Letter from the Co-Chairs

Dear Partners and Friends,

“We were one of the first consortia in the country to come together, develop a robust and relevant agenda, and implement important foundational tools and statements.”

This statement, from an MCC member in the 2017 Annual Survey, succinctly summarizes the work that the MCC has done in the last 20 years and continues to do today.

As we celebrate the 20th anniversary of the MCC, it is important to look back on our organization’s history. Since its inception, the MCC has worked tirelessly towards its mission of reducing the burden of cancer among Michigan residents and in doing so has a long record of accomplishments.

Given our history and accomplishments, the MCC will continue to be a leader in cancer prevention and control efforts for many years to come. We would like to thank all of our members for their efforts throughout the years on behalf of the Consortium. We ask our members to continue to use and share MCC’s resources so that together we can lead cancer control efforts in Michigan.

Sincerely,

Dana Zakalik, MD
MCC Co-Chair

Tom Rich, MPH
MCC Co-Chair

**Action Request**
Share this Annual Report with colleagues. Ask them to read, use, and share the Annual Report.

Share the MCC’s other resources including tools of the month, clinical guidelines, and the MCC Update.

Sincerely,
Michigan’s Cancer Burden

56,590 Michiganders are estimated to be diagnosed with cancer and 21,380 Michiganders are estimated to die from cancer in 2018. ¹

New Cancer Cases per 100,000 ²

In 2014 Michigan had a similar new cancer case rate to that of the US.

Counts with the Highest New Cancer Rate, 2010-2014

1. Osceola
2. Wexford
3. Grand Traverse
4. Wayne
5. Alpena

To see the rates for all counties please visit the Michigan Cancer Surveillance Program.

New Cancer Cases by County ²

State Incidence = 464.05 per 100,000 Residents

Cancer Mortality per 100,000 ²

In 2014 Michigan had a higher cancer mortality rate compared to that of the US.
Michigan’s Cancer Burden

Stage at Diagnosis in 2014

<table>
<thead>
<tr>
<th>Stage</th>
<th>In Situ</th>
<th>Localized</th>
<th>Regional</th>
<th>Distant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abnormal cells are present but has not spread to tissue</td>
<td>7,669 (13.0%)</td>
<td>22,405 (38.0%)</td>
<td>10,850 (18.4%)</td>
<td>13,640 (23.1%)</td>
</tr>
</tbody>
</table>

Cancer Risk Factors among Michigan Adults

- 20.4% Report being a **current smoker**.
- 32.5% Report being **obese**.
- 6.9% Report drinking more than two alcoholic drinks per day for men or more than one per day for women in the previous month.

Cancer Screening Rates

- 74.0% Of women over 40 had a **mammogram** in the past two years.
- 69.7% Of Michigan Adults 50 years and older had **appropriate colorectal cancer screening**.
- 72.5% Of women over 18 had a **Pap test** in the past three years.

Survivorship among Michiganders

10.7% of all Michigan Residents report being a **cancer survivor**. Racial and ethnic differences exist among cancer survivors in Michigan.

References

The Cancer Plan for Michigan is a guide for anyone in the state looking for ways to fight cancer.

The Cancer Plan aims to:

- Provide actions for organizations and individuals to fight cancer
- Use evidence-based strategies and the collective wisdom of a wide range of cancer experts and organizations
- Maximize the impact of the work by strategizing methods to reduce the human and economic burden of cancer in the state

The Cancer Plan goals model the cancer care continuum

The Plan has four goal areas which outline the purpose of the Cancer Plan.

- **Prevent** cancer from occurring
- **Promote** early detection of cancer using tests that have been shown to reduce mortality
- **Diagnose and treat** all patients using the most effective and appropriate methods
- **Optimize** quality of life for every person affected by cancer

The MCC prioritized 4 objectives for 2016-2017

By choosing these priorities, the MCC aims to focus its collective effort on state-wide initiatives and strategies to improve in each area.

