

Dear Kentucky Cancer Consortium Partners:

Below is the **February 29, 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 may 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](mailto:kbathje@kycancerc.org).

Sincerely,  
Kentucky Cancer Consortium Staff

**February 29, 2012**

### Advocacy

- *(reminder)* **TOMORROW! Colon Cancer Day at the Capitol:** Thursday, March 1, 2012, 1-3 pm, Frankfort Kentucky. The [Colon Cancer Prevention Project](#) and [American Cancer Society](#) are 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. Governor Beshear is expected to be in attendance. Wear blue and bring family and friends! To register, call Andrea Shepherd, [\(502\) 290-0288](tel:502-290-0288) or James Sharp at (859) 229-8880. See attached flyer.

### Cervical Cancer

- *(reminder)* [Cervical Cancer-Free Kentucky](#) (CCFKY) is hosting their Annual Statewide Conference on May 15, 2012, at the Sloan Convention Center in Bowling Green, KY. Sessions will include: Updates on cervical cancer prevention, speakers from CCFKY Mini-Award recipients, and a report on their Cause the Movement personalized cervical cancer awareness campaign. Registration is free, and lunch will be provided. To aid in their planning, please email your ability to attend with your contact information to [pkeyes@uky.edu](mailto:pkeyes@uky.edu).

### Colon Cancer

- [In Tougher Economy, Fewer Americans Get Colonoscopy](#) (2/24/12, HealthDay News) Fewer people opted for potentially lifesaving colonoscopies to screen for colon cancer during the recent economic recession, largely because they couldn't afford to pay high out-of-pocket costs often associated with this test, new research finds. During the recession of December 2007 to June 2009, about 500,000 fewer Americans who had health insurance underwent a screening colonoscopy, compared to the two years before the recession began. The study findings appear in the March issue of *Clinical Gastroenterology and Hepatology*. The new study included data from 106 U.S. health plans on colonoscopy rates before and during the recession among people aged 50 to 64. Those people with out-of-pocket costs of at least \$300 were less likely to have a

colonoscopy during the recession compared to those with lower out-of-pocket costs, the study showed. Out-of-pocket costs in the study referred to co-insurance payments.

- [Report Affirms Lifesaving Role of Colonoscopy](#) (2/22/12, New York Times) A new study provides what independent researchers call the best evidence yet that colonoscopy — perhaps the most unloved cancer screening test — prevents deaths. Although many people have assumed that colonoscopy must save lives because it is so often recommended, strong evidence has been lacking until now. In patients tracked for as long as 20 years, the death rate from colorectal cancer was cut by 53 percent in those who had the test and whose doctors removed precancerous growths, known as adenomatous polyps, researchers reported on Wednesday in *The New England Journal of Medicine*. The test examines the inside of the intestine with a camera-tipped tube. Colorectal tumors are a major cause of cancer death in the United States and one of the few cancers that can be prevented with screening. This year, more than 143,000 new cases and 51,000 deaths are expected. Incidence and death rates have been declining for about 20 years, probably because of increased use of screening tests and better treatments. But only about 6 in 10 adults are up to date on getting screened for colorectal cancer, according to federal estimates.
- To kick off National Colorectal Cancer Awareness Month, the Prevent Cancer Foundation is excited to announce the [2012 National Challenge](#) for colorectal cancer screening projects beginning March 1, 2012. The theme of the 2012 Challenge is families. The purpose of the National Challenge is to champion “grass-roots” community projects in colorectal cancer screening and awareness and engage participating organizations in an online community supportive of colorectal cancer screening efforts across the country. Projects may range from public awareness and education to screening and patient navigation with a focus on families. Organizations should tailor their projects to serve the needs of their communities. Apply for the Challenge starting March 1. For more information on project requirements, including eligibility and selection, view the [application guidelines](#). FIRST Prize is a \$5,000 grant to support the winner’s community screening project, a [Prevent Cancer Super Colon](#) exhibit stop in the winner’s community (\$10,000 value) and promotion of the winning project through Prevent Cancer Foundation print and digital outlets. To read about second and third place prizes click [here](#).
- *(reminder)* The [Kentucky Cancer Program](#) is working with District Cancer Councils to raise awareness about the importance of screening. “Colon cancer is the second leading cause of cancer death in Kentucky, despite the fact that it can be successfully treated when detected early,” said Madeline Abramson, honorary chair of the Dress in Blue Day campaign. Link to Ms. Abramson’s [PSA here](#), and see the attached flyer. Also attached is a flyer listing tour dates of the large inflatable “Incredible Colon”, a walk-thru size colon used for education and awareness. Additional CRC awareness materials and resources for the Dress In Blue campaign are available at: <http://www.kycancerprogram.org/special-events/new-programs.html/targeted-colon-cancer-outreach-program-materials.html>
- *(reminder)* **The Colon Cancer Prevention Project is hosting a “Bottom's Up Bash”** on Friday, March 16th from 7-11pm at the Louisville Glassworks, 815 W. Market Street in Louisville. [Find out more!](#)

