Medicare to Cover Annual Lung Cancer Screening for Some Beneficiaries

For the first time, Medicare will cover the costs of lung cancer screening for some beneficiaries, the Centers for Medicare and Medicaid Services (CMS) announced on February 5. The coverage applies only to screening with low-dose computed tomography (LD-CT) in beneficiaries considered to be at increased risk based on their smoking history.

"This is an important new Medicare preventive benefit since lung cancer is the third most common [non-skin] cancer and the leading cause of cancer deaths in the United States," said Patrick Conway, M.D., CMS chief medical officer and deputy administrator for innovation and quality.

The National Coverage Decision (NCD) on lung cancer screening was largely based on the results of the NCI-sponsored National Lung Screening Trial (NLST), which found that participants screened with LD-CT had an approximately 16 percent reduced risk of dying from lung cancer compared with those screened with a standard chest x-ray.

To be eligible for Medicare screening coverage, beneficiaries have to meet criteria similar to those that were required for participation in NLST. Beneficiaries must:

- be between the ages of 55 and 77;
- be either a current smoker or have quit smoking within the last 15 years; and
- have a tobacco smoking history of at least 30 pack years, which is an average of one pack a day for 30 years.

Under the coverage policy, beneficiaries must receive a written order for screening from a physician or qualified non-physician practitioner. And before the first screening, beneficiaries must also receive counseling and take part in a shared decision making visit with the clinician or practitioner who wrote the order.

Both radiologists and radiology facilities must also meet specific criteria in order to be reimbursed for screening procedures. Facilities, for example, must collect and submit data for each screening they perform to a CMS-approved registry.

"The NLST was a landmark cancer screening clinical trial and, as this decision by CMS demonstrates, our research can help policy makers make informed decisions that directly affect public health," said Barry Kramer, M.D., director of NCI's Division of Cancer Prevention. "NCI continues to support studies that analyze data collected during the NLST to try to better understand the impact of lung cancer screening in people at high risk."

These studies include research on the effect of screening on participants' smoking behavior and the extent of lung cancer "overdiagnosis," Dr. Kramer noted.

Further details on the coverage policy are available in the full NCD. NCI also has a comprehensive Q&A on NLST and its findings, as well as a Physician and Patient Guide that explains the benefits and harms of LD-CT screening for lung cancer.

Source: National Cancer Institute (NCI) Update, February 6, 2015, NCI Staff
March is National Colorectal Cancer Awareness Month
Two Resources to Improve Your Awareness Activities!

1) 80% by 2018 Communications Guidebook: Effective Messaging to Reach the Unscreened

As part of the 80% by 2018 national campaign, the National Colorectal Cancer Roundtable recently released a guidebook to increase colorectal cancer screening: **80% by 2018 Communications Guidebook: Effective messaging to reach the unscreened**. The Guidebook, based on new market research from the American Cancer Society with guidance from the National Colorectal Cancer Roundtable Public Awareness Task Group, is designed to help educate, empower and mobilize three key audiences who are not getting screened for colorectal cancer.

- The **newly insured**
- The **insured, procrastinator/rationalizer**
- The **financially challenged**

Click here to access this new resource, **80% by 2018 Communications Guidebook: Effective messaging to reach the unscreened**.

The guidebook provides [infographics, banner ads, social media messages](#) and other tools to address increasing screening rates. Also included are specific steps that hospitals, insurers, employers, community organizations, and primary care doctors can take to advance 80% by 2018.

2) MIYO – Make It Your Own

Evidence-based small media created on [MIYO’s website](http://www.miyoworks.org/home) has been useful with increasing colorectal cancer screening rates. It’s simple and free to create postcard reminders, posters, and other small media with MIYO:

- Choose from evidence-based interventions
- Easily customize with targeted images, messages, and designs
- Share what you’ve created with your target audience

Check out MIYO at: [http://www.miyoworks.org/home](http://www.miyoworks.org/home). It’s easy to sign-up and begin creating proven health communication pieces to better reach the audience you have in mind.

### HPV Vaccine Resources Available For You

The following printed adolescent materials are available for order, free-of-charge, in multiple languages:

- [Tips for Talking with Parents about HPV Vaccine](#)
- [HPV Fact Sheet with Personal Story](#)
- [HPV Vaccine Against Cancer Poster](#) (11" x 17")
- [Close the Door to Cancer Poster](#) (11" x 17")
- [HPV Cancer Prevention Poster](#) (11" x 17")
- [A Parent’s Guide to Preteen and Teen HPV Vaccination](#) *(printed copies available in English, Arabic, and Spanish)*
- [HPV Vaccine: A Little Pain Is Worth The Gain](#)*
- [Teen Vaccines: Info for Parents](#) *(printed copies available in English, Arabic, and Spanish)*
- [Vaccinate Before You Graduate](#)*
- [HPV Brochure](#)
- [Protect Preteens and Teens from Serious Diseases Brochure](#)

*Indicates materials are available for download in Arabic, Burmese, Chinese, Russian, and Spanish.

To order these materials for use in your practice, visit [www.healthymichigan.com](http://www.healthymichigan.com) and click on “enter site” and “immunizations.” Simply add the number of materials you would like to order under each poster in the “add” box and click “check out.” Materials will be shipped to you free-of-charge at the address you indicate.

