JOURNAL OF PROCEEDINGS OF THE

2016 Michigan Cancer Consortium
Annual Meeting

November 9, 2016
The James B. Henry Center for Executive Development
Lansing, Michigan
2016 MCC Board of Directors

Co-Chairs:
Ernesto Drelichman, MD, FACS
St. John Providence
Joan Westendorp, MSN, OCN, CCRA
West Michigan Cancer Center

Members:
Wali Altahif
Arab American and Chaldean Council
Evelyn Barrack, PhD
Michigan Breast Cancer Coalition
Robert Chapman, MD
Henry Ford Health System
Sally Cory, MA, BA
Kent County Health Department
Patrick Gavin, RPh
Cancer Research Consortium of West Michigan
Julie Hammon, RN, MSN, OCN
Calhoun County Cancer Control Coalition
Elisabeth I. Heath, MD, FACP
Barbara Ann Karmanos Cancer Institute/Wayne State University
Carolyn M. Johnston, MD
University of Michigan Comprehensive Cancer Center

Thomas Lanni, Jr., FACHE
Beaumont Cancer Institute
Gwendolyn Parker, MD
Blue Cross Blue Shield of Michigan
Lori Pearl-Kraus, PhD, CS, FNP
Mary Free Bed Rehabilitation Hospital
Tom Rich, MPH
American Cancer Society, Inc., Lakeshore Division
Ann G. Schwartz, PhD, MPH
Barbara Ann Karmanos Cancer Institute/Wayne State University
Mary Jo Voelpel, DO, FACOI, FACNM
Michigan Osteopathic Association
Dana Zakalik, MD
Beaumont Cancer Institute
Dear Cancer Control Advocate:

On behalf of the Michigan Cancer Consortium, we are pleased to present the Journal of Proceedings of the 2016 Michigan Cancer Consortium Annual Meeting.

MCC leaders brought forth the idea of a journal to better capture and share the quality, diversity, and breadth of the MCC annual meeting. Included in full are the peer-reviewed and approved abstracts, the keynote and concurrent session presentations, and the 2016 annual meeting award honorees. Please note that each keynote, concurrent and closing session summary includes a “View this presentation” link that, when clicked, will open that presenter’s slides from the session.

We hope you will read, enjoy and share. Then, plan to join us for the 2017 Michigan Cancer Consortium Annual Meeting (Wednesday, November 8 in Lansing)!

Sincerely,

Robert Chapman, MD
Co-Chair, MCC Board of Directors
Director, Josephine Ford Cancer Center
Henry Ford Health System - Division of Medical Oncology

Joan Westendorp, MSN, OCN, CCRA
Co-Chair, MCC Board of Directors
Chief Nursing Officer
West Michigan Cancer Center

Ernesto Drelichman, MD, FACS
Immediate Past Co-Chair, MCC Board of Directors
Director, Inflammatory Bowel Disease Center
St. John Providence
Table of Contents

Peer-Reviewed Poster Abstracts

2 ............ The Technology Gap among Cancer Patients: Survey Study of Barriers to Internet Utilization for Patient Care and Communication in Oncology

Eoin Barry, PA student, Paul J. Chuba, MD, PhD, FACP, Susan Szpunar, PhD, Carrie Dul, MD, FACP, Cynthia Browne, MD, PhD

4 ............ Assessing Adolescent and Young Adult Acceptability of a Preliminary Instrument Measuring Readiness to Engage in End-of-Life Discussions within Clinical Settings

Cynthia Bell, PhD, RN, Meaghann Weaver, MD, David Dickens, MD, Jessica Diver, MSN, CPNP-AC, Elizabeth Smythe, BSN, Alyssa Morse, BSN, Pam Hinds, PhD, RN, FAAN

7 ............ Racial Attitudes and Nonverbal Convergence of Patients and Physicians in Racially Discordant Oncology Interactions

Lauren M. Hamel, PhD, Mark A. Manning, PhD, Louis A. Penner, PhD, Robert Chapman, MD, Terrance L. Albrecht, PhD

10 ............ How Does the Financial Impact of Cancer Differ by Race? Results from the Cancer Survivorship in Metropolitan Detroit Cohort Study

Theresa A. Hastert, PhD, MPP, Lauren M. Hamel, PhD, Tara Baird, MA, Terrance L. Albrecht, PhD, Ann G. Schwartz, PhD, MPH, Michael S. Simon, MD, MPH, Fawn Vigneau, JD, MPH, Jennifer L. Beebe-Dimmer, PhD, MPH

12 ............ Active Surveillance Adoption in a Diverse Population-Based Sample of Men with Low-Risk Localized Prostate Cancer

Jinping Xu, MD, MS, Michael Goodman, MD, MPH, Elyse Reamer, MPH, Cathryn Bock, PhD, Loree Mincey, BS, Elaine Brockman, MPH, James Janisse, PhD, Liying Zhang, MD, PhD¹, Kendra Schwartz, MD, MSPH

Keynote Presentation

16 ............ Where Do We Go from Here?

Lisa C. Richardson, MD, MPH
Concurrent Session Presentations

CONCURRENT SESSION A: Increasing HPV Vaccine Rates
18 .......... HPV Vaccination in Michigan: Courtnay Londo, MA
19 .......... Vaccination Status and Attitudes to Human Papillomavirus in Millennial Medical Students: Nelia Afonso, MD, MRCP
21 .......... Raising HPV Rates at the Local Level: Mary Wisinski, RN, BSN

CONCURRENT SESSION B: Updated Colorectal Cancer Screening Guidelines: What Does It All Mean?
24 .......... The New Grade A: USPSTF Updated Colorectal Cancer Screening Guidelines, What Does It All Mean? Robert A. Smith, PhD

CONCURRENT SESSION C: Increasing Clinical Trials Enrollment
27 .......... Increasing Clinical Trials Enrollment: Patrick Gavin, RPh
28 .......... Clinical Trials Update: Elisabeth I. Heath, MD, FACP
30 .......... PACCT: Partnering Around Cancer Clinical Trials: Susan Eggly, PhD
31 .......... Increasing Clinical Trials Enrollment: Resources: Connie M. Szczepanek, RN, BSN

CONCURRENT SESSION D: Survivorship: Financial Toxicity
33 .......... Do Patients and Oncologists Discuss Treatment Costs? An Observational Study of Clinical Interactions between African American Patients and their Oncologists: Lauren M. Hamel, PhD
35 .......... Alleviating Economic Toxicity: Catherine Patterson, MA

Closing Session
37 .......... 2016: A Year in Review: Polly Hager, MSN, RN

Michigan Cancer Consortium Award Honorees
39 .......... 2016 MCC Champion Award: Elisabeth I. Heath, MD, FACP
40 .......... 2016 MCC Inspiration Award: Cecilia Pope

Acknowledgements
42 .......... Acknowledgements
43 .......... 2016 MCC Annual Meeting Sponsors
The Technology Gap among Cancer Patients: Survey Study of Barriers to Internet Utilization for Patient Care and Communication in Oncology

Authors
Eoin Barry, PA student¹, Paul J. Chuba, MD, PhD, FACP², Susan Szpunar, PhD³, Carrie Dul, MD, FACP⁴, Cynthia Browne, MD, PhD⁵

¹University of Detroit Mercy, Detroit, MI
²Radiation Oncology Specialists, St. John Providence Health Systems, Warren, MI
³Department of Graduate Medical Education, St. John Hospital and Medical Center, Detroit, MI
⁴Great Lakes Cancer Management Specialists, Grosse Pointe Woods, MI
⁵Department of Radiation Oncology, St. John Providence Health Systems, Grosse Pointe Woods, MI

Corresponding Author
Paul J. Chuba, MD, PhD, FACP, Radiation Oncology Specialists, St. John Providence Health Systems, Warren, MI (ph: 586-573-5186; e-mail: paul.chuba@stjohn.org)

MCC Cancer Plan Component Addressed
Health Equity: Health equity is the achievement of the highest level of health for all people. The Michigan Cancer Consortium is working to decrease cancer health disparities and promote health equity. This is done by addressing social issues affecting health and promoting access to high-quality services for cancer. (MCC Pillar)

Purpose
To study the financial and social obstacles to internet use for oncology patients using a survey instrument.

