



## In this issue:

<a href="#">New hospital accreditation standards...</a>	<a href="#">1</a>
<a href="#">Study: CAD technology ineffective.....</a>	<a href="#">2</a>
<a href="#">Prevent Cancer's Super Colon™ visit ..</a>	<a href="#">2</a>
<a href="#">Michigan Cancer Genetics Alliance.....</a>	<a href="#">3</a>
<a href="#">Welcome new MCC members.....</a>	<a href="#">4</a>
<a href="#">Pain and Palliative Care Assembly .....</a>	<a href="#">4</a>
<a href="#">MCC Annual Meeting – November 9....</a>	<a href="#">4</a>
<a href="#">Exercise benefits cancer survivors.....</a>	<a href="#">5</a>
<a href="#">New resources for hospital navigators .</a>	<a href="#">6</a>
<a href="#">Study: Obesity and Breast Cancer.....</a>	<a href="#">6</a>
<a href="#">September: calendar of events .....</a>	<a href="#">7</a>
<a href="#">October: calendar of events .....</a>	<a href="#">8</a>

## New Standards for CoC-Accredited Hospital Cancer Programs

A **patient-centered approach** is at the forefront of new accreditation standards for hospital cancer programs released by the Commission on Cancer (CoC) of the American College of Surgeons (ACOS). “The changing landscape of cancer patient care motivated us to develop new standards to directly address patient concerns,” said Stephen Edge, MD, FACS, Chair of the Commission on Cancer.

The new CoC standards ensure that key elements of quality cancer care are provided to every person with cancer treated in a CoC-accredited facility throughout their diagnosis and treatment process, as well as psychosocial support, care for cancer-related pain, palliative care, and hospice care.

Four national organizations, the American Cancer Society, the Cancer Support Community, the National Coalition for Cancer Survivorship, and LIVESTRONG, worked closely with the CoC to develop the new patient-centered standards. The new patient-centered standards include:

- A patient navigation process to address health care disparities and barriers to care
- Screening patients for psychosocial distress
- A survivorship care plan that documents care received and seeks to improve cancer survivors' quality of life.

Additionally, new patient-centered standards have been developed that require accredited programs to offer patients palliative care (either on site or by referral) and genetic services (either on site or by referral by a qualified genetics professional). The new standards contain new quality requirements including a new standard that requires CoC programs to reach specific performance levels on measuring quality for treating patients with breast, colon, and rectal cancers.

The CoC standards require a coordination of care among many medical disciplines including physicians ranging from primary care providers to specialists in all oncology disciplines. Clinical and allied-health professionals including nursing, social work, genetics, nutrition, rehabilitation, and others also help to ensure that patient needs are addressed.

Fortunately, early screening and improved local therapy and systemic treatments are producing more cancer survivors. Declining cancer mortality rates, for many types of the disease, spurred the CoC to seek input on the development of a cancer survivorship standard to address quality-of-life issues for the growing ranks of cancer survivors.

# Study Questions Effectiveness of CAD Technology

**Computer-aided detection (CAD) technology fails** to spot breast tumors and increases a woman's risk of being called back for needless post-mammography testing, according to a new study published online in the *Journal of the National Cancer Institute*.

A team led by University of California, Davis assistant professor Joshua Fenton, MD, analyzed 1.6 million mammograms in seven states, providing what the researchers called “the most definitive findings to date on whether the popular mammography tool is effective in helping find breast cancer.” The Breast Cancer Surveillance Consortium provided the mammograms and associated patient data.

The study examined screening mammograms performed on more than 680,000 women at 90 mammography facilities from 1998 to 2006. The false-positive rate typically increased from 8.1 percent before CAD to 8.6 percent after CAD was installed at the facilities in the study. In addition, the detection rate of breast cancer and the stage and size of breast cancer tumors were similar regardless of CAD. “In real-world practice, CAD increases the chances of being unnecessarily called back for further testing because of false-positive results without clear benefits to women,” Fenton said. “Breast cancers were detected at a similar stage and size regardless of whether or not radiologists used CAD.”

Todd Neff, July 27, 2011, *Diagnostic Imaging*

## Prevent Cancer Super Colon™ Visits Michigan

**Michigan had several visits** from the Prevent Cancer Super Colon™ during the summer months. The Prevent Cancer Super Colon™ is an 8 feet tall and 20 feet wide replica of the colon. The goal of this large inflatable is to increase colorectal cancer awareness and screening rates. Staff onsite provide educational information about colorectal cancer to visitors and talk to them about colon health and colorectal cancer screening.

