Eligibility Requirements:
E9: Clinical Trial Information
The ACS can provide the poster, “Referring Your Patient to a Clinical Trial Clinical Trials Matching Service” for exam rooms and the brochure, “Is a Cancer Treatment Clinical Trial the Right Choice for Me?” for the Research Associates to use upon consultations and/or to be available in the cancer resource center. “What Every Patient Needs to Know about Clinical Trials” is a 36-page downloadable patient guide on clinical trials.

E10: Psychosocial Services *
The ACS brochure “Distress in the Person with Cancer” is available to be provided to all diagnosed patients as an educational supplement to help patients self-identify distress symptoms. “Getting Help with Distress” symptom tear pads available to provide to patients who may be at risk of, or who are currently experiencing signs of distress.

E12: Nutrition Services
The ACS resource “Nutrition for the Person with Cancer” is available to all newly diagnosed patients and provides information on nutrition and foods to help alleviate treatment side-effects.

Program Management Standards:
Standard 1.8: Monitoring Community Outreach
ACS Support Program – Look Good Feel Better:
• A free program for women, designed to address the appearance related side effects of cancer treatment. (January – July 13, 2015):
  o Crawford/Grayling – 2 attendees (next session 8/20)
  o Wexford/Cadillac – 6 attendees (does not include 7/13 session)
  o Grand Traverse – 9 attendees (does not include May and June)

ACS Support Program – Road to Recovery:
• A free program for cancer patients to access transportation to/from treatment appointments.
  o 8 patients YTD

ACS Support Program – Wig Bank:
• A free program for women to get free wig(s) to address the hair loss associated with cancer treatment. (January – May 19, 2015):
  o Traverse City Beauty College – Traverse City – 10 wigs gifted
  o Salon 108 & New Image Salon – Cadillac
  o Salon Rue – Grayling

Collaborative Programming:
• Free cancer educational displays and materials are available to all departments and community awareness events of the Munson Medical Center.
• The American Cancer Society includes Munson Medical Center’s many disease-specific and general support groups in the National Cancer Connection database listing cancer support resources available for patients, families, and caregivers. This database is accessible via our
Clinical Services Standards:
Standard 2.3: Risk Assessment & Genetic Counseling

Standard 2.4: Palliative Care Services *
The ACS brochure “Improving Quality of Life through Palliative Care: Treating the Person as well as the Disease” is now available for order. Provides a general overview and relatable explanation of how palliative care may be an ideal option for the cancer patient, helping to relieve some of the stigma and misconceptions associated with palliative care

Continuum of Care Standards:
Standard 3.1: Patient Navigation Process
Total Patient Referrals January 1, 2015 – May 19, 2015

<table>
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<tr>
<th>Munson Cadillac Infusion Center</th>
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<th>#SRs</th>
<th>ND</th>
<th>UOM</th>
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<td>32</td>
<td>23</td>
<td>5</td>
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- # Referred = # of individuals referred / guided to the ACS by the Health Care Provider Account
- # SRs Indicates number of service request that are Patient Related = Y in specific categories.
- ND = Newly Diagnosed = Diagnosis Date within 365 days of request for service. ND = Newly Diagnosed
- UOM = Individual with Insurance Type of Uninsured or Medicaid.

<table>
<thead>
<tr>
<th>Cadillac</th>
<th>County</th>
<th>Qty</th>
<th>County</th>
<th>Qty</th>
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<tbody>
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<td>Wexford</td>
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<td></td>
<td></td>
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<tr>
<td>Grayling</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
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<td></td>
<td>Leelanau</td>
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<td></td>
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<table>
<thead>
<tr>
<th>Cancer Sites</th>
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<td>Endometrial</td>
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<td>Lung</td>
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<td>Leukemia - Adult</td>
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<tr>
<td>Lung</td>
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<td>Non-Hodgkin’s Lymphoma</td>
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<tr>
<td>Uterus</td>
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</table>

5 (Cadillac) Personal Health Managers were provided for patients of Munson Healthcare in support of Patient Navigation.
Standard 3.2: Psychosocial Distress Screening *

Standard 3.3: Survivorship Care Plan

- ACS Resources available:
  http://www.cancer.org/Treatment/SurvivorshipDuringandAfterTreatment/index “Survivorship: During and After Treatment”
  - Links to survivorship information & care plans currently available:
    What Next: Life after Cancer Treatment, Journey Forward, Prescription for Living, ASCO Cancer Treatment Summaries, LIVESTONG Survivor Care Program

- Cancer Survivor’s Network:
  - Free online community created by and for people with cancer and their families. This online community is a welcoming, safe place for people to find hope and inspiration from others who have “been there”. http://csn.org

Patient Outcomes Standards:

Standard 4.1: Prevention Programs
Access and use of American Cancer Society evidence-based national guidelines related to cancer prevention: www.cancer.org/professional

Standard 4.2: Screening Programs
Access and use of American Cancer Society evidence-based national guidelines for intervention: www.cancer.org/professional

Standard 4.3: Cancer Liaison Physician Responsibilities
Recommended Selection Criteria: The CLP serves as the liaison among the cancer program, the CoC, and the American Cancer Society

Other Collaborative Opportunities
- ACS CAN Membership
- Colorectal Cancer Screening Campaign – 80x18 – 80% colon cancer screening rate by end of 2018
- New Patient Folders – ACS Program insert and LGFB informational flyer will be provided for insert

What’s new from the Society?