Additional materials are available for download at [http://www.aimtoolkit.org/health-care/adolescents.php](http://www.aimtoolkit.org/health-care/adolescents.php). Any of these materials can be printed and used in your office.
Michigan Cancer Genetics Alliance Corner

New Tools to Assess Family History Risk for Hereditary Cancers Linked to Lynch Syndrome

Submitted by Michigan Cancer Genetics Alliance

March is National Colorectal Cancer Awareness Month. March 22nd is recognized as Lynch Syndrome Hereditary Cancer Awareness Day. Lynch syndrome (LS), also known as hereditary nonpolyposis colorectal cancer (HNPCC), is an inherited condition associated with higher risks of developing colorectal, endometrial, pancreatic, ovarian, urinary tract, and other types of cancer. Approximately 1 in every 35 colorectal cancer patients has the disorder. This month, Michigan will be promoting the importance of LS screening for newly-diagnosed colorectal cancer patients and their families, in line with the Healthy People 2020 genomics objective.

Patients who may benefit from genetic screening to assess their risk of LS are identified using detailed family health histories, which require significant outlays of time and personnel. Screening tools that are accurate, efficient and cost-effective would help increase the number of appropriate referrals for genetic testing. In two separate studies, self-administered risk assessment tools were evaluated for their performance in screening patients for certain hereditary cancers linked to LS. In an article in Gynecologic Oncology, Lua Eiriksson and colleagues present a 4-question tool called the brief Family History Questionnaire (bFHQ). The researchers used the bFHQ to identify endometrial cancer patients who may be at risk for LS. In their report in Genetics in Medicine, W. Gregory Feero and colleagues discuss their initial evaluation of a software algorithm developed to provide an assessment about personal risk for colorectal cancer based on family history. The algorithm was programmed for and is currently available as a component of the US Surgeon General’s software My Family Health Portrait (MFHP), a web-based tool for collecting family history information.

Both the bFHQ and the MFHP were designed to be self-reported by patients, and rely on personal and family histories to identify individuals who may benefit from further genetic evaluation. The studies found that these self-administered tools performed at least as well as other screening methods used in primary care. The bFHQ and MFHP are not intended to be diagnostic and do not replace genetic counseling by qualified professionals. However, the tools emphasize the active involvement of patients in screening for their risk of hereditary cancers which is in line with current trends in consumer-oriented technology. The MFHP also provides a printable document with risk-specific information that users can take to their health care providers. Ultimately, the time and effort required to gather a patient’s family health history may be greatly reduced.

Similar to the MDCH’s hand-held Cancer Family History Guide available to health professionals, these tools have the potential to help simplify the risk assessment process for patients and their families. With further refinement and validation, patient-administered screening methods may increase public awareness, empower potentially at-risk individuals to initiate conversations with their health care providers, and improve the efficiency of the cancer genetic screening process. To receive the Cancer Family History Guide and other resources from the MDCH, click here for the order form. For a directory of clinics providing genetic counseling in Michigan, visit the MCGA website.

References:

Welcome New MCC Member Organizations!

Michigan Center for Rural Health - http://www.mcrh.msu.edu/
The Michigan Center for Rural Health (MCRH) is the only state organization dedicated solely to improving the health of Michigan’s rural residents. The MCRH plays a key role in rural health care by assisting in the creation and implementation of partnerships among non-profit groups, health departments, hospitals, government, and academia to create new opportunities in quality of care, recruitment, and retention of health care providers, distance education, and emergency medical services. Please view this website as an information site for rural health programs and activities. In addition, there are links to other valuable web sites. The Michigan Center for Rural Health is your single point of contact for rural health care issues and questions.

Gilda’s Club Metro Detroit - http://www.gildasclubdetroit.org/
Gilda’s Club Metro Detroit provides a social and emotional support program for men, women, teens and children living with cancer and their families and friends in a nonresidential, home-like setting. There is no cost to participate in the program. Program components include:

- Support groups for people living with cancer and family members on cancer-specific topics (such as Young Adults with Cancer, Women of Color, Multiple Myeloma, Breast Cancer, etc.)
- Education lectures on a variety of cancer-related topics.
- Workshops (such as yoga, beading, colored pencils, quilting, guided imagery, Gilda’s Singers, Stringers, ukulele group, etc.)
- Children and teen specific activities and groups.
- Bereavement support groups.
- Social events (monthly Coffee House, special occasions, holiday parties etc.)

The Important Role of a Strong Recommendation from Clinicians for HPV Vaccination

Evidence supports the importance of a strong recommendation from clinicians:

- A strong recommendation from clinicians is the best predictor of vaccination (Holman et al., 2014).
- Younger adolescents are less likely to receive a strong recommendation than older adolescents, and boys are less likely to receive a strong recommendation than girls (Allison et al., 2013).
- Parents value the HPV vaccine, but clinicians underestimate the value that parents place on HPV vaccine. Clinicians may not recommend the HPV vaccine as strongly as other vaccines because of these assumptions (Healy et al., 2014).

In Michigan, ≥ 1 dose HPV vaccine coverage was higher among boys who received a recommendation vs. those who did not (45.5% vs. 17.3%). A higher proportion of girls received a recommendation for HPV vaccine than boys (71.0% vs. 45.7%).


Save the Dates!

2015 MCC Meetings

Board Meetings
Wednesday, March 25
Wednesday, June 24
Wednesday, September 9

Annual Meeting
Wednesday, November 4

Please note: MCC 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.