JOURNAL OF PROCEEDINGS OF THE

2017 Michigan Cancer Consortium
Annual Meeting

November 8, 2017
The Michigan State University Club &
James B. Henry Center for Executive Development
Lansing, Michigan
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Dear Cancer Control Partner:

On behalf of the Michigan Cancer Consortium, we are pleased to present the Journal of Proceedings of the 2017 Michigan Cancer Consortium Annual Meeting.

The theme of the Nov. 8 meeting was A Collective Vision: Working Toward Health Equity. Cancer control stakeholders from across Michigan came together in Lansing that day to learn, network and applaud their collective accomplishments. This edition of our journal captures the content shared during the meeting’s keynote, concurrent and closing sessions, the peer-reviewed and approved poster abstracts exhibition, and the 2017 MCC award presentations.

It is our hope that the information in these pages will help inspire those who could not attend the meeting and also will help sustain and enrich further action toward achieving the Consortium’s goals. We urge you to read and enjoy this edition, and then share it widely with your colleagues and other stakeholders in cancer control.

MCC Celebrates Its 20th Anniversary in 2018

The Michigan Cancer Consortium was one of the first statewide cancer consortiums in the nation, and 2018 marks its 20th year.

We are proud of all that our members have accomplished working together in those two decades. Visit www.michigancancer.org to learn more about what we do and how your organization can get involved. Then, mark Nov. 7, 2018 on your calendar and make plans to join us in Lansing for our annual meeting and 20th anniversary celebration.

Sincerely,

Dana Zakalik, MD
Co-Chair, MCC Board of Directors
Director, Beaumont Cancer Genetics Program, Beaumont Health System

Tom Rich, MPH
Co-Chair, MCC Board of Directors
Director, Comprehensive Cancer Control, American Cancer Society, Inc., Lakeshore Division

Joan Westendorp, MSN, OCN, CCRA
Immediate Past Co-Chair, MCC Board of Directors
Chief Nursing Officer, West Michigan Cancer Center
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The Michigan Cancer Consortium is a statewide, broad-based partnership that strives to include all interested public and private organizations and provides a forum for collaboration (communication, coordination, and the sharing of resources) to reduce the burden of cancer among the residents of Michigan by achieving the Consortium’s research-based and results-oriented cancer prevention and control priorities. For more information, visit www.michigancancer.org.
Peer-Reviewed Poster Abstracts
Telehealth Technology Reaches Homeless with Cancer Risk-Reduction Education

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MCC Cancer Plan Component Addressed
Prevention: Prevent cancer from occurring. (MCC Goal)

Purpose
To provide cancer prevention and risk-reduction education to the homeless in our community through an innovative solution utilizing telehealth technology in partnership with Mel Trotter Ministries and the Spectrum Health Cancer Center in Grand Rapids, MI.

Background/Significance
The homeless are identified as a vulnerable population, at risk for many cancers, and underserved in the area of health education. The Spectrum Health Cancer Center was posed with the question, “How do we bridge that gap?” Our answer was the implementation of the Knock Out Cancer program. This innovative program utilizes oncology nurses and state-of-the-art telehealth technology to meet with guests at Mel Trotter Ministries via two large computer monitors, one at Mel Trotter and one at Spectrum Health.

Mel Trotter is a ministry that provides shelter, warm meals, housing assistance, job assistance, medical and dental care, legal assistance, an inebriant clinic, and transportation. The Spectrum Health Cancer Center diagnoses more than 3,500 cancers annually and provides comprehensive cancer, and cancer-related, services to the community. The Knock Out Cancer program is partially funded by a grant provided by the Susan G. Komen Foundation.

The Knock Out Cancer program provides cancer screening education and cancer risk-reduction education. During their stay, homeless guests are encouraged to become active participants in preparing for their return to the community. Mel Trotter offers the Knock Out Cancer program as an option for guests interested in learning more about taking charge of their health through minimizing their risk of developing cancer. Interestingly, the cancer risk-reduction education parallels
eduction to reduce the risk of developing heart disease and type II diabetes.

Methods
An initial planning meeting was held between the Spectrum Health Cancer Center and staff at Mel Trotter. Spectrum Health oncology nurses developed a script for telehealth visits that incorporated cancer risk-reduction guidelines from the American Cancer Society. The nurses also created a log-in Excel file to record the length of visits and services provided. A room was designated at each site to conduct visits and house the equipment, and a flier was created to explain the Knock Out Cancer program and services offered.

It was determined all guests staying at Mel Trotter would be eligible to participate. The length of appointments was set at 30 minutes, allowing two guests to be seen each week. Initially, guests were scheduled on Wednesday mornings from 9:00 a.m. to 10:00 a.m. The appointment time was subsequently changed to Thursday afternoons from 3:45 p.m. to 4:45 p.m., in an effort to increase guest participation.

After each visit, a nurse at Mel Trotter followed up with guests to ensure a plan was in place to follow through with any concerns and to help make appointments as needed.

Results
The first Knock Out Cancer session was held Nov. 30, 2016. As of Aug. 31, 2017, 39 guests had been served with an average visit length of 19.8 minutes. Guests served by the program ranged in age from 18 to 77 years, with an overall average age of 40 years. Thirty percent of the guests were female, and 70 percent were male. The following table shows the educational topics discussed with guests and the percentage of guests who received education in each topic.

The majority of guests said their Knock Out Cancer session and the information provided was helpful. More than 50 percent said they would make a change in their current lifestyle or health behaviors. One guest was connected to a genetic counselor based upon the visit. Another guest had questions about a family member’s battle with lung cancer, which

<table>
<thead>
<tr>
<th>Topic</th>
<th>Percent of Guests Who Received Education</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exercise/Physical Activity</td>
<td>85%</td>
</tr>
<tr>
<td>Diet/Nutrition</td>
<td>90%</td>
</tr>
<tr>
<td>Family Cancer History</td>
<td>95%</td>
</tr>
<tr>
<td>Smoking Cessation</td>
<td>79%</td>
</tr>
<tr>
<td>Cancer Screening Recommendations</td>
<td>74%</td>
</tr>
<tr>
<td>Knowing Self &amp; Reporting Changes</td>
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</tr>
<tr>
<td>Limiting Alcohol</td>
<td>74%</td>
</tr>
<tr>
<td>Weight Maintenance/BMI</td>
<td>62%</td>
</tr>
<tr>
<td>Other Cancer-Related Education</td>
<td>64%</td>
</tr>
</tbody>
</table>
provided the nurse with an opportunity to discuss lung cancer screening and smoking cessation. Another guest initially expressed futility in engaging in a healthier lifestyle, but left the session motivated to take action.

Interestingly, the impact has reached beyond the guests at Mel Trotter. The Knock Out Cancer program has impacted the nurses participating in the program. It also has increased the staff’s awareness of the homeless population and their health needs, and has helped secure an ongoing community partnership. One of the oncology nurses participating in the program provided the following statement:

“My experience has been a very positive one. I have to admit that initially, I was a little hesitant when it was presented as a pilot program for the homeless population. My first thought was, ‘They are just trying to survive and have their basic needs met. They won’t be interested in hearing about cancer risk-reduction strategies and cancer screening guidelines.’

