July-August 2014 cochairs@michigancancer.org | michigancancer.org | 877-588-6224

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MMWR: US cancer survivors face significant economic burden

- Medical costs, health insurance access, and lost productivity have an impact.

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MCC Receives C-Change National Award

The Michigan Cancer Consortium (MCC) was selected to receive C-Change's 2014 Comprehensive Cancer Control (CCC) State Coalition Impact Award. The CCC State Coalition Impact Award recognizes one State CCC Coalition that has successfully achieved evidence-based and measurable impacts in projects and/or interventions consistent with priorities in their respective CCC plan.


Susan Hoppough, Co-Chair, accepts the C-Change National Award from Duke basketball coach Mike Krzyzewski, on behalf of the Michigan Cancer Consortium.

The MCC successfully worked with partners, including the Michigan Department of Community Health Tobacco Section, to increase access to the Michigan Tobacco Quitline by allowing cancer patients free access to the Quitline's services (telephone counseling and eight weeks of nicotine replacement therapy) regardless of their insurance status. The MCC's Board of Directors promoted the new access to the Quitline at one of its meetings and hosted a nationally known expert, Dr. Graham Warren, to discuss the importance of tobacco cessation for cancer patients.

Also, the MCC engaged and partnered with the University of Michigan's Michigan Oncology Quality Consortium (MOQC). MOQC is funded by Blue Cross Blue Shield of Michigan to continuously improve Quality Oncology Practice Initiative metrics in oncology practices, one of which is tobacco use status and referral. By partnering with MOQC, the MCC was able to work directly with oncology practices through a learning collaborative to increase tobacco cessation and referrals to the Michigan Tobacco Quitline. MOQC successfully recruited 18 oncology practices across Michigan as pilot sites to use a Lean problem solving approach to change practice workflow to increase tobacco cessation referrals for cancer patients.

Based on the work of the MCC along with its partners, the following successes were tracked:

- From June 2012 to December 2013 there were over 690 cancer patients referred to the Quitline, for a 40% increase.
- MOQC found that 61% of eligible patients were referred, compared to the original baseline of 15% during this time period.
- Also through the pilot process, several resources were created (brochure, system change packet, and a video to educate patients) to assist practices in increasing tobacco cessation referrals to the Quitline.

The MCC received the award during C-Change's 2014 Annual Meeting in May in Raleigh, North Carolina.

Survivorship Care Plan Project – Still Time to Sign Up

Twenty Michigan cancer centers and health systems are participating in the Survivorship Care Plans Learning Collaborative, a partnership between the Michigan Cancer Consortium and the Michigan Department of Community Health Cancer Prevention and Control Section. The learning collaborative will help these organizations meet the Commission on Cancer's standard for survivorship care plans.

Allegiance Health
Beaumont Health System
Covenant Health Care
Hurley Medical Center
Karmanos Cancer Institute
Lakeland Health Care
Marquette General Hospital
McLaren Bay Region
McLaren Central Michigan
McLaren Flint
McLaren Greater Lansing
McLaren Macomb
McLaren Oakland
Oaklawn Oncology and Hematology
Oakwood Healthcare System, Inc.
Sparrow Regional Cancer Center
Spectrum Health
St. Mary's of Michigan
University of MI Cancer Center
West Michigan Cancer Center

NOTE: The project starts July 1st. However if you are still interested in participating, applications will be accepted through July 11th. For more information, please contact Debbie Webster at WebsterD1@michigan.gov.

EDITOR'S NOTE: *MCC members and stakeholders – please consider using the following article in your organization's newsletter to help alert providers to Michigan's Breast and Cervical Cancer Control Program (BCCCP). The BCCCP is an important option for uninsured women as well as insured women who require diagnostic services but have high deductibles.*

Most Michigan Residents Are Now Covered for Free Cancer Screening – Make Sure Your Patients Are Getting Screened

As a result of the Affordable Care Act (ACA) most insured Michigan residents can now receive free cancer screenings. Getting the word out about these free screenings is important – people need to know they can get screened for early detection of breast, cervical, and colorectal cancer.