Background/Significance
Cancer patients may use the internet and electronic communications (e.g., email) for many healthcare-related purposes. These tools are increasingly needed for access to the healthcare system. For example, patients are now asked to use healthcare portals for obtaining their personal health information from hospital systems.

Methods
Between August 2015 and July 2016, a 43-item, self-administered survey was completed by 110 cancer patients treated at St. John Providence Cancer treatment centers in Detroit and Warren, MI. The survey instrument and study were approved by the St. John Hospital and Medical Center Institutional Review Board. The survey consisted of questions related to demographics, socio-economic status, device usage, and internet usage. Of particular interest was how the patients use technology currently and their interest in improving their healthcare experience through technology.
Results
The median age of respondents was 62 years (range 34 to 93), with 73% being female. Participants’ yearly income ranged from < $20,000 (28.6%), $20,000 to $40,000 (30.8%), and > $40,000 (40.7%). A large majority (77%) reported they were under treatment with the intention of cure.

While 94% of participants reported having a cellular phone only, 59% were able to access the internet by using the phone. Seventy-two percent were computer owners, and 78% of them were able to access the internet by using a computer. Thirty-six percent were tablet users, and 35% of them used the tablet to access the internet. Higher income was associated with computer ownership (p=0.002) and with internet access in the home (p=0.006), but not with tablet device (p=0.167) or cellular phone (p=0.394) ownership. The mean cell phone bill as reported was $78 per month, and the mean cable bill was $128 per month.

Existing healthcare portals were underutilized, with only 31% of respondents having used this prior to the survey. Unfortunately, 55% of participants were not aware of a healthcare portal or did not know what this was. The prior use of a healthcare portal was statistically associated with higher income level (p=0.026), as was “knowledge of what a healthcare portal is” (p=0.028). Use of email (p=0.01) or social media (p=0.027) was also associated with higher income.

Of those individuals who indicated that internet access was difficult to obtain because of cost (n=17 of 110, 15.4%), 14 (82%) indicated that they would use the internet for healthcare-related purposes if it were cost free.

Conclusions
Rates of internet and email use among cancer patients in our system were lower than expected. Although cellular phone ownership was common even among patients reporting low income, internet use, computer ownership, and healthcare portal use were statistically associated with higher income levels. A subgroup of cancer patients in Detroit and Warren, MI face significant financial obstacles to internet use for healthcare purposes.
Assessing Adolescent and Young Adult Acceptability of a Preliminary Instrument Measuring Readiness to Engage in End-of-Life Discussions within Clinical Settings

Authors
Cynthia Bell, PhD, RN 1, Meaghann Weaver, MD 2, David Dickens, MD 3, Jessica Diver, MSN, CPNP-AC 1, Elizabeth Smythe, BSN 4, Alyssa Morse, BSN 3, Pam Hinds, PhD, RN, FAAN 5

1 Wayne State University, Detroit, MI
2 Children’s Hospital & Medical Center, Omaha, NE
3 Helen DeVos Children’s Hospital, Grand Rapids, MI
4 Children’s Hospital of Michigan, Detroit, MI
5 Children’s National Health System, Washington, DC

Corresponding Author
Cynthia Bell, PhD, RN, College of Nursing, Wayne State University, Detroit, MI (ph: 313-577-5722; e-mail: cjbell@wayne.edu)

MCC Cancer Plan Component Addressed
Quality of Life: Increase the number of Michigan adults diagnosed with cancer who report they received instructions about where to return or who to see for routine cancer check-ups after completing treatment for cancer. (MCC Priority)

Purpose
To assess adolescent and young adults’ (AYA) acceptability of a preliminary readiness instrument that may be useful in facilitating end-of-life (EOL) conversations within a curative setting.

Methods
A conceptual model of readiness (awareness, acceptance, and willingness) was theoretically derived using a case study approach. Qualitative data extracted from previous AYA interviews generated 63 readiness items. Content validity was established with interdisciplinary pediatric palliative care experts. Eight items with a content validity index (CVI) below 0.78 were removed. Prominent scale CVIs [awareness (0.91), acceptance (0.94), and willingness (0.96)] were calculated with average congruency percentage. AYA participants with advanced cancer from two treatment centers participated in cognitive
interviews to assess acceptability. Participants were white (n=6), black (n=4), Asian (n=1), all non-Hispanic and English-speaking; female (n=6), male (n=4); ages 15 to 25 years.

**Results**
Areas for tool improvement included identifying problems with underlying assumptions for two items, clarifying eight items through minor modifications, and examining 12 items identified by at least one AYA as “touchy” or sensitive, resulting in exploration of timing of certain items on the tool.

Examples of problems with underlying assumptions include item #3. (“I’m changing what I want to do with my life because of my illness.”) This item originated from AYAs with incurable cancer who had to adjust their life goals due to the fact that their cancer was advancing. This might involve enrolling in college online rather than attending in person. For this item, AYA think-aloud responses included replies that centered around healthier lifestyle choices or changes in routine (e.g., no longer able to play sports, having fewer friends or hanging out with friends less frequently, or changing future career goals to include a genetics or medical component because of being diagnosed with cancer).

A second problem with assumption was item J. (“I don’t know when it’s going to be over.”) This item originated from an AYA not knowing when she was going to die. Interestingly, it was interpreted by three AYAs, whose prognosis was very advanced and more uncertain in the way it was intended. However, it was interpreted by seven of the AYAs as not knowing when their treatment was going to end. Their responses included comments like, “I feel the doctors pretty much tell you a timeline of what to expect,” or “They gave me a calendar so I know exactly when my treatment will end.”

We modified items for clarity whenever AYAs asked, “What do you mean?” or “Do you mean xxx?” For example, item #7 (“One of my goals is to improve how I physically function”) was changed to “One of my goals is to improve how much I can do each day.”

Since some of the AYA responses generalized to other AYAs, some items were clarified by adding the phrase, “For you, today…,” followed by the item.

Most AYAs did not identify any items that were too sensitive. However, 12 items that were identified by at least one AYA as being “sensitive” or “touchy” were examined by the research group. Interestingly, items that were identified as “sensitive” by one AYA were identified as “a really good question” by others.

Items that talked about end-of-life planning (e.g., “I would like to discuss my end-of-life care in the event that my cancer is not cured” and “If I was going to die from my disease, I would like to involve my parent[s] in helping to make end-of-life decisions”) were identified by several AYAs as “discussions that should be brought up when that time comes” and were not discussions that were desired early on or often.

