2019 Poster Session

ACCESS
Hiam Hamade, BSN, MA, MPH, PTA; hhamade@accesscommunity.org (2-Posts)

1. Assessing Knowledge, Physician Interactions and Patient-Reported Barriers to Colorectal Cancer Screening among Arab Americans in Dearborn, Michigan
Being more aware of specific areas of knowledge deficiencies, we hope this study would allow physicians to provide better education regarding colorectal cancer risk factors and screening guidelines. It is important to address the resources used by community members as they obtain CRC knowledge and understanding. Additionally, knowing the main barriers to screening for CRC in this community, we hope to overcome such barriers through encouraging healthcare providers and community organizations to address these specific barriers to further increase screening rates and ultimately the health status for Arab Americans.

2. Knowledge Assessment and Screening Barriers for Breast Cancer in an Arab American Community in Dearborn, Michigan
With the growing presence of Arab heritage in American communities, it is important that local physicians are aware in their medical knowledge gap to better serve this population. This survey highlights some of these deficiencies especially lack of adequate health education to patients and their families while they are undergoing treatment for breast cancer.

Beaumont Health
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• Improving the Quality of Life for Head and Neck Oncology Patients: Implementation of a Supportive Care Program to Optimize Nutrition and Swallowing Function
Early intervention and supportive care to optimize nutrition has been shown to improve the quality of life for head and neck oncology patients undergoing radiotherapy with or without chemotherapy. As part of their multidisciplinary care, a collaborative referral process for head and neck cancer patients was developed for early referral to an oncology nurse navigator (ONN) to expedite automatic appointments with the dietitian and speech pathologist into their treatment plan of care. Upon receiving the referral, the ONN contacts the patient within 24 hours. The ONN meets with the patient to assess current nutritional status and addresses possible referral for PEG tube placement. The ONN addresses anticipated nutritional and swallowing challenges secondary to treatment and provides education on the importance of seeking early intervention. The ONN works closely with the entire treatment team (ENT, Radiation Oncologist, Medical Oncologist, Speech Language Pathologist, Gastroenterology, Dietitian, Radiation Oncology Nurse), coordinates all appointments and provides ongoing assessments and support throughout the continuum of the patient’s care.
InheRET, Inc.
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- Test of InheRET™, an Online Tool to Facilitate NCCN Guideline®-Compliant Referrals for Cancer Genetic Counseling and Increase Access to Care

The collection of a three-generation family history is standard of care in clinical practice throughout the US, but compliance is less than 10%. It is estimated that 1 in 5 individuals have a family history of cancer that may be caused due to inherited susceptibility and warrants referral for genetic counseling; however, fewer than 10% of anticipated cases have been identified by providers and referred for genetic counseling. When identified prior to a cancer diagnosis, individuals harboring a mutation in a cancer susceptibility gene can pursue medical interventions, reducing their risk of cancer by 50%-96%. Written at a 4th grade reading level to address health literacy, patients access InheRET™ from web-enabled devices at their convenience. Patient-submitted health histories are interpreted against National Comprehensive Cancer Network Guidelines® and other national best-practice guidelines, producing clear reports containing a detailed pedigree, risk indicators, next steps for both healthcare providers and patients, and links to a library of education resources. InheRET reduces clinical barriers of time, accuracy, and interpretation of family health history. Multiple providers in three clinics pilot tested InheRET: Dexter Family Medicine, University Health Services, and Michigan Medicine Breast and Ovarian Risk Evaluation Clinic. As of July 31, 2019, 628 patients consented and >88% of those patients completed their InheRET health history. 84.4% of patients found InheRET easy to use and 96.7% found it easy to understand. Those with a high-school education or less gave the highest ratings and 72.4% of those individuals stated it increased their cancer awareness.

Karmanos Cancer Institute
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- Work changes and individual, cancer-related, and work-related predictors of decreased work participation among African American cancer survivors

Purpose: The purpose of this study is to estimate prevalence of work changes and to identify predictors of decreased work participation among African American cancer survivors. Methods: We analyzed data from 445 participants in the Detroit Research on Cancer Survivors (ROCS) cohort of African American cancer survivors who were employed before diagnosis. Modified Poisson models controlled for age, household income, and cancer site. Results: Half made changes related to their hours, schedules, or duties related to cancer. One-third took at least one month off of work, including 21% who took at least one month of unpaid time off. More full-time than part-time employees were on disability and fewer were unemployed after diagnosis.Nearly half (47%) decreased work participation. Older age, lower income, lung and colorectal cancers and receipt of chemotherapy were associated with decreased work participation, as were unpaid time off and changing work duties related to cancer. Conclusions: Low-income cancer survivors, those working part-time before diagnosis, and those with access to paid sick leave are at particular risk for negative financial and employment outcomes. Implications for Cancer Survivors: Possible interventions focused on policy or employer-level supports could improve employment outcomes among survivors at greatest risk for work loss.
Karmanos Cancer Institute
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- Cardiovascular disease and health-related quality of life among African American and white cancer survivors

