

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.

Sincerely,
Kentucky Cancer Consortium Staff

March 21, 2012

Advocacy

- Message from [Smoke-free KY Coalition](#): *“As you know, we reached a major milestone last week when a House committee passed HB 289, our comprehensive statewide smoke-free workplace bill, by a vote of 10 to 2. This is a big victory, but we still have a long way to go and we need your help! Please join us for a brief discussion about the next steps for the Smoke-Free Kentucky Campaign on Friday, March 23rd at 11 a.m. – 11:30 a.m. ET.”* Email Amy Barkley for dial-in information: amy@tfk.org
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- [Kentucky House approves bill to limit tanning bed use by teens \(3/20/12, Lexington Herald Leader\)](#) The House approved a measure Tuesday that would limit tanning bed use for teens. If passed by the Senate, Kentucky teens under age 18 could only use a tanning bed with written permission from a parent. House Bill 249 originally prohibited teens under the age of 14 from using tanning beds. Rep. David Watkins, D-Henderson, a doctor, said exposure to ultra violet light, particularly in tanning beds, can accelerate skin cancer. But Rep. Tim Moore, R-Elizabethtown, offered an amendment that was later adopted by the full House that would allow children under the age of 18 to use a tanning bed if they have written permission from a parent. Moore said some people are prescribed ultra violet light by a doctor to treat conditions such as jaundice. Other students use tanning beds for a limited amount of time, such as before prom, he said. The House ultimately voted 86-10 to pass HB 249.

Cervical Cancer

- [New Screening Guidelines for Cervical Cancer \(3/14/12, American Cancer Society\)](#) Today ACS 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. 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. 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.
- *(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.

Colon Cancer

- **KET produced television show “One to One with Bill Goodman”** will feature Dr. Whitney Jones and Dr. Thomas Tucker for Colon Cancer Awareness Month, discussing prevention, symptoms, and treatment of this preventable, treatable and beatable cancer. This episode will be repeatedly aired through March and April. [For airtimes and more information](#)
- **Bowling Green’s Greenview Regional Hospital was among the many stops the inflatable educational colon** made during March’s CRC Awareness Month. [Listen to the WKU Radio broadcast](#) (“Progress Made in Fight Against Colon Cancer”, 3/13/12, WKU Public Radio), which includes WKU reporter Dan Modlin’s interview with Colon Cancer Prevention Project’s Dr. Whitney Jones, Kentucky Cancer Program’s Elizabeth Westbrook, and Bowling Green surgeon Dr. Michael Campbell.
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- [Study Shows Colorectal Cancer Screening Rates High in Patients with Multiple Health Problems](#) (3/20/12, UKY News release) A study by University of Kentucky researchers showed that in Appalachia, colorectal cancer screening rates were higher in the population with multiple morbidities or diseases compared to those who had no morbidities at all. Published in the Southern Medical Journal, the study used data based on a survey of 1,153 Appalachian men and women aged 50-76. Respondents were given four sets of questions designed to gather information on demographics; the presence of co-morbidities such as heart disease, diabetes, stroke, and various types of cancer; adherence to colorectal cancer screening guidelines; and barriers to and facilitators of colorectal cancer screening behavior. Researchers found a dose-

response relationship between the number of morbidities and the prevalence of colon cancer screening in the Appalachian population. Of those who reported two to three morbidities, 61.6 percent had received a colonoscopy; 65.7 percent had received a guideline-concordant colorectal screening. For patients with six or more morbidities, the rates rose to 69.6 percent and 79.6 percent, respectively. In contrast, just 50 percent of those who reported no morbidities had undergone a colonoscopy, and only 56.5 percent had received any guideline-concordant colorectal screening.

- *(reminder)* **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

- [Women Still Have Higher Health Insurance Rates \(3/19/12, HealthDay News\)](#) The same health insurance coverage still costs women more than men in most states, even though the new federal health care law will prohibit such "gender rating" starting in 2014. In states that have not banned gender rating, more than 90 percent of the best-selling health plans charge women more than men, according to a National Women's Law Center report to be issued this week, The New York Times reported. Only 14 states have moved to limit or ban gender rating in the individual insurance market. Insurers say women's premiums are higher because they're more likely to visit doctors, to take prescription medicines, to get regular checkups and to have certain chronic illnesses, The Times reported. But this explanation is "highly questionable" because disparities between women's and men's rates can vary greatly in the same state, according to Marcia D. Greenberger, a president of the National Women's Law Center. "In Arkansas, for example, one health plan charges 25-year-old women 81 percent more than men, while a similar plan in the same state charges women only 10 percent more," she told The Times. In Louisville, Ky., according to eHealthInsurance.com, a 40-year-old nonsmoking woman pays \$196 a month for a HumanaOne policy. That is 53 percent more than the \$128 premium paid for the same coverage by a nonsmoking man of the same age. In addition, the nonsmoking woman pays 14 percent more than the \$172 premium charged to a man of the same age who has used tobacco in the past year.

