In this issue:

Contents
MCC: Celebrating 20 Years as a Leader in Cancer Control
..................................................1
MCC’s 20th Anniversary – New Opportunity and Logo
..................................................2
Why Do Individuals Decline BRCA1 and BRCA2 Genetic Testing?
..................................................3-4
American Cancer Society’s 2018 Facts & Figures
Released........................................4
WEBINAR: Survivorship Care
..................................................4
Are Your High-Risk Patients Completely Immunized?......5
MCC Calendar Events............6
Health Equity Corner........................................6

Quick News & Links:
2017 MCC Annual Meeting Poster Session Presentations
Recorded Webinar: Radon Awareness for Healthcare Providers and their Patients
MCC Calendar of Events

MCC: Celebrating 20 Years as a Leader in Cancer Control

The Michigan Cancer Consortium (MCC) proudly celebrates its 20th anniversary in 2018. With the establishment of the first executive committee in 1998, leadership at the time laid the groundwork and infused a culture that continues to support and promote collaboration in addressing cancer prevention and control priorities.

Marking the 20th Anniversary is more than symbolic. The MCC, while proud of its many accomplishments, knows important work lies ahead with initiatives that include:

• **HPV Vaccine Workgroup**- Increasing the proportion of females and males ages 13-17 years who have completed the recommended series of HPV vaccine from 24.2% (females) and 7.4% (males) to 80% (females and males).

• **Colorectal Cancer Workgroup**- Increasing the proportion of adults aged 50 to 75 years who are up-to-date on appropriate colorectal cancer screening from 71% to 80%.

• **Clinical Trials Workgroup**- Increasing the percentage of Michigan adults participating in cancer treatment clinical trials from 4.4% to 4.8%.

• **Cancer Survivorship Workgroup**- Decreasing the percent of Michigan adults diagnosed with cancer who report current physical pain due to cancer treatment from 6.9% to 6.8%.

MCC leadership, members, and partners will be key in tackling the challenges cancer presents to Michigan residents. The 20th anniversary serves as a time for MCC stakeholders to strengthen their resolve to work on priorities that will reduce the cancer burden in Michigan.

ACTION: If you would like to serve on any of these workgroups, please use the link below to sign up:

MCC Workgroup Survey
MCC’s 20th Anniversary – New Opportunity and Logo

Michigan Journal of Public Health – Opportunities for MCC stakeholders to Submit Articles for Peer Review

The Michigan Public Health Association (MPHA) has extended a generous opportunity to the MCC. MPHA leadership, knowing that 2018 is the 20th anniversary of the MCC, presented the idea of having the MPHA’s journal (Michigan Journal of Public Health) in 2018 be a special Michigan Cancer Consortium 20th anniversary edition. The Michigan Journal of Public Health is a peer reviewed journal that features open access through ScholarWorks – meaning people around the world, who have an internet connection, will have ready access.

The intent of the MCC 20th anniversary issue is to feature articles submitted by MCC members/stakeholders/staff. The theme of the MCC over time has been collaboration and this publication offers a unique opportunity to showcase the many MCC collaborations.

**Article Submission**

**Important Dates**

- Feb 1, 2018 – start date – articles accepted for peer review
- May 1, 2018 – deadline for article submission

Go to the Michigan Journal of Public Health webpage on the MPHA website for more information on the submission of articles.

Questions can be directed to Steve Springer, springers@michigan.gov.

**Reviewers Needed – Can You Help?**

As part of the MCC 20th Anniversary issue of the MJPH, a call is going out for volunteer reviewers to assist in the peer review of submitted journal articles. Volunteer reviewers should have experience in reviewing journal articles. If interested in assisting, please email Steve Springer at springers@michigan.gov.

**New MCC 20th Anniversary Logo**

The MCC is excited to unveil its 20th Anniversary logo. While the new logo captures the fact the MCC has been working for 20 years in cancer prevention and control, it’s boldness looks to the future and the promise it holds as stakeholders continue to come together and work to address cancer in Michigan.
Why Do Individuals Decline BRCA1 and BRCA2 Genetic Testing?

