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## Quick News & Links:

CDC's Vital Signs Focuses on [African American Health](#)

MCC Tools of the Month:

- May is [Skin Cancer Detection and Prevention Month](#)
- June 4 is [National Cancer Survivors Day](#)

[Single-Year Estimates of Health Insurance Coverage for All US Counties](#) Available Online

GW Cancer Center: New [Viral Hepatitis and Liver Cancer Social Media Toolkit](#)

**Study:** Just 1 in 5 Mentally Ill Women Gets Cervical Cancer Screenings

[MCC Calendar of Events](#)

## Tobacco Cessation Resources for People with Disabilities

Submitted by: Health Promotion for People with Disabilities Initiative, Michigan Department of Health and Human Services

**There are many ways to empower individuals with disabilities** to improve their overall health, and helping someone quit tobacco is one very effective intervention you can provide. Sadly, smoking rates are significantly higher among people with disabilities compared to individuals without disabilities – nearly 27% of disabled adults were more likely to have reported current smoking than non-disabled adults (19.3%).<sup>1</sup>

The CDC has been encouraging people to quit through the [Tips from Former Smokers campaign](#) which profiles real people living with the serious health consequences from smoking ([see Bill's story here as an example](#)). Many of the ads feature people with disabilities – either individuals with pre-existing disabilities, or individuals who have a disability as a result of smoking. The campaign provides [background information on tobacco use and associated long term health effects](#) and provides [buttons, videos, social media content, and other campaign resources](#). All of these are free for use in your publications and materials.

While the rates of smokers with disabilities wishing to quit tobacco is comparable to smokers without disabilities, there are many barriers that reduce the chances of their success. Among cessation resources available is the [Michigan Tobacco Quitline](#), a free online and phone –based counseling service designed to help guide smokers through the cessation process. This eliminates barriers for individuals with mobility limitations or transportation restrictions. Providers can [e-refer individuals to the Quitline online or by fax](#). If you are interested in learning more about the Quitline or in having staff trained in the referral process, please contact Alice Hoffman at [hoffmana5@michigan.gov](mailto:hoffmana5@michigan.gov).

1. Fussman C. 2015. Health Risk Behaviors within the State of Michigan: 2014 Behavioral Risk Factor Survey. 28th Annual Report. Lansing, MI: Michigan Department of Health and Human Services, Lifecourse Epidemiology and Genomics Division, Chronic Disease Epidemiology Section.



## ACS CAN – The Costs of Cancer: Addressing Patient Costs

**Cancer is one of the leading causes of death and disease** in the U.S. The American Cancer Society (ACS) estimates that roughly 1.7 million new cases of cancer will be diagnosed in the U.S. in 2017 and more than 15 million Americans living today have a cancer history. Not only does cancer take an enormous toll on the health of patients and survivors – it also has a tremendous financial impact.

In 2014, cancer patients paid nearly \$4 billion out-of-pocket for cancer treatments. Cancer also represents a significant proportion of total U.S. health care spending. Roughly \$87.8 billion was spent in 2014 in the U.S. on cancer-related health care. These costs were paid by employers, insurance companies, and taxpayer-funded public programs like Medicare and Medicaid, as well as by cancer patients and their families.

[Go to the full “The Costs of Cancer” report](#) for more information.

Source: American Cancer Society Cancer Action Network

## Obesity is Top Cause of Preventable Life-Years Lost, Study Shows

Reprinted from *Science Daily*, April 22, 2017

**A team of researchers from Cleveland Clinic and New York University School of Medicine** have found that obesity resulted in as much as 47 percent more life-years lost than tobacco, and tobacco caused similar life-years lost as high blood pressure. Preliminary work presented by Cleveland Clinic at the 2017 Society of General Internal Medicine Annual Meeting analyzed the contribution of modifiable behavioral risk factors to causes-of-death in the U.S. population, using 2014 data. Based on this preliminary work, the team found the greatest number of preventable life-years lost were due to (in order from greatest to least) obesity, diabetes, tobacco use, high blood pressure and high cholesterol.

[Read more.](#)

Results highlight the clinical and public health achievement of smoking cessation efforts because 15 years ago, tobacco would have topped the list.

"Modifiable behavioral risk factors pose a substantial mortality burden in the U.S.," said Glen Taksler, Ph.D., internal medicine researcher from Cleveland Clinic and lead author of the study. "These preliminary results continue to highlight the importance of weight loss, diabetes management and healthy eating in the U.S. population."

A key takeaway is that three (diabetes, hypertension and high cholesterol) of the top five causes of death can be treated, so helping patients understand treatment options and approaches can have a powerful impact on life-years. The results also highlight the importance of preventive care in clinical practice and why it should be a priority for physicians.

**Editor’s Note:** Obesity, a known risk factor for cancer, is addressed in the [Cancer Plan for Michigan 2016-2020](#) (Objective 9).