General

- ['Kentucky Ugliers' still have upper hand \(3/17/12, Cincinnati Enquirer\)](#) On the hardwood, the University of Kentucky is the favorite to capture another NCAA basketball championship this month. The commonwealth of Kentucky has had far less success against a collection of health issues including smoking, obesity, cancer, dental health and heart disease. In 2005, then-UK President Lee T. Todd Jr. declared war against the "Kentucky Ugliers." Todd, a Hopkins County native who became president in 2001, challenged UK to harness some of the frenzied energy Kentuckians devote to athletics and channel it against the Ugliers. However, while the support the bill to ban smoking in public places received last week in the state legislature was

one small win in the war, the Ugliers still have the upper hand. The state's adult smoking rate is No. 2 in the country, at 24.8 percent – behind only West Virginia's 26.8 percent. Kentucky also ranks second for the incidence of all lung cancers combined, at 517.5 per 100,000 people, behind only Rhode Island. The state also appears in the top 10 list of cancers affecting other parts of the body as it does in rates of stroke, obesity and dental problems.

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- [New Gel Treats Precancerous Skin Condition in Days: Study](#) (3/14/12, HealthDay News)
A newly approved gel appears effective in treating a condition called actinic keratosis, which is a common precursor to squamous cell skin cancer, a new study finds. Earlier topical treatments took weeks or even months to treat the condition, but the new product -- Picato (ingenol mebutate) gel -- can work in a matter of days, according to the report in the March 15 issue of the *New England Journal of Medicine*. For the study, more than 900 people with actinic keratoses on their face or scalp, or elsewhere on their body (trunk, arms or legs) were randomly assigned to treatment with either Picato or an inactive placebo. The researchers found that when used on the face or scalp, the gel cleared the condition nearly 43 percent of the time, compared with nearly 4 percent for the placebo. When used on the trunk or extremities, the gel was again more effective than placebo -- about 34 percent for the gel versus nearly 5 percent for the placebo, the study authors noted.
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- [Gov. Beshear Appoints New Secretary for Cabinet of Health and Family Services](#) (3/15/12, Office of the Governor) A longtime Kentuckian with decades of experience running state and national organizations, including a turn as a senior staffer to President Bill Clinton, will serve as the new Secretary for the Cabinet for Health and Family Services (CHFS). Governor Steve Beshear announced today that Audrey Tayse Haynes will begin her new role as Secretary on April 16. "Audrey brings a dynamic mix of large-scale organization management, policy development, and government experience to this position, and I'm very pleased that she is bringing those talents back to us in Kentucky," said Gov. Beshear. "This Cabinet is a complex organization, with a broad range of programs that serve tens of thousands of our most vulnerable Kentuckians. Audrey has the right skills and resources to make sure our citizens continue to get the care and services they need." Sec. Haynes brings more than 25 years of experience in leadership and management of organizations to CHFS. Her prior positions include ten years as the senior vice president and chief government affairs officer of YMCA of the USA, as well as chief of staff to Tipper Gore during Vice President Al Gore's second term. Haynes also served on President Bill Clinton's senior staff as the director of the White House Office for Women's Initiatives and Outreach.
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- (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.

