

Dear Kentucky Cancer Consortium Partners-

This is the second 'edition' of KCC's new communication venue with partners, which we are calling "Wednesday's Word with KCC". Wednesday's Word will communicate recent state and national cancer control articles, resources, events and tools to you on a weekly basis, in a brief, easy-to-read format. You can read archived editions on our [website](#).

If your organization has a cancer-related item of interest that you would like to be included in a Wednesday's Word, or you know of someone who may benefit from receiving this communication, feel free to contact Katie Bathje at kbathje@kycancerc.org.

Sincerely,
Kentucky Cancer Consortium Staff

January 18, 2012

ADVOCACY

- [Governor Beshear's Proposed Budget Includes \\$1 million for Kentucky Colon Cancer Screening Program](#) (1/17/12) Quote from Governor's budget address: "This proposal also provides \$1 million over the biennium – to be matched by \$1 million from a private foundation – for colon cancer screening for some 4,000 uninsured Kentuckians. Kentucky's incidence of this disease is the highest in the nation – and about 25 percent higher than the national average. And while this type of cancer can be costly to treat, it is highly preventable with screening. Four years ago the General Assembly created the screening program but funding was not available. Implementing this screening will directly save both lives and money....".
 - **Background:** KCCSP Funding Bill Requested \$8 million Over Next Two Fiscal Years (1/12/12, [Colon Cancer Prevention Project](#); American Cancer Society) HB 275 would allow thousands of uninsured Kentuckians to be screened for colon cancer by funding the Kentucky Colon Cancer Screening Program; a program enacted in 2008 but not funded. The funding bill won unanimous approval of the House Health & Welfare Committee on January 12th, and is expected to move next to the House Appropriations & Revenue Committee for a vote.

Rep. Jim Glenn (D-Owensboro) and Rep. Bob DeWeese (R-Louisville) are sponsoring HB 275, which would appropriate \$8 million over the next two fiscal years for the Kentucky Colon Cancer Screening Program. It would allot \$3 million next fiscal year and \$5 million the following year to cover screening for uninsured residents ages 50 to 64 and others determined to be at high risk for colon cancer. The program will also educate all Kentuckians on the importance of screening.
- **State Representative Susan Westrom Set to file Comprehensive Smoke-free Bill** State Rep. Westrom (D-Fayette), accompanied by smoke free supporters including: Dr. Robert Powell; Barry Gottschalk, President and CEO of the American Lung Association of the Midland

States, and Smoke Free Volunteer Roger Cline, will be in attendance at a press conference to commemorate the filing of the smoke free bill, as well as the release of Kentucky's "State of Tobacco Control Report". The event will take place in the Capitol Rotunda tomorrow, Thursday January 19th, at 1pm. For More Information: visit [State of Tobacco Control 2012](#) and www.smokefreekentucky.org or email betsyj@kylung.org

- **Philip Morris USA and Altria are also gearing up for state legislative sessions** with the launch of [Citizens for Tobacco Rights](#), whose mission is to thwart policies like the Smoke-Free Air bill, claiming that the smoking ban measures have "gone too far." Other Smoke Free Kentucky upcoming events: **February 9th**: American Cancer Society Lobby Day. Contact Eric, eric.evans@cancer.org; **February 14th**: American Heart Association Lobby Day. Contact Melissa, melissa.brown@heart.org or Tonya, tonya.chang@heart.org.

CERVICAL CANCER

- [Push for screenings helping reduce Kentucky's cervical cancer deaths](#) (1/14/12, bgdailynews.com) Experts agree that prevention is the best detection when it comes to cervical cancer. "It can be 100 percent treatable if it's caught early," said Melissa Hawks, a health educator at the Barren River District Health Department. "The best way to find precancerous cells is to have a Pap test done."

HEALTH AND THE ECONOMY

- [Small Group Uses Big Share of Healthcare Dollars](#) (1/16/12, MedPage Today) Just 1% of the U.S. population accounted for 22% of all healthcare spending in 2009 -- but that's actually better than it once was, according to a report from the Agency for Healthcare Research and Quality (AHRQ). That figure was up slightly from the previous year's 20%, but is still smaller than it was in 1996, when the top 1% of healthcare spenders accounted for 28% of total healthcare expenditures, AHRQ reported in a data brief.
- [U.S. to Force Drug Firms to Report Money Paid to Doctors](#) (1/16/12, New York Times) To head off medical conflicts of interest, the Obama administration is poised to require drug companies to disclose the payments they make to doctors for research, consulting, speaking, travel and entertainment. Many researchers [have found evidence](#) that such payments can influence doctors' treatment decisions and contribute to higher costs by encouraging the use of more expensive drugs and medical devices. Under the new standards, if a company has just one product covered by [Medicare](#) or [Medicaid](#), it will have to disclose all its payments to doctors other than its own employees. The federal government will post the payment data on a Web site where it will be available to the public.

