Cervical Cancer is Preventable: January is Cervical Health Awareness Month

In 2009, 364 women were diagnosed with invasive cervical cancer, and in 2010, 126 women died from this disease, a rate (2.2/100,000 women) which is essentially unchanged over the last decade. Yet, cervical cancer is essentially preventable.

An simple, affordable, and easy-to-administer screening test for cervical cancer (pap smear) has been widely available for 70 years; in spite of this, 50-60% of the mortality from cervical cancer is seen in women who have either never had a pap smear, or have not had testing in more than 5 years. Systemic methods of both “in-reach”, outreach and public education are needed to both identify and test these “rarely- or never-screened” women. Under the Affordable Care Act, women’s preventive health care – such as mammograms, screenings for cervical cancer, prenatal care, and other services – is covered with no cost sharing for new health plans. Statewide, pap smears have long been available at Family Planning Clinics and, for women age 40-64, through the Breast and Cervical Cancer Control Program.

Screening for cervical cancer is recommended to begin at age 21, regardless of sexual history. Pap testing alone may continue on a regular basis, or (preferred), a combined co-test, “Pap with HPV”, is recommended beginning at age 30. All cervical cancer screening testing may cease at age 65 in women with a history of negative pap smears. This recommendation for screening, does not also apply to women with a history of gynecologic cancers.

Most cervical cancer in the United States could be prevented by the timely, extensive and consistent provision of the HPV vaccination. The HPV4 vaccine (2006) has been approved for boys and girls, age 9-26; the HPV2 vaccine (2009) is also approved for girls of the same age. However, as of September, 2011, statewide, only 22.9% of females, age 13-17, had received the entire three- vaccine series. Vaccines for Children (Vfc), Medicaid, MI-Child, and most health insurances pay for the HPV vaccine.

For more information on What Your Organization Can Do To Fight Cancer, go to: http://www.michigancancer.org/CancerPlan/WhatYouCanDo.cfm

For additional cervical health information:
- Provider education http://www.michigancancer.org/Resources/ProviderEducation.cfm
- Consumer education http://www.michigancancer.org/Resources/ConsumerEducation.cfm

For patients whose conditions can be treated with elective surgery, location matters.

This Dartmouth Atlas report (found at the link below), the fourth in a series of nine U.S. regional reports, shows the wide regional variation in the likelihood that patients with similar conditions receive elective procedures. **Included in the report are early stage breast and prostate cancer, and enlarged prostate.** This report highlights the Great Lakes region (Illinois, Indiana, Michigan, Ohio, and Wisconsin) and shows the variation across the region and the United States. For example, if you have heart disease and live in Muskegon, Michigan, you are half as likely to undergo balloon angioplasty than if you live in Decatur, Illinois, and more than three times as likely to undergo back surgery than if you live in Cleveland. If you have osteoarthritis of the knee and live in Port Huron, Michigan, you are twice as likely to have your knee replaced than if you live in Chicago. Find the report at: [http://www.rwjf.org/content/dam/farm/reports/reports/2012/rwjf403258](http://www.rwjf.org/content/dam/farm/reports/reports/2012/rwjf403258)

### U-M study: Fear may be driving women to over-treat breast cancer

**A study conducted by** the University of Michigan’s Comprehensive Cancer Center has shown that many women chose to over-treat their breast cancer because of unsubstantiated fears that it may return. The November 2012 study revealed that 70 percent of breast cancer patients that receive a double-mastectomy don’t have a clinical reason for having the procedure done.

“"The dilemma we’re facing is more and more women are choosing to remove both breasts," Dr. Michael Sabel, associate professor of surgery at the University of Michigan Medical School. "We’re greatly overestimating the risk of women with breast cancer developing another breast cancer."

The study found 90 percent of women who had surgery to remove both breasts reported being very worried about the cancer recurring. “There are women who are getting that procedure who could avoid it,” said Sarah Hawley, associate professor of internal medicine at the U-M Medical School and a lead author on the study.

Women diagnosed with breast cancer are encouraged to undergo a double mastectomy if they have a strong family history of breast cancer and mutating forms of breast cancer. However, many women that do not have clinical reasons to remove both breasts choose to do so because they believe the procedure will reduce their risk for the cancer coming back, Hawley said.

“Bilateral mastectomy does not reduce the risk of recurrence of breast cancer,” Sabel said. “There’s very little data that says removing both breasts will increase their chances of survival. The biggest threat to their survival is the cancer that they’re facing now. Most patients aren’t going to develop a second cancer. People are overestimating the risk of cancer and underestimating the risk of the surgery.”