The Prevent Cancer Super Colon™ visited 5 Michigan cities. Four of these visits were coordinated by the Inter-Tribal Council of Michigan. Noel Pingatore organized the first stop in Baraga, followed by Sault Ste. Marie, Dorr and finally Mount Pleasant where over 600 people participated. For its last stop, the Prevent Cancer Super Colon™ came to Lansing and was hosted by Ingham Regional Medical Center. A special thanks to all the organizations that participated in this educational event.

According to the CDC, nationwide 62.9% of Americans aged 50-75 are up to date with colorectal cancer screening. Some segments of the population show significantly lower rates with the Hispanic (49.8%) and American Indian (36%) populations having the lowest screening rates. In Michigan, BRFS data showed a 69.3% screening rate for 2010. However, our goal is to raise the screening rate in Michigan to 80% by 2014.

The Prevent Cancer Super Colon™ events are part of a Michigan Department of Community Health colorectal educational summer campaign that included radio public service announcements and a radio interview by Dr. Kim Turgeon, MD, of the University of Michigan Comprehensive Cancer Center and chairperson of the MCC Colorectal Cancer Medical Advisory Committee. Despite the fact that colorectal cancer is mostly preventable and 90% treatable, colorectal cancer remains the second leading cause of cancer deaths in men and women.

**Check out the blogs and videos** from the events in Michigan's Upper and Lower Peninsula: <http://bit.ly/qsFBUs> (Upper); <http://bit.ly/ofSwSO> (Lower). Noel Pingatore, from the Inter-Tribal Council, is featured in the second video at the link to the Upper Peninsula activities.



Prevent Cancer staff at the Lansing visit

## Collecting and Updating Cancer Family History

Submitted by the Michigan Cancer Genetics Alliance

In August 2009, the National Institutes of Health (NIH) convened a State of the Science conference to perform an evidence review of family history and health. The panel concluded that family history has an important role in the practice of medicine and that knowing one's family history and the implications of hereditary risk may motivate positive lifestyle changes, enhance individual empowerment, and influence clinical interventions. However, it was still unclear at that time how family history information could be effectively gathered and used in the primary care setting for common diseases, such as cancer (<http://consensus.nih.gov/2009/familyhistory.htm>).

In July 2011, the *Journal of the American Medical Association* (JAMA) published an article by Ziogas, et al. entitled "Clinically Relevant Changes in Family History Over Time." This study aimed to quantify how often throughout adulthood clinically significant changes occur in cancer family history; changes that would result in recommendations for earlier or intense screening practices. Researchers examined baseline and follow-up family history data from participants in the Cancer Genetics Network (CGN), a US national population-based cancer registry established by the NIH in 1998. Included were 11,129 adults who had a personal history, family history, or both personal and family history of cancer.

However, they found that between ages 30 and 50, there was a 5% chance that recommendations for colorectal cancer screening would change based on family history; they also found that 4% of women would become eligible for more intensive breast cancer screening with magnetic resonance imaging over the same period because of family history changes. Therefore, clinically relevant family history of colorectal, breast, and prostate cancer increases between ages 30 and 50 years and the authors recommended that family history be updated at least every 5 to 10 years. To view this article and additional information on this study, visit <http://jama.ama-assn.org/content/306/2/172>.

In the genetics community, it is widely understood that there are three key components to a family history risk assessment. A missing component makes it difficult to accurately assess a patient's risk for inherited cancer syndromes or make lifetime predications for cancer risk. These key components include documentation of:

- Relatives diagnosed with cancer and their specific their relation to the patient (or proband);
- The type of cancer each relative was diagnosed with; and
- The age at which each relative was diagnosed.

Beyond what physicians can do to appropriately collect family history, patients are also encouraged to stay apprised of the changes in their family health history. In 2009 and 2010, the Michigan Cancer Consortium (MCC) created and successfully carried out a state-wide campaign to promote family history collection among Michigan residents. Residents were encouraged to collect their family history, write it down, and share it with their providers. Information and resources from this campaign are available through the MCC website at [www.michigancancer.org/familyhistory.cfm](http://www.michigancancer.org/familyhistory.cfm).

As stated in the NIH state of the science report from 2009, family history has played a role in the practice of medicine for decades and the anecdotal value of this time-tested tool is well established. Although there is still a great deal to learn, staying apprised of the changes in a patient's family history can help providers make appropriate screening recommendations.

For assistance in collection and assessing cancer family histories, check out a new pocket tool called the Cancer Family History Guide from the Michigan Department of Community Health. To learn more, or to order your own tool, visit <http://www.migeneticsconnection.org/cancer%20tool.shtml>.

### References:

Ziogas, et al. (2011) Clinically Relevant Changes in Family History over Time. *Journal of the American Medical Association*; 306(2):172-178.

