Psychosocial Concerns of Posttreatment and Long-Term Lung Cancer Survivors

Although lung cancer is the deadliest type of cancer, survival rates are improving. To address the dearth of literature about the concerns of lung cancer survivors, the authors conducted 21 in-depth interviews with lung cancer survivors that focused on experiences during diagnosis, treatment, and long-term survivorship. Emergent themes included feeling blamed for having caused their cancer, being stigmatized as throwaways, and long-term survivors’ experiencing surprise that they are still alive, given poor overall survival rates. Survivors also desired increased public support. It is imperative for healthcare and public health professionals to learn more about needs of this population.

From the study: Lung cancer survivors described feeling blamed for having caused their cancer from many different sources, including society-at-large, healthcare providers, family and friends, and themselves. For example, one respondent described, as did many other respondents, having felt blamed by society for her cancer in a way that other cancer survivors—or even those with other preventable chronic diseases—are not:

I think I read this somewhere, that society, as well as your medical team—but more society—is sort of blaming when you get lung cancer…and this only adds to your distress…you’re being blamed for your terrible condition. I mean, people don’t blame you when your arteries are all clogged up and you’re fifty pounds overweight and so your heart [has problems]…no one blames you for all of those things. But in lung cancer, the one question always comes up: “Did you smoke?”

Related to feeling blamed, most respondents described having experienced stigma as a result of the perception that they had self-inflicted their cancer. Another respondent described a sentiment about feeling stigmatized common among ever- and never-smokers and associated the stigma with negative portrayals of lung cancer survivors:

Some people aren’t sympathetic to lung cancer because [they believe] you smoked, and that’s the general idea. It’s a dirty cancer, you know…when they’re showing pictures of [other cancer survivors, it’s obvious that]…they got cancer through no fault of their own. You see a picture of a person who has lung cancer, and most of them don’t look so good.

Link to article: http://dx.doi.org/10.1080/07347332.2015.1129010
New Cancer Survivorship Toolkit Just Released

The George Washington University Cancer Institute is pleased to announce the launch of a new toolkit to improve care for cancer survivors. The National Cancer Survivorship Resource Center Toolkit: Implementing Clinical Practice Guidelines for Cancer Survivorship Care, created in partnership with the American Cancer Society and the Centers for Disease Control and Prevention, provides guidelines for breast, colorectal, head and neck and prostate cancer survivors. The toolkit is designed for primary care providers, oncology professionals, patients and caregivers. Learn more about the toolkit and resources today.

Study: E-Cigarette Ads May Help Lure Teens to the Habit

The more ads for electronic cigarettes middle and high school students see, the more likely they are to use these devices, a new study finds. Many experts worry that e-cigarettes are merely a "gateway" product to addictive cigarette smoking.

"Since electronic nicotine devices have the potential to cause harm, result in nicotine addiction and lead to use of traditional cigarettes, advertisement of these devices should be regulated and limited, particularly ads that target youth," said Patricia Folan. She directs the Center for Tobacco Control at Northwell Health in Great Neck, N.Y.

The study can't prove cause-and-effect. However, the researchers found that U.S. high school students' use of e-cigarettes rose from 1.5 percent in 2011 to more than 13 percent in 2014. At the same time, e-cigarette use among middle-school students rose from 0.6 percent to nearly 4 percent.

According to the study, middle-school kids who said they very often viewed ads for "vaping" products had nearly triple the odds of taking up the habit, compared to similarly aged kids who "rarely" saw the ads. The risk of e-cigarette use doubled for high school students who said they very often saw the ads, compared to those who rarely viewed them, the study found.

Between 2011 and 2014, estimated spending on e-cigarette advertising rose from $6.4 million to $115 million a year, Singh's team added.

The researchers called for comprehensive tobacco prevention and control efforts that target all forms of tobacco use, including e-cigarettes, to reduce young people's exposure to e-cigarette ads and their use of the devices.

Folan agreed. "Giving the U.S. Food and Drug Administration the authority to not only restrict advertising of these products, but to also regulate their ingredients and manufacturing processes, is necessary to avoid youth exposure," she said.

Dr. Ron Marino is associate chair of pediatrics at Winthrop-University Hospital in Mineola, N.Y. He called the new study's findings "a no-brainer."

"We have known that advertising increases substance utilization for decades," he said. "The [e-cigarette] industry knows that they must get the youth started early or they will have lost their window of opportunity."

Bans on cigarette ads were "a giant step forward in the public health effort to decrease tobacco use among youngsters," Marino said.

Michigan Cancer Genetics Alliance Corner

What Next Generation Cancer Panel Testing in 10,000 Consecutive Patients is Revealing about Lynch Syndrome
Submitted by Michigan Cancer Genetics Alliance

Next-generation sequencing (NGS) has significantly decreased the cost of sequencing and has allowed rapid analysis of multiple genes simultaneously, improving our understanding of the genetic etiology of hereditary cancer. At the same time, however, the opportunity to analyze multiple genes at one time has introduced new challenges. There is an increased risk of identifying Variants of Unknown Significance (VUSs), which are variations in the gene whose effect on cancer risk is not currently known. Despite these limitations, large panels provide the possibility of finding an explanation for a family’s cancer history leading to more tailored patient management. Many patients and providers believe that this opportunity outweighs any potential drawbacks.