HOSPICE

- [Dying Americans Using Hospice Care Remains Stable but New Report Reveals Drop in Length of Service](#) (1/11/12, NHPKO) The National Hospice and Palliative Care Organization's annual report, "[Facts and Figures: Hospice Care in America](#)," released this week shows the number of patients served remains fairly constant at 1.58 million in 2010 (a slight rise from 1.56 million served in 2009). Yet a statistic of concern to hospice and palliative care professionals is the drop in both median and average length of service
 - The median (50th percentile) length of service in 2010 was 19.7 days, a decrease from 21.1 days in 2009.
 - The average length of service dropped to 67.4 days in 2010 from 69 days in 2009.
- **Hospice of the Bluegrass** offers a number of support groups throughout the year. The groups are held at offices throughout their service region, and vary according to topic and target audience. Visit their [website](#) for dates, locations, and contact information.

MELANOMA

- [Melanoma Mortality Linked to Education Level](#) (1/17/12, MedPage Today) The overall death rate from melanoma has been declining among whites in recent years, but only among the most highly educated sector of the population, researchers found. Between the two periods from 1993 to 1997 and 2003 to 2007, melanoma mortality decreased by 8% for men and by 9% for women ages 25 to 64 ($P < 0.001$ for both), according to Vilma E. Cokkinides, PhD, of the American Cancer Society in Atlanta, and colleagues.

At the same time, however, among those with less than a high school education, there was a nonsignificant increase in mortality for both men and women, the investigators reported online in [Archives of Dermatology](#). Disparities in mortality rates according to educational achievement have been observed for other cancers, such as lung, breast, and colon cancer, but whether that held true for melanoma had not previously been examined.

NUTRITION

- **New Guidelines: Eat Right and Stay Active to Help Lower Cancer Risk** (1/11/12, cancer.org) Take care of your heart and help lower your cancer risk by eating smarter and being more active. The American Cancer Society has updated its [guidelines for nutrition and physical activity](#) to help you reduce your risk of cancer. And a recent study published in *Cancer Epidemiology, Biomarkers & Prevention* found that nonsmokers whose lifestyles were most consistent with Society guidelines had a significantly lower risk of dying from cancer, cardiovascular disease, or all causes combined.

These Guidelines, published approximately every 5 years, focus on recommendations for individual choices regarding diet and physical activity patterns, but those choices occur within a community context that either facilitates or creates barriers to healthy behaviors. Therefore, this committee presents recommendations for community action to accompany the 4 recommendations for individual choices to reduce cancer risk. Read the complete article in the January/February issue of the journal CA: A Cancer Journal for Clinicians, [“American Cancer Society guidelines on nutrition and physical activity for cancer prevention”](#)

OBESITY

- [Obesity Rates Stall, But No Decline](#) (1/17/12, New York Times) After two decades of steady increases, obesity rates in adults and children in the United States have remained largely unchanged during the past 12 years, a finding that suggests national efforts at promoting healthful eating and exercise are having little effect on the overweight. Over all, 35.7 percent of the adult population and 16.9 percent of children qualify as obese, according to data gathered by the federal Centers for Disease Control and Prevention and [published online Tuesday](#) by The Journal of the American Medical Association. While it is good news that the ranks of the obese in America are not growing, the data also point to the intractable nature of weight gain and signal that the country will be dealing with the health consequences of obesity for years to come.

PATIENT RECORDS

- [Project Puts Records in the Patients' Hands](#) (1/9/12, New York Times) In an old “Seinfeld” episode, Elaine goes to see a dermatologist about a rash, and is left sitting on the table in the exam room, alone with her medical chart. She opens the folder and almost immediately makes a sour face. “ ‘Difficult?’ ” she says, reading aloud. Let’s face it: We’ve all tried to imagine what the doctor’s been scribbling during our visits, what is to be found in that intimate record of frailties and [phobias](#) that we never see, even though it is all about us.Patients have a legal right to their records, though access can prove difficult. What would happen if patients were encouraged not just to see their medical records but to take them home, study them and really own them?

A research collaboration called OpenNotes has set out to answer this question, publishing the first results of a [study on physician and patient attitudes toward shared medical records](#) last month in Annals of Internal Medicine. For patients, at least, this seems to be an idea whose time has come.

- [Ky. Regional Extension Center Reaches First Milestone for Transition to Electronic Health Records](#) (1/17/12)—The Kentucky Regional Extension Center (KY-REC) has reached its initial program goal of helping more than 1,000 health care providers throughout the state transition to electronic health records (EHRs). Established in 2010, the KY-REC based at the University of Kentucky, was formed as part of a national movement to assist health care providers in the implementation of EHR systems. In October 2011, the KY-REC reached a milestone of enrolling more than 1,000 primary care providers in the program.

