

Dear Kentucky Cancer Consortium Partners:

Below is the **April 11, 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 for 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

**April 11, 2012**

**Timely event reminders:**

- The American Cancer Society's Epidemiology Research Program invites 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 this Friday, **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. Visit [cps3lex.org](http://cps3lex.org) to learn more.
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- [Health Equity Summit II "Setting a Vision for Tangible Change: Moving from Awareness to Action"](#) is scheduled for this **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.

**Cervical Cancer**

- (*reminder*) **Cervical Cancer-Free Kentucky** is taking registrations for their 2012 Annual Statewide Conference on May 14-15, 2012, at the Sloan Convention Center in Bowling Green, KY. To register, go to [www.cervicalcancerfreeky.org](http://www.cervicalcancerfreeky.org) and click on Conference, then [Registration](#). The Conference begins with a complimentary reception at the National Corvette Museum on the evening of May 14<sup>th</sup>, 7-9pm, and then has a full day of meetings planned on the 15th at the Sloan Convention Center in Bowling Green, KY. No registration fee is required and lunch is provided.

**Colon Cancer**

- [Obese White Women Shying Away From Colon Cancer Screening](#) (4/4/12, HealthDay News) Obese white women are less likely than normal-weight white women or blacks of any weight or gender to seek potentially life-saving colon cancer screenings, according to a new study. This reluctance is especially serious because obesity is associated with a higher risk for colon cancer and an increased risk of death from the disease, noted researchers. Colonoscopy and fecal occult blood tests are two methods of colon cancer screening. The U.S. Preventive Services Task Force recommends that adults aged 50 to 75 undergo colonoscopy on a periodic

basis, but only 20 percent of women and 24 percent of men over age 50 do so, the study authors pointed out in background information in the news release. For the new study, the researchers reviewed the findings of 23 published studies that included information on body mass index (BMI) and colon cancer screening. BMI is a measurement that takes into account height and weight. A BMI between 18.5 and 24.9 is considered normal weight, between 25 and 29.9 is considered overweight and 30 or more is considered obese. The study is published in the April 4 online issue of the journal *Cancer Epidemiology, Biomarkers and Prevention*.

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- [Colon screening more likely when patients pick test](#) (4/9/12, Reuters Health) A new study finds that people are more likely to get screened for colorectal cancer when their doctors recommend they get a stool test instead of a colonoscopy, or when doctors leave it up to patients to choose which test to have. The study, published in the Archives of Internal Medicine, followed 997 people who were using the San Francisco public health system between April 2007 and March 2010. Those people were divided into three groups (1=Doc recommended colonoscopy, 2=doc recomm stool testing, 3=doc gave choice b/w the two tests). All groups consisted of men and women between 50 and 79 years old with an average risk of developing colorectal cancer. Overall, 58 percent of the study participants got the screening test their doctors had recommended or the one they picked themselves.

But there were significant differences between the three groups. Of the 337 people whose doctor had recommended a colonoscopy, just 38 percent actually had one over the next 12 months. That compares to 344 people whose doctor recommended a fecal occult blood test -- 67 percent of them got that test. When the third group of 321 people was given a choice between the two forms of colon cancer screening, 69 percent had the test they had picked -- 122 opted for the stool test and 99 picked colonoscopy. For those who picked the fecal occult blood test, the researchers did not consider their screenings complete if they tested positive but didn't get a follow-up colonoscopy to investigate further. Eight people who had the stool test got positive results, and three of those did not get a colonoscopy afterwards.

