

A stylized, light-colored illustration of a plant with several leaves and a cluster of small, round buds or flowers, positioned on the left side of the slide against a dark brown background.

Advisory Committee on Breast Cancer in Young Women (ACBCYW)

January 9, 2014

***Enhancing Breast Cancer
Genomics Best Practices
and Policies in the State of
Michigan***

**Michigan Department of
Community Health,
Cancer Genomics Program**

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Michigan Department of Community Health (MDCH)

Mission:

MDCH will **protect, preserve, and promote** the health and safety of the people of Michigan with particular attention to providing for the needs of vulnerable and under-served populations

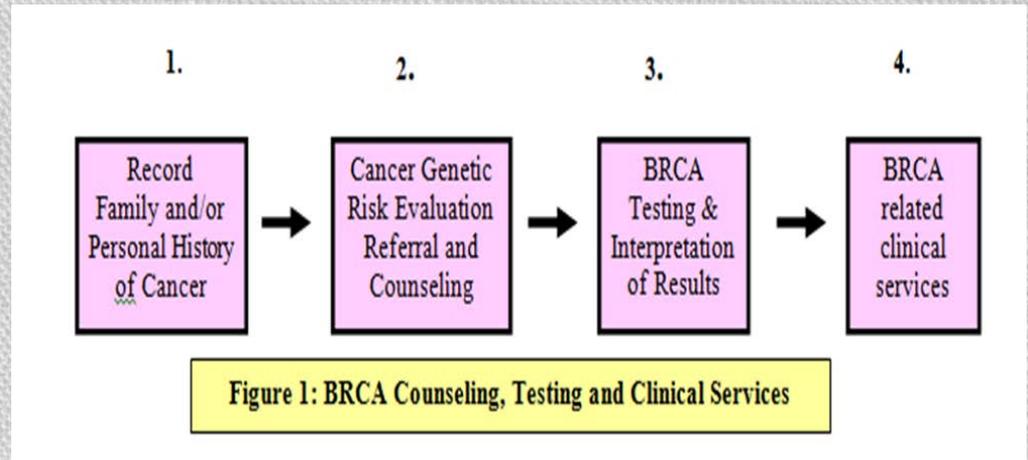
Vision:

Improving the experience of care, improving the health of populations, and reducing per capita costs of health care



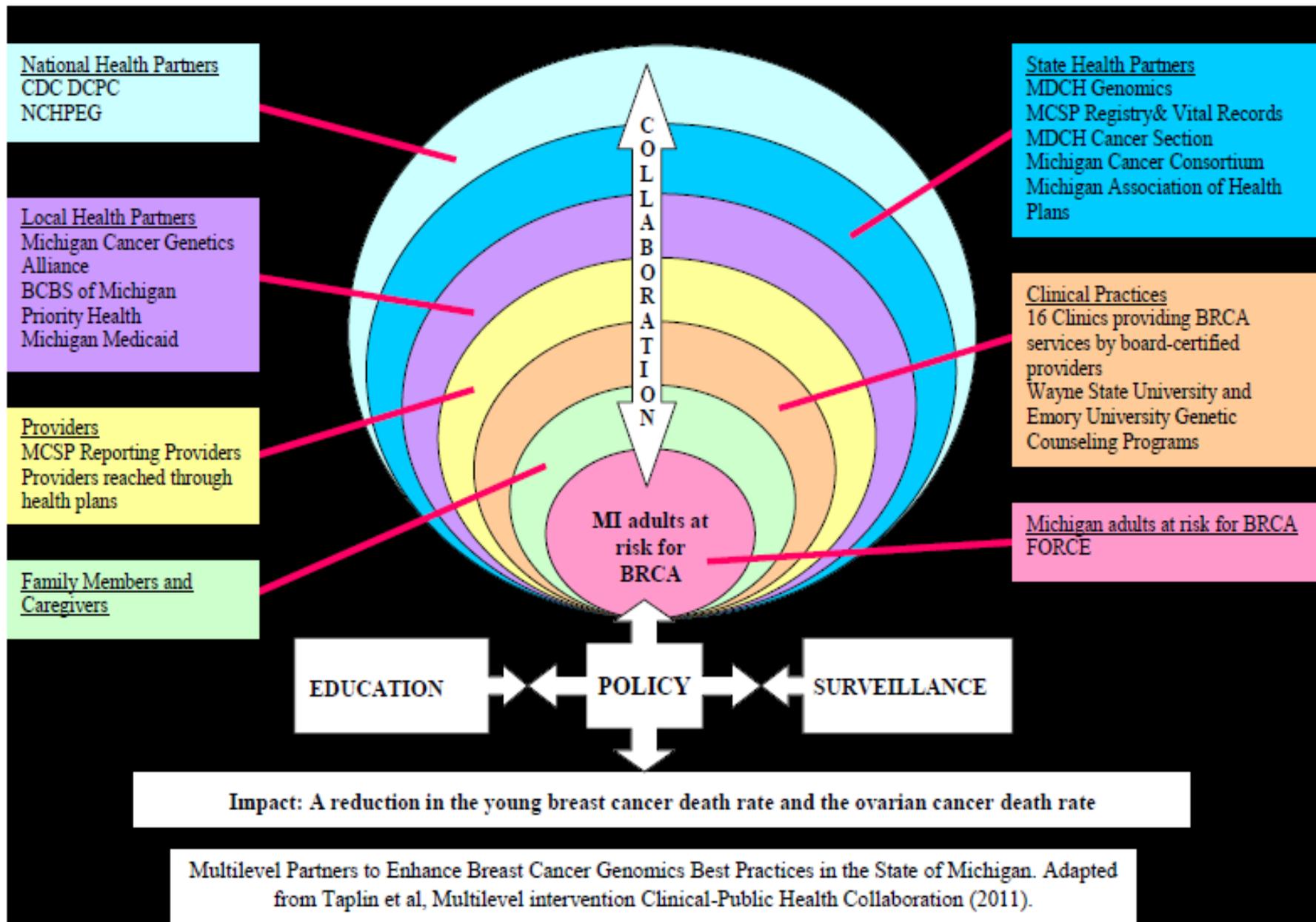
CDC Funding Announcement
***Enhancing Breast Cancer Genomic Best Practices through
Education, Surveillance and Policy, 2011-2014***

