

Dear Kentucky Cancer Consortium Partners:

KCC is pleased to provide you with a link to “Wednesday’s Word”, a KCC communication which relays recent state and national cancer control articles, resources, events and tools to you on a weekly basis. You may read archived editions on our website. If your organization has a cancer-related item for Wednesday's Word, feel free to contact Katie Bathje at kbathje@kycancerc.org.

Sincerely, Kentucky Cancer Consortium Staff

**October 24, 2012’s Wednesday’s Word PDF includes synopses of the following articles:**

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Colorectal Cancer	<ul style="list-style-type: none"> <li>• <a href="#">Colonoscopy Screening May Have Cut Colon Cancer Rates</a></li> <li>• <a href="#">Push to Prevent Colorectal Cancer</a></li> </ul>
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Patient Navigation	<ul style="list-style-type: none"> <li>• <i>9 spots left for</i> Inaugural Cancer Patient Navigators Fall Forum: 11/8</li> </ul>
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Research	<ul style="list-style-type: none"> <li>• <a href="#">KCC Member Selected as Scholar in Women’s Health Program</a></li> </ul>
Smoke-free	<ul style="list-style-type: none"> <li>• <i>(reminder)</i> Leaders in Health and Business invite you to the Smoke-Free Kentucky Forum Series</li> <li>• Upcoming Smoke-free Kentucky Coalition call date</li> </ul>
Survivorship	<ul style="list-style-type: none"> <li>• Norton Cancer Institute Survivorship Program Komen for the Cure Louisville Affiliate Grant</li> <li>• <a href="#">Healthy Lifestyle Boosts Survival Odds for Older Women With Cancer</a></li> </ul>
Survivorship Events	<ul style="list-style-type: none"> <li>• <a href="#">Friend for Life Cancer Support Network</a> training on Saturday, November 3<sup>rd</sup></li> <li>• <i>(reminder)</i> HOT SEAT FOR HOPE: Roasting Dr. Rice Leach November 3<sup>rd</sup></li> <li>• <i>(reminder)</i> Frankfort Regional Medical Center has entered the 2012 Pink Glove Dance Competition</li> </ul>

October 24, 2012

### Breast and Cervical Cancers

- [Report: Most women need Paps every 3 or 5 years](#) (10/22/12, Associated Press) Most women can wait three to five years between checks for cervical cancer, depending on their age and test choice, say guidelines issued Monday. Many medical groups have long recommended a Pap test every three years for most women. The new advice from the American College of Obstetricians and Gynecologists says that's true for women ages 21 to 29 whose Paps show no sign of trouble. But for healthy women ages 30 to 65, the preferred check is a Pap plus a test for the cancer-causing HPV virus, the group concluded. If both show everything's fine, they can wait five years for further screening. The guidelines from the nation's largest OB-GYN organization agree with advice issued earlier this year by a government panel, the American Cancer Society and other medical groups - showing growing consensus that it's safe for the right women to wait longer between Paps. The guidelines also say: Women 30 and older still can choose a Pap alone every three years; Screening shouldn't begin before age 21; Women over 65 can end screening if prior testing hasn't found problems.

### Childhood Cancers

- [Some parents misunderstand kids' cancer studies](#) (10/17/12, Reuters Health) Children with incurable cancer can take part in early trials of a new drug's safety, but many parents may misunderstand the goals of those studies, new research finds. When researchers test new drugs on humans, they start with phase 1 clinical trials. Those studies aren't aimed at seeing whether a drug works; instead, researchers are looking at the drug's safety, and trying to figure out the highest dose that people can tolerate without troublesome side effects. Then the drug can move on to larger trials testing its effectiveness. With it comes to childhood cancer treatments, kids may be eligible for a phase 1 trial if their own cancer is terminal. So essentially, those children are doing the trials to benefit other kids with cancer in the future, explained Dr. Eric D. Kodish of the Cleveland Clinic, who worked on the new study. But it has not been clear whether parents fully understand the point of phase 1 trials. Kodish and his colleagues found that they often do not. In interviews with 60 parents, they found that only one-third seemed to have a "substantial understanding" of the scientific purpose of phase 1 trials. And 35 percent showed little to no understanding. That was despite the fact that all of the parents had just met with their child's oncologist for an "informed consent conference" on enrolling in a phase 1 trial. It's not certain whether some parents thought their child could potentially be cured by the experimental drug, according to Kodish. But that is a worry, he said. The study, which appears in the Journal of Clinical Oncology, included families at six U.S. hospitals that run phase 1 pediatric cancer trials.

