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[EMU professor's efforts in China heighten awareness of need for early breast cancer screenings](#)

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MDHHS Tobacco Prevention and Reduction Program Hosting Listening Groups

The Tobacco Prevention and Reduction Program at the Michigan Department of Health and Human Services is asking for community members to tell us about tobacco use in their local neighborhoods to help inform our work. We are excited to hear from all community agencies, organizations and community members. All are welcome to attend SCHEDULED LISTENING SESSIONS:

On Thursday, Nov. 16, 2017

12:30 – 2:30 pm @ Gaylord Library

Address: 700 South Otsego Ave, Gaylord, MI 49735

On Wednesday, Nov. 29, 2017

1:00 pm – 3:00 pm @Kalamazoo Community Foundation

Address: Lawrence Community Room, 402 East Michigan Avenue, Kalamazoo, MI 49007



Family Health History and Cascade Genetic Testing: A Call to Action for Communicating Genetic Test Results for Hereditary Cancers

Michigan Cancer Genetics Alliance, November 2017

Thanksgiving Day is recognized by the US Surgeon General as National Family History Day. The event promotes public awareness of family members' medical history, which includes all health conditions of first-, second-, and third-degree relatives, as well as their ages at diagnosis and ages of death. When that health history includes certain types of cancer, families are also encouraged to share information about any genetic counseling services and genetic testing that relatives have received, including copies of the genetic test report, if available.

Per national guidelines, women with significant personal or family histories of breast, ovarian, tubal, or peritoneal cancer should be offered genetic counseling and possible genetic testing to assess their risk of a hereditary cancer syndrome. In addition, universal tumor screening for Lynch syndrome is recommended for all newly diagnosed colorectal patients, followed by genetic counseling and possible testing for those with a positive screen. Screening is recommended because there is strong evidence that identifying Lynch syndrome in a person with cancer will reduce morbidity and mortality in that person's relatives. It is therefore very important for relatives to know the results of such tests, and when appropriate, receive testing for the same mutation. Testing for a known familial mutation is more specific and less costly than testing for an entire panel of genes. This process, called cascade testing, provides family members the opportunity to find out their risk for disease and, as appropriate, take steps that could reduce their risk of or prevent cancer.

Although cascade testing is an effective way to identify people at risk for hereditary cancers, the current rate of testing is low. As such, the Michigan Department of Health and Human Services convened the first statewide Cascade Testing Call-to-Action Meeting on September 29, 2017. MCGA members met with local and national stakeholders from public health, clinical services, and advocacy organizations, to identify and prioritize strategies to increase cascade testing in Michigan. Speakers included Dr. Muin Khoury of the CDC's Office of Public Health Genomics, Heather Hampel, MS, CGC, of the Ohio State University, Dr. Susan Vadaparampil of the Moffitt Cancer Center, and Katie Macomber, MPH, of the MDHHS HIV/STD Programs. A patient advocate panel discussed their experiences, and a panel of cancer genetic counselors presented current approaches to cascade testing. After the presentations, participants divided into three work groups to strategize how to improve the rate of cascade testing at the public health (state) clinic, and advocacy levels. All three groups recognized that a major barrier to cascade testing is that it typically requires that the index case (the first person tested in a family) initiate contact with family members, a process that can be challenging and burdensome. As such, the activities each group proposed were focused on reducing this burden. Priority activities included improving health care provider awareness of cascade testing through education and resources dissemination¹, increasing public awareness of the value of cascade testing, actively involving advocacy groups in communicating with at-risk relatives, and exploring innovative state-level programs to facilitate contact of family members. A report of the meeting, which includes additional details and a plan of action, will be released in the coming weeks.

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Family Health History and Cascade Genetic Testing: A Call to Action for Communicating Genetic Test Results for Hereditary Cancers

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Questions to ask about family health history and cascade testing:

- Has a family member ever had genetic counseling and testing for a hereditary cancer syndrome?
- Has anyone in a patient's family received a positive genetic test result (mutation identified) for hereditary breast and ovarian cancer or Lynch syndrome?

As Dr. Khoury emphasized in his presentation, reducing the burden of BRCA, Lynch syndrome and other Tier 1 conditions² requires collaboration between public health, health care, and other partners both to implement current evidence-based guidelines and increase cascade testing. How can health care providers help? 1) Collect and use family history information, including genetic test results, to identify patients at risk; 2) discuss the value of genetic counseling and possible testing with high risk patients and make referrals for genetics services; and 3) follow up with patients who have a mutation in a hereditary cancer gene to see if they have communicated the result to their relatives. A concerted multi-level effort is the most effective way to increase rates of cascade testing and help reduce the burden of hereditary cancer in Michigan.

References:

1 MDHHS Hereditary Cancer Toolkit: http://www.michigan.gov/mdhhs/0,5885,7-339-73971_4911_4916_47257_68337-391948--,00.html

2 CDC Public Health Genomics: Tier 1 Genomics Applications and their Importance to Public Health. <https://www.cdc.gov/genomics/implementation/toolkit/tier1.htm>

3 Directory of Cancer Genetic Counselors in Michigan: <https://migrc.org/Library/MCGA/MCGADirectory.html>.

More Early Stage Lung Cancer Patients Survive the Disease

Elsevier, October 2017

With the advancement of surgical and radiation therapy strategies for stage 1 non-small-cell lung cancer (NSCLC), more patients are being treated, resulting in higher survival rates, according to a study published online today in *The Annals of Thoracic Surgery*.

