

Dear Kentucky Cancer Consortium Partners:

Below is the **April 25, 2012** issue of "Wednesday's Word", a KCC communication which relays recent state and national cancer control articles, resources, events and tools to you on a weekly basis, in a brief, easy-to-read format. You 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.

Sincerely, Kentucky Cancer Consortium Staff

April 25, 2012

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 and click on Conference, then [Registration](#). The Conference begins with a complimentary reception at the National Corvette Museum on the evening of May 14th, 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

· **Wealthy pick colonoscopy over at-home cancer test** (4/23/12, Reuters Health)
Colonoscopy has become an increasingly popular method of screening for colon cancer while the rate of at-home stool testing has dropped off, according to a new study. The findings, published in the journal *Cancer*, are primarily driven by a trend among people above the poverty line preferring colonoscopy; poor people still choose at-home testing as frequently as they did a decade ago. Researchers wanted to see whether people's preferences for either type of test have changed over time -- understanding that could help doctors and public health policymakers focus their efforts toward increasing cancer screening. Brandi's team analyzed data from thousands of adults 50 to 64 years old, across the U.S., who responded to the National Health Survey. The survey questioned 6,000 people in 2000, nearly 6,700 people in 2005 and about 5,000 people in 2008. Over the entire study period, the number of people who did an at-home fecal occult blood test dropped by about six percentage points. When researchers grouped survey participants by income and education levels, they found the biggest changes in use of the at-home test among those with higher education and income levels. Home-based cancer screening dropped from 19 percent in 2000 to 10 percent in 2008 among people with a college degree, for example. Similarly, in 2000, 17 percent of people who earned four times the poverty level (roughly \$92,000 per year for a family of four in 2012) got an at-

home test, compared with just 10 percent in 2008. For people with low incomes or low education levels, at-home screening levels remained stable over the years at around seven to nine percent.

- (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 and early May. [For airtimes and more information](#)

Financial

- [Local Health Department Job Losses and Program Cuts: State-Level Tables from January/February 2012 Survey](#) The National Association of County and City Health Officials (NACCHO) surveyed a sample of local health departments (LHDs) nationwide in the months of January and February 2012. This survey was the seventh in a series of nationally representative surveys designed to measure the impact of the economic recession on LHDs’ jobs, budgets, and programs. Even though the country as a whole shows signs of economic recovery, survey findings demonstrate that LHDs continue to suffer from deep cuts that inhibit their ability to provide essential services to their communities. The national estimates are available on NACCHO’s website (www.naccho.org/jobloss). The data presented in the above link supplements the overview of findings by providing information on cuts to budgets, jobs, and programs for many states.

General

- [Kidney Cancer Patients Fare Better With Tumor Removal Only](#) (4/178/12, HealthDay News) Kidney cancer patients who have only the tumor removed, not the entire kidney, have higher survival rates, a new study finds. The research involved more than 7,000 Medicare patients with early-stage kidney cancer who underwent surgery to remove either the entire organ (radical nephrectomy) or only the tumor and a small margin of healthy tissue around it (partial nephrectomy). After an average follow-up of five years, 25 percent of patients who had a partial nephrectomy had died, compared with 42 percent of those who had a radical nephrectomy, researchers at the University of Michigan Comprehensive Cancer Center reported. The study appears in the April 18 issue of the *Journal of the American Medical Association*.

- **Susan G. Komen Breast Cancer Foundation Louisville Affiliate is Seeking Executive Director** Komen’s Louisville affiliate is seeking an Executive Director to provide operational and administrative leadership to the Louisville Affiliate service area by managing all programs, services and activities to ensure that the Komen mission is carried out and Affiliate objectives are met. Minimum qualifications include a Bachelor’s degree and 10 years experience and skills including strong management and leadership skills, financial management experience including fund accounting and budgeting, senior level work experience with multi-million dollar non-profit and/or for profit, and more (see above link for extensive information). Resumes may be sent to Robert Silverthorn, Jr at rsilvertho@aol.com

· (reminder) [Webinar Opportunity: Making it Last: Sustaining Public Health Programs in Your Community](#), Tuesday, May 8, 2012, 2:00 p.m. – 3:00 p.m. EST. Positive public health outcomes can only be achieved if effective programs are sustained over time. However, sustainability is an ongoing challenge for public health programs, practitioners, and researchers alike. This challenge is compounded by the fact that many things affect sustainability, including financial and political climates, factors in the organizational setting, and elements of project design and implementation. The National Cancer Institute's May Research to Reality (R2R) cyber-seminar will explore public health sustainability, including challenges and facilitators, frameworks, and tools for practitioners and researchers, and provide examples of sustainable programs from two communities. Join us for this exciting and relevant topic with some of the key leaders in this field. Register Now! Click on the following link for more information and to register for this event:
<https://researchtoquality.cancer.gov/cyber-seminars>.

