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MDHHS Comprehensive Cancer Control Unit Announces Request For Proposal

The Comprehensive Cancer Control Unit within the Michigan Department of Health and Human Services (the Michigan Department of Community Health and the Michigan Department of Human Services recently merged) is pleased to announce a Request For Proposal (RFP) for Cancer Control Community Implementation Projects, 2015-2017.

Click here for RFP Announcement.

RFP details include:
- RFP Notice of Intent (requested but not required) – due Tuesday, June 30, 2015
- Proposals due – Friday, July 31, 2015, 12:00 Noon EST
- Grantees notified of award – September 18, 2015
- Contracts start – November 1, 2015
- For other details, view the RFP in its entirety

RFP components include Comprehensive Cancer Control, Colorectal Cancer Control, and Breast and Cervical Cancer Control. Eligible applicants are allowed to apply for funding in more than one component, however one application per component is the limit.

Eligible applicants include Michigan-based organizations serving Michigan residents. This includes, but is not limited to:
- Public health departments
- Health systems
- Community-based organizations
- Michigan Cancer Consortium members

The RFP’s purpose is to increase local implementation activities for cancer prevention and control as well as breast, cervical, colorectal, and lung cancer screening. By working together and utilizing evidence-based strategies, strides can be made to reduce cancer morbidity and mortality, and also improve cancer survivorship, in Michigan communities.
Annual County Health Rankings and Roadmaps

The annual County Health Rankings and Roadmaps measure vital health factors, including high school graduation rates, obesity, smoking, unemployment, access to healthy foods, the quality of air and water, income, and teen births in nearly every county in America. The annual Rankings provide a revealing snapshot of how health is influenced by where we live, learn, work and play. They provide a starting point for change in communities. The Roadmaps provide guidance and tools to understand the data, and strategies that communities can use to move from education to action. The Roadmaps are helping communities bring people together from all walks of life to look at the many factors that influence health, focus on strategies that we know work, learn from each other, and make changes that will have a lasting impact on health.

Oral Cancer Awareness Update

Submitted by Susan Deming, Oral Health Section, Michigan Department of Health and Human Services

According to the Oral Cancer Foundation, over 45,000 Americans will be diagnosed with oral cancer and 8,600 will die this year. In Michigan, there were 1281 new cases of oral cancer diagnosed in 2012. As rates of oral cancers due to alcohol and tobacco use drop, rates of oral cancers in younger people, which are linked to HPV, have increased.

In Michigan, 303 people died from oral cancer in 2013. Early detection is key to more favorable survival rates. Public awareness and education can play an important role in decreasing the death rate associated with this disease.

Oral cancer is described as any cancerous tissue growth located in the mouth, tongue, lips, throat, parts of the nose, or larynx. As with other cancers, in the early stages of oral cancer's development, there often is no pain or any physical sign that is obvious to an individual; some symptoms can be very subtle which is why oral cancer screenings are so important.

Human papillomavirus 16 or HPV16 is a contributing factor to the increase in oral cancer incidence. HPV16 is the form of HPV often associated with the onset of head and neck cancers (oropharyngeal). HPV is an infection that can be transmitted through sexual contact and saliva. It is estimated that over half of all oral cancers are associated with HPV lesions. From a January 2015 study, it was found that HPV infection seems to last a year or longer in men over the age of 45 than it does in younger men.

Routine vaccination with three doses of HPV vaccine is recommended for all 11- and 12-year-old boys and girls. The vaccines can be given as early as 9 years of age. Catch-up ages for girls are from 13-26 years and 13-21 years for boys. If your son or daughter did not receive the vaccine at the recommended ages, they may still be eligible for doses up through the higher age limit.

For the HPV vaccine to work best, it is very important to get all three doses. The vaccine produces better immunity to fight infection when given at the younger ages compared to the older ages.

Tobacco use in all of its forms and alcohol are still major risk factors for oral cancer. Another risk factor is being male. Twice as many men than women develop oral cancer. Those with poor oral hygiene or those with more difficult access to routine oral cancer screenings, are also at higher risk.