The study, “Is Contralateral Prophylactic Mastectomy (CPM) Overused? Results from a Population-Based Study,” was presented at the American Society of Clinical Oncology Quality Care Symposium November 30. Researchers will be working to develop an online interactive decision-making tool intended to help women diagnosed with breast cancer choose which course of treatment is best for them.

For more information regarding this study, go to: [http://bit.ly/1389tpv](http://bit.ly/1389tpv)

Source: [www.AnnArbor.com](http://www.AnnArbor.com), Amy Biolchini, county, health, and environment reporter
Comparing Male and Female BRCA Mutation Carriers’ Communication of their BRCA Test Results to Children

Submitted by Heidi Dreyfuss, MS1,2; Monica Marvin, MS2; Lindsay Dohany, MS1; Kara Milliron, MS2; Sofia Merajver, MD, PhD2; Elena Stoffel, MD, MPH2; Beverly Yashar, MS, PhD2 and Dana Zakalik, MD1

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Individuals with a BRCA gene mutation, which causes Hereditary Breast and Ovarian Cancer syndrome (HBOC), have management options available to them that can decrease morbidity and mortality. Thus, communication needs to occur from the proband to his/her at-risk relatives to try and prevent cancer or detect it at an early stage. The National Society of Genetic Counselors Genetic Cancer Risk Assessment and Counseling Practice Guideline state that patients with positive genetic test results should be urged to notify at-risk relatives. In order for genetic counselors to best encourage patients to convey their genetic test result to family members, the counselor needs to understand the factors that impact who patients tell, what information they disclose, and how they inform their relatives. Current research on the communication of BRCA results is typically limited to communication by females and suggests that communication to males occurs less frequently. Therefore, the objective of this study is to identify gender-related characteristics in communication of BRCA results to improve familial communication and tailor genetic counseling for male and female patients.

677 individuals (ages 18 and older) who received genetic counseling from one of three clinics in Michigan (Beaumont Cancer Genetics Program, University of Michigan Breast and Ovarian Cancer Risk Evaluation Program, and University of Michigan Cancer Genetics Clinic) and who carry a deleterious BRCA1 or BRCA2 mutation were invited to participate. Subjects completed a 34-item survey comprised of novel and previously published questions exploring whom they informed, types of information shared, method of communication, and the factors impacting the decision to undergo testing and disclose results. Communication patterns were examined within the entire cohort and comparisons were made between males and females.

Participants included 25 males and 119 females. 85% of males and females reported sharing their test results with at least one of their children, and they did so in-person. The details and significance of their BRCA test results that were conveyed were similar between genders and included information on the specific genetic mutation, the increased cancer risk, the inheritance of the BRCA mutation, and the possible change in medical management. For both males and females, the top reasons for disclosing the results to their children included: 1) wanting to inform the child about their risk, 2) feeling the results will impact the child’s medical management, 3) wanting to encourage testing in family members, and 4) to continue having a close relationship. There was no difference between the genders in which they told, what information they shared, how they disclosed (i.e. phone vs. in person), and why they communicated to their children. There was no statistically significant difference in disclosure to sons or daughters by males or females.

In conclusion, this study found that the gender of a BRCA mutation carrier does not impact the disclosure process to at-risk children. We did not identify any differences in the percent of children told about the test results or the method of communication. Furthermore, we found that communication to male and female children occurred with a similar frequency. This suggests that current clinical practice effectively enables comprehensive family communication to children.

For more information please contact Heidi Dreyfuss, MS at heidi.dreyfuss@beaumont.edu.

Reference:

Health Behavior Change in Older African American Colorectal Cancer Survivors

A colorectal cancer study performed by Teri Albrecht, PhD and led by Felicity Harper, PhD, at Karmanos Cancer Institute, sought to better understand the health beliefs and attitudes of older, African American survivors of colorectal cancer that may influence health behavior change. Excluding skin cancers, colorectal cancer is the 3rd most common cancer diagnosed in the U.S. Although the number of survivors is increasing due to improvements in screening and treatment, African Americans experience substantially poorer survival rates compared to Whites. These disparities may be in part related to modifiable health beliefs and attitudes that may create barriers to seeking follow-up, care and/or adhering to recommendations.