Michigan Cancer Genetics Alliance, January 2018

Hereditary Breast and Ovarian Cancer (HBOC) due to germline mutations in BRCA1 and BRCA2 is the most common inherited breast and ovarian cancer condition, accounting for approximately 7% of all breast cancer diagnoses. Women with germline BRCA mutations have an estimated 40-80% lifetime risk of breast cancer and an estimated 11-44% risk of ovarian cancer. The risk of other cancers, including male breast cancer, pancreatic cancer, melanoma (both cutaneous and ocular), and prostate cancer, are also elevated in individuals with germline BRCA mutations. Cancer risk-reduction strategies have proven beneficial in reducing morbidity and mortality, thus demonstrating the importance of identifying these high-risk individuals.

In the era of precision medicine, genetic counseling and appropriate genetic testing can identify individuals with elevated cancer risk for enrollment into these enhanced cancer surveillance programs. With the increasing awareness of the availability of genetic tests, more individuals are presenting to their physicians and genetics professionals with questions about these tests, and the potential impact of test results on personal medical care and the care of family members. However, women who are referred for genetic counseling may decline genetic testing for a variety of reasons. Previous studies have shown that affordability, insurance coverage, family concerns, fear of adverse psychological consequences, logistic problems, and concerns regarding discrimination may influence decisions about genetic testing.

Understanding the reasons why individuals do not undergo cancer genetic testing after counseling is important in improving the identification of clinically-appropriate candidates for genetic tests, aiding in the appropriate use of cancer genomics resources, and ensuring that each patient receives appropriate cancer screening recommendations based on their personal history, family history and if applicable, genetic test results. To address this issue, a recent study sponsored by the Michigan Department of Health and Human Services prospectively collected anonymous data on BRCA-related genetic counseling visits performed by providers in Michigan. From 2008-2012, 10,726 patients underwent genetic counseling and approximately one-third (32.4%) of individuals did not have BRCA testing after genetic counseling. Primary reasons for declining testing are listed in Table 1. (Continued on page 3)

Table 1. Primary reasons for not having BRCA testing after genetic counseling

<table>
<thead>
<tr>
<th>Reason</th>
<th>Number (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not the best test candidate</td>
<td>930 (28.1)</td>
</tr>
<tr>
<td>Not clinically indicated</td>
<td>773 (23.3)</td>
</tr>
<tr>
<td>Insurance / out of pocket cost concerns</td>
<td>452 (13.6)</td>
</tr>
<tr>
<td>Other reason</td>
<td>429 (12.9)</td>
</tr>
<tr>
<td>Discuss options with relatives</td>
<td>210 (6.3)</td>
</tr>
<tr>
<td>Does not meet Medicare criteria</td>
<td>133 (4.0)</td>
</tr>
<tr>
<td>Not a good time</td>
<td>133 (4.0)</td>
</tr>
</tbody>
</table>
Why Do Individuals Decline BRCA1 and BRCA2 Genetic Testing? (Continued)

In more than half (51.4%) of these patients, genetic testing was not indicated, either based on risk assessment or because they were not the best test candidate. This underscores the importance of genetic counseling and genetic risk assessment to ensure appropriate clinical recommendations are provided to the patient and the family and for the appropriate utilization of health care resources. Concern about insurance/out-of-pocket costs continues to be a barrier to appropriate testing, even for those affected with cancer and those with private insurance. The American College of Medical Genetics and Genomics recently published a policy statement challenging payors and health care providers to expand their definition of “clinical utility” and to increase the payor coverage of genetic and genomic testing.

In summary, expanding our understanding of the clinical, demographic, and psychosocial factors impacting decision-making is a necessary component to the integration of genetic testing into clinical management, allowing for the ability to address potential barriers, and identification of how health care professionals and health insurers can adjust to meet current demands.

https://link.springer.com/article/10.1007%2Fs10897-016-0064-5. If you have any questions or would like further information, please contact Maricar Macalincag at (517) 284-4237/macalincagm@michigan.gov or Nancie Petrucelli at (313) 576-8704/petrucel@karmanos.org.