- [Virtual Colonoscopies Suitable for People 65 and Older, Mayo Clinic Research Shows](#) (2/23/12, mayoclinic.com) A new study, led by a physician from Mayo Clinic in Arizona, shows that virtual colonoscopy isn't just for younger people. The American College of Radiology Imaging Network study published in Radiology now indicates that virtual colonoscopy is comparable to standard colonoscopy for people better than 65 years old. A Mayo Clinic study published in the New England Journal of Medicine in 2008 indicated that virtual colonoscopy is as good as standard colonoscopy, but the performance in medicare age patients was not specifically analyzed. Questions lingered by some about the effectiveness of virtual colonoscopies in older people because of the increased occurrence of colon polyps. In the new study, data from the 2008 research study was used to evaluate the performance of CTC in patients over age 65 compared to those age 50-65. The study found no statistical significant difference in CTC effectiveness between the two patient groups. Virtual colonoscopy was found to be highly accurate for detection of intermediate (6-9 mm) and large (greater than 1 cm) polyps. Because the vast majority of patients will not be found to have a polyp, no further workup is necessary. Only the 12 percent of patients identified with a polyp at CTC would need to undergo subsequent colonoscopy. As most colon cancers arise from preexisting polyps, detection and removal of these lesions holds the promise of eradicating this important health menace.

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- [Colon Cancer Prevention Project now hiring for screening program navigator](#) (4/5/12, CAPP) The Colon Cancer Prevention Project is now hiring for a navigator for a colon cancer screening program starting this summer in the Louisville area. The screening program will work with community groups and facilities to get uninsured and underinsured residents in the area screened for colon cancer. This is a full-time position. For more information on the position, visit the link above. Interested and qualified candidates for this position should e-mail their resume, cover letter and salary requirements to [ashepherd@c2p2ky.org](mailto:ashepherd@c2p2ky.org).
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- **“The Guideline Advantage: [Colorectal Cancer Screening and the Value of EHR](#)”** webinar to be held Wednesday, April 18<sup>th</sup> from 12pm – 1:15pm ET. The teleconference will explain how primary care physicians can use the electronic health record to identify patients at increased risk of colorectal cancer, and to trigger screening recommendations in support of earlier detection and treatment. Continuing education credits for nurses are pending. Sponsored jointly by the American Heart Association, American Cancer Society, and the Medicare Quality Improvement Organization for Ohio. Target audience includes: Physicians, Nurses, Medical assistants, Medical office managers, and other healthcare professionals interested in quality improvement. Dial in #: 888-677-0696 Access Code: GWTG Click here to [register](#) or contact Anita Senica at [asenica@ohqio.sdps.org](mailto:asenica@ohqio.sdps.org) by Monday, April 16.
- *(reminder)* **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 April. [For airtimes and more information](#)

## Financial

- [Costs of many preventive medical exams vary as much as 700%](#) (4/5/12, USA Today) A new report shows costs vary as much as 700% for some preventive examinations, and as the federal health care law increases demand for those procedures, it can mean an increase in premiums if employees don't pay attention to those costs. Over the past year, health plans and self-insured employers began paying for wellness exams — diabetes screening, mammographies, Pap smears and colonoscopies — as required by the law, without charging consumers a deductible or co-payment. But in looking at 15,000 consumers, a research group has found cost differences of hundreds of dollars charged for the same tests. Colonoscopy costs, for example, ranged from \$786 to \$1,819. The U.S. Department of Health and Human Services predicted a 1.5% increase in premiums because of the new exam requirements. Doug Ghertner, Change Healthcare president, says consumers will see a direct correlation between premium increases and their choice of health provider. The "consumer is typically isolated from the cost," he says. "People think they have zero financial responsibility." Several factors affect prices: whether a provider is in a rural or urban area; whether the service is performed at a hospital, a doctor's office or an ambulatory clinic; and whether a clinic specializes in a certain procedure, such as a colonoscopy.
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- [Study: Higher U.S. Costs For Cancer Care May Be ‘Worth It’](#) (4/9/12, Kaiser Health News Blog) Higher U.S. spending for cancer care pays off in almost two years of additional life for

American cancer patients on average compared to their European counterparts — a value that offsets the higher costs — according to a study in the April issue of the journal *Health Affairs*. While previous studies have suggested U.S. cancer patients have better survival prospects than their European counterparts, the researchers wanted to examine whether those prospects justify higher U.S. costs. To do so, they translated the longer lives of U.S. patients into dollar amounts using a conservative estimate of the value of a human life year — in the context of the tradeoffs people are willing to make to reduce their risk of death — and compared those amounts to U.S. spending on cancer care. The method does not take into account quality of life or individuals' earnings.

