CDC’S “TIPS” CAMPAIGN SUCCESSFUL AND COST-EFFECTIVE

The 2012 Tips From Former Smokers campaign spent only $480 per smoker who quit and $393 per year of life saved, according to an analysis by the Centers for Disease Control and Prevention and published recently in the American Journal of Preventive Medicine.

“There is no question the Tips campaign is a ‘best buy’ for public health – it saves lives and saves money,” said CDC Director Tom Frieden, M.D., M.P.H. “Smoking-related disease costs this nation more than $289 billion a year. The Tips campaign is one of the most cost-effective of all health interventions. This study shows how much the Tips campaign accomplished by being on the air for just 12 weeks.”

Tips From Former Smokers is the first federally funded national mass media anti-smoking campaign. It launched in 2012 with a campaign cost of roughly $48 million. The campaign was responsible for an estimated 100,000 smokers quitting permanently and it motivated 1.6 million smokers to make a quit attempt. The study also calculated the 2012 campaign will save about 179,000 healthy life-years at a cost of $268 per year of healthy life gained, and contributed to averting about 17,000 premature deaths at a cost of about $2,200 per premature death averted.

Hard-hitting mass media campaigns can effectively reduce cigarette use. The 2014 Surgeon General’s Report called for high-impact national media campaigns to air at high frequency and exposure levels year round for a decade or more, as part of a comprehensive strategy to bring down smoking rates to under 10 percent.

Cigarette smoking is the leading preventable cause of disease and death in the United States, killing about 480,000 Americans each year. For every person who dies this year, there are over 30 Americans who continue to live with a smoking-related disease.

Surveys show about 70 percent of all smokers want to quit, and research shows quitting completely at any age has major and immediate health benefits.

The Michigan Tobacco Quitline offers free information and referral to all Michigan residents. People may also qualify for free one-on-one coaching and nicotine replacement therapy to help them quit. To learn more, call the Quitline at 1-800-QUIT-NOW (784-8669) or 1-855-DEJELO-YA (335-35692). Free help is also available at www.smokefree.gov and www.michigan.gov/tobacco.

For more information on the Tips From Former Smokers campaign, including profiles of the former smokers, other campaign resources and links to the ads, visit www.cdc.gov/tips.

Source: Dec 10, 2014 Press Release CDC’s Tips From Former Smokers campaign provided outstanding return on investment
Psychosocial Distress Screening

Over the last several years the concept of cancer care has extended beyond the clinical treatment of the disease. New medical guidelines now highlight the needs of cancer survivors which include issues like psychosocial distress and survivorship.

In March 2013, the Michigan Cancer Consortium (MCC) Board of Directors accepted a report from the MCC Survivorship Workgroup, Commission on Cancer Subcommittee that recommended a process for psychosocial distress screening to meet Commission on Cancer Standard 3.2. This recommendation has been posted to the MCC website and was updated in 2014 based on changes to the National Comprehensive Cancer Network (NCCN) permission process. There has been much interest in this MCC document, as witnessed by multiple inquiries and the fact it has been shared with many different health systems.

Since the issuing of the MCC guidelines, the conversation around psychosocial distress screening has continued. Most MCC organizations are utilizing the NCCN Screening Tool for Distress Management with a few utilizing the Edmonton Symptom Assessment Scale (ESAS). The administration process and follow-up plans vary by organization. If your organization is still working on compliance with the Commission on Cancer Standard 3.2 on Psychosocial Distress Screening, the following resources may prove useful:

- Psychosocial Distress Screening in Cancer Patients – Michigan Cancer Consortium
- Accreditation Committee Clarifications for Standards 3.1 Patient Navigation Process and 3.2 Psychosocial Distress Screening – American College of Surgeons.

American Cancer Society Cancer Action Network Update

Submitted by Matt Phelan and Judy Rotger, American Cancer Society Cancer Action Network, Inc

STATE UPDATE - Tobacco

A package of bills regarding the regulation and classification of electronic or e-cigarettes in Michigan was formally presented to Governor Rick Snyder on Friday, January 2, 2015. Mr. Snyder now has 14 days before deciding whether to sign or veto the legislation – or if he takes no action, the bills will expire after the 14 day period.