## Welcome new MCC Member Organizations

**Oncology Physician Resource (OPR)** is an innovative physician-owned group purchasing and management services organization (GPO/MSO). It was created to assist independent oncology practices in providing optimal care to their patients while surviving and thriving in a challenging healthcare environment.

Oncology Physician Resource, PLLC (OPR) negotiates on behalf of its members to secure the best pricing for pharmaceuticals, supplies, and services available to community oncology practices.

OPR consists of 58 practices and over 140 oncologists in five states: Michigan, Ohio, South Dakota, Nebraska, and Illinois. Its members have proven the principle that by working as a compliant unit and aggregating demand, practices can achieve optimal pricing, innovative market share programs and maximize oncology business efficiencies.

**Cancer Services** in Midland provides personal, compassionate cancer support, education, and prevention services to help improve the quality of life of its clients and the health of the community.

Since its founding in the mid-1940s, Cancer Services has been involved in a number of prevention and awareness activities including The Breast Cancer Visitor Program and The Cancer Volunteers Program. Other initiatives include: anti-smoking student presentations; the Midland County Tobacco Reduction Coalition; and the Partners As Life Survivors (PALS).

In 2008, the service area was expanded to include Clare and Gladwin counties and this resulted in the new name, Cancer Services. With an emphasis on education and volunteer services, Cancer Services responds to the needs of today and encourages hope for tomorrow.



September 16, 2011  
Johnson Center  
Cleary University – Livingston Campus  
Howell, Michigan

**Registration:** <http://bit.ly/oiorWX>

**Online:**  
[www.mihospice.org](http://www.mihospice.org)

**Questions:**  
(517) 668-6396 or (800) 536-6300

## Save the Date!



**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

**Featuring:**

- Keynote Speaker: Stephen Finan, Associate Director of Policy, ACS
- Presentation of 2011 Spirit of Collaboration Awards
- Distribution of Michigan's Implementation Progress Report
- Educational Sessions presented by Cancer Control Experts
- Posters Highlighting Cancer Control Activities

**Click here for registration brochure:** <http://bit.ly/oKnYhu>

*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.*

## New Report: Exercise Benefits Cancer Survivors

**If exercise were a cancer drug, it would be a blockbuster**, appears to be the conclusion of a new review on the benefits of physical activity to people surviving and living beyond cancer. A report released in August by the leading UK charity Macmillan Cancer Support firmly sweeps aside the tradition that cancer patients should “rest up” and “take it easy,” and urges doctors and nurses to prescribe physical activity to patients “at all stages of cancer from initial diagnosis through to the later stages.” However, despite the emergence of this evidence, many health professionals are failing to tell their cancer patients about the benefits of exercise, they added.

Ciaran Devane, Chief Executive of Macmillan Cancer Support, told the press that the evidence in the report, whose short title is “Move More,” shows how important physical activity is to recovery from cancer. He urged that services to promote and offer exercise should not only be available, but that they should be “prescribed” to cancer patients.

Devane said cancer patients would be “shocked” if they knew how much physical activity could help their recovery and long term health, in some cases even reducing the chance of having to undergo repeat treatment.

The report, which describes a review of over 60 studies and a survey of 400 health professionals who deal with cancer patients, finds that not being physically active enough could be putting as many as 1.6 million cancer survivors in the UK at greater risk of long-term health problems and some at greater risk of recurrence.

Here are some key findings:

- Doing recommended levels of physical activity can cut risk of recurrence and dying from breast cancer by up to 40% and from prostate cancer by up to 30%.
- For bowel cancer patients, doing significant amounts of physical activity can cut the risk of recurrence and dying from the disease by as much as 50%.
- Following recommended levels of exercise after cancer treatment can cut the risk of side effects, such as depression, fatigue, osteoporosis, and heart disease.

Jane Maher is a leading clinical oncologist. She also happens to be Chief Medical Officer of Macmillan Cancer Support, and said once upon a time she would have advised patients to “take it easy.” Now, the advice is totally different, because we have come to realize “if physical exercise were a drug, it would be hitting the headlines.”

Devane emphasized that physical activity does not mean strenuous exercise. It can be gardening, going for a brisk walk or a swim. These all count toward being physically active.



Catharine Paddock, PhD  
*Medical News Today*

## New Resources for Hospital-Based Navigators

The promotion and expansion of successful patient navigation programs in Michigan is one of the MCC's strategies to improve the quality of life for cancer survivors in Michigan. Patient navigation occurs in many different locations including health systems. Over the last several months several projects have targeted health system navigators, to assist in program development and the promotion of best practices.