However, your practice may still see women who are uninsured – if so, these uninsured women may be eligible to receive free breast and cervical cancer screening through Michigan's Breast and Cervical Cancer Control Program (BCCCP).

BCCCP Eligibility for Uninsured Women:
Women, ages 40-64, with an income of 139% to 250% of the Federal Poverty Level, are eligible for the BCCCP (if not currently enrolled in Medicaid or the Healthy Michigan Plan or any other type of insurance). BCCCP eligibility means women can receive free screening mammograms and Pap smears along with diagnostic services to rule out cancer following an abnormal screening. They may also be eligible to receive treatment through the BCCCP Medicaid Treatment Act if diagnosed with breast or cervical cancer.

Diagnostic Services for Insured Women with High Deductibles:
Women, ages 40-64, with an income of 139% to 250% of the Federal Poverty Level, and who have insurance, but have a high deductible and/or co-pays, may be eligible for diagnostic services provided through the BCCCP. If women in your practices are resisting breast or cervical follow up of an abnormal screening due to high deductible costs, they should call the BCCCP at 1-800-922-MAMM (6266) to find the nearest BCCCP program.

Women above 250% of the Federal Poverty Level should be encouraged to obtain health insurance through the Health Insurance Marketplace for complete health care coverage. If they require assistance enrolling in an insurance plan, women can be referred to a patient navigator found on the Enroll Michigan website or to the Health Insurance Marketplace website.

For more information, call the BCCCP at 1-800-922-MAMM (6266). Please share this information with others.

Michigan Cancer Genetics Alliance Corner

Cascade Genetic Screening: Improving Hereditary Cancer Risk Identification

By Angela Trepanier, MS, CGC, Michigan Cancer Genetics Alliance

One of the goals in Michigan's current Comprehensive Cancer Control Plan is to "increase the availability of cancer-related genetic information to the Michigan public and decrease barriers to risk-appropriate services[1]." This goal is in line with the more targeted Healthy People 2020 objective to increase the proportion of women with a family history of breast and/or ovarian cancer who receive genetic counseling[2]. Through a cooperative agreement with the Centers for Disease Control, the Michigan Department of Community Health has been working to increase the number of Michigan residents receiving appropriate genetic counseling, genetic testing, and follow up for hereditary breast ovarian cancer syndrome (HBOC). According to data from 2011 and 2012 Michigan Behavioral Risk Factor Surveys, only 9% of women who met the United States Preventative Services Task Force guidelines[3] for HBOC genetic counseling had such services[4].

As the evidence suggests, there are certainly challenges to identifying individuals at risk for HBOC. However, once a mutation has been identified in an individual, determining which of his/her relatives are at increased risk *should* be relatively straightforward. Cascade genetic screening is the process of identifying the at-risk relatives of individuals with hereditary conditions like HBOC and has been identified as an important component of public health practice[5]. About 1 in 300 to 1 in 500 people in the general population have mutation in the *BRCA1* or *BRCA2* genes that cause hereditary breast ovarian cancer syndrome; the rate is 1 in 40 in those of Ashkenazi Jewish descent[6]. In contrast, the risk of having a *BRCA* mutation is 1 in 2 (50%) for each sibling or child of a *BRCA* mutation carrier and 1 in 4 (25%) for second degree relatives (nieces, nephews, aunts, uncles). HBOC is an autosomal dominant condition. Women with BRCA mutations are at high risk of developing early onset breast cancer and ovarian cancer. Men are at increased risk for breast cancer and prostate cancer, with higher risks in those with *BRCA2* mutations. Increased surveillance and prophylactic measures can potentially prevent cancers and save lives[6]. Cascade genetic screening provides an opportunity to identify those at highest risk of carrying a mutation and reduce HBOC-related morbidity and mortality in these individuals.

