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## MCC Welcomes Mercy Cancer Network

The MCC is pleased to announce its newest member organization – Mercy Cancer Network. As one of Michigan’s largest cancer care networks, the Mercy Cancer Network delivers advanced medicine to local communities, offering the latest in cancer diagnostics, clinical research trials, and therapeutic technology.

Mercy Cancer Network offers a unique set of services that include:

- Coordinated attention to each patient’s well being
- Expert, experienced, and caring physicians, fellowship-trained in sub-specialties
- Leading-edge technology including Cyberknife, TomoTherapy, RapidArc, DaVinci Robotic Minimally Invasive Surgery, and Digital Mammography
- A seamless care experience supported by integrated clinical information systems
- Access to research studies available through the National Cancer Institute
- Accreditation by the American College of Surgeons Commission on Cancer with Commendations.
- Community Clinical Oncology Programs Research bases affiliated with the Mayo Clinic and M.D. Anderson
- Convenient locations throughout Michigan

In addition, Mercy Cancer Network offers a vast network of cancer care – by the numbers:

- Offering 17 different locations across Michigan giving patients more options throughout the state.
- Providing the expertise of over 200 highly trained, board-certified cancer care physicians, including oncologists, radiation oncologists, surgeons and other cancer-related specialists.
- Treating more than 100,000 patients with advanced radiation therapy treatments annually.
- Caring for more than 6,000 cancer inpatients annually.
- Providing all digital mammography with 32 machines offered throughout the network.

For more information about Mercy Cancer Network, please visit <http://www.mercycancernetwork.com>

The number of MCC member organizations now totals 112.\*

\*Kalamazoo Hematology and Oncology, Supportive Oncology Services at Karmanos Cancer Institute, and Oncology Nursing Society resigned their membership with the MCC.

# Spanish, Arabic Family Health History Materials Now Available

Family health history posters and fact cards are now available in Spanish and Arabic. Electronic versions of these materials are posted on the MCC website at:

<http://www.michigancancer.org/familyhistory.cfm>

**Conozca su historia de salud familiar**

porque algunos tipos de cáncer Vienen de familia. Vaya al sitio de [www.michigancancer.org](http://www.michigancancer.org) o llame al 1-800-ACS-2345 para aprender más.

DESCUBRALA Infórmese acerca de su historia de salud familiar

DOCUMENTALA Escribe su historia de salud

DISCÚTALA Compártala con su proveedor de servicios de la salud

MCC Michigan Cancer Consortium [www.michigancancer.org](http://www.michigancancer.org)

American Cancer Society 1-800-ACS-2345

Spanish Poster

**تعرف على تاريخ عائلتك الطبي**

بما أن بعض السرطانات تسري في العائلات، باستماعتك زيارة موقع جمعية السرطان في ولاية ميشيغان [michigancancer.org](http://michigancancer.org) على الإنترنت بالرقم الهاتفي 1-800-227-2345 للحصول على المزيد من المعلومات.

تعلم مع طبيبك عن التاريخ الطبي للعائلة

سجّل الكتب كل المعلومات

اقتشف تعرف على تاريخ عائلتك الطبي

MCC Michigan Cancer Consortium [www.michigancancer.org](http://www.michigancancer.org)

American Cancer Society 1-800-ACS-2345

Arabic Poster

Department of Community Health

**Historia Clínica Familiar y su Salud**

¿Por qué es importante la historia de salud familiar?

Nuestros familiares tienen más en común que los ojos oscuros y pelo rizado. Enfermedades crónicas y otros problemas de salud también forman parte de las familias. Los miembros de la familia comparten muchos de los mismos genes, estilos de vida y medio ambiente - todos los factores que trabajan juntos para determinar la salud. ¡Conocer su historia de salud familiar puede darle importante pistas para abrir su pasado a un futuro más saludable!

¿Que buscar?

