



Bond Falls, near Paulding (Photo courtesy of www.michigan.org)

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Quick News & Links:

- [Increased physical activity associated with lower risk of 13 types of cancer](#)
- [New FDA regulations on e-cigarettes a "mixed bag"](#)
- [Cheat Sheet for Women's Cancer Screenings and Good Health](#) (CDC)
- CDC's newly updated [Breast Cancer Website](#) a great resource!
- CDC Skin Cancer Media Resources [Podcast](#) – 5/18/2016
- [CDC radio](#) – 2 radio PSAs 5/18/2016 (for use locally)

[MCC Calendar of Events](#)



Financial Burden of Cancer Treatment Runs Deep

Although the financial toxicity of cancer treatment has made headlines, cancer patients and their oncologists infrequently discuss financial issues, according to a new study. The study found that fewer than half of patients discussed financial concerns in their first meeting with their medical oncologist and that indirect costs of cancer treatment, such as time off work, are very important to patients.

"I would like for all patients to have the opportunity to discuss costs with their oncologist or other providers," said lead investigator Lauren Hamel, PhD, an assistant professor of oncology in the Population Studies and Disparities Research Program at Wayne State University/Karmanos Cancer Institute, in Detroit. Dr. Hamel presented the study at the 2016 ASCO Quality Care Symposium (abstract 178).

In recent years, the financial toxicity of cancer treatment has garnered attention. A 2013 study found that cancer patients were 2.65 times more likely to go bankrupt than people without cancer. Financial problems can hinder quality care by encouraging patients to spread out chemotherapy appointments, decline tests, delay care and be generally nonadherent to their prescribed treatment.

At some hospitals, social workers serve as "financial navigators," working closely with patients and oncologists to obtain financial assistance from pharmaceutical companies, the government, foundations and hospitals themselves, and to make sure patients understand their health insurance options.

To fill this knowledge gap, researchers led by Dr. Hamel analyzed video recordings of the clinical interactions of 114 black patients and their medical oncologists (n=19), who were meeting for the first time to discuss treatment. Part of a larger study, the videos were made at two urban cancer centers in Detroit, including a National Cancer Institute–designated comprehensive cancer center and an academic medical center. The researchers focused on black patients because racial minorities, on average, are disproportionately affected by the financial burden of cancer treatments. The investigators analyzed the videos for any verbal expression of costs, including direct expenses, such as paying for scans, and indirect expenses, such as time off work. They focused on whether a conversation took place, the topic, how it was initiated and how long it lasted. **Continued – Page 2**

Cancer Action Councils Being Created in Wayne County: Interested Individuals Can Submit Application

Wayne State University and Barbara Ann Karmanos Cancer Institute researchers are working on a project that ultimately strives to reduce rates of cancer incidence, late-stage diagnoses and cancer deaths in minority populations in Detroit and within Wayne County by identifying specific needs in those populations with cancer.

To help fulfill these aims, three Cancer Action Councils (CACs) are being created and will be situated in different parts of Wayne County, with members working to identify specific cancer needs in their respective communities. **CAC members will be selected based on their personal connections with cancer – either because they are a cancer patient, a caregiver of someone with cancer, or represent an organization that assists cancer patients.**

CACs seek to increase the capacity among community stakeholders to engage as partners of patient-centered outcomes research. Other aims of this project include building trusting, collaborative and mutually beneficial relationships between community stakeholders and cancer researchers, and identifying cancer-specific patient-centered outcomes research priorities based on stakeholder input.

Individuals interested in joining a Cancer Action Council can submit their application to www.DetroitHealthLink.org by July 1, 2016.

Financial Burden of Cancer Treatment Runs Deep

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Cost discussions occurred in 44% of visits, and patients were more likely to initiate discussions than oncologists (61% vs. 38%). Costs were mentioned one to six times during a visit, and discussions lasted, on average, about 35 seconds. Patients were most likely to bring up time off work as a concern, and clinicians were more likely to bring up insurance-related issues.



“In this sample, the majority of the discussions were initiated by the patient. The takeaway is that cost is on patients’ minds, and some patients are initiating and some aren’t,” said Dr. Hamel. “Clinicians should give patients the opportunity to discuss treatment costs and ask them, ‘Do you have any questions about how much this might cost and how this might impact you economically?’ Remember that different patient populations may be dealing with different financial and economic issues.”