- HPV Vaccinations
- Colorectal Cancer Screening
- Cancer Treatment Clinical Trials
- Survivorship Care Plans

Promoting health equity is a pillar of the Cancer Plan

The “pillars” are overarching focus areas of the plan that should be incorporated into its implementation. The other pillars are:

- Implement policy, systems, and environmental changes
- Develop and maintain active partnerships in cancer prevention and control efforts
- Demonstrate outcomes through evaluation
Health Equity and the MCC

Although cancer affects all populations, certain groups bear a disproportionate burden of cancer

Cancer health disparities are adverse differences in cancer incidence (new cases), cancer prevalence (all existing cases), cancer death (mortality), cancer survivorship, and burden of cancer or related health conditions that exist among specific population groups. Health equity is the achievement of the highest level of health for all people. This can only be attained by eliminating health disparities. Promoting health equity is a pillar of the Cancer Plan for Michigan and a priority for the MCC.

When it comes to expanding opportunities for health, one size does not fit all. Thinking the same approach will work universally is like expecting everyone to be able to ride the same bike. 6

The MCC Health Equity Committee has many accomplishments in its short tenure

Recruited 21 members
Held 5 meetings
Hosted 2 webinars

In June 2016, the MCC Board of Directors created a standing committee within its organizational structure to promote health equity. Since then, the committee has:

• **Added health disparities data to the priorities dashboard**
  The dashboard displays data on race/ethnicity, insurance and education level for each of the (4) priorities. These data will be updated annually and as the priorities change.

• **Created the Health Equity Corner in the monthly MCC Update publication**
  Various topics are published in order to promote collaboration and best practices for health disparities reduction.

• **Sponsored webinars to expand knowledge on cancer disparities and health equity**
  The webinars “The Role of Social Determinants in Cancer Prevention & Control” and “Health Disparities & Cancer in LGBT Communities” are available on the MCC website.
MCC Priority: HPV Vaccinations

How is HPV related to cancer?
The human papilloma virus (HPV) is a known carcinogen that causes cancers of the cervix, vagina, vulva, penis, anus, rectum, and oropharynx. Although cervical cancer is the most prevalent HPV-associated cancer, there has been an influx in HPV related cancer of the back of the throat, base of the tongue and tonsils, called oropharyngeal cancer.

How does the HPV vaccination help?
The HPV vaccine can protect against HPV infections when given in the recommended age groups. Since the introduction of the HPV vaccine, studies have shown a reduction in HPV infection prevalence in countries where the vaccine has been administered. Currently, there are three FDA-approved HPV vaccines available.

**HPV-related cancers have a significant impact in Michigan**

1,465 new cases (2014) and 679 deaths (2015) from HPV-related cancers

In 2014, there were 12.4 new diagnoses of HPV-related cancers per 100,000 Michigan residents. In 2015, there were 5.6 deaths for every 100,000 residents.

**HPV vaccination completion rates in Michigan continue to**

![Graph showing HPV vaccination completion rates in Michigan]

Figure 1. HPV Vaccination completion rates in Michigan continue to increase.
MCC HPV Vaccination Workgroup

Increased awareness and health education interventions are needed to promote the importance of the HPV vaccine and to achieve an HPV vaccine completion rate of 80% as outlined by the Healthy People 2020 goal. The MCC HPV vaccine workgroup continues to promote the importance of the HPV vaccine and provide resources that help individuals make informed decisions.

In 2017 the workgroup completed their project focused on outreach to parents and caregivers of Hispanic youth to increase vaccination rates. The workgroup:
• conducted focus groups to gauge perceptions and knowledge about the HPV vaccine,
• translated HPV educational resources to Spanish, and
• sponsored a multimedia campaign which included radio and print ads on Spanish stations and newsletters.

MCC Members in Action

The 2017 MCC Annual Survey assessed the activities of 84 member organizations around HPV vaccination.