### Colorectal Cancer

- [Colonoscopy Screening May Have Cut Colon Cancer Rates](#) (10/23/12, HealthDay News) The increased use of colonoscopy screening appears to be the reason for the significant decrease in colorectal cancer rates in the United States over the past decade, a new study indicates. Stanford University School of Medicine researchers analyzed data collected from more than 2 million patients over the past 20 years. They found that a drop in colorectal cancer incidence correlated with

Medicare's extension of colonoscopy coverage in 2001. The overall rate for surgery to remove colorectal cancer dropped from 71 to 47 procedures per 100,000 people between 1993 and 2009. "Widespread colonoscopy screening may actually be having an impact on the risk of colon cancer screening at the level of the general population," senior investigator Dr. Uri Ladabaum, an associate professor of gastroenterology and hepatology, said in a university news release. The researchers also looked at differences in rates of cancer in the lower and upper colon to assess the benefit that colonoscopy screening is expected to have in preventing cancers in both locations. The surgery rate for lower colorectal cancer decreased about by 1.2 percent per year between 1993 and 1999, and then dropped by 3.8 percent a year from 1999 to 2009. The surgery rate for upper colon cancer remained steady until 2002 and then began to drop at a rate of 3.1 percent per year until 2009. These findings suggest that the decrease in lower colorectal cancer might be associated with general screening increases, since some patients were undergoing stool tests and sigmoidoscopy in the early 1990s, the researchers wrote. Sigmoidoscopy examines only a portion of the colon. On the other hand, the drop in upper colorectal cancer rates might be specifically linked with increased colonoscopy screening, Ladabaum said. The study, which found an association but not proof that increased screening led to lower cancer rates, was published online Oct. 23 in the journal *Gastroenterology*.

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- [Push to Prevent Colorectal Cancer](#) (10/18/12, Wall Street Journal) Now a growing number of health systems are offering a less-onerous and less-costly option to screen for colorectal cancers: a home testing kit to detect blood in the stool. Fecal blood tests aren't a substitute for a full colonoscopy, which is necessary to remove polyps so they can be biopsied and to definitively diagnose cancer, says New York gastroenterologist James Aisenberg. But a study published in April in the Archives of Internal Medicine found that people are more likely to get screened for colorectal cancer when their physician recommends a stool test first rather than a colonoscopy. Older tests called fecal occult blood tests, which cost about \$5, typically require patients to collect stool samples from three consecutive bowel movements with a small stick and place the samples on chemically treated cards for lab analysis. Patients must avoid foods like red meat that might skew the test results. More providers are turning to a newer test known as the fecal immunochemical test, or FIT, which costs about \$22, has no dietary restrictions and is easier to use. (Only one sample is needed.) Studies have also shown the test is more reliable and cost-effective, with far fewer false-positive results. The screening is recommended by the American College of Gastroenterology as the preferred cancer-detection test for the colonoscopy-averse. The new health law requires that patients be offered preventive services such as colon-cancer screening at no out-of-pocket cost.

### **Electronic Medical Records**

- [Electronic Records Do Aid Patient Care, Study Finds](#) (10/19/12, HealthDay News) Electronic health records improve the quality of patient care, according to a new study. Weill Cornell Medical College researchers looked at 2008 data from 75,000 patients treated by nearly 500 doctors in the Hudson Valley region of New York. The data, which came from five different health plans, was used to assess patient care on nine measures. The study found that 56 percent of doctors who used commercially available electronic health records provided significantly better quality of care on four measures than those who used paper records. Those four measures were hemoglobin A1c testing in people with diabetes, **breast cancer screening**, chlamydia screening and **colon cancer screening**. In addition, the combined score across all measures indicated that the use of electronic health records resulted

in better patient care than paper records, according to the study, which was recently published online in the *Journal of General Internal Medicine*. Electronic health records "may improve the quality of care by making information more accessible to physicians, providing medical decision-making support in real time and allowing patients and providers to communicate regularly and securely." Use of electronic health records in the United States is on the rise, but previous studies have provided conflicting evidence about their impact. It hasn't been clear if they improve the quality of patient care. Previous studies on the effects of electronic health records for outpatients have had mixed results. "This is one of the first studies to find a positive association between the use of [electronic health records] and quality of care in a typical community-based setting, using an off-the-shelf electronic health record that has not been extensively tailored and refined," she said. "This increases the [ability to generalize] these findings."