To learn more about oral cancer please visit http://www.michigancancer.org/Resources/OralPV.html
Informed Consent for Genetic Testing: A Resource for Patient Education and Provider Compliance with Michigan Law

New cooperative agreement with CDC aims to increase adoption of cancer genomics best practices

Submitted by Maricar Macalincag, MDHHS Cancer Genomics Program

The Cancer Genomics Program of the Michigan Department of Community Health (now the Michigan Department of Health and Human Services or MDHHS) was awarded a new cooperative agreement by the Centers for Disease Control and Prevention (CDC). The five-year project, entitled “Promoting System Changes through Education, Surveillance and Policy to Advance Cancer Genomics Best Practices in Michigan,” aims to enhance existing state resources to reduce the incidence and mortality of hereditary cancers, especially breast cancer (at a young age), ovarian cancer and colorectal cancer, through the adoption of cancer genomics best practices (Figure 1).

One of these best practices is appropriate hereditary cancer DNA testing with prior genetic counseling and written informed consent, as recommended by state law. Baseline data from a 2012-2013 study conducted by MDHHS Cancer Genomics showed that only 25% of health care providers who ordered cancer genetic testing for hereditary breast and ovarian cancer (e.g., BRCA 1 and 2) obtained written informed consent from their patients. There is, therefore, great room for improvement.

Michigan Law on Informed Consent for Genetic Testing

Beginning in 2000, Michigan’s Public Health Code1 has required that health care providers obtain written, informed consent from their patients prior to conducting pre-symptomatic or predictive genetic testing. The law specifies that being “informed” means that the provider has explained and that the patient understands the following: 1) the nature and purpose of the genetic test, 2) its effectiveness and limitations, 3) medical risks, benefits and other implications of taking the test, 4) potential future uses of the biological sample and the information obtained from the test, 5) how patients will be notified of the results and what they mean, 6) and who will have access to, and the patient’s rights to confidentiality regarding the biological sample and the information generated by the test. Providers are responsible for ensuring that the consent form they provide their patients meets the requirements of this law.

MDHHS’s Patient Information Booklet and Informed Consent Form

To comply with the law and assist health care providers, MDHHS disseminates a booklet, “Informed Consent for Genetic Testing: Patient Education Information for Use with the Michigan Model Consent Form for Genetic Testing.” The booklet was recently revised, with input from genetic counselors, oncologists and other experts, to reflect the latest developments in clinical genetics. Revisions include new sections about the purpose of genetic testing, and secondary or incidental findings, and expanded information about predictive, pre-symptomatic and diagnostic tests, and what results may mean for the next or future generations of the family and other relatives who may be at risk for the condition being tested. The booklet will be available online at www.michigan.gov/genomics.

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American College of Radiology Lung Cancer Screening Registry

The ACR Lung Cancer Screening Registry™, which is under development, is now approved by the Centers for Medicare and Medicaid Services (CMS) to enable providers to meet quality reporting requirements to receive Medicare CT lung cancer screening payment.

Registry structure will be based on Lung-RADS™. Final data element specifications for the registry and measure definitions are available on the website. Enrollment should be available later this spring.

Anticipated Timeline:
- Open for registration: May 2015
- Pilot facilities: May-June 2015
- Data submission: Summer 2015 (and data may be submitted retroactively on exams performed starting January 1, 2015)
- First feedback reports: Fall 2015

Source: American College of Radiology Lung Cancer Screening Registry webpage

MDHHS Cancer Section Public Education Update

The Michigan Department of Health and Human Services (MDHHS) Cancer Prevention and Control Section will provide public education updates to Michigan Cancer Consortium membership regarding public education campaigns and related resources that will complement and support other related cancer activities taking place statewide.

During the months of April and May, MDHHS Cancer Section is conducting a comprehensive public education campaign aimed at increasing overall screening for breast, cervical, and colorectal cancer. The campaign includes airing a TV PSA “Excuses” statewide on public TV and cable, a Google search feature, and interactive display ads strategically placed on websites aimed at the specific target population. Check out the “Excuses” PSA here: https://www.youtube.com/watch?v=LA3SuZ8iaR8

As a reminder the MDHHS Health Promotions Clearinghouse offers free materials including information on cancer and immunizations (including Human Papillomavirus or HPV). Check out and order these excellent resources at: http://www.hpclearinghouse.org/preshowcatagories.cfm

Save the Date!

2015 MCC Meetings

Board Meetings
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.
USPSTF Releases Mammography Draft Recommendations; Seeks Comments from the Public

On April 21, 2015, the U.S Preventive Services Task Force (Task Force) posted a draft recommendation statement and draft evidence documents on screening for breast cancer. The Task Force, an independent, volunteer panel of experts in preventive care and evidence-based medicine, reviewed scientific data about the benefits and harms associated with breast cancer screening, and posted a draft recommendation statement based on that evidence.