49% of MCC Members reported promoting HPV vaccination

Out of the 40 member organizations who are working on HPV vaccine promotion activities:
• 54% used provider or system-based interventions, such as provider assessment and feedback
• 44% enhanced access to services, such as reducing out-of-pocket costs
• 33% increased community demand, such as client reminder and recall

“During Vaccine for Children meetings, providers with high vaccination rates were recognized and received a certificate. One of our providers in Montcalm County was in the top 25 in the State.”
-Andrea Tabor, Mid Michigan District Health Department

“We piloted a few projects, including offering school-based immunization clinics, Saturday clinics, and a quality improvement project with Vaccine For Children providers.”
-Sarah Oleniczak, District Health Department #10
Why is screening important?
Screening can prevent colorectal cancer through the detection and removal of precancerous growths, as well as detect cancer at an early stage. Precancerous polyps do not always cause symptoms, which is why screening tests are so important. The declines in colorectal cancer incidence in recent years (about 3% per year from 2004-2013) have mainly been attributed to early detection. Regular screening is one of the best ways to prevent colorectal cancer. There are several colorectal cancer screening test options, but when given a choice, a significant number of patients prefer stool tests.

Colorectal cancer is the second leading cause of cancer deaths in the United States
Data collected by the Michigan Cancer Surveillance Program in 2014 shows that 4,608 cases of colorectal cancer diagnosed and 1,766 deaths from the disease. More than 90% of colorectal cancers occur in people aged 50 and older.

Disparities exist in colorectal cancer screening rates in Michigan

Figure 2. Colorectal cancer screening (Fecal Occult Blood Test or Endoscopy) rates across demographic groups (BRFS 2016)
MCC Colorectal Cancer Workgroup

The MCC has prioritized early detection of colorectal cancer, with the goal of increasing the percentage of adults aged 50 to 75 years old who are up-to-date on screening to 80% by 2020. The workgroup has been working since March 2016 to initiate colorectal cancer screening as a quality measure for Michigan Medicaid (Adult Core Set). The workgroup’s partners in this project include:

- key leaders with Michigan Medicaid,
- staff of the National Colorectal Cancer Round Table,
- leaders with the American Cancer Society Cancer Action Network and American Cancer Society, Inc., Lakeshore Division.

The workgroup drafted a letter to key leaders at Michigan Medicaid and a meeting with those leaders followed. The letter gave background information and recent data from studies on colorectal cancer. While CRC screening has not yet been made a quality measure of Medicaid in Michigan, many efforts are currently in place to make it so and meetings with the partners described above continue.

MCC Members in Action

In 2017, 55% (47 out of 86) of respondents reported that they are working to promote timely screening for colorectal cancer.

The top 3 evidence-based methods used by members to promote colorectal cancer screenings in 2017 were:

1. Small media patient education (i.e. video and printed materials such as letters, brochures and newsletters)
2. Client reminders
3. One-on-one patient education (i.e. telephone or in-person)

“In collaboration with Karmanos Cancer Institute and MDHHS, we successfully have been providing free colonoscopies and FIT testing for uninsured individuals who qualify for the screening criteria, with over 225 individuals who have been scheduled or have performed their colonoscopies or FIT screening. We continue conducting research to collect data on knowledge, risk factors and screening barriers to colorectal cancer within the community.”

-Hiam Hamade, MPH, Arab Community Center for Economic & Social Services (ACCESS)

“Worked with 4 physician practices to extract data on completed CRC screenings, determined areas for process improvement, and worked to implement best practices. CRC screening rates increased in all participating practices and client reminder systems were assessed and supported.”

-Julee Campbell, MPH, MPRO
MCC Priority: Clinical Trials

MCC has championed clinical trials participation for 20 years
Clinical trials play an important role in the cancer care continuum by aiming to support patient quality of life and improve treatments. However, there is room for improvement when it comes to patient enrollment. Patient barriers to clinical trial enrollment can include a lack of knowledge about available trials, suspicion of research, and financial concerns. The MCC strongly supports facilitation of patient participation in clinical trials.