Study findings showed that older African American CRC survivors are generally motivated to improve their health and believe changing their health behaviors is possible. Findings emphasize the importance of tailoring information provision, considering beliefs about personal responsibility and faith, and considering survivors’ individual mobility needs and financial/environmental resources. Knowledge about the beliefs and attitudes associated with making health behavior changes can inform the development of interventions to address the diversity of challenges that older African American CRC survivors may experience in adopting more positive health behaviors. Providing information that targets the beliefs, abilities, and resources of older African American CRC survivors can potentially reduce disparities in survival rates and survivor health outcomes by promoting the adoption of positive health behaviors post-cancer.

“We hope to ultimately harness the opportunity for a teachable moment and really encourage health behavior change in older African American colorectal cancer survivors.” said Dr. Felicity Harper, lead scientist on the project.

Sortable Statistics – Updated Data Resource

Would you appreciate having data on death rates, risk factors and other public health indicators for a state/region at the click of your mouse?

The updated Sortable Stats 2.0 site provides users with easy access to extensive public health data on a state/region and enables comparison with other states/regions and the nation. Sortable Stats is an interactive database with data on 31 behavioral risk factors and health indicators.

With Sortable Stats 2.0, users can:
- View, sort, and analyze data at the state, regional, and national levels.
- Sort indicator data by demographic categories (e.g., race, gender, age) and historical trends.
- View data in graphs, tables, and maps.
- Easily export data to Excel spreadsheets, PowerPoint, or for use in other materials.

Save The Date!

The next Michigan Cancer Genetics Alliance membership meeting will be held on Friday, March 15, 2012 at St. Joseph Mercy Hospital in Ann Arbor (8:30 am to noon). The topic of this membership meeting is health disparities in genetics and access to care issues and will include an interactive panel of experts. Please stay tuned to the MCGA webpage for additional meeting information: (https://www.migrc.org/Library/MCGA/MCGAMainPage.html).

The 2012 MCC Annual Meeting Materials are Now Available On-line

Please see link for: Keynote speaker Brenda A. Adjei - NCI Center to Reduce Cancer Health Disparities (video of live session); All Speaker presentations; Poster presenter summaries; Spirit of Collaboration Award winners! http://www.michigancancer.org/WhatWeDo/2012annualmtg-archive.cfm
Legislative Update  
American Cancer Society Cancer Action Network  
Submitted by Judy Stewart (December 2012 and January 2013)

**State Update**  
**Affordable Care Act**  
The House Appropriations committee approved a supplemental budget on November 28th, SB 931, but rejected an amendment to spend the $9.8 million health insurance exchange establishment grant that the state received from the federal government a year ago. The money was intended to be used to: conduct additional analysis on the impacts of the Exchange and the Affordable Care Act in Michigan, including additional insurance market analysis; acquire contractual services to assist the State and the Exchange with legal matters, technology planning, education and outreach, financing and policy issues; and, support the State of Michigan as it works toward establishment of this new entity. Once the House approved the supplemental budget, the Senate Appropriations committee considered spending federal dollars to prepare for the partnership exchange but in the end did not include the appropriation in the substitute supplemental bill they passed on December 13th.

On November 29th, the House Health Policy Committee defeated legislation to create a state run health insurance exchange. While the committee had previously held hearings on the issue in general earlier this year, this was the first time an actual piece of legislation, SB 693, was debated. SB 693 passed the Senate over a year ago. The House Speaker, Jase Bolger, said later in a statement that a state-run health insurance exchange is not going to happen, at least not this session.

Two weeks prior, Governor Snyder announced that he filed a grant application to HHS to collaborate with the federal government on a state partnership exchange. However, he said that if additional federal deadlines are extended or the Michigan Legislature takes action authorizing a state-based exchange, then Michigan may exercise its option for a state run exchange. With the exchange issue deemed “dead” by the Speaker, Michigan will move forward with the Governor’s plan for a federal-state partnership exchange. Details of what that will mean exactly will be forthcoming.

**Federal Update**  
After long and contentious negotiations that extended late into New Year’s Day, Congress passed a measure to at least temporarily avert the most immediate consequences of the so-called “fiscal cliff.” Democratic and Republican leaders struggled to reach consensus on what to do about scheduled increases in income tax rates as well as across-the-board cuts to domestic discretionary and defense spending that were scheduled to take effect immediately in the New Year.

ACS CAN closely monitored the debate and its potential impact on federal funding for cancer research, cancer prevention and early detection programs, and key provisions of the Affordable Care Act, as well as federal support for Medicare and Medicaid coverage that is vital to many people with cancer. In the end, Congress voted to postpone automatic cuts that would have slashed the National Institutes of Health budget by as much as $2.5 billion, including more than $450 million from cancer research specifically. The narrow deal holds off these and other reductions in federal spending – known as the sequester – for two months, and it postpones proposed cuts in Medicare and Medicaid.