### **Financial**

- [\*\*Kaiser Permanente CEO on saving lives, money\*\*](#) (10/23/12, USA Today) George Halvorson built Kaiser Permanente into the nation's largest managed care company and hospital system over 10 years as its chief executive. In an interview with USA TODAY reporter **Jayne O'Donnell**, Halvorson talked about the wisdom of empowering doctors to make health care decisions, why the rest of health care is not making the best medical choices and why he has the best job in health care but plans to retire next year anyway. Key points: Focus is on early detection; Kaiser Permanente's competitors 'don't get paid for prevention'; U.S. health care 'rewards mistakes'. Read the entire [Q and A here](#).

### **General**

- **Kentucky Cancer Program District Cancer Council Fall Meetings 2012** Established in 1982 by the Kentucky General Assembly, the [Kentucky Cancer Program](#) is the state cancer control program with a unique network of 13 regional offices across the state. The mission is to reduce cancer incidence and mortality through education, research and service. KCP is jointly administered by the Brown Cancer Center at the University of Louisville and the Markey Cancer center at the University of Kentucky. The Kentucky Cancer program works with District Cancer Councils along with state and local partners to identify cancer problems, mobilize communities, and implement programs for cancer prevention, early detection and survivorship. Following is a list of scheduled District Cancer Council Meetings. For more information, contact the Regional Cancer Control Specialist listed below for your area.

<b>Area Development District (ADD)</b>	<b>Location</b>	<b>Date</b>	<b>Time</b>	<b>Reg'l Cancer Control Specialist</b>	<b>Email address</b>
Buffalo Trace	Maysville	10/30/12	11:30	Trina Winter	<a href="mailto:twinter@kcp.uky.edu">twinter@kcp.uky.edu</a>
Gateway	Morehead	11/1/12	11:30	Trina Winter	<a href="mailto:twinter@kcp.uky.edu">twinter@kcp.uky.edu</a>
Lake Cumberland	Somerset	11/8/12	12:00	Gloria Sams	<a href="mailto:gsams@kcp.uky.edu">gsams@kcp.uky.edu</a>
FIVCO	Ashland	11/19/12	11:00	Becky Simpson	<a href="mailto:bsimpson@kcp.uky.edu">bsimpson@kcp.uky.edu</a>
Big Sandy	Prestonsburg	11/20/12	11:00	Becky Simpson	<a href="mailto:bsimpson@kcp.uky.edu">bsimpson@kcp.uky.edu</a>
Kentucky River	Hazard	11/27/12	11:00	Chastity Gayheart	<a href="mailto:chas@kcp.uky.edu">chas@kcp.uky.edu</a>

Cumberland Valley	Corbin	11/28/12	10:00	Mindy Rogers	<a href="mailto:mrogers@kcp.uky.edu">mrogers@kcp.uky.edu</a>
Bluegrass East	Lexington	11/30/12	11:00	Tonya Pauley	<a href="mailto:tonya@kcp.uky.edu">tonya@kcp.uky.edu</a>
Barren River	Bowling Green	11/9/12	1:30 CT	Elizabeth Westbrook	<a href="mailto:e.westbrook@louisville.edu">e.westbrook@louisville.edu</a>
Falls/KIPDA	Louisville	10/25/12	3:00	Jaime Wientjes	<a href="mailto:jaime.wientjes@louisville.edu">jaime.wientjes@louisville.edu</a>
Green River	Owensboro	12/5/12	10:00 CT	Jaime Rafferty	<a href="mailto:jrafferty@vci.net">jrafferty@vci.net</a>
Lincoln Trail	Elizabethtown	TBA	TBA	Suzanne Gude	<a href="mailto:s.gude@louisville.edu">s.gude@louisville.edu</a>
Northern Kentucky	Florence	2/13	TBA	Kathy Rack	<a href="mailto:krack@kcp.uky.edu">krack@kcp.uky.edu</a>
Purchase	Paducah	10/11/12	8:30am CT	Jamie Smith	<a href="mailto:jamiesmith@vci.net">jamiesmith@vci.net</a>
Pennyrile	Hopkinsville	10/11/12	12:00	Joan Lang	<a href="mailto:joanlang.kcp@att.net">joanlang.kcp@att.net</a>
Bluegrass West	TBA	TBA	TBA	Amy Steinkuhl	<a href="mailto:amy@kcp.uky.edu">amy@kcp.uky.edu</a>