Health Information Technology

- [Health Information Technology in the United States Driving Toward Delivery System Change, 2012](#) Robert Wood Johnson Foundation and Harvard School of Public Health and Mathematica Policy researchers have found slow, steady increases in the level of adoption for physicians and hospitals throughout the United States. Mirroring the emphasis at the federal level on the use of this technology in a way that has the greatest potential to improve the overall quality and efficiency of care, this report expands on their previous analysis by investigating health care providers' readiness to meet program requirements and explores the role of HIT in other health care reform initiatives, analyzing data from the 2011 National Ambulatory Medical Care Survey and the 2011 American Hospital Association supplemental Health Information Technology (HIT) survey, and examines changes in adoption since 2008. *Key Findings:*
- o Physicians reporting use of any EHR reached 57 percent in 2011, a substantial increase from 17 percent in 2002, while adoption of at least a basic system grew from 12 percent to 34 percent over the same time period. The rate of adoption of at least a basic EHR system increased more quickly among primary care physicians, younger physicians, practices of three or more physicians, and those in the Northeast region of the United States.
 - o Rates of adoption of at least a basic EHR were highest among physicians in Minnesota (60.9%), Wisconsin (59.9%), and North Dakota (57.9%). States with the lowest rate of adoption among physicians were Louisiana (15.9%), New Jersey (16.3%), and South Carolina (19.5%). NOTE: Kentucky 28.5%
 - o Basic and comprehensive EHR adoption in U.S. hospitals has increased substantially between 2010 and 2011, with basic EHR adoption increasing from 11.5 percent to 18 percent and comprehensive EHR rising from 2.6 percent to 8.7 percent.

Hospice and Palliative Care

- (reminder) [The Kentucky Association of Hospice and Palliative Care](#) is hosting a conference on May 9, 10 & 11, 2012 at the Hilton Downtown in Lexington. This is their 14th Annual Spring Conference, and is entitled “Providing Quality Care in Uncertain Times”. As healthcare regulatory and economic changes continue to take effect, it is vital for professionals to keep the pace with increased challenges for providing the highest quality and appropriate care to all persons and families of the Commonwealth needing end-of life care. This year’s conference will address the changing environment with proven strategies to ensure compliance, improve excellence and gain momentum in meeting end-of-life needs. [See the entire agenda and register.](#)

Lung Cancer

- [Lung Cancer Screening Might Pay Off, Analysis Shows](#) (4/9/12, HealthDay News) Screening people at high risk for lung cancer could be at least as cost-effective as screening for breast, colorectal and cervical cancers, a new study suggests. A group of actuaries specializing in the health care industry estimated how much private insurance companies would pay and the survival benefits that would follow if they covered lung cancer screening. They based their study on using a scanning technology called low-dose spiral computed tomography (CT) on people between the ages of 50 and 64 who were at high risk for developing lung cancer due to their smoking history. The authors estimated that screening high-risk people would cost providers less than \$19,000 for every year of life saved. The study was published in the April issue of *Health Affairs*. In comparison, the costs per life-year saved for breast, colorectal and cervical cancer screening -- the three types of screening that have widespread support in the United States -- are at least about \$31,000, \$19,000 and \$50,000, respectively, according to the authors, who updated estimates from previous analyses. The authors also estimated that insurance rates would increase by 76 cents per month if half of the eligible members got screening.

Prevention/Genetics/Causes

- [ACS Report: Collaboration Key to Cancer Prevention Efforts](#) (4/19/12, American Cancer Society) A report from the American Cancer Society urges government agencies, private companies, nonprofit organizations, health care providers, policy makers, and the American public to work together to increase the number of people who adopt behaviors that lower cancer risk. The 2012 report, [Cancer Prevention & Early Detection Facts & Figures \(CPED\)](#), says individual health behaviors are strongly influenced by social, economic, and legislative factors. Behaviors that are known to lower cancer risk include avoiding tobacco, maintaining a healthy weight, eating a healthy diet, getting enough exercise, and getting recommended screenings and vaccinations.
 - o A report by the Society’s advocacy affiliate, the [American Cancer Society Cancer Action Network \(ACS CAN\)](#), found that passing comprehensive smoke-free laws by states currently without such laws could save \$1.32 billion in treatment costs over 5 years and result in 624,000 fewer deaths.

o The [American Cancer Society Guidelines on Nutrition and Physical Activity for Cancer Prevention](#) stress the importance of public, private, and community organizations working together to encourage healthy eating and physical activity levels. That can include offering healthier food choices in schools, worksites, and communities, and providing safe, enjoyable, and accessible environments for physical activity in schools and for transportation and recreation in communities.