- 3 year cooperative agreement (2011-2014) awarded to three projects
 - Authorized from Affordable Care Act
 - State health departments and Tribal governments eligible
- **Purpose:** develop or enhance activities related to breast cancer genomics
 - Promote use of BRCA1/2 clinical practices as recommended by USPSTF and NCCN
- Must conduct programs in policy plus surveillance and/or health education



Michigan Project Goals

- Promote adoption of health plan policies to increase coverage of BRCA clinical services for high risk women
- Increase health care provider knowledge and use of BRCA clinical practices recommended by USPSTF and NCCN
- Expand surveillance of BRCA Clinical Practices
- Utilize data to inform best practices, promote policy change, conduct program evaluation, and disseminate findings



Partners, Partners, Partners...!

"...no important health problem will be solved by clinical care alone, or research alone, or by public health alone- But rather by all public and private sectors working together"

JS Marks. Managed Care 2005;14:p11
Supplement on "The Future of Public Health"

Michigan Policy Objectives

Promote adoption of health plan policies to increase coverage of BRCA clinical services for high risk women

- Investigate insurance coverage gaps for *BRCA* Clinical Services
- Enhance payers' awareness, knowledge and use of *BRCA* Clinical Services with respect to USPSTF and NCCN guidelines
- Increase the number of health plans that have written policies for *BRCA* Clinical Services consistent with USPSTF and NCCN recommended practices

BRCA Policy Dashboard

This dashboard was created for Aetna as an update on progress toward developing written policies related to all four areas of cancer genetic services (Figure 1). For more information on policy development or for technical assistance from MDCH Cancer Genomics Program staff call 1-866-852-1247 or email genetics@michigan.gov. If this scorecard is not accurate, please contact us immediately. We would greatly appreciate up-to-date information from all health plans in Michigan.

Figure 1. Spectrum of Cancer Genetic Services



- = policy is consistent with project standards
- = policy is not consistent with project standards
- = policy is unavailable/unknown if consistent with project standards

Your health plan has written policies related to BRCA that...

1. include coverage for the following individuals:	
<ul style="list-style-type: none"> • Adults with a personal history of breast and/or ovarian cancer.^{1,2} 	
<ul style="list-style-type: none"> • Adults with a family history of breast and/or ovarian cancer.^{1,2} 	
2. require or strongly recommend genetic counseling <i>prior</i> to BRCA genetic testing.	
3. encourage providers to obtain written informed consent (as is required by Michigan law) <i>prior</i> to ordering BRCA genetic testing.	
4. cover BRCA-related clinical services for positive patients (policies would contain coverage information for the following services) ¹	
<ul style="list-style-type: none"> • Mammography 	
<ul style="list-style-type: none"> • MRI of the Breast 	
<ul style="list-style-type: none"> • Prophylactic Mastectomy 	
<ul style="list-style-type: none"> • Prophylactic Oophorectomy 	
<ul style="list-style-type: none"> • Breast Reconstruction / Prostheses 	

1. NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Genetic/Familial Risk Assessment: Breast and Ovarian V.3.2013. © National Comprehensive Cancer Network, Inc. 2013. All rights reserved. Accessed July 1, 2013. To view the most recent and complete version of the guideline, go online to www.nccn.org. NATIONAL COMPREHENSIVE CANCER NETWORK®, NCCN®, NCCN GUIDELINES®, and all other NCCN Content are trademarks owned by the National Comprehensive Cancer Network, Inc. 2. U.S. Preventive Services Task Force: Genetic risk assessment and BRCA mutation testing for breast and ovarian cancer susceptibility: recommendation statement. Ann Intern Med 2005; 143: 355-361.