“My initial thoughts, however, were dispelled after the first telehealth visit. The ‘guests’ have all been very receptive to the information provided. Many have had misconceptions on cancer, and just being able to educate them has been very rewarding. All have expressed their appreciation for the information given. One gentleman actually contacted his physician immediately after the visit to have a suspicious concern addressed. Some have a personal history with cancer and significant family history. Obtaining this information along with their age and gender helps to hone in on specific cancer screening guidelines.

“One of the most important lessons I have learned is to ‘meet the person where they are at,’ and build from there. It has been a very eye-opening, humbling, and rewarding experience.”

Conclusions

The utilization of telehealth technology to reach the homeless with cancer prevention education has proved successful at Spectrum Health. Much encouragement has been given to guests with the goal of empowering them to improve their health and reduce their cancer risk. Lessons learned from the creation and implementation of the Knock Out Cancer program include the following:

1. The utilization of telehealth technology is an effective way to reach the homeless population with cancer screening and cancer risk-reduction education.

2. Once telehealth equipment is in place, it only takes one hour per week to reach guests/patients who would not otherwise have the opportunity to participate in cancer risk-reduction education.

3. Virtual education is feasible to use in underserved populations and may be efficacious for community outreach in both urban and rural populations.

4. It is possible to use current infrastructure in new and innovative ways to optimize investments and the health of the communities served.

5. There is value in reaching beyond hospital walls and engaging with the community.

6. Partnerships with already effective community-based organizations are an effective strategy to provide cancer prevention education and health education to reach more individuals.
Implementation of Single Funnel Access for Lung Cancer Screening at Spectrum Health

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MCC Cancer Plan Component Addressed
Early Detection: Promote early detection of cancer using tests that have been shown to reduce mortality. (MCC Goal)

Purpose
The purpose of the Single Funnel Lung Cancer Screening Initiative (SFLCSI) is to reduce lung cancer deaths in our community through increased access to lung cancer screening, which is accomplished by making it as easy as possible for physicians to refer to the program and to ensure all the varying elements and requirements for screening eligibility are met so screenings can be covered as a preventative benefit.

Background/Significance
Lung cancer (both small cell and non-small cell) is the leading cause of cancer deaths in both men and women. Each year, more people die of lung cancer than of colon, breast and prostate cancers combined. Lung cancer deaths can be decreased with annual computed tomography (CT) screenings. The driving force behind the program is to identify lung cancer at an early stage when more treatment options are available and when patients have a greater chance of cure.

In addition to eligibility criteria, Medicare has several additional requirements that must be met for screenings to be covered. They include: 1) a pre-scan, shared-decision-making consultation; 2) an order for a low-dose lung cancer screening CT chest scan; 3) the use of specific billing codes for obtaining authorizations; 4) coordination of annual screenings; and 5) a plan for easy and timely patient access to a pulmonologist who specializes in lung abnormalities, should an abnormality be discovered during screening.
Methods
Multiple meetings were held with various departments under the direction of the Lung Multi-Specialty Team (MST) Clinic. Those departments included Radiology, Radiology Scheduling, Risk and Compliance, Revenue Integrity, Billing, Coding, Information Services, and the EPIC team, along with nurses, physicians, the lung nurse practitioner, and other members of the care team. All worked together to map the current flow for the SFLCSI.

Education was developed and provided to physicians referring to the program. Letters were drafted explaining the process for both providers and patients participating in the program. Much work went into building referral processes into EPIC. Initial inclusion and exclusion criteria questions were embedded in the EPIC referral and in the lung cancer screening CT scan order. Processes were also created to ensure: 1) patients met both inclusion and exclusion criteria; 2) lung screening CT scans were being ordered and scheduled correctly; 3) patients were being seen before their CT scan for a pre-visit to discuss the risks and benefits of lung cancer screening and smoking cessation; and 4) authorizations were being obtained in a timely and appropriate manner.

Fifteen different radiology locations are now available for patients to obtain lung cancer screening CT scans, including imaging services at all Spectrum Health regional hospitals.

The majority of patients are referred to the lung cancer screening program by their primary care provider or their pulmonologist. Referring providers have the choice of following their patient for lung cancer screening or having the Lung MST clinic follow their patient. For patients being followed by the MST, the MST staff ensure: 1) patients meet eligibility criteria for lung cancer screening; 2) the correct CT scan of the chest is ordered; 3) correct authorizations are obtained; 4) the correct CT scan of the chest is scheduled; 5) pre-scan, shared-decision-making appointments are scheduled (often on the same day as the CT scan); 6) all imaging is reviewed; and 7) results are given to patients with next steps, as indicated.

For patients being followed by their referring provider, the Lung MST staff still ensure that eligibility criteria are met, correct authorizations are obtained, and the correct CT scan is ordered and scheduled. The referring providers are responsible for scheduling the pre-scan, shared-decision making appointment and providing results to patients. Regardless of who is following the patient, the MST staff watches for imaging results for all patients participating in the program and enters the results into the American College of Radiology (ACR) Lung Cancer Screening Registry.

For subsequent screenings (those occurring annually after the initial screening), staff from the Lung MST: 1) call patients to confirm they continue to meet the criteria; 2) ensure that the correct CT scans are ordered and authorizations obtained; and 3) schedule the lung screening CT scan. They provide these services even for patients not being followed in the MST. For those who are being followed in the MST, Lung MST staff also watch for results to come back and then ensure the results are given to the patient with appropriate education and also entered into the ACR Lung Cancer Screening Registry.
If an abnormality is found during the screening process, a pulmonologist or the nurse practitioner in the Lung MST meets with the patient to discuss next steps. Patients are given the option of meeting with the Lung Mass MST for an interdisciplinary team approach to their care. Additional imaging studies and biopsies are scheduled if indicated in nationally accepted guidelines. If a cancer is found, appointments are coordinated in a timely way with the appropriate providers. Often, they are the same providers who participated in the Lung MST clinical discussion during the team conference (medical oncology, cardiothoracic surgery, and radiation oncology).

Results
The SFLCSI began in July 2016. The number of referrals for lung cancer screening has increased over the past year from an average of 17 patients per month to an average of 91 patients per month. The number of patients who received a lung cancer screening CT scan has increased from 50 (Aug. 1, 2015—June 30, 2016) to 687 (Aug. 1, 2016—June 30, 2017). In the first two months (July 1—Aug. 31, 2017) of Fiscal Year 2018, 217 patients received a lung cancer screening CT scan.

From the time the lung cancer screening program began until Aug. 31, 2017, 15 patients had been diagnosed with lung cancer; 10 of those patients were diagnosed in the last six months (March—August 2017). Patients were diagnosed at the following stages: Stage 1 \((n = 10)\); Stage 2 \((n = 2)\); Stage 3 \((n = 2)\); and still pending staging diagnostics \((n = 1)\). In addition to the 15 identified lung cancers, seven patients were diagnosed with incidental cancers: kidney cancer \((3)\); liver cancer \((2)\); thymic cancer \((1)\); and mantel cell lymphoma \((1)\); five of those seven patients were diagnosed in the last six months. This data encapsulates the success of the SFLCSI.

