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## Quick Links:

[ASCO's Position Statement on Cancer Health Disparities](#)

[Facts About Skin Cancer](#) **New**

[Facts About Cancer in Michigan's Racial and Ethnic Minorities](#) **New**

**Webinar, April 13:** [The Role of Social Determinants of Health in Cancer Prevention and Control](#)

[Policy, Systems & Environmental Change Throughout Michigan](#) (infographic)

[Implementing Michigan's 2016-2020 Comprehensive Cancer Control Plan - Cancer Cost Data](#)

## [MCC Calendar of Events](#)

## Providers: New Breast Cancer Resources

### Providers

Take advantage of Michigan Cancer Consortium (MCC) resources including:

- A *new* video [Breast Cancer Risk Factors & Prevention](#) done in partnership with Beaumont Health System – addresses **breast cancer risk factors, risk assessment tools, and pharmacologic intervention options.**
- A position paper [Pharmacologic Interventions for Breast Cancer Risk Reduction](#) – includes a “*Summary of Clinical Practice Guidelines for Pharmacologic Interventions Approved for Risk Reduction.*”
- Both are intended to inform and update providers on breast cancer risk factors and prevention.

### Background

One in eight women will get breast cancer. In Michigan, breast cancer is the most frequently diagnosed cancer among women.

There are multiple breast cancer risk factors including age, family history and genetics, hormonal and reproductive influences, lifestyle choices, the number of breast biopsies, and breast density.

Modifiable risk factors include an improved diet, regular moderate activity, and the maintenance of an ideal body weight. In addition, **women who are identified at an increased risk for developing breast cancer may benefit from pharmacologic intervention.** For these women, **providers should discuss** the risks and benefits associated with specific pharmacologic intervention.

Well over 100,000 breast cancer cases could be prevented each year in the U.S., however, pharmacologic intervention is significantly underutilized. Reasons include:

- Lack of public awareness.
- Acceptance among physicians and public.
- Difficulty of assessing breast cancer risk in a busy clinic.

The following organizations have issued updates supporting greater awareness and discussion of pharmacologic intervention in high risk women:

- United States Preventive Services Task Force
- American Society of Clinical Oncology
- National Comprehensive Cancer Network and
- National Institutes of Health.



## Don't Forget to Use the Marketing Toolkit to Help You Introduce the MCC to Colleagues and Partners

Want to share information about the MCC with colleagues and/or partners but not quite sure how to do it? Use the [MCC's Marketing Toolkit](#) to help you. The MCC Marketing Toolkit was developed by the Communication Sub-Committee to provide easy-to-use information that will help introduce the organization to your colleagues and partners.

The toolkit includes: the MCC “elevator speech” with talking points, available resources, historical accomplishments, and logo use and guidelines. Be sure to take advantage of the toolkit as you talk with others. And you can *always* direct people to the [MCC website](#) for more information.

## MCC, Health Equity, and Members – Note the Opportunities Below

*MCC members and partners, please note the following and share this information with others.*

### **Webinar: April 13 2:00 pm (ET)**

#### **The Role of Social Determinants in Cancer Prevention and Control**

This webinar is sponsored by the Michigan Cancer Consortium Health Equity Committee. It's being offered in conjunction with National Minority Cancer Awareness Week (April 11-17). Hayley Thompson PhD, leader of the Populations Studies and Disparities Research Program at Barbara Ann Karmanos Cancer Institute will present. Click here to register: [REGISTRATION LINK](#).

### **Invitation to join the Health Equity Committee**

The MCC Health Equity Committee is seeking new active members. Please view the [committee charter](#) and see if what you do aligns with what this committee hopes to achieve. Express your interest in an email to Beth Trierweiler [trierweillerb@michigan.gov](mailto:trierweillerb@michigan.gov)

### **Health Equity Success Story Articles for the MCC Update Newsletter**

What are you, and or your organization, doing to address health disparities in cancer? The MCC is looking for success stories to share in the monthly update. Please forward your articles to Steve Springer at [springers@michigan.gov](mailto:springers@michigan.gov) or [info@michgancancer.org](mailto:info@michgancancer.org).



## American Cancer Society Cancer Action Network Update

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

Budgets and taxes continued to dominate the activity of the Michigan legislature during the first quarter of 2017. The Governor presented his budget to the legislature early in February. In his budget, there was continued support for the Healthy Michigan Plan, Michigan's Medicaid expansion. Also included in the budget was a continuation of the funding for the cancer and tobacco prevention programs at their current funding levels for the coming year. Now the House and Senate will continue to review the proposal and take testimony from groups around the state on the different issues included in the budget.

In February, the House decided to take a vote on passing a roll back of Michigan's income tax rate. The current rate is at 4.25% and when it was raised to that level, there was a promise from the legislature that a rollback would happen over several years to 3.9%. However, the state still continued to need the money being generated from the increase. So a couple years after the rate increase, the legislature went in and made the raise permanent.

House Republicans felt that this was the year the state needed to make good on the promise of a rollback in the rate and so they pushed through legislation to do that. However, a rollback would create a hole in the state budget to the tune of \$1.1 Billion.

The House spent over 12 hours in the House chamber trying to get enough support to have the measure pass, but at the end of the day, it failed by three votes. Now the House will continue to work the issue and can ask for the vote to be reconsidered. So, this issue isn't over yet. ACS CAN we will continue to monitor the activity around this issue.





## Cancer Clinical Trials Cover Sheet

MCC members and partners – be sure to use, promote, and share the [Cancer Clinical Trials Cover Sheet](#). The MCC strongly supports facilitation of patient participation in cancer clinical trials. ***The cover sheet was created for use when prior authorization for participation in a cancer clinical trial is required by a health insurance carrier.***



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## POSITIVE Study

The Pregnancy Outcome And Safety Of Interrupting Therapy For Women With Endocrine Responsive BC (POSITIVE) study (IBCSG 48-14 / BIG 8-13/ ALLIANCE A221405) is an international clinical study evaluating whether it is safe for women to interrupt their endocrine therapy to attempt pregnancy after breast cancer.

Specifically, the study hopes to determine whether endocrine therapy can be paused for up to two years to allow for conception without increasing the risk of breast cancer recurrence. The study will enroll up to 500 women with hormone-sensitive breast cancer to answer this important question.

It is hoped this information will be shared with interested patients and clinicians. If you would like to learn more about this study, please click [here](#).



### Reminder!

These are the 2016 Award Recipients – [Champion](#) and [Inspiration](#)

The award process will soon be announced for 2017 – who will you nominate?

### 2017 MCC Meetings

#### Board Meetings (12 pm – 3 pm):

Wed, June 28

Wed, Sept 27

#### Annual Meeting (Lansing):

Wed, Nov 8

For more information: 877-588-6224

### MCC Website

Be sure to visit the [MCC website](#) to find provider and patient resources