

Maintenance Projects

Background

Progress made on the original 10 cancer control priorities has been closely tracked and monitored over the years with the assessment of cancer epidemiological data. In addition, evaluation of member implementation activities has been conducted and the results compiled into annual reports to the membership.

This careful examination of cancer data and implementation activities has identified priority objectives that have been achieved in their entirety. The review has also informed MCC leadership that some objectives are best addressed by select member organizations rather than the entire Consortium, due to the specificity of the objectives.

Although some of the original priority objectives are no longer considered goal areas for the Consortium, the MCC Board of Directors maintain a vested interest in their outcomes and have requested annual updates on their activities. These objectives, now known as Maintenance Projects, include:

- Basic Lexicon;
- Clinical Cost Database; and
- Clinical Trials.

Maintenance Projects: Basic Lexicon¹

Goal

Ensure that the basic pathology lexicons for breast, prostate, colorectal, cervix, and lung cancers and progress in adoption of these templates are maintained and sustained.

Background

While evidence exists that screening and early detection can reduce mortality from breast, cervical, and colorectal cancer, it is a fact that mortality from these cancers can be reduced only if early detection is followed by appropriate treatment.

Although treatment alternatives may be available, the decision about which alternative would be most appropriate for an individual depends upon many factors, including the particular characteristics of the cancerous lesion itself.

In fact, cancer treatment services are provided by a team of providers, all of whom must accurately communicate key data to one another so all members of the team have the information they need to evaluate the situation, determine the most effective treatment regimen, and establish a realistic prognosis for the patient.

Pathologists, radiologists and surgeons often use a wide variety of narrative descriptions to outline a patient's diagnosis and potential course of cancer treatment. A lack of consistency in these descriptions can create confusion in the minds of other care providers who review such descriptions to develop an oncology management course for the individual patient.

¹ Continuation of the MCC Basic Lexicon Priority Strategic Plan. Available online at www.michigancancer.org/OurPriorities/BasicLexicon.cfm.

Maintenance Projects: Basic Lexicon

For instance, oncologists use two basic sets of information to make decisions about which treatment to select as the most effective for an individual patient:

- an analysis of the report about the characteristics of the cancer lesion from the pathologist who examined the anatomical specimen to make the diagnosis; and
- information contained in the operative report from the surgeon who performed the initial biopsy or excision.

Inconsistencies in the way these findings are reported may result in an oncologist selecting less-than-optimal treatment options, as well as communicating misleading information to the patients and their families.

Accomplishments

The Michigan Basic Cancer Pathology Lexicon Project developed a [List of Compiled Synoptic Templates for Most Common Cancers](#) in response to the MCC Basic Lexicon Priority. To meet the project's objectives, team members first developed a concordance of key elements currently in use throughout Michigan for gross, microscopic and biochemical reporting of pathology exams on breast, colorectal and prostate cancers. They then used these findings to develop the draft structure of the basic cancer pathology lexicon templates.

Project members used a collaborative approach to obtain information, data and feedback from pathologists, clinicians, tumor registrars, and administrators of cancer treatment facilities throughout Michigan. As one of the key steps in developing the templates, they solicited the input of pathologists who serve as directors of laboratories within Michigan that routinely report more than 250 cancer cases per year, requesting from each a list of elements the laboratory typically includes in its anatomical pathology reports for breast, colorectal and prostate cancers.

Maintenance Projects: Basic Lexicon

After developing a format that they believed to be scientifically valid, clinically usable, and user-friendly, team members created basic pathology lexicon templates for breast, prostate, colorectal, cervix, and lung cancers and then expanded that work to create templates for all common cancer types. These templates were then pilot tested in dozens of facilities across the state.

Pilot test survey results (n=49) showed that the majority of pathologists and health professionals who pilot tested the templates found them to be functional in format and of immediate value in improving surgical pathology reporting practices in laboratory facilities. Specifically:

- more than half (50.1 percent) of respondents said the templates would improve efficiency by being cost effective and lowering the margin of error in reporting;
- a large proportion (72.7 percent) of respondents said the templates covered the American College of Surgeons Commission on Cancer and the College of American Pathologists recommendations and were complete;
- a majority (54.6 percent) of respondents said the checklists would improve the timeliness of the delivery of pathology reports;
- three-quarters (75.1 percent) of respondents said the lexicon would improve the quality of pathology reports; and
- a large majority (70.3 percent) of respondents said the checklists had the potential for widespread use.

To determine the penetrance or prevalence of the synoptic template checklists' use, a telephone survey of Michigan pathology laboratories was conducted in 2006. Sixty-three percent of survey respondents (n=138) indicated that synoptic templates checklists were currently being used, with 26.4 percent utilizing the MCC List of Compiled Synoptic Templates for Most Common Cancers.

Maintenance Projects: Basic Lexicon

Future Directions

The Consortium is working with the Michigan Society of Pathologists and other stakeholders to ensure that the templates are up to date, consistent with the College of American Pathologists Cancer Reporting Protocols, compliant with the American College of Surgeons Commission on Cancer Pathology Reporting Standards, and disseminated to pathology laboratories and cancer treatment facilities throughout the state, as well as that their use and value is understood and widely promoted.

The Michigan Cancer Consortium List of Compiled Synoptic Templates for Most Common Cancers has been endorsed by the Michigan Cancer Registrars Association, the Michigan Society of Hematology and Oncology, and the Michigan Society of Pathologists.

