NCI Launches New Resource for Specimens and Data from Cancer Clinical Trials

April 2018, National Cancer Institute

NCI announced the launch of a new resource for cancer researchers interested in conducting studies using specimens and clinical data collected from cancer treatment trials in NCI’s National Clinical Trials Network (NCTN) and former NCI Cooperative Group Program.

Known as NCTN Navigator, the resource includes information about specimens, such as tumor and blood samples, donated by patients in NCI-sponsored clinical trials. The clinical trials included in Navigator are published phase 3 studies that evaluated cancer treatments.

Investigators can use the NCTN Navigator website to search the inventory for specimens with specific characteristics. Investigators who develop proposals and get approval can use the specimens, along with the trial participants’ clinical information, in their research.

“The optimal research proposals for this resource are those that capitalize on the large clinical trial study design and its associated specimens to develop ways to confirm how drugs work, select patients who benefit from a given treatment, and assess new methods to monitor treatment effectiveness,” said Jeffrey S. Abrams, M.D., acting director for Clinical Research in NCI’s Division of Cancer Treatment and Diagnosis (DCTD).

Learn more at the National Cancer Institute Website.

MCC Co-Chair Video

MCC Co-Chair Tom Rich’s video discussing the consortium’s accomplishments and ready-to-use resources is now available on the MCC YouTube Page.
Significant Percentage of Deaths Associated with Inadequate Physical Activity

*CDC’s Division of Nutrition, Physical Activity, and Obesity (DNPAO)*

CDC released a new study in *Preventing Chronic Disease* which found that 8% of deaths in the U.S. were associated with inadequate levels of physical activity. This percentage varied with age; the study attributed 10% of deaths among adults age 40-69 and 8% of deaths among adults age 70 or older to low levels of physical activity. This article supports previously published findings that conclude low levels of physical activity increase the risk of premature death.

It also highlights the importance of regular physical activity. Following the aerobic physical activity guideline (at least 150 minutes of moderate-intensity equivalent physical activity each week for adults) can significantly reduce the risk for dying early, heart disease, stroke, type 2 diabetes, some cancers, and depression.

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

Submitted by the Michigan Cancer Genetics Alliance

Prostate cancer is the growth of malignant cells in a gland of the male reproductive system. 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. The genes analyzed on available panels include well known genes, such as BRCA1 and BRCA2, as well as genes associated with Lynch syndrome. Other genes featured are ATM, CHEK2, RAD51D, and TP53. 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 these 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. Men should have the opportunity to make an informed decision about whether or not they want screening and what screening methods they want to pursue. 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 to develop prostate cancer 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 the Michigan Genetics Resource Center.

FDA, FTC Take Action against Companies Misleading Kids with E-liquids that Resemble Kid-friendly Food Products

As part of ongoing efforts to protect youth from the dangers of nicotine and tobacco products, today the U.S. Food and Drug Administration and the Federal Trade Commission (FTC) issued 13 warning letters to manufacturers, distributors, and retailers for selling e-liquids used in e-cigarettes with labeling and/or advertising that cause them to resemble kid-friendly food products, such as juice boxes, candy or cookies, some of them with cartoon-like imagery. Several of the companies receiving warning letters were also cited for illegally selling the products to minors.

To learn more visit the FDA’s website.
## 2018 MCC Meetings

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

**Annual Meeting (Lansing):**
- Wed, 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

**Multilevel Social and Behavioral Determinants of Cancer Treatment Disparities:**

**20 years of Evolving Research**

*Recorded Webinar from April 26, 2018*

**Content:** This webinar provides an overview of how racial disparities in cancer treatment have persisted for decades; how research has evolved since publication of the landmark 2003 NAM (IOM) volume: Unequal Treatment (race-related attitudes and values); provides phases of treatment disparities research: detecting, understanding, intervening; empirical evidence for underlying reasons (Associated with healthcare systems, individuals, clinical interactions); and provides direction and recommendations.

**Speaker:** Terrance L. Albrecht, PhD, Associate Center Director, Population Sciences, Karmanos Cancer Institute; Professor/Division Director, Department of Oncology, Wayne State University, School of Medicine