Ponga atención a las siguientes "señales" cuando le pregunten por su historia de salud familiar:

- 2 o más miembros de la familia con cáncer
- Infarto antes de los 55 años de edad en un hombre o 65 años en la mujer
- Muerte súbita inesperada antes de los 40 años de edad
- Otros enfermedades crónicas como la diabetes, presión alta, colesterol alto, osteoporosis

Otra información importante:

- Descendencia ( ciertos grupos étnicos muestran un riesgo más alto a ciertas enfermedades)
- Edad en la que un miembro de la familia fue diagnosticado con una enfermedad
- Edad y causa de la muerte
- Número de miembros de la familia afectados por la enfermedad

Spanish Fact Card

Department of Community Health

**السرطان وتاريخ العائلة الطبي**

ما هو السرطان؟

يظهر مرض السرطان عندما تبدأ الخلايا في الجسم لتتكاثر عشوائياً ويمكن أن تنمو في أي أنسجة من الأعضاء الجسدية. كل السرطانات يسببها تغير في واحد أو أكثر من الجينات التي تسيطر على نمو وتكاثر الخلايا. السبب في ذلك التغير ليس دائماً معروفاً. غالباً ما يكون عائداً إلى بعض التعرضات البيئية، مثل التدخين. أحياناً التغير يظهر في الجينة التي تنتقل إلى الشخص من أحد الوالدين. ومعظم السرطانات يسببها مزيج من عوامل مختلفة لا نستطيع دائماً فهمها.

لماذا التاريخ الطبي للعائلة مهم؟

يمكن لبعض السرطانات أن تنتقل بين أفراد العائلة، ولكن معظم السرطانات تحدث لأشخاص ليس عندهم تاريخ عائلي بالإصابة، ولكن بعض السرطانات يعتبر وراثياً.

اسأل عن هذه "الإنذارات" عندما تسأل عن التاريخ الطبي للعائلة:

- 1 فرد من العائلة شخص لديه السرطان قبل عمر 50
- 2 أو أكثر من أفراد الأسرة من جدة واحدة من العائلة قد أصيبوا بالسرطان
- 3 أو أكثر أجيال أصيبوا بالسرطان

أحد أفراد الأسرة الذي شخص لديه 2 أو أكثر من السرطانات (مثل: سرطان الثدي والمبيض وسرطان الثدي عند الرجال)

Arabic Fact Card

Information supports MCC Cancer Genomics Special Project for 2009-2011.

## Hospice Excels at Providing Pain Relief

~ Submitted by Michigan Hospice & Palliative Care Organization

September 2009 has been proclaimed Pain Awareness Month in Michigan by Governor Jennifer Granholm. Long known as experts in pain management, hospice treats many different kinds of pain to relieve the suffering of the individuals they serve.

Hospice philosophy respects the patient's perspective in defining pain, a notion best described by pain management pioneer Margo McCaffery, RN: 'Pain is whatever the patient says it is and exists whenever and wherever the patient says it does.' Pain can be rooted in the disease process, in emotional turmoil, or in spiritual angst. Hospice's holistic nature treats the whole person.

Pain is assessed according to its intensity, location, type, duration and anything that brings relief. The nurse may ask a patient to rate his or her discomfort on a 0 to 10 scale, 0 being no pain and 10 being the worst pain imaginable. Once pain is measured, it is treated aggressively until the patient and family are satisfied.

Pain treatment is determined by the type of pain experienced; these include muscle, bone, nerve, and visceral. Relief may come in the form of medication, hot or cold compresses, repositioning, massage, or other physical means. Pain that stems from emotional or spiritual difficulty may be relieved by a visit from the social worker or the chaplain.

Hospice care is for individuals living with a terminal illness who have a life expectancy of 6 months or less. For more information, please contact your local hospice. To learn more about the hospice providers in your area go to [www.mihospice.org](http://www.mihospice.org)


Information supports strategies in the MCC End-of-Life Care Strategic Plan for 2009-2015.

# MCC Develops Prostate Cancer Guidelines for Providers

The MCC Prostate Cancer Action Committee has recently developed guidelines to help primary care providers manage the side effects most common in men treated for prostate cancer. The *Guidelines for the Primary Care Management of Prostate Cancer Post-Treatment Sequelae* were recently approved by the MCC Board of Directors and will be distributed to primary care providers during the month of September – Prostate Cancer Awareness Month.

The guidelines are also available for download on the MCC website at:

<http://www.michigancancer.org/PDFs/MCCGuidelines-PrimaryCareMgtProstateCaPost-TxSequelae.pdf>

