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[The Annual Report to the Nation on the Status of Cancer is now available!](#)

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**TAILORx Trial Finds Most Women with Early Breast Cancer Do Not Benefit from Chemotherapy**

*National Cancer Institute, June 2018*

New findings from the groundbreaking Trial Assigning Individualized Options for Treatment (Rx), or TAILORx trial, show no benefit from chemotherapy for 70 percent of women with the most common type of breast cancer. The study found that for women with hormone receptor (HR)-positive, HER2-negative, axillary lymph node—negative breast cancer, treatment with chemotherapy and hormone therapy after surgery is not more beneficial than treatment with hormone therapy alone. The new data, released at the American Society of Clinical Oncology (ASCO) annual meeting in Chicago, will help inform treatment decisions for many women with early-stage breast cancer.

"The new results from TAILORx give clinicians high-quality data to inform personalized treatment recommendations for women," said lead author Joseph A. Sparano, M.D., associate director for clinical research at the Albert Einstein Cancer Center and Montefiore Health System in New York City and vice chair of the ECOG-ACRIN Cancer Research Group. "These data confirm that using a 21-gene expression test to assess the risk of cancer recurrence can spare women unnecessary treatment if the test indicates that chemotherapy is not likely to provide benefit."

There is one caveat to the new findings. When the researchers analyzed premenopausal women and those younger than 50 years old at the higher end of the intermediate-risk range (16–25) separately, the results showed there may be a small benefit from chemotherapy, and thus these women should consider chemotherapy with their doctor. However, it is unclear if this benefit is due to the effect of chemotherapy or to endocrine suppression caused by chemotherapy-induced menopause.

For more information regarding this study visit the [National Cancer Institute’s website](#).



## CDC Supports Colorectal Cancer Screening in those Age 50 and Older

CDC, MSTF June 2018

In 2017, the U.S. Preventive Services Task Force (USPSTF) issued a Grade A recommendation for colorectal cancer screening for average-risk men and women between the ages of 50 and 75 years old. Recently, the American Cancer Society lowered its recommended age for colorectal cancer screenings for those at average-risk to 45 years old. This change was a qualified recommendation based largely on a modeling study utilizing updated data on the incidence of colorectal cancer in younger people. Evidence from screening studies to support lowering the screening age is very limited at this time.

The Centers for Disease Control and Prevention (CDC) supports use of the USPSTF recommendation to begin screening for colorectal cancer at age 50. The majority of new cases of colorectal cancer, about 90%, continue to occur in people who are age 50 years or older though the USPSTF does note that there has also been an increase in colorectal cancer cases in adults ages 20 to 30 years old.

Many adults are not currently benefitting from colorectal cancer screening, a potentially life-saving intervention. While nearly 80% of adults age 65 to 75 years were up to date with colorectal cancer screening in 2016, less than two-thirds of adults age 50 to 64 were up to date.

Increasing awareness of the importance of colorectal cancer screening remains important. The CDC supports educating all men and women, regardless of age, about the importance of knowing their family history of colorectal and other cancers, recognizing the symptoms of colorectal cancer, and seeking timely medical care.

## Livestrong Program for Cancer Survivors Offered at Michigan YMCAs

Livestrong at the YMCA assists those who are living with, through, or beyond cancer to regain strength and connect with other cancer survivors. Participants often experience improved fitness and quality of life as well as significant decreases in cancer-related fatigue. It is open to adults 18 years or older.

Livestrong is a twelve week program that promotes the importance of physical activity after a cancer diagnosis. Survivors and often their families receive a membership at the YMCA for the duration of the program.

Survivors participate in free or low-cost customized exercise regimens catered to their individual needs from certified fitness instructors. The instructors are trained in cancer survivorship, post-rehabilitation exercise, and supportive cancer care.

Find out if there is a Livestrong program near you by visiting the [Livestrong website](#).



## Prostate Cancer: New Guidelines Highlight the Importance of Family History, Genetic Counseling and Genetic Testing

*Michigan Cancer Genetics Alliance, July 2018*

In the United States, approximately 1 in 5 men will be diagnosed with prostate cancer, with about 64% of new cases diagnosed in men older than 65. Following a cancer diagnosis, a Gleason score is assigned to grade the likelihood of cancer metastases based on the microscopic appearance of the tumor tissue. Gleason scores range from 2-10, with lower scores indicating a low likelihood of metastases as the tumor tissue is similar to normal prostate tissue.

