Identifying Women With Dense Breasts at High Risk For Interval Cancer: A Cohort Study

Michigan, along with twenty-one other states have passed laws requiring that women be notified if they have dense breasts on their mammograms. They are urged to discuss with their provider the need for supplemental imaging.

A recent study published in the Annals of Internal Medicine suggests that only about half of women with dense tissue are at such high risk that they need extra tests. Study findings were based on the 2002 - 2011 medical records of 365,426 women aged 40 to 74 years who had digital screening mammography examinations. Breast density assessments were used along with an online calculator (Breast Cancer Surveillance Consortium Risk Calculator) that estimated a woman's risk of developing breast cancer in the next five years. The calculator categorized each woman's risk as low, average, intermediate, high or very high. A five-year risk under 1.66 percent is considered low to average; more than 4 percent is very high.

The study found that women with certain combinations of breast density and five-year risk levels had the highest odds of an interval cancer. Two groups had high rates of interval cancer, defined as more than one case per 1,000 mammograms. One group included women with a five-year risk of 1.67 percent or higher and extremely dense breasts. The second group had a five-year risk of 2.5 percent or higher and “heterogeneously dense” findings on mammography.

Women with a five-year risk of 2.5 percent or higher and heterogeneously or extremely dense breasts — 21 percent of all women with dense breasts — were also the most likely to have interval cancers that were advanced, the study found. These women with the highest risk are the most likely to benefit from additional imaging tests after a normal mammogram, the authors said.

In summary, breast density should not be the sole criterion for deciding whether supplemental imaging is justified because not all women with dense breasts have high interval cancer rates. BCSC 5-year risk combined with BI-RADS breast density can identify women at high risk for interval cancer to inform patient–provider discussions about alternative screening strategies.

Karla Kerlikowske, MD; Weiwei Zhu, MS; Anna N.A. Tosteson, ScD; Brian L. Sprague, PhD; Jeffrey A. Tice, MD; Constance D. Lehman, MD, PhD; and Diana L. Miglioretti, PhD, for the Breast Cancer Surveillance Consortium, Ann Intern Med. 2015;162:673-681. doi:10.7326/M14-1465 www.annals.org
Journal of the American Academy of Dermatology: Research Published on Patterns of Sunscreen Use

Link to article: http://www.jaad.org/article/S0190-9622(15)01352-3/abstract

Background: Sunscreen is a common form of sun protection, but little is known about patterns of use. 
Objective: Researchers sought to assess sunscreen use patterns on the face and other exposed skin among US adults.
Methods: Using cross-sectional data from the 2013 Summer Consumer Styles survey (N = 4033), researchers calculated descriptive statistics and adjusted risk ratios to identify characteristics associated with regular sunscreen use.
Conclusion: Few adults regularly used sunscreen on the face and/or other exposed skin. Sunscreen use is low, especially among certain demographic groups. These findings can inform sun-safety interventions and the interpretation of surveillance data on sunscreen use.
Authors: Zahava Berkowitz, Gery Guy, Nikki Hawkins, Mona Saraiya, and Meg Watson

The Emotional Effects of Receiving Information About One’s Breast Density on Women’s Attitudes and Subsequent Behaviors

Submitted by Mark Manning, PhD*

In the context of recently approved breast density notification legislation, I am currently investigating the emotional effects of receiving information about one’s breast density on women’s attitudes and subsequent behaviors (e.g., speaking with radiologists and/or referring clinicians about the notification; self-referring for supplemental breast cancer screening; etc.). I have published data indicating that despite a fair amount of knowledge about what breast density is, few women actually know how dense their own breasts are. My data further show that compared to European American women, African American women think that receiving information about their own breast density will make them more anxious and confused, and this anxiety and confusion could have downstream effects on breast cancer screening intentions.

Whereas my previous data has necessarily asked women to predict how they might respond if they received a notification with their mammogram report informing them that they had dense breasts, I have an ongoing study that is examining actual psychological and behavioral responses to receiving such notifications. I have identified a sample of potential participants who will be receiving notifications once the notification law is in effect (June 1st); and anticipate having preliminary data by the end of October.

I have also co-authored a grant application to conduct a longer-term study to examine psychological and behavioral outcomes and, importantly, cancer-related outcomes (e.g., breast biopsies and cancer diagnoses) directly related to receipt of breast density notification.

*Dr. Manning is a social psychologist and assistant professor in the Department of Oncology at the Wayne State School of Medicine and a scientific member of the Population Studies and Disparities Research program at Karmanos Cancer Institute. He generally studies the effects of information on attitudes and behaviors.
Patient Advocate Foundation Launches Transportation Financial Aid Fund for Metastatic Melanoma and Metastatic Lung Cancer Patients

Patient Advocate Foundation (PAF) is pleased to announce the launch of the Transportation Financial Aid Fund, the newest program addition in their Financial Aid Fund division. The fund is designed to provide transportation relief for patients diagnosed with and in active treatment for either metastatic melanoma or metastatic lung cancer.