BREAST CANCER GENOMICS BEST PRACTICES
for Michigan Health Plan Partners

Prepared in 2013 by MDCH staff

BRCA Genetic Counseling & Testing Among Members

Approximately 7,590 – 25,300 MI adults have a deleterious *BRCA* mutation, which greatly increases breast and ovarian cancer risks, but only an estimated 10-30% are aware of their status. Appropriate *BRCA* counseling and testing can promote savings through early cancer detection and preventive measures.

The MDCH Cancer Genomics Program has compiled health plan-specific data to inform you about *BRCA* counseling and testing among your members. **Table 1** depicts numbers of members covered by your health plan who were seen by a board-certified genetic counselor/physician from October 2007 to October 2012 for hereditary breast and/or ovarian cancer assessment and possible *BRCA* gene testing. These data include those with a personal history of cancer and those with a significant family history of cancer as determined by the USPSTF Grade B Recommendation Statement. In addition, we have outlined the total number of Aetna members who received *BRCA* testing during this timeframe and the total number of patients not tested reporting “inadequate insurance coverage” as the primary reason (**Table 1**). **Table 2** depicts the number of *BRCA* tests, by test type and cost, that were ordered for your members within the above timeframe.

Table 1. Patients Accessing Genetic Services for BRCA, October 2007—October 2012

	Number (%)	Michigan Clinical Network Total Number (%)
Patients counseled	251	9,847
With personal history of breast/ovarian cancer	146 (58.2)	5,448 (55.3)
USPSTF family history (no personal history)	70 (27.9)	2,478 (25.2)
Patients tested after counseling	170	6,400
With personal history of breast/ovarian cancer	113 (66.5)	4,183 (65.4)
USPSTF family history (no personal history)	44 (25.9)	1,409 (22.0)
Patients not testing due to inadequate insurance	15	353

These data include genetic counseling visits from October 1, 2007 – October 1, 2012 as reported to MDCH through a statewide network of board-certified genetics professionals. Special thanks to the following institutions whose de-identified patient information was included in these analyses: Beaumont Cancer Genetics Program, Cancer Genetics Program at St. Joseph Mercy Hospital, Henry Ford Health System, InformedDNA, Karmanos Cancer Genetic Counseling Service, Lacks Cancer Center Genetics Program at Saint Mary’s Healthcare, Michigan State University Division of Clinical Genetics, Marquette General Hereditary Cancer Program, Oakwood Healthcare System’s Genetic Risk Assessment for Cancer Clinic, Spectrum Health Cancer Genetics, University of Michigan Cancer Genetics Clinic, University of Michigan Breast and Ovarian Cancer Risk and Evaluation Program, and West Michigan Cancer Center.



BREAST CANCER GENOMICS BEST PRACTICES
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BRCA Genetic Counseling & Testing Among Members

Table 2. Your Members’ BRCA Tests By Type Ordered, 2008 vs. 2012

Type of BRCA Test	Clinical Indication	Cost	Description of Test	Number of tests per year in 2008 & 2012
Comprehensive <i>BRCAAnalysis</i> ®	Significant family and/or personal history (1, 2)	\$3,340	Full sequencing of <i>BRCA1/2</i> and five specific genomic rearrangements	23 in 2008; 28 in 2012
Single Site <i>BRCAAnalysis</i> ®	Known deleterious mutation in the family	~\$475	Specific single known mutation	1 in 2008 6 in 2012
Multisite3 <i>BRCAAnalysis</i> ®	Ashkenazi Jewish ancestry and family and/or personal history of breast and/or ovarian cancer	~\$575	Three founder mutations (that account for >90% of <i>BRCA</i> mutations in Ashkenazi Jewish population)	3 in 2008 5 in 2012
BART	Patient with no known mutation on Comprehensive <i>BRCAAnalysis</i> and significant family and/or personal history (2,3)	~\$700	All large genomic rearrangements of <i>BRCA1/2</i>	2 in 2008 12 in 2012

BRCA testing is increasing in Michigan. This growth is primarily due to increases in Comprehensive *BRCAAnalysis*® and BART testing. Single Site *BRCAAnalysis*® and Multisite3 *BRCAAnalysis*® constitute a diminishing proportion of all tests. These cost-saving tests require more sophisticated knowledge of *BRCA1/2* genetics, apply to patients at highest risk, and are disproportionately ordered by genetics providers. Importantly, appropriate *BRCA* testing can promote savings in cancer detection and prevention.

The MDCH Cancer Genomics Program and the MAHP Foundation are encouraging health plans to have genetic policies in place which promote appropriate testing for those members at highest risk. Increasing appropriate testing and controlling inappropriate tests ordered can save the healthcare system on genetic testing overall.

For questions regarding this report, please contact the MDCH Cancer Genomics Team at 1-866-852-1247 or email genetics@michigan.gov.