*Michigan Cancer Genetics Alliance*

## Lynch Syndrome: Role of Peer and Professional Support, Advocacy and Cascade Screening

Submitted by Michigan Cancer Genetics Alliance

**Sarah K.\* has come a long way since the moment in 2015** she read the words “Lynch-like qualities” on her tumor report. In the months leading up to her appointment with a genetic counselor, she read voraciously about Lynch syndrome, an inherited condition which dramatically increases a person’s risk of developing colorectal and other cancers. “I panicked. I was convinced I was dying...I’d been in the healthcare system my entire life, but had never heard of it.”

Two years later, Sarah is a cancer survivor and champion for others with hereditary colorectal cancer. She is also mother, supporter, educator, and advocate to her two young adult children with Lynch syndrome, and lead proponent for genetic testing in her large family of nine siblings and 16 nieces and nephews.

Estimates suggest more than one in 370 individuals have Lynch syndrome<sup>1</sup>. Identifying those with a predisposition to cancer is crucial so that surveillance and prevention measures can be adopted. Providers are somewhat limited in their ability to facilitate genetic testing due to privacy laws, therefore they rely heavily on patients with a known diagnosis to communicate their test results and encourage relatives to undergo genetic evaluation, often at a time when patients are overwhelmed and struggling to process the diagnosis themselves.

A key turning point for Sarah was meeting a peer with Lynch syndrome. Convinced she carried a death sentence, she became “obsessed” with finding someone with Lynch syndrome older than her. She contacted Gilda’s Club and was connected with a peer 13 years her senior. For the first time, Sarah thought “Okay, I’m going to survive...I began to think of this as a chronic disease versus a 911 emergency and learned to slow down.” Only then did her initial fear transform into a powerful fight for screening and advocacy.

Genetic counselors often stress the importance of how to communicate risk. If a mother is anxious about her diagnosis, her children will be anxious. When Sarah first talked to her children about Lynch syndrome, she states “I was not emotional or teary, but took a factual approach and the kids followed my lead...I was calmer about it, which allowed me to be that calm person for them too.”

Sarah’s story teaches us the value of equipping patients with information and support resources, including peer connections. While the decision to have a genetic test ultimately lies with the patient, providers are able to assist them in becoming more confident and empowered to discuss this difficult topic with their family members.

### Peer Resources in Michigan:

- [Colorectal & Related Cancer Support Group](#)  
1<sup>st</sup> Tuesday of each month, 6-7:30PM @ Gilda’s Club, 1806 Bridget St NW, Grand Rapids, MI
- [FAP/Lynch Peer Discussion Group](#): 3<sup>rd</sup> Thursday of each month, 6:30-8PM @ Cancer Support Community, 2010 Hogback Rd #3, Ann Arbor, MI

\*Name changed to protect the privacy of the patient and her family.

Reference: Hampel, H., & de la Chapelle, A. (2013). [How do we approach the goal of identifying everybody with Lynch Syndrome?](#) *Familial Cancer*, 12(2), 313–317.



## Men Should Ask about Prostate Cancer Test, Panel Advises

**The controversial PSA blood test can save some men's lives** from prostate cancer, an influential federal panel said in new screening guidelines.

Every man between the ages of 55 and 69 is advised to talk to their doctors about taking the prostate-specific antigen blood test, according to recommendations released Tuesday by the U.S. Preventive Services Task Force.

The task force recommends that doctors have a conversation with their male patients who don't have signs or symptoms of the disease about the benefits and drawbacks of taking the prostate-specific antigen blood test. Because prostate cancer is often a slow-growing disease, the panel still recommends against the test for men 70 and older.

Source: [NBC News, April 11, 2017](#)

## New Data Tool and Report

**New Data Visualization Tools Available**  
CDC has released [a new set of interactive U.S. Cancer Statistics data displays](#) that improve the access to and look of their cancer statistics. Compelling graphics and analysis make it easy to explore and use cancer data by cancer type, state, demographics, and year. Take a few minutes to explore the site and these powerful tools—you will be glad you did!

### New Resource

[The Annual Report to the Nation on the Status of Cancer 1975-2014](#)—a yearly collaboration between the National Cancer Institute, the American Cancer Society, the Centers for Disease Control and Prevention, and the North American Association of Central Cancer Registries—was published in the Journal of the National Cancer Institute on March 31, 2017. Key highlights include rates for new cancer cases, cancer deaths, and trends for the most common cancers in the United States, along with a special section on survival. Overall cancer death rates continue to decrease in men, women, and children for all major racial and ethnic groups. Special section on survival finds significant improvement for all but two cancer sites.



### Reminder!

These are the 2016 Award Recipients –  
[Champion](#) and [Inspiration](#)

The award process will soon be announced for 2017 – who will you nominate?

## 2017 MCC Meetings

### Board Meetings (12 pm – 3 pm):

Wed, June 28

Wed, Sept 27

### Annual Meeting (Lansing):

Wed, Nov 8

For more information: 877-588-6224

### MCC Website

Be sure to visit the [MCC website](#) to find provider and patient resources