Importantly, there were many topics AYAs preferred to talk about throughout the trajectory of cancer, related to their fears or worries or sadness.

AYAs recommended tool expansion to include questions related to social
unit (friends and family). Rich data were elicited detailing AYAs’ perceived role in the family, the meaning of the cancer experience, the value of relationships and social networks, morbidity and mortality, and the importance of faith and hope.

AYAs acknowledged their readiness to talk as a trajectory of trust and recognized uncertainty with certain conversational/decisional content.

AYAs (n=10, 100%) expressed desire to participate in future communication research studies.

Conclusions
This preliminary instrument (Ready to Talk Measure) shows evidence of item acceptability based on content validity with experts and pilot implementation with AYAs. The Ready to Talk Measure may help both clinicians and AYA patients with difficult EOL conversations within clinical settings.
Racial Attitudes and Nonverbal Convergence of Patients and Physicians in Racially Discordant Oncology Interactions

Authors
Lauren M. Hamel, PhD¹, Mark A. Manning, PhD¹, Louis A. Penner, PhD¹, Robert Chapman, MD², Terrance L. Albrecht, PhD¹
¹Wayne State University/Barbara Ann Karmanos Cancer Institute, Detroit, MI
²Josephine Ford Cancer Institute, Detroit, MI

Corresponding Author
Lauren M. Hamel, PhD, Assistant Professor, Wayne State University/Barbara Ann Karmanos Cancer Institute, Detroit, MI (ph: 586-863-3884; e-mail: hamell@karmanos.org)

MCC Cancer Plan Component Addressed
Health Equity: Health equity is the achievement of the highest level of health for all people. The Michigan Cancer Consortium is working to decrease cancer health disparities and promote health equity. This is done by addressing social issues affecting health and promoting access to high quality services for cancer. (MCC Pillar)

Purpose
To investigate the relationship between patient and physician racial attitudes and nonverbal convergence/divergence in racially discordant oncology interactions.

Background/Significance
Patient and physician racial attitudes (e.g., physician implicit racial bias, patient suspicion of medical care racial/ethnic minorities receive) affect perceptions of communication in racially discordant (black patients, non-black physicians) medical interactions.¹-⁴ Racial attitudes are likely expressed and reinforced through nonverbal behaviors.⁵ Communication Accommodation Theory⁶ predicts nonverbal convergence/ divergence reflects relationship quality over time in interpersonal interactions. However, prior research has not investigated the association between nonverbal convergence/divergence and racial attitudes. An investigator-developed coding system⁷ designed to investigate the relationship between patient and physician racial attitudes and the convergence/divergence of nonverbal behaviors in racially discordant oncology interactions was applied for this study.

Methods
Data were racially discordant, video-recorded oncology interactions and patient and oncologist socio-demographics from
a larger study of communication and black-white cancer treatment disparities. All patients (n=99) were black and completed a self-report scale of suspicion of medical care. All oncologists (n=18) were non-black and completed the implicit association test to assess their implicit racial bias.

Each video recording was divided into five equal segments. The first minute from each segment was extracted, randomized and coded by trained coders (n=495 slices). Behaviors were selected based on the research literature and input from community members of the patient population (e.g., black cancer patients). The coding system assessed frequency/duration of facial behaviors (e.g., smiling, eye gaze) and body behaviors (e.g., lean, orientation to the other, and openness).

Longitudinal dyad discrepancy score modeling (scores nested within patient-physician dyads) was used to determine discrepancy in nonverbal behaviors between patients and physicians. A three-level longitudinal multi-level model (time nested within patient, patient nested within physician) was used to determine to what extent racial attitudes influence nonverbal convergence/divergence across the oncology interaction for each behavior.

**Results**

Results showed that racial attitudes of patients and physicians influenced the convergence of facial nonverbal behaviors across the oncology interactions. Physicians lower in implicit racial bias converged more on frequency of smiling with their patients, compared to physicians higher in implicit bias (p<0.05). Patients higher on medical suspicion converged more on duration of eye gaze with their physicians, compared to patients lower on medical suspicion (p=0.07). No significant relationships were found between racial attitudes and convergence of body behaviors.

**Conclusions**

Findings showed an association between racial attitudes and facial nonverbal convergence in racially discordant oncology interactions, but not for body nonverbal behaviors. This suggests racial attitudes may be manifested in facial behaviors and lends partial support to the Communication Accommodation Theory.

Next steps include applying the final phase of the coding system that identifies paraverbal behaviors (simultaneous speech, speech rate, continuers, laughter, silence) in the thin slices and determines to what extent racial attitudes influence nonverbal convergence/divergence throughout oncology interactions, and linking nonverbal behaviors to health outcomes.
References


How Does the Financial Impact of Cancer Differ by Race? Results from the Cancer Survivorship in Metropolitan Detroit Cohort Study

Authors
Theresa A. Hastert, PhD, MPP, Lauren M. Hamel, PhD, Tara Baird, MA, Terrance L. Albrecht, PhD, Ann G. Schwartz, PhD, MPH, Michael S. Simon, MD, MPH, Fawn Vigneau, JD, MPH, Jennifer L. Beebe-Dimmer, PhD, MPH

All authors are affiliated with Department of Oncology, Wayne State University School of Medicine, Detroit, MI, and Population Studies and Disparities Research Program, Barbara Ann Karmanos Cancer Institute, Detroit, MI

Corresponding Author
Theresa A. Hastert, PhD, MPP, Department of Oncology, Wayne State University School of Medicine, and Population Studies and Disparities Research Program, Barbara Ann Karmanos Cancer Institute, Detroit, MI (ph: 313-578-4261; e-mail: hastertt@karmanos.org)

MCC Cancer Plan Component Addressed
Health Equity: Health equity is the achievement of the highest level of health for all people. The Michigan Cancer Consortium is working to decrease cancer health disparities and promote health equity. This is done by addressing social issues affecting health and promoting access to high quality services for cancer. (MCC Pillar)

Purpose
To examine whether a higher proportion of African-American cancer survivors than white survivors face financial burden related to cancer, and whether the types of financial hardship experienced differ by race.

Background/Significance
Previous research suggests that financial burdens due to cancer (e.g., borrowing/债务, reductions in income, selling assets, withdrawing money from savings, and foregoing care due to cost concerns) are more common in African-American than white survivors, but it is not known whether—or how—the types of burdens experienced differ by race.

Methods
This study utilizes preliminary data from the Cancer Survivorship in Metropolitan Detroit (CSMD) cohort. African-American and white adults ages 20-79 are eligible to join the cohort if they were identified through the Metropolitan Detroit Cancer Surveillance System as having been diagnosed with a first primary breast, colorectal, lung, or prostate cancer since January 1, 2013 and were diagnosed and/or treat-
ed at the Karmanos Cancer Institute. To date, 695 (281 white, 414 African-American) of the targeted 1,000 survivors have completed the baseline questionnaire online or over the phone. Data collected include demographic and socioeconomic characteristics, medical history, and financial burden measures, including indicators of whether participants sold assets or borrowed money to pay for cancer care; limited care due to cost; experienced a decrease in income since diagnosis; and/or are currently in debt due to cancer expenses. This abstract presents results of bivariate analyses and odds ratios (OR) and 95% confidence intervals (CI) from logistic regressions controlling for age, sex, treatment, and insurance.

