



# Cancer Plan for Michigan 2016- 2020

April 29, 2016

Michigan Cancer Genetics Alliance

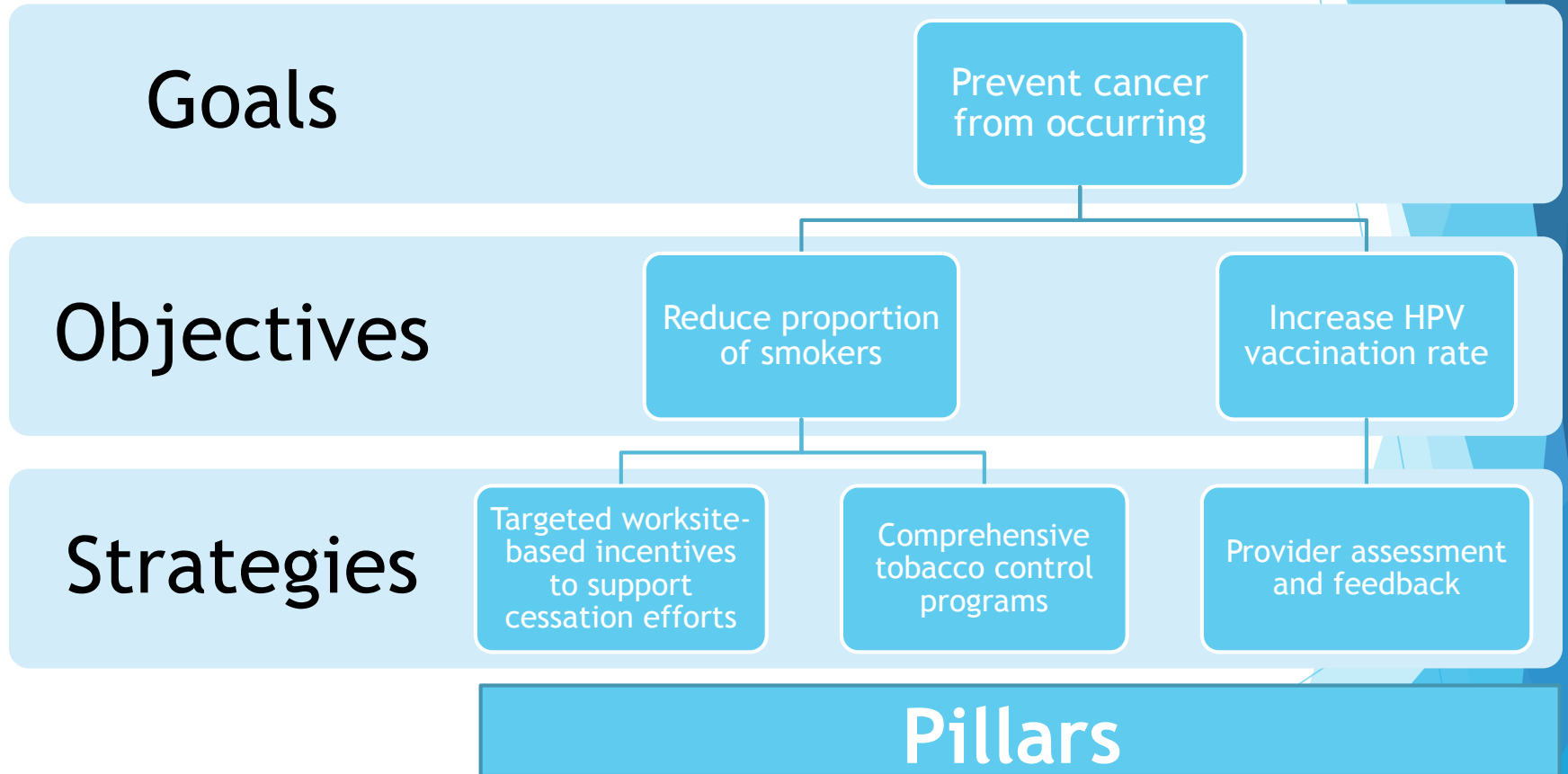
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# Before this revision started: Recommendations

- ▶ Model around cancer continuum of care (Prevention => End-of-Life)
- ▶ Address cancer health disparities
- ▶ Reduce number of goals
- ▶ Measurable objectives (state-wide data sources limited)
- ▶ Condense data sections
- ▶ Reduce overall length <50 pages
- ▶ Easy to read

# Cancer Plan Components



# Pillars

1. Implement policy, systems, and environmental changes
2. Promote health equity
3. Develop and maintain active partnerships in cancer prevention and control efforts
4. Demonstrate outcomes through evaluation

# Goals

1. **Prevent** cancer from occurring.
2. Promote **early detection** of cancer using modalities that have been shown to reduce mortality.
3. **Diagnose and treat** all patients using the most effective and appropriate methods.
4. Optimize **quality of life** for every person affected by cancer.

