“Eighty by 2018” – A National Campaign Kicks Off This Month to Increase Colorectal Cancer Screening Rates

“Eighty by 2018” is a National Colorectal Cancer Roundtable initiative in which dozens of organizations have committed to eliminating colorectal cancer as a major public health problem and are working toward the shared goal of screening 80% of adults aged 50 and older for colorectal cancer by 2018. The National Colorectal Cancer Roundtable, an organization co-founded by the American Cancer Society and the Centers for Disease Control and Prevention, is using March, National Colorectal Cancer Awareness Month, to rally organizations behind this shared goal.

Colorectal cancer is a major public health problem:
- Colorectal cancer is the second leading cause of cancer death in both men and women in the U.S.
- About 1 in 3 adults between 50 and 75 years old – about 23 million people – are not getting tested as recommended.
- There are several recommended screening test options, including: colonoscopy, stool tests (fecal occult blood test [FOBT] or fecal immunochemical test [FIT]), and sigmoidoscopy.
- The people less likely to get tested are Hispanics, American Indians or Alaska Natives, rural populations, men, those 50 to 64, and those with lower education and income.

Now is the time to work together:
- The percentage of the population up-to-date with recommended colorectal cancer screening increased from 56 percent in 2002 to 65 percent in 2012, still, patients and providers do not always know about or consider all the available recommended screening tests, and currently, most health care providers and systems are not set up to help more people get screened for colorectal cancer.
- Studies show that people who are able to select the colorectal cancer screening test they prefer are more likely to complete their test.
- Top health systems already are achieving 80% screening rates and Massachusetts is already screening over 76% of their eligible population, the highest screening rate in the nation.
- Significant disparities exist, however the healthcare landscape is changing and barriers to screening are breaking down.
- Better communication, between doctors and their patients in regard to colorectal cancer, is vital.

Sources: Morbidity and Mortality Weekly Report (MMWR) 11.8.13; National Colorectal Cancer Roundtable and; Centers for Disease Control and Prevention
Michigan Oncology Practices: For Tobacco Cessation, MOQC Will Come To You To Help

The Michigan Oncology Quality Consortium (MOQC), in partnership with the Michigan Cancer Consortium, has dramatically improved tobacco cessation referrals in Michigan with over 700 referrals made to the Quitline from the 18 oncology pilot sites in 8 months! This program provides free nicotine replacement therapy (NRT) and counseling services to oncology patients. The Quitline referral process takes less than 3 minutes per patient for practice staff to complete.

MOQC’s goal is to have all Michigan oncology practices participating in this program. To arrange for the 2 hour tobacco cessation referral implementation training for your practice, contact Jane Severson at: CCMOQC-TEAM@med.umich.edu.

Source: Michigan Oncology Quality Consortium newsletter, Vol 4, No 1

MIYO (Make It Your Own)

Make It Your Own (MIYO) gives you the power to create free colorectal cancer health resources that are specific for the populations you serve. You can choose from tested health communication materials (brochures, patient reminders, posters, and flyers) and modify the materials to meet the unique needs of your organization. Using MIYO, you get culturally appropriate health materials targeted to your audience without having to develop them from scratch.

To use MIYO, you need to create an account. To create an account, go to: beta.miyoworks.org

Here’s How It Works...

1. MIYO provides you with a set of health communications documents. Review the choices.
2. Select the document that most closely matches your needs, and add it to your personal collection of documents.
3. Open your copy of the selected document and make it your own. Each document is different, but with most, you can:
   a. Select the most appropriate pictures to match your audience.
   b. Select specific stories to match the messages you intend to send.
   c. Add a slogan or other program-specific message.
   d. Attach your logo or another unique image to brand your document.
4. Once you’ve made all of your selections, create your document with the click of a button. You can download a PDF to review and print.
5. Share! Use your materials to educate your target population! Remember, it’s free!

![Image of MIYO health resource](Image)
Universal Screening for Lynch Syndrome on Newly Diagnosed Colorectal Cancer

Sarah Keilman, MS, CGC, Certified Genetic Counselor, Mercy Health Lack's Cancer Center

Healthy People 2020 includes a developmental objective to increase the proportion of persons with newly diagnosed colorectal cancer who receive genetic testing to identify Lynch syndrome. Healthy People 2020 includes a developmental objective to increase the proportion of persons with newly diagnosed colorectal cancer who receive genetic testing to identify Lynch syndrome. Lynch syndrome (previously called Hereditary Nonpolyposis Colorectal Cancer) is an inherited disorder that increases an individual’s risks of developing colon, endometrial and other types of cancer. Approximately 1 in 35 patients diagnosed with colorectal cancer are affected with Lynch syndrome, making it the most common cause of hereditary colon cancer. Lynch syndrome is caused by a genetic mutation in a mismatch repair gene – MLH1, MSH2, MSH6, or PMS2.

Tumors from individuals with Lynch syndrome usually show microsatellite instability (MSI) as well as abnormal immunohistochemistry (IHC) staining for proteins associated with the MLH1, MSH2, MSH6 and PMS2 genes. Not only can positive screening predict cancer risks for an individual's relatives, but it also affects prognosis and treatment of stage II and III colorectal cancer.

