Youth Vaping Epidemic — Implications for Public Health

*The New England Journal of Medicine, January 2020*

Since entering the marketplace in 2007, e-cigarette, or vaping, products have evolved into a diverse class of inhaled aerosol devices. Earlier generations of these products were disposable, resembled cigarettes in shape, and were designed to deliver nicotine to the user. Newer generations are rechargeable, don’t resemble cigarettes, and can be used to deliver various substances, including nicotine and tetrahydrocannabinol (THC, the psychoactive ingredient in marijuana). The markets for both nicotine- and THC-containing vaping products have expanded. Recently, there has been an increase in the use of nicotine-containing products by young people. Simultaneously, more states have legalized marijuana, a shift that coincided with changes in the public perception of risk, the availability of a wide variety of products containing THC or cannabidiol, and increases in marijuana use among adults and young adults.

There has been debate about the impact of vaping products on public health. Though some nicotine-containing products may help facilitate smoking cessation and could reduce risk for adult smokers if used as a complete substitute for (and not a supplement to) conventional cigarettes, there is cause for concern about the use of these products by young people. It is also critical to consider the implications of marijuana use, including the growing use of THC-containing vaping products, especially in light of the higher potency compared with those used in past decades. The impact of these trends on public health has received minimal research attention to date, even as marijuana use becomes more widespread, state regulatory approaches shift, and the market for illicit products expands.

Against this backdrop, the United States is seeing what can be considered distinct but related epidemics connected with vaping: the recent outbreak of lung injuries and the surge in use by young people. Interventions aimed at curbing these epidemics should consider their underlying drivers.

To read the full article visit the [New England Journal of Medicine website](https://www.nejm.org/doi/full/10.1056/NEJMp2000911).
NCCN Updates to Hereditary Cancer Genetic Testing Criteria
Genetic/Familial High-Risk Assessment: Breast, Ovarian, and Pancreatic

Throughout the years, our knowledge of the cancer risks associated with pathogenic variants (mutations) in the BRCA1/BRCA2 genes has increased. The syndrome associated with pathogenic variants in these genes, hereditary breast, and ovarian cancer syndrome (HBOC), was initially discovered in women with personal and family histories primarily comprised of these two cancers. As such, the National Comprehensive Cancer Network (NCCN) initially focused recommendations for genetic/familial high-risk assessment on individuals with these cancer types. However, more recent updates to NCCN guidelines have included other cancer types as indications for BRCA1/2 testing as well.

NCCN continues to recommend genetic testing for all patients with ovarian cancer and patients with breast cancer who meet certain personal and/or family history criteria, specifically: women diagnosed with epithelial ovarian, fallopian tube, or peritoneal cancer at any age, women diagnosed with breast cancer at age 45 or younger; women diagnosed with breast cancer above age 45 who meet certain family history criteria, are of Ashkenazi Jewish ancestry, and/or have certain types of breast cancer; and all men diagnosed with breast cancer at any age.

The new NCCN guidelines (released December 2019) outline testing criteria for high-penetrance breast and/or ovarian cancer susceptibility genes and note a personal and/or family history of prostate or pancreatic cancer, in the following scenarios, as indications for consideration of genetic testing:

• Exocrine pancreatic cancer at any age
• Metastatic or intraductal prostate at any age
• High-grade (Gleason score ≥7) prostate cancer with:
  o Ashkenazi Jewish ancestry, or
  o ≥1 close relative (first-, second-, or third-degree) with breast cancer at age ≤50 y or ovarian, pancreatic, or metastatic or intraductal prostate cancer at any age, or
  o ≥2 close relatives with breast or prostate cancer (any grade) at any age
• An unaffected individual who has a first- or second-degree relative meeting the criteria listed above

The NCCN guidelines have also taken into account the ability of tumor (somatic) genomic testing to incidentally detect variants in genes associated with inherited cancer syndromes and therefore recommend consideration of genetic testing when a pathogenic variant is identified on tumor genomic testing that would have clinical implications if also identified in the germline. These guidelines also note that germline genetic testing can be considered for treatment decisions, for example, in individuals with HER2-negative metastatic breast cancer.

Finally, NCCN also notes that testing for high-penetrance breast and/or ovarian cancer susceptibility genes often includes genes beyond just BRCA1/BRCA2, such as PALB2, TP53, PTEN, CDH1, and others. Due to the fast-moving nature of genetics, NCCN guidelines that cover this area are a great way to stay up to date. The two publications “Genetic/Familial High-Risk Assessment: Breast and Ovarian” and “Genetic/Familial High-Risk Assessment: Colorectal” cover genetic testing criteria and management for several different cancer types and hereditary conditions, and are updated regularly to incorporate new indications, genes, and syndromes.

2020 MCC Board Meetings

Please block your calendar and plan to participate in the 2020 MCC Board of Directors Meetings.

**Meeting dates are: March 18, June 24, and September 23.** All meetings are at Michigan Public Health Institute in Okemos from noon – 3:00pm. Each Board meeting has a presentation on a hot topic, new science, or issues impacting cancer prevention and treatment. In addition, quarterly progress on the Michigan Cancer Plan revision process will be shared. If you are unable to attend in person, there is a live webcast available.

A meeting invitation and RSVP link will be sent prior to each Board meeting. We hope you can join us in 2020!

Save the Date – MCC Annual Meeting

The 2020 Annual Meeting is scheduled for Thursday, October 29 at the University Club at Michigan State University. The Program Committee will begin the planning process soon.

Would you like to have input on the conference topics and speaker selection? Then contact Amy Stagg and become a member of the Program Committee. Meetings are one-hour, monthly teleconferences and we need your voice! Amy Stagg, 517-324-7310 or stagga@michigan.gov.

2020 Financial Contribution Request

We invite MCC partners to be a financial supporter of the MCC. Contributions are used to help support the MCC Annual Meeting, governing meetings and business activities of the Consortium. Please consider a financial contribution to the Michigan Cancer Consortium. Please read the MCC Financial Contribution letter and use this form for contributions. All participating organizations will be recognized at the MCC Annual Meeting and on the website.

If you have any questions or need additional information, please contact Amy Stagg at 517-324-7310 or stagga@michigan.gov.
# 2020 MCC Meetings

**2020 Board Meetings:**  
Wednesday, March 18  
Wednesday, June 24  
Wednesday, September 23

**2020 Annual Meeting:**  
Thursday, October 29

For more information 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

**Office of Minority Health Announces Active & Healthy Challenge for National Minority Health Month 2020:**  
Active & Healthy

National Minority Health Month begins on April 1, 2020, and for the second consecutive year the theme will be *Active & Healthy* as the HHS Office of Minority Health (OMH) teams up with the Office of Disease Prevention and Health Promotion (ODPHP) Move Your Way campaign and partners throughout the country in raising awareness about the important role an active lifestyle plays in keeping people and communities healthy.

According to the second edition of the Physical Activity Guidelines, even small amounts of moderate-to-vigorous physical activity throughout the day have some health benefits. Making simple changes to one’s daily routine can transform lives and reduce the risk of chronic diseases and other conditions that often are more common or severe among racial and ethnic minority groups.

To advance health outcomes through increased physical activity, OMH encourages you to share the Active & Healthy promotional materials with your partners. We will provide more information on OMH activities for National Minority Health Month in the coming weeks.

[Visit the OMH website](#) to download the logo and learn more about National Minority Health Month 2020. [Sign up for National Minority Health Month email updates](#) to be notified when new tools and resources are available to support your #NMHM20 events and programs!