"More and more patients are being cured of lung cancer, with both surgery and radiation as good treatment options," said lead author Nirav S. Kapadia, MD, of Dartmouth-Hitchcock Medical Center in New Hampshire. "Our study optimistically suggests that if current trends persist, survival for NSCLC will continue to improve over time."

Dr. Kapadia and colleagues conducted a retrospective study of eligible patients from 2000

to 2010 diagnosed with their first stage 1 NSCLC. Data were collected using the Surveillance, Epidemiology, and End Results (SEER)-18 database, which includes information from 18 American cancer registries. During the study period, 65,197 stage 1 NSCLC patients were registered in the database. Overall, 62% of patients underwent an operation, 15% received radiation therapy (RT) as their primary therapy, 3% received both operation and RT, and 18% did not receive either therapy.

The researchers found that the two-year overall survival for patients who were treated with either surgery or RT increased from 61% in 2000 to 70% in 2009. This improvement corresponded to a 3.5% annual decrease in the risk of death from lung cancer.

To view the full article, follow this link: [More Early Stage Lung Cancer Patients Survive the Disease](#)



MDHHS activates Community Health Emergency Coordination Center in Response to Hepatitis A Outbreak

Michigan Department of Health and Human Services, October 2017

As cases continue to rise, the Michigan Department of Health and Human Services (MDHHS) has activated the Community Health Emergency Coordination Center (CHECC) to coordinate the response of the multiple jurisdictions involved in the hepatitis A outbreak.

The CHECC has been activated to provide support to impacted jurisdictions including local health departments, hospitals, EMS, healthcare coalitions and other healthcare providers.

As there are indications that the outbreak could spread outside of the Southeast region of Michigan, MDHHS is urging all healthcare providers to promote hepatitis A vaccination to the highest risk individuals, including:

- Persons with a history of substance use
- Persons currently homeless or in transient living
- Men who have sex with men (MSM)
- Persons incarcerated in correctional facilities
- Food handlers
- Healthcare workers
- Persons with underlying liver disease
- Persons who are in close contact with any of the above risk groups
- Persons wishing to be immune to hepatitis A

Since August 1, 2016, there have been 457 confirmed cases of hepatitis A, including 18 fatalities, associated with this outbreak in the City of Detroit, Huron, Ingham, Lapeer, Livingston, Macomb, Monroe, Oakland, Sanilac, St. Clair, Washtenaw, and Wayne Counties reported to MDHHS.

MDHHS and local public health officials are working to quickly investigate cases as they are identified, as well as notify the healthcare community and encourage providers to speak with their patients about hepatitis A, increase vaccinations, and test for hepatitis A when appropriate. These activities include:

- On September 18, the state Medicaid program issued a letter to healthcare providers about the outbreak, testing information, including prevention, testing, and treatment information. This letter was sent to 5,069 Medicaid-enrolled providers and another 11,758 providers and interested parties signed up for Medicaid updates.
- There are ongoing vaccination campaigns in jails, substance use treatment centers, health departments, emergency departments, and homeless centers, as well as with the Michigan Department of Corrections to reach highest risk individuals.
- Supported by contracted nurses from the Visiting Nurse Association, MI Volunteer Registry - volunteers, and MDHHS, local health departments are partnering with community organizations to provide hepatitis A vaccine to at-risk individuals.

More information about the hepatitis A outbreak in Michigan and current recommendations are available at the following link: [Hepatitis A Southeast Michigan Outbreak](#). Michigan residents are also encouraged to contact their local health department for more information or vaccination.

To view the full press release, follow this link: [MDHHS activates Community Health Emergency Coordination Center in response to hepatitis A outbreak](#)



'I Get It': Cancer Nurse and Survivor Brings Personal Experience to the Job

Scott Redding, Michigan Health-Cancer Care, October 2017

Kim Zapor, R.N., has spent most of her 35-year career helping cancer patients and their families seek answers.

The oncology nurse and representative for the University of Michigan Comprehensive Cancer Center's Cancer AnswerLine has long used knowledge and empathy to provide excellent care.

But Zapor gained added clarity after being diagnosed with breast cancer in June 2016. The disease, she learned, had spread to her lymph nodes and would require chemotherapy.

Breast cancer is the second most common cancer in women; 1 in 8 will develop it.

Zapor, who is still receiving treatment, is back in the job she loves — and with a deeper perspective.

"I think until you actually have to go through it, you really emotionally cannot understand what patients go through," she says.

Now, when answering phone calls about treatments such as chemotherapy, Zapor can relate even more.

"I get it," she says. "I think I am a little more present for them, a little more aware, and I can really address those issues probably a little bit better just because of my own experience."

To reach an oncology nurse at the Cancer AnswerLine, call 800-865-1125.



2018 MCC Meetings

Board Meetings (12 pm- 3 pm):

Wed, March 28

Wed, June 27

Wed, September 26

Annual Meeting (Lansing):

Wednesday, November 7

For more information: 877-588-6224

MCC Website

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

Health Equity Corner

Health Disparities and Cancer in LGBT Communities

Recorded Webinar from October 12, 2017

To View Webinar – [CLICK HERE](#)

Content: This webinar covers basic LGBT cultural competency, including culturally-specific terminology and concepts. LGBT health disparities are also discussed with emphasis on LGBT cancer disparities that include issues related to risk factors, health care access, and health care utilization.

Speaker: Regina Washington, DrPH, Director, LGBT HealthLink, a program at CenterLink