Initially screening was considered useful on all patients diagnosed with colorectal or endometrial cancer before the age of 50, patients whose family history met certain criteria such as Amsterdam II criteria, and tumors who have certain histologic features suggesting high microsatellite instability. With this methodology approximately 25% of individuals with Lynch syndrome will be missed. Therefore, some institutions have begun screening all colorectal and/or endometrial cancers for Lynch syndrome regardless of the family history of age at diagnosis. This process is supported by the Evaluation of Genomic Applications in Practice and Prevention working group (EGAPP), National Society of Genetic Counselors (NSGC) and the Collaborative Group of the Americas on Inherited Colorectal Cancer (CGA-ICC). IHC testing is the preferred method by NSGC and CGA-ICC as abnormal IHC results can help target appropriate tumor or germline testing. NSGC recommends performing MSI or IHC analysis on a tumor as the first-line test for any patient being evaluated for Lynch syndrome, when it is possible.

The Lynch Syndrome Screening Network (LSSN) was recently formed to promote and facilitate institutional implementation of universal screening for Lynch syndrome. In 2013, 85 institutions submitted an LSSN membership application. Of these, 67 (79%) were providing routine screening for Lynch syndrome on all or a subset of newly diagnosed colorectal cancers and/or endometrial cancers, while the remaining 21% were in the process of or planning to develop protocols for routine screening. Of those currently performing routine Lynch syndrome screening of colorectal cancers, 80% of institutions screen all cases, while the remainder limit by age or other selection criteria. In total, 34 institutions were screening endometrial cancers, half of these were screening all endometrial cancers while the other half were screening by age or other selection criteria. For both colorectal cancers and endometrial cancers, IHC was the most common initial screen (78% and 88% respectively). Since 2008, LSSN members have screened over 20,000 cancers for Lynch syndrome. To learn more about LSSN, please visit www.lynchscreening.net.

References
President's Cancer Panel Issues Urgent Call to Action to Increase HPV Vaccination

Achieving widespread HPV (human papillomavirus) vaccination is one of the most profound opportunities for cancer prevention, according to a report released by the President's Cancer Panel. The Panel's report, *Accelerating HPV Vaccine Uptake: Urgency for Action to Prevent Cancer*, issues an urgent call-to-action to reach the HPV vaccines' potential to save lives and prevent millions of avoidable cancers and HPV-related conditions in men and women.

According to the report, based on data from the Centers for Disease Control and Prevention, in 2012 only about one-third of 13- to 17-year-old girls in the U.S. received all three recommended doses of HPV vaccine. These rates fall considerably short of the U.S. Department of Health and Human Services *Healthy People 2020* goal of having 80 percent of 13- to 15-year-old girls fully vaccinated against HPV. Immunization rates for boys are even lower.

The CDC estimates that increasing HPV vaccination rates from current levels to 80 percent would prevent an additional 53,000 future cervical cancer cases in the U.S. among girls who now are 12 years of age or younger, over the course of their lifetimes.

According to the CDC, missed clinical opportunities are the most important reason why the U.S. has not achieved high rates of HPV vaccine uptake. As many as two-thirds of 11- and 12-year-old vaccine-eligible girls may not be receiving HPV vaccines at healthcare visits during which they receive at least one other vaccine. The other two critical points are parents' knowledge, attitudes and beliefs about the vaccination and accessibility and convenience of initiating and completing the HPV vaccine series.

Click here for the full report.

New MCC Videos

**Tobacco Cessation Video from MCC!**

The MCC and MOQC partnership has produced a new video, "Why Cancer Patients Should Quit Tobacco," for organizations to use to educate their patients on the importance of tobacco cessation during cancer treatment. **NOTE:** a full HD Quicktime of the video, *for use in your practice, can be downloaded* at: [http://www.lpi.com/6_client_login/6c smokingquit/](http://www.lpi.com/6_client_login/6c smokingquit/)

Also, your patients can find the video at the MCC YouTube site at: [http://youtu.be/oxKNvHISMTw](http://youtu.be/oxKNvHISMTw).

A big "Thank You!" to Mercy Health Lacks Cancer Center and Bruce Shabahang, MD, for their participation in creating the final product! For more information on tobacco cessation and the MCC-MOQC collaborative, please contact Angela McFall (mcfalla@michigan.gov).

**2013 Spirit of Collaboration Awardee Videos**

Check out the short videos from The MCC Spirit of Collaboration Award recipients highlighting their programs at: [http://www.youtube.com/user/MichiganCancer](http://www.youtube.com/user/MichiganCancer).

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**Save the Date!**

**Michigan Cancer Consortium**

**2014 MCC Annual Meeting**

**Wednesday, Nov. 5, 2014**

8:30 a.m. – 4:30 p.m.

The James B. Henry Center for Executive Development
3535 Forest Road, Lansing

Information about the program will be sent to MCC member and partner organizations and posted at [www.michigancancer.org](http://www.michigancancer.org) as it becomes available.

Please note: MCC Annual Meetings are open to representatives of all MCC member and partner organizations, as well as other interested comprehensive cancer control stakeholders.