Toward ethically responsible choice architecture in prostate cancer treatment decision-making

Medicine operates under an assumption that “patients will naturally gather evidence about the risks and benefits of each medical choice, apply their values to that evidence, and reach a considered decision.” Although this assumption has been challenged in other areas of medical decision-making, herein we want to challenge it within the context of treatment decision-making regarding localized, low-risk prostate cancer. Many men will face this decision given that there are 220,800 new cases of prostate cancer diagnosed each year in the United States. Yet there is alarming evidence to indicate that patients may not
be properly informed about their options, particularly expectant management options such as watchful waiting or active surveillance. In addition, there is further evidence that men may be especially prone to using intuition, impulse, and “heuristics” or mental shortcuts in their decision-making, all of which threaten autonomous decision-making.


Published online: 05/21/15

**Psychiatric considerations in the oncology setting**

An aging population and advances in diagnostics and treatment have resulted in a rapidly growing population of people impacted by cancer. In this article, the authors review the psychiatric diagnosis and management of the mental health issues most often encountered in oncology. Oncology treatment teams, including oncologists, nurses, social workers, and other ancillary staff, are often on the front lines of addressing psychiatric distress and clinical syndromes when psychiatrists are not easily available. The purpose of this review article is to highlight opportunities for nonpsychiatrists to improve identification and treatment of psychosocial distress and psychiatric syndromes and to request formal psychiatric consultation in appropriate situations.


Published online: 05/26/15

**CancerScope: Risk assessment: Physicians discuss motivations for rising rates of prophylactic mastectomies**

Physicians who treat patients with breast cancer have observed an increase in the rate of prophylactic mastectomies performed in recent years, and several studies corroborate their experience. Although in some cases the surgery may well reduce a woman's risk of developing or dying of the disease, in other cases it may be unnecessary. Those are the cases that physicians such as Kimberly Van Zee, MD, a breast cancer surgeon at Memorial Sloan Kettering Cancer Center in New York City, try to prevent. Specifically, she is referring to patients recently diagnosed with breast cancer who are seriously considering not only having the affected breast removed but also their other, noncancerous breast, which is known as a contralateral mastectomy. “I feel like I spend more time on this issue than anything else when I talk to breast cancer patients,” says Dr. Van Zee. “In the ‘90s, when I started my practice, no one asked about it, and now 90% of patients come in asking about it.”


Published online: 05/20/15

**CancerScope: ACS publishes 2nd edition of Cancer Atlas**

The American Cancer Society released the 2nd edition of *The Cancer Atlas* at the World Cancer Congress, which took place in Melbourne, Victoria, Australia between December 3 and 6, 2014. Issued for the first time as both a book and an interactive Web site (canceratlas.cancer.org), the report highlights
the complex nature of the global cancer problem as well as strategies for governments to reduce their cancer burden. With the number of cancer cases expected to increase by more than 50% by 2030, researchers from around the world collaborated to cull through numerous data sources to create this resource.


Published online: 05/20/15

**Ovarian cancer treatment: The end of empiricism?**

The diagnosis, investigation, and management of ovarian cancer are in a state of flux—balancing ever rapid advances in our understanding of its biology with 3 decades of clinical trials. Clinical trials that started with empirically driven selections have evolved in an evidence-informed manner to gradually improve outcome. Has this improved understanding of the biology and associated calls to action led to appropriate changes in therapy? In this review, the authors discuss incorporating emerging data on biology, combinations, dose, and scheduling of new and existing agents with patient preferences in the management of women with ovarian cancer.


**ACS CAN – 2015 Report - Michigan Update:**

Session has finally come to the summer recess in Michigan with both chambers passing their versions of the road funding solution for Michigan. This was the only issue that had lawmakers looking at a possible shorter summer recess. Now the question is how the state will gain the revenue they are looking to generate to cover the crumbling road situation. The funding issues may create an opportunity to explore a tobacco tax increase. This is a good time for us at ACS CAN Michigan to take a step back and review the activities of the past six months.