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- *(reminder)* **Webinar Wednesday Explores Social Media Campaigns** The Foundation is pleased to announce the topic of the final webinar in the 2012 Health for a Change training series, identified through feedback from leaders like yourself across the state. This webinar, ***How to Increase Your Return on Investment (ROI) From Your Social Media Campaigns***, will be led by social media guru Heather Mansfield, of DIOSA Communications and will explore:

- The five most useful practices for managing and maintaining social media campaigns
- Social media's return on investment
- A simple system to track and report social media

Register for the **November 14 webinar** (3-4 pm ET) online [here](#). Since this is a webinar, you and your entire staff can attend in the comfort of your office or conference room. You may include as many people as you wish while streaming the audio over your computer or listening on a single phone line. The deadline to register for this webinar is Monday, November 12, 2012.

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- *(reminder)* **Save The Dates!** Please help us disseminate the information below concerning **Webinars coordinated through HealthCare Excel (HCE)**. If you would like more information on webinars such as these or other free tools and resources, please contact the HCE Population Health team at [nsemrau@kygio.sdps.org](mailto:nsemrau@kygio.sdps.org) or (502) 454-5112 x2242. November 15<sup>th</sup>, 12:30pm – 1:30pm: Dangers of Secondhand Smoke - Bobbye Gray, KDPH Tobacco Prevention and Cessation Program.

## Grants

- *(reminder)* [Request for Proposals Issued for Investing in Kentucky's Future Initiative](#) The Foundation for a Healthy Kentucky is pleased to issue a Request for Proposals (RFP) under the new Investing in Kentucky's Future Initiative (IKF). This initiative is designed to improve the health of Kentucky's children by engaging communities in testing innovative strategies. The Foundation plans to provide funding for up to 10 Kentucky communities where civic leaders are committed to working

together to promote the physical and behavioral health and well-being of children ages 5 through 18 by supporting local systems, environments and policies that reduce risks for chronic diseases and help children practice healthy behaviors for a lifetime. **Download the full RFP here.** More information about the Foundation can be found on our website, [www.healthy-ky.org](http://www.healthy-ky.org). Letters of Intent are due on November 16, 2012 and full-proposals are due on February 28, 2012.

### **Health Disparities**

- [Race, Income Tied to Late Colon Cancer Diagnoses, Study Finds](#) (10/17/12, HealthDay News) -- In the United States, 29 percent of people with colon cancer are diagnosed after an emergency, such as an obstruction or perforation of the bowel, according to new research. A study from the University of Texas Southwestern Medical Center at Dallas also revealed that blacks and those in high-poverty areas are more likely than others to be diagnosed with colon cancer in an emergency situation. The researchers noted when cancer diagnoses are delayed until an emergency arises, the risk for complications and death increases. "Overall, there are high rates of emergency presentation of colorectal cancer in the United States," said Sandi Pruitt, assistant professor in the university's department of clinical sciences. "Screening for colorectal cancer using tests including colonoscopy is recommended for all healthy, asymptomatic adults starting at age 50," Pruitt said. "But these high rates of emergencies indicate that there are multiple missed opportunities for screening." For the study, the researchers analyzed national data collected between 1992 and 2005 on adults aged 66 and older with advanced colon cancer. Of the nearly 89,000 patients identified, 29 percent were diagnosed following an emergency. Of these, about 81 percent required hospitalization -- 32 percent because of bowel obstructions and 4 percent with bowel perforations. After taking factors such as the stage of cancer and overall health into account, the researchers noted that black people were 29 percent more likely to be diagnosed with colon cancer in an emergency and those living in poverty-stricken areas were 10 percent more likely to be diagnosed under these circumstances.
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- [Community health workers: A new health-care workforce for the era of health reform](#) (10/19/12, Philadelphia Inquirer) In the early 1990s, when airline companies were competing fiercely for high-paying, first-class customers, Southwest Airlines developed a radical model that alarmed competitors. Southwest's service model was based on a very simple strategy—targeting the many millions of travelers interested only in finding a cheap and reliable flight. In so doing, Southwest reached a huge segment of customers that the airline giants ignored. By delivering cheaper and more reliable flights to the majority of air travelers, Southwest introduced a “disruptive innovation” that revolutionized the industry. The current American health-care system, with its focus on delivering expensive treatments to well-insured individuals, is ripe for a similar revolution. There is a largely untapped workforce with the potential to lead such a revolution in the health-care market — the too-often unheralded community health workers. Community health workers are lay people trained by medical and public health professionals to provide a range of health-related services in their communities, and who help patients live better by supporting behaviors that impact their health. Community health workers can, for example, help patients navigate our fragmented health care system by making appointments and accompanying patients to their visits. They can educate community groups about the importance of preventive health services like vaccines and cancer screening tests. Community health workers can recommend ways to improve diets and increase exercise that are based on knowledge of an individual's unique personal situation. Doctors and nurse are cloistered in clinics are given 10-minute visits to address patients' complex health problems and