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- [Physician Groups Call for Fewer Medical Tests](#) (4/4/12, HealthDay News) Nine physician specialty groups have created lists of common tests or procedures that they believe are often overused or unnecessary, to help doctors and patients make wiser decisions about care. Each group came up with a list with five tests or procedures in their respective fields. The lists were released Wednesday as part of the ABIM Foundation's [Choosing Wisely](#) campaign. Societies involved in the initiative include the American Academy of Family Physicians, American College of Radiology, American Gastroenterological Association, American Academy of Hospice and Palliative Medicine and the American Society of Clinical Oncology. The lists of "Five Things Physicians and Patients Should Question" are meant to help patients receive the most appropriate, evidenced-based care for their individual situations. Read the [list developed by the American Society of Clinical Oncology](#).
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- [Report calls for doubling nation's public health spending](#) (4/10/12, thehill.com) The United States spends more on healthcare but lags behind the rest of the industrialized world in life expectancy and childhood mortality because the government "chronically" underfunds public health systems, the Institute of Medicine argues in a new report out Tuesday. The [report](#) calls for doubling federal spending on public health from \$11.6 billion to \$24 billion a year "as a starting point to meet the needs of public health departments." The report points out that Americans spent \$8,086 per person in medical care in 2009 versus \$251 in public health spending. The IOM's Committee on Public Health Strategies to Improve Health goes on to recommend that government advisers develop a "minimum package of public health services" that every community should receive from its state and local health departments. It suggests creating a new transaction tax on medical care services to help pay for the increased spending, which over time could lower healthcare costs by reducing obesity and tobacco use.

## General

- [Additions to Kentucky Cancer Action Plan](#) The Kentucky Cancer Action Plan (CAP) is a comprehensive cancer control plan addressing four key areas of the cancer continuum: prevention, early detection, treatment and care, and quality of life. Each section contains major goals, objectives, and suggested strategies for use as a blueprint for action towards reducing the cancer burden in our state. The Kentucky Cancer Consortium Steering Committee voted unanimously on Monday to approve the addition of one new goal and four new objectives to the CAP.

In light of data showing a significant disparity in colon cancer screening by those without a high school education, the Committee approved the addition of a new objective under Goal 7, which addresses the incidence and mortality from colon cancer. Objective 7.3 states “Increase colon cancer screening among Kentuckians who have not completed high school to 72% by 2016. (Baseline: 49.5%, 2010. Data source: BRFSS).” KCC hopes that strategies will be utilized to reach those in Kentucky with lower educational attainment and income levels -- who have the highest rates of colon cancer and would greatly benefit from screening -- and yet have among the lowest colorectal cancer screening rates.

The Steering Committee began deliberation in October 2011 as to how best to address lung cancer screening within the CAP. Results of the National Lung Screening Trial have shown a 20% overall reduction in mortality when screening a specified population with a low-dose CT scan. Committee members balanced this encouraging news with the subsequent potential for invasive follow-up procedures as well as the possibility of public and provider misunderstanding of precisely what population benefits from screening. A sub-committee of topical experts met to further discuss these issues.

- Goal 9: Reduce lung cancer mortality through screening and early detection for those Kentuckians who meet the eligibility criteria for the National Lung Cancer Screening Trial (NLST).
  - Objective 9.1: Among the Kentucky men and women who meet the NLST criteria (age 55-74 who have cigarette smoking histories of 30 or more pack-years, and if they are former smokers, have quit within the last 15 years (NLST guidelines)), increase the percentage who have discussed the risks and benefits of being screened for lung cancer with low-dose CT scan with their healthcare provider. (Data source: TBD)
  - Objective 9.2: Develop a baseline measure among Kentucky men and women who meet NLST criteria who have been screened for lung cancer using a low-dose CT scan. (Data source: TBD)
  - Objective 9.3: Increase the percentage of Kentuckians diagnosed at an early stage (Stage 1,2) of lung cancer. (Baseline: 26% ((2005-2009)) Data Source: KCR)

**Strategies to support these objectives are currently being formulated. If your organization has a recommended strategy that would work towards one of the objectives below, please e-mail them to Katie Bathje at [kbathje@kycancerc.org](mailto:kbathje@kycancerc.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.