To access the draft recommendation statement, go to; http://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementDraft/breast-cancer-screening1

This opportunity for public comment expires on May 18, 2015, at 8:00 PM EST.

The U.S. Preventive Services Task Force (USPSTF) assigns one of five letter grades (A, B, C, D, or I). For information on the grade definitions, go to: http://www.uspreventiveservicestaskforce.org/Page/Name/grade-definitions

Draft Recommendations by Age:

50 – 74 The Task Force found that the benefit of mammography screening increases with age, with women ages 50 to 74 benefiting most. Women get the best balance of benefits to harm when screening is done every two years. (This is a B recommendation.)

40 – 49 Recommends informed, individualized decision-making based on a women’s values, preferences, and health history. (C recommendation.)

75 and older More research needed. Current science is inadequate to recommend for or against. (I recommendation.)

“Mammography is an important tool in reducing the number of breast cancer deaths. Based on the evidence, the Task Force found that screening is most beneficial for women ages 50-74,” said Michael L. LeFevre, MD, Task Force immediate past chair. “The evidence shows that screening women age 40 to 49 is beneficial as well, but fewer women will avoid a breast cancer death by screening at this age. The number of women who experience a false positive result and unnecessary testing is actually higher. Women who place a higher value on the potential benefit than the potential harm may choose to begin screening between the ages of 40 and 49.”

Public feedback on the draft recommendations can be made by May 18. Visit www.screeningforbreastcancer.org to learn how to submit comments. The Task Force developed additional materials to help health care professionals, stakeholders, and the public understand and communicate about these draft recommendations. These materials include a video, answers to frequently-asked questions, fact sheets, and graphics. They are available at www.screeningforbreastcancer.org.

Source: USPSTF Bulletin, U.S. Preventive Services Task Force – An independent, volunteer panel of national experts in prevention and evidence-based medicine
**Bring Your Brave**

**CDC’s New Digital Ad Campaign About Breast Cancer in Young Women**

The Division of Cancer Prevention and Control at CDC is in the process of recruiting women to feature in our new digital ad campaign about breast cancer in young women called *Bring Your Brave*. We are seeking women to share their compelling stories about exploring family history, breast cancer risk and prevention, and breast health. The goals of the campaign are to motivate young women to learn their risk for breast cancer, including their family history, and to encourage these women to engage in conversations about their risk with their health care provider.

As a partner with us in cancer prevention, we would very much appreciate it if you would share this request for assistance with your partners, members or constituents.

Should you know of any women whom you feel would be a good candidate for this campaign, please refer them to [www.cdc.gov/BringYourBrave/casting](http://www.cdc.gov/BringYourBrave/casting) for further information or have them call (202) 729-4099. They need to respond no later than May 15, 2015, if interested in being considered for the campaign and fit the criteria. Anyone referred to the CDC will be treated with respect and sensitivity.

We are looking for stories from women ages 18-44 who:

- Found a lump or abnormal change in their breast that turned out not to be breast cancer.
- Have a mother, sister, or first cousin who had breast cancer before the age of 50 and is BRCA+.
- Have a family history of breast and/or ovarian cancer.
- Have undergone genetic counseling and testing, and fit at least one of the following criteria:
  - Have had breast cancer and have a BRCA gene mutation.
  - Have a family history of breast or ovarian cancer and have a BRCA gene mutation.
  - Are of Ashkenazi Jewish heritage and have a personal or family history of breast cancer.

We are also looking for stories from women of any age who:

- Have been diagnosed with breast cancer before age 50, have a BRCA gene mutation, AND have a daughter age 18 through 40. Both women must be willing to share their story about hereditary cancer, learning about family history, and having a BRCA gene mutation.

Source: CDC *Bring Your Brave* Recruitment Letter, April 2015

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**Information from Breast Density Panel Discussion**

A *Breast Density Legislation Panel Discussion* was held at the March 25, 2015 meeting of the Michigan Cancer Consortium Board of Directors.

Bruce Matkovich, Manager Radiation Section at LARA; Dr. Renee Pinsky, Radiologist at UMHS; and Dr. William Baer with Grand Valley Medical Specialists each presented. Below are links to some of the Breast Density Documents and Resources:

- [Dr. Renee Pinsky Slides](#)
- [MCC Breast Density Fact Sheet for Providers](#)
- [Breast Density Patient Brochure](#)
- [Breast Density Patient Notification Requirement: LARA Information](#)

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