## Data

- Each year, the [Kentucky Cancer Program](#) partners with the [Kentucky Cancer Registry](#) to present the latest cancer data to regional District Cancer Councils, to aid in strategic planning and implementation efforts on the local level. The following excerpt is from an article in the Bowling Green Daily News, highlighting one of the many data presentations held at DCCs across the state.
  - [Progress, challenges seen in cancer fight](#) (2/23/12, Bowling Green Daily News)  
Kentucky has made dramatic progress in fighting cancer, but there is still a long way to go, Dr. Thomas Tucker said Wednesday at a Barren River District Cancer Council meeting. “There are still challenges in cancer control,” said Tucker, associate director for cancer prevention and control at the Markey Cancer Center, an associate professor in the College of Public Health at the University of Kentucky and director of the Kentucky Cancer Registry. Strides have been made in making people more aware of screenings, particularly in colon cancer. There is a 16 percent drop in the mortality rate of colon cancer since 2001, Tucker said. People ages 50 and up should have colonoscopies, he said. “That’s 200 people who would’ve gotten the disease if the rates hadn’t changed since 2001,” he said. “There is a cost savings. This is an economic savings in money, lives and suffering.” Education and economics affect the number of people who get screenings, Tucker said. People who don’t have a job or insurance have a more difficult time paying for them, Tucker said. “More than 800 in Kentucky will die of colon cancer this year,” she said. “It’s preventable.”

## General

- **FEDERAL BUDGET PROPOSAL:** This month, the Obama Administration released the President’s Budget, which outlines the President’s funding proposal for Fiscal Year 2013.
  - According to *Congressional Quarterly*, “Proposed discretionary health spending for 2012 was increased for the National Institutes of Health but decreases were sought for programs within the Centers for Disease Control and Prevention, although a transfer of some dedicated preventive care funding plugged some gaps in CDC spending levels.”
  - Obama’s proposal would cut the deficit to \$901 billion by the end of fiscal 2013, a higher deficit this year than in 2011, up from \$1.3 trillion to \$1.33 trillion.
  - The President’s Budget is the beginning of a long budget process, which lays out the President’s priorities and goals, but is by no means a final document.
  - Between now and when FY 2013 begins in October, proposals from the House and Senate will emerge, and debate and political wrangling will determine what the final budget is.
- *(reminder)* [Health Care Excel of Kentucky](#) is holding a Learning and Action Network (LAN) meeting on **Tuesday, March 20, 2012, from 9am to 6pm at the Hyatt Regency in Lexington.** Learning and Action Networks are structures by which large-scale improvement around specific health initiatives are fostered, studied, adapted, and rapidly spread. Health care partners and stakeholders are invited to the process of making change and attaining the goals of better health care; working toward better health for people and communities; and achieving affordable care through lowering cost. If you have questions, contact Scott Gibson at [sgibson@kyqio.sdps.org](mailto:sgibson@kyqio.sdps.org).