The negotiations promise to grow more intense because by the end of February the nation will once again reach its statutory debt limit, provoking a second serious showdown in as many months with calls for debt reduction that could impact many programs that benefit cancer patients. At the same time, the sequester will return as a major issue when the two-month postponement expires. In addition, all federal appropriations for the current fiscal year are set to expire at the end of March, and will have to be renewed through September. For more information on the potential impact of sequestration, click on this link and look under “What's New” on MCC homepage: [http://www.michigancancer.org/](http://www.michigancancer.org/).
January is National Radon Action Month

It's January 2013, and Michigan residents are reminded that this is the best time of year to test homes, schools, and businesses for radon gas. Radon is a radioactive gas that is naturally occurring, odorless, and causes over 20,000 lung cancer deaths each year in the United States. Every county in Michigan has homes with elevated radon levels. Each year, over 3,000 Michigan homes are mitigated through the installation of radon reduction systems.

Local health departments throughout Michigan act as radon information centers where residents and professionals can get easy access to radon test kits, health information, and data (test results) for their area.

For more information on where to obtain a radon test kit or the services of certified radon measurement or mitigation providers, please contact the Michigan Radon Hotline at 1-800-723-6642.

Tribal health centers’ grounds go tobacco-free New Year’s Day – All Sault Tribe employees have free access to the Nicotine Dependence program

By Brenda Austin

The Sault Tribe’s health centers’ grounds and Kewadin Casino’s restaurants recently went smoke free and employees can now access the services offered by the tribe’s Nicotine Dependence Program free of charge.

The Nicotine Dependence Program (NDP) has always been available to members of the Sault tribe, members of other federally recognized tribes and non-Native tribal employees and their dependents with insurance. The NDP helps patients develop an individualized quit plan including counseling, support and access to tobacco cessation medications throughout the Sault Tribe’s service area.

Community Health Educator Lauren Kross said that with the tribe’s health center grounds going tobacco-free Jan. 1, they wanted to have the program available to all employees and offer them the same services that tribal members have access to. That means full- and part-time Sault Tribe employees who are not tribal members and don’t have health insurance can now access the program free of charge.

Health Education Supervisor Colleen Commons said the tribe’s board of directors requested that if the health centers are going to encourage smoke free policies that they have services available to all employees. “This isn’t about taking a smoker’s rights away, it’s really about where they are able to smoke,” Commons said. “If they don’t choose to quit that’s ok – we can still assist them to get through that process. Going through the day might be harder, they won’t be able to just step outside the door and have a break.”

Tobacco (Semaa) is a sacred medicine to the Anishinaabe people, but when tobacco is abused by smoking or chewing it causes serious illness, disease and death. The number one cause of all preventable deaths in the U.S. is smoking, with Native Americans having the highest prevalence of non-traditional tobacco use among all major ethnic groups, according to the Healthy Sault Tribe website at: www.healthysaulttribe.com.

Donna Norkoli, Sault Tribe Community Transformation Grant Project Coordinator stated, “We commend the Tribal Board of Directors for taking this step to promote the health of employees, health center visitors, and the community. The Sault Tribe Community Transformation Grant is working to increase tobacco-free environments and decrease use of commercial tobacco to improve the health of tribal members and their families.”

The NDP has a high success rate and information from patient satisfaction surveys indicates that 89 percent of participants would recommend the program and that about 46 percent of those responding to the survey indicated they have quit. There has also been a trickle-down effect with other members of patient households changing their tobacco use as a result. In the last fiscal year, which just ended Sept. 30, there were 415 patients enrolled in the NDP with a total number of visits at 1,127 - the majority of patients were seen in the Sault and St. Ignace health centers.

The National Native Commercial Tobacco Abuse Prevention Network also offers resources, success stories and statistics. Go to www.keepitsacred.org and become a member.

For more information on the work of the Sault Tribe Community Transformation Grant Project funded by the Centers for Disease Control, visit http://www.healthyupcommunities.com/.
January is...  
Cervical Health Awareness Month

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Training  
American Lung Association  
Freedom From Smoking - Facilitator Training
Help on the Hill Educational Program at Van Andel Institute
Intended for all cancer stakeholders

Help on the Hill Educational Program at Van Andel Institute
Intended for all cancer stakeholders