References:
Clinical utility of genetic and genomic services: a position statement of the American College of Medical Genetics and Genomics., 2015

American Cancer Society’s 2018 Facts & Figures Released

American Cancer Society, December 2017


- Current cancer incidence, mortality, and survival statistics
- Information on cancer symptoms, risk factors, early detection, and treatment

Download PDF: Cancer Facts & Figures 2018

WEBINAR: Survivorship Care

Join us for a webinar hosted jointly by the states of Michigan and Kansas on Survivorship Care.
- February 9: CANCER SURVIVORSHIP CARE: MEASUREMENTS & OUTCOMES
  The nuts & bolts of meeting accreditation standards, billing, charting, metrics, 1pm-2pm (EST).
- At the conclusion of the session, participants should be able to:
  -- Implement steps to complete a survivorship program needs assessment
  -- Assess their organization for potential barriers to forming a survivorship program
  -- Utilize best practice guidelines in the creation of a survivorship program
  -- Incorporate outcome measures and return on survivorship program investment

Register Today

MCC Update January 2018 4
Influenza season is upon us! The Advisory Committee on Immunization Practices (ACIP) recommends that everyone 6 months of age and older receive flu vaccine. Influenza is a contagious respiratory condition that can cause mild to severe illness. Persons with chronic medical conditions such as generalized malignancy, chronic heart and lung disease, and chronic renal disease are at higher risk for complications from flu such as secondary infections, pneumonia, and death. Although flu vaccine immunogenicity may be reduced in immunocompromised patients, it is still expected to provide significant clinical protection. It is vitally important that immunocompromised individuals and their household family members receive flu vaccine annually. National early-season 2017-18 flu vaccine coverage rates indicate that approximately 60% of individuals with high risk medical conditions remain unvaccinated. Despite long-standing ACIP recommendations, flu vaccine coverage among persons with high risk medical conditions remains suboptimal.

Similarly, persons with certain medical conditions such as leukemia, lymphoma, multiple myeloma, and generalized malignancy are at an increased risk for pneumococcal disease and its potential complications such as pneumonia, bacteremia, meningitis, and death. There are currently two pneumococcal vaccines to protect against pneumococcal disease: Pneumococcal Polysaccharide vaccine (PPSV23 or Pneumovax® 23) and Pneumococcal Conjugate vaccine (PCV13 or Prevnar13®). Both vaccines have routine and high risk recommendations, and some people may be indicated to receive both vaccines. The ACIP pneumococcal vaccine recommendations are based on age, vaccination history, and risk factor(s). The Immunization Action Coalition (IAC) has two handouts to help providers assess patients for needed vaccines: “Pneumococcal Vaccine Recommendations for Children and Adults by Age and/or Risk Factor” and “Recommendations for Pneumococcal Vaccine Use in Children and Teens.” Refer to these handouts to ensure patients receive the indicated pneumococcal vaccine(s) and that vaccine timing and spacing are correct. This helps provide the best protection for your patients.

Because persons with underlying medical conditions are at higher risk for vaccine preventable diseases and their complications, healthcare providers should understand current ACIP vaccine recommendations and routinely assess, strongly recommend, and offer vaccines at every visit. Documentation is also the healthcare professional’s role and responsibility as a patient care advocate. Immunization providers are required to report all vaccines administered to persons less than 20 years of age to the Michigan Care Improvement Registry (MCIR). It is also strongly encouraged and recommended to report immunizations administered to adults. MCIR is a statewide registry that collects immunization information across the lifespan and makes it accessible to authorized users. Using MCIR helps prevent over-vaccination, provides routine assessment and forecasting (with the exception of high risk recommendations), and allows providers to view up-to-date patient immunization history in one system. This is beneficial because patients are often seen by multiple healthcare providers, especially when patients have underlying health conditions. High risk vaccine recommendations are above and beyond what’s programmed into MCIR. Maintaining a complete immunization history in one system helps the multidisciplinary healthcare team determine which vaccines a patient has already received and still needs to receive to provide the best patient care.
2018 MCC Meetings

Board Meetings (12 pm- 3 pm):
- Wed, March 28
- Wed, June 27
- Wed, September 26

Annual Meeting (Lansing):
- Wednesday, November 7

For more information: 877-588-6224

MCC Website
Be sure to visit the MCC website to find provider and patient resources

Health Equity Corner

The Racial Inequality in Cancer Deaths

More than one-third of all men and women in the US will develop cancer during their lifetimes, but not every cancer diagnosis is an immediate death sentence. For more than two decades, the rate of Americans dying from cancer has dropped every year. However, according to an annual report from the American Cancer Society released, many young and middle-aged black Americans are not reaping equal benefits from improved cancer prevention, detection, and treatment.

"While we are making all of these advances, I think we can all recognize that we can still do a lot better," said Dr. L. Michelle Bennett, director of the Center for Research Strategy at the National Cancer Institute, who was not involved with the report. "All of these advances are not reaching everybody equally.

To view the full article, follow this link: The Racial Inequality in Cancer Deaths