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

- [Poor Reading Skills Might Be Fatal for Older Folks](#) (3/16/12, BMJ) Being unable to read and understand basic health information might have a deadly outcome for older people, new research reveals. The study included nearly 8,000 adults in England, aged 52 and older, who completed a test of functional health literacy -- the ability to use reading skills to understand health-related information. Specifically, the test assessed a person's understanding of written instructions for taking aspirin. About one-third of the participants could not completely understand the instructions, demonstrating poor health literacy. The tests were administered in 2004-2005, and deaths among the participants were monitored until October 2009. During that follow-up period, there were a total of 621 deaths: 321 (6 percent) in the group of people who had high scores on the health literacy test; 143 (9 percent) in the group with medium scores; and 157 (16 percent) in the group with low health literacy scores. Compared to people with the highest scores, those with the lowest health literacy scores were more than twice as likely to die within five years. The investigators found that other factors, such as differences in age, general health and economic status, accounted for less than half of the increase in risk. Even after adjusting for different levels of mental function among the participants, low levels of health literacy was a significant predictor of death during the study period, according to the findings published online March 16 in the *BMJ*.
- [Three AHRQ Products Promote Consumer Activation](#) (3/14/12, healthcarecommunities.org) AHRQ has released a new brochure, titled "[Be More Involved in Your Health Care: Tips for Patients](#)," that offers helpful suggestions to follow before, during and after a medical visit. In addition to encouraging questions, the brochure suggests bringing in all medicines and supplements, letting the doctor know if they're worried about being able to follow instructions, and following up on test results. AHRQ also has [notepads](#) to help consumers prioritize the top three questions they wish to ask during their medical appointment. Consumers can consult AHRQ's interactive "[Question Builder](#)" tool to come up with a personalized list of questions based on their situation. To request free copies of the brochure and notepad, email AHRQpubs@ahrq.hhs.gov or call 800-358-9295 and include the following reference numbers: for the brochure (AHRQ Pub. No. 10(11)-0094-A; for the notepad (AHRQ Pub. No. 10(11)-0094-1).

Prevention/Genetics/Causes

- [States target chronic disease to trim health care costs](#) (3/19/12, American Medical News) Despite their deep divisions regarding the national health system reform law, the nation's governors share a common struggle over growing health care budgets. At their annual winter meeting in Washington in late February, they focused on one area where they do have consensus: Prevention strategies targeting chronic conditions will be key to containing costs and improving public health. State leaders used the event to swap ideas over how to ensure the sustainability of the health system and state budgets. "This is an emerging area for states: the growing understanding that prevention of health conditions that lead to high health costs is a

worthwhile investment," said Alan Weil, executive director of the National Academy for State Health Policy. "States are still in the middle stages of learning what works. But we are seeing some public health interventions that are having an effect." Such interventions, including child immunizations, tobacco prevention efforts, cancer screenings and physical activity programs, could save as many as 2 million lives and \$4 billion annually, according to federal Dept. of Health and Human Services figures that were presented at the NGA meeting. Chronic conditions such as heart disease, diabetes and cancer are among the most costly yet avoidable health problems, and "we need to move from a sick-care system, where care is delivered late, to a prevention system, where care is delivered as early as possible," HHS Assistant Secretary for Health Howard K. Koh, MD, MPH, told governors. He highlighted a Massachusetts tobacco cessation program for Medicaid beneficiaries that cut smoking and hospitalization rates by 26% and 50%, respectively. Implemented under the state's 2006 health reform law, the program has saved \$3 for every \$1 invested, said Dr. Koh, a former Massachusetts public health commissioner.

- [Exemestane Reduces Breast Cancer Risk in High-Risk Postmenopausal Women](#) (3/7/12, NCI Cancer Bulletin) The list of drugs that have been shown to reduce a woman's chance of developing **breast cancer** can now be expanded from two to three. Clinical trial results presented at the 2011 American Society of Clinical Oncology (ASCO) annual meeting showed that the aromatase inhibitor exemestane (Aromasin®)—commonly used to treat early and advanced-stage breast cancer—substantially reduced the risk of invasive breast cancer in postmenopausal women at high risk of developing the disease. The findings were also published online June 4, 2011, in the *New England Journal of Medicine (NEJM)*. At 3 years of follow-up, women who took exemestane were 65 percent less likely than women who took a placebo to develop breast cancer. This is the largest reduction in risk seen in any of the four large breast cancer prevention trials that have been conducted to date. In previous trials, daily use of tamoxifen or raloxifene reduced breast cancer risk by approximately 50 percent and 38 percent, respectively, after 5 years of follow-up; both drugs were eventually approved by the Food and Drug Administration (FDA) to reduce breast cancer risk.
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- [Joint Use Agreements: Creating Opportunities for Physical Activity](#) (2/12, BridgingtheGap.org) Joint use agreements encourage physical activity by making existing school facilities available to the community outside of school hours. The adoption of such agreements can be a cost-effective strategy for increasing physical activity among children and adults, especially those who live in communities that lack recreational facilities. While most school districts already have joint use agreements in place, they often are vague and do not clearly define which facilities may be used for recreational purposes, when facilities may be used or who is eligible to use the facilities. Revising the agreements to address these issues would help maximize the potential of existing recreational facilities by providing more opportunities for residents to be active. Properly written agreements also can protect schools against liability issues, facilitate cost sharing and address other concerns that prevent schools from allowing community members to use their facilities. School districts and local policymakers should review their existing joint use agreements to ensure that they allow community members easy access to school recreational facilities outside of school hours.
 - For more information on how you can help facilitate an increase of joint use agreements in Kentucky, contact KCC's Kristian Wagner at kristian@kycancer.org