According to Anthony Back, MD, the director of the Program in Cancer Communication at the Seattle Cancer Care Alliance and Fred Hutchinson Cancer Research Center, in Seattle, clinicians need to tackle the financial burden stemming from cancer treatment. “Oncologists have to take this on, because it is such a huge issue for patients,” he said. “Patients are making big decisions about whether or not they can balance treatment with the responsibility they have to their families because of the financial burden. I think it is interesting to see that time off work is actually the most common financial burden that patients mention. That makes perfect sense to me as a practicing oncologist.”

Article source: [Clinical Oncology News, Kate O'Rourke, May 13, 2016](#)

American Cancer Society Cancer Action Network Update

Submitted by Andrew Schepers, Michigan Government Relations

This legislature is starting to wind down to their summer recess leaving the budgets as the final piece to solve before they go. This year combined funding for cancer and tobacco prevention was just over \$2 Million. During this time, the American Cancer Society (ACS) Cancer Action Network (CAN) has continued to educate the legislature about both the importance of tobacco prevention and cancer prevention and control.

ACS CAN in April had their annual legislative day to discuss the two critical issues on ACS CAN's Michigan agenda. The first was an increase in the tobacco taxes and regulating e-cigarettes as traditional tobacco products. The second issue was creating fairness for the costs of oral and intravenous (IV) chemotherapy agents for cancer patients around Michigan. Senate bill 625 would provide fairness for patients when trying to obtain an oral chemotherapy prescription by limiting the costs to \$100 or making the costs in parity with IV chemotherapy drugs.

ACS CAN representatives enjoyed 130 visits with House and Senate members to discuss these critical issues. Our visits with lawmakers came at a great time as it coincided with the movement of Senate bill 625 out of the Senate Insurance Committee by a vote of 7 to 0 and out of the Senate by a vote of 36 to 1. The legislation is now in the House Insurance Committee. ACS CAN is working with the chairman and other coalition members for a hearing as soon as possible. ACS CAN will be working throughout the summer to educate members of the House Insurance Committee on the critical importance of this bill and to send it to the Governor for his signature.

Finally, the United States Food and Drugs Administration released their final rules concerning the FDA's authority to regulate e-cigarettes, hookah, cigars and any emerging tobacco product. These rules do not allow those under the age of 18 to use these products. Warnings have to be posted on the e-cigarettes and their components and ingredients need to be filed with the FDA as well. The new rules did not address the marketing and flavors of the e-cigarettes and ACS CAN continues to work to make this happen. As always if you have any questions please do not hesitate to contact Andrew Schepers (andrew.schepers@cancer.org).



ACS CAN supporters and partners gather in the state capitol rotunda.

Young LGBT Adults Are Target of FDA Stop-Smoking Campaign

The U.S. Food and Drug Administration has announced the launch of a historic public education campaign aimed at preventing and reducing tobacco use among lesbian, gay, bisexual and transgender (LGBT) young adults ages 18-24. Of the more than 2 million LGBT young adults in the U.S., more than 800,000 smoke occasionally. The “This Free Life” campaign is designed to specifically reach the occasional or “social” smokers in the LGBT community to help prevent tobacco-related disease and the loss of tens of thousands LGBT lives to tobacco use each year.



“We know LGBT young adults in this country are nearly twice as likely to use tobacco as other young adults,” said Mitch Zeller, J.D., director of the FDA’s Center for Tobacco Products. “We want LGBT young adults to know that there is no safe amount of smoking. Even an occasional cigarette can have serious health implications and lead to addiction.”

“This Free Life” launched in 12 markets in the U.S. in early May using print, digital and out-of-home ads, as well as outreach at the local level to showcase tobacco-free behaviors and attitudes within the LGBT community. The new campaign is part of the FDA’s ongoing efforts to prevent death and disease caused by tobacco use and will complement the agency’s at-risk youth education campaigns.

Source: [FDA news release. May 2, 2016](#)

Study: Many Breast Cancer Patients Try Alternative Medicine First

Women with early stage breast cancer who turn to alternative medicine may delay recommended therapy according to a [new study](#). Earlier studies have shown that timely initiation of breast cancer chemotherapy is associated with better breast cancer survival.

Upcoming MCC award nominations...

Who Will You Nominate?

The [MCC Spirit of Collaboration award](#) nomination process is right around the corner. Now is a great time to think about community or research based collaborative projects that you might nominate. Give specific thought to activities that support the MCC priorities:

- Increasing HPV screening rates
- Increasing colorectal cancer screening rates
- Increasing participation of adults in cancer treatment clinical trials
- Increasing the number of adults diagnosed with cancer who reported receiving a care plan upon completing treatment for cancer.

Save the Dates!



MCC Board Meetings 2016

- Wednesday, June 22
- Wednesday, September 28

MCC Annual Meeting Wednesday, November 9

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.