

Dear Kentucky Cancer Consortium Partners-

Below is the **January 25, 2012** issue of "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, 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 25, 2012

Access to Care

- [Community health centers struggle to meet demand from poor and uninsured patients](#)(1/22/12, Louisville Courier-Journal) Running out of insulin to control his diabetes, Linn Paulley tried to make a doctor's appointment at Family Health Centers-Portland, a low-cost clinic serving the poor and uninsured in western Louisville. But there were so many uninsured patients like him that he said he had to wait three months to get in — and in the meantime went about eight weeks without insulin, had to go to the emergency room twice and landed in the hospital overnight when his blood sugar spiked out of control.....As the nation's economic slump continues, growing numbers of uninsured patients are straining community health facilities such as the Family Health Centers and Park DuValle Community Health Center, which between them operate 10 clinics in Louisville and one in Taylorsville. Officials of both organizations said visits by such patients rose 20 percent from 2007 to 2010 and now constitute more than half of their patient base. Experts say what's happening in Louisville reflects a national trend. A survey by the National Association of Community Health Centers found that visits by the uninsured grew 21 percent between June 2008 and June 2009, while total visits rose 14 percent. According to the U.S. Census Bureau, an average of 15.8 percent of Americans lacked health insurance from 2008-2010, including 663,000 in Kentucky — 15.5 percent of its population — and 813,000 in Indiana, or 12.8 percent of Hoosiers. Those numbers are expected to start dropping under health care changes in 2014, but experts say things may get worse before they get better.

Advocacy

- **American Cancer Society's Lobby Day** is February 9th from 8am - 1pm at the Capitol in Frankfort. Reserve your place by contacting Eric Evans at Eric.Evans@CANCER.org or [502-560-6031](tel:502-560-6031). ACS will offer training on their legislative priorities to equip attendees in taking with their legislators. 2012 priorities include Smoke-free Kentucky, Colon Cancer Screening funding, and expanding the Kentucky Women's Screening Program.
- **Colon Cancer Day at the Capitol:** Thursday, March 1, 2012, 1-3 pm, Frankfort Kentucky. The [Colon Cancer Prevention Project](#) is coordinating volunteers and advocates from across

the state to rally and educate Kentucky's leaders regarding HB 55, a bill that appropriates \$8 million over the next two years for the Kentucky Colon Cancer Screening Program. Wear blue and bring family and friends! To register, call Andrea Shepherd, [\(502\) 290-0288](tel:502-290-0288).

Breast Cancer

- [Breast Cancer Before 50 Linked to More Distress](#) (1/20/12, HealthDay News) Younger women with breast cancer may experience a decrease in their health-related quality of life because of increased mental distress, weight gain and other factors, a new study finds. Decreased physical activity, infertility and early-onset menopause were among the other problems these women faced, according to the report published Jan. 20 in the *Journal of the National Cancer Institute*. The investigators also found that younger breast cancer patients were more depressed than women of the same age without cancer in the general population, or breast cancer patients older than 50. Even though exercise rates among younger patients generally increased after treatment, weight gain and physical inactivity were common among these women, the study authors pointed out in a university news release. The findings suggest that personalized treatment is particularly important for younger women with breast cancer, the researchers said.

Cervical Cancer

- **Cervical Cancer Awareness Twitter Chat January 30th:** Join CDC Director Dr. Thomas R. Frieden and Dr. Marcus Plescia, Director of CDC's Division of Cancer Prevention and Control, for a Twitter chat about cervical cancer on Monday, January 30 at 2:00 pm Eastern time at [@DrFriedenCDC](https://twitter.com/DrFriedenCDC). The hashtag is #CDCchat.

Colon Cancer

- [More Evidence for Oxaliplatin as Colon Cancer Chemotherapy](#) (1/20/12, HealthDay news) Adding oxaliplatin to a standard chemotherapy regimen boosts survival rates for patients with advanced colon cancer, according to a new study that bolsters previous research on the drug by looking at a broader group of patients. "Physicians and patients should be reassured from our findings that oxaliplatin is associated with marginally but consistently superior survival for patients diagnosed before age 75 years in community settings," the study authors said in a news release. In past studies, oxaliplatin, as an adjuvant to the established treatment of 5-fluorouracil (5-FU), improved survival by up to 23 percent. But the new study looked at a different group of colon cancer patients, who were older, sicker, more racially diverse and had never participated in a controlled clinical study. The study, led by Dr. Hanna Sanoff, an assistant professor of medicine, hematology and oncology at the University of Virginia School of Medicine, appears in the Jan. 20 issue of the *Journal of the National Cancer Institute*.