treatments. Anyone who has seen a doctor, or who works as a physician like I do, knows that providing in-depth, tailored guidance about lifestyle behaviors rarely fits into an office visit. This is a problem because these lifestyle behaviors — smoking, physical inactivity, and unhealthy diets — are in fact the leading causes of death in the United States. A growing body of research demonstrates that community health workers can also help improve control of chronic diseases and promote preventive services, as they have in some other countries for years. Many of these small programs have targeted the medically underserved, who are largely ignored by hospital executives like “coach” travelers were largely ignored by airline executives before Southwest. [Read more.](#)

## **Health Reform**

- [Community Benefit: An Opportunity for Public Health and Hospitals to Work Together](#) To maintain their tax-exempt status, nonprofit hospitals must provide benefits to the communities they serve. Historically, hospitals’ community benefit activities have focused on providing charity care and other forms of uncompensated care. The Affordable Care Act (ACA) establishes standard requirements for nonprofit hospitals concerning community benefit reporting, community health needs assessments, and strategies to improve the health of the communities they serve. These strategies for population health improvement often bring together key health partners in communities to work together. The Robert Wood Johnson Foundation (RWJF) summarizes recent changes in federal law pertaining to community benefit in a new Health Policy Snapshot brief, [What’s New with Community Benefit?](#)

## **Lung Cancer**

- *(reminder)* **LECTURE: Favorable Outcomes With CT-Based Lung Cancer Detection (Garlove Lectureship), Wednesday, November 7, 2012.** Discuss results of recent literature regarding benefits and risks of lung cancer screening. Identify challenges in implementing a multidisciplinary screening program for lung cancer. Speaker: James L. Mulshine, M.D., Associate Provost for Research, Rush University Medicine Center/Acting Dean, Graduate College/Professor, Department of Internal Medicine, Rush University, Chicago, IL. Physician Education: 1.0 AMA PRA Category 1 Credit; Nurse Education: 1.0 contact hour; Location: The Olmsted, 3701 Frankfort Avenue, Louisville, KY. 5:30p Information fair, registration and hors d’oeuvres, 6:30p Program. There is no charge for this program, but registration required (502) 629-1234. Option 2.

## **Patient Navigation**

- *(reminder)* **Inaugural Cancer Patient Navigators Fall Forum: Thursday, November 8<sup>th</sup> from 8:15am – 4pm at the University of Kentucky’s [Boone Center](#) in Lexington.** Cancer patient navigators offer individualized assistance to cancer patients, their families, and caregivers to help overcome health care system barriers and facilitate timely access to quality medical and psychosocial care. Cancer patient navigation works with a patient from pre-diagnosis through all phases of the cancer experience, and is provided by professionals or peers in a variety of settings, both within and outside of the healthcare system, yet always in close collaboration with providers and the community. Due to the multi-modal nature of cancer patient navigation, as well as the field’s recent and rapid growth, there has yet to be established a unified network of professionals in Kentucky. The Kentucky Cancer Consortium is coordinating a **one-day cancer patient navigation forum to provide a neutral venue for cancer patient navigation professionals from a variety of settings to gather** to share best

practices, highlight helpful resources, network with like-minded colleagues, and consider development of a network for future collaborations. The day will include sessions such as: “Facilitators and Barriers to Successful Patient Navigation In Kentucky” with Fran Feltner; a Panel (to include Norton Cancer Institute, KY Pink Connection, ) discussing the Multiple Roles of Cancer Patient Navigators; a large group discussion regarding “What’s Working” for KY’s cancer patient navigators facilitated by Dr. Jennifer Redmond; and more! **See attached save-the-date flyer.** There is no registration fee. **Attendance is limited.** To reserve your seat at the Forum, e-mail Katie Bathje at [katie@kycancerc.org](mailto:katie@kycancerc.org) .