Unfortunately, cascade genetic screening only seems to be happening in a subset of at-risk relatives. Data from the France National Cancer Institute, which funds all hereditary cancer genetic counseling and testing in the country, showed that only about 1/3rd of at-risk relatives have had cancer genetics services[7]. Familial (cascade) testing accounted for about 15.9% of all tests in the country[7]. Given our fragmented healthcare system, similar data is not available for the United States. But in Michigan, from September 2007 to December 2013, 12.3% of people who had HBOC genetic counseling were referred because of a known familial mutation and 14.0% of all the *BRCA* tests done were targeted mutation analyses.

What can providers do to improve the rate of cascade genetic screening for hereditary cancer?

- When taking a cancer family history, ***ASK*** whether any of your patient's relatives have had genetic testing for hereditary cancer and the outcomes of such tests.
- ***TELL*** your own patients who have a mutation in a hereditary cancer gene to inform their relatives. Per policy statements/guidelines from the American Society of Clinical Oncology[8] and the National Society of Genetic Counselors[9], this discussion should be part of the genetic counseling for cancer susceptibility testing.
- ***RECOGNIZE*** that when there is a familial mutation, relatives need only be tested for that specific mutation (targeted mutation analysis). Targeted analysis is much less expensive than the sequencing-based strategies used to identify a mutation in the first person tested in the family.
- ***ENCOURAGE*** your patients to update their family history information regularly through conversations with their relatives so that they can keep abreast new information such as genetic test results.
- ***CONSIDER*** working with genetic counselors who have expertise in facilitating conversations between relatives.

(continued on page 6)

HHS Rural Assistance Center – Community Health Workers Toolkit

The Community Health Workers (CHW) Toolkit is designed to help you evaluate opportunities for developing a CHW program and provide resources and best practices developed by successful CHW programs. The toolkit is made up of several modules. Each concentrates on different aspects of CHW programs. Modules also include resources for you to use in developing a program for your area.

- Module 1: Introduction to Community Health Workers
  An overview of CHWs and their roles.
- Module 2: Program Models
  Elements of differing models for CHW programs.
- Module 3: Training Approaches
  Available training materials and procedures for CHWs.
- Module 4: Program Implementation
  Building a program from the bottom up.
- Module 5: Planning for Sustainability
  How to ensure your CHW program functions properly.
- Module 6: Measuring Program Impacts
  Methods that allow you to measure the effectiveness of your program.
- Module 7: Disseminating Best Practices
  Letting other people know what you have done with your program.
- Module 8: Program Clearinghouse
  Examples of and contacts for successful CHW programs.

RAC Rural Assistance Center

This toolkit is also available as a printable PDF.

Youth Risk Behavior Surveillance Report United States, 2013

The latest Youth Risk Behavior Surveillance (YRBS) report [PDF, 3.5MB] was recently released. It found no significant change in the use of sunscreen or indoor tanning devices among youth.

Routine sunscreen use. Nationwide, 10.1% of students most of the time or always wore sunscreen with an SPF of 15 or higher when outside for more than one hour on a sunny day. The prevalence of routine sunscreen use did not change significantly from 2011 (10.8%) to 2013 (10.1%).

Indoor tanning device use. Nationwide, 12.8% of students had used an indoor tanning device such as a sunlamp, sunbed, or tanning booth (not including getting a spray-on tan), one or more times during the 12 months before the survey. During 2009–2013, a significant linear decrease occurred overall in the prevalence of indoor tanning device use (15.6%–12.8%). The prevalence of indoor tanning device use did not change significantly from 2011 (13.3%) to 2013 (12.8%).

Save the Date!

MCC Michigan Cancer Consortium

2014 MCC Annual Meeting

Wednesday, Nov. 5, 2014

8:30 a.m. – 2:30 p.m.

James B. Henry Center for Executive Development
3535 Forest Road, Lansing

Sessions will include:

- Survivorship: An Optimal Journey
- Cancer Genetics Hot Topics Update
- Cancer Clinical Trials: What's Next?
- Lung Cancer Screening – Essential Program Components and Best Practices

The annual meeting will also include the Spirit of Collaboration Award presentation and MCC member posters.