Clinical trials assist in the development of new treatments for cancer
Clinical trials provide the opportunity to learn about potential therapies and their ability to improve symptoms and quality of life after a cancer diagnosis. Cancer clinical trials play an important role in cancer treatment, both for the care of the individual and for advancing the science of cancer prevention and care. The cancer journey is unique for each individual diagnosed. It is of benefit for providers and patients to discuss the availability of clinical trials and the benefits of enrollment for the individual.

7% Michigan adults reported a cancer diagnosis also reported participating in cancer treatment clinical trials15

Disparities exist in cancer clinical trial enrollment
With limitations of Michigan BRFSS data, statistically significant disparities were not found across race, ethnicity, and for the population subsets detailed below. This is not to say they do not exist. From a national perspective, less than 10 percent of individuals with cancer enrolled in clinical trials are members of a racial or ethnic minority group.16

Figure 3. Cancer Treatment Clinical Trial Participation Demographic Data 201615
The Clinical Trials Workgroup convened in 2016 with the goal to ensure Michigan residents with cancer who want to join a clinical trial can do so with fewer barriers. The Workgroup developed a health system change project to facilitate rapid response to prior authorization requests by creating a fax cover sheet form that could be shared with practitioners and used as a “heads up” when enrolling patients in cancer clinical trials.

Promotion of the fax cover sheet has included:
- MCC Website
- Michigan Society of Hematology and Oncology (MSHO) Newsletter
- MCC Update
- MCC Annual Meeting
- Hospital Cancer Committee Meetings

Questions about knowledge and use of the fax cover sheet were included in the 2017 MCC Annual Survey. MSHO members were also surveyed in the fall of 2017. Results from both surveys indicated there is still work to be done with cover sheet promotion. The Workgroup created an evaluation infographic to share with the MCC and its partners detailing the reach and use of the fax cover sheet.

MCC Members in Action
- 20 out of 86 (23%) MCC member organizations enroll patients in clinical trials
- 35 (41%) reported involvement in promoting participation of clinical trials for cancer treatment
- 23 (27%) aware of the fax cover sheet developed by the MCC Clinical Trials Workgroup
- 3 reported using the cover sheet

“We encourage every patient to be evaluated to a clinical trial. We implemented ViaOncology, which all physicians have to either select the applicable clinical trial or indicate why the patient was not enrolled. We created an updated clinical trials educational video targeting minority patients. We created an app for referring physicians to see what trials are available.”

-Julie Brabbs, University of Michigan Comprehensive Cancer Center
Survivorship care plans are a vital tool in cancer care

The Institute of Medicine recommends survivors receive a survivorship care plan (SCP) following the completion of treatment. SCPs serve multiple purposes in the cancer journey:

- Provide details on the cancer diagnosed, treatment completed, follow-up care recommendations, referrals to support services, and additional community resources.
- Serve as a communication tool between the oncology team and a survivor’s primary care provider about who is responsible for care.
- Help clarify information and encourage adherence to follow-up care and healthy lifestyle recommendations.

Cancer survivors have unique needs

There are physical, emotional, and financial side effects of cancer care and treatment that impact survivors and their families. As survivors live longer with support from advancements in treatment, survivorship work offers education and support to providers who treat individuals throughout the course of survivorship in the primary care setting. Providing survivors with information on healthy lifestyle choices related to such topics as physical activity, nutrition and smoking cessation can improve survivor quality of life.

Not all cancer survivors receive written instructions

In 2016, 62 percent of Michigan adults reported receiving instructions from a doctor, nurse, or other health professional about where they should go or who they should see for routine cancer check-ups after completing treatment for cancer. With limitations of Michigan BRFSS data, statistically significant disparities were not found for the population subsets detailed below. However, this is not to say they do not exist.
MCC Survivorship Workgroup
Over the past year, the Workgroup has continued to develop five SCP resource documents for post-treatment survivors. Document topics include:
- Physical activity
- Nutrition
- Tobacco cessation
- Fatigue,
- Healthy lifestyle choices

Since the cancer survivor population is diverse, it was determined the documents would be written with plain language and translated into two additional languages - Spanish and Arabic.