- [Commentary: Regular cancer screenings can save your life](#) (3/19/12, Lexington Herald-Leader) With advancements in medicine, more screening opportunities are available to catch diseases before they begin. This can, however, lead to confusion and anxiety over the need for testing. By reviewing and understanding the recommended guidelines, patients might be able to better understand why they are being encouraged to get certain tests. Many screenings are used to detect early signs of cancer. According to the American Cancer Society, there were 774,370 newly diagnosed cases of cancer in 2011. Of those diagnosed, nearly 371,000 were for diseases for which screening is recommended — breast, colon, and gynecologic cancer.Screening tools are not designed to prevent or diagnose a cancer; rather, they help to detect disease early, so treatment and favorable outcomes are possible. Collaborating with your practitioner to develop an individualized screening schedule can allow the patient to be proactive in his or her health care. Patients who adhere to recommended screening guidelines can potentially avoid negative consequences of advanced disease and prolong years of healthy living. *(Commentary contributed by Lindsey Page, an advanced-practice registered nurse who works with Baptist Gyn Oncology Services at Central Baptist Hospital)*
- [New Clues to Link Between Fatty Diet, Colon Cancer](#) (3/15/12, HealthDay News) Researchers say they've discovered clues about how a fatty diet increases the risk of colon cancer. "There have always been questions about why things like diet and obesity are independent risk factors for colon cancer. This study suggests how and why high-fat diets are linked to colon cancer," lead author Carmen Sapienza, a professor of pathology in Temple University's Fels Institute for Cancer Research and Molecular Biology, said in a university news release. He and his colleagues examined healthy colon tissue from colon cancer patients and found that epigenetic marks on genes involved in breaking down carbohydrates, fats and amino acids -- which are all common in a fatty Western diet -- seem to have been retrained. Epigenetic marks are chemical modifications that act as on/off switches for many genes, according to the release. "These foods are changing the methylation patterns on a person's insulin genes so that they express differently, pumping out more insulin than the body requires," Sapienza explained. "In people that have colon cancer, their glucose metabolic pathways and insulin-signaling pathways are running at completely different levels than people who don't have colon cancer." Cancer cells "love" insulin and studies have shown that tumors feed off insulin, Sapienza noted. The study was published in the March issue of the journal *Cancer Prevention Research*.
- *(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 to learn more.

Resources

- [Cancer.gov Goes Mobile](#) The National Cancer Institute (NCI) launched a new mobile initiative that will increase access to its comprehensive cancer information website, [cancer.gov](#). Designed specifically for mobile phone users on any mobile platform, the site offers much of the same high-quality information found on [cancer.gov](#)'s desktop site. [M.cancer.gov](#) is available in English and Spanish and offers credible, current information about a wide range of cancer types, diagnosis and treatment, dealing with side effects, and other topics. Users can also access cancer news, a dictionary of cancer terms that includes audio pronunciations, and a one-touch connection to NCI's 1-800-4-CANCER line, where they can talk directly with an NCI cancer information specialist who can answer their cancer questions and provide personalized, up-to-date information and support. Arranged for simple navigation from any mobile browser, the site provides cancer patients, their loved ones, and their caregivers with easy access to the cancer information they need, when they need it.