Maintenance Projects: Clinical Cost Database²

Goal

Monitor for changes in the feasibility of developing a linked economic and clinical database and infrastructure necessary to support data-driven decisions for control of breast, cervical, colorectal, lung, prostate, and other cancers within the state of Michigan.

Background

In order to distribute limited cancer control resources in the most efficient manner, we must first understand the relative costs and health outcomes for treatment, prevention and screening. Although many of the resources allocated to cancer control and health outcomes in Michigan are tracked, few are located within one database. The existing clinical cost database created by staff at the Michigan Department of Community Health, Michigan State University, and Blue Cross Blue Shield of Michigan provides an attempt to demonstrate the utility of merging the necessary information about risk factors, preventive measures, and treatments of cancer to allow policy makers to consider both cost and outcomes.

The fact that there currently is no single, centralized statewide database that contains both economic and clinical data for breast, cervical, colorectal, lung, prostate, and other cancers creates a gap that is not easily filled. It means that important information, such as the cost of serving uninsured and insured individuals and the economic impact of failing to provide comprehensive cancer care, is not available to practitioners, health systems, policymakers, and others who may need it.

² Continuation of the MCC Clinical Cost Database Priority Strategic Plan. Available online at www.michigancancer.org/OurPriorities/ClinicalCostDatabase.cfm.

Maintenance Projects: Clinical Cost Database

These issues may be addressed by the expansion and establishment of a centralized accessible statewide database that would provide accurate information in a concise manner and give researchers and policymakers the tools they need to display clearly to providers and to the public the trends affecting cancer treatment. Such a database also would provide policymakers with the tools they need to advocate for policy changes that address those new trends by enabling them to more clearly articulate the reasoning behind the recommended policy changes, as well as the benefits of implementing those changes. This could include such vital issues as improved access to treatment and greater awareness of risk factors.

A centralized, statewide economic and clinical cancer database would also enable investigators to explore the cost of cancer patient care by relating cost of care to stage at diagnosis and treatment outcome. Likewise, such a database would allow researchers to study the inter-association between socioeconomic data, health status, and health care cost, including how they relate to incidence and stage at diagnosis.

Accomplishments

Michigan has successfully linked cancer patient data to Medicare, Medicaid, and Blue Cross Blue Shield of Michigan. In addition, merged claims and clinical data for various time periods have been developed.

Future Directions

Plans are moving forward to analyze data and expand into broader time periods and toward other insurers. At this time, a general research database of clinical and cost data has not been completed. Although significant progress is being made on this project, considerable issues relative to accessing these data must be addressed.

Maintenance Projects: Clinical Trials³

Goal

Increase the number and diversity of participants enrolled in clinical cancer research.

Background

Major advancements in cancer prevention and clinical treatment invariably are the result of clinical research. Clinical trials provide the mechanism to transfer knowledge and innovations from the laboratory bench to the bedside, compare current treatment options, and promote excellence in the practice of oncology.

Although the benefits of clinical research have been documented and promoted for years, the participant enrollment statistics for these trials continue to be abysmally low. For instance, it is estimated that 2% to 3% of cancer patients are recruited to participate in treatment clinical trials.

Currently, there is no single source for identifying cancer clinical trial participation in Michigan that is inclusive of government and pharmaceutical sponsored trials.

³ Continuation of the MCC Clinical Trials Priority Strategic Plan. Available online at www.michigancancer.org/OurPriorities/ClinicalCancerTrials.cfm.

Maintenance Projects: Clinical Trials

Accomplishments

In an innovative move to open access for Michigan cancer patients to cancer clinical trials, one MCC member, the Michigan Society for Hematology and Oncology (MSHO), convened a unique [coalition](#) of patient advocate groups, employers and insurance companies. This coalition, which was comprised of more than 25 organizations that typically are at odds in the legislative arena, forged an unprecedented agreement to cover routine patient costs associated with oncology clinical trials. The group produced a consensus document that was signed into agreement by insurers and purchasers alike. This accomplishment was announced during a press conference at the Michigan State Capitol building in February 2002.

In December 2002, the MCC released the *Report on a Pilot Study of Cancer Clinical Trial Enrollment in Michigan 2000*. The purpose of the study was originally intended to be a baseline study, but evolved into a pilot test of feasible methods and materials in preparation for a baseline study on the enrollment of patients into cancer clinical trials. The report is available online at www.michigancancer.org/PDFs/MCCReports/MCCReports-PilotStudyCaClinTrialEnroll-Dec2002.pdf.

In 2007, a list of clinical trials resources in Michigan was compiled and posted on the MCC Web site at www.michigancancer.org/WhatWeDo/trials-michiganresources.cfm.

In August 2007, the *Cancer Clinical Trial Accrual in Michigan: 2002 – 2004* report was drafted. Largely building on the earlier pilot study, *Report on a Pilot Study of Cancer Clinical Trial Enrollment in Michigan 2000*, the goal of this study was to build a process to obtain both National Cancer Institute (NCI)-sponsored and non-NCI sponsored clinical trial accrual in Michigan for the period 2002 – 2004. The draft report was subsequently presented at the March 2008 MCC Board of Directors Meeting.

Future Directions

Progress resulting from the consensus agreement to provide coverage for cancer clinical trials will be monitored, maintained and sustained.