

Dear Kentucky Cancer Consortium Partners:

Below is the **March 21, 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

**March 21, 2012**

### Advocacy

- **Message from [Smoke-free Kentucky Coalition](#):** *“The House Health and Welfare Committee passed the Smoke-free Kentucky Act with a vote of 10 to 2. This is only the beginning of our efforts for a Smoke-Free Kentucky. Now, it moves on to the full House for consideration. Please take a moment and call your legislator, urging them to support Kentuckians' right to breathe smoke-free air at work and in public places. It's the right thing to do for health and businesses, and it's supported by a majority of Kentucky voters.”*
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- **State's Major Newspapers Support Proposed Colon Cancer Screening Funding** Both the Louisville Courier Journal and the Lexington Herald Leader editorial boards have printed editorials within the last two weeks voicing their support for Governor Beshear's proposed budget appropriation for colon cancer screening services. Both columns recognize the importance the proposal's public-private partnership, where the budget allots \$1 million for CRC screening, with the Kentucky Cancer Foundation matching with \$1 million in privately raised funds. The recently developed Kentucky Cancer Foundation looks to reduce cancer by increasing screening and prevention efforts paid for with a combination of public and private funds, starting with colon cancer. Read each editorial:
  - [War On Cancer](#) (3/3/12, Louisville Courier Journal)
  - [Invest State Funds in Cancer Fight](#) (3/8/12, Lexington Herald Leader)
- [A federal judge declared the FDA's graphic warnings on cigarette labels to be unconstitutional.](#) (2/29/12, New York Times) Last week, a federal judge affirmed a ruling in November that placed an injunction on the FDA's graphic warnings on cigarette packaging. The ruling was based on the logic that the government cannot compel a private company to advocate against itself. Both rulings found that the graphic labels went beyond educating consumers of the health effects of tobacco. Judge Richard J. Leon of the United States District Court in Washington wrote, “The government's interest in advocating a message cannot and does not outweigh plaintiff's First Amendment right to not be the government's messenger. The suit was brought by five tobacco companies. The Justice Department's appeal of the preliminary injunction is scheduled for April in the United States Court of Appeals for the District of Columbia.

## Cervical Cancer

[New Screening Guidelines for Cervical Cancer](#) (3/14/12, American Cancer Society) The American Cancer Society today released new screening recommendations for the prevention and early detection of cervical cancer. ACS regularly reviews the science and updates screening recommendations when new evidence suggests that a change may be needed. The latest recommendations are:

- All women should begin cervical cancer screening at age 21.
- Women between the ages of 21 and 29 should have a Pap test every 3 years. They should not be tested for HPV unless it is needed after an abnormal Pap test result.
- Women between the ages of 30 and 65 should have both a Pap test and an HPV test every 5 years. This is the preferred approach, but it is also OK to have a Pap test alone every 3 years.
- Women over age 65 who have had regular screenings with normal results should not be screened for cervical cancer. Women who have been diagnosed with cervical pre-cancer should continue to be screened.
- Women who have had their uterus and cervix removed in a hysterectomy and have no history of cervical cancer or pre-cancer should not be screened.
- Women who have had the HPV vaccine should still follow the screening recommendations for their age group.
- Women who are at high risk for cervical cancer may need to be screened more often. Women at high risk might include those with HIV infection, organ transplant, or exposure to the drug DES. They should talk with their doctor or nurse.

In short, the American Cancer Society no longer recommends that women get a Pap test every year, because it generally takes much longer than that, 10 to 20 years, for cervical cancer to develop and overly frequent screening could lead to procedures that are not needed.

- *(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).

## Childhood Cancers

## Colon Cancer

- **New Clinician Resource for Stool Blood Testing** [This new 2-page resource](#) is designed to introduce (or reintroduce) clinicians to the value of stool blood testing. It explains stool blood testing in general, makes physicians aware of the differences between a guaiac-FOBT and an FIT, explains why different kinds of FOBTs are superior and outlines some of the elements that need to go into a quality stool blood testing screening program. Many thanks to the [NCCRT](#) (National Colorectal Cancer Roundtable) for developing and sharing this valuable resource.

## Financial

### General

- *(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

### 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 to reserve your seat.

### Health Literacy

### Lung Cancer

### Prevention/Genetics/Causes

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- *(reminder)* **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). 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. Visit [cps3lex.org](http://cps3lex.org) to learn more.

## Smoke-free

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- **Registration is now open!** 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. [Register online!](#) Registration deadline is approaching ---- March 31st.

## Worksite Wellness

- [Employers Dangle Carrots for Behaviors That Help Lower Costs](#) (3/13/12, New York Times) More big employers are dangling financial incentives to persuade workers and their families to adopt healthier behaviors and help control health care costs, a new survey reports. Nearly two-thirds of companies said their biggest obstacle to keeping benefits affordable was their employees' poor health habits. But simply offering wellness or health-management programs, like those to help workers lose weight or quit smoking, is not enough, companies are finding. Financial carrots (and sometimes, sticks) are also needed, to give employees and their spouses incentives to act. So more than two-thirds of companies now offer financial incentives, like cash rewards or premium rebates, for employees who complete wellness programs or meet certain health goals, compared with less than half in 2009, the survey found. An additional 20 percent say they plan to do so by 2013. The survey was conducted by the benefits consultant Towers Watson and the National Business Group on Health, a nonprofit industry group whose members are large employers concerned about rising health care costs. The e-mail survey, conducted in December and January, questioned benefits managers at 512 companies about their health care benefits. The participants have at least 1,000 employees each and collectively employ about nine million workers. About a third of companies cited under-use of preventive services, like annual screenings, as a big challenge in containing health care costs. So it is important for employees to take advantage of those benefits. "It's in everyone's best interest for the employees to be healthier."