Smoke-free

- [Ky. Voices: Smoke-free laws hallmark of civil, tolerant society](#) (3/19/12, Lex Herald-Leader, *Op-Ed contributed by Ellen J. Hahn in response to Feb. 21 commentary by John Garen, "Smoking bans do not fit in a civil, tolerant society."*) University of Kentucky professor John Garen missed the point in his recent commentary. Do civil, tolerant societies look the other way when people are suffering from painful, costly disease and early death, especially when there are inexpensive, common sense ways to prevent it? A killer is on the loose in Kentucky. That killer is tobacco smoke. Although only 25 percent of Kentuckians smoke, two-thirds are regularly exposed to secondhand smoke at work and in public places. Should workers have to choose between their lives and a job? Breathing someone else's tobacco smoke significantly increases your chances of getting heart disease and cancer. The U.S. Surgeon General, our nation's doctor, warns the public about the clear and present danger of tobacco smoke. Is it OK that those you love become passive smokers by working where smoking is allowed? In a tough economy and especially in rural areas, people don't have the option to leave their job. If, indeed, the hallmark of civil society is caring, politeness and courtesy, why would we subject our loved ones to a serious health risk every time they go to work? Why would we expect them to leave a job to ensure they can breathe healthy air?
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- [Court: Tobacco health labels constitutional](#) (3/19/12, Reuters) A U.S. law requiring large graphic health warnings on cigarette packaging and advertising does not violate the free speech rights of tobacco companies, a federal appeals court ruled on Monday. Cigarette makers had sued to stop the U.S. Food and Drug Administration's new labeling and advertising requirements on grounds the rules violated their First Amendment right to communicate with adult tobacco consumers. But the Cincinnati-based U.S. Court of Appeals for the 6th Circuit upheld the bulk of the FDA's new regulatory framework, including the requirement that tobacco companies include large warning images on cigarette packs. The decision comes on the heels of a Washington, D.C., judge's ruling in a different, but related, case that rejected the FDA requirements and seems to set up a clash over the constitutionality of the FDA rules. Floyd Abrams, a lawyer for Lorillard, noted the difference in tone in the two rulings and said the 6th Circuit case, the Washington case, or both, would likely end up in the U.S. Supreme Court. The difference in the two cases is that the FDA had not introduced the specific images when the companies filed the 6th Circuit suit. While the Washington suit focused on the images, the

appeals court addressed the larger issue of the FDA's regulatory power. Congress passed the law in 2009 and ordered the FDA to adopt specific warning-label regulations. The labels must be in color, must cover the top 50 percent of a cigarette pack's front and back panels, and must cover the top 20 percent of print advertisements. After tobacco companies, including R.J. Reynolds Tobacco Co and Lorillard Inc's Lorillard Tobacco Co, sued to block the law, the FDA unveiled nine images to go on cigarette packs, including graphic pictures of dead bodies, diseased lungs and rotting teeth. The companies accused the government of forcing them to disseminate an anti-smoking message in order to stigmatize and embarrass already-informed consumers.

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- [Nearly 800,000 deaths prevented due to declines in smoking](#) (3/14/12, NIH News)
Twentieth-century tobacco control programs and policies were responsible for preventing more than 795,000 lung cancer deaths in the United States from 1975 through 2000, according to an analysis funded by the National Cancer Institute (NCI), part of the National Institutes of Health. If all cigarette smoking in this country had ceased following the release of the first Surgeon General's report on smoking and health in 1964, a total of 2.5 million people would have been spared from death due to lung cancer in the 36 years following that report, according to the analysis. The results of this study were published online March 14, 2012, in the Journal of the National Cancer Institute. The researchers, part of the NCI-sponsored [Cancer Intervention and Surveillance Modeling Network](#) (CISNET), utilized a comparative modeling approach in which they constructed detailed cigarette smoking histories for individuals born from 1890 through 1970, and then related the histories to lung cancer mortality in mathematical models. Using these models, the researchers were able to estimate the impact of changes in smoking patterns resulting from tobacco control activities on lung cancer deaths during the period from 1975 through 2000. Since the 1964 report, tobacco control efforts in the United States have included restrictions on smoking in public places, increases in cigarette excise taxes, limits on underage access to cigarettes, and efforts to increase public awareness of the hazards of smoking.
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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.

Survivorship

- [Unhealthy Behaviors More Prevalent in Survivors of Multiple Cancers, Study Shows](#) (3/21/12, UKY.edu) A study published by University of Kentucky researchers shows that survivors of multiple cancers report unhealthier behaviors post-diagnosis than control counterparts. Published in the Annals of Behavioral Medicine, the study recorded answers regarding health status and health behaviors from 404,525 adults using the Behavioral Risk Factor Surveillance System survey. Participants who said they had never received a diagnosis of cancer from a health professional were considered controls, while those who answered "yes" were considered cancer survivors. Those who had received two or more cancer diagnoses were considered a survivor of multiple cancers. The study showed that survivors of multiple cancers reported a poorer physical and mental health status compared to survivors of a single cancer, who in turn reported a poorer overall health status relative to the control group. Survivors of multiple cancers showed a greater likelihood of cigarette smoking or smokeless tobacco use, greater alcohol consumption when drinking, and less moderate and vigorous physical activity. Researchers suggest that the prolonged, heightened stress of multiple cancer diagnoses may increase a patient's "allostatic

load," the natural wear and tear that occurs in the body due to experiencing stress. This data indicates that patients who have survived multiple cancers need clinical interventions to enhance both physical and mental health status and to help patients adopt healthier behaviors.