This year started with the Governor taking the strong stance on E-cigarette regulation by vetoing the legislature’s attempt to regulate those products in their separate classification in Michigan. Governor Snyder wrote in his letter to the legislature:

"*Michigan should not enact new state law that is not consistent with a legally-mandated approach proposed by the U.S. FDA, which is to regulate e-cigarettes as tobacco products. To do so will unnecessarily sow confusion, send a mixed health message to the public on a subject that is already complex and confusing to many and effectively conflict with the Sottera ruling issued in 2010 by the Federal Court of Appeals for the District of Columbia at the request of the e-cigarette industry itself.*"

The Governor went on to say:

"*I believe the preferred way to ensure that e-cigarettes are regulated in the interest of public health is to revise the existing definition of a tobacco product to make clear that e-cigarettes (and other novel nicotine-containing vapor products) are tobacco products subject to any restrictions generally applied to tobacco products under the Youth Tobacco Act, including the minimum age law.*"

The Governor's leadership provided this strong victory against the tobacco industry's attempt to create their own harmful regulations.
This year's budget cycle started at the end of January with the Governor providing his recommendation for the State’s coming fiscal year. In his budget recommendation there was an appropriation for cancer prevention of $500,000 and a $1.6 million appropriation for tobacco prevention. This was the first time in over a decade that the tobacco prevention program has seen an increase in funding and the cancer prevention appropriation was a gain, since an executive order earlier in the year took away the $500,000 that was appropriated last year.

This lead into our Day at the Capitol where the legislative asks for the coming year centered on funding for the cancer and tobacco prevention programs asking for an additional $1 million for each program. ACS CAN had a total of 90 volunteers and staff that made the trip to Lansing to speak with their lawmakers.

During our Day at the Capitol, we awarded our Volunteer of the Year Award to Jennifer Varner, an ACT lead from Freeland. Jennifer has worked tirelessly to further the mission of ACS CAN and the fight against cancer. Her work with Cancer Votes and her representatives surpassed our expectations. It was only fitting that she would receive the award this year. We also awarded Governor Rick Snyder our Distinguished Advocacy Award for 2015. His leadership and efforts surrounding Healthy Michigan (Medicaid Expansion), E-cigarettes, and restoring cancer prevention funding, made him worthy of the award.

All of the efforts and contacts from Lobby Day were seen over the next several months as lawmakers tried to tie down the budget for the coming fiscal year. The Senate was still trying to decide what to do with the prevention money as they had taken half, including all funding for cancer prevention, and moved it out of the budget. The House kept with the Governor’s recommendation and left the money in the budget for prevention. Volunteers from around the state called and e-mailed the Senate Health and Human Services Health chair Senator Marleau to discuss why it was important to keep the funding that the Governor had recommended. There were over 200 contacts to Senator Marleau and other members of the conference committee. Those contacts preserved funding for prevention this year, which was another huge victory for Michigan.

Now that the budget is over for another eight months we are now starting to focus on the other issues that are swirling around the Capitol. For the next few months e-cigarettes, oral parity for chemotherapy drugs, tobacco tax, and legislation that would allow for medication synchronization will be on the forefront of the agenda for the fall.

One Degree

Some of our ACS CAN Michigan ACT Leads teamed up with the Lansing Lugnuts at Cooley Law School Stadium to raise awareness of the national One Degree campaign on June 21. The event was one of dozens nationwide where minor league baseball teams are teaming up with ACS CAN and Fans for the Cure as part of the One Degree campaign to make cancer research funding a national priority.

Our ACT leads staffed tables during the baseball game to collect petitions and raise awareness about the One Degree campaign. ACS CAN and the Lugnuts sent a joint press release prior to the game that resulted in a great television news segment featuring ACT Lead Jennifer Varner that ran in the Lansing area on WILX (see link included in this email to view this segment). Additionally, this exposure led to ACT Lead Beth Trierweiler being interviewed on the television and radio program Current Sports with Al Martin.
the next day.

ACT Lead Beth Trierweiler and Heidi Varner were honored at the game by throwing out the first pitch. This was a great awareness event for ACS CAN in Michigan and lead to a good amount of social media interaction.

21st Century Cures

Michigan Congressman Fred Upton is the lead sponsor on the 21st Century Cures Act so Michigan has been targeted for grassroots activity. Recently, ACS CAN pushed to secure co-sponsors for the bill. Michigan has secured 11 out of 14 members of the Michigan delegation as co-sponsors. This included Congressman Mike Bishop, Dave Trott and John Moolenaar who were all targeted with a social media campaign by ACS CAN volunteers that successfully pushed them to sign onto the bill.

Save the Date:
August 11th – ACS Presentation to Munson Breast Navigator Group
August 20th – Look Good Feel Better Session – Grayling Library

Contact Information
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