The legislation attempts to prohibit the sale of electronic cigarettes to minors, however it also creates a series of loopholes and exemptions for these still unproven and unregulated products. Though the bills passed the Michigan House and Senate, the Governor has previously stood with public health groups who oppose these bills.

Defining e-cigarettes as "vapor products" rather than "tobacco products" codifies special treatment for e-cigarettes, helping them avoid the regulations that apply to other tobacco products and creating the illusion that these products are safe and should be treated differently when there is no scientific evidence to support these claims.

The Food and Drug Administration (FDA) has chosen to regulate e-cigarettes as tobacco products. E-cigarettes look and behave like cigarettes and they should not be treated any differently than a tobacco product.

FEDERAL UPDATE – New Health Insurance Marketplace Enrollment Numbers Released

According to recent enrollment numbers released Dec. 16 by the U.S. Department of Health and Human Services (HHS), nearly 2.5 million people selected insurance plans in the federal marketplace since open enrollment began Nov. 15, and more than 1 million people enrolled in one 7-day period in December. The HHS count does not include people who signed up for plans through state-based marketplaces, so the cumulative total of enrolled individuals may be significantly higher than 2.5 million.

HHS anticipated a rush of enrollment through the end of the day Monday, Dec. 15, which was the last day people could sign up for coverage to begin Jan. 1, 2015. However, several states including Connecticut, Idaho, Massachusetts, Minnesota, New York, Vermont and Washington have announced extended enrollment periods. By most accounts, HealthCare.gov performed reasonably well in response to Monday’s surge. The marketplace enrollment period extends through February 15, 2015.
Population-Based Screening for \textit{BRCA1} and \textit{BRCA2} Mutations: Are We Ready?

Angela Trepanier, MS, CGC, Michigan Cancer Genetics Alliance

Dr. Mary-Claire King and colleagues recently authored a Viewpoint in the \textit{Journal of the American Medical Association}\textsuperscript{1}, stating that population-based screening for \textit{BRCA1} and \textit{BRCA2} gene mutations should be offered to all women 30 years of age and over. Importantly, this viewpoint is quite controversial and is in opposition with the 2013 United States Preventative Task Force (USPSTF)\textsuperscript{2} Grade D recommendation that advises against \textit{BRCA} population screening. Dr. King was awarded the 2014 Lasker-Koshland Special Achievement Award in Medical Science for her work in discovering the \textit{BRCA1} gene and is a renowned expert in the field of hereditary breast cancer.

Why consider population-based screening?

- A recent study investigating population-based screening for BRCA mutations in an Israeli, Ashkenazi Jewish population identified mutation carriers who would not have been identified through personal medical history or family history alone. These individuals often had limited family history due to small family size and/or few female relatives. The study also showed that cancer rates in the population-based sample were similar to the rates found in those tested based on medical/family history\textsuperscript{3}.
- Several studies have also shown that primary care providers do not do an adequate job procuring family history and identifying patients at risk for hereditary breast ovarian cancer (HBOC) syndrome, due in part to limited genetic literacy and knowledge about HBOC. This results in under-diagnosing patients at risk.

What are potential risks of population screening?

- Most Ashkenazi Jewish patients with a BRCA mutation have one of three well characterized mutations in the BRCA1/2 genes amenable to targeted analysis. In contrast, most non-Jewish individuals have unique mutations spread throughout the BRCA1/2 genes, thus requiring the more costly sequence analysis. It remains to be seen whether population screening in a non-Ashkenazi population is an effective use of health care dollars.
- Pre-symptomatic testing to identify a genetic risk in a healthy individual requires informed consent through genetic counseling. Providing comprehensive genetic counseling to a diverse population which has a relatively low risk of harboring a BRCA mutation would be problematic and could potentially reduce the accessibility of these services to those at increased risk.

Therefore, population-based screening may not be economically or logistically feasible in the US and may actually reduce access to services for those who would benefit the most.

Are we ready for population-based \textit{BRCA} genetic screening?