### **Head and Neck Cancers**

- [HPV-Related Head, Neck Cancers on the Rise](#) (4/4/12, HealthDay News) The incidence of head and neck cancers related to the human papillomavirus (HPV) is rising in the United States, with the greatest increase among middle-aged white men, a new study finds. Tobacco and

alcohol are the leading risk factors for head and neck cancers, but the sexually transmitted infection HPV is becoming an important risk factor as well, according to researchers from the Louisiana State University Health Sciences Center in New Orleans. For the study, Edward Peters, associate professor and director of the epidemiology program at the university's School of Public Health, and colleagues analyzed data from 40 U.S. cancer registries from 1995 to 2005 and found a significant overall increase in head and neck cancers in areas of the body strongly associated with HPV infection, and a significant decline in head and neck cancers in sites not associated with the virus. The three sites associated with HPV infection are the tonsil, the base of the tongue and lingual tonsil, and parts of the oropharynx, according to the report published online March 20 in the journal *PLoS One*.

## Health Equity

- [Racial disparity haunts breast cancer death rates](#) (4/10/12, LCJ via The Washington Post)
  - **The “What”:** Although they are less likely than white women to get breast cancer, black women are more likely to die from it. The difference in mortality began to emerge in the early 1980s. By 2007, according to the American Cancer Society, even though rates for both groups were going down, death rates were 41 percent higher among black women than among white women. Some health care professionals and advocates contend that the disparate mortality rates argue for a more urgent effort to reach more black women.
  - **The “Why”:** Higher rates of disease and health problems; more likely to be uninsured and have had fewer doctor visits for preventive care. For breast cancer in particular: often diagnosed at later stages and appear to be more susceptible to aggressive tumors; higher rate than white women of a diagnosis before age 40. Income is a significant factor. A 2008 review of scientific literature on breast cancer stated: "Poverty is associated with poorer breast cancer outcomes for all Americans, regardless of race. Because a larger proportion of African-Americans than whites live in poverty, blacks are more likely to face poverty-related barriers," such as lack of primary-care physicians, poor access to care and a lack of information. Other studies show that black women are vulnerable to worse outcomes even after controlling for income. Black women were more likely than white women to report being worried about losing their jobs, not having enough money to pay their bills, being a victim of a violent crime and being discriminated against and are more often responsible for elderly relatives' financial needs and more likely to provide child care for family and friends.
  - **The “How” re: change:** Black-oriented radio and cable television networks run public service announcements about diabetes, hypertension, and the dangers of HIV and AIDS. But aside from the month of October, or leading up to major fund-raising walks, breast cancer is rarely discussed in media targeted to the black community. Karen Eubanks Jackson, founder of the Sisters Network, a national organization of black breast cancer survivors, suggests that black women have not had a prominent role in the breast cancer movement. White women, she said, see themselves depicted in the media as survivors. "They champion each other as survivors. It's very difficult for an African-American woman to open a magazine and see someone saying, 'I'm a survivor.'"
  - **The Facts in KY:** Tom Tucker, Director of the Kentucky Cancer Registry, provides the statistics below about breast cancer in Kentucky by race, adding “Statistically, in black women, both the incidence of and death from female breast cancer was considered significantly higher than in white women.”