Results
Overall, 52.4% of survivors experienced some form of financial burden related to cancer, and prevalence was higher in African-American (56.6%) than in white survivors (46.3%; p=0.011).

A marginally higher proportion of white (24.7%) than African-American survivors (19.2%; p=0.08) used existing assets to pay for cancer care, including higher proportions who withdrew money from savings (14.6% vs. 9.2%; p=0.027) or retirement accounts (7.8% vs. 3.4%; p=0.009). Although an identical proportion (9.8%) of white and African-American survivors borrowed money from family or friends, more African-American (31.2%) than white (18.1%; p<0.001) survivors were still in debt due to expenses related to cancer treatment.

More African-American (21.3%) than white (14.6%; p=0.027) survivors also limited care due to cost concerns, including that they needed to see a doctor in the past year but could not due to cost (15.1% vs. 9.1%; p=0.022) and that they had skipped doses of prescribed medication to save money (8.8% vs. 5.4%; p=0.094).

No differences were observed in the proportion of African-American and white survivors who sold stocks or other investments (1.2% vs. 2.1%), refused treatment due to cost (4.6% vs. 5.0%), or experienced a decrease in income due to cancer (30.2% vs. 27.3%).

In adjusted analyses, African-American race remained associated with higher odds of being in debt due to cancer (OR: 2.09, 95% CI: 1.39, 2.14) and experiencing any form of economic burden (OR: 1.49, 95% CI: 1.04, 2.12). African-American race remained marginally associated with skipping doses of prescribed medication (OR: 1.77, 95% CI: 0.92, 3.42) and limiting care due to cost (OR: 1.46, 95% CI, 0.93, 2.28).

Conclusions
These findings suggest that although large proportions of both white and African-American survivors experience some form of financial burden related to cancer, a larger proportion of white survivors may be able to utilize existing resources, such as savings or other assets, to pay for cancer treatment, while a larger proportion of African-American survivors experience lasting debt or forego necessary care due to cost concerns.

As research into the economic consequences of cancer survivorship continues and expands into the development of interventions to reduce their impacts, it is important to identify not only disparities in the overall prevalence of economic burden, but also in the forms those burdens take for distinct groups.
Active Surveillance Adoption in a Diverse Population-Based Sample of Men with Low-Risk Localized Prostate Cancer

Authors
Jinping Xu, MD, MS 1, Michael Goodman, MD, MPH 2, Elyse Reamer, MPH 1, Cathryn Bock, PhD 1, Loree Mincey, BS 2, Elaine Brockman, MPH 2, James Janisse, PhD 1, Liying Zhang, MD, PhD 1, Kendra Schwartz, MD, MSPH 1

1 Wayne State University School of Medicine, Detroit, MI
2 Emory University, School of Public Health, Atlanta, GA

Purpose
To determine the prevalence and racial differences in active surveillance (AS) adoption and adherence among men with low-risk localized prostate cancer (LPC).

Background/Significance
Current practice guidelines identify AS as an appropriate initial management strategy for men with low-risk LPC. However, AS is not commonly chosen, and limited data are available that address the reasons why men with low-risk LPC instead receive aggressive treatment (surgery/radiation).

Ninety percent of prostate cancers detected via prostate-specific antigen (PSA) screen are localized; more than half are low-risk, small-volume tumors that are unlikely to become life-threatening. Curative treatments (surgery or radiation) may provide little survival benefit for men with
such tumors while putting them at risk of substantially adverse effects (impotence, urinary incontinence, and bowel problems) that can severely impact quality of life (QOL). Historically, 90% of these men receive curative therapy. Decreasing overtreatment and its associated morbidity in men with LPC is a critically important public health issue given the large number of men affected and the risk for adverse outcomes. AS offers the opportunity to delay or avoid curative treatment and the possibility of its associated side effects unless the cancer progresses.

Current practice guidelines identify AS as an appropriate initial management strategy for low-risk LPC. However, AS is rarely chosen, and little research has addressed the reasons why men with low-risk LPC receive aggressive treatment rather than AS. Furthermore, while black men historically have received less aggressive prostate cancer treatment than whites, they also report having more decision-making difficulty/distress, decision regret, and poorer QOL. A recent report from National Institutes of Health (NIH) emphasizes the urgent need to better understand the low uptake of AS in men with low-risk LPC to reduce unnecessary treatment. We also need more information on how race may relate to AS decision-making and subsequent QOL.

The long-term goal of our research program is to improve the quality of prostate cancer care by maximizing QOL without sacrificing survival. The objective of this study is to identify determinants of treatment choice in men with low-risk LPC, particularly the factors that affect the offer, acceptance and adherence of AS as an initial management strategy. Our rationale for undertaking this study is to provide an essential foundation for targeted efforts to optimize men’s treatment decisions.

**Methods**

**Setting:** Population-based, longitudinal cohort study sample recruited from two cancer registries (metro-Detroit and state of Georgia)

**Patients:** Black and white men ≤75 years with newly diagnosed, low-risk LPC

**Instrument:** Mailed survey

**Main and secondary outcome measures:**
Treatment choice and quality of life

**Risk classification:** D’Amico risk classification criteria were used for low-risk LPC (i.e., PSA <10 ng/mL, Gleason score ≤6, and clinical stage ≤T2a).

**Data analysis:** This abstract reports a preliminary data analysis of an ongoing study. Thus, only descriptive analyses and bivariate analyses were used.

**Results**

Of the 674 patients enrolled to date, 460 (68%) were recruited from metropolitan Detroit and 214 (32%) were recruited from Georgia. Overall, 77% were white and 22% were black, with a mean age of 62.5 years (SD=7.0, range 39-76). About 54% of patients had ≥ college education, 53% had income ≥ $70,000/year, 49% were employed, 81% were married, and almost all (99%) had insurance. Compared to white men, black men were younger (60 vs. 63 mean years, p<0.01), had lower education (64% vs. 79% had ≥ college education, p<0.001), had lower income (49% vs. 78% had ≥ $50,000/year, p<0.001), and were
less likely to be married (62% vs. 87%, p<0.01).

Treatment outcome data indicated that about half of the men (51%) chose observation (44% AS and 7% watchful waiting), 26% surgery, 15% radiation, 2% cryotherapy, and 5% other treatment. Treatment choice was associated with location (metropolitan Detroit vs. Georgia) and race. Black men chose observation less often than white men (43% vs. 54%, p<0.05), and radiation more often (22% vs. 14%, p<0.01). Similarly, compared to men in Detroit, men in Georgia chose observation less often (43% vs. 55%, p<0.05) and radiation more often (24% vs. 12%, p<0.01).

Conclusions
In this population-based sample, the preliminary analysis showed that half of patients with low-risk LPC chose observation, with the majority of these choosing AS. Treatment choice was associated with study location and race. These new findings have significant practice and policy implications.
Where Do We Go from Here?

**Presenter:** Lisa C. Richardson, MD, MPH, Director, Division of Cancer Prevention and Control, Centers for Disease Control and Prevention (e-mail: lrichardson@cdc.gov)

**About the presenter:** Lisa C. Richardson, MD, MPH, is the director of the Division of Cancer Prevention and Control at the Centers for Disease Control and Prevention. Dr. Richardson provides leadership and direction for all scientific, policy and programmatic issues related to four national programs: the Colorectal Cancer Control Program; the National Breast and Cervical Cancer Early Detection Program; the National Comprehensive Cancer Control Program; and the National Program of Cancer Registries.