In addition, implementation of the SFLCSI has been associated with:

- an increase in the number of patients expressing a desire to quit smoking as a result of participating in lung cancer screening;
- an increase in the number of patients being referred to smoking cessation programs, both at Spectrum Health and the Michigan Tobacco Quitline;
- the ability of patients to access lung cancer screening services not only in West Michigan, but as far north as Reed City, as far west as Ludington and Zeeland, and as far south as Hastings;
- the validation that the utilization of the multidisciplinary approach to lung cancer screening, and having the lung cancer screening program embedded in the Lung MST clinic using a single funnel methodology, is an effective way to operationalize a lung cancer screening program;
- the creation of standard work procedures and increased efficiencies with the lung cancer screening process through continuous process improvement;
- increased collaboration with the regional hospitals and providers in providing the single funnel referral system for their patients and in caring for their patients when an abnormality is found;
- an opportunity to look at trends through
data collection, including the number of referred patients who meet criteria, the number of patients who decline to participate in lung cancer screening, the number of patients being followed at their respective regional locations, and the number of patients being followed at the Lung MST vs. their primary care provider; and

• an opportunity to provide valuable information to the ACR Lung Cancer Screening Registry and to be able to use the data entered for presentations and to further develop the screening program.

Conclusions
The SFLCSI has proved successful. An important aspect to the success of our project has been the simplification of many processes to make it easy for physicians to refer their patients and for patients to participate. Among the lessons learned from this initiative:

1. Managing inclusion and exclusion criteria well is an arduous process that requires time, energy, and much coordination.

2. It is best to get full-time equivalents (FTEs) approved up front.

3. Offering a single funnel or single point of access for lung cancer screening is an effective way to manage a lung cancer screening program because there is accountability for inclusion and for exclusion criteria being met and appropriate authorizations being obtained.

4. A workable plan needs to be in place for appropriate follow-up, not only for abnormalities found on imaging, but also for ongoing participation in lung cancer screening, which requires ongoing evaluations to ensure patients continue to meet criteria.

5. Entering the required information into the national ACR Lung Cancer Screening Registry database and maintaining it correctly requires additional time and staff.

6. Increased clinical staff time is needed to provide results, manage findings, and educate patients in a timely and appropriate way.

7. Even though the initial study to support lung cancer screening only lasted three years, lung cancer screening can continue as long as patients continue to meet criteria.

It also should be noted that Centers for Medicare & Medicaid Services (CMS) reimbursement can affect created programs. Telehealth was to be used for shared-decision-making visits so lung screening CT scans could be accomplished in the regional areas, avoiding the need for patients in regional areas to travel to Grand Rapids. However, CMS did not approve lung screening shared-decision-making visits via telehealth. As a result, many patients in the regional areas are being followed by their primary care provider and not by the Lung MST.
Partnering Around Cancer Clinical Trials (PACCT): Preliminary Report of an Intervention to Improve Patient-Physician Communication and Clinical Trial Enrollment of Black & White Men with Prostate Cancer

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MCC Cancer Plan Component Addressed
• **Diagnosis and Treatment**: Diagnose and treat all patients using the most effective and appropriate methods. (*MCC Goal*)
• **Health Equity**: Health equity is the achievement of the highest level of health for all people. This can only be achieved by eliminating health disparities, which are inequalities in health that exist among socially, economically, and/or environmentally disadvantaged populations. The Michigan Cancer Consortium is working to decrease cancer health disparities and promote health equity. This is done by addressing social issues affecting health and promoting access to high quality services for cancer. (*MCC Pillar*)

Purpose
As part of a larger study on improving minority enrollment in prostate cancer clinical trials (CTs), we report preliminary analyses of how patients’ demographics, attitudes and perceptions predict willingness to discuss a CT with a physician.

Background/Significance
Few cancer patients, especially racial/ethnic minorities, enroll in CTs in the United States, in part due to factors related to patient-physician communication.
Methods
Black and White patients of 11 participating physicians at one data collection site (a comprehensive cancer center in Detroit, MI) were recruited if they had more than intermediate-risk prostate cancer. Baseline surveys assessed: demographics (age, education, income, and race); health literacy; perceived economic burden; trust in physicians; group-based medical mistrust (mistrust in the healthcare system’s treatment of one’s racial/ethnic group); and willingness to discuss a CT with a physician. Using linear regression, we first assessed the effects of demographics on willingness to discuss a CT. We then tested these effects, along with attitudes and perceptions known to co-vary with demographics, including health literacy, perceived economic burden, trust in physicians, and group-based medical mistrust.

Results
In the first regression model, patients (n = 93; 49 Black and 44 White) were more willing to discuss a CT if they were White (B = 0.56, p = 0.030), younger (B = -0.04, p = 0.02), and had higher levels of education (B = 0.15, p = 0.03); the association with income was not significant. With the inclusion of additional variables in the second regression model, neither race nor education remained significant predictors. Patients were more willing to discuss a CT if they reported less economic burden (B = 0.31, p = 0.04) and less group-based medical mistrust (B = -0.40, p = 0.05), suggesting these factors may mediate the effects of race and education on willingness to discuss a CT.

Conclusions
After controlling for demographics, patients’ willingness to discuss a CT with a physician was associated with perceived economic burden and mistrust in healthcare systems’ treatment of members of their racial/ethnic group, which co-vary with patient race. Findings suggest that to increase Black cancer patient enrollment in CTs, providers and healthcare systems should better address patients’ concerns about economic burden and their mistrust in healthcare systems.
Evaluations of the Effectiveness of an Online, Evidence-Based Course on Prostate Cancer Survivorship Care for Primary Care Providers

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MCC Cancer Plan Component Addressed
• Diagnosis and Treatment: Optimize quality of life for every person affected by cancer. (MCC Goal)
• Evaluation: Evaluation allows us to monitor progress toward achieving Michigan’s Cancer Plan. The Michigan Cancer Consortium has a display of progress toward achieving its priorities and other objectives in the plan, called a dashboard. You can find the dashboard on the MCC website. Evaluation will help us identify ways to improve and help us know when we have succeeded so accomplishments can be celebrated. (MCC Pillar)

Purpose
This abstract aims to evaluate the online evidence-based continuing medical education (CME) module developed for Michigan primary care providers (PCPs) in improving their knowledge, skills, and comfort levels in the assessment and management of long-term, post-treatment side effects and late effects of prostate cancer survivors.

Background/Significance
Long-term survival is common after prostate cancer treatment. The high prevalence of deleterious consequences of prostate cancer treatment is recognized as a critical issue in caring for survivors. Primary care providers (PCPs) are integral to the care of men with prostate cancer, yet few PCPs feel comfortable managing prostate cancer treatment side effects. Thus, the Michigan Cancer Consortium (MCC) recently updated its Recommendations for Prostate Cancer Survivorship Care (“Recommendations”) for PCPs. Based on MCC’s Recommendations and the American Cancer Society (ACS) Prostate Cancer Survivorship Guideline,
we designed and developed an online, evidence-based prostate cancer survivorship care module for PCPs and actively promoted it to PCPs in Michigan.

Methods
An interactive, evidence-based, online CME module for PCPs was emailed to potentially interested groups of Michigan PCPs. Effectiveness of the CME course was measured by surveying the PCPs and questioning their knowledge prior to, immediately after, and two months after course completion. Participants rated their comfort-level for the assessment and management of post-treatment side effects prior to and after course completion. A paired t-test was used to compare these changes before and after the CME course.