- Rate of incidence of female breast cancer, 2005-09 (most recent data available)
    - White: 120.5 per 100,000 women
    - Black: 131.2 per 100,000 women
  - Rate of death from female breast cancer, 2005-08 (most recent data available):
    - White: 21.9 per 100,000 women
    - Black: 30.0 per 100,000 women
- *(reminder)* [The 12th Biennial National Symposium on Minorities, the Medically Underserved & Health Equity](#), “Empowering Communities in the Era of Health Care Reform” will be held June 27 - July 1, 2012, at the Hilton Americas Houston in Houston, Texas. In celebration of the 25th anniversary of the Biennial Symposium and the 10th annual Health Disparities Summer Workshop, both events will take place side-by-side in Houston and will be hosted by the Center for Health Equity & Evaluation Research (CHEER, formerly CRMH, a joint venture of the University of Houston and The University of Texas MD Anderson Cancer Center) and the Intercultural Cancer Council.

### **Health Reform**

- [National Coalition of Cancer Survivorship \(NCCS\) continues support of the minimum coverage provisions of the Affordable Care Act](#) (3/26/12, NCCS.org) The U.S. Supreme Court recently had three days of arguments in the historic case on the constitutionality of the national health reform legislation, the Patient Protection and Affordable Care Act—often referred to as the Affordable Care Act (ACA). Just over two years after being signed into law by President Obama, three days—and the Court’s subsequent deliberations and decision—will determine whether the ongoing implementation of this historic Act will be able to go forward. As NCCS has highlighted in its numerous comments on ACA, as well as in its news release on the amicus brief filing, the insurance reform provisions of the Affordable Care Act, including the limits on pre-existing condition exclusions, offer important protections to cancer survivors. In January of this year, NCCS joined 13 other leading national health and disability organizations to submit an [amicus brief to the Supreme Court](#) supporting the minimum coverage provisions of the Affordable Care Act

### **Ovarian Cancer**

- [U.S. Panel Rejects Ovarian Cancer Screening](#) (4/10/12, HealthDay News) A leading U.S. government panel has renewed its 2004 recommendation that women at average risk for ovarian cancer not get screened for the disease. The currently used blood test and transvaginal ultrasound may cause more harm than benefit for those patients, according to draft recommendations issued Tuesday by the U.S. Preventive Services Task Force. "Currently, the task force does not recommend screening for ovarian cancer," said Dr. David Grossman, a member of the task force and senior investigator with Group Health Research Institute in Seattle. "The tests that we have, unfortunately, just aren't very accurate and, with a lot of false positives, a lot of women get harmed with unnecessary biopsies and surgeries." Women with a family history of ovarian cancer should be referred for genetic testing and counseling, the recommendations also state. The draft recommendations will be posted on the task force

website, and physicians and members of the public and of professional societies are invited to comment. Final recommendations may be out in as soon as two months, Grossman said.