The resource documents were reviewed for readability and usability by a focus group of survivors through St. Joseph Mercy Health System. In November 2017, the documents were approved by the MCC Board of Directors and made available for download on the MCC’s website. The Workgroup has promoted the documents at the MCC Annual Meeting and through various MCC communication channels.

MCC Members in Action
42 out of 86 (49%) MCC members promote the use of survivor care plans
- 26 promoted the presentation of survivorship information
- 25 educated providers and patients on follow-up care for the short-term and late effects of cancer and its treatment
- 22 promoted and supported the efforts of Michigan providers to meet national standards on distributing survivorship care plans

“KCI continues to support the survivorship of its patients by providing care plans that offer treatment summary and follow up plans [and] an array of supportive services for patients and survivors, including free legal assistance through a partnership with Wayne State University, financial counseling, nutritional classes, art therapy and various support groups…” -Laura Zubeck, Karmanos Cancer Institute/Wayne State University

“Dedicated ACS staff worked with hospital cancer committees on developing and implementing survivorship care plans. Through November of 2017, 13,153 Michigan cancer patients were provided ACS information, services, or referrals to other organizations.” -Jessica Schweihoffer, American Cancer Society

LIVING HEALTHY AS A CANCER SURVIVOR: FATIGUE
A cancer survivor is a person who has been diagnosed with cancer. They are considered a survivor for the rest of their life.
- There are both physical and emotional side effects of cancer and its treatment. These side effects will impact survivors in different ways.
- Choosing healthy behaviors is important. You can lower your risk of getting cancer again through exercise, eating healthy foods and not being overweight.
- This document provides survivors with information on ways to live healthier after treatment ends. The document should not replace consultation with a health care provider. It is important that all survivors see their health care provider for regular medical care.

Handling Fatigue as a Cancer Survivor
Fatigue is a common side effect of cancer treatment. Cancer related fatigue is not linked to recent activity. It does not always get better if you rest.
Physical fatigue- The body feels tired and a person may not feel they have energy to do activities.
Mental fatigue- A person has difficulty concentrating, solving problems, reading, and holding conversations. They may also experience anxiety and irritability.
Cancer treatment, pain, and other factors can cause fatigue. Talk to your health care provider about different ways to treat it.

Managing Your Fatigue
1. Be active. Being physically active can help you gain energy and lower stress.
   - American Cancer Society guidelines for physical activity include 150 minutes of moderate-intensity exercise per week, like fast walking.
   - Exercise using a DVD or a YouTube video if it is hard to leave the house.
   - Consider yoga, biking, or other types of exercises.
   - Ask your health care provider and physical therapist about activities that are best for you.
   - Physical activity is the BEST way to decrease fatigue and increase energy.
   - For some individuals, it may take time to overcome fatigue.
The Michigan Cancer Consortium
“An organization of organizations”

**Background**
The Michigan Cancer Consortium (MCC) is a statewide collaborative association which strives to unite private and public organizations in order to work towards improving cancer prevention and control. The MCC is composed of about 100 organizations across the state.

The MCC was established in 1988 in order to advise the state health agency on its cancer control initiatives and continues to be a state and national leader in cancer prevention and control.

**Member Organizations in Action**
With a focus on health equity, member organizations serve various populations all over the state.

Out of 86 members that were surveyed, they reported working with the following communities:

- **78%** serve rural communities.
- **30%** serve a population with a lower socioeconomic status.
- **61%** supported programs and interventions that focused on minority and special populations in 2017.

**Membership in the MCC**
Membership is open to any organization that has an interest in collaborative efforts to improve cancer outcomes in Michigan.

Together, nationally recognized cancer experts, state health care leaders, health providers, insurers, and representatives of community-based organizations commit to working on the Michigan Cancer Plan and the MCC’s priorities.

**2017 accomplishments**

- **Webinars**
The MCC hosted webinars on various topics related to cancer control and prevention.