· [Louisville air is better; concern remains in some neighborhoods](#) (4/21/12, Louisville Courier-Journal) A decade after landmark toxic-air monitoring prompted a city crackdown on chemical emissions, a new analysis shows significant improvement in some areas — but still cause for concern in neighborhoods near western Louisville's Rubbertown industries.

- Levels of butadiene, which has been linked to cancer in rubber workers, continue to be down sharply in western Louisville, though, they remain about 10 times higher near Rubbertown than at the Cannons Lane site.

- Acrylonitrile, classified by the EPA as a probable human cancer agent, has declined sharply, especially after Zeon Chemicals on Bells Lane added new pollution controls in 2008. It was detected only a third of the time last year.

- Vinyl chloride, which causes liver cancer in people and is toxic at extremely low concentrations, was for the first time not detected at any of the six monitors last year. But because of technical limits on the equipment, it still could be present at levels that would increase cancer risks.

- Levels of benzene, a human cancer agent, have stayed about the same. But its concentrations were as much as 1½ times greater at the western Louisville monitors last year, possibly reflecting heavier truck traffic and the presence of petroleum storage facilities.

- Health risks from chloroform, a probable human carcinogen, have dropped from 77 in 1 million in 2001 to 16 in 1 million in 2011.

· [Social Factors May Affect Lifespan More Than Race, Location](#) (4/17/12, HealthDay News)

A group of socioeconomic factors such as education, income and work are better indicators of your chances of living to age 70 than race or geography, a new study shows. The findings challenge the long-held belief that race or the region of the country where you reside are the best markers of how long you may live, according to researchers from Stanford University School of Medicine in Stanford, Calif. In the new study, the researchers examined data on the probability of survival to age 70 for people in counties across the United States. The data was initially categorized according to sex and race, but the researchers then considered how other factors affect life expectancy. The analysis showed that when factors related to local social conditions -- such as education, income, and job and marital status -- are included, health differences based on race and region virtually disappear. "Once certain factors -- such as the fraction of adults in the county who finish high school, the fraction with managerial or professional jobs and the fraction of adults who live in two-parent households -- are accounted for, even geography, such as being in the South, is moot," researchers noted. The study appears online April 17 in the journal *PLoS One*.

· (reminder) [Weight of the Nation Documentary](#) Beginning in May, 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 and join conversations to help build online communities at 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.

Prostate Cancer

· [Older Men Still Being Screened for Prostate Cancer](#) (4/24/12, New York Times) Many men 75 years and older, who are far more likely to be harmed than helped by prostate cancer screening, continue to be tested for the disease, despite federal guidelines strongly advising against the practice. The debate about screening older men for prostate cancer was reignited last week after reports that the billionaire investor Warren Buffett, who is 81, said he received a diagnosis of early-stage prostate cancer after a routine blood test for prostate specific antigen, or P.S.A. New research published in The Journal of the American Medical Association shows that very few men and their doctors have heeded the USPSTF 2008 task force advice. Researchers from the University of Chicago and the University of California, Los Angeles, studied data collected from the National Health Interview Survey, which every five years includes 13 questions about P.S.A. testing. Among the 5,332 men surveyed in 2005 and the 4,640 men queried in 2010, two years after the new guidelines were issued, the researchers found no difference in the rate of P.S.A. testing among older men. In both cohorts, about 43 percent of men 75 or older were being screened. In fact, in 2010, P.S.A. screening was more common in men 75 or older than in men in their 40s and 50s. Experts continue to debate the relative benefits of P.S.A. testing at all ages, but most agree that younger men may have the most to gain from screening.

· [Pricier therapy no better for early prostate cancer](#) (4/17/12, Reuters Health) A new study suggests that expensive, high-tech proton beam radiation doesn't do any more for men with prostate cancer than the most commonly-used option. Proton beam radiation, heavily promoted by facilities that perform the treatment, also came with a higher risk of certain side effects compared to intensity-modulated radiation therapy (IMRT), researchers found. The findings suggest that men have multiple radiation options when it comes to treating early, localized prostate cancer. Though not covered in the new study, their options also include surgery -- or getting no treatment at

all and waiting to see how the disease progresses, researchers said. Researchers used data from a nationwide cancer registry covering treatment records for men insured by Medicare who were diagnosed with prostate cancer starting in 2000. At that time, less than one percent of prostate cancers that hadn't spread beyond the gland were treated with IMRT, a minimally-invasive treatment meant to limit damage to the surrounding organs. The rest were treated conformal radiation, the previous standard of care. By 2008, almost 96 percent of men got the high-dose, targeted radiation. The use of these technologies has driven up the cost of prostate cancer treatment by hundreds of millions of dollars, the researchers wrote in the Journal of the American Medical Association.

Smoke-free

· [Rosenberg Named 2012 Advocate of the