Currently, the risks in terms of costs and access to services seem to outweigh the benefits in a non-Ashkenazi Jewish population. In the meantime, clinicians should continue to hone their skills in identifying individuals at risk of hereditary breast ovarian cancer so that at the very least, patients with appropriate medical and/or family histories can be offered genetic counseling, testing, and increased surveillance.


Healthy Michigan Plan Surpasses Original Enrollment Projections

Over 481,000 Michigan residents have enrolled in the Healthy Michigan Plan (HMP) – surpassing the original two-year projection of 477,000 enrollees (note: since the date of this report, the HMP now has over 500,000 enrollees).

The HMP encourages beneficiaries to take steps to improve their health through healthy behaviors. Since its launch, the HMP has already resulted in more than 241,000 primary care visits, 74,000 preventive care visits, 22,900 mammograms, and 10,900 colonoscopies.

Health coverage under the HMP includes Essential Health Benefits such as ambulatory patient services, emergency services, hospitalization, mental health and substance use disorder services. These benefits encompass behavioral health treatment, prescription drugs, rehabilitative and habilitative services and devices, laboratory services, preventive and wellness services and chronic disease management, pediatric services including oral and vision care, and other medically necessary services as needed.

Looking ahead, the focus will be on ensuring that HMP beneficiaries not only have the necessary health resources they need, but also understand how to use them.


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**January is Cervical Cancer Awareness Month**

In 2011, 358 Michigan women were diagnosed with invasive cervical cancer, and in 2012, 114 Michigan women died from this disease.

About 70 percent of cervical cancer in the United States could be prevented through human papillomavirus (HPV) vaccination. However, as of December 2014, only 32.3 percent of females and 16.1 percent of males ages 13-17 had received the entire three-dose vaccine series, according to Michigan Care Improvement Registry data. Although the simple, affordable, and easy-to-administer screening test to detect cervical cancer – the Pap test – has been widely available for 70 years, more than half of cervical cancer deaths are seen in women who have either never had a Pap test, or have not had testing in more than five years.

Through the Healthy Michigan Plan, women’s preventive health care – such as screenings for cervical cancer, mammograms, prenatal care, immunizations, and other services – is covered without co-pays. Pap tests are available at Family Planning Clinics, and for uninsured women ages 40-64, Pap testing is accessible through the Breast and Cervical Cancer Control Program (BCCCP). For more information about the BCCCP, call 800-922-MAMM (6266).

Vaccines for Children (VFC), Medicaid, MI-Child, and most health insurances pay for the HPV vaccine. For more information regarding HPV and cervical cancer, visit [www.michigan.gov/hpv](http://www.michigan.gov/hpv) or [www.michigan.gov/cancer](http://www.michigan.gov/cancer). More information about vaccinations in general can be found at [www.michigan.gov/teenvaccines](http://www.michigan.gov/teenvaccines).

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**Save the Dates!**

**2015 MCC Board Meetings**

- **Wednesday, March 25**
- **Wednesday, June 24**
- **Wednesday, September 9**

Please note: MCC Board 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.
New Report: Health Risk Behaviors Among Hispanic Adults Within the State of Michigan 2012

The Michigan Department of Community Health's Health Disparities Reduction and Minority Health Section in collaboration with the Lifecourse Epidemiology & Genomics Division is pleased to announce the release of the report entitled “Health Risk Behaviors among Hispanic Adults within the State of Michigan, 2012.” This report presents estimates from the 2012 Hispanic Behavioral Risk Factor Survey, the first survey to focus on Hispanic adults in Michigan and provide state-specific, population based estimates. A summary report entitled “Health Status of Hispanic Adults in Michigan” was created to accompany the full report. Both of these reports are available online at the link above.

New Research Suggests That a Majority of Cancers May Be Caused by Random Mutations

Although about one-third of cancers can be linked to environmental factors or inherited genes, new research suggests the remaining two-thirds may be caused by random mutations.

These mutations take place when stem cells divide, according to the study by researchers at Johns Hopkins Kimmel Cancer Center. Stem cells regenerate and replace cells that die off. If stem cells make random mistakes and mutate during this cell division, cancer can develop. The more of these mistakes that happen, the greater the risk that cells will grow out of control and develop into cancer, the study authors explained in a Hopkins news release.