There are several screening methods for prostate cancer, including physical examinations, digital rectal exams (DRE), transrectal ultrasounds, and prostate-specific antigen (PSA) testing. The National Cancer Consortium Network (NCCN) also provides guidelines indicating the importance of obtaining a family history of prostate cancer in order to test for hereditary cancer syndromes. The most recent NCCN guidelines published in 2018 indicate that men with a personal history of metastatic prostate cancer or prostate cancer with a Gleason score > 7 who have a relative with breast cancer diagnosed < 50 years or ovarian cancer at any age or two relatives with breast, pancreatic, or prostate cancer at any age meet criteria for genetic testing. Further, women with a personal history of breast cancer and a family history of close relatives diagnosed with prostate cancer (Gleason score >7) also meet these criteria.

Recent developments in genetic testing for prostate cancer include multi-gene panels tailored to those with a personal or family history of prostate cancer. With the expansion of multi-gene panels, many laboratories offer these same genes as part of their larger test menu options. The finding of a pathogenic variant in one of the hereditary cancer genes may guide timing and frequency of screening for men at risk for prostate cancer. For example, males who carry a BRCA2 mutation are at a 2- to 6-fold increased risk for prostate cancer and are recommended to begin screening at age 45.

For men at average risk for prostate cancer, the American Cancer Society recommends that a discussion regarding screening options should begin at age 50 if they have at least a 10-year life expectancy. This discussion should take place at age 45 for men who are at increased risk for prostate cancer, which includes African Americans and men with a first-degree relative (father, brother, or son) diagnosed with prostate cancer before the age of 65. For men at a significant increased risk, i.e. those with multiple first degree-relatives diagnosed at an early age, this discussion can take place at age 40.

These national guidelines and advances in hereditary cancer screening indicate that healthcare professionals should be inquiring about the family history of their patients diagnosed with prostate cancer, especially those diagnosed under the age of 65 and those with an elevated Gleason score and referring them for appropriate genetics services. Referrals to genetics professionals are also available for unaffected men suspected to be at increased risk based on their family history.

For assistance in coordinating genetic risk assessment, counseling, and testing, contact a Michigan cancer genetics provider. A list of providers is available at <https://migrc.org/library/mcga/MCGADirectory.html>



## Prostate Cancer Screening Final Recommendation

USPSTF

The U.S. Preventive Services Task Force (USPSTF or Task Force) has reviewed the evidence on PSA-based screening for prostate cancer and published its final recommendation. The Task Force recommends men ages 55 to 69 make an individual decision about prostate cancer screening with their clinician. The Task Force recommends against routine screening for men age 70 and older.

### Men ages 55–69

For men aged 55 to 69 years, the decision to undergo periodic prostate-specific antigen (PSA)–based screening for prostate cancer should be an individual one. Before deciding whether to be screened, men should have an opportunity to discuss the potential benefits and harms of screening with their clinician and to incorporate their values and preferences in the decision. **C Recommendation.**

### Men age 70 and older

The USPSTF recommends against PSA-based screening for prostate cancer in men age 70 years and older. **D Recommendation.**

For more information, visit the [USPSTF website](#).

## Save the Date for the MCC Annual Meeting!

USPSTF

**Wednesday, November 7, 2018**

Keynote Speaker: [Dr. Camara Jones, MD, MPH, PhD](#)

The Kellogg Hotel & Conference Center, East Lansing, MI **\*New Location!**

Annual Meeting 8:45am-2:00pm

MCC Board Meeting 2:30pm-4:00pm

*Please block your calendar and plan to join us for a full day of education, networking and recognizing cancer control activities in Michigan!*



## 2018 MCC Meetings

**Board Meetings (12pm - 3pm):**  
Wednesday, 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

### MCC Website Health Equity Page

There is a new [Health Equity page](#) on the MCC website. This icon  on the homepage will take you directly to this new resource. This page will be updated continuously so be sure to check back often.

The American Lung Association in Iowa recently released a [tobacco prevention and cessation video](#) aimed at the LGBTQ+ community of Iowa. Even though this video is focused on Iowans and has information about Quitline Iowa at the end, it is an example of great health equity work being done throughout the country. The video was created with support from the Iowa Cancer Consortium and the Iowa Department of Public Health.

## Communication Shoutouts!

Have you used a resource from the Tool of the Month, like data or social media posts? Have you shared an MCC online resource with a colleague or in your newsletter? Let us know!

Beginning in August, we will put organizations who use MCC resources in our new Communication Shoutout Corner on both the website and in the MCC Update!

Contact Maria George at [georgem3@michigan.gov](mailto:georgem3@michigan.gov) for more information or to share your communication efforts.