### **Prevention/Genetics/Causes**

- [Dental x-rays linked to common brain tumor](#) (4/10/12, Reuters Health) A new study suggests people who had certain kinds of dental X-rays in the past may be at an increased risk for meningioma, the most commonly diagnosed brain tumor in the U.S. The findings cannot prove that radiation from the imaging caused the tumors, and the results are based on people who were likely exposed to higher levels of radiation during dental X-rays than most are today. Researchers write in the journal *Cancer* that dental X-rays are the most common source of exposure to ionizing radiation -- which has been linked to meningiomas in the past -- but most research on the connection is based on people who were exposed to atomic bombs or received radiation therapy. Researchers recruited 1,433 people diagnosed with intracranial meningioma -- a tumor that forms in the tissues lining the brain. For comparison, the researchers also followed 1,350 people who were similar in age, sex and state of residence as the study group, but who had not been diagnosed with a tumor. The study looked at how often people had three different types of dental X-rays: bitewing, full-mouth and panorex films. The researchers found that those diagnosed with meningiomas were more than twice as likely as the comparison group to report ever having had bitewing images taken.
- [Teen Drinking May Boost Odds of Precancerous Breast Changes](#) (4/9/12, HealthDay News) Teenage girls and young adult women who drink even moderate amounts of alcohol appear to increase their risk of developing breast changes that can lead to cancer, according to a large new study. The study, which followed more than 29,000 females, found that for each 10 grams of alcohol (the equivalent of about one drink) consumed each day, the risk of developing these noncancerous cells and lesions -- called proliferative benign breast disease (BDD) -- increased 15 percent. The good news? Young women who are aware of the link can change their behavior, he said. The study, published online April 9, appears in the May print issue of *Pediatrics*.
- [Arsenic turns stem cells cancerous, spurring tumor growth](#) (4/4/12, NIH News) Researchers at the National Institutes of Health have discovered how exposure to arsenic can turn normal stem cells into cancer stem cells and spur tumor growth. Inorganic arsenic, which affects the drinking water of millions of people worldwide, has been previously shown to be a human carcinogen. A growing body of evidence suggests that cancer is a stem-cell based disease. Normal stem cells are essential to normal tissue regeneration, and to the stability of organisms and processes. But cancer stem cells are thought to be the driving force for the formation, growth, and spread of tumors. This new study shows that when these cancer cells are placed near, but not in contact with normal stem cells, the normal stem cells very rapidly acquire the characteristics of cancer stem cells. It demonstrates that malignant cells are able to send molecular signals through a semi-permeable membrane, where cells can't normally pass, and turn the normal stem cells into cancer stem cells.
- [Ohio River tops nation in pollution discharges](#) (4/3/12, Louisville Courier-Journal) The Ohio River again leads the nation in the amount of toxic chemicals dumped into it by industries, according to a new report by a Washington, D.C.- based environmental group. The 32 million pounds of discharge into the Ohio is about 1 million pounds more than the last time the group

analyzed public data on factory discharges into the nation's waterways three years ago. She noted that the Clean Water Act of 1972 was supposed to clean the nation's waters by 1985. "It's clear we have not reached that goal," she said. The state of Indiana led the nation in total amount of toxic discharges to waterways, with more than 27 million pounds, the report found. Indiana was followed by Virginia, Nebraska, Texas and Louisiana. Kentucky was 13th with 6.6 million pounds of toxic discharges. Some of the chemicals in both states were associated with cancer, reproductive problems and developmental problems. The study was based on discharges into the nation's waterways that industry reported for 2010 to the U.S. Environmental Protection Agency under the EPA's Toxics Release Inventory. Not all pollutants that were dumped are equally a threat to people or the environment. Some can cause harm at very low concentrations, while others are less risky. Petersen said some of the pollutants discharged into the Ohio can harm people, even in small doses. For example, she said she is particularly concerned about heavy metals such as mercury, which is a neurotoxin that accumulates in the environment. Several states, including Kentucky, warn people to limit or avoid eating fish from the Ohio River because of mercury in them.

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- (reminder) [Weight of the Nation Documentary](#) Beginning in May, HBO Documentary Films, Institute of Medicine, NIH, CDC, Kaiser Permanente, and Michael & Susan Dell Foundation will launch the Weight of the Nation public health campaign featuring a four-part documentary film series on the obesity epidemic. The topics of the four films will be *Consequences*, *Choices*, *Children in Crisis* and *Challenges*. Supporting these films will be advertising, press releases, major market screening events, robust social media, bonus short videos online, DVD screening kits and online community action resources. Also on the HBO family network, three half-hour films will be shown, focused on children who have taken action against obesity personally and in their communities. HBO channels will be available free the week of May 14 so everyone can see the series. Public health programs and partners are encouraged to host screening events for opinion leaders and community mobilization activities using the DVD screening kits that include the entire series, discussion guides in English and Spanish, and tips and supplemental materials for hosting screenings. [Sign up online for an e-newsletter and screening kits](#). Use online resources from CDC at [www.CDC.gov/Obesity](http://www.CDC.gov/Obesity) and join conversations to help build online communities at [www.Facebook.com/TheWeightOfTheNation](http://www.Facebook.com/TheWeightOfTheNation). CDC and its partners hope these tools will catalyze and support local efforts in communities that combat obesity across the country.