Dr. Richardson also oversees a well-developed research agenda that includes the national Cancer Prevention and Control Research Network.

**Summary:** This presentation presents information on the Centers for Disease Control and Prevention (CDC) strategic plan and the Cancer Moonshot and stresses the importance of partnerships and collaboration in moving the public health agenda forward. Comprehensive cancer control is one of CDC’s flagship programs, and CDC remains committed to cancer control at the community level. CDC will continue to work toward providing access to cancer control for everyone.

**Recommended source of additional information:** Division of Cancer Prevention and Control at the Centers for Disease Control and Prevention (www.cdc.gov/cancer).

*View this presentation (available as a PDF file)*
Concurrent Session A
Increasing HPV Vaccine Rates

Moderator: Courtnay Londo, MA
Michigan Department of Health and Human Services
HPV Vaccination in Michigan

Presenter: Courtnay Londo, MA, Coordinator, Adolescent & Adult Immunization, Division of Immunization, Michigan Department of Health and Human Services (e-mail: LondoC1@michigan.gov)

About the presenter: Courtnay Londo, MA, is coordinator of adolescent and adult immunization for the Division of Immunization in the Michigan Department of Health and Human Services. She is a member of the Michigan Cancer Consortium Cervical Cancer Workgroup and the MCC Cervical Cancer Advisory Committee.

Summary: The human papillomavirus (HPV) vaccine is safe and effective. It is a key cancer prevention strategy and a priority focus of the state cancer plan. But, even though HPV vaccination rates are increasing, they remain suboptimal.

This session reviews the landscape of HPV vaccination in Michigan and includes an in-depth look at HPV immunization coverage levels, based upon data from the Michigan Care Improvement Registry. It also presents information about national trends in HPV vaccination disparities, evidence-based practices utilized at the state level to increase immunization rates, available resources for promoting HPV vaccine to patients and health care providers, and recent HPV vaccination news.

It has been shown that a strong health care provider recommendation to receive the HPV vaccine is critical to improving coverage levels. Therefore, providers are urged to make a strong recommendation to patients to receive the HPV vaccine. They also are urged to partner with the Michigan Department of Health and Human Services (MDHHS) Immunization Program to promote HPV vaccine as a cancer-prevention tool, and to utilize the readily available resources, including evidence-based strategies for improving vaccination rates.

Recommended sources of additional information:

- Alliance for Immunization in Michigan (www.aimtoolkit.org)
- MDHHS Immunization Program (www.michigan.gov/immunize)
- National Center for Immunization and Respiratory Diseases at the Centers for Disease Control and Prevention (www.cdc.gov/vaccines)
Vaccination Status and Attitudes to Human Papillomavirus in Millennial Medical Students

**Presenter:** Nelia Afonso, MD, MRCP, Professor, Biomedical Sciences, Oakland University William Beaumont School of Medicine (e-mail: afonso@oakland.edu)

**About the presenter:** Nelia Afonso, MD, MRCP, joined the Oakland University William Beaumont School of Medicine (OUWB) faculty in 2011 as assistant dean for community integration & outreach and professor of biomedical sciences. She has a leadership role in COMPASS center, which consolidates community engagement activities and provides a core infrastructure to link service, education, research, and policy programs with the community. She also serves as director of the Art and Practice of Medicine course, a longitudinal curriculum that introduces and develops students’ history-taking and physical-diagnosis skills.

Dr. Afonso has been working to expand the teaching of vaccine counseling to OUWB students, and last year began exploring human papillomavirus (HPV) vaccination attitudes among medical students, many of whom were among the first wave to have received the HPV vaccine. Based upon the results of this survey, OUWB has developed a curriculum to improve medical student skills in counseling vaccine-hesitant parents and is exploring avenues to engage medical students in community-based HPV vaccine education.

**Summary:** Vaccine programs are one of the greatest public health success stories and, in general, are well supported by the public.

The HPV vaccine prevents multiple cancers—cervical, anal, penile and oral—and has been available for more than a decade. Yet, HPV vaccination rates are still much lower than the rates for other childhood and adolescent vaccines. Discomfort in talking about sexual activity coupled with vaccine safety concerns have led to hesitancy and misconceptions for parents and physicians alike. Although there is impetus to educate primary health care providers on HPV counseling, relatively little has been done to equip our future physicians with the knowledge, skill and attitudes they will need.

Medical students are a key audience for HPV-related communication and training because of their impending role as healthcare providers and as future policy makers. A particularly important contribution made by this study is the perspective of millennial medical students as a unique group of future healthcare providers who will be among the first to have had personal experience with the vaccine.

This study strongly supports the assertion that provider recommendation is a consistent and powerful predictor of vaccination, as evidenced by the large proportion of vaccinated students citing provider recommendation as a reason they received it. It has also revealed deficits in student knowledge and misperceptions about HPV. Educators must emphasize the importance of HPV in disease etiology...
and the causal role of HPV in a variety of cancers.

It is time to reframe the debate about the HPV vaccine from prevention of sexually transmitted infections (STIs) to prevention of cancer. We must inform and educate our future healthcare providers, who will play a pivotal role in helping protect young people from life-threatening cancers by recommending the HPV vaccine.

Recommended sources of additional information:


View this presentation (available as a PDF file)
Raising HPV Rates at the Local Level

Presenter: Mary Wisinski, RN, BSN, Supervisor, Immunizations Program, Kent County Health Department (e-mail: mary.wisinski@kentcountymi.gov)

About the presenter: Mary Wisinski, BSN, has been the supervisor of the Kent County Health Department Immunizations Program since 2007. Her responsibilities include oversight for four health department immunization clinics, the Kent County Vaccines for Children Program, and required immunization reporting for all Kent County childcare, pre-school, and school sites. She also serves as an immunization nurse educator for the State of Michigan and is a member of the state HPV and Adult Stakeholders Coalition.

Summary: Local public health immunization staff are committed to raising immunization rates in adolescents. The up-to-date rate has increased significantly for teen vaccines like meningococcal and Tdap (tetanus, diphtheria, and pertussis). But, the up-to-date rate for three human papillomavirus (HPV) vaccines has remained stagnant or increased at a much slower pace. Utilizing proven strategies and keeping current with research around the topic can significantly impact rates.

This presentation highlights proven methods for increasing rates, from keeping accurate records through the use of quality improvement programs like AFIX (Assessment, Feedback, Incentives, eXchange), provider education, and a centralized immunization registry. The methods can be used in any community to increase the HPV up-to-date rate for adolescents.

Make increasing HPV up-to-date rates a priority. If you are an adolescent provider, make a strong recommendation for the vaccine and utilize the proven strategies for increasing HPV vaccination rates. If you work in cancer prevention or academia, know the statistics and talk to your friends, colleagues and students about the prevalence of HPV disease and the importance of the HPV vaccine.

Raising immunization rates is the work of an entire immunization neighborhood. Continue to work with your immunization neighborhood to increase immunization rates across the lifespan, with a special emphasis on the HPV vaccine.