Results
106 participants completed the initial post-CME survey. More than 98 percent of all participants rated the quality of information provided in the CME course as “good,” “very good,” or “excellent;” 95 percent rated improvement of their subject knowledge and 97 percent rated the module effectiveness in the same range. Paired t-test analysis of composite scores of comfort levels for all 10 treatment side effects showed a significant improvement in participants’ comfort levels for assessment (4.01 ± 0.82 vs. 3.25 ± 0.93; p < 0.001) and management (3.81 ± 0.86 vs. 3.11 ± 0.99; p < 0.001) of various common treatment-related side effects immediately following course completion. Additional paired t-test analysis showed significant improvement in participants’ comfort levels for assessment and management of each of the individual treatment side effects following course completion. In addition, the increase in knowledge, skills and comfort levels was preserved two months after taking the online CME course.

Conclusions
Our online CME course was highly effective in increasing PCP’s knowledge, skills and comfort levels in assessment and management of long-term, post-treatment side effects and late effects in prostate cancer survivors. These increases gained from the CME course were maintained two months after taking the course. Since the CME offering was highly rated by PCPs in Michigan, we will keep the course online for anyone who wants to take the course anywhere in the United States or the world to improve quality of life of all prostate cancer survivors. (Editor’s Note: The free online course, Prostate Cancer Survivorship Care, is available at http://cmetracker.net/WAYNE/Login?FormName=RegLoginLive&Eventid=165491.)
Opening Keynote Session
**A Standard of Care to Treat the Social Determinants of Health**

**Presenter:** Marcella Wilson, PhD, CEO, President & Founder, Transition To Success LLC (email: MWilson@TTS-LLC.org)

**About the presenter:** Marcella Wilson has a PhD in health administration and more than 30 years of experience in healthcare and social work services, including in not-for-profit management, managed care systems, behavioral health, criminal justice, and public sector programming. Her work focuses on the development of comprehensive systems of care that address poverty, social injustice, and health care inequities.

In her book, *Diagnosis: Poverty—A new Approach for Understanding and Treating an Epidemic* (www.DiagnosisPoverty.com), she calls for nothing less than a scalable, sustainable, national standard of care to treat the condition of poverty that requires verifiable and accountable coordination among human services, healthcare, education, and government programs. This new paradigm is achievable based on current resources and expenditures.

Her standard-of-care model, Transition to Success (www.TransitionToSuccess.org), is currently being integrated and evaluated across the country, serving thousands living in poverty and establishing initial, statistically significant outcomes.

Her work has been showcased by the CBS Evening News and *The New York Times* and has been recognized by the Clinton Global Initiative.

**Summary:** An estimated 80 percent of health issues are driven by the social determinants of health. This fact makes it essential that providers both understand, and effectively respond to, these social determinants of health so they can provide quality, whole-person care.

Poverty is the direct result of exposure to the social determinants of health and is treatable. Transition to Success is a scalable, sustainable, multi-generational, measurable, generative business model that brings uniform standards of care to the treatment of poverty. This presentation explains the concepts behind this model and emphasizes the power of one in transformational social change.

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**Recommended sources of additional information:**


- Centers for Disease Control and Prevention: Social Determinants of Health: Know What Affects Health (www.cdc.gov/socialdeterminants/)

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1The complex, integrated and overlapping social structures and economic systems that are responsible for most health inequities. These social structures and economic systems include the social environment, physical environment, health services, and structural and societal factors. Social determinants of health are shaped by the distribution of money, power and resources throughout local communities, nations, and the world. [www.cdc.gov/nchhstp/socialdeterminants/definitions.html]
TRANSITION TO SUCCESS®
A STANDARD OF CARE TO TREAT THE
SOCIAL DETERMINANTS OF HEALTH

2017
Michigan Cancer Consortium
Annual Meeting
11/08/2017

“Like slavery and apartheid, poverty is not natural. It is
man-made, and it can be over come and eradicated by
the actions of human beings.”

- Nelson Mandela

Marcela Wilson, Ph.D.
President & Founder
Transition To Success® LLC

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Concurrent Session A
Health Equity and Disparities in Breast Cancer Genetics
Health Equity and Disparities in Breast Cancer Genetics

**Presenter:** Lisa A. Newman, MD, MPH, FACS, FASCO, Director, Breast Oncology Program, and Founding Medical Director, International Center for the Study of Breast Cancer Subtypes, Henry Ford Health System (email: lnewman1@hfhs.org)

**About the presenter:** Lisa A. Newman, MD, MPH, FACS, FASCO, is an internationally known breast surgeon and breast cancer researcher. Prior to joining Henry Ford Health System, Dr. Newman was professor of surgery and director of the Breast Care Center for the University of Michigan in Ann Arbor, where she also served as program director for the Breast Fellowship. She maintains a University of Michigan affiliation, as professor of health management and policy within the School of Public Health.

Dr. Newman’s primary research has focused on ethnicity-related variation in breast cancer risk and outcome, the evaluation and management of high-risk patients, broadened applications for neoadjuvant chemotherapy, and special surgical techniques, such as the skin-sparing mastectomy and lymphatic mapping/sentinel lymph node biopsy. Her extensive research related to disparities in breast cancer risk and outcome has been published in numerous peer-reviewed medical journals.

Dr. Newman is in the middle of a three-year term (2016-2019) as Komen Scholar and serves on the eight-member Susan G. Komen Scientific Advisory Board.

**Summary:** Breast cancer disparities associated with African American racial-ethnic identity have a multifactorial etiology. Variation in breast tumor biology, genetics, and socioeconomic inequities all contribute. The following features characterize the breast cancer burden of African Americans, compared to White Americans:

- higher mortality rates;
- more advanced stage distribution;
- higher rates of triple-negative breast cancer;
- younger age distribution; and
- higher rates of male breast cancer.

Higher poverty rates and higher rates of being uninsured/underinsured also account for more advanced stage distribution of breast cancer in African American women.

Although breast cancer screening and early detection is important for ALL women, the younger age distribution and increased risk of biologically aggressive breast tumors enhances the importance of screening/early detection in African American women to minimize the mortality gap.

It also is important to note that the increased risk of triple-negative breast cancer in African Americans may be related to western sub-Saharan African ancestry. Research regarding the association between African ancestry and triple-negative breast cancer is necessary in the effort to eliminate the mortality gap.
Recommended sources of additional information:


View this presentation

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Examining Racial Differences in Utilization of Genetic Counseling Services in Hereditary Cancer Network Database

Presenter: Taylor Seaton, MS, Cancer Genomics Epidemiologist, Michigan Department of Health and Human Services (email: SeatonT1@michigan.gov)

About the presenter: Taylor Seaton, MS, is the cancer genomics epidemiologist for the Cancer Genomics Program, which is part of the Michigan Department of Health and Human Services Lifecourse Epidemiology and Genomics Division. She earned a master’s in epidemiology from Michigan State University.

Summary: People with a significant family history of cancer should be referred to genetic counseling. If a mutation is found, proper prevention and surveillance measures can be taken to try and prevent cancer. This presentation looks at the racial disparities in genetic counseling and highlighted populations that are not being represented in genetic counseling.

African Americans are underrepresented in genetic counseling. Compared to White Americans, African Americans are less likely to be referred to genetic testing. African American men are severely underrepresented; less than 1 percent of the population examined for initial genetic counseling visits were African American men.

One of the major differences between counseled White Americans and counseled African Americans can be seen in the National Comprehensive Cancer Network (NCCN) guidelines that are met. Counseled African Americans are more likely to already have a cancer diagnosis and to be diagnosed at a young age. Counseled White Americans are more likely to not have a personal history of cancer, but to have a known familial mutation or a significant family history.

