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Quick News & Links:

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[Proud of something that you or your organization has done? Let us know and we will put it under Members in Action on the MCC homepage!](#)

[MCC Calendar of Events](#)

Michigan’s 2nd Annual HPV Cancer Summit is June 13, 2019

Registration is now open for the 2nd Annual HPV Cancer Summit taking place on June 13, 2019 at the Suburban Collection Showcase in Novi, Michigan from 8am-4pm.

This event is coordinated by the Michigan Department of Health and Human Services, Division of Immunization, Cancer Prevention and Control Section, Oral Health, and the Adolescent & School Health Centers.

[Register at the HPV Summit Registration Website.](#)

Speakers include individuals from CDC Immunization, Gynecologic Oncology, Oropharyngeal Cancers, HPV Research, Physicians, Dentists, and other HPV experts.

The various sessions will include but are not limited to HPV cancer burden data, HPV vaccine-related research, communicating with hesitant patients, breaking down barriers, the dental community role, and much more. In addition, attendees will hear personal stories from cancer survivors.

This is a free educational event. Educational credits are in the process of approval for physicians and dentists.

Intended audience is dental and medical professionals who serve adolescent patients, are involved in treating HPV cancers or HPV vaccination efforts, and are leaders in the medical, dental, or public health field.

For more information, contact Stephanie Sanchez at Sanchezs@Michigan.gov



Changing the Way We Talk About Cancer

Michelle Riba, MD, Medicine at Michigan, Winter 2019

Last summer, our nation mourned the death of singer/songwriter Aretha Franklin. I followed along with the tributes that honored her legacy — but that also described, over and over, how she had “lost her battle with cancer.” As director of the PsychOncology Program at the U-M Rogel Cancer Center, this type of language has always struck a chord. Often, when the media talk or write about cancer, they use militaristic language. Phrases such as “lost their fight” or “the war on cancer” are common.

The militaristic language used to describe cancer speaks to years of thinking about the disease with a fighting kind of spirit. The media uses it; the American Cancer Society has used it; and the Obama-Biden Plan to Combat Cancer was an example of a recent call to action. In our day-to-day work with patients, however, these terms aren’t in our lexicon. This raises the question: Is the gap in the language that is used a problem? What is the impact on patients and families?

In fact, this language can have a negative effect on the emotional state of patients with cancer. Many people who have cancer already struggle with day-to-day activities, so asking them to take on their disease in a militaristic way can make it even more difficult. The phrase “losing their battle” presents connotations of failure. It can make a person whose cancer-related death is imminent wonder: If I had done something differently, would I have “won” the battle? This language may impact patients in terms of palliative care, too. Sometimes families feel that it’s a sign of giving up to not try more active treatments, to not “soldier on.”

It has always struck me that the language that is used for cancer is a different vocabulary than we use for dealing with other illnesses. Why and how did this come to be? One rarely hears that someone “lost their battle with heart disease.” Some of the combat-derived language could be rooted in the fundraising efforts behind cancer, to bolster support for donations to research — a worthy goal, to be sure. And in the context of philanthropy, maybe this type of language is indeed very helpful.

It is important, though, to examine how we use such language and terminology. Words matter. Partnerships between patients, clinicians, and the media could be helpful. Communicating in a language that is sensitive, caring, and supportive could alter what the headlines shout out.

With my patients, we talk about how to live with cancer and chronic conditions. These days, many people live long and productive lives with cancer. I often encourage my patients to set achievable goals and to draw on support from friends and family. For example, it is always important to focus on relationships, getting enough sleep, exercising, assessing and treating distress and emotional problems, and following a healthy diet. We should encourage our patients to live as well as possible.

The needs of individual patients can be varied, not just in how they live their lives with cancer but also in the language that resonates with them. For some, referring to cancer as a battle could be motivating: a warrior trying to slay a dragon. It is time, however, that we consider the people who might feel burdened by it and offer some alternative terminology, such as “living with cancer.” And at no time should we refer to someone losing his or her battle with this disease. That’s why we are putting together a team at the Rogel Cancer Center that will develop a strategy for addressing this issue, working in conjunction with the Patient and Family Advisory Committee. We need to remember that we are not talking about a skirmish in a war or a basketball game between rivals; we are talking about the entirety of patients’ lives.



Should Germline Genetic Testing be Offered to Every Breast Cancer Patient?