Recommended sources of additional information:


• National Center for Immunization and Respiratory Diseases, Centers for Disease Control and Prevention. Provider Resources for Vaccine Conversations with Parents (www.cdc.gov/vaccines/hcp/conversations/index.html)

• National Center for Immunization and Respiratory Diseases, Centers for Disease Control and Prevention. Human Papillomavirus (HPV): Clinician portal (www.cdc.gov/hpv/hcp/index.html)

• Immunization Program, Michigan Department of Health and Human Services. Adolescent Immunization—Information for Health Care Personnel (www.michigan.gov/mdhhs/0,5885,7-339-71550_5104_5281_47680-225098--,00.html)

View this presentation (available as a PDF file)
Concurrent Session B

Updated Colorectal Cancer Screening Guidelines: What Does It All Mean?
The New Grade A: USPSTF Updated Colorectal Cancer Screening Guidelines, What Does It All Mean?

**Presenter:** Robert A. Smith, PhD, Vice President, Cancer Screening, American Cancer Society, Inc. (e-mail: robert.smith@cancer.org)

**About the presenter:** Robert A. Smith, PhD, is a cancer epidemiologist and vice president of cancer screening for the American Cancer Society in Atlanta, GA. He also is adjunct professor of epidemiology at the Rollins School of Public Health, Emory University School of Medicine, and adjunct professor of hematology/oncology at the Emory University School of Medicine Winship Cancer Institute.

Smith's primary research interests are cancer epidemiology, evaluation of cancer prevention and early detection programs, multi-chronic disease models of preventive care, and quality assurance in the delivery of health services. He serves as co-chair of the National Colorectal Cancer Roundtable and was a founding member of Cervical Cancer Action, an international community of organizations and individuals dedicated to working collaboratively to eliminate cervical cancer deaths worldwide.

**Summary:** The U.S. Preventive Services Task Force (USPSTF) recommendations represent a periodic update of evidence of the efficacy of colorectal cancer screening, and the effectiveness of different colorectal cancer screening tests. This is critically important information for providers and adults 50 years of age and older.

This presentation reviews the performance features of the tests recommended by the USPSTF and the difference between previous recommendations and current recommendations. It also compares American Cancer Society colorectal cancer screening recommendations and USPSTF colorectal cancer recommendations, describes differences in the way the recommendations are developed, and summarizes ways in which the two sets of recommendations work together.

**Recommended sources of additional information:**


View this presentation (available as a PDF file)
Concurrent Session C

Increasing Clinical Trials Enrollment

Moderator: Patrick Gavin, RPh
Cancer Research Consortium of West Michigan
Increasing Clinical Trials Enrollment

**Presenter:** Patrick Gavin, RPh, Chair, Patient Advisory Committee, and Member, Executive Operations Board, Cancer Research Consortium of West Michigan (e-mail: pat@gavin-consulting.com)

**About the presenter:** Patrick Gavin, RPh, is a member of the Executive Operations Board of the Cancer Research Consortium of West Michigan and also is chair of the consortium’s Patient Advisory Committee. He is a cancer survivor of stage 4 pharyngeal cancer (2007), malignant melanoma (2008), and prostate cancer (2014) and has participated in two cancer clinical trials. A volunteer patient advocate, he serves as a patient advocate representative to a number of local, regional and national organizations. He is the owner and president of Patrick Gavin R.Ph. Consulting LLC and a member of the Michigan Cancer Consortium Board of Directors.

**Summary:** This presentation introduces the topic of clinical trials and discusses their importance from the personal vantage point of a three-time cancer survivor.

*View this presentation (available as a PDF file)*

---

Image: Increasing Clinical Trials Enrollment

GavinConsulting

PATRICK GAVIN R.Ph.

Increasing Clinical Trials Enrollment

www.gavin-consulting.com
Clinical Trials Update

**Presenter:** Elisabeth I. Heath, MD, FACP, Professor, Department of Oncology, Wayne State University School of Medicine; Chair, Genitourinary Multidisciplinary Team, and Director, Prostate Cancer Research, Barbara Ann Karmanos Cancer Institute (e-mail: heathe@Karmanos.org)

**About the presenter:** Elisabeth I. Heath, MD, FACP, has been an active clinical and scientific member of the Barbara Ann Karmanos Cancer Institute since 2003. As a professor of oncology, her research focus is conducting clinical and translational research trials in genitourinary malignancies by investigating novel therapeutics for preventing and treating cancer.

Dr. Heath has a proven record of accomplishment for building multidisciplinary teams that find more effective and less toxic ways to treat prostate cancer and to reduce racial disparities in prostate cancer outcomes. In 2010, in recognition of her accomplishments, Dr. Heath was appointed to the newly created position of director of prostate cancer research at Karmanos, and in 2013, she was appointed to full professor.

Dr. Heath is co-investigator and consultant on several National Cancer Institute and internal Karmanos Cancer Institute grants. She serves as the co-chair of the Michigan Cancer Consortium Clinical Trials Workgroup.

**Summary:** Nationally, accrual to adult cancer clinical trials is poor, standing at 3 percent to 5 percent. Addressing barriers to accrual is critical in improving clinical trials enrollment. Increasing accrual has the potential to significantly impact drug and device discovery, resulting in more timely discoveries of novel agents for the treatment and prevention of cancer.

**Recommended sources of additional information:**

- National Cancer Institute ([www.cancer.gov](http://www.cancer.gov))
  - Research Areas: NCI’s Clinical Trials Programs and Initiatives ([www.cancer.gov/research/areas/clinical-trials](http://www.cancer.gov/research/areas/clinical-trials))
  - R&D Resources: Conducting Clinical Trials ([www.cancer.gov/research/resources/conducting](http://www.cancer.gov/research/resources/conducting))

- American Cancer Society ([www.cancer.org](http://www.cancer.org))
- **Michigan Cancer Consortium** ([www.michigancancer.org](http://www.michigancancer.org))
  - Clinical Trials—Provider Resources ([www.michigancancer.org/Resources/ClinicalTrialsPV.html](http://www.michigancancer.org/Resources/ClinicalTrialsPV.html))
  - Clinical Trials—Patient Resources ([www.michigancancer.org/Resources/ClinicalTrialsPT.html](http://www.michigancancer.org/Resources/ClinicalTrialsPT.html))

- **Cancer Clinical Trials Cover Sheet** (for use by a healthcare provider when prior authorization for participation in a cancer clinical trial is required by a patient’s health insurance carrier)

*View this presentation (available as a PDF file)*

---

![Clinical Trials Update](image-url)
PACCT: Partnering Around Cancer Clinical Trials

Presenter: Susan Eggly, PhD, Associate Professor, Department of Oncology, Wayne State University School of Medicine, and Population Studies and Disparities Research Program, Barbara Ann Karmanos Cancer Institute (e-mail: egglys@karmanos.org)

About the presenter: Susan Eggly, PhD, is a communication scientist and associate professor in the Department of Oncology at Wayne State University School of Medicine and Population Studies and Disparities Research Program at Barbara Ann Karmanos Cancer Institute. Her research and teaching focus is on improving outcomes for patients and families through better understanding and improving patient-provider communication.

Eggly’s research has focused on the medical contexts of cancer, primary care, end-of-life care, and pediatrics. She has ongoing, National Institutes of Health-funded research in the areas of clinical communication and outcomes related to clinical trials, health disparities, decision-making, and end-of-life care. Her most recent studies examine ways in which patient and physician beliefs and attitudes (including race-based attitudes) affect the way they communicate about cancer treatment and the treatment decisions they make.

