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**Quick News & Links:**

[Register now for the Reducing the Financial Burden of Cancer through Improved Cost Communication Webinar.](#)

[Register now for the Advancing Health Equity by Addressing the Social Determinants of Health Webinar.](#)

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

[MCC Calendar of Events](#)

**Michigan Clinic Sets Up Standard Processes to Improve Cervical Cancer Screening Rates**

In 2017, fewer than one-third of the women patients at the Oaklawn Medical Group Olivet clinic had been screened for cervical cancer. Two years later, more than half were up-to-date with their screenings. The clinic was able to achieve this success with help from Integrated Health Partners. The organization works directly with the Michigan Breast and Cervical Cancer Control Navigation Program, which is part of CDC’s National Breast and Cervical Cancer Early Detection Program.

The clinic staff worked with a coach from Integrated Health Partners to figure out why more women were not getting screened. They mapped the processes from the time the patient called for an appointment to the time she met with the doctor. One problem was a lack of standard practices. The clinic had recently merged with another clinic, and each followed different practices. These differences caused gaps in screening and follow-up.

As a solution, the staff put standard practices in place. The doctors reviewed test results as soon as the clinic received them. Patients with abnormal results on a screening test got follow-up care right away. This is important because cervical cancer is easier to treat when it is found early. Patients with normal results were told to repeat their test in three to five years, depending on the type of test used.

The staff also discovered that patients were not being sent reminders about screening. The clinic had a new computer system for managing patient health records, and it was not being used to set up screening reminders. The clinic assigned dedicated staff to look up patients due for screening and set reminders in the system. They also started a postcard reminder campaign. This campaign was very successful: 37% of the women who received the postcard called to schedule an appointment.

“We had such great success with just a few small changes,” said practice manager, Kim Sterley.

To read more visit the [CDC Success Story Website](#).



## Thank You and Good Luck to Amy Stagg!

Michigan Cancer Consortium (MCC) Education and Membership Coordinator, Amy Stagg, has accepted a new position at the Michigan Public Health Institute – in the Center for Strategic Health Partnerships.

Amy's work with the MCC goes back 18 years and she was synonymous with quality MCC activities including board of directors' meetings and the long running and very successful MCC Annual Meeting. During this time she worked closely with MCC leadership and members to establish and maintain structures responsible for many MCC successes. It is hard to think of the MCC annual meeting, board meetings, the membership committee, and other key activities without also thinking of Amy.

Amy was a true champion of the MCC and we thank her for her many, many, contributions, and efforts on behalf of comprehensive cancer control. She will be missed and we wish her every success in her new position.

## Four Facts to Know about Hereditary Pancreatic Cancer

*Submitted by the Michigan Cancer Genetics Alliance*

In 2018, the American Society of Clinical Oncology published a provisional clinical opinion stating that all patients with pancreatic adenocarcinoma should be offered genetic risk assessment, counseling, and testing for hereditary syndromes associated with an increased pancreatic cancer risk<sup>1</sup>. Likewise, the National Comprehensive Cancer Network Clinical Practice Guideline on Genetic/Familial Risk Assessment: Breast, Ovarian, and Pancreatic, V1.2021 recommends genetic counseling and germline genetic testing for all individuals with pancreatic adenocarcinomas (exocrine pancreatic cancers) or first-degree relatives if the affected individual is unavailable for genetic testing<sup>2</sup>. Below are some facts to consider when discussing genetic counseling and germline genetic testing for hereditary pancreatic cancer with your patients and their families.

**Fact 1: About 10% of pancreatic adenocarcinomas are hereditary.** “Red flags” (risk factors) for hereditary pancreatic cancer include having  $\geq 2$  first degree relatives or  $\geq 3$  first- and second- degree relatives on the same side of the family with pancreatic cancer OR having a family history suggestive of one of the inherited syndromes associated with elevated pancreatic cancer risk (see Fact 2). However, many individuals with an inherited predisposition do not have a significant family history. As such, having a personal history of pancreatic adenocarcinoma is sufficient to prompt a referral for genetic counseling and testing.

**Fact 2: Multiple genes have been associated with an increased risk of pancreatic cancer.** These genes include *BRCA1/2* (hereditary breast and ovarian cancer syndrome); *MLH1*, *MSH2*, *MSH6*, *EPCAM* (Lynch syndrome); *STK11* (Peutz-Jegher syndrome); *CDKN2A*; *ATM*; *PALB2*; and *TP53* (Li-Fraumeni syndrome). As such, testing usually involves offering a multigene panel. These genes do not account for all cases of hereditary pancreatic cancer.