"Access to reliable transportation is often cited as a frequent healthcare barrier for patients in need of recurring treatment. Poor transportation access contributes to missed appointments and even delayed medication," Dr. Alan Balch, CEO of Patient Advocate Foundation says. "In fact, PAF’s case management team found over 15% of our patients experienced transportation issues in 2014."

According to the American Cancer Society, 2015 will show an average of 221,200 new cases of lung cancer and 73,000 melanoma diagnoses in the United States. The Transportation Financial Aid Fund seeks to provide relief for patients undergoing recurring IV-infused treatment nationwide and help relieve some of their transportation barriers.

"Of all of PAF’s patients who reported a transportation issue in 2014, almost half, 49% traveled more than 20 miles one way to their treatment provider," Dr. Balch adds. "We are confident this resource will help provide relief to some our nation’s most vulnerable population."

This new program joins the ranks of PAF’s current Financial Aid Funds offering targeted relief to specific designated patient populations. The program is accepting applications beginning May 1, 2015 for metastatic lung cancer and metastatic melanoma patients. Approved patients will receive a one-time grant of $300 specifically to be used for transportation purposes as it applies to the patient’s current IV-infused treatment. Patients interested in applying for the Transportation Financial Aid Fund may call (855) 824-7941 for more information or visit www.patientadvocate.org/programs.

Source: May 2015 Patient Advocate Foundation news release

Public Education Update

During the month of June, Michigan Department of Health and Human Services (MDHHS) is conducting a comprehensive public education campaign aimed at increasing screening for colorectal cancer. It includes development of a brand new public service announcement (PSA) “Step Up to the Plate” which will be aired on Detroit Tiger Baseball stations during Detroit Tiger games and statewide on Detroit radio stations, Detroit Tigers LED Ribbon Signage at the stadium, digital, and social media.

Also starting June and running through September, MDHHS is conducting a public education campaign aimed at increasing HPV vaccination rates. The campaign includes airing the “Generation Gap” and the “I Wish” PSAs statewide, running digital ads on social media sites (Pandora and Spotify), and an enhanced Google Search. You can listen to the PSAs at www.michigan.gov/hpv. You can also order HPV brochures through the MDHHS Health Promotions Clearinghouse.

As a reminder the MDHHS Health Promotions Clearinghouse offers free materials including information on cancer and immunizations. Check out and order these excellent free resources at: http://www.hpclearinghouse.org/preshowcatagories.cfm
New Oncology Patient Navigator Training

George Washington University (GW) Cancer Institute announces the launch of the Oncology Patient Navigator Training: The Fundamentals! This FREE online training is based on the first-ever consensus-based Core Competencies for Patient Navigators that were developed through a collaborative multi-stage process. The comprehensive training covers all the necessary fundamental information to effectively navigate patients, including:

- An overview of patient navigation and competencies (1 hour)
- The basics of health care (4 hours)
- The basics of patient navigation (4 hours)
- Enhancing communication (3 hours)
- Professionalism (2 hours)
- Enhancing practice (4 hours)

Participants have access to:
- Interactive in-depth presentations
- The Guide for Patient Navigators, which includes a broad set of tools and resources for patient navigators and their patients

Get started in 3 easy steps:
1. Visit the GW Cancer Institute Online Academy at http://tinyurl.com/GWOnlineAcademy
2. Login or register for an account
3. Use enrollment code: PNTrain (case sensitive)

Share and spread the news!
- Download the promotional flyer and tell your colleagues about the training
- Follow us on Twitter @GWCancerInst
- Use hashtags: #caSNPetraining and #TAPetraining

CDC’S Community Health Improvement Navigator

Our health and well-being are products of not only the health care we receive and the choices we make, but also the places where we live, learn, work, and play.

Community health improvement (CHI) is a process to identify and address the health needs of communities. Because working together has a greater impact on health and economic vitality than working alone, CHI brings together health care, public health, and other stakeholders to consider high-priority actions to improve community health.

The CDC Community Health Improvement Navigator (CHI Navigator) is a website for people who lead or participate in CHI work within hospitals and health systems, public health agencies, and other community organizations. It is a one-stop-shop that offers community stakeholders expert-vetted tools and resources. Check out this infographic and go to the CDC’s investing in community health improvement page.

Save the Date!

2015 MCC Meetings

Board Meetings
Wednesday, June 24
Wednesday, September 9

Annual Meeting
Wednesday, November 4

Please note: MCC meetings are open to representatives of all MCC member and partner organizations, as well as other interested comprehensive cancer control stakeholders.

For more information, contact the MCC at 877-588-6224.
Too Few Younger, High-Risk Americans Get a Colonoscopy: Study

A majority of people with a family history of colon cancer are not getting screened for the disease early enough, a new study finds. The report was published May 21 in the journal Preventing Chronic Disease.