- (reminder) The [2012 CDC National Cancer Conference](#) will be held August 21-23 in Washington, DC at the Omni Shoreham Hotel. The theme of the 2012 CDC National Cancer Conference is: "Uniting Systems, Policy & Practice in Cancer Prevention and Control." This theme was chosen to reinforce and reflect the need to explore the implications of a changing health system on cancer prevention and control and discuss how to prepare and maximize opportunities. Registration is \$375.

## Grants

- **Roadmaps to Health Community Grants** The 2012 *Roadmaps to Health* Community Grants call for proposals is now available. The grants, which will support two-year state and local efforts among policymakers, business, education, health care, public health and community organizations, will be managed by Community Catalyst and are part of the *County Health Rankings & Roadmaps* program, a collaboration of the Robert Wood Johnson Foundation (RWJF) and the University of Wisconsin Population Health Institute (UWPHI). Up to 20 coalitions will be awarded grants to create policy or system change to address the social and economic factors that impact the health of people in their community. The grantees will build on the RWJF/UWPHI *County Health Rankings* model, which highlights the critical role that factors such as education, jobs, income, community safety and having positive family and community networks in influencing how healthy people are and how long they live. The *Roadmaps to Health* grantees will focus on addressing those factors to create healthier places to live, learn, work and play. See the [Call for Proposals](#).

## Health Equity

- (reminder) [Health Equity Summit II “Setting a Vision for Tangible Change: Moving from Awareness to Action”](#) is scheduled for Monday, April 16, 2012 • 7:30 a.m. to 3 p.m. at the Muhammad Ali Center, Louisville, Ky. The Summit is hosted by Norton Healthcare and the Center for Health Equity, Louisville Metro Department of Public Health and Wellness. Space is limited • Call [\(502\) 629-1234](tel:5026291234) to reserve your seat.

## Health Literacy

- (reminder) **The 3rd Annual Kentucky Health Literacy Summit**, entitled “Building Your Health Literacy Toolkit” will be held on March 22-23, 2012, at the Marriott Griffin Gate Hotel in Lexington. This conference is open to all those interested in improving their health literacy and patient communications skills. For more information or to register, visit <http://www.cecentral.com/live/3748> Questions? Contact Jane Bryant at (859) 323 - 5715 or [jbryant@uky.edu](mailto:jbryant@uky.edu)

## Prevention/Genetics/Causes

- [Endometriosis Could Raise Risk of 3 Ovarian Cancers](#) (2/22/12, HealthDay News)  
Women with a history of endometriosis have a significantly increased risk of developing three types of ovarian cancer, according to a new study. Endometriosis is a disorder in which cells from the lining of the uterus grow in other areas of the body. It affects about 10 percent of women of reproductive age. Researchers analyzed data from more than 23,000 women in 13

studies and found that those with a history of endometriosis had a more than threefold increased risk of clear-cell ovarian cancers, a more than two-fold increased risk of endometrioid tumors, and a twofold increased risk of low-grade serous ovarian cancers. The study is published online Feb. 22 in *The Lancet Oncology*. Despite the seeming association, the risk of a woman with endometriosis developing ovarian cancer is small, and the study did not show a cause-and-effect relationship.