**Fact 3: About 2-5% of patients with pancreatic adenocarcinomas will have a pathogenic variant in the *BRCA1/2* genes, regardless of family history** *This is one of the reasons genetic counseling and testing is recommended for all patients.*<sup>1,2</sup> Ashkenazi Jewish individuals with pancreatic cancer have a higher



## Four Facts to Know about Hereditary Pancreatic Cancer (Continued)

likelihood of having an inherited predisposition as they have a higher chance of having a *BRCA1/2* pathogenic variant overall.

**Fact 4: Identifying a pathogenic variant in any of the genes above has significant implications in terms of screening and risk management in family members, not just for pancreatic cancer, but the other cancers that can be associated with each syndrome.** Furthermore, identifying a pathogenic variant in *BRCA1/2* may have an impact on the therapies used to treat an individual's pancreatic cancer<sup>2</sup>. It is important to have a conversation about possible genetic counseling and testing at the time of diagnosis. Otherwise, given the course of pancreatic cancer, the opportunity to get genetic risk information for the patient and family may be lost. It is important whenever possible to initiate testing in a person who has pancreatic cancer before testing other relatives, as this provides the most information for the family. Individuals with expertise in genetic counseling and testing can help you navigate these conversations with your patient.

In summary, a small but significant proportion of pancreatic adenocarcinomas arise in individuals with an inherited predisposition to the condition. There are several known syndromes associated with an elevated pancreatic adenocarcinoma risk. Offering genetic counseling and possible germline genetic testing to *all* individuals with pancreatic adenocarcinoma can provide important information for their relatives and may have an impact on their own cancer treatment.

### Provider Resources

To find a clinic that provides genetic counseling and genetic testing services, visit our directory of service providers at <https://migrc.org/providers/michigan-cancer-genetics-alliance/mcga-directory-of-cancer-genetic-services-providers/>

For tips on how to have a conversation about genetic counseling and testing, see our [“Four Steps to Referral” fact sheet](#).

For an online tool to help you assess whether any patient would benefit from cancer genetic counseling and possible testing go to <https://migrc.org/cancer-risk/>

For questions about inherited cancers, call the Michigan Department of Health and Human Services Cancer Genomics Program hotline at **866-852-1247, 9am-4pm Monday thru Friday**.

### Family Resources

<https://www.pancan.org/facing-pancreatic-cancer/about-pancreatic-cancer/risk-factors/genetic-hereditary/genetic-counseling/>

<https://www.facingourrisk.org/info/hereditary-cancer-and-genetic-testing/how-to-get-testing/testing-guidelines/pancreatic-cancer/guidelines-for-testing>

### References

- Stoffel E.M., et al. (2018). Evaluating susceptibility to pancreatic cancer: ASCO provisional clinical opinion. *J Clin Oncol* 37, 153-164.
- NCCN Clinical Practice Guideline on Genetic/Familial Risk Assessment: Breast, Ovarian, and Pancreatic v.1.2021. September 8, 2020. Available at [https://www.nccn.org/professionals/physician\\_gls/pdf/genetics\\_bop.pdf](https://www.nccn.org/professionals/physician_gls/pdf/genetics_bop.pdf)



## Jetty Alverson Named 2020 Certified Tumor Registrar of the Year

[Georgetta \(Jetty\) Alverson](#), manager of the Birth Defects and Cancer Registry Section in the Division for Vital Records and Health Statistics, was named the 2020 CTR (Certified Tumor Registrar) of the Year by the Michigan Cancer Registrar Association (MiCRA). As manager of Michigan's Central Cancer Registry, Jetty works with CTRs throughout Michigan and is a nationally recognized expert in cancer registry operations.

### 2021 MCC Meetings

#### 2021 Board Meetings:

Wednesday, March 24

Wednesday, June 23

Wednesday, September 22

#### 2021 Annual Meetings:

Wednesday, October 27

For more information contact Maria George at [GeorgeM3@michigan.gov](mailto:GeorgeM3@michigan.gov).

### Health Equity Corner

#### Enhancing Outcomes in a More Person-Centered and Inclusive Clinical Trials Enterprise

Tuesday, February 9, 2021

11:00 am – 3:00 pm EST

This is part 2 of a 4-part series, *Envisioning a Transformed Clinical Trials Enterprise in the United States*, that will consider achievable goals to enhance person-centeredness and inclusivity in the clinical trials enterprise, and discuss ways to improve public engagement and partnership. Discussions in this part of the workshop will:

- Discuss practical short-term and long-term goals for improving the person-centeredness and inclusivity of the clinical trials enterprise; and
- Consider specific action steps that stakeholders could individually take to support an envisioned change in the next 5 years (by 2025) and in the next 10 years (by 2030).

Registration link: [https://iu.zoom.us/webinar/register/WN\\_D8l1AEpcRPipHHxwmD8fPg](https://iu.zoom.us/webinar/register/WN_D8l1AEpcRPipHHxwmD8fPg)