Research: Indoor Tanning Age Restriction Could Reduce Melanoma Incidence

An age restriction on indoor tanning could save thousands of lives and millions of dollars, according to new research published online in the Journal of the American Academy of Dermatology.

In December 2015, the U.S. Food and Drug Administration proposed an age restriction on indoor tanning for minors under the age of 18. In the new study, published on Dec. 6, 2016, researchers from the Centers for Disease Control and Prevention estimate that this age restriction could prevent 61,839 melanoma cases and 6,735 melanoma deaths, and save $342.9 million in melanoma treatment costs over the lifetime of the 61.2 million children age 14 and younger in the U.S.

"An age restriction on indoor tanning could be a significant step forward in the fight against skin cancer," says study author Gery P. Guy, PhD, MPH, a health economist in the CDC Division of Cancer Prevention and Control's Epidemiology and Applied Research Branch. "By restricting the use of indoor tanning devices among minors, we could potentially save thousands of lives."

Indoor tanning exposes users to harmful ultraviolet radiation, the most preventable risk factor for skin cancer. In fact, using an indoor tanning bed before age 35 can increase one’s risk of melanoma, the deadliest form of skin cancer, by 59 percent, and the risk increases with each use.

"This research concretely demonstrates the potential health benefits of an under-18 age restriction for indoor tanning," says board-certified dermatologist Abel Torres, MD, JD, FAAD, president of the American Academy of Dermatology Association. "The AADA has supported this age restriction since the FDA announced it last year, and we hope this study motivates the FDA to save lives and lower health care costs by finalizing this proposal as soon as possible. Moreover, we hope these dramatic figures remind the public, especially young people, to stay out of indoor tanning beds."

Source: Dec. 6, 2016, American Academy of Dermatology News Release
Join MCC’s LinkedIn Group to Post and Receive Cancer Related Information

The MCC has 197 people in its LinkedIn Group. If you haven’t yet, be sure to join the group to share and receive updates on cancer-related news, events, research, and reports. AND, help push the MCC group way past the 200 member mark!

To find and join the MCC LinkedIn Group, do the following:
1. Go to LinkedIn
2. In the search box at the top of any page, select Groups from the dropdown list on the left.
3. Type in Michigan Cancer Consortium.
4. On the search results page, click on Michigan Cancer Consortium group (it has the MCC logo).
5. To join the MCC Group, click Join on the group Discussions page or anywhere you see the button.
6. Note: once you click Join, it will send a message to the administrator who will then approve your request to join the Michigan Cancer Consortium’s LinkedIn group – this may take 3-5 days.

Once a member, you’re able to post items to MCC discussions and also promote upcoming events that may be of interest to MCC membership.

Revised 2016 Breast and Cervical Cancer Control Navigation Program
Clinical Protocol for Early Detection of Breast Cancer

The Michigan Cancer Consortium supports the breast cancer screening guidelines for women at average and increased risk as recommended by the National Comprehensive Cancer Network (NCCN) Guidelines for Breast Cancer Screening and Diagnosis (V 1.2016) and recognizes the guidelines of the American Cancer Society (2015) and the United State Preventive Services Task Force (2016). These guidelines comprise the screening recommendations for the Breast and Cervical Cancer Control Navigation Program.

Opportunities to Increase Access to Genetic Services Through Clinician Education in Michigan

Authored by Samantha Greenberg, MS, MPH, CGC, licensed genetic counselor at Huntsman Cancer Institute

Although awareness of increased cancer risks associated with BRCA1 and BRCA2 mutations is rising, there is still a subset of patients who are unable to access genetic services. As a result, healthcare disparities exist in the provision of cancer genetic services including genetic counseling and testing related to hereditary breast and ovarian cancer syndrome (HBOC)\(^1\).\(^2\) In an attempt to address such disparities, Planned Parenthood Federation of America developed and implemented the Breast Cancer Risk Screening Questionnaire (BRSQ), a screening tool to identify women at high risk for breast cancer. A recent study conducted in Michigan aimed to evaluate the effectiveness of implementing the BRSQ, and identify opportunities for improvement, including regular clinician education.