Although unhealthy lifestyle choices, such as smoking, are a contributing factor, the researchers concluded that the “bad luck” of random mutations plays a key role in the development of many forms of cancer.

"All cancers are caused by a combination of bad luck, the environment and heredity, and we've created a model that may help quantify how much of these three factors contribute to cancer development," said Dr. Bert Vogelstein, professor of oncology at the Johns Hopkins University School of Medicine. "Cancer-free longevity in people exposed to cancer-causing agents, such as tobacco, is often attributed to their 'good genes,' but the truth is that most of them simply had good luck," added Vogelstein, who is also co-director of the Ludwig Center at Johns Hopkins and an investigator at the Howard Hughes Medical Institute. The researchers said their findings might not only change the way people perceive their risk for cancer, but also funding for cancer research. The study was published online January 1 in Science.

Cristian Tomasetti is a biomathematician and assistant professor of oncology at the Johns Hopkins University School of Medicine and Bloomberg School of Public Health. "If two-thirds of cancer incidence across tissues is explained by random DNA mutations that occur when stem cells divide, then changing our lifestyle and habits will be a huge help in preventing certain cancers, but this may not be as effective for a variety of others," Tomasetti said in the news release. "We should focus more resources on finding ways to detect such cancers at early, curable stages," Tomasetti suggested.

For the study, the investigators looked at previous studies for the number of stem cell divisions in 31 different body tissue types and compared those rates to the lifetime risk of cancer in those areas. The researchers said they weren't able to include some major forms of cancer, such as breast and prostate cancer, due to a lack of reliable research on the rate of stem cell division in those areas.

The researchers calculated that 22 types of cancer could primarily be explained by random mutations that occur during cell division. The remaining nine forms of cancer were likely more closely associated with a combination of the "bad luck factor" as well as environmental or inherited factors. Lifestyle changes remain integral components of cancer prevention and control.

MCC Challenge is Improving Colorectal Cancer Screening Rates

Over the last three years the MCC Challenge has helped organizations use evidence-based strategies to improve their employees’ cancer screening rates. Organizations participating in the first two years of the project assessed their colorectal, breast, and cervical cancer screening policies and developed and implemented action plans to improve screening.

The three organizations that participated in the third year of the project were asked to send colorectal cancer (CRC) screening reminders to employees who were due for CRC screening. Using the MIYO online tool to create customized screening reminder postcards for their employees, the organizations worked with their insurers to track screening rates and send the reminders to eligible employees.

CRC screening rates improved for each organization that participated in the third year of the MCC Challenge. One organization’s screening rate improved from 38% to 45% at the end of 12 months and another’s improved from 67% to 88%. At the third organization, 25% of the employees who were due for screening had gotten an appropriate CRC screening by the end of 12 months.

The MCC Challenge is successfully translating evidence-based cancer screening strategies into practice. To learn more about the project see the MCC Challenge 3 Year Summary here.

MCC Continues to Make Great Strides in Addressing Policy Committee and Health Disparities Workgroup Priorities

MCC Members and Stakeholders Have Come Together On Activities That Support Priorities

At the Annual Meeting in November, the MCC unveiled an infographic highlighting the recent accomplishments of the Policy Committee and the Health Disparities Workgroup. Working together, the two groups created 16 priorities which have informed 15 activities that reached over 1,800 people. More than 40 organizations around the state have participated in MCC collaboratives reaching thousands of additional Michigan residents. In 2013 along, MCC member organizations reported nearly 450 activities that supported the MCC Policy Committee and Health Disparities Workgroup Priorities. To learn more about these activities check out the infographic.

MCC Data Collection Subcommittee Gets Started

The MCC has formed the Data Collection Subcommittee to advance the health disparity and policy priority of improved data collection. Over the next year this subcommittee will collect and share resources and best practices for organizations on race, ethnicity, and other patient demographic data to better care for people in disparate populations and to provide a better understanding of cancer disparities. The subcommittee will also seek ways to share how good data collection influences cancer care and outcomes. Tawana Nettles-Robinson, who is with the Greater Detroit Area Health Council, is the chair of this new subcommittee. Stay tuned for more updates on the subcommittee’s work.