Since NGS panel testing began being offered commercially within the past 3 years, thousands of patients have been referred for hereditary cancer panel testing, providing significant data on the frequency of pathogenic (disease-causing) genetic variants by gene, gene panel, and cancer history. Panel testing has also furthered our understanding of various hereditary cancer syndromes including the most common cause of hereditary colon cancer, Lynch syndrome.

Lynch syndrome, formerly known as hereditary nonpolyposis colorectal cancer (HNPCC), accounts for up to 3-5% of colon cancer cases. It also increases the risk of cancer of the endometrium and ovaries in women. In fact, nearly half the time, a woman with Lynch syndrome will present with a gynecologic cancer as her initial cancer. In addition, Lynch syndrome increases cancer of the stomach and small bowel, as well as other areas. Lynch syndrome is inherited in an autosomal dominant manner and is caused by a genetic mutation in one of 5 genes including MLH1, MSH2, MSH6, PMS2, and EPCAM.

Results from the largest series of patients undergoing NGS cancer panel testing have recently been reported, and reveal some interesting findings with respect to Lynch syndrome and its associated cancers, including:

- Among women with ovarian cancer (with no known previous BRCA1/2 testing) who tested positive through a NGS panel, 14.3% had a pathogenic variant in one of the Lynch syndrome genes.
- Among women with endometrial cancer who tested positive through a NGS panel, 60% had a pathogenic Lynch syndrome gene variant, most commonly in MSH6.
- Among women with both an ovarian cancer primary and endometrial cancer primary (with no known previous BRCA1/2 testing) with positive findings, 66.7% had a pathogenic Lynch syndrome gene variant.
- The Lynch syndrome colorectal cancer panel had the highest yield among all panels, despite fewer genes on the panel. This is believed to be due in part to universal Lynch syndrome screening, through microsatellite instability (MSI) and immunohistochemistry (IHC), helping to direct more targeted gene testing. To learn more about universal screening for Lynch syndrome, please visit [www.lynchscreening.net](http://www.lynchscreening.net).

Importantly, a significant proportion of the positive results following NGS panels were in genes that were not typically associated with the referring diagnosis. For example:

- The yield in Lynch syndrome genes among breast cancer patients was higher than expected.
- BRCA1/2 accounted for 9.7% of pathogenic variants identified in individuals with colon cancer. Similarly, over 11% of the positive findings among women with endometrial cancer were in BRCA1/2.

As NGS panel testing continues to supplant traditional single gene and single syndrome genetic testing, it will undoubtedly improve our understanding of the genetic etiology of hereditary cancer. It will also be useful in identifying pathogenic variants in high-risk genes that might not have been considered based only on the cancer family history, further fine-tuning our understanding of various hereditary cancer syndromes including Lynch syndrome.

References:
Successful Intervention Improved Breast Cancer Screening Rates Among Latinos

A new study by researchers at the Kaiser Permanente Center for Health Research has found that visits by trained community health workers (promotoras) improved screening rates for breast cancer among Latino women. The most common cancer diagnosed in women in the United States, breast cancer is also the leading cause of cancer-related death for women in this minority population.

In their paper published in Cancer Epidemiology, Biomarkers and Prevention, the authors write that their Multilevel Intervention to Increase Latina Participation in Mammography Screening study (¡Fortaleza Latina!) was designed to evaluate the impact of clinic- and patient-level programs on breast cancer screening in Latino women in the state of Washington who sought care at a safety net health center.

The Kaiser study found that promotora visits improved the rate of screening mammography by more than 8% (19.6%) compared with the control group (11.0%) that received usual care (P <.001). The authors believe that the interaction with the health worker had a much bigger role to play in the observed results, because simply providing additional mammography services via a mobile mammography unit did not influence screening rates.

Lead author Gloria Coronado, PhD, a cancer disparities researcher at the Kaiser Permanente Center for Health Research in Portland, Oregon, said, “Promotora visits are essential in educating Latina women about the importance of breast cancer screening. Our study showed a modest, but significant increase in screening rates. We are encouraged by these findings, and must continue to involve patients, clinics and communities in efforts to further reduce the inequity in breast cancer screening.”


Intended Care Seeking for Ovarian Cancer Symptoms Among US Women

According to this study, a minority of women recognized that unexplained pelvic or abdominal pain, unexplained bloating, and feeling full after eating a small amount of food can indicate ovarian cancer.

The most consistent, significant predictors of intended care seeking within 2 weeks of symptom onset were age (older women were more likely to seek care) and awareness that symptoms could signal ovarian cancer.

Care seeking in response to ovarian cancer symptoms may be delayed among younger women and those who do not recognize the potential significance of symptoms.

Raising awareness of ovarian cancer symptoms may promote finding cancer earlier. However, educational efforts should emphasize that symptoms associated with ovarian cancer may also result from benign conditions.

Study: Intended care seeking for ovarian cancer symptoms among U.S. women; Crystale Purvis Cooper, Cynthia A. Gelb, Katrina F. Trivers, Sherri L. Stewart
http://dx.doi.org/10.1016/j.pmedr.2016.01.011

Save the Dates!

MCC Board Meetings
- June 22
- 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.