## **Resources**

- [The Community Guide proudly announces the launch of its redesigned website](#) (4/10/12, HHS.gov) The Guide to Community Preventive Services (*The Community Guide*) website provides evidence-based findings and recommendations from the Community Preventive Services Task Force (Task Force) about community preventive services, programs, and policies to improve health. Finding evidence-based recommendations and using The Community Guide are now easier than ever. The website was designed and tested with the user in mind, and can help inform and educate public health program planners, community based organizations, educators, and policymakers find proven interventions—including programs, services, and policies—that have been shown to work.
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- [NCCS Pocket Cancer Care Guide mobile app selected as an Official Honoree of the 16th Annual Webby Awards](#) (4/11/12, canceradvocacy.org) The National Coalition for Cancer

Survivorship (NCCS) Pocket Cancer Care Guide mobile app has been selected as an Official Honoree of the 16th Annual Webby Awards. The mobile app, designed for cancer survivors and caregivers, allows users to quickly and easily build lists of practical questions to guide conversations with their doctors and nurses. NCCS created its mobile app to empower cancer survivors and loved ones to take a more active role in their cancer care by stimulating better—and more frequent—communication between the patient and health care provider. Users of the app can browse hundreds of questions in categories relevant to any stage of a cancer diagnosis; record and play back their health care professional’s answers; create custom questions; and link to existing appointments in their calendar. There is also a built-in glossary of common medical terminology related to cancer and treatment. The mobile app is available for free in the iTunes store or by visiting [www.canceradvocacy.org/careguide](http://www.canceradvocacy.org/careguide).

### **Smoke-free / Tobacco**

- [Waking up to dangers of smokeless tobacco](#) (4/5/12, Washington Post) BIG-LEAGUE BASEBALL’S season has begun with a rule change for players, who will no longer spit, squirt and dribble tobacco juice as they conduct televised interviews, sign autographs or appear at team sponsored events. It’s a half measure, at best: During games, players can still use chewing tobacco and dip to their heart’s content. But given that major leaguers are role models for children, and that smokeless tobacco is a serious health risk, it’s a move in the right direction. As cigarette smoking has declined, at least in the United States, tobacco companies have responded by pushing other tobacco products, including the smokeless variety. The industry’s advertising targets young people, and it works: A survey in 2009 by the Centers for Disease Control and Prevention found that 15 percent of high school boys were using smokeless tobacco, a 36 percent increase over six years. Major League Baseball, and now Maryland, are waking up to the risk.

### **Survivorship**

- [Child's cancer may not boost parents' divorce risk](#) (4/10/12, Reuters Health) Parents of children with cancer may be under emotional strain, but they are no more likely than other couples to split up, a new study concludes. Researchers found that among more than 47,000 Danish couples with children, parents of kids with cancer were no more likely than other parents to divorce or separate over the years. Researchers report their findings in the journal Pediatrics. The study is based on public registry data for the parents of 2,450 children who were diagnosed with cancer between 1980 and 1997, and the parents of 44,853 cancer-free kids. Each child with cancer was matched with about 18 kids of the same sex and age. Over 20 years, Johansen's team found, parents of children with cancer were no more likely to divorce or -- in the case of unmarried cohabitating parents -- to split up. That was with factors like the parents' employment status and household income taken into account. Whether or not the child survived the cancer also had no significant influence on the results, the researchers found.
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- *(reminder)* [Gilda’s Club Louisville](#) is hosting its annual “Gimme-A-Break Spring Break Lock-in” this Friday, April 13 at the Clubhouse, 633 Baxter Ave, Louisville, KY 40204. This overnight event is for youth ages 8 and 15 who are connected to cancer – their own diagnosis or a cancer diagnosis of someone to whom they are close. The clubhouse will be transformed into

Hogwarts School of Wizardry & Witchcraft, and a night full of Harry Potter-related activities are planned. Call the clubhouse at 583-0075 to RSVP. See you at the Sorting Hat!