### **Prevention/Genetics/Causes**

- [The Bad Idea That Doesn't Go Away: Cutting The Ounce of Prevention](#) (10/19/12, Forbes) It is no exaggeration to say that the future of the U.S. healthcare system—and the historic effort to make it more effective and equitable—is at stake on November 6. The obvious threat is Mitt Romney’s pledge to take Obamacare and strangle it in its crib. But the risks to real health reform go beyond this, and don’t disappear if Obama wins. The biggest, and most immediate threat, may be to a little-known but vitally important part of the Affordable Care Act: prevention. One of ACA’s most farsighted features was to set up a dedicated pot of money, the Public Health and Prevention Fund, to invest in proven prevention measures across the country. The idea is rooted in a rather old-school strain of, well, conservatism—remember that old notion about an ounce of prevention being worth a pound of cure? (Of course, that aphorism was coined by Benjamin Franklin, who believed in the scientific method and the germ theory of disease, advocated for public investment in sanitation, and served as the first postmaster of the government-funded postal service.) Yet the prevention fund, which supports the most sensible kind of investment a nation can make in its own health, sits firmly in Republican crosshairs. Here’s the background: One of the big, hairy failings of U.S. healthcare can be summed in a few simple numbers: At an annual cost of \$2.7 trillion, our health system is the most expensive in the world, and one of the least effective. About 40 percent of premature deaths are linked to smoking, poor diet, lack of physical activity and other unhealthy behavior, according to research from the Institute of Medicine. Seven of ten deaths among Americans are caused by chronic, often preventable conditions such as heart disease, stroke, diabetes, avoidable injuries and some kinds of cancer, according to the Centers for Disease Control and Prevention (CDC). These account for roughly three-fourths of the national healthcare tab. [Read the entire article.](#)
- [Study Sheds New Light On How Obesity May Contribute To Cancer](#) (10/16/12) rtt.com) It's long been known that obesity is a risk factor for several cancers. But what remains unclear is how obesity, per se, contributes to cancer risk. A preclinical study by investigators at the University of Texas Health Science Center at Houston has shed new light on the link between expanding waistlines and cancer. According to the researchers, cancer cells send a signal attracting progenitor cells from white adipose tissue - one of the two types of fat tissue. In turn, the progenitor cells support the network of blood vessels that nourish tumors consequently resulting in cancer progression. This study, which involved mouse models of cancer, is the first to demonstrate that excess fat is a key factor in cancer progression irrespective of the diet contributing to the extra weight. This finding is different from one of the existing theories that suggests what obese people eat may affect cancer progression. Explaining how fat progenitor cells may contribute to cancer growth, Yan Zhang, the study's lead author and research scientist at the UTHealth Medical School said, "Our experiments show that fat progenitors are recruited by tumors, where they incorporate into blood vessels and become fat cells.

We found that obese animal fat progenitor cells recruited by tumors improved vascular function and, therefore, increased survival and proliferation of cancer cells." It is estimated that excess body weight contributes to about 14 to 20 percent of cancer deaths in the U.S. According to the National Cancer Institute, obesity is associated with increased risks of cancers of the esophagus, breast (postmenopausal), endometrium (the lining of the uterus), colon and rectum, kidney, pancreas, thyroid, gallbladder, and possibly other cancer types. The investigators at the University of Texas Health Science Center at Houston

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- [Antiviral Therapy for Hepatitis C May Thwart Liver Cancer](#) (10/12/12, HealthDay News) Using antiviral drugs to treat patients with chronic hepatitis C infection may greatly reduce their risk of liver cancer, according to a new study. Hepatitis C is a leading cause of liver cancer and other liver diseases and is the leading cause of liver transplants. According to the U.S. Centers for Disease Control and Prevention, each year more than 15,000 Americans die from hepatitis C-related illness, such as cirrhosis and liver cancer. Deaths from the virus have been increasing for over a decade and are expected to increase in the coming years. In the new study, researchers reviewed eight published clinical trials on the use of antiviral therapy -- interferon or pegylated interferon, or ribavirin, or a combination -- in patients with chronic hepatitis C infection. Almost 1,200 patients in the studies received antiviral therapy. Most of them received interferon. The patients' antiviral treatment lasted between six months and a year and they were monitored for between five and eight years after treatment, along with another nearly 1,200 patients who did not receive antiviral treatment. During follow-up, liver cancer was diagnosed in 81 patients who received antiviral treatment and in 129 patients who did not receive antiviral treatment. The Danish researchers concluded that antiviral therapy reduced the risk of liver cancer by 47 percent. The findings are published Oct. 23 in the journal *BMJ Open*.
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- *(reminder)* **WEBINAR: Implementing the National Prevention Strategy at the Local Level TOMORROW, Thursday, October 25<sup>th</sup> at 2pm ET.** Goal: To help participants implement the National Prevention Strategy by working with non-traditional partners at the local level. Objectives: Explain the purpose of the National Prevention Strategy; Describe the benefits of working with non-traditional partners at the local level; Identify at least one strategy used by a local public health department that can be implemented; Understand how policies and practices across multiple sectors impact physical and environmental health risks; and Become knowledgeable about multiple strategies to transform the policy process to ensure health considerations from policy formation to implementation. The intended audience for this webinar includes local public health officials, multi-sector officials and staff. [Register here.](#)