Insurance coverage may present a barrier to genetic testing and was cited as the reason White Americans pursue testing more often than African Americans.

Cascade screening is an important tool to identify those individuals without a personal history. But, African Americans appear less likely to benefit from this public health strategy than White Americans. Future projects need to focus on increasing the uptake of cascade screening among non-White families.

Recommended sources of additional information:

Examining Racial Differences in Utilization of Genetic Counseling Services in Hereditary Cancer Network Database

Taylor Seaton, MS – Cancer Genomics Epidemiologist
MDHHS Cancer Genomics Program: Lifecourse Epidemiology and Genomics Division
November 2017

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Concurrent Session B

A Frank Discussion: Survivorship Ignored Topics
Fertility Preservation for Cancer Patients

Presenter: Molly Bennette Moravek, MD, MPH, Director, Fertility Preservation Program, and IVF Medical Director, University of Michigan (email: mpenderg@med.umich.edu)

About the presenter: Molly Bennette Moravek, MD, MPH, is director of the Fertility Preservation Program and medical director of in vitro fertilization (IVF) at the University of Michigan. She also is an assistant professor of obstetrics and gynecology in the Division of Reproductive Endocrinology and Infertility within the UM Department of Obstetrics and Gynecology.

Under her leadership, the Fertility Preservation Program has expanded significantly, allowing more patients to receive fertility counseling and preservation services before starting chemotherapy or radiation. Dr. Moravek follows these patients after treatment, providing fertility services and hormone replacement, if needed.

Dr. Moravek chairs the Best Practices Committee of the Pediatric Initiative Network of the Oncofertility Consortium. She is currently conducting research in the long-term outcomes of cancer patients who underwent fertility preservation compared to those that did not.

Summary: Great strides have been made in cancer treatment, and more people than ever are surviving cancer. As a result, we need to increase our emphasis on survivorship.

Studies have shown us that fertility is an important concern for cancer survivors of reproductive age. Practice guidelines from multiple national organizations, including the American Society for Clinical Oncology (ASCO), the National Comprehensive Cancer Network (NCCN), the American Society for Reproductive Medicine (ASRM), and the American Academy of Pediatrics (AAP), recommend fertility counseling and referral for cancer patients.

There are multiple options for fertility preservation for patients preparing to undergo chemotherapy or radiation, and consultation with a fertility specialist is highly recommended as early in the process as possible. Ideally, patients will be seen at a center that has a formalized fertility preservation program, with staff trained in issues specific to cancer patients, and who are able to get patients in for consultation and initiate fertility preservation procedures expeditiously, without creating excess stress for the patient.

Key points to remember about fertility preservation for cancer patients:

- Fertility rates rank high among concerns of cancer survivors of reproductive age.
- The two biggest barriers to fertility preservation are cost and insufficient time prior to cancer treatment.
- Fertility preservation prior to chemotherapy or radiation is medically an option for most cancer patients, if they are referred early enough.
- It is useful for cancer survivors to seek reproductive care early in the process if trying to conceive naturally.
- Formation of a formal fertility-preservation program helps to expedite the process of fertility preservation, provides extra support to cancer patients, and helps decrease barriers to care.
Recommended sources of additional information:

- Livestrong ([www.livestrong.org/we-can-help/livestrong-fertility](http://www.livestrong.org/we-can-help/livestrong-fertility))
- The Oncofertility Consortium ([www.oncofertility.northwestern.edu/](http://www.oncofertility.northwestern.edu/))
- University of Michigan Center for Reproductive Medicine ([www.medicine.umich.edu/dept/center-reproductive-medicine](http://www.medicine.umich.edu/dept/center-reproductive-medicine))

**View this presentation**

(Clicking this link will open an Adobe Acrobat PDF copy of the slides from this session.)
Sexual Health: Improving Quality of Life for Female Cancer Survivors

**Presenter:** Lisa Astalos Chism, DNP, APRN, BC, NCMP, FAANP, Clinical Director, Women’s Wellness Clinic, and Nurse Practitioner, Barbara Ann Karmanos Cancer Institute (email: chisml@karmanos.org)

**About the presenter:** Lisa Astalos Chism, DNP, APRN, BC, NCMP, FAANP, is clinical director of the Women’s Wellness Clinic at the Barbara Ann Karmanos Cancer Institute’s Alexander J. Walt Comprehensive Breast Center and a member of the Karmanos Cancer Institute Breast Cancer Multidisciplinary Team.

A registered nurse and a certified nurse practitioner, Chism also holds a doctor of nursing practice, as well as certifications as a menopause practitioner and a sexuality counselor. She established a dedicated clinic within the Karmanos Women’s Wellness Clinic to care for the menopausal and sexual health needs of women who have a history of cancer or who have an elevated risk for cancer.

In addition to her work at Karmanos, Chism also serves as adjunct assistant professor at Madonna University School of Nursing and at Wayne State University School of Medicine. She is the author of “Guiding Your Patients through Menopause,” published in American Nurse Today (January 2014; Vol. 9, No. 1). Her book, *The Doctor of Nursing Practice: A Guidebook for Role Development and Professional Issues* (Jones & Bartlett Learning, LLC), is in its fourth edition.

**Summary:** Although sexual health concerns are an important aspect of survivorship for female cancer survivors, too frequently, they are not addressed.

Most common sexual health concerns include dyspareunia and decreased desire. Addressing these concerns includes providers making an assessment, gaining comfort and knowledge, and using shared decision-making with patients.

It is important that providers not only ask patients about their sexual health, but also educate them about the changes they may experience and why those changes may occur.

**Recommended sources of additional information:**

- See presentation.
Sexual Health: Improving Quality of Life for Female Cancer Survivors
Lisa Astalos Chism DNP, APRN, BC, FAANP, NCMP
Clinical Director, Women’s Wellness Clinic
Certified Menopause Practitioner
Sexual Health Counselor and Educator

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(Clicking this link will open an Adobe Acrobat PDF copy of the slides from this session.)
Cancer Survivorship and Aging

Presenter: Carlos O. Weiss, MD, MHS, Physician, Mercy Health Physician Partners Advanced Care Coordination Program (email: weissco@mercyhealth.com)

About the presenter: Carlos O. Weiss, MD, MHS, is an internist and geriatrician practicing at Mercy Health Physician Partners Advanced Care Coordination Program in Grand Rapids. He is board certified in geriatric medicine and is affiliated with Mercy Health Saint Mary’s.

Summary: Many cancer survivors grow old and then face the “competing risks” problem that makes medical decisions harder. Failure to recognize the competing risks problem in older cancer survivors can lead to poor decisions. Functional status is an indicator of physiologic reserve that reveals heterogeneity of older cancer survivors. It is important to ensure that functional status is incorporated into screening and treatment decisions for older cancer survivors.

Recommended sources of additional information:


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Concurrent Session C
Grant Writing 101
Grant Writing 101: Increasing the Odds of Getting Those Great Ideas Funded

Presenter: Linda Chamberlain, PhD, Owner and Principal, InnoValuation, LLC, and Meijer Endowed Chair of Entrepreneurship & Innovation, Grand Valley State University (email: chambeli@gvsu.edu)

About the presenter: Linda Chamberlain, PhD, is the owner and principal of InnoValuation, LLC, where she works to ensure that corporate clients have the processes and performance to extract the full value from their innovations.