 <b>Michigan Cancer Consortium Prostate Cancer Action Committee</b> <b>Guidelines for Primary Care Management of Prostate Cancer Post-Treatment Sequelae</b> <small>www.prostatecancerdecision.org</small>		
<small>Levels of Evidence (LOE) indicated if research available: LOE I = Randomized Controlled Trial; LOE II = Non-randomized Controlled Trial; LOE III = Case Series; LOE O = opinion, observation, literature review, pilot study</small>		
Problem	Onset	Primary Care Management Options
Recurrence	Lifelong	Confirm that PSAs are being done at appropriate intervals: PSA every 6-12 months after prostatectomy or radiation therapy; PSA every 3 months after Androgen Deprivation Therapy. Any confirmed detectable PSA after surgery is indication for referral to specialist. Any confirmed two rises in PSA level from nadir after radiation is indication for referral to specialist.
Erectile Dysfunction (ED) (Erections not firm enough; Erections not reliable; Poor erections; Poor orgasm; Libido decreased or non-existent)	Variable onset depending on type of treatment – can be immediate (surgery) or delayed (radiation).	<b>Pharmacologic</b> - Pharmacological regimen may be complicated. Provider must have in-depth knowledge or refer to specialist for optimal management Sildenafil <sup>1,2</sup> (LOE = III, O) (Viagra, Revatio) Tadalafil <sup>1</sup> (LOE = O) (Cialis) Vardenafil <sup>1</sup> (LOE = O) (Levitra) Prostaglandin E <sup>1</sup> (LOE = O), Alprostadil (Caverject intracavernosal injection) (Muse-intraurethral pellet) <b>Other strategies</b> Assess status of marital/primary relationship to look for other psychological issues that may contribute to ED. Assess pre-treatment function and treatable contributing factors Vacuum erection device <sup>3, 5</sup> (LOE = O, O) Surgery to place penile prosthesis <sup>4</sup> (LOE = O) Counseling/therapy (general and/or sexual) <sup>6</sup> (LOE = O)
Urine Control (Leaked urine; Increased frequency; Dysuria; Weak stream)	Variable: Leaked urine more common after surgery than radiation; symptoms caused by urethral irritation after radiation may occur in the short term, but generally resolve with minimal intervention.	<b>Pharmacologic</b> <sup>8,9</sup> (LOE = O, III) Oxybutynin (Ditropan) Tolterodine (Detrol) Imipramine (Tofranil) Flavoxate (Urispas) <b>Other strategies</b> Limit fluid intake <sup>7</sup> (LOE = O), Avoid bladder irritants (coffee, acidic juices) <sup>7</sup> (LOE = O) Weight loss <sup>7</sup> (LOE = O) Increase physical activity <sup>7</sup> (LOE = O) Smoking cessation <sup>7</sup> (LOE = O) Pelvic floor exercises (stress incontinence) <sup>9,10</sup> (LOE = O) Biofeedback

Information supports strategies in the MCC Prostate Cancer Strategic Plan for 2009-2015.

## Have You Registered for the 2009 MCC Annual Meeting?

Registration is now open for the 2009 Michigan Cancer Consortium Annual Meeting on November 12, 2009 at The Lansing Center – downtown Lansing.

This year's meeting, *Cancer Control Partners in Action*, will feature concurrent sessions addressing the MCC's 5 Special Projects for 2009-2011:

- Survivorship Care Plan: Addressing Potential Late Effects of Treatment
- Direct to Consumer (DTC) Marketing of Genetic Tests
- Breast Cancer Risk Assessment
- Strategies to Increase Uptake for HPV4 Vaccine
- Training in Tobacco Use Treatment for Health Care Professionals

All MCC members, partners, and friends are welcome. Scholarships are available for those needing financial assistance.

More information about the meeting, including the registration brochure, is available online at:

<http://www.michigancancer.org/WhatWeDo/AnnualMeetings.cfm>

If you have any questions, please contact Amy Stagg at [stagga@michigan.gov](mailto:stagga@michigan.gov) or 517-324-7310.