Guidelines say colonoscopies should start at age 40 for people with a close relative who had colon cancer. However, only 38 percent of those people have a colonoscopy between ages 40 and 49, researchers report.

"This is an important finding, because people with a family history of colon cancer are at an increased risk for developing the disease early," said Dr. Richard Wender, chief cancer control officer at the American Cancer Society, who had no part in the study.

According to the society, as many as one in five people who develops colon cancer has other family members who had the disease. The risk is doubled for people with parents, siblings or children who had colon cancer. The risk is even higher if a relative was diagnosed with colon cancer when they were younger than 45, or if more than one relative had the disease.

The reasons for the increased risk are not always clear. Cancers can "run in families" because of genes, shared environmental factors, or both. Screening is important because early detection of cancer improves the chances for effective treatment.

Wender said several factors may explain the low rate of screening among those most at risk, he said. For one, doctors and patients may not be aware of the guidelines. Also, people need to track down their family's medical history, which may not be easy, Wender said. "It isn't good enough to say your aunt or father had cancer, you need the details -- what kind, when did it start, etcetera," he said.

Screening for colon cancer is recommended for everyone over 50. But those with a close relative who had colon cancer should begin screening at age 40, or 10 years before the youngest age at which a relative was diagnosed, Wender said. He pointed out that a colonoscopy is the only recommended screening method for people with a family history of colon cancer. "We no longer recommend fecal blood testing, so the only option for those at above-average risk is colonoscopy," he said.

Having health insurance was a major influence on whether someone had a colonoscopy, the researchers reported. People with insurance were three times more likely to have a colonoscopy than those without insurance.

The researchers said that although the rate of colonoscopies in the United States has increased five times since 2005, the number of younger people at risk for colon cancer who get a colonoscopy has lagged. Dr. Andrew Chan, an associate professor in the department of medicine at Harvard Medical School in Boston, said there has been an "alarming increase in the incidence of colon cancer in younger age groups."

Despite this, the study shows that rates of screening for individuals younger than 50 who have a family history of colon cancer are not optimal, Chan said. "The message that screening needs to start at a younger age for those with a family history may not be getting through to the general population," he said.

Wender said it isn't clear why the rates of colon cancer among younger people are increasing. It could be due to changes in diet and increases in overweight, obesity and inactivity, "all of which are risk factors for colon cancer," he said.

Source: HealthDay News, May 21, 2015
New Report Reveals States with Highest Incidence of Obesity

A new report from the Gallup-Healthways Well-Being Index shows that the obesity rate in the United States is the highest since 2008 when Gallup and Healthways began tracking and measuring well-being. According to the “Gallup-Healthways State of American Well-Being 2014 Obesity Rankings,” the National incidence of obesity was 27.7% in 2014, up from 27.1% in 2013, and significantly above the 25.5% recorded in 2008. The report ranks the incidence of obesity for all 50 states, as well as top 100 most populous communities.

States noteworthy for having low obesity rates are Hawaii, which has the lowest obesity rate in the nation at 19%, and then California, Colorado, Connecticut, and Massachusetts, which have ranked among the 10 states with the lowest obesity rates every year since 2008.

Mississippi had the highest obesity incidence for the second year in a row at 35.2%. Five states have been among 10 states with highest obesity rates every year since 2008: Arkansas, Kentucky, Louisiana, Mississippi, and West Virginia.

For more information go to: Gallup-Healthways Well-Being Index

Michigan ACS CAN Update

Submitted by Andrew Schepers, Michigan Government Relations, American Cancer Society Cancer Action Network, Inc.

The past couple months have been very active. The majority of the work has surrounded two issues: budget and the regulation of e-cigarettes.

Budget:
This budget cycle has once again placed cancer prevention funding on the chopping block for the coming fiscal year. Last budget cycle, ACS CAN, along with others concerned about health, worked to restore funding after the governor suggested removing state dollars from Michigan’s Cancer Prevention Program. This year, the governor and the House agreed that this money needed to stay in the budget, but the Senate had a different idea. The Senate took money out of the cancer prevention program and asked the Health Endowment Fund to support the program instead.

This left a point of difference between the two houses, sending the issue to conference committee. This week, the House, Senate and governor have settled on their budget target numbers for the coming fiscal year.
Now, conference committees will meet and send their budget recommendations to the Legislature for a final vote. ACS CAN volunteers and staff have been active in their efforts to save the funding for the cancer prevention program.

E-Cigarettes:
In late May, the Senate passed the tobacco industry’s e-cigarette regulation, which does not define these products as tobacco products, but rather creates its own protected class. The legislation would not allow e-cigarettes to be sold to minors but does not control them in the same way as tobacco. ACS CAN testified against the legislation and is working with the legislature to create common-sense legislation around the issue of e-cigarettes. ACS CAN will continue to stay engaged with the House in the coming months.