She is currently serving as the Meijer Endowed Chair of Entrepreneurship & Innovation in the Honors College of the Brooks College of Interdisciplinary Studies at Grand Valley State University (GVSU). She also supports the GVSU Technology Commercialization Office in advancing the innovations of faculty, students and staff.

Her career has spanned two and a half decades and has included work in innovation, new product development, and launch implementation. Among her previous positions are those of executive director for both the West Michigan Science and Technology Initiative, a business accelerator focused on commercialization of life science products and technologies, and the GVSU Center for Entrepreneurship and Innovation.

Summary: This session addresses the ecosystem of grant funding and stresses the importance of taking all perspectives (grantee, reviewer, writer, and principal investigator) into account when preparing a proposal. Chamberlain covers the “nuts and bolts” of writing a grant, providing participants with the basic knowledge and understanding they need to complete the components of a grant application, including a cover letter, an executive summary, a statement of need, a project description, SMART (specific, measurable, achievable, results-focused, and time-bound) objectives, and a budget.

Recommended sources of additional information:

- Community Tool Box: Writing a Grant Application for Funding (https://ctb.ku.edu/en/writing-grant-application)
- American Cancer Society: Apply for a Grant (www.cancer.org/research/we-fund-cancer-research/apply-research-grant.html)
- Blue Cross Blue Shield of Michigan Foundation: Grants Overview (www.bcbsm.com/foundation/grant-programs/overview.html)
• Susan G. Komen: Grants (ww5.komen.org/ResearchGrants/ResearchGrants.html)
• W.K. Kellogg Foundation: Grants (www.wkkf.org/grants)
• Grants.gov (www.grants.gov)
• Centers for Disease Control and Prevention: Funding: Grants (www.cdc.gov/grants/index.html)
• Health Resources & Services Administration: Grants (www.hrsa.gov/grants/index.html)
• National Cancer Institute: Research Grants (www.cancer.gov/grants-training/grants-funding)
• National Institutes of Health: Grants & Funding (https://grants.nih.gov/grants/oer.htm)
• Also: Connect with your local university Office of Sponsored Programs and ask for help. Put your tax dollars to work!

View this presentation
(Clicking this link will open an Adobe Acrobat PDF copy of the slides from this session.)
Update on MCC Cancer Plan, Dashboards, Priority Accomplishments, and Next Steps

**Presenter:** Polly Hager, MSN, RN, Manager, Cancer Prevention and Control Section, Michigan Department of Health and Human Services (email: HagerP@michigan.gov)

**About the presenter:** Polly Hager, MSN, RN, is manager of the MDHHS Cancer Prevention and Control Section, which includes the Comprehensive Cancer Control Unit and other programs.

She has more than two decades of experience in cancer prevention and control, has served as staff to the Michigan Cancer Consortium, and has been involved in many facets of planning and implementation of cancer control activities.

Hager has spoken at national and state conferences about the work of the Consortium and Michigan’s extensive accomplishments in comprehensive cancer control and collaborative, community-based partnerships.

**Summary:** This presentation delivers a review of Michigan Cancer Consortium activities and accomplishments throughout 2017, including achievement of a number of objectives and priorities of the Cancer Control Plan for Michigan, updates and refinements to the online MCC Priority Dashboard tool, and added/revised resources that can be used by MCC member organizations and their community partners.

**Recommended source of additional information:**
- Michigan Cancer Consortium ([www.michigancancer.org](http://www.michigancancer.org))

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Michigan Cancer Consortium Awards
2017 MCC Champion Award Winner:
Connie Szczepanek, RN, BSN, CCRP

The MCC Champion Award honors an individual who has demonstrated leadership, excellence, success, and impact in the fight against cancer. This individual has, through their proven efforts, reduced the burden of cancer, championed initiatives to prevent and control cancer, and improved the lives of those living with cancer.

The MCC Champion is someone who is looked up to as a leader in cancer prevention and control. An MCC champion displays exemplary leadership and mentorship and extraordinary dedication. An MCC champion is a tireless advocate who has made significant contributions in cancer prevention and control. To be honored, a nominee must:

- be on the staff of, or be formally affiliated with, a current MCC member organization;
- be experienced in cancer prevention and control;
- have demonstrated success and impact in the fight against cancer; and
- have made measurable and significant contributions.

This is the second year for presentation of the MCC Champion Award.

Connie Szczepanek, RN, BSN, CCRP, is the recipient of the 2017 Michigan Cancer Consortium Champion Award.

As administrative director of the Cancer Research Consortium of West Michigan, Connie’s professional passion and life’s work exemplify extraordinary dedication to those with cancer and those in danger of developing it. That passion, fueled by personal tragedy, has fused into a force against cancer through her exemplary leadership, tireless advocacy, and devotion to cancer prevention and control. After losing a sister to breast cancer, Connie, a former oncology and research nurse, became active in the cancer prevention arena of cancer research, as well as in many community groups and projects to increase cancer awareness and clinical trials education, promote screening, and link people to needed services.

She has been a champion of initiatives to prevent and control cancer and improve the quality of life for patients and families. As a long-time urology nurse, Connie became deeply involved as research coordinator in the Prostate Cancer Prevention Trials conducted by the National Cancer Institute. As a result of her work with patients and families, she led a group of survivors in formation of THE SURVIVORS: Prostate Cancer Support Group in Grand Rapids; she has served as the group’s
volunteer director since 1992.

The Cancer Research Consortium of West Michigan (CRCWM), which Connie has headed for almost 20 years, is a network of West Michigan hospitals, health care systems, physicians, and researchers working together to provide cancer clinical trials to adults and children in West Michigan. The consortium is designated as a National Cancer Institute Community Oncology Research Program (NCORP), one of only 34 in the country.

As administrative director of CRCWM, Connie has significantly contributed to: increasing accessibility to innovative treatment and prevention trials in patients’ home communities; spearheading regional, state and national cooperation and collaboration in the effort; and advocating tirelessly for patients through the creation of the first Patient Advisory Committee in NCORP history. Now, almost 10 years old, the committee has become a national model for patient involvement in the fight against cancer.

In addition to her strong leadership, implementation skills, and advocacy for cancer control/treatment trials, Connie tirelessly pushes herself to help reach the ultimate goal: preventing cancer.

It is an honor for the Michigan Cancer Consortium to recognize Connie Szcze-panek, RN, BSN, CCRP with the 2017 Michigan Cancer Consortium Champion Award.
No one should face cancer alone. Courageous, determined, resolute, faithful—these are the faces of cancer survivors. The MCC Inspiration Award is presented to an individual who exemplifies these words and lifts up others in the face of his or her own diagnosis.

To be honored, a nominee must be a Michigan resident and a cancer survivor. He or she must also be an advocate for cancer survivors in the community or in a healthcare institution. That advocacy may take the form of one or more of the following:

- significantly participating in community cancer events;
- educating cancer survivors and/or medical practitioners about cancer survivorship issues, either through writing or speaking;
- working to help reduce the burden of cancer in Michigan through cancer control and prevention efforts;
- facilitating, or actively participating in, cancer support groups;
- exemplifying outstanding leadership;
- empowering cancer survivors and advocates; and/or
- supporting state and/or federal public policy efforts.

This is the second year for presentation of the MCC Inspiration Award.

Jessica Dilts Cash

Jessica Dilts Cash is the recipient of the 2017 Michigan Cancer Consortium Inspiration Award.