# Oncotype DX Testing in Breast Cancer Patients: What is the Evidence?

~ Submitted by the Michigan Cancer Genetics Alliance

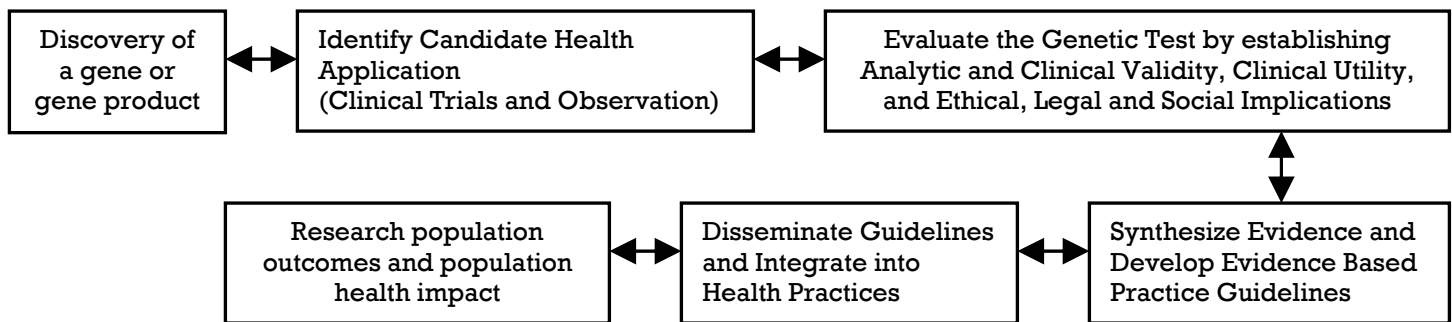
In 2004, Genomic Health Inc. created the Oncotype DX Breast Cancer Assay, and the test was quickly integrated into clinical practice. Only five short years after this genomic discovery, the company celebrated its 100,000<sup>th</sup> clinical patient tested worldwide (65,000 of which have been in the United States). What do clinicians and patients need to know about this commonly used test?

The Oncotype DX Breast Cancer Assay is one type of gene expression profiling test that evaluates somatic mutations in breast tumor tissue. It is intended for use with other conventional risk assessment approaches (such as tumor staging/grading and analysis of other markers) to predict the likelihood of breast cancer recurrence for women with Stage I or II, node negative, ER positive cancers. The purpose of the test is to help patients facing decisions regarding adjuvant use of chemotherapy.

Oncotype DX is advertised as a test that identifies which women with certain types of breast cancer are more likely to benefit from chemotherapy. The test selectively looks at the expression of 21 different genes (called markers). Some markers are thought to increase a cell's growth rate; other markers are thought to make a cancer cell more aggressive and likely to spread. Depending on which genes are expressed, Oncotype DX provides a low, intermediate, or high recurrence risk score.

Despite its rapid adoption into clinical practice, much remains unknown about how helpful the test really is. In order to address this question, the Evaluation of Genomic Applications in Practice and Prevention (EGAPP) Working Group reviewed Oncotype DX and similar tests. EGAPP was launched in 2004 by the CDC's Office of Public Health Genomics. The goal of EGAPP is to support a coordinated, systematic process for evaluating genetic tests and other genomic applications that are transitioning from research to clinical and public health practice.

As shown in the flow chart below, an appropriate translational highway for genetic discoveries to travel from research to clinical practice to population health impact has been described by Khoury et al (2007).



Genetic research is sometimes translated into health practice when it is still unclear whether the test developed is valid and useful. The independent, multidisciplinary Evaluation of Genomic Applications in Practice and Prevention (EGAPP) Working Group selects tests, oversees systematic evidence reviews, makes research and data publicly available, highlights critical knowledge gaps about a test, and provides guidance to providers in the form of recommendation statements, on the use of particular tests in specific clinical scenarios. In some cases the Working Group determines that there is insufficient evidence to make a recommendation for or against the test's use. EGAPP recommendations are based upon consideration of the following concepts:

## Analytic Validity:

- Does the test accurately and reliably measure what it is designed to measure? (i.e., Does the test actually measure the expression of the intended genes in the tumor tissue, and does it provide consistent results?)

~ Continued on Page 5 ~

# Oncotype DX Testing in Breast Cancer Patients: What is the Evidence? continued

## Clinical Validity

- Can the test accurately and reliably predict the condition of interest (i.e., Does the created recurrence risk score equate to actual recurrence risk and survival outcomes? Would a patient get the same recurrence risk score if the test were repeated?)

## Clinical Utility:

- Will the use of the test significantly improve health-related outcomes? (i.e., Does knowing a recurrence risk improve a woman's chance of survival or reduce negative effects of chemotherapy by leading to better treatment decisions?)

**For Oncotype DX, the answers to many of the above questions are unclear.** The EGAPP Working Group found *adequate* evidence of the association between the recurrence risk score and the likelihood of breast cancer recurrence 10 years after diagnosis (clinical validity). The evidence came primarily from a single high quality study in a population of mostly white women. Test performance in other populations is not known. Of concern, the EGAPP Working Group found inadequate evidence of the analytic validity for Oncotype DX. In addition, Oncotype DX testing initially failed in 14.5% of samples. According to a customer service representative of Genomic Health, Inc., the lab “runs every test three times, and if the same result is generated two out of the three times, the most common result is reported and the patient's recurrence score is determined”. In order to address these gaps in the evidence, the Working Group suggested exploring ways to reduce testing failures, publish better quality data regarding analytic validity, and research the feasibility of providing the test routinely to large numbers of women.