PROSTATE CANCER

- [Washington University researchers find that mass prostate cancer screenings don't reduce death](#) There's new evidence that annual prostate cancer screening does not reduce deaths from the disease, even among men in their 50s and 60s and those with underlying health conditions, according to new research led by Washington University School of Medicine in St. Louis. A longer follow-up of more than 76,000 men in a major U.S. study shows that six years of aggressive, annual screening for prostate cancer led to more diagnoses of tumors but not to fewer deaths from the disease. The updated results of the Prostate, Lung, Cancer, Colorectal and Ovarian (PLCO) Cancer Screening Trial will be published online Jan. 6 in the Journal of the National Cancer Institute.

SURVIVORSHIP

- [Friend for Life Cancer Support Network](#) is a non-profit support network of cancer survivors who serve the emotional and psychological needs of persons recently diagnosed with cancer, and their loved ones. FFL matches persons recently diagnosed with any form of cancer as closely as possible with a trained volunteer who has encountered the same type of cancer and similar course of treatment. Wherever possible, they also match for age and gender.

Friend for Life's next volunteer training will be Saturday, March 3, 2012 from 9:00am until 5:00pm at Baptist Hospital East, Administrative Building, 2nd Floor, VTC room, 4007 Kresge Way, Louisville, KY. The training is free, and Breakfast and lunch will be provided. Registration is required. Visit <http://www.facebook.com/events/297742476944531/> for information, or call: 502-893-0643 or 866-374-3634.

- **Workshops Help Survivors Cope After Cancer Treatment** (1/3/12, cancer.org) A series of free workshops from CancerCare offers survivors and their loved ones practical information to help them cope with the concerns that can arise after treatment ends. The workshops are open to the public and are free, but you must register in advance. To register, and for more information, visit cancercare.org/connect or call 1-800-813-4673.

The workshops are a collaboration of CancerCare, the American Cancer Society, the National Cancer Institute: Office of Cancer Survivorship and Office of Communications and Education, **LIVESTRONG**, Intercultural Cancer Council, Living Beyond Breast Cancer and National Coalition for Cancer Survivorship.

TOBACCO CESSATION

- [Nicotine replacement therapies may not be effective in helping people quit smoking:](#) Nicotine replacement therapies (NRT) designed to help people stop smoking, specifically nicotine patches and nicotine gum, do not appear to be effective in helping smokers quit long-

term, even when combined with smoking cessation counseling, according to a new study by researchers at Harvard School of Public Health and the University of Massachusetts Boston... The results showed that, for each time period, almost one-third of recent quitters reported to have relapsed. The researchers found no difference in relapse rate among those who used NRT for more than six weeks, with or without professional counseling. No difference in quitting success with use of NRT was found for either heavy or light smokers.

RESOURCES

- **National Cancer Institute's Cancer Fact Sheets -- Recent Revisions/Updates:**
 - [Obesity and Cancer Risk](#) (updated 1/3/12)
 - [Colorectal Cancer Screening](#) (updated 12/30/11)
 - [Head and Neck Cancers](#) (updated 12/29/11)
 - [Human Papillomavirus \(HPV\) Vaccines](#) (updated 12/29/11)
- **CDC Web Badges available for download, including colon and cervical cancer screening**
You can copy and paste the code to embed these buttons and badges in your Web site, social network profile, or blog:
 - [Preventing Infections in Cancer Patients](#)
 - [Colorectal Cancer Screening](#)
 - [Mammograms and Pap Tests](#)
- **Cancer Awareness News Articles for your Use.** CDC.gov feature articles are written by subject matter experts and health communicators, then edited to emphasize strong call-to-action messages and friendly, meaningful visuals. While most features are topic- or event-driven, some capture the full scope of CDC's work on cross-cutting topics such as staying healthy and safe over the holidays, and sending kids back to school. Utilize this month's feature article on [cervical cancer](#).
- **Interactive Health Tutorials.** MedlinePlus presents [interactive health tutorials](#) from the Patient Education Institute. Learn about the symptoms, diagnosis and treatment for a variety of cancers. Also learn about surgeries, prevention and wellness. Each tutorial includes animated graphics, audio and easy-to-read language.
- **[AHRQ Campaign Encourages Hispanics to Work with Their Doctors to Make the Best Treatment Decisions](#)** (11/1/11, AHRQ.gov) The U.S. Department of Health and Human Services' (HHS) Agency for Healthcare Research and Quality (AHRQ) is partnering with Hispanic-serving organizations to promote the Agency's Spanish-language resources and to encourage consumers to become more active partners in their health care. AHRQ's easy-to-read resources help consumers understand the benefits and risks of treatment options and encourage shared decisionmaking between patients and their health care teams.