For more information, contact the MCC at 877-588-6224.
American Cancer Society Cancer Action Network Update

Submitted by Judy Stewart, Director, State Government Relations

STATE UPDATE

E-Cigarettes

E-cigarettes are the latest and least understood product among the vast array of new and evolving tobacco offerings hitting the market. E-cigarettes work by allowing users to inhale vapor laced with nicotine and other substances through a device that looks and behaves much like a cigarette. Yet other than the basic mechanics of the devices, very little is known about these new and suddenly ubiquitous products. They’re unregulated and unproven either for regular use or, as many manufacturers claim, as a way for smokers to quit.

That’s why it’s concerning that Michigan lawmakers are considering legislation that would grant these new and unproven products special status under our current tobacco laws. The legislation, which ostensibly prohibits sales of these e-cigs to minors, does a lot more than what it seems. As written, the bill could allow e-cigarettes to be exempt from proven and effective tobacco control laws. Two of the bills passed a Senate committee on February 13th unanimously despite opposition from ACS CAN.

FEDERAL UPDATE

The American Cancer Society and ACS CAN joined the American Diabetes Association and American Heart Association to file an “amicus” (or friend-of-the-court) brief in a lawsuit supporting the availability of tax credits to people who buy a health plan in the federal marketplace. The organizations issued a joint media statement explaining the importance of tax credits to making coverage more affordable and improving access to lifesaving care.

A total of four legal challenges have been filed that assert that Congress intended for the ACA to provide tax credits in state-run exchanges only. Federal district court judges in two of those cases, including the one being appealed to the court in which our amicus brief was filed, ruled that the ACA was written to make tax credits available in all marketplaces.

Implementing a Client Reminder Intervention for Colorectal Cancer Screening at a Health Insurance Worksite – Community Case Study

The Michigan Department of Community Health’s Colorectal Cancer Control Program and Comprehensive Cancer Control Program work to increase cancer screening rates through population health interventions and clinical services for the underserved. This partnership also includes organizations such as the Michigan Cancer Consortium (MCC) and resulted in a project aimed at increasing colorectal cancer screening rates.

The project had 2 primary objectives: 1) develop a collaborative partnership with one (1) Michigan Cancer Consortium organization in which to pilot the intervention and 2) increase colorectal cancer screening rates by implementing a client reminder intervention and measuring the increase in screening rates.

A partnership was established with HealthPlus of Michigan. Of the 95 HealthPlus employees and spouses who received the intervention, 15 completed screening, accounting for a 16% increase in the screening rate. The project was considered successful because both of its objectives were achieved.

Source: an abstract from a journal article illustrating MCC collaboration; full article at: http://dx.doi.org/10.5888/pcd11.130276.
Abstract: Using a Statewide Collaborative Approach to Improve Tobacco Cessation Referral Rates for Cancer Patients

Purpose – Though tobacco use by cancer patients is associated with poor therapeutic outcomes, most oncologists do not regularly provide tobacco cessation support for cancer patients. The purpose of this study was to determine if dedicated statewide services could substantially enhance delivery of evidence based cessation support to broad cancer patient populations across many oncology clinics.

Methods – The Michigan Oncology Quality Consortium (MOQC) collaborated with the Michigan Department of Community Health and the Michigan Cancer Consortium to identify and address tobacco cessation support that could be improved for cancer patients. A statewide Tobacco Cessation Demonstration Project was developed to reduce patient barriers to access by increasing education, identifying all cancer patients who use tobacco, referring them to the Michigan Tobacco Quitline, and providing funding for free Quitline telephone counseling services and nicotine replacement therapy for cancer patients. Reported are results in 19 clinical practices.

Results – Implementation of this project resulted in tobacco assessments in more than 98% of patients and increased tobacco cessation referral rates for participating practices from 15% in May 2013 to over 60% in July and September of 2013 ($p < .001$). Total statewide referrals to the Quitline increased by between 32% and 60% over the first 6 months, with an increasing proportion of patients (between 31% and 50%) being cancer patients referred by MOQC participating sites.

Conclusions – Reducing patient barriers to access to tobacco cessation services and supplying clinic teams with scientific evidence, standard workflows, and lean tools improved the referral rate to a tobacco cessation program for oncology patients. Critical factors for success included strong physician leadership, adoption of an auto referral process, and front line staff accountability for identifying all patients who use tobacco and assessing their tobacco cessation status at subsequent clinic visits.

Abstract submitted to American Association for Cancer Research by: Jane Severson¹, Hilary Baca², Douglas Blayney¹, Karen Brown³, Gracey Galiyas¹, Mara Minasian¹, Joan Schmidt¹, Anna Schulze², Graham Warren². ¹Michigan Oncology Quality Consortium, Ann Arbor, MI; ²National Jewish Health, CO; ³Michigan Department of Community Health, MI; ⁴St. Joseph Mercy Health System Cancer Center, MI; ⁵Michigan Public Health Institute, MI; ⁶Medical University of South Carolina, SC
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March is National Colorectal Cancer Awareness Month.
# April

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Note: Click here for more information on all activities listed for April 2014.