In October 2015, when she was 32 years old, Jessica was diagnosed with Stage 4 colorectal cancer and told her cancer was inoperable and incurable. But, her social worker at Barbara Ann Karmanos Cancer Institute told her, “Cancer doesn’t have to be a death sentence. One can learn to manage and handle it like any other chronic disease.” Jessica went on to complete 12 aggressive rounds of chemotherapy, and she remains on a maintenance treatment today.

Throughout treatment, Jessica continued to work full time. In her passion to help others, she chose to speak out. She applied to become an ambassador for the Fight Colorectal Cancer Organization and flew to Missouri for a training program. She and her husband Aaron were chosen as ambassadors for the organization. As part of this effort, she was featured on the Jumbotron in Times Square, New York City, portraying to all who saw her that you are never too young to get colorectal cancer.

Jessica was also successful in an initiative to have Governor Rick Snyder
proclaim March 2017 as Colorectal Cancer Month in Michigan. Additionally, she will be one of the featured survivors in an issue of On the Rise magazine, which helps spread awareness that colorectal cancer is not limited to older men, but can affect men and women of all ages, and that it is on the rise among people under the age of 50.

Jessica is a participant in a young-adults-with-cancer support group at Karmanos Cancer Institute’s Lawrence and Idell Weisberg Cancer Treatment Center, where she mentors other recently diagnosed patients.

During March 2017, she and her social worker created a campaign/public education event about early detection of colorectal cancer that encouraged people to be aware of the signs of colorectal cancer and get screened. Art groups at the center created boxer-short posters that were placed around the building with messages to the public highlighting symptoms and the need for screening using catchy phrases such as “Save the Butts” and “Get your Rear in the Clear.” Educational literature also was made available to the public as part of the outreach. Weisberg Center staff participated in the campaign by wearing boxer shorts over their scrubs as a reminder of the importance of screenings. The event received local media coverage, and Jessica was interviewed along with her oncologist while she was receiving treatment.

Jessica is an inspiration for her efforts both locally and nationally to spread awareness about colorectal cancer and to educate the public about symptoms and the need for screening. When it comes to cancer, she says she believes, “Never give up, and never give in.”

Congratulations to Jessica Dilts Cash, the recipient of the 2017 Michigan Cancer Consortium Inspiration Award.
2017 MCC Spirit of Collaboration Award

Collaboration is defined as the action of working together with others to produce or create something or accomplish a goal. On the organizational level, collaboration can occur internally between staff members within an organization, or it can occur externally between two or more organizations.

From the beginning, collaboration has formed the essence of the Michigan Cancer Consortium, which focuses on what can be accomplished by organizations working together to accomplish comprehensive cancer control goals for Michigan.

This award exemplifies the spirit of the Consortium by recognizing outstanding collaborative projects that have significantly moved comprehensive cancer control activities forward in our state. To be considered, a project must focus on one or more MCC cancer plan objectives and also address one or more MCC cancer plan pillars.

The MCC Spirit of Collaboration Award was first awarded in 2001.

Winner
Link Volunteer Navigation Program

Collaborating partners: St. Joseph Mercy Health System Cancer Centers; Cancer Support Community of Greater Ann Arbor; and the American Cancer Society

Project description/outcomes: This volunteer program, based on the evidence-based Lay Health Advisor model, was developed initially in 2008. When St. Joseph Mercy Health System received a grant in 2014, the Link Volunteer Navigation Program expanded to reach 779 patients and caregivers. It was further expanded in 2015 to include patients and caregivers at the St. Joseph Mercy Brighton, Canton and Chelsea community cancer centers; the annual goal of reaching at least 1,600 patients was far exceeded.

All three partner organizations collaborate to provide a comprehensive training to new volunteers; in addition to a thorough overview of psychosocial needs and resources, the training includes dedicated units on effective communication and cultural competence. Trainings and ongoing oversight by the program coordinator offer volunteers the opportunity to practice skills such as active listening, problem-solving, and empathetic communication.

When a volunteer meets with a patient and/or family member(s), the volunteer introduces all three collaborating organizations, providing brochures and information about each organization’s offerings.

For example, the American Cancer Society (ACS) offers a free Personal Health Manager Kit to anyone diagnosed with cancer. The kits are diagnosis specific and provide both educational materials related to the patient’s specific type of cancer and a filing system for patients to keep track of their cancer-related paperwork. ACS also offers transportation assistance, resource referrals, insurance assistance, and other programs.

From the Cancer Support Community
(CSC), patients receive the current program calendar showing the free psychosocial support programs offered by CSC, including support groups, exercise and stress management, educational workshops, and more.

Patients also receive a St. Joseph Mercy Cancer Center Support brochure, which details information about oncology social work, the nurse navigation program, the nutrition program, and more.

When a patient is interested in receiving an ACS kit, speaking to a CSC staff member for an individual psychosocial needs assessment, or other referrals, the Link volunteer helps them complete a standardized referral form, which is then faxed to ACS and CSC. This is essentially how volunteers “link” patients to all the partners.

From 2014 through August 2017, 969 referral forms were completed with 3,995 contacts being made. While some patients see volunteers multiple times during the course of their treatment, each visit is counted as one contact to show each touch made.

**Contact:** Jordan Sheppard-Cusumano (ph: 734-712-3113; email: jordan.sheppard-cusumano@stjoeshealth.org)

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**Honorable Mention**

**Detroit HealthLink for Equity in Cancer Care**

**Collaborating partners:** Community members; Voices of Detroit Initiative (VODI); Karmanos Cancer Institute/Wayne State University; Western Wayne Family Health Center (Inkster); Arab Community Center for Economic & Social Services (ACCESS); and LGBT Detroit

**Funded by:** Patient Centered Outcomes Research Institute Engagement Award, Contracts #s 2971 & 6252, Detroit Medical Center (DMC) Foundation

**Project description/outcomes:** Detroit HealthLink for Equity in Cancer Care is a region-wide coalition that addresses cancer-related needs in the Metropolitan Detroit area. Under the umbrella of the Detroit HealthLink, several cancer action councils have been developed to empower cancer patients, caregivers, survivors, and community members to address cancer issues in their communities through increased engagement in cancer research.

To date, there are five cancer action councils (CACs): the Conner Creek/VODI Cancer Action Council; the Western Wayne Cancer Action Council; the Karmanos Cancer Institute/Midtown Cancer Action Council; the ACCESS-Dearborn Cancer Action Council; and the LGBT-Detroit Cancer Action Council. Because cancer affects all communities, it is vital to bring all communities into the research process. If community members and researchers work together, community-specific research questions can be created.

CACs are made up of community members and representatives from community-based organizations who share their knowledge and community experiences about local cancer issues and work together to identify possible ways to improve the lives of cancer patients, survi-
vors, and caregivers in their communities. CAC members are actively engaged in their communities and are working to create healthier neighborhoods.

All of the councils have been—or are—being trained through the Building Your Capacity curriculum. The curriculum includes information that covers an introduction to research, community-engaged research, how to develop research questions, literature searches, research design, ethics and institutional review boards, qualitative and quantitative methods, grants, and policy and advocacy. Council members also learn about cancer rates in their communities and the Surveillance, Epidemiology, and End Results (SEER) Program database/epidemiology, and have been offered the opportunity to work with several researchers.