For more information, contact the MCC at 877-588-6224.

American Cancer Society Cancer Action Network Update

Submitted by Judy Rotger, Michigan Government Relations

STATE UPDATE

Cancer Prevention

On June 10th, the legislature passed a budget that restored half a million dollars for the state cancer prevention program through the Health & Wellness Fund. This was the only program that saw an increase in the Fund.

After the funding was eliminated last year, the American Cancer Society Cancer Action Network (ACS CAN) carried out a comprehensive campaign of direct and grassroots lobbying that launched this past October. This included: volunteers collecting and delivering over 3,600 petitions to legislators; over 250 postcards were mailed to specific lawmakers; 50 letters to the editor were submitted on this topic in 2014 throughout the state; in-district meetings were held with key legislators and their constituents; press events highlighting the pink bra "Don't Leave Women Exposed" campaign; a lobby day focused on this issue with a diverse crowd of volunteers. ACS CAN was very active throughout this process including meeting with legislators and staff, recruiting and coordinating testimony for survivors to give legislators more information, and tracking key legislative budgets to ensure inclusion of dollars for cancer prevention.

While ACS CAN asked for more ($2 million this year), restoration of $500,000 should be seen as a significant step for cancer prevention. Cancer prevention dollars help save lives. ACS CAN will continue to work toward the goal of restoring funding to $6 million by 2016. ACS CAN appreciates all those people who made their voices heard and contributed to this successful outcome. It would not have happened without you.

Tobacco

Leading health organizations have responded to the passage of a package of bills regarding the regulation and classification of electronic cigarettes in Michigan.

Organizations including: the American Cancer Society Cancer Action Network, American Heart Association, American Lung Association, Michigan Health & Hospital Association, Michigan State Medical Society, Michigan Osteopathic Association, Michigan Primary Care Association, Michigan Association for Local Public Health, Michigan Council for Maternal & Child Health, MI Chapter American Academy of Pediatrics, and the Michigan Academy of Family Physicians issued a statement on legislation introduced recently that does not define electronic devices as tobacco products. *"Without more conclusive evidence regarding the safety of these products, any legislation that does not define electronic smoking devices as tobacco products is a dangerous proposition and may pose a risk to the health of Michiganders. The U.S. Food and Drug Administration will regulate electronic cigarettes as tobacco products once its proposed rule asserting authority over all tobacco products is finalized. By carving out exemptions for e-cigarettes, this legislation has the potential to weaken existing tobacco regulations in our state, which is why the tobacco industry supports this bill. The rapid increase in electronic cigarette use among youth raises questions as to whether these young people will be drawn into long-term nicotine addiction. We believe that Michigan can prohibit the sale of these products to those under the age of 18 without undermining existing tobacco-control laws. We will continue to promote proven and effective tobacco control policies in Michigan."*

AHRQ Study: Targeted Patient Outreach Can Increase Colon Cancer Screening

An intensive outreach program targeting vulnerable patients dramatically improved screening rates for colorectal cancer, according to a new AHRQ-funded study published in the June 16 issue of *JAMA Internal Medicine*. The study indicated that comprehensive outreach programs run through community health centers hold great promise in reducing preventable deaths due to colorectal cancer. The study found that community health center patients who received outreach via mail, automated phone and text messages and calls by a health center staff member were more than twice as likely to complete an at-home colon cancer screening test. This was the case even though most patients in the Chicago-based study were poor and uninsured, had limited English proficiency and low understanding of health information.

"Early screening is an important tool in fighting colorectal cancer, but only three-fifths of U.S. adults age 50 to 75 overall are up to date on their screenings—and serious disparities persist by income, education, race/ethnicity and other groups," said AHRQ Director Richard Kronick, Ph.D. "This report indicates that intense outreach can increase screening and save lives." Colorectal cancer is the third most common cancer for men and women and the second-leading killer among cancers in the United States overall. The study said expanded use of the at-home test, called a fecal occult blood test, may help increase rates of colorectal cancer screening, especially among people who face barriers to colonoscopy. See the **AHRQ press release** regarding this study.