These data include genetic counseling visits from October 1, 2007 – October 1, 2012 as reported to MDCH through a statewide network of board-certified genetics professionals. Special thanks to the following institutions whose de-identified patient information was included in these analyses: Beaumont Cancer Genetics Program, Cancer Genetics Program at St. Joseph Mercy Hospital, Henry Ford Health System, InformedDNA, Karmanos Cancer Genetic Counseling Service, Lacks Cancer Center Genetics Program at Saint Mary’s Healthcare, Michigan State University Division of Clinical Genetics, Marquette General Hereditary Cancer Program, Oakwood Healthcare System’s Genetic Risk Assessment for Cancer Clinic, Spectrum Health Cancer Genetics, University of Michigan Cancer Genetics Clinic, University of Michigan Breast and Ovarian Cancer Risk and Evaluation Program, and West Michigan Cancer Center.



Resource Guide with Individualized Reports

BREAST CANCER GENOMICS BEST PRACTICES

*for Michigan
Health Plan Partners*



Hereditary Breast and
Ovarian Cancer Syndrome
(HBOC)

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
CANCER GENOMICS PROGRAM

2012

BREAST CANCER GENOMICS BEST PRACTICES *for Michigan Health Plan Partners*

CONTENTS

- A. Introduction to Breast and Ovarian Cancer in Michigan
 - BRCA-Related Written Policy Checklist, 2012
 - 2012 Special Pinnacle Award – Cancer Genomics Best Practices
 - Cancer-related Continued Education Opportunities
 - Michigan Cancer Consortium – Cancer Genomics Goals 2009-2015
 - Hereditary Breast and Ovarian Cancer Syndrome (HBOC) Resource Sheet
- B. Health-Plan Specific Information and Reports
- C. Guidelines and Recommendation Statements
 - US Preventive Services Task Force Grade B Recommendation
 - “Testing for Hereditary Cancer Predisposition Syndromes and Genetic Counseling” statement from the Michigan Cancer Genetics Alliance and Michigan Cancer Consortium
 - National Comprehensive Cancer Network (NCCN) Practice Guidelines related to HBOC
 - *NEW!* American College of Surgeons – Commission on Cancer (CoC) 2012 Cancer Program Standard 2.3 Risk Assessment/Genetic Counseling
 - Cancer Genetic Counseling in Michigan
- D. Best-in-Class Model Policies of 2012
 - CIGNA
 - Blue Cross Blue Shield/Blue Care Network of Michigan
- E. Resources
 - Genetics and Genomics Resources
 - Complete Michigan Cancer Genetics Alliance Cancer Genetics Services Directory
 - MDCH Informed Consent Brochure for providers
 - MAHP *Insight* newsletter articles on genomics and HBOC
 - “CANCER GENOMICS BEST PRACTICES: for Michigan Health Plan Partners” Electronic Version 2012
 - Facing Our Risk of Cancer Empowered (FORCE) literature for members with HBOC

Developed by the MDCH Cancer Genomics Program & the Michigan Association of Health Plans Foundation

Michigan Department of Community Health
201 Townsend St., P.O. Box 30195, Lansing, MI 48909
1-866-852-1247 genetics@michigan.gov



Michigan Policy Success

- 15 of 25 health plans in Michigan with written policies for *BRCA* counseling and testing aligned with the 2005 USPSTF Grade B Recommendation (increase from 4 health plans in 2009)
- 8 of 25 health plans in Michigan with written policies for *BRCA*-related clinical services for women with a known deleterious *BRCA* mutation aligned with 2012 NCCN guidelines

With funding from the Centers for Disease Control and Prevention (CDC), the Michigan Department of Community Health (MDCH) will present 2012 Cancer Genomics Best Practices Awards to five additional health plans. Through past and present cooperative agreements with CDC, the MDCH Cancer Genomics Program, with the Michigan Cancer Genetics Alliance (MCGA) has been promoting two health plan policy initiatives. The first surrounds the 2005 US Preventive Services Task

Force Grade B Recommendation for *BRCA* Counseling and testing; this initiative encourages Michigan health plans to have written policies that include

USPSTF-consistent family history criteria for genetics referral AND strongly recommend or require genetic counseling prior to testing. To date, 14 Michigan health plans have been awarded for having outstanding policies related to *BRCA* genetic counseling and testing.

In 2012, MDCH initiated their second policy initiative to award plans for Cancer Genomics Best Practices and *BRCA*-related clinical services (such as mammography screening, breast MRI, and the option of prophylactic surgeries for the removal of breast or ovarian tissue before cancer occurs). According to the National Comprehensive Cancer Network (NCCN) clinical guidelines, these services would be considered standard of care for women with a known *BRCA* mutation and increased risk for breast and ovarian cancer.

For more information on MDCH Cancer Genomics or our health plan policy initiatives, please visit www.michigan.gov/genomics.