- [Pediatricians Renew Call for HPV Vaccine for Boys](#) (2/27/12, HealthDay News) The American Academy of Pediatrics on Monday renewed its call that all boys ages 11 and 12 receive the three-dose vaccine for the human papillomavirus (HPV). The HPV vaccine has been available and recommended for girls and young women since 2006, because it's highly effective at preventing cervical cancer. Since then, other cancers thought to be caused by HPV have increased, including anal cancer and some head and neck cancers. The new guidelines, published online Feb. 27 in the journal *Pediatrics*, mirror a recommendation released last October by the U.S. Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices.
- The **American Cancer Society's Epidemiology Research Program** is inviting men and women between the ages of 30 and 65 years who have no personal history of cancer to join a historic research study, [Cancer Prevention Study-3](#) (CPS-3). Participation is easy and enrollment is being brought to Lexington with the Society's host, Central Baptist Hospital. Enrollment will take place **April 14, 2012 from 9 a.m. to 1:30 p.m.** at the hospital's HealthWoRx facility in Lexington Green Mall, 161 Lexington Green Circle, Ste. B2. The ultimate goal is to enroll at least 300,000 adults from various racial/ethnic backgrounds from across the U.S. The purpose of CPS-3 is to better understand the lifestyle, behavioral, environmental and genetic factors that cause or prevent cancer and to ultimately eliminate cancer as a major health problem for this and future generations. To schedule your enrollment, visit [cps3lex.org](http://cps3lex.org).
  - Whether or not you are able to enroll, please forward this information to friends, coworkers and family members in the Lexington area and encourage them to help advance cancer research by enrolling in CPS-3.
- **Why do some diseases affect women more than men?** Why do women respond to some drugs and treatment therapies differently than men? What environmental factors and behaviors most influence women's health? We don't know. But we want to find out. To help women and medical professionals of Kentucky find out why diseases affect women differently than men, the Center for the Advancement of Women's Health has created the [Kentucky Women's Health Registry](#). The Registry's goal is for all Kentucky women to fill out the survey, and consider volunteering for medical studies that will help us advance medical knowledge about women's health. Data from the Registry is being used to create a new statewide summary that can be utilized by researchers, lawmakers, educators and others to see how women in different parts of the state differ from each other. Among the important questions are whether preventative services are used and what sorts of services are needed or are not needed. For the data to be strong, there must be 100 women in each county. The Kentucky Women's Health Registry is hoping their partners will "spread the word" about the registry in an attempt to enroll new women from less populated counties across the state. Consider copying/pasting this excerpt into an e-mail to staff, colleagues, and organizational partners.

- The **National Cancer Institute** recently updated their fact sheet entitled “[Flouridated Water](#)”, which reviews research about the possibility of a connection between fluoridated water and cancer.
- *(reminder)* “**Step Up to the Plate: Food and Nutrition Conference and Exhibition 2012**” with a special pre-conference opportunity: 2012 Breastfeeding Summit. March 29 & 30 at the Clarion Hotel in Lexington. Sponsored by the Kentucky Dietetic Association. For registration rates and program agenda, read the [Conference brochure](#).

## Prostate Cancer

- [Long-Term Trial Results Show No Mortality Benefit from Annual Prostate Cancer Screening](#) (2/17/12, NCI Cancer Bulletin) New data from the [Prostate, Lung, Colorectal and Ovarian \(PLCO\) randomized](#) screening trial show that, after 13 years of follow up, men who underwent annual prostate cancer screening with prostate-specific antigen (PSA) testing and digital rectal examination (DRE) had a 12 percent higher incidence of prostate cancer than men in the control group but the same rate of death from the disease. No evidence of a mortality benefit was seen in subgroups defined by age, the presence of other illnesses, or pre-trial PSA testing. The results were published January 18, 2012, in the *Journal of the National Cancer Institute*. Men and their health providers agree that a more definitive answer is needed as doctors and policy makers seek to understand which, if any, men may benefit from routine prostate cancer screening. In October 2011, the United States Preventive Services Task Force [released new draft guidelines](#) for prostate cancer screening for public comment. The new draft guidelines, which are based in part on PLCO findings, recommend against routine PSA testing in men who do not have prostate cancer symptoms.

## Resources

- [Public-private partnership to battle cancer in Kentucky](#) (2/28/12, Louisville Courier Journal) A new foundation will help fund parts of Kentucky’s action plan against cancer, which kills residents at the nation’s highest rate. On Tuesday, Gov. Steve Beshear, who survived prostate cancer in 1994, announced the first public-private partnership with the Kentucky Cancer Foundation — an effort to invest in colon cancer screenings for 4,000 uninsured Kentuckians. Beshear’s proposed budget includes \$1 million for the screenings, and the foundation pledges to match that funding, for a total of \$2 million over the biennium for the Kentucky Colon Cancer Screening Program — a program the legislature created in 2008 but never funded. New funds would be administered by the state Department for Public Health and would pay for colonoscopies, administration, education and outreach. Beshear said such partnerships can reduce the toll cancer takes in Kentucky. The Kentucky Cancer Foundation plans to raise private funds and pursue grants to pay for prevention and early detection for Kentuckians unable to afford services such as colon cancer screenings, mammograms, Pap smears and smoking cessation programs. The foundation’s goal is to help fund portions of the [Kentucky Cancer Action Plan](#), which outlines strategies for cancer prevention, early detection

