeoplewCancer-ACS-091610.pdf.

Additional information about the Affordable Care Act of 2010 can be found at www.HealthCare.gov. Called for by the Act, the site was launched July 1 by the U.S. Department of Health and Human Services to provide consumers with both public and private health coverage options tailored specifically for their needs in a single, easy-to-use tool.

HealthCare.gov is the first central database of health coverage options, combining information about public programs, from Medicare to the new Pre-Existing Conditions Insurance Plan, with information from more than 1,000 private insurance plans. Consumers can receive information about options specific to their life situation and local community.

The Web site, which was developed with “significant consumer input,” is a one-stop-shop for information about the implementation of the Affordable Care Act, as well as other health care resources, and can connect consumers to quality rankings for local health care providers, as well as preventive services.



New information and tools were added to the site Oct. 1 to make the health insurance market more transparent, increase competition, and help lower costs for individuals. For the first time ever, price estimates for private insurance policies are available, allowing consumers to easily compare health insurance plans. To help consumers make more informed choices, the site includes two notable metrics never before made public:

- insurance providers are required to provide the percentage of people who applied for insurance and were denied coverage, and
- insurance companies are required to provide the percentage of applicants who were charged higher premiums because of their health status.

HHS worked to define and collect detailed benefits and premium rating information from insurers across the country. Visitors to the site can now find information about health insurance options, such as:

- monthly premium estimates;
- cost-sharing information, including annual deductibles and out-of-pocket limits;
- major categories of services covered;
- consumer’s share of cost for these services;
- percent of people in the plan who pay more than the base premium estimate due to their health status; and
- percent of people denied coverage from a health plan.

More than 225 insurance companies have provided information about their individual and family plans for more than 4,400 policies, including policies in every state and the District of Columbia. Consumers can search for, and compare, information on plans available to them based on their age, gender, family size, tobacco use, and location.

October

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	21	22	23
					28th Annual Michigan Hospice & Palliative Care Organization Volunteer Symposium	28th Annual Michigan Hospice & Palliative Care Organization Volunteer Symposium <hr/> Michigan Health Gaps
24	25	26	27	28	29	30
28th Annual Michigan Hospice & Palliative Care Organization Volunteer Symposium			<i>Webinar:</i> "Trends in Smoking During Pregnancy and Evidence-Based Methods to Help Women of Reproductive Age Quit"		Palliative Care Collaborative: Fourth Annual Regional Conference	8th Annual Contemporary Issues in Multidisciplinary Breast Cancer Management <hr/> First Annual Prayers for a Cure and Illuminations of Hope Ecumenical Service
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2010

November

<i>Sun</i>	<i>Mon</i>	<i>Tue</i>	<i>Wed</i>	<i>Thu</i>	<i>Fri</i>	<i>Sat</i>
	1	2	3	4 MCC Annual Meeting <hr/> MCC Board of Directors meeting <hr/> Healthy Kids, Healthy Michigan Coalition Meeting	5	6
7	8	9	10	11	12	13
14	15	16	17 <i>Teleconference:</i> MCC Governance Committee Meeting	18	19	20
21	22	23	24	25	26	27
28	29	30				

2010