CONGRATULATIONS TO:

HealthPlus of Michigan
&
Humana

For exemplary implementation in 2012 of the USPSTF Grade B Recommendation on Genetic Risk Assessment and *BRCA* Mutation Testing for Breast and Ovarian Cancer Susceptibility

CONGRATULATIONS TO:

Blue Cross Blue Shield of Michigan
Blue Care Network
&
Cigna

For exemplary policies in 2012 for *BRCA*-related clinical services and coverage for *BRCA* positive patients consistent with the NCCN guidelines for "Genetic/Familial High Risk Assessment: Breast and Ovarian"

Michigan Cancer Consortium Update
www.michigancancer.org

Michigan Provider Education Objectives

Increase health care provider knowledge and use of *BRCA* clinical practices recommended by USPSTF and NCCN

- Assess and improve provider knowledge about validity, utility, harms and benefits of family history, risk assessment and/or referral for *BRCA* counseling and testing for appropriate women
- Increase number/percentage of appropriate visits for *BRCA* counseling
- Increase number of appropriate *BRCA* tests and related clinical services

October is Breast Cancer Awareness Month

Prevention steps for women and families at high risk

(September 26, 2013) Approximately 7,000 Michigan women are diagnosed with breast cancer each year. Of those, approximately 1,500 are under age 50.¹ October's National Breast Cancer Awareness Month marks an annual campaign to increase awareness and discuss risks of breast cancer as well as appropriate steps to detection and prevention.

This time of year, it is especially important to identify women at high risk, such as those with a family history of breast cancer, and to provide information about screening and prevention. Women at high risk for hereditary breast and ovarian cancer based on their family history should be

continued >

Priority Health News



referred for cancer genetic services^{2,3,4}, which is a covered benefit for Priority Health members (please refer to Genetic Counseling, Testing and Screening Medical Policy #91540). Women at high risk can also benefit from earlier and more frequent screening, chemoprevention and prophylactic surgeries.⁵

Approximately one in 10 (10.4%) Michigan women have a significant family history of breast or ovarian cancer, and an estimated 90% of Michigan women with a significant family history of breast and/or ovarian cancer have not received genetic counseling and risk assessment services.⁵ However, because breast cancer is common in the general population, many women with a family history are not at increased risk. Therefore, it is important to ask the questions below of women with a family history of cancer. These questions relate to first-degree relatives (parent, sibling, or child) as well as second-degree relatives (half-sibling, aunt/uncle, grandparent, niece/nephew, or grandchild) and should be asked with regard to both maternal and paternal history, as these genes can be inherited from either side of the family.

Questions for women with a family history of cancer

- Is there a breast cancer diagnosed before the age of 50?
- Is there ovarian cancer diagnosed at any age?
- Are there breast and ovarian cancer in the same person?
- Are there bilateral or multiple primary breast cancers in the same person?
- What is the family's ancestry? Is there Ashkenazi Jewish ancestry with any breast and/or ovarian cancer?
- Is there a history of male breast cancer in the family?
- Is there a known BRCA1 or BRCA2 mutation in the family?
- Was any breast cancer diagnosed prior to age 60 with triple negative pathology (ER-, PR-, Her2-)?

Women with a significant personal or family history of young breast cancer diagnosis (50 or under), ovarian cancer or male breast cancer should be referred to a trained health care provider for genetic risk assessment and genetic counseling to discuss appropriate indications for genetic testing. Several clinical tools have been created to aid in the identification of women appropriate for cancer genetic services based on their breast and ovarian cancer family history. For an electronic tool, consider the Breast Cancer Referral Genetics Screening Tool (B-RST) at breastcancergenescreen.org/ or for a handheld tool, view the MDCH Cancer Family History Guide at migr.c.org/Providers/CancerFamilyHistoryGuide.html. To order a copy of the Cancer Family History Guide, contact the MDCH Cancer Genomics Program at 1-866-852-1247 or genetics@michigan.gov.

1. Michigan Resident Cancer Incidence File. Updated with cases processed through December 28, 2012. Division for Vital Records & Health Statistics, Michigan Department of Community Health.

2. U.S. Preventive Services Task Force: Genetic risk assessment and BRCA mutation testing for breast and ovarian cancer susceptibility: recommendation statement. *Ann Intern Med* 2005; 143: 355-361.