## **Research**

- [KCC Member Selected as Scholar in Women's Health Program](#) (10/19/12, UK Now) Robin Vanderpool, assistant professor in the Department of Health Behavior at the University of Kentucky College of Public Health, and Deputy Director of the Rural Cancer Prevention Center (RCPC) has been selected as a scholar in the National Institute of Health's (NIH)-supported Building Interdisciplinary Research Careers in Women's Health (BIRCWH) program. UK was awarded the NIH grant in 1999 for provision of career development and mentoring opportunities for junior MD and PhD members with interests in research careers related to women's health. "As a BIRCWH scholar, I hope to establish an independent, extramurally-funded research agenda focused on women's health along the cancer

control continuum, with a particular emphasis on improving cancer survivorship outcomes among women employed in lower-wage, hourly positions," Vanderpool said. " The BIRCWH program will provide for dedicated time to pursue funding opportunities and training opportunities in research design and analysis, plus mentorship from successful researchers here at the University of Kentucky." The RCPC focuses on breast, cervical and colorectal cancer disparities in Appalachian Kentucky. Her research interests center on the intersection of health behavior, public health practice, and cancer prevention and control.

## **Smoke-free**

- *(reminder)* **Leaders in Health and Business invite you to the Smoke-Free Kentucky Forum Series**  
Sponsored by: Kentucky Public Health Association, Kentucky Chamber of Commerce, Kentucky Voices for Health, Kentucky Health Departments Association, and Smoke-free Kentucky. Kentucky's leading health and business organizations invite you and other community leaders to attend a smoke-free forum near you. Hear how you can join the effort to eliminate secondhand smoke from all indoor worksites and public places. We need your help to protect all workers from secondhand smoke, improve Kentucky's business image and lower health care costs related to tobacco use. **Invited Speakers:** Secretary of the Cabinet for Health and Family Services, Audrey Haynes; Representatives from the Kentucky Chamber of Commerce and Local Chambers of Commerce; **Dates and Details:**
  - **Wednesday, November 14<sup>th</sup>**; River Park Center in the Berry Theater, 101 Daviess Street, Owensboro, KY 42303  
Dinner Forum: 5:00 p.m. – 7:00 p.m. CST
  - **Tuesday, November 27<sup>th</sup>**; Lourdes Hospital, Borders Conference Room, 1530 Lone Oak Road, Paducah, KY 42003  
Breakfast Forum: 8:30 a.m.-9:30 a.m. CST

Learn more about the campaign at [www.smokefreekentucky.org](http://www.smokefreekentucky.org) or [www.facebook.com/smokefreekentucky](http://www.facebook.com/smokefreekentucky) Please RSVP to [betsyjanes@ymail.com](mailto:betsyjanes@ymail.com) or call 502-797-0638. There is no cost to attend the forums and meals will be provided.

- *(reminder)* [Smoke-Free Kentucky](http://www.smokefreekentucky.org) is a coalition of organizations and individuals who support making all public and work places 100% smoke-free in order to protect citizens and workers from the proven dangers of secondhand smoke. Periodically Smoke-free Kentucky hosts teleconference calls to update coalition partners (individuals, businesses, community organizations) about what is happening with the Smoke-free Kentucky Campaign. **Upcoming Smoke-free Kentucky Coalition call date:** Thursday, November 8, 2012 12:00 PM-1:00 PM. The call-in number is 877-366-0711 and participant passcode is 56658420.