Summary: Access to clinical trials represents the highest quality cancer care for all patients. Clinical trials are essential to developing and testing new cancer treatments. But, most patients never enroll in a clinical trial, due to a variety of reasons, including barriers at the societal, hospital, patient/family, and healthcare provider levels. This presentation focuses on patients and physicians and discusses two interventions to increase enrollment by improving the way patients and physicians think about, and discuss, clinical trials.

Recommended source of additional information:

Increasing Clinical Trials Enrollment: Resources

Presenter: Connie M. Szczechpanek, RN, BSN, Director, Cancer Research Consortium of West Michigan (e-mail: connie.szczechpanek@crcwm.org)

About the presenter: Connie Szczechpanek is administrative director of the Cancer Research Consortium of West Michigan (CRCWM), a National Cancer Institute Community Oncology Research Program (NCORP). Her professional experience also includes work as a urology nurse, oncology nurse, and research nurse.

After losing a sister to breast cancer, Szczechpanek became active in the cancer prevention arena of cancer research. She also became active in multiple community groups and projects to further facilitate cancer awareness, clinical trials education, promote screening, and link people to needed services. She joined Grand Rapids Clinical Oncology Program (now CRCWM) as a research nurse in 1992 and was named administrative director six years later.

Summary: Clinical trials are an essential component of cancer care and give patients options they might not otherwise have. Cutting-edge clinical trials are available to patients in locations throughout Michigan, and most likely in their communities.

Michigan is the only state to have three NCORP sites, each with a mission to bring clinical trials to the community. In tandem with the state’s academic cancer centers, these three sites mean Michigan is uniquely poised to lead in cancer research and to provide patients with access to clinical trials offering the highest quality care.

For those doing the complex work of conducting clinical trials, there are resources that can be of help. The Michigan Cancer Consortium has expanded its website to feature clinical trials research. The Consortium also is actively facilitating a clinical trials workgroup, comprised of key stakeholders, to focus on reducing barriers related to insurance coverage, especially preauthorization issues.

Recommended source of additional information: Included in presentation.

View this presentation (available as a PDF file)
Concurrent Session D

Survivorship: Financial Toxicity

Moderator: Deborah Doherty, PT, PhD, CEAS
Oakland University
Do Patients and Oncologists Discuss Treatment Costs?  
An Observational Study of Clinical Interactions between African American Patients and their Oncologists

Presenter: Lauren M. Hamel, PhD, Assistant Professor, Department of Oncology, Population Studies and Disparities Research Program, Wayne State University/ Barbara Ann Karmanos Cancer Institute (e-mail: hamell@karmanos.org)

About the presenter: Lauren M. Hamel, PhD, is an assistant professor in the Department of Oncology in the Wayne State University School of Medicine and the Population Studies and Disparities Research Program of the Barbara Ann Karmanos Cancer Institute in Detroit. Her research is focused on various aspects of patient-physician communication and healthcare quality improvement, including issues related to financial toxicity.

She completed her PhD in the Department of Communication of Michigan State University and completed two post-doctoral fellowships: one in organizational behavior from the Business School of Dublin City University in Ireland and one in communication and behavioral oncology in the School of Medicine at Wayne State University. The National Cancer Institute and the Blue Cross Blue Shield Foundation of Michigan fund her research.

Summary: Financial burden due to cancer treatment is negatively affecting many cancer patients, especially racial/ethnic minorities. This burden could be alleviated if oncologists discussed treatment-related costs with their patients. It is unknown, however, if these discussions occur during treatment discussions. This is the first study to examine the frequency and nature of treatment cost discussions between African American cancer patients and their oncologists.

To this point, it is not known if patients discuss treatment costs with their oncologists. This observational study of 103 video-recorded treatment discussions with African American cancer patients and their oncologists begins to shed light on this issue and speaks to matters related to quality of care during treatment and potentially into survivorship.

Patients and oncologists discuss treatment costs in less than half of the interactions. When treatment cost is discussed, patients are more likely than oncologists to initiate the conversation. Discussions are more likely to focus on indirect costs of care (e.g., time away from work) than on direct costs of care (e.g., copayments).

All providers should be aware that patients have direct and indirect treatment cost concerns, and may want to discuss those concerns. Data from this study are being used to build a multi-level intervention to improve and support the frequency and quality of cancer treatment cost discussions for all patients.
Recommended sources of additional information:


View this presentation (available as a PDF file)
Alleviating Economic Toxicity

Presenter: Catherine Patterson, MA, Oncology Financial Counselor, Acension/St. John Hospital (e-mail: catherine.patterson@ascension.com)

About the presenter: Catherine Patterson, MA, has been working in the field of hematology-oncology for 29 years. She was a managed care specialist for 19 years, a position that involved understanding patient insurance coverage and explaining benefits to the patient, as well as ensuring that protocols were approved for diagnosis by the Food and Drug Administration.

Half a dozen years ago, in recognition of the fact that patients’ out-of-pocket costs were growing, St. John’s tested the need for a financial counselor to assist patients with no insurance coverage, patients with Medicare only, and patients with Medicaid spend-down requirements. Three months into the test, it was apparent there was a significant need for a patient assistance program and that it could be a win-win for both patients and the cancer center. Patterson became an oncology financial counselor six years ago, and since that time, she has seen first-hand the benefits of a system that helps patients navigate their medical bills and understand their insurance plans.

Summary: This presentation discusses financial assistance resources for chemotherapy and other medical bills and stresses the fact that there are resources that can help patients.

Recommended source of additional information: Included in presentation.

View this presentation (available as a PDF file)
Closing Session
2016: A Year in Review

Presenter: Polly Hager, MSN, RN, Director, Comprehensive Cancer Control Program, Michigan Department of Health and Human Services (e-mail: HagerP@michigan.gov)

About the presenter: Polly Hager, MSN, RN, is currently the director for Michigan’s Comprehensive Cancer Control Program and has more than two decades of experience in comprehensive cancer control. Hager has served as staff to the Michigan Cancer Consortium and has been involved in many facets of planning and implementation of cancer control activities. She has spoken at national and state conferences about the Consortium and Michigan’s extensive work in comprehensive cancer control and collaborative, community-based partnerships.

Summary: This presentation delivers an overview of Michigan Cancer Consortium accomplishments during 2016, and also provides an update on the far-reaching impacts of previous MCC projects.

Recommended source of additional information:
- Michigan Cancer Consortium (www.michigancancer.org)

View this presentation (available as a PDF file)
2016 MCC Award Honorees
2016 MCC Champion Award:
Elisabeth I. Heath, MD, FACP

The MCC Champion Award honors an individual who has demonstrated leadership, excellence, success, and impact in the fight against cancer. This individual has, through their proven efforts, reduced the burden of cancer, championed initiatives to prevent and control cancer, and has improved the lives of those living with cancer.

An MCC champion displays exemplary leadership and mentorship and extraordinary dedication. An MCC champion is a tireless advocate who makes significant contributions in cancer prevention and control.

This is the first year for the MCC Champion Award.

Elisabeth I. Heath, MD, FACP, is the recipient of the 2016 Michigan Cancer Consortium Champion Award. Dr. Heath is a medical oncologist and a professor in the Wayne State University School of Medicine Department of Oncology. She also serves as chair of the Genitourinary Multidisciplinary Team and director of prostate cancer research for Barbara Ann Karmanos Cancer Institute.