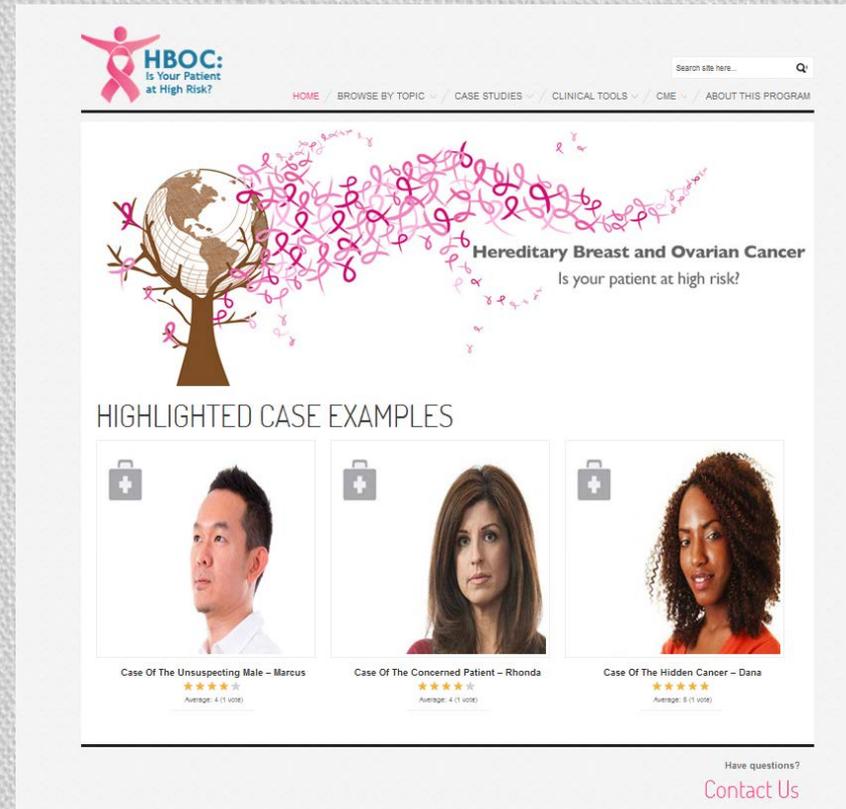
3. NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Genetic/Familial Risk Assessment: Breast and Ovarian V.3.2013. © National Comprehensive Cancer Network, Inc., 2013. All rights reserved. Accessed July 1, 2013. To view the most recent and complete version of the guideline, go online to www.nccn.org. NATIONAL COMPREHENSIVE CANCER NETWORK®, NCCN®, NCCN GUIDELINES® and all other NCCN content are trademarks owned by the National Comprehensive Cancer Network, Inc.

4. American College of Surgeons Commission on Cancer 2012 Patient Care Standards accessed June 2012 from <http://www.facs.org/cancer/coc/cocprogramstandards2012.pdf>.

5. Mange S, Fussman C, Anderson B, Duquette D. Breast and Ovarian Cancer Genetic Counseling Among Michigan Women. Lansing, MI: Michigan Department of Community Health, Lifecourse Epidemiology and Genomics Division, Surveillance and Program Evaluation Section, Chronic Disease Epidemiology Unit, June 2013.

Collaboration to Create and Disseminate National Provider Education Resource

- Since 2009, MDCH developed and provided an in-person interactive case-based presentation
- Based on the success of these in-person case-based presentations, MDCH, CDC, NCHPEG, Oregon, Georgia and Moffitt collaborated in 2012-2013 to develop online breast cancer genomics module
- In 2013, Michigan State University approved 2.0 CMEs until October 2016
 - Available at no cost to participants
- Finishing touches to be completed this month and will begin national dissemination



The screenshot displays the HBOC website interface. At the top left is the logo for HBOC: Is Your Patient at High Risk?, featuring a pink ribbon and a stylized human figure. To the right is a search bar with the text "Search site here..." and a magnifying glass icon. Below the logo and search bar is a navigation menu with links: HOME, BROWSE BY TOPIC, CASE STUDIES, CLINICAL TOOLS, CME, and ABOUT THIS PROGRAM. The main content area features a large graphic of a globe with pink ribbons and the text "Hereditary Breast and Ovarian Cancer Is your patient at high risk?". Below this is a section titled "HIGHLIGHTED CASE EXAMPLES" with three case study cards. Each card includes a patient photo, a title, and an average rating.

Case Title	Rating
Case Of The Unsuspecting Male – Marcus	Average: 4 (1/10/16)
Case Of The Concerned Patient – Rhonda	Average: 4 (1/10/16)
Case Of The Hidden Cancer – Dana	Average: 8 (1/10/16)

At the bottom right of the page, there is a link for "Have questions? Contact Us".

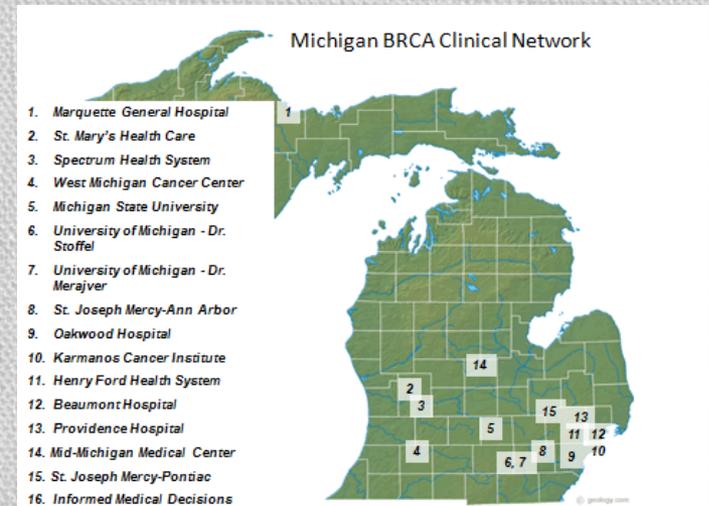
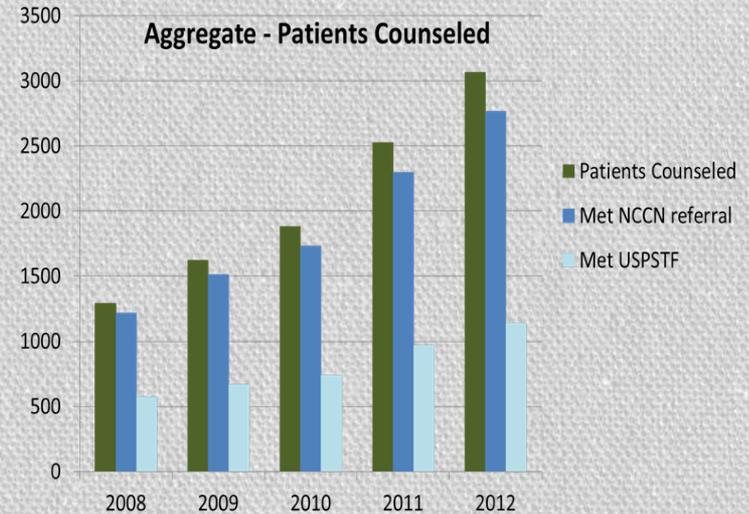
Michigan Surveillance/Epidemiology Objectives