In 2015, Four Priority Objectives (T=26) were selected by MCC Board of Directors

# Priority Objective #1: Prevent cancer from occurring

- ▶ By 2020, increase the proportion of females and males ages 13-17 years who have received at least three doses of HPV vaccine from 24.2% (females) and 7.4% (males)\* to **80%** (females and males)
- ▶ Adapted from Healthy People 2020

- ▶ \*Baseline data: December, 2013

# Priority Objective #2: Promote **early detection** of cancer using modalities that have been shown to reduce mortality

- ▶ By 2020, increase the proportion of adults aged 50 to 75 years who are up-to-date on appropriate colorectal cancer screening from 71% to 80%
- ▶ Adapted from Healthy People 2020 and ACS's "80% by 2018" goal

# Priority Objective #3: Diagnose and **treat** all patients using the most effective and appropriate methods

- ▶ By 2020, increase percentage of Michigan adults participating in cancer treatment clinical trials from 4.4% to 4.8%



# Priority Objective #4: Optimize **quality of life** for every person affected by cancer

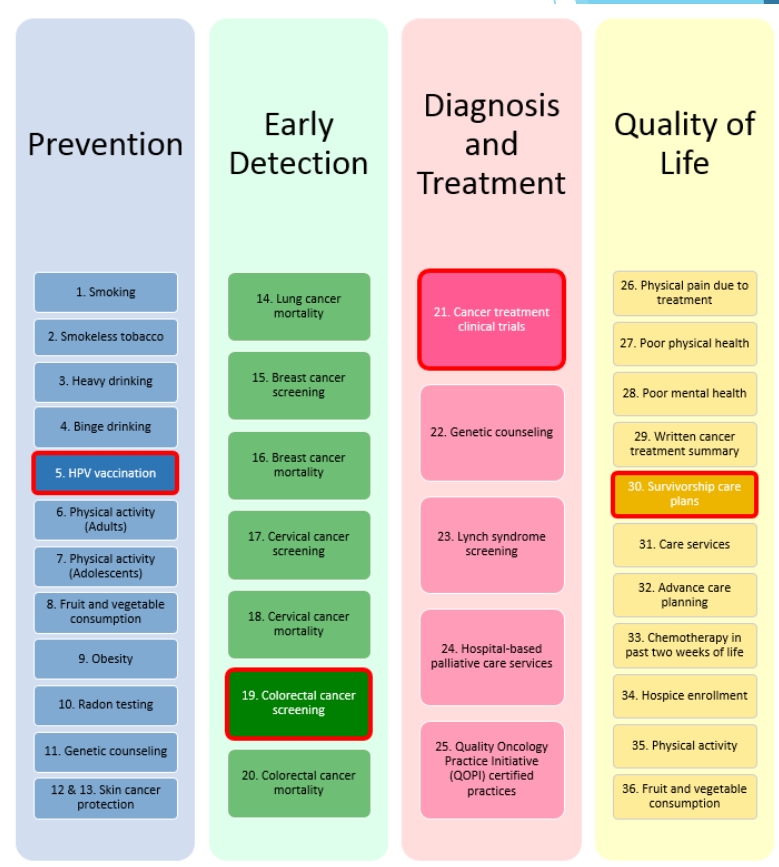
- ▶ By 2020, increase the number of Michigan adults diagnosed with cancer who report they received instructions about where to return or who to see for routine cancer check-ups after completing treatment for cancer from 67% to 69%

# Charge for Four Priority Objective Workgroups

- ▶ It is expected that each workgroup will develop and implement a Health Equity and/or Policy, Systems and Environmental Change (PSE) Project at the statewide level (in process now)
- ▶ Expected that the Strategies identified in our Cancer Plan (taken from CDC's The Community Guide ([www.thecommunityguide.org](http://www.thecommunityguide.org))) will be implemented by our 110+ MCC Member Organizations

# MCC Website has a Dashboard

- ▶ All 36 objectives displayed
- ▶ Priority Objectives are highlighted



<http://www.michigancancer.org/CancerPlan/Dashboard.html>

## OBJECTIVE 11



Increase the proportion of women with a family history of breast and/or ovarian cancer who receive genetic counseling **from 8.8% to 9.7%.**<sup>11</sup>

### STRATEGIES

- 11.1** Primary care providers should screen women who have family members with breast, ovarian, tubal, or peritoneal cancer with one of several screening tools designed to identify a family history that may be associated with an increased risk for potentially harmful mutations in breast cancer susceptibility genes (BRCA1 or BRCA2). Women with positive screening results should receive genetic counseling and, if indicated after counseling, BRCA testing.
- 11.2** Promote cascade genetic screening for individuals with a family history of breast and/or ovarian cancer.
- 11.3** Clinicians should engage in shared, informed decision making with women who are at increased risk for breast cancer about medications to reduce their risk. Clinicians should offer to prescribe approved risk-reducing medications for women who are at low risk for adverse medication effects.

<sup>11</sup> 2012, Michigan Behavioral Risk Factor Survey

## OBJECTIVE 22



Increase the percentage of Michigan residents with a personal history of breast or ovarian cancer that are offered appropriate genetic counseling from **3.6% (ovarian) and 3.3% (breast) to 4.0% and 3.6%.**<sup>22</sup>

### STRATEGIES

- 22.1** Promote patient education on underlying genetic/heritable causes of common cancers and the importance of genetic counseling and testing when recommended.
- 22.2** Promote and support the efforts of Michigan providers to meet national standards on genetic counseling and testing as recommended (i.e. NCCN, ASCO).
- 22.3** Promote provider education to increase compliance with national standards on genetic counseling and testing, understanding of underlying genetic/heritable causes of common cancers, and the importance of genetic counseling and testing when recommended.
- 22.4** Increase the number of health plans that have cancer genomic best practices for hereditary breast and ovarian cancer and Lynch syndrome as recommended by USPSTF, NCCN, EGAPP, and Michigan Law.

<sup>22</sup> 2006-2010, Michigan Cancer Surveillance Program chart review data, Michigan Department of Health and Human Services Cancer Genomics

Questions?

# Links to Michigan's cancer plan

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