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[Public Data – How to Locate and Maneuver through Selected Sites webinar recording now available!](#)

[Having an event? Send us the details to post on the MCC Calendar of Events page!](#)

[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!](#)

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When Patients Identify as Gay, Lesbian, or Transgender, Cancer Care May Be Less Than Ideal

Most oncologists say they don’t know enough about how to treat patients in the lesbian, gay, bisexual, transgender, and queer (LGBTQ) community, according to new research published January 16, 2019, in the Journal of Clinical Oncology. But most are also interested in learning more, the research found. Researchers from the NYU School of Medicine and Moffitt Cancer Center surveyed 450 oncologists from 45 NCI-designated cancer centers around the United States to gauge their level of knowledge with regard to treating people who identify as LGBT, as well as their attitude, behavior, and willingness to learn more about serving this community.

Nearly 83 percent said they were comfortable treating transgender patients, but only 37 percent said they knew enough to do so. The findings are particularly important because this community is at greater risk for certain types of cancer, such as cervical and oral cancer, and are more likely than other populations to drink or smoke, which also escalates risk. Other research suggests that this population is also less likely to be screened for cancer.

In a study by researchers at St. Michael’s Hospital in Toronto, for instance, the researchers surveyed their own patient population and found that transgender patients were less likely to be screened for cancer. The study assessed 120 transgender patients eligible for cervical, breast, and colorectal cancer screening, and compared them with nontransgender patients. It found the transgender group were 70 percent less likely to be screened for breast cancer, 60 percent less likely to be screened for cervical cancer, and 50 percent less likely to be screened for colorectal cancer.

Part of the issue was operational — doctors sometimes missed suggesting appropriate screening for patients whose gender had changed. But in some cases, transgender patients had refused screening because of a fundamental discomfort level with it.

To read more about the study and find other resources related to the LGBT community, please visit the [National LGBT Cancer Network website](#).



Some of Most Common, Deadly Cancers Get the Least Research Money

HealthDay, July 2019

Many of the most common or deadliest cancers receive the least research funding from nonprofits, a new study finds.

"The goal of this study is not to divert funds away from cancers that are well-supported, but rather expand funding for other cancers that aren't getting enough support currently," said corresponding author Dr. Suneel Kamath. "These are all deadly and life-altering diseases that deserve our attention and support," said Kamath, who was chief fellow in hematology and oncology at Northwestern University Feinberg School of Medicine in Chicago when the study was conducted.

Researchers analyzed data on all U.S. nonprofits that support any type of cancer research and made at least \$5 million in revenue in 2015. The 119 organizations had a total of nearly \$6 billion in revenue that year. Most of this (\$4.6 billion) went to general cancer charities such as the American Cancer Society, with no emphasis on one type of cancer.

To determine if funding levels for each type of cancer relate to how common or deadly it is, Kamath and his colleagues compared the amount of money the groups gave for each type of cancer with the number of new cases, number of deaths and number of years of life lost. They found that colon, endometrial, liver and bile duct, cervical, ovarian, pancreatic and lung cancers were all poorly funded compared to how common they are and how many deaths they cause. Breast cancer, leukemia, lymphoma and pediatric cancers were all well-funded in relation to their impact.

The researchers also found that cancers associated with stigmatized behaviors -- such as lung cancer with smoking or liver cancer with drinking -- and "embarrassing" cancers were all poorly funded. "Shame and discomfort with talking about our bowels and 'private parts' may be reducing funding for diseases like colon or endometrial cancer," Kamath said in a university news release.

The findings were published recently in the *Journal of the National Comprehensive Cancer Network*. Nonprofit organizations play an important role in funding cancer research and influencing health policy. Underfunding of common and deadly cancers could reduce research, drug development and the number of drug approvals by the U.S. Food and Drug Administration for those cancers, according to the researchers.

Michigan Hepatitis Headlines Newsletter Now Available

This Hepatitis Headlines newsletter covers topics such as syringe service program (SSP) expansion in MI, a newly approved pediatric Hepatitis C virus treatment, 2018 Viral Hepatitis Surveillance Report highlights, and much more!

To read more, please visit the [Hepatitis Headlines newsletter page](#).



Research Finds Procrastination is the Top Deterrent for Colorectal Cancer Screening

To bolster national efforts to push colorectal cancer screening rates to and beyond 80% in every community, the [National Colorectal Cancer Roundtable](#) (NCCRT) released a messaging guide, based on new market research on screened and unscreened populations. The guidebook is designed to help convince more people to get recommended screening. It includes new market-research tested messages, insights into reaching common personas, including *Fearful Delayers*, the *Financially Challenged*, and more, and other findings that will better inform efforts to improve colorectal cancer screening rates to *80% in Every Community*. Download the [2019 Colorectal Cancer Screening Messaging Guidebook: Recommended Messaging to Reach the Unscreened](#).

2019 MCC Meetings

Board Meetings (12pm - 3pm):
Wednesday, September 25

2019 Annual Meeting:
Thursday, October 24

MCC Website

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

Health Equity Corner

Health Equity Member Organization Highlight

Greater Detroit Area Health Council (GDAHC)

The Greater Detroit Area Health Council (GDAHC) is a Regional Health Improvement Collaborative serving southeast Michigan since 1944 and leading innovative, collective impact programs designed to improve health and increase access to whole-person care. GDAHC achieves the goals in all of its work by collaborating with diverse stakeholders from multiple sectors. GDAHC currently serves as the fiduciary for the Southeast Michigan Perinatal Quality Improvement Coalition (SEMPQIC), which is a collaborative focused on reducing infant mortality and infant mortality disparities in Wayne, Oakland and Macomb counties.

Implementing institutional policies to address implicit bias have been a prominent part of this work, and SEMPQIC members have worked to learn about implicit bias and the role bias plays related to negative health outcomes. As a result, members have begun to develop strategies to address this in their respective organizations. While GDAHC is not currently working on a cancer-specific project, Lisa Braddix, Director for Population Health & Health Equity, currently serves as the MCC Health Equity Committee Co-Chair and is working with the committee to determine approaches for MCC members to implement similar policy and system change ideas that encourage adoption of policies to address implicit bias in cancer care that help reduce disparities and foster health equity. For more information, visit the [GDAHC website](#).