and treatment and is the responsibility of the [Kentucky Cancer Consortium](#), a statewide coalition of 44 organizations fighting cancer.

### Smoke-free

- [More troops on smokeless tobacco after deployment](#) (2/22/12, Reuters Health) U.S. troops sent to Iraq or Afghanistan are more likely to start a smokeless tobacco habit than their comrades who stay home -- especially if they see combat, a new study finds. The findings, reported in the journal *Addiction*, follow other studies that have tied deployment and combat to health risks, including higher rates of smoking and drinking. The findings come from the Millennium Cohort Study, an ongoing government project looking at the health effects of military service. Of more than 45,000 personnel followed from 2001 to 2006, 2 percent started using smokeless tobacco during that time. Another 9 percent had already developed the habit, and kept it up. Overall, troops who were deployed but did not see combat were almost one-third more likely to take up a smokeless tobacco habit than their non-deployed counterparts. Those odds were two-thirds to three-quarters higher for troops who were in combat or who deployed multiple times.
  - Past studies have found that while tobacco use in the military is declining, it's still higher when compared to the U.S. public as a whole. In 2005, almost 15 percent of military personnel said they'd used smokeless tobacco in the past year -- versus just three percent of Americans overall.
  - Tobacco products are widely available at U.S. military bases. A 2009 study commissioned by the Pentagon and the Department of Veterans Affairs recommended a phased-in ban on tobacco on military property. But whether that will ever happen remains up in the air.
- *(reminder)* The Kentucky Center for Smoke-free Policy is hosting **their Spring 2012 Smoke-free Conference** on April 11, 2012 at the Doubletree Suites in Lexington. Save the date!

### Survivorship

- [Case Study: When You Care for Someone with Cancer](#) (2/27/12, cancer.org) The physical and emotional toll of caregiving often leads to increased stress and a negative impact on the caregiver's own health. In fact, the level of distress for the caregiver can sometimes be as high as it is for the patient. Caregivers have less time for their own needs, and often spend less time on leisure activities, have less contact with family and friends, don't get as much sleep or exercise, and ignore their own physical health concerns. There may also be a financial impact. Caregivers may work fewer hours, take a leave of absence, or move closer to the patient. Researchers from the National Institutes of Health say health care providers should devote some attention to caregivers, in addition to the patients they're caring for, to help relieve some of this burden. The researchers detailed the case of one caregiver in a recent article published in the *Journal of the American Medical Association*.
- *(reminder)* **The Tenth Annual Cancer Survivorship Series: Living With, Through & Beyond Cancer** *CancerCare*, in collaboration with the National Cancer Institute: Office of Cancer Survivorship and Office of Communications and Education, **LIVESTRONG**, American Cancer Society, Intercultural Cancer Council, Living Beyond Breast Cancer and National Coalition for Cancer Survivorship, is pleased to invite you to participate in a **free, four-part workshop series**. The series will take place on Tuesdays, from 1:30-2:30 pm Eastern Time – April 24, May 15,

June 19 and July 17. You can listen to these workshops on the telephone or via live streaming through the internet. This free offers cancer survivors, their families, friends and health care professionals practical information to help them cope with concerns that arise after treatment ends. Part I, **Using Mind/Body Techniques to Cope with the Stress of Survivorship**, will be presented on April 24th. Pre-registration is required. To register, and for more information, simply go to the CancerCare website, [www.cancercare.org/connect](http://www.cancercare.org/connect).

- *(reminder)* **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. 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).