## **Survivorship**

- **Norton Cancer Institute Survivorship Program Komen for the Cure Louisville Affiliate Grant** Medical Director, Dr. Sheron Williams, is a medical oncologist with a specialty in Survivorship care. Komen for the Cure has awarded the Survivorship Program grant funds to cover the cost of a medical oncology visit for breast cancer survivors. This grant is for uninsured patients, or those who are unable to afford the cost of follow up care. A comprehensive medical visit will be covered at no cost to the

patient. Please send request for additional information or referrals to Christy Roberts, RN. (502) 899-6838 or [Christy.Roberts@nortonhealthcare.org](mailto:Christy.Roberts@nortonhealthcare.org). (Flyer is attached to email)

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- [Healthy Lifestyle Boosts Survival Odds for Older Women With Cancer](#) (10/17/12, HealthDay News) - Older women diagnosed with cancer who stay physically active, maintain a healthy weight and eat a well-balanced diet are much more likely to survive than those who don't, according to a new study. The University of Minnesota researchers found that of the three factors, getting regular exercise had the most significant effect on the women's cancer survival. "Elderly female cancer survivors who achieve and maintain an ideal body weight, stay physically active and eat a healthy diet have an almost 40 percent lower risk for death compared with women who do not follow these recommendations," Maki Inoue-Choi, a research associate in the division of epidemiology and community health in the university's School of Public Health, said in an association news release. In conducting the study, the researchers examined how closely a group of 2,080 women diagnosed with cancer followed the 2007 World Cancer Research Fund/American Institute for Cancer Research (WCRF/AICR) guidelines for body weight, physical activity and diet. The women were all from Iowa and were diagnosed between 1986 and 2002. The women completed a questionnaire in 2004 on a variety of lifestyle factors. Using data from an Iowa health registry and the National Death Index, researchers found that nearly 500 of the women in the study died between 2004 and 2009. Of these, nearly 200 of the deaths were due to cancer and about 150 were from heart disease. After taking other risk factors into account, such as the participants' general health, type and stage of cancer, and whether they smoked, death from any cause was 37 percent lower for women who followed the lifestyle guidelines closely than for those who didn't. Women who met the WCRF/AICR guidelines on physical activity also had a lower risk of death from heart disease or from cancer.

### Survivorship events

- [Friend for Life Cancer Support Network](#) seeks cancer survivors and caregivers willing to provide emotional support to others. Friend for Life matches persons recently diagnosed with any form of cancer with a trained survivor of the same cancer and similar course of treatment. Our next training is **Saturday, November 3, 2012**, 9 am - 5 pm at the offices of Personal Counseling Service, 1205 Applegate Lane, Clarksville, Indiana 47129 (just south of Green Tree Mall). Breakfast and lunch provided. Registration required. For more information or to register, please call (502) 893-0643 or e-mail [staff@friend4life.org](mailto:staff@friend4life.org).
- *(reminders)* **HOT SEAT FOR HOPE: Roasting Dr. Rice Leach, with proceeds going towards Kentucky Pink Connection. Saturday, November 3<sup>rd</sup>, 5pm to 9pm.** Dr. Leach, Commissioner for Public Health at the Fayette County Health Department has graciously agreed to be the inaugural 'roastee' for this new event – an evening of fun and laughter at the Lyric Theatre on 300 East 3<sup>rd</sup> Street in Lexington. Evening includes cocktails, tours of Lyric Theatre, dinner, entertainment and toasts. Tickets are \$50 per person and may be purchased at the Lyric Theatre Box Office at 859-280-2218, online at [www.lexingtonlyric.com](http://www.lexingtonlyric.com) or by calling [KY Pink Connection](#) at 859-309-1700 or 877-597-4655.
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- *(reminders)* **Frankfort Regional Medical Center has entered the 2012 Pink Glove Dance Competition** to help raise awareness for Breast Cancer Awareness. Voting for the Pink Glove Dance Video is open at <http://pinkglovedance.com/competition/vote.php>. You can sort through the entrants to find their video by selecting the drop down menu for "Organization D-G". You must have a Facebook account

in order to vote, and you can only vote for our video once per Facebook account. You can also go directly to the page with FRMC's video at <http://apps.wildfireapp.com/microsite/pages/6bb403a68ebdc541>. Their video has also been posted on Frankfort Regional's Facebook page at <http://www.facebook.com/FrankfortRegional> for viewing. Voting has been extended until **November 2, 2012**. The winning organization receives a \$10,000 donation to a breast cancer charity, and FRMC has chosen their charity as the Kentucky Pink Connection. The Kentucky Pink Connection provides support for breast cancer patients by reducing and/or eliminating barriers to screening, diagnosis and treatment.