A mixed method approach was used to evaluate clinician utilization of the BRSQ tool in mid and south Michigan. Novel surveys that evaluated acceptance and implementation were administered to Planned Parenthood Mid and South Michigan (PPMSM) clinicians (n=14), and semi-structured follow-up interviews (n=6) were used to explore clinician’s perspectives on the program in greater depth and to identify gaps in its utilization. Educational modules were developed in response to identified gaps and a post-education survey was administered (n=8) to determine the impact of the educational modules.

Clinicians reported confidence in administering and interpreting the BRSQ, as well as talking with clients about their BRSQ results, but reported less confidence in knowledge related to cancer genetics and in their ability to connect clients with genetic services (p=.003). Based on these results, educational modules were designed and implemented that resulted in significant gains in clinician knowledge on genetic topics (p<.05). Furthermore, clinicians self-reported increased confidence in connecting clients with genetic services. Clinicians had generally positive attitudes towards genetic services, and the educational modules reinforced the belief that genetic testing is beneficial for patients at increased risk (p=.001) and is important to inform subsequent medical management (p=.027).

Positive beliefs about the program’s utility were identified in clinicians, though there are knowledge and confidence gaps for clinicians in discussing genetic services with clients. Creating educational opportunities amongst hospital and other healthcare systems can increase genetics confidence and knowledge among non-genetics clinicians. As the importance of identifying hereditary cancer syndromes continues to build in the eye of the public, building clinicians’ capacity to connect clients with genetic services is crucial. Research such as this study emphasizes that consistent genetic-focused education with non-genetic clinicians can improve confidence and knowledge, resulting in a more effective hereditary cancer screening program in community health settings.

The primary author would like to thank Bev Yashar, PhD, MS, CGC and Monica Marvin MS, CGC for their contributions to this article, and her thesis committee for their contributions to the research highlighted in this article.

References:
New HPV Vaccination Schedule

In October, the Advisory Committee on Immunization Practices and the Centers for Disease Control and Prevention approved a new 2-dose Human Papillomavirus (HPV) vaccination schedule. The final recommendations were published in the December 16, 2016, MMWR: Use of a 2-Dose Schedule for Human Papillomavirus Vaccination — Updated Recommendations of the Advisory Committee on Immunization Practices.

The Michigan Care Improvement Registry is in the process of being programmed to reflect the 2-dose HPV schedule. See the Vaccines for Children HPV resolution.

Additional MDHHS Guidance:

- For those who have received their first dose of HPV vaccine at 9 through 14 years of age and are scheduled to return for a second dose of HPV vaccine, attempt to contact these individuals and reschedule the second dose 6 to 12 months from the first dose.
- For patients you were unable to successfully reschedule to meet the 6-12 month interval and/or are in your office for their second dose of HPV vaccine, you should vaccinate them on the three dose schedule. If they are already in the office, please don’t miss an opportunity to vaccinate and protect them.
- Those individuals who initiated the series on or after their 15th birthday must still follow the 3 dose schedule previously used.
- Certain individuals with high risk conditions should be vaccinated using the 3 dose schedule regardless of age of initiation.

HEDIS 2015 CRC Screening Rates Now Available

The National Committee for Quality Assurance produces The State of Health Care Quality Report every year to focus on key quality issues the United States faces and to drive improvement in the delivery of evidence-based medicine.

The report showed some wonderful progress on colorectal cancer screening rates with Medicare plans in 2015. Medicare PPO plans jumped from 62.9% to 66.7% in 2015 and Medicare HMO plans jumped from 66.5% to 67.4%. Commercial plans, on the other hand, dipped with commercial plan HMO rates at 62.8% and commercial plan PPO rates at 57.1% in 2015, showing that there is still much work to do.

You can view the colorectal cancer screening HEDIS rate trends.

2017 MCC Meetings

Board Meetings (12 pm – 3 pm):
- Wed, Mar 29
- Wed, June 28
- Wed, Sept 27

Annual Meeting (Lansing):
- Wed, Nov 8