In conversations with many hospital-based navigators through the state, a clear need was found for navigators to be able to communicate with, and learn from, each other. While the opportunity exists for collaboration in some urban areas of the state, navigators in more rural areas often feel isolated. In response to this need, two new resources have been developed. The first is a Listserv, which will allow navigators to ask questions of other navigators and share resources. At this time, 42 hospital-based navigators are participating. If you know of a hospital-based navigator interested in joining this Listserv, send an e-mail to [Navigators@lists.michigancancer.org](mailto:Navigators@lists.michigancancer.org).

The second resource is a Michigan Navigator website, which can be found at [www.minavigators.wordpress.com](http://www.minavigators.wordpress.com). Several local navigators have volunteered to assist in the leadership of this resource, including navigators from St John's Providence and Spectrum Health in Grand Rapids and Reed City. This site will list resources specifically for patients and navigators, training opportunities, and resources sent in by navigators over time. Each month, a different navigation program within the state will be highlighted.

These two resources are in addition to the [Michigan Cancer Survivorship Resource Guide](#), which was updated in June 2011 to be a searchable database.

## No Association Between Obesity, BRCA Mortality Among Black Women

**More black women than white women die of invasive breast cancer**, but obesity isn't the reason, a new study from City of Hope (Duarte, California) shows. Because black women tend to be heavier than white women, obesity has been proposed as an explanation for their lower 5-year survival (78% compared with 90% of white women).

To evaluate the effect of obesity on mortality from invasive breast cancer, researchers studied data collected for an earlier breast cancer study on 4,538 women between the ages of 35 and 64 years (1,604 black, 2,934 white) who were diagnosed with invasive breast cancer between 1994 and 1998. They examined the effect of body mass index (BMI) 5 years before diagnosis on death from any cause and death from breast cancer. During a median of 8.6 years of follow-up, 412 black women (25%) died of breast cancer compared with 416 white women (14%). Obese white women (BMI of 30 or higher) had a greater risk of all-cause mortality and breast-cancer-specific mortality than women with a BMI of 20 to 24.9. The association didn't hold true for black women.

"Obesity may play an important role in mortality among white but not black patients with breast cancer," the authors write. "It is unlikely that differences in obesity distributions between black women and white women account for the poorer survival of black women."

Obese white women were 46% more likely to die of breast cancer than white women with a normal BMI, after adjusting for other diseases and education. Black women didn't show a similar association between obesity and mortality, although the study results suggested a possible link in black women with advanced cancer.

Researchers have speculated that variations in access to health care or tumor biology may affect differences in mortality between black women and white women. Previous studies have shown that black women are more likely than white women to receive a breast cancer diagnosis at a later stage of disease and wait longer to begin chemotherapy after surgery.

The study was published online July 25 in the *Journal of Clinical Oncology*.

# September

Sun	Mon	Tue	Wed	Thu	Fri	Sat
				1	2	3
4	5	6	7	8	9	10 <a href="#">Living Well Beyond Cancer: Survivorship Strategies</a> or download <a href="#">registration brochure</a> (Ypsilanti)
11	12	13	14 <i>Webinar:</i> <a href="#">Complete Streets Institute</a> Noon – 1:30 p.m. ET	15	16	17
18	19	20	21 MCC Board Meeting (Okemos) <i>Webinar:</i> <a href="#">Complete Streets Institute</a> Noon – 1:30 p.m. ET <a href="#">MCHA Coalition Meeting</a> 1:00 – 3:00 p.m. (Detroit)	22 <i>Webinar:</i> <a href="#">Tobacco use and the LGBT community</a> 11:00 a.m. – Noon ET	23	24
25	26	27	28 <i>Webinar:</i> <a href="#">Complete Streets Institute</a> Noon – 1:30 p.m. ET	29	30	

# 2011

# October

Sun	Mon	Tue	Wed	Thu	Fri	Sat
						1
2	3	4	5	6	7 <a href="#">Survivorship Issues in Cancer Care (Detroit)</a>	8 <a href="#">Survivorship Issues in Cancer Care (Detroit)</a>
9	10	11	12	13	14	15
16	17	18 <a href="#">44th Annual Great Lakes Cancer Nursing Conference (Kalamazoo)</a>	19 <a href="#">44th Annual Great Lakes Cancer Nursing Conference (Kalamazoo)</a>  <a href="#">MCHA Coalition Meeting</a> 1:00 – 3:00 p.m. (Lansing)	20	21 <a href="#">2011 Cancer Rights Conference - Michigan (Ann Arbor)</a>	22
23	24	25	26	27	28	29
30	31					

# 2011