Michigan Cancer Genetics Alliance Corner – continued from page 3

In summary, promoting cascade genetic screening is one way to move closer to MCC's cancer genomics goal. Current data suggests that only a fraction of those who could benefit from cascade screening are identified. Improved identification requires increasing awareness through public health efforts aimed at patients, providers, health systems and other stakeholders.

[1] Comprehensive Cancer Control Plan for Michigan, 2009-2015 (May 2014 Revision), Cancer Genomics Goals. Accessed June 2014.

[2] Healthy People 2020. Objective G HP2020. Accessed June 2014. Available at http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicId=15.

[3] Moyer V.A., U.S. Preventive Services Task Force (2014). Risk assessment, genetic counseling, and genetic testing for BRCA-related cancer in women: U.S. Preventive Services Task Force recommendation statement. Ann Intern Med 160(4), 255-266.

[4]Fussman C., Mange S. (2013). Breast and ovarian cancer family history and genetic counseling among Michigan women. Michigan BRFSS Surveillance Brief. Vol. 7, No.5. Lansing, MI: Michigan Department of Community Health, Lifecourse Epidemiology and Genomics Division, Surveillance and Program Evaluation Section, Chronic Disease Epidemiology Unit. Accessed June 2014. Available at http://michigan.gov/documents/mdch/MIBRFSS_Surveillance_Brief_Nov_2013_Vol7No5_FINAL_441145_7.pdf.

[5]Cascade genetic screening and public health practice: an idea whose time has come. Genetic Alliance and University of Michigan Center for Public Health and Community Genomics. Accessed June 2014. Available at https://www.youtube.com/watch?v=lhcpTR7zlN0

[6]Petrucelli N, Daly MB, Feldman GL. BRCA1 and BRCA2 Hereditary Breast and Ovarian Cancer. GeneReviews™ [Internet]. Seattle (WA): University of Washington, Seattle; 1998 Sep 4 [Updated 2013 Sep 26]; Accessed Jun 2014, Available from: http://www.ncbi.nlm.nih.gov/books/NBK1247/

[7]Pujol P., Stoppa Lyonnet D., Frebourg T., Blin J., Picot M.C., Lasset C.…Nogues C. (2013). Lack of referral for genetic counseling and testing in *BRCA1/2* and Lynch syndromes: a nationwide study based on 240,134 consultations and 134,652 genetic tests. *Breast Cancer Res Treat*, 141, 135-144.

[8]American Society of Clinical Oncology (ASCO) Working Group (2003). ASCO policy statement update: Genetic testing for cancer susceptibility to cancer. *Journal of Clinical Oncology* 21(12), 2397-2406.

[9]Riley B.D, Culver J.O., Skrzynia C., Senter L.A., Peters J.A.…Trepanier A.M. (2012). Essential elements of genetic cancer risk assessment, counseling, and testing: Updated recommendations of the National Society of Genetic Counselors. *Journal of Genetic Counseling* 21, 151-161.

July

Sun	Mon	Tue	Wed	Thu	Fri	Sat
Note: Click here for more information on all activities listed for July		1	2	3	4	5
6	7 *Webinar* *2:00 – 3:00 ET* By the Numbers: New CMS Data Resources on Chronic Conditions	8 *Webinar* 3:00 – 4:00 ET Using Community Guide Strategies to Adapt Interventions	9 *Webinar* 3:00 – 4:00 ET Needs Assessments: Opportunities for Collaboration across Multiple Stakeholders	10	11	12
13	14	15	16	17	18	19
20	21	22 *Webinar* 2:00 – 3:00 ET Tools and Policies to Prevent Skin Cancer Through Reduction of UV Exposure	23	24	25	26
27	28	29	30	31		

2014

August

Sun	Mon	Tue	Wed	Thu	Fri	Sat
Note: Click here for more information on August activities.					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24 31	25	26	27	28	29	30

2014