Hospice

- [Grief Could Join List of Disorders](#) (1/24/12, NY Times) In a bitter skirmish over the definition of depression, a new report contends that a proposed change to the diagnosis would characterize grieving as a disorder and greatly increase the number of people treated for it. The criteria for depression are being reviewed by the American Psychiatric

Association, which is finishing work on the fifth edition of its Diagnostic and Statistical Manual of Mental Disorders, or D.S.M., the first since 1994. The manual is the standard reference for the field, shaping treatment and insurance decisions, and its revisions will affect the lives of millions of people for years to come.

The new report, by psychiatric researchers from Columbia and New York Universities, argues that the current definition of depression — which excludes bereavement, the usual grieving after the loss of a loved one — is far more accurate. If the “bereavement exclusion” is eliminated, they say, “there is the potential for considerable false-positive diagnosis and unnecessary treatment of grief-stricken persons.” Drugs for depression can have side effects, including low sex drive and sleeping problems. But experts who support the new definition say sometimes grieving people need help. “Depression can and does occur in the wake of bereavement, it can be severe and debilitating, and calling it by any other name is doing a disservice to people who may require more careful attention,” said Dr. Sidney Zisook, a psychiatrist at the University of California, San Diego.

- [Why Doctors Can't Predict How Long a Patient Will Live](#) (1/19/12, NY Times) Given the growing use of age-based treatment and preventive care guidelines, the doctors assumed there would be plenty of data to help decide whether, for example, an 80-year-old patient might live long enough to benefit from a colonoscopy, a cancer screening procedure that can have its own set of complications. But they found little. Prognosis was rarely, if ever, alluded to in the most popular medical textbooks and on clinical Web sites used by practicing physicians. Even the widely used medical database PubMed, maintained by the National Library of Medicine, had no specific indexing category for prognosis, making finding any published study on the subject like searching for a book in a library before the Dewey Decimal System. While the researchers were finally able to single out 16 indexes that hold promise in helping doctors predict how long a patient might live, there was "insufficient evidence at this time" to recommend any of them for widespread clinical use...

Prostate

- [Drug Seen to Curtail Cancer Left in Prostate](#) (1/23/12, NY Times) Fewer than 10 percent of the 100,000 men each year who get a diagnosis of early-stage prostate cancer and have the option of leaving the cancer in place while watching it actually do so. The rest want to just get rid of it, with surgery or radiation. But those treatments can have serious side effects like impotence and incontinence. Now a new study suggests there may be a way to slow or stop the cancer's progress in those who choose not to be treated immediately. The study, published on Monday in *The Lancet*, involved a drug, dutasteride, that is marketed to shrink prostates when they enlarge as men grow older. In the new study, led by Dr. Neil E. Fleshner of the University of Toronto, men with early-stage prostate cancer were randomly assigned to take dutasteride or a placebo while being monitored for progression of the disease, but not treated, an approach known as active surveillance. Three years later, the cancer had progressed in 54 men in the dutasteride group, or 38 percent, and in 70 men in the placebo group, or 48 percent.
- Dynamic Contrast Imaging In Urology

Screening Guidelines

- [Cancer Screening in the United States, 2012](#) (1/19/12, CA: A Cancer Journal for Physicians) In this yearly report, the American Cancer Society provides a summary of their current cancer screening guidelines, a summary of guidance to the public related to early detection tests that are increasingly used by the public but not yet recommended due to the lack of consensus on their value for cancer screening, and the most recent data on adult cancer screening rates and trends.