Dr. Heath is a true cancer prevention and control champion. This is evidenced by her work, which includes:

- conducting clinical and translational research trials in genitourinary malignancies;
- spearheading a successful National Cancer Institute Specialized Program of Research Excellence (SPORE) application that fostered additional collaborations and research;
- developing and participating in thoughtful and innovative community collaboration and education models that also work to reduce racial disparities in prostate cancer outcomes (more than 200 educational programs conducted in the last four years, educating over 30,000 men and women about prostate cancer and men’s health); and
- providing extraordinary day-to-day dedication to the cancer patients under her care.

Dr. Heath is a caregiver who works across the cancer continuum to do what is best for her patients and the community. She excels in leading and serving others, considering both the patient and community perspective, and in working to develop collaborative teams of scientists, physicians, nurses, and advocates to meet shared goals. This ensures the best possible cancer research, care and treatment is made available to all. She is an incredible advocate who, through her work, lifts those around her.

It is an honor for the Michigan Cancer Consortium to recognize Dr. Elisabeth Heath with the 2016 MCC Champion Award.
2016 MCC Inspiration Award:
Cecilia Pope

No one should face cancer alone. Courageous, determined, resolute, faithful—these are the faces of cancer survivors. The MCC Inspiration Award is presented to an individual who exemplifies these words and lifts up others in the face of his or her own diagnosis.

To be honored, a recipient must be a Michigan resident and a cancer survivor. He or she must also be an advocate for cancer survivors in the community or in a healthcare institution. That advocacy may take the form of:

- actively participating in community cancer events in a significant way;
- educating cancer survivors and/or medical practitioners about cancer survivorship issues, either through writing or speaking;
- working to help reduce the burden of cancer in Michigan through cancer control and prevention efforts;
- facilitating, or actively participating in, cancer support groups;
- exemplifying outstanding leadership and empowering cancer survivors and advocates; and/or
- supporting state and/or federal public policy efforts.

2016 is the first year for the MCC Inspiration Award.

Cecilia Pope is the recipient of the 2016 Michigan Cancer Consortium Inspiration Award. Since her breast cancer diagnosis in 1995, she has made a significant impact as a leader in community-based breast cancer prevention and control work in the metro Detroit area.

Pope is a member of WAVE (Women Achieving Victory and Esteem), a local breast cancer support group, and has formed strong bonds with survivors. She is a founding member of the Sisters Network—Greater Metropolitan Detroit Chapter, and has served as treasurer and vice president of the group, helping raise breast cancer awareness in the Detroit area. She also is a frequent walker and fundraiser for the American Cancer Society—Making Strides Against Breast Cancer and Komen Detroit, Race for the Cure.

Pope continues to make a significant difference in the community through the Witness Project of Detroit, a breast and cervical cancer outreach and education program based in Barbara Ann Karmanos Cancer Institute. She was part of the first group of Witness Role Models who were trained to witness or share their personal stories of diagnosis, treatment and survival in an effort to en-
courage other women to be screened regularly. As a Witness Role Model, she had reached more than 1,200 women as of August 2016.

“Cecilia has been a leader in metro Detroit in terms of mobilizing groups to address cancer disparities, raising cancer awareness, and supporting women in overcoming cancer-related fears, especially in the African-American community,” according to the MCC member who nominated her. “She is extremely knowledgeable about breast cancer, and women in the community view her as a trustworthy source of information. Interpersonally, she is kind and generous.”

Congratulations to Cecilia Pope, the 2016 recipient of the MCC Inspiration Award.
Acknowledgements

The Michigan Cancer Consortium leadership and staff would like to express their sincere appreciation to the following comprehensive cancer control professionals who volunteered and gave unselfishly of their time and expertise to make this inaugural Journal of Proceedings a reality. Thank you.

2016 MCC Journal Ad Hoc Workgroup

Werner Absenger, PhD, MSc
Absenger Cancer Education Foundation

Carol Christner, MSA
Michigan Society of Hematology and Oncology

Deb Doherty, PT, PhD, CEAS
Michigan Physical Therapy Association

Joan Gilbert-Gargaro
JG&G Marketing Communications & Media

Thomas B. Lanni, Jr., FACHE
Beaumont Cancer Institute

Lori Pearl-Kraus, PhD, CS, FNP-BC
Betty Bloomer Ford Cancer Rehabilitation Program

Joan Westendorp, MSN, OCN, CCRA
West Michigan Cancer Center

Dana Zakalik, MD
Beaumont Cancer Institute

Staff:
Polly Hager, MSN, RN
Michigan Department of Health and Human Services

Steven Springer, MSA, LRT
Michigan Department of Health and Human Services

Carol L. Genee
Consultant

2016 MCC Poster Abstract Review Board

Deb Doherty, PT, PhD, CEAS
Michigan Physical Therapy Association

Lauren M. Hamel, PhD
Barbara Ann Karmanos Cancer Institute/Wayne State University

Elisabeth I. Heath, MD, FACP
Barbara Ann Karmanos Cancer Institute / Wayne State University

Aaron P. Scholnik, MD, FACP
Retired

Ann G. Schwartz, PhD, MPH
Barbara Ann Karmanos Cancer Institute/Wayne State University

Mary Jo Voelpel, DO, FACOI, FACNM
Michigan Osteopathic Association

Dana Zakalik, MD
Beaumont Cancer Institute

Laura Zubeck, RN, BSN, MBA
Barbara Ann Karmanos Cancer Institute

Staff:
Polly Hager, MSN, RN
Michigan Department of Health and Human Services

Steven Springer, MSA, LRT
Michigan Department of Health and Human Services

Carol L. Genee
Consultant
2016 MCC Annual Meeting Sponsors

Thank you to the following organizations for their financial support of the 2016 MCC Annual Meeting. The meeting would not have been possible without their generosity. The support of our sponsors allows us to keep a modest registration fee and offer outstanding educational programming and scholarship opportunities.

ACCESS Community Health Center
www.accesscommunity.org/

American Cancer Society, Inc., Lakeshore Division
www.cancer.org/

American Lung Association of Michigan
www.alam.org/

Barbara Ann Karmanos Cancer Institute
www.karmanos.org/

Blue Cross Blue Shield of Michigan
www.bcbsm.org/

Covenant HealthCare Cancer Care Center
www.covenanthealthcare.com/

District Health Department #10
www.dhd10.org/

Health Alliance Plan
www.hap.org/

Hurley Medical Center
www.hurleymc.com/

Mary Free Bed Rehabilitation Hospital
www.maryfreebed.com/

Mercy Health Saint Mary’s
www.mercyhealth.com/

Michigan Breast Cancer Coalition
www.mibcc.org/

Michigan Department of Health and Human Services
www.michigan.gov/cancer

Michigan Osteopathic Association
www.mi-osteopathic.org/

Michigan Ovarian Cancer Alliance
www.mioca.org/

Michigan Public Health Institute
www.mphi.org/

National Association of Hispanic Nurses, Michigan Chapter
www.michiganhispanicnurses.org/

Sparrow Cancer Center
www.sparrow.org/cancer/

Spectrum Health Cancer Program
www.spectrumhealth.org/cancer

Tobacco-Free Michigan
www.tobaccofreemichigan.org/

University of Michigan Comprehensive Cancer Center
www.mcancer.org/

West Michigan Cancer Center
www.mgh.org/our-services/cancer-care