The curriculum is designed to provide skills on how to partner with cancer researchers to develop projects and set priorities for future cancer research and funding across the cancer continuum: prevention and early detection; diagnosis and treatment; survivorship; and end of life.

Contact: Knoll Larkin (ph: 313-576-9691; email: larkink@karmanos.org)

**Honorable Mention**

**Knock Out Cancer**

**Collaborating partners:** Mel Trotter Ministries and Spectrum Health Cancer Program, with a partial grant from the Susan G. Komen and educational materials from the American Cancer Society

**Project description/outcomes:** Knock Out Cancer is a collaboration of the Spectrum Health Cancer Center and Mel Trotter Ministries. Mel Trotter is a ministry that provides shelter, warm meals, housing assistance, job assistance, medical and dental care, legal assistance, an inebriant clinic, and transportation. The homeless are identified as a vulnerable population, at risk for many cancers, and underserved in the area of health education. The Spectrum Health Cancer Center asked, “How do we bridge that gap?”

The answer to the question was the creation of the Knock Out Cancer program, which was introduced in November 2016. This program provides cancer screening education and cancer risk-reduction education utilizing oncology nurses and state-of-the-art telehealth technology to meet with guests at Mel Trotter Ministries. The program uses two large computer monitors, one at Mel Trotter and one at Spectrum Health, which were made possible partially through a grant from Susan G. Komen.

During their stay at Mel Trotter, homeless guests are encouraged to become active participants in preparing for their return to the community. Mel Trotter offers the Knock Out Cancer program as an option for guests interested in learning more about taking charge of their health through minimizing their risk of developing cancer. Interestingly, the cancer risk-reduction education parallels education to reduce the risk of developing heart disease and type II diabetes.

Using guidelines incorporated from
the American Cancer Society, oncology nurses at Spectrum Health developed a script for these interactions. Education is provided on: avoiding tobacco; being active; body mass index (BMI); healthy eating; using sun protection; limiting alcohol use; and knowing your body so you can report changes. Nurses also inquire as to the age and family history of the guest and discuss appropriate screening guidelines and recommendations.

By August 2017, 39 guests (ages 18 to 77 years) had participated in the program. The majority of them said their visit and the information provided was helpful. More than half said they would make a change in their current lifestyle or health behaviors.

The Knock Out Cancer program is an example of the successful strategy of combining two already effective community-based organizations to reach an increased number of people with cancer prevention and cancer risk-reduction education.

Contact: Loril Garrett (ph: 616-486-5578; email: loril.garrett@spectrumhealth.org)

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Honorable Mention
Lung Cancer Screening at Spectrum Health

Collaborating partners: Spectrum Health Medical Group; Spectrum Health regional hospitals (9); Lung Cancer Alliance; American College of Radiology (national database); radiology/radiologists; Spectrum Health Cancer Program; physicians; registered nurses; medical assistants; nursing technicians; nurse practitioner; Lung Multi-Specialty Team Clinic; business analysts; EPIC/computer analysts; and Billing/Coding Department

Project description/outcomes: Spectrum Health is committed to working to increase access for lung cancer screening and to ultimately reduce lung cancer deaths in the areas it serves. To participate in the Lung Cancer Screening Program, patients who meet criteria for lung cancer screening are identified and have a low-dose CT scan of the chest annually until they no longer meet the criteria. Spectrum’s methodology includes the utilization of the multidisciplinary approach and having the program embedded in the Multi-Specialty Team Clinic with lung cancer providers and additional support staff.

The goal of this screening program project has been to increase the referral volume of patients accessing lung cancer screening, which has proved successful over the past year.

The Lung Cancer Screening Program became the single funnel for patient access in July 2016. Since that time, average referral volumes have increased from 17 patients per month to 91 patients per month. Over the last year, Spectrum also has expanded its Lung Cancer Screening Program to include its regional hospitals, which has culminated in a total of 15 radiology locations for patients to access lung cancer screening.

In April 2017, Best Practice Alerts (BPAs) were implemented in EPIC (electronic medical record) to identify at-risk patients who may be eligible for lung
cancer screening. Screening program referrals doubled in the month following initiation of the BPAs.

One of the highlights of this project was the simplification of many processes for physician referrals and patient participation. The single funnel referral method also ensures eligibility criteria are met, due to the fact that the Lung Multi-Specialty Team is solely responsible for the functionality of the program. Education is provided to both patients and physicians, and processes are in place to ensure appropriate and timely referrals, orders, authorizations, and screenings. Annual reminder systems are in place for patients that continue to meet criteria for lung cancer screening. Additionally, Lung Multi-Specialty Team staff enter all screening results into the American College of Radiology Lung Cancer Screening Registry.

As of Aug. 31, 2017, Spectrum Health’s Lung Cancer Screening Program had identified 15 lung cancers, with 66 percent of the diagnoses at Stage I. Seven incidental cancers also had been discovered. If an abnormality is found through the program, many patients have chosen to participate in the Lung Mass Multi-Specialty Team Clinic, where they can have a team approach to their care.

Contact: Loril Garrett (ph: 616-486-5578; email: loril.garrett@spectrumhealth.org)

Honorable Mention
Southeast Michigan FluFIT Initiative

Collaborating partners: Macomb County Health Department; Oakland County Health Division; Wayne County Department of Health, Veterans and Community Wellness; Beaumont Health; St. John Providence Health System; McLaren Health Care; and Henry Ford Health System

Project description/outcomes: The Colorectal Screening Initiative is a collaboration of community partners with a common goal of raising the colorectal screening rates in Michigan. This collaboration began in July 2016 as a direct result of a brainstorming session between the Oakland County Health Division; the Macomb County Health Department; the Wayne County Department of Health, Veterans and Community Wellness; the American Cancer Society; and four local hospital systems (Beaumont Health, Henry Ford Health System, St. John Providence Health System, and McLaren Health Care).

The effort began as a push to offer fecal immunochemical test (FIT) kits at health department flu clinics. A team consisting of representatives from all seven agencies met regularly to develop, refine and troubleshoot the launch of the screening initiative. Public health nurses assessed a resident’s eligibility to receive a FIT kit, based upon age (eligible = 50 to 75 years) and screening history (eligible = no history of colonoscopy in the past 10 years or no history of FIT screening in the past year). Each participant chose the hospital system that should receive and process his/her specimen and were provided with a hospital-specific screening kit based upon that choice.
Health departments tracked the kits and provided weekly updates to participating hospitals. Hospital labs were alerted to be on the lookout for project-related specimens. When a specimen was received, the participating lab would test it and then mail the screening results directly to the resident who had submitted the kit. If the results indicated a need for further testing, the resident was referred for follow-up via his/her primary care physician.

To date, more than 350 residents have been provided a colorectal screening FIT kit; 94 (26.7 percent) of those 350 recipients have completed their screening, and one test result has been positive. The hospital contacted the resident with the positive result and also informed the primary care provider to ensure the patient received the necessary follow-up care.

Contact: Abby Moler (ph: 248-663-3429; email: abby.moler@cancer.org)
Acknowledgements
2017 MCC Poster Abstract
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The Michigan Cancer Consortium leadership and staff would like to express their sincere appreciation to the following comprehensive cancer control professionals who volunteered their time and shared their expertise as members of the 2017 Annual Meeting Program Committee. Together, they helped develop the programming and the speakers for the 2017 gathering. The success of this meeting would not have been possible without their contributions. Thank you.

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