Skin Cancer

- [Video consults with dermatologists aid treatment](#) (1/18/12, Reuters Health) After a live video consult with a dermatologist, almost every patient who'd previously been checked out by a primary care doctor had a change in their diagnosis or in their treatment, in a new study from California. The findings are further evidence, experts said, that video conferencing with a far-away skin doctor might help people who live in remote areas where specialists are hard to come by -- or even those who have a dermatologist nearby, but have to wait a long time for an appointment. Researchers found that the video consult led to a change in diagnosis from the referring primary care doctor's decision in 70 percent of cases. Those changes included a diagnosis of psoriasis or eczema when primary care doctors had originally suspected a skin infection, or a change in the determination of whether or not lesions were considered cancerous. In total, there was a change in how a patient's condition was managed after almost 98 percent of video consults, the researchers reported in the *Archives of Dermatology* this week.
- [Tanning Salon Tax No Deterrent](#) (1/20/12, Healthfinder.gov) A 10 percent federal tax, imposed on tanning salons in 2010 as part of the U.S. Affordable Care Act, does not seem to deter those who like the bronzed look all year long, a new study finds. This is true, the researchers discovered, even though tanning salon customers typically pay the tax themselves, rather than the salon owners absorbing the extra fee. Researchers surveyed 308 Illinois tanning salons to assess the effect of the new tax. "The surprise is that almost none did this [absorb the cost]," she said. Instead, the salons are passing the tax on to customers. What's more, they found the customers don't seem to mind. The study is published in the January issue of the *Archives of Dermatology*.

Survivorship

- [Surveillance of Demographic Characteristics and Health Behaviors Among Adult Cancer Survivors](#) (January 20, 2012 / MMWR Surveillance Summary Vol. 61 / No. SS-1) The *Morbidity and Mortality Weekly Report (MMWR)* series is prepared by the Centers for Disease Control and Prevention (CDC). Often called "the voice of CDC," the *MMWR* series is the agency's primary vehicle for scientific publication of timely, reliable, authoritative, accurate, objective, and useful public health information and recommendations. This MMWR Surveillance Summary examines demographics, health behaviors and preventive health care

practices among cancer survivors in the U.S. "Approximately 12 million people are living with cancer in the United States. Using data from the Behavioral Risk Factor Surveillance System, this report presents the first population-based survey with state-level assessment of health behaviors and demographic characteristics among cancer survivors aged >18 years. Health-care providers and patients should be aware of the importance of preventive care, smoking cessation, regular physical activity, and maintaining a healthy weight for cancer survivors."

Tobacco

- [Lung Association Slams States' Anti-Smoking Efforts](#). (1/19/12, healthfinder.gov) U.S. states' anti-tobacco efforts in 2011 were "abysmal," according to the American Lung Association. It said states' collective spending on anti-smoking programs fell 11 percent to \$477 million last year from \$534 million in 2010, and only two states raised cigarette taxes, *Bloomberg News* reported. The lung group gave grades of "F" to 43 states (including Kentucky) and the District of Columbia for funding smoking prevention programs at less than half the levels recommended in 2007 by the Centers for Disease Control and Prevention. While more than half of states have bans on smoking in restaurants, bars and workplaces, no additional states passed comprehensive anti-smoking laws last year, the lung association said, *Bloomberg* reported. Smoking is the leading cause of preventable death in the United States and kills about 443,000 people a year.
- [Hospitals can be a smoking-cessation link](#) (1/16/12, Los Angeles Times) When smokers are in the hospital, they typically have to give up cigarettes for as long as they're there. Starting this month, hospitals can choose to adopt tobacco-cessation measures as part of their performance criteria to meet certification requirements by the Joint Commission, a nonprofit that accredits healthcare organizations. The stop-smoking measures aren't required but are one of several activities that hospitals can use to become certified. Hospitals that choose to go this route will be required to screen all inpatients who are 18 or older, provide cessation treatment for smokers while they're hospitalized and follow up with them within 30 days of discharge.
- [Bill to ban smoking statewide introduced](#) (1/20/12, Louisville Courier-Journal) A bill introduced in the Kentucky House this week would ban smoking in public places and places of employment across the state. House Bill 289 was co-sponsored by Reps. Susan Westrom, D-Lexington, and Julie Raque Adams, R-Louisville. Among other things, the bill says people can't smoke in enclosed public places or enclosed places of employment, or within 15 feet of entrances, exits, operable windows or ventilation intakes that serve enclosed areas where smoking is prohibited.
- [Study finds many people continue to smoke after being diagnosed with cancer](#) (1/24/12, NCI) A new analysis has found that a substantial number of lung and colorectal cancer patients continue to smoke after being diagnosed. Published early online in *CANCER*, a peer-reviewed journal of the American Cancer Society, the study provides valuable information on which cancer patients might need help to quit smoking... Stopping smoking after a cancer diagnosis is also important because continuing to smoke can negatively affect

patients' responses to treatments, their subsequent cancer risk, and, potentially, their survival, reported a research team from the Massachusetts General Hospital/Harvard Medical School in Boston.

EVENT REMINDERS from previous Wednesday's Words:

[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](tel:502-893-0643) or [866-374-3634](tel:866-374-3634).