- **White Papers**
The MCC published a white paper on Financial Navigation for Cancer Survivors.

- **Workgroups**
All MCC Workgroups made significant progress towards achieving Cancer Plan goals.
2017 Accomplishments

The Michigan Cancer Consortium has **five standing committees** that work to support the cancer plan pillars of Policy, Health Equity, Partnerships, and Evaluation. In 2017, these workgroups successfully implemented several projects that promoted the MCC’s mission and vision.

**Governance**

The Governance Committee provides oversight on matters related to the structure and governance of the organization.

Completed **orientation** of 2017 Board of Directors.

Developed Board of Directors slate and held **elections** for the 2018 - 2020 term.

**Health Equity**

The Health Equity Committee addresses health disparities and the social determinants of health related to cancer.

Planned and sponsored two **webinars** with attendees from across the United States.

Established a **Health Equity Corner** to be included in the monthly MCC Update.

**Evaluation**

Monitors and evaluates MCC products and activities to inform MCC.

Achieved **86%** completion rate for 2017 MCC Annual Survey of the Membership.

Developed a process for selecting **Cancer Plan priorities** for 2018-2019.

**Policy**

The Policy Committee plans and coordinates changes in policy, systems, and the environment (PSE) that will help promote and sustain the MCC’s comprehensive cancer control initiatives to reduce Michigan’s cancer burden.

Developed a **one-page infographic** on HPV vaccinations targeted at community leaders, policy makers, etc.

**Membership**

The Membership Committee handles the recruitment, orientation and active retention of member organizations.

Created the 20-Year **Anniversary Logo**.
Voices of MCC Members

MCC Members indicated the top benefits they receive from the MCC

- Being informed on cancer-related resources and programs
- Access to patient and provider resources and materials
- See the larger picture—how organizations work together
- Network with other professionals and leaders in cancer care

“I have been provided with the opportunity to network with a great group of healthcare and public health professionals. This allowed me to promote my organization and its mission, vision and goals which brought collaboration on rewarding projects. I highly value MCC and its members. Thank you!”

“It has been an honor to participate in innovative approaches to cancer control, and I have appreciated the opportunity to share and connect with others dedicated to finding better solutions to some of the challenges and barriers that heavily impact our patients and communities.”

“Remarkable to consider what has been accomplished these past two decades especially regarding the type and access for many more to clinical trials. We never would have made the advances without brave researchers and patients.”

2017 Spirit of Collaboration Award Winners
The Annual Meeting brought national and state level experts together to increase knowledge on health equity and social justice. The conference created opportunities for 180 members and partners to learn more about health inequities and hear about models that can improve health and create change in our communities. Attendees had a chance to visit over 30 posters and abstracts highlighting current projects and research in Michigan.

**Conference attendees:**
- **Networked** with MCC Members and Partners
- **Learned** about the effects of poverty on health outcomes within our communities
- **Increased** knowledge of the MCC Priorities and accomplishments toward the Cancer Plan objectives
- **Renewed** dedication to cancer control efforts in Michigan

**Keynote Speaker**
Dr. Marcella Wilson presented her program, Transition to Success, a standard of care to treat the social determinants of health, by treating poverty in America.

**MCC Awards**
The **MCC Inspiration Award** (for cancer survivors) notes that “No one should face cancer alone. Courageous, determined, resolute, faithful; these are the faces of cancer survivors.” The award is given to someone who exemplifies these words and lifts up others in the face of their own diagnosis. **2017 Winner: Jessica Cash**

The **MCC Champion Award** honors an individual who has demonstrated leadership, excellence, success, and impact in the fight against cancer. This individual has helped to reduce the burden of cancer, championed initiatives to prevent and control cancer, and improved the lives of those living with cancer. **2017 Winner: Connie Szczepanek**

The MCC has presented the **Spirit of Collaboration Award** to member organizations that have done outstanding collaborative work to significantly move comprehensive cancer control activities forward in our state. **2017 Award Winner: Link Volunteer Navigator Program**, which brought together 3 MCC members organizations to provide training for volunteers who “Link” with cancer patients and their families.
In addition to the work of the MCC, the Comprehensive Cancer Program at Michigan Department of Health and Human Services (MDHSS) funds several community agencies throughout the state to implement Michigan’s Cancer Plan. During fiscal year 2017 (October 2016 – September 2017) partners focused on human papilloma virus (HPV) education and promotion as well as cancer survivorship care.