Expand surveillance of *BRCA* Clinical Practices

- Expand a comprehensive statewide surveillance network for tracking use of *BRCA* Clinical Services through board certified genetic providers
- Describe statewide trends regarding cancer family history collection for Michigan Cancer Surveillance Program
- Continue to investigate statewide incidence, trends and mortality of cancers appropriate for *BRCA* counseling and testing per NCCN guidelines
- Increase understanding of patient and provider practices before and after receiving *BRCA* testing
- Monitor Michigan progress toward HP2020 objective to increase the proportion of women with family history of breast and/or ovarian cancer who received genetic counseling

Other MDCH Cancer Genomics Success Highlights

- Continual growth of appropriate cancer genetic counseling and BRCA testing of individuals with a personal and/or family history of breast and/or ovarian cancer
- Extraordinary increase in number of cancer genetic clinics with board-certified genetic professionals in Michigan including new clinics in previously underserved areas
 - 16 clinics in 2013 compared to 8 clinics in 2010
- Reduced barriers for appropriate BRCA testing with continued decrease in percentage of individuals who had genetic counseling but were not able to pursue BRCA testing due to inadequate insurance
 - 8.3% in 2012 compared to 21.7% in 2008
- Educational tools and resources disseminated to over 17,000 providers to assist with appropriate breast cancer genetic counseling referrals
- Written health plan policies for BRCA clinical services for health plans covering over 7.5 million Michigan residents



Michigan Dissemination & Evaluation Objectives

Utilize data to inform best practices, promote policy change, conduct program evaluation, and disseminate findings

- Evaluate the strengths, impact and needs of the program
- Disseminate model policies, educational resources, surveillance findings and strategies for payers and providers at multiple levels

Further MDCH Cancer Genomics Work Needed Based on Statewide Data

- Over 5,000 cases statewide diagnosed in 2008-2009 and reported to Michigan Cancer Surveillance Program appropriate for cancer genetic services
 - 3,184 early onset female breast cancer
 - Previous survey of young breast cancer survivors in Michigan showed 54.7% did not receive genetic services with most common reason that no one recommended (58.2%)
 - 1,680 ovarian cancer
 - 141 male breast cancer
- Provider survey data demonstrates self-perceived confidence in breast cancer genomics but deficits in actual knowledge and practice
 - 39.7% identified autosomal dominant as most common mode of inheritance for most hereditary cancer syndromes
 - 39.5% collect ancestry/ethnicity when obtaining family history for cancer risk assessment
 - 31.8% identified prophylactic oophorectomy as procedure to most reduce risk of cancer for 40 year old female with known BRCA mutation
 - 38.1% aware of the Genetic Information Nondiscrimination Act (GINA)
- Population-based survey shows 11% of Michigan adult women have a significant family history of breast and/or ovarian cancer, but only 8.8% of these women have had genetic counseling (2011 and 2012 MiBRFS)
- Relative steady mortality rate for ovarian cancer and female breast cancer diagnosed under 50 based on Michigan Surveillance Program data

For More Information



Michigan Cancer Genetics Alliance
Directory of Cancer Genetics Service Providers

Ann Arbor | Battle Creek | Dearborn | Detroit | East Lansing | Farmington Hills | Flint
Grand Rapids | Grosse Pointe Woods | Kalamazoo | Lansing | Madison | Muskegon
Owosso | Royal Oak | St. Joseph | Southfield | West Bloomfield