Submitted by the Michigan Cancer Genetics Alliance, April 2019

In 2018, the National Cancer Institute estimates that 266,120 women and 2,550 men will be diagnosed with breast cancer in the US. Approximately 5-10% of breast cancers are due to an inherited susceptibility, and recently a paper by Beitsch et al.¹ recommends that we should expand the criteria used to identify individuals at risk for having an inherited breast cancer syndrome.

This paper described the findings of multigene panel testing that was performed on 959 patients with a breast cancer diagnosis in 20 different centers. The paper reports that approximately 50% of the patients did not meet the 2017 National Comprehensive Cancer Network Clinical Practice (NCCN) for Genetic/Familial High-Risk Assessment for Breast and Ovarian Cancer. The paper also reported that 38 (8%) of 480 patients who did not meet NCCN guidelines for testing were found to have a clinically actionable pathogenic/likely pathogenic variant. Due to this, Beitsch et al recommended that all patients with breast cancer be offered expanded panel testing. In addition, the American Society of Breast Surgeons recommended that all women with breast cancer be tested for germline mutations.

There are several things to consider about this paper:

1. The NCCN guidelines used for this study were from 2017 and the NCCN guidelines have been revised/expanded.
2. The eligibility for meeting NCCN criteria was based on clinician report of family history. It is not known how many of the patients had a three-generation pedigree recorded in their medical record. It is possible that many of these patients would meet NCCN guidelines if a three-generation family history was collected.
3. Fifteen (40%) identified pathogenic variants have no known association with breast cancer.
4. Several authors on this paper have financial interests in commercial genetic testing companies.
5. Many patients will have to self-pay for genetic testing, as they do not meet NCCN guidelines, nor do they meet insurance guidelines for genetic testing.

Expanding genetic testing to all breast cancer patients will increase the number of variants of unknown/uncertain significance. Health care provider education is needed so that health care providers understand how to contend with these results and the necessity of re-contacting patients after reclassification. Beitsch et al. suggest that there may be value in extending genetic testing to all breast cancer patients, but there is no evidence that it will decrease morbidity and mortality from the disease. Offering genetic testing to all breast cancer patients may increase health disparities in genetic testing. These health disparities already exist, as seen in a paper which reported data from the Florida State Cancer registry². In this study, women who reported African and Latin ancestry, who met NCCN criteria for genetic testing, were much less likely to be referred for and pursue genetic testing in a sample of more than 1600 black women and Spanish-speaking Hispanic women recruited through the Florida State Cancer Registry. With this new recommendation, we must continue addressing health disparities, so that the most vulnerable patient populations have access to genetic services.

For more information about cancer genetics and educational opportunities in Michigan, please see www.michigan.gov/hereditarycancer.

1 Beitsch PD, Whitworth PW, Hughes K: Underdiagnosis of hereditary breast cancer: Are genetic testing guidelines a tool or an obstacle? J Clin Oncol 37: 453-460, 2019

2 Cragun D, Weidner A, Lewis C, et al: Racial disparities in BRCA testing and cancer risk management across a population-based sample of young breast cancer survivors. Cancer 123:2497-2505, 2017



Children's Protective Services Releases the Michigan Online Reporting System for Mandated Reporters

Michigan Department of Health and Human Services (MDHHS) recently released the Michigan Online Reporting System for mandated reporters to submit non-emergency complaints of suspected child abuse and neglect. The benefits of submitting a complaint via the Michigan Online Reporting System include:

- Submit a complaint 24/7 from anywhere with internet access
- Save the reporter information so future reports are more quickly completed
- Avoid phone wait time
- Upload photos and documents with the complaint
- Save in-progress complaints and resume later
- View recently submitted complaints
- Receive an automatic email receipt that the complaint was received
- Skip completing the DHS-3200

Find more information regarding the Michigan Online Reporting System at www.michigan.gov/mandatedreporter.

2019 MCC Meetings

Board Meetings (12pm - 3pm):

Wednesday, June 26
Wednesday, September 25

2019 Annual Meeting:

Thursday, October 24

If you are interested in being a part of the Program Committee please contact Amy Stagg at StaggA@michigan.gov.

MCC Website

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

Health Equity Corner

Health Equity Speakers Bureau

The MCC Health Equity Speaker's Bureau is a resource for individuals and organizations. This directory includes content experts accessible to MCC members for consideration in planning educational sessions/conferences. For more information about the available speakers visit the [MCC Speakers Bureau website](#).

If you would like to be added to the MCC Speakers Bureau, please contact Beth Trierweiler at Trierweilerb@michigan.gov.