The EGAPP Working Group also found inadequate evidence to recommend for or against the use of Oncotype DX to improve patient survival outcomes (Clinical Utility). They found limited evidence of potential benefit for some women facing treatment decisions (i.e., reduction in adverse side-effects of chemotherapy in women with a “low risk” score who decline this treatment). However, EGAPP could not rule out the potential for harm for other women. For example, a woman who decides not to have chemotherapy on the basis of a “low risk” score and experiences a cancer recurrence. A randomized clinical trial, called TAILORx, is being conducted to understand whether use of chemotherapy impacts outcomes in women classified into the “intermediate” risk category; however, the results of this clinical trial will not be known for several years. EGAPP also indicated the need for research to develop management algorithms, evaluate the impact of Oncotype Dx based management decisions on individuals “low” and “high” risk scores, and to assess how women understand and use the Oncotype DX score in making treatment decisions.

The EGAPP Working Group suggests that until more data are available, clinicians must decide on a *case by case* basis whether or not gene expression profiling with tests such as Oncotype DX add value beyond current prognostic markers. In addition, providers should carefully consider the benefits, harms, and clinical relevance for a particular patient. The Working Group emphasizes that if a clinician is considering the use of gene expression profiling, counseling, and educational materials should be provided to the patient to address possible harms, benefits, and potential impact of results on therapy decisions.

Both the National Comprehensive Cancer Network (NCCN) and The American Society of Clinical Oncology have made statements in support of using Oncotype DX. However, it should be noted that these groups do not employ rigorous methods of systematic evidence review and include expert consensus in forming their recommendations. The NCCN guidelines suggest use of a “21 gene RT PCR assay” (Oncotype Dx) be considered in evaluating treatment options for women with early stage, ER positive breast cancer. In contrast, the ECRI Institute Target Policy Statement concluded that while evidence of clinical validity exists, “the studies are insufficient to allow one to draw strong conclusions regarding the clinical utility of these assays for guiding treatment decisions for patients with early-stage invasive breast cancer.”

The EGAPP recommendation also included two other breast cancer gene expression profiles, MammaPrint and the H:I ratio test, both of which demonstrated less supporting evidence than Oncotype Dx. A fourth profile test, “Bioclassifier” has become available since the EGAPP review and recommendations and has not been formally evaluated.

To read more, please visit <http://www.egappreviews.org/docs/EGAPPWG-BrCaGEPRec.pdf>.

# September

<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	5
6	7	8	9	10	11	12
13	<b>Public Health Grand Rounds: Clearing the Air</b> <ul style="list-style-type: none"> <li>• <a href="http://www.mittrainingcenter.org">www.mittrainingcenter.org</a></li> </ul>	<b>MCC Membership Committee Meeting</b> <ul style="list-style-type: none"> <li>• 2:00 pm – 4:00 pm</li> <li>• Teleconference</li> </ul>	<b>MCC Cervical Cancer Special Project Web Conference</b> <ul style="list-style-type: none"> <li>• 10:00 am – 11:00 am</li> <li>• <a href="http://breeze.mdc.h.train.org/cancersection/">http://breeze.mdc.h.train.org/cancersection/</a></li> </ul>	17	18	19
20	21	22	23	24	25	26
		<b>Pain Management in the Complex Patient</b> <ul style="list-style-type: none"> <li>• 8:00 am – 4:00 pm</li> <li>• <a href="http://www.smhealthcare.org/painmanagementconference.pdf">www.smhealthcare.org/painmanagementconference.pdf</a></li> </ul>	<b>MCC Governance Committee Meeting</b> <ul style="list-style-type: none"> <li>• 9:30 am – 11:30 am</li> <li>• Michigan Public Health Institute - Okemos</li> </ul> <b>MCC Board of Directors Meeting</b> <ul style="list-style-type: none"> <li>• 12:00 pm – 3:00 pm</li> <li>• Michigan Public Health Institute – Okemos</li> </ul>			
27	28	29	30			
		<b>Ovarian Cancer Research Fund “Super Luncheon”</b> <ul style="list-style-type: none"> <li>• 12:00 pm – 1:00 pm</li> <li>• <a href="http://www.superluncheon.org">www.superluncheon.org</a></li> </ul>				

2009