Ann Arbor

Clinic/Office Address	Contact Person(s)	Certification						Types of
		Genetics		Oncology		Breast	Colo	
		MD	PhD	MS	RM			
Breast & Ovarian Cancer Risk Evaluation Program University of Michigan Cancer Center 1500 E. Medical Center Dr. Ann Arbor, MI 48109 734-764-1107	Sofia D. Miravet, MD, PhD Kara Mitron, MS, CGC			X		X	X	
Cancer Genetics Clinic Cancer and Genomics Center University of Michigan Cancer Center 1500 E. Medical Center Dr. Ann Arbor, MI 48109-0638 734-647-2900	Stephen B. Gruber, MD, PhD Lynn Hensla Marvin, MS, CGC Jessica Evers, MS, CGC Victoria Raymond, MS, CGC Jessica Szymanski, MS		X		X	X	X	X

www.migrc.org

Battle Creek

Clinic/Office Address

The Cancer Care Center
300 North Ave.
Battle Creek, MI 49017
269-966-8247

Information on Cancer Genetic Testing and Counseling:

MCGA Guide to the Genetic Testing and Counseling Process
http://www.migeneticsconnection.org/cancer/intro_2.html

MDCH Cancer Genomics Terminology Sheet
<http://www.migeneticsconnection.org/cancer/Terminology.pdf>

Michigan's Informed Consent Law for Genetic Testing
http://www.michigan.gov/documents/InformedConsent_69182_7.pdf

MCGA Cancer Genetics Services Directory of Clinics
<http://www.migeneticsconnection.org/cancer/directory.html>

US Preventive Services Task Force (USPSTF) Evidence Based Recommendations on BRCA testing for breast cancer
<http://www.ahrq.gov/clinic/uspstf/uspstoptics.htm>

Evaluation of Genomic Applications in Practice and Prevention (EGAPP)
<http://www.egappreviews.org/>

Working Group: can tumor gene testing help identify patients with breast cancer?
<http://www.gaprec.org/>

Impact of Gene Expression Profiling Tests on Breast Cancer Outcomes (2008)
<http://www.ahrq.gov/downloads/pub/evidence/pdf/brcancergene/brcangene.pdf>

Tumor Gene Expression Profiling in Women with Breast Cancer
http://knol.google.com/k/cecilia-bellcross/tumor-gene-expression-profiling-in-39jrm5vo7vhua/1?collectionid=1mzqt0rcwdd_12&position=3#

CDC National Office of Public Health Genomics site on genetic testing for colorectal cancer and Lynch Syndrome
<http://www.cdc.gov/genomics/gtesting/EGAPP/recommend/lynch.htm>

Or call 1-866-852-1247



Promoting Cancer Genomics Best Practices through Surveillance, Education and Policy Change in the State of Michigan, 2008-2011

The MDCH Genomics Program, in collaboration with the CDC Office of Public Health Genomics, is identifying and promoting cancer genomics best practices for appropriate translation of cancer genetic tests and gene profiling tests into clinical and public health.

www.michigan.gov/genomics

www.michigan.gov/cge

www.michigan.gov/genomics

www.michigan.gov/cge



Michigan Cancer Consortium
Building bridges with communities and organizations to fight cancer

Spotlight

The Community Network Collaborative Breast Cancer Screening Project is a Detroit Community Network Program project that brings together five organizations to provide breast health awareness, mammography screening, and system navigation to underserved African-American women in the city of Detroit and the surrounding area. [Read more](#) about this award-winning project.

Visit our [Spotlight Archive](#)

What's New

- March is Colorectal Cancer Awareness Month
- April is National Cancer Prevention Month
- April 18-24 is National Minority Cancer Awareness Week
- 2009 MCC Annual Meeting concurrent session available online as Webinar worth 1.5 CEUs
- MCC Screening Guidelines for Early Detection of Breast Cancer
- MCGA / MCC Position Paper for Healthcare Providers: Testing for Hereditary Cancer Predisposition Syndromes and Genetic Counseling
- Michigan Cancer Survivorship Resource Guide
- A Survey of Genetic Counselors in Michigan

www.michigancancer.org

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www.michigancancer.org

Acknowledgements

Michigan Association of Health Plans (MAHP)

Priority Health

Blue Cross/Blue Shield of Michigan

Office of Public Health Genomics, CDC

Division of Cancer Prevention and Control, CDC

Michigan Department of Community Health (MDCH) Genomics Program

Michigan Cancer Surveillance Program

MDCH Cancer Prevention and Control Section

FORCE (Facing Our Risk of Cancer Empowered)

Wayne State University

Emory University

National Coalition for Health Professional Education in Genetics (NCHPEG)

All the Michigan Clinical Sites Collaborating on the BRCA database

Beaumont Health System Cancer Genetics Program

Cancer Genetics Program at St. Joseph Mercy Hospital-Ann Arbor

Henry Ford Health System

InformedDNA

Karmanos Cancer Institute Genetics Service

Lacks Cancer Center Genetics Program at Saint Mary's Healthcare

Marquette General Hereditary Cancer Program

MidMichigan Health

Michigan State University Division of Clinical Genetics

Oakwood Healthcare System's Genetic Risk Assessment for Cancer Clinic

Providence Hospital Medical Genetics

Spectrum Health Cancer Genetics Program

St. Joseph Mercy Hospital-Pontiac

University of Michigan Cancer Genetics Clinic

University of Michigan Breast and Ovarian Cancer Risk and Evaluation Program

West Michigan Cancer Center