**Someone You Love: The HPV Epidemic**

*Someone You Love: The HPV Epidemic* film screenings are sponsored by MDHHS. The documentary serves as an awareness tool to educate communities. The film follows five women who share personal challenges after being diagnosed with HPV associated cancers.

The purpose of the film screenings is to provide health care providers, adolescents/young adults, and parents/guardians with information about HPV and preventive measures that can be taken to reduce the occurrence of HPV cancers.

Four partners, which include:

1. Barry-Eaton District Health Department,
2. Health Department of Northwest Michigan,
3. CARES (Community AIDS Resource and Education Services), and
4. District Health Department #10

are in the process of facilitating screenings in their communities. These film screenings include panel discussions with medical providers, health educators, caregivers, and cancer survivors.

**Cancer Survivorship Care in Tribal Clinics**

The Inter-Tribal Council (ITC) of Michigan is developing *Clinical Practice Guidelines for Cancer Survivorship Care* training for use in tribal clinics. They have worked closely with staff that will be using the guidelines and the Michigan Cancer Surveillance Program to ensure functionality and accuracy. Once the training has been finalized, ITC will conduct training and implementation in tribal clinics.
Evaluation Methodology

Annual Survey

In order to evaluate the implementation of the Cancer Plan and collect information on what MCC members are doing around the priority objectives, the MCC administers the Annual Survey. This evaluation tool helps collect information about member organizations, assess the extent of the work done for each priority, and rate satisfaction with the consortium’s services and activities.

In 2018, each MCC member representative received the online survey between January 2 and March 5. The survey asked members to report activities from 2017 related to cancer prevention and control. Out of 102 member organizations, 90% (86 organizations) responded to the survey. Information gathered from the survey was used to produce this report. The MCC Evaluation Committee oversees the Annual Survey and Report process.

MCC Evaluation Committee

Wali Altahif  
Tobacco Free Michigan

Julee Campbell  
MPRO

Elisabeth Heath, MD  
Barbara Ann Karmanos Cancer Institute/ Wayne State University

Sarah Hockin  
Susan G. Komen Michigan

Susan Hoppough, PhD, RN  
Mercy Health Saint Mary’s

Carolyn Johnston, MD  
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Gwendolyn Parker, MD  
Blue Cross Blue Shield of Michigan

Noel Pingatore  
Inter-Tribal Council of Michigan

Tom Rich, MPH  
Chairperson

American Cancer Society

References

9. Michigan Cancer Surveillance Program, May 2018
Acknowledgments

Thank you, MCC Members, for completing the Annual Survey to provide data and stories for this report!

2017 Board of Directors

Robert Chapman, MD
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Henry Ford Health System

Joan Westendorp, RN, MSN, OCN
Co-Chair
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Immediate Past Co-Chair
St. John Providence Health System

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Secretary
American Cancer Society, Inc., Lakeshore Division

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Blue Cross Blue Shield of Michigan

Lori Pearl-Kraus, PhD, CS, FNP
Mary Free Bed Rehabilitation Hospital

Ann Schwartz, PhD, MPH
Barbara Ann Karmanos Cancer Institute/
Wayne State University

*Remembrance

The Michigan Cancer Consortium remembers Patrick “Pat” Gavin, RPh. Pat was an active and dedicated member of the MCC, serving on the Board of Directors and Evaluation Committee. His many contributions to, and passionate advocacy for, cancer prevention and control, cancer research and clinical trials leave a lasting legacy that will make a difference in the lives of others for years to come.