BACKGROUND: Cardiovascular disease (CVD) is common among cancer survivors and may affect health-related quality of life (HRQOL). We estimate the association between CVD and HRQOL among a diverse cohort of breast, prostate, lung, and colorectal cancer survivors. METHODS: Analyses used data from 979 participants (574 African American, 405 white) in the Detroit Research on Cancer Survivors pilot cohort who were diagnosed and/or treated at the Karmanos Cancer Center in Detroit, Michigan since 2013. Linear regression analysis included binary measurements of self-reported CVD (congestive heart failure (CHF), myocardial infarction (MI), hypertension, peripheral vascular disease, and stroke) as predictors of HRQOL measured using the Functional Assessment of Cancer Therapy–General (FACT-G). We also tested for effect modification by race. RESULTS: CVD prevalence differed dramatically by race with 71.8% of African American survivors reporting CVD compared with 47.4% of white survivors. FACT-G scores were 2.2 (95% confidence interval (CI): -4.3, 0.0) points lower among survivors with CVD. This association did not differ by race (Pinteraction=0.25). FACT-G scores were lower among survivors with hypertension [-1.9; 95% CI: -4.1, 0.1], CHF (-3.7; 95% CI: -8.2, 0.9), or stroke (-4.0; 95% CI: -8.5, 0.5). MI was associated with clinically meaningful differences in HRQOL among African American (-6.1; 95% CI: -11.3, -0.8) but not white survivors (0.4, 95% CI: -7.9, 7.2; Pinteraction=0.15). CONCLUSIONS: CVD was not associated with clinically meaningful differences in HRQOL after a cancer diagnosis except for a meaningful difference among African American survivors with MI, representing an opportunity for public health efforts.

Michigan Cancer Surveillance Program
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- Safe Fun in the Sun, Incidence of Melanoma Among Adolescents

Invasive melanoma of the skin is the third most common skin cancer type for adolescents and young adults (aged 15-39). Michigan is ranked 9th in highest reported cases of melanoma. In 2014, The Surgeon General’s Call to Action to Prevent Skin Cancer (Call to Action) was released to raise awareness about skin cancer as a serious public health concern. Understanding the burden of melanoma is important. Currently, Michigan requires parental consent for the use of tanning beds, however there is proposed legislative to ban indoor tanning for minors. Our poster contains information regarding the impact of melanoma, Michigan specific graphs on incidence of melanoma among males and females ages 15-19, as well as information on prevention and early detection of melanoma.

Michigan Department of Health and Human Services
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- Cancer Survivorship E-Learning Series for Primary Care Providers

The cancer survivor population in the United States is continuing to grow. These individuals may experience the unique effects from their cancer for years to come after completing treatment. Thus, it is important to have medical professionals available in the primary care setting who understand the health care needs of survivors. For this purpose, George Washington University Cancer Institute, in collaboration with the American Cancer Society, has created an online training module - Cancer Survivorship E-Learning Series for Primary Care Providers. The E-Learning Series contains 10 modules that cover a range of topics including general survivorship care, late effects of cancer treatment, and clinical follow-up care guidelines. These modules are aimed at educating primary care professionals but can benefit all providers interested in learning more about the care of survivors after they finish treatment and transition from the oncology setting back to the primary care setting. The E-Learning Series is FREE and provides continuing education credits.
• From Direct Service to Population Health: Transitioning Care for BCCNP Clients in Public Health Agencies
Rising to the challenge of decreasing client enrollment, particularly in Michigan’s Upper Peninsula (UP), the Michigan Breast and Cervical Cancer Control Navigation Program (BCCCP) transitioned from a direct service delivery model focused within local health departments in 8 UP counties to a population health model that serves all 15 UP counties. This model allows for flexibility, provides more support for Local Health Departments, reduced redundancy and system inefficiency, and moved beyond former limitations. Establishing partnerships between health departments, FQHCs, Health Systems, and community organizations the BCCCP has been successful in identifying and referring uninsured women to BCCCP for clinic services and increasing non-BCCCP client completion of cancer screenings within their own clinic settings.

• Michigan Cancer Surveillance Program: An Overview of Invasive Cancer Incidence in Michigan
Statewide reporting of cancer surveillance data to the Michigan Cancer Surveillance Program (MCSP) is effective for cases diagnosed on or after January 1, 1985. The purpose of the MI statewide population based central cancer registry is to collect statewide incidence data so that data by type and residence can be developed. As timely information on cancer cases is employed as a basis for cancer surveillance, hospitals, laboratories, physicians, dentists, and clinics are required to submit cancer case reports within 180 days of the date of initial diagnosis. Processing time for a report from diagnosis to statistics is usually around two years. MCSP responds to data requests initiated from stakeholders such as local health departments, citizens, and state and federal agencies. MCSP also conducts cancer cluster investigations requested by local health departments and private citizens.

• Michigan Assessment of Oral Cancer Screenings and Knowledge of Human Papillomavirus among Oral Health Professionals
The Michigan Department of Health and Human Services Oral Health Unit was able to arrange for this assessment of oral health professionals in our state, to help guide future initiatives on the education for screening for oral cancer and promotion of the Human Papillomavirus (HPV) vaccine to prevent oral cancers.
**Utilizing Spatial Analyses to Drive Program Planning for Improving Breast and Colorectal Detection in Michigan**

**Background:** Comprehensive cancer control is an approach that brings together key partners and organizations to develop a plan to reduce the number of people who get or die from cancer and improve the quality of life of cancer survivors. As part of this collaboration, regions in Michigan were identified that were high burden areas for breast and colorectal cancer and regions that reported low screening rates.

**Methods:** To determine areas of high burden, data from the Michigan Cancer Surveillance Program was used. Age-adjusted Incidence rates and late stage diagnosis were calculated for both breast and colorectal cancer using data from 2012 to 2016. Breast and colorectal screening data were from the 2014 and 2016 Michigan Behavioral Factor Survey (MiBRFS). The MiBRFS is a statewide phone survey of Michigan adults aged 18 years and older and provides population estimates for health behaviors.

**Results:** Areas with low breast and colorectal screening rates include western Upper Peninsula, Northeast Michigan, northwest Michigan, Central Michigan, Southwest Michigan and Wayne County. Areas with low screening rates corresponded with counties that were found to have a high cancer burden or high rate of late stage diagnoses.

**Discussion:** These findings were presented to internal cancer partners at the Michigan Department of Health and Human Services. Partners have brainstormed what the next steps should be. Ideas for interventions in identified areas include assess barriers, assist local health departments, target media use, and consider these geographical areas when funding decisions are made.

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**The Hereditary Cancer Network Database: The Journey So Far**

The Hereditary Cancer Network (HCN) is a unique database that functions as a statewide surveillance network for tracking the use of cancer genetic counseling and testing services for actionable genes that are associated with Hereditary Breast and Ovarian Cancer (HBOC) and Lynch Syndrome (LS) cancers in Michigan. The database is used to assess trends in genetic counseling and testing, specifically to gather information on the population who are receiving genetic services. Multiple clinics (20) throughout Michigan have partnered with MDHHS to enter non-identifiable patient data into the HCN database. A survey evaluation was sent to our partner clinics to assess the benefits, challenges, and future directions to take regarding the database. Of the 20 responses, the majority (85.0%) were currently entering data, while the rest have stopped entering data within the past few years. The main reasons these clinics stopped were due to issues finding and training volunteers (15.4%) and having issues with grant funding (15.4%). The main challenges expressed by the clinics currently entering data were the time it took to enter patient data (71.4%) and the lack of appropriate staff to enter data (42.9%). Clinics reported a need for a data abstractor (33%) or the use of a standardized sheet (36.4%) to aid in timely data entry. Using the feedback from this survey and from future focus group activities, MDHHS hopes to better streamline the HCN database for more efficient data entry while expanding the surveillance efforts for HBOC and Lynch Syndrome cancers across Michigan.
Radiotherapy for Bilateral Peri-Ocular Basal Cell Carcinoma Using Internal Eye Shields: A Case Report

The most common cancer diagnosis is basal cell carcinoma of the skin. In selected patients, radiation therapy may offer an effective alternative and improved cosmesis compared to surgery for basal cell carcinoma. We describe the case of a 57-year-old male with bilateral infraorbital skin lesions. This patient had significant past surgical history of Moh’s excision of basal cell carcinoma of the skin from the helix of the left ear and removal of pterygium. He described extensive use of a tanning booth (twice weekly for five years) more than 20 years prior. Radiation treatment was instituted using 6MeV electron and 1 cm daily bolus to both areas. 5000 cGy in 20 equal fractions of 250 cGy each was delivered over 36 elapsed days. Each day bilateral internal tungsten eye shields with dental acrylic were placed used to protect the conjunctiva and orbital contents (Civco). He achieved complete response with resolution of the skin lesions at approximately six weeks from the time of completing treatment. Radiation therapy offers high control rates similar to dermatologic surgical approaches in basal cell carcinoma of the skin. Radiation may be a preferred alternative with excellent cosmesis when there is involvement of the eye, lip, or nose. Internal tungsten eye shields provide effective shielding for ocular structures.

Patient Characteristics and PSA Outcomes for Prostate Cancer Patients Choosing Radioactive Seed Implant with Cs-131

We undertook to evaluate treatment efficacy for Cs-131 radioactive seed implant in patients with localized prostate cancers. Cs-131 is a novel isotope with relatively short half-life (9.7 days) that may have clinical advantages in seed implant treatments of prostate cancers. We previously showed that Cs-131 dosimetry was qualitatively similar to I-125 (half-life 60 days). In this analysis, we compare clinical outcomes for Cs-131 with traditionally employed isotopes I-125 and Pd-103 (half-life 17 days). We identified 60 cases of early prostate cancer treated with Cs-131 seed implant at Ascension Macomb Oakland and Ascension Providence Rochester hospitals. For comparison, these cases were matched with 60 cases treated with I-125 and 60 cases treated with Pd-103 seed implants. The mean pretreatment PSA values were Cs-131 5.73 ng/ml, I-125 6.62 ng/ml, and for Pd-103 8.87 ng/ml. Median PSA follow up was 30 months and the median PSA value at 60 months was 0.11 ng/ml. With respect to PSA failure, there were 3 PSA failures for I-125, one for Cs-131, and 4 for Pd-103. Permanent interstitial brachytherapy continues to be an attractive option for selected men presenting with early stage prostate cancer. The use of the shorter acting Cs-131 isotope may be expected to have dose related side effects that resolve more rapidly. This series confirms similar PSA control outcomes for Cs-131 patients compared with I-125 and Pd-103.
**Partnering to Increase Lung Cancer Screenings in Rural Michigan: MPRO and Hills & Dales General Hospital**

MPRO and Hills & Dales General Hospital’s Lung Cancer Screening program began working together in 2016 to increase lung cancer screening rates within this hospital’s community. Through this partnership, MPRO and Hills & Dales work together to increase community awareness for early detection of lung cancer, introduce evidence-based interventions, leverage data and facilitate provider and community education about the benefits of lung cancer screening. MPRO and Hills & Dales collaborate to promote awareness of lung cancer screening among providers and patients through staff education and developing resources tailored to community needs. In October 2018, project partners hosted an educational session for forty clinic staff members from local referring clinics to promote standardized screening and referral processes. Partners developed patient- and provider-facing lung cancer screening decision aid tools as well as a myths & facts document to dispel common misconceptions about lung cancer screening. Throughout more than two years working together, the number of patients screened for lung cancer per quarter at Hills & Dales General Hospital has increased by 117%, from 24 to 52 patients. Future focus areas for this partnership include continuing to promote awareness of lung cancer screening among providers and patients as well as establishing screening rate denominators of eligible patients at local referring clinics.

**Impacting Cancer Risk through Education of Dietary Recommendations in a Faith-Based Community**

A multitude of disparities are present among African American women that increases their risk for breast cancer. These disparities include low socioeconomic status, limited resources, and lack of education. The Pink Impact: Breast Care at Michigan State University works to provide breast services to mitigate these disparities through collaboration with Greater Lansing area faith-based organizations. The impact of education and community outreach on gaps of knowledge was the primary focus of this project. Specifically, education about dietary risks associated with breast cancer as classified by the American Cancer Society (ACS). The goal of this program was to bring knowledge of ACS nutrition guidelines and to provide education on how to implement those changes. This goal was chosen as the ACS recommendations for cancer prevention serve as a guideline for all Americans. The ACS, in its 2012 guidelines, also recommends that community organizations work collaboratively to influence change. A systematic search was performed to find evidence-based articles that supported the dietary recommendations made by the ACS. These topics were then used to create an educational presentation as well as a pre- and post-test to administer to faith-based community members. The goal was to measure the nutritional knowledge level of members before and after the education session. Analysis of the pre-test and post-test results is ongoing along with a program evaluation. The poster will discuss the impact of the education provided to faith-based communities, teaching, and nursing implications.
Michigan State University
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- Increase HPV vaccination rate among MSU male students, with focus on communication with their parents

The study investigates to increase rate of vaccinate against the human papilloma virus (HPV) among male college students. At Michigan State University, 52.4% of male reported that they got vaccinated against HPV. Before being able to increase vaccination rates among male college students, we need to understand the perceived barriers that prevent these students from getting vaccinated. The current research sought to investigate the rationale behind low vaccination rates among male college students. Particularly, we believe that parental roles are particularly important to increase vaccination rate among college students, given the price of vaccines and college students’ insurance status which is dependent on their parents. We are collecting data from undergraduate males to determine current knowledge, motivation, barriers, perceptions of the vaccine, susceptibility of these cancers, and how their parents matter to their intention to get vaccinated. Key findings about what is preventing many male college students from getting vaccinated against HPV and how we can better tailor information to increase vaccination rates will be presented. Implications will be discussed as this serves as formative evaluation for a health campaign to increase HPV vaccination rates among college men.

Sisters Network Greater Metropolitan Chapter
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- Power in Knowledge (PINK)

Power in Knowledge (PINK) is an interactive, multi-level initiative of Sisters Network Greater Metropolitan Detroit Chapter. It is designed to educate teen girls, ages 12-18, on the importance of breast health and equip them to become breast health PINK Ambassadors and leaders for women in their families and communities. The teens attend workshops and focuses on breast cancer awareness, dispelling myths, knowing what is their normal, the importance of mammograms, and women taking responsibility for their health.

St. John Ascension
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- Extended Duration Chemoprophylaxis for Venous Thromboembolism following Abdominopelvic Oncologic Surgery

Venous thromboembolism (VTE), including deep venous thrombosis and pulmonary embolism, is the most common cause of 30-day morbidity in oncology patients following surgery due to their hypercoagulable state. To combat this, VTE prophylaxis with anticoagulation extending beyond hospital discharge, termed extended duration chemoprophylaxis (EDCP), has been proposed, with the most recent guidelines recommending 28 post-operative days of EDCP. However, the literature has demonstrated poor compliance to these recommendations. We extended the duration of EDCP to 28 days post hospital discharge, effectively creating a standard discharge prescription for all surgical oncology patients. Our aim is to assess our EDCP protocol on patient compliance and VTE rate following major oncologic resection. We performed a retrospective, single institution, cohort study that involved chart review and telephone survey on patients who underwent major open abdominopelvic oncologic resection. A total of 130 patients were included; 61 received EDCP and 69 did not. VTE rate for the EDCP cohort was 0% and 7.2% for the non-EDCP cohort (p=0.032). 85% of patients were fully compliant with EDCP. No bleeding related complications with EDCP were identified. Our data is consistent with prior literature in demonstrating a lower VTE rate with EDCP without an increase in bleeding related complications and we have demonstrated that it is possible to achieve a high rate of patient compliance with EDCP.
State of Michigan/EGLE
Aaron Berndt - EGLE, Indoor Radon Specialist, Lisa Twenter, EGLE, Graphic Arts Designer; radon@michigan.gov

• Radon in Michigan
Poster shows the percentage of elevated radon test results by county in Michigan. The Michigan Indoor Radon Program encourages the public to test their home regardless of where they live, age of the home, and type of construction.

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• Tips and Tricks on Quitting for Your Tobacco Product Using Patient: Small Steps But BIG Gains
Tobacco use causes at least 12 types of cancer. CDC Vital Signs, November 2016
Even after a cancer diagnosis, about one in eight cancer survivors continued to smoke. All could have received advice to quit smoking by a health professional, but a third did not. Implications for Cancer Survivors: Health professionals could consistently advise cancer survivors about the increased risks associated with continued smoking, provide them with cessation counseling and medications, refer them to other free cessation resources, and inform them of cessation treatments covered by their health insurance. Gallaway, M.S., Glover-Kudon, R., Momin, B. et al. Smoking cessation attitudes and practices among cancer survivors - United States, 2015. J Cancer Surviv (2019). https://doi.org/10.1007/s11764-018-0728-2
With special consideration for tobacco treatment as related to the cancer patient, participants will be able to:
• Describe intake evaluation and tobacco product use history interview
• Provide education regarding personalized risks of persistent tobacco product use and benefits of cessation
• Identify tobacco cessation medications options/shared decision making (contraindications, side effects, outcomes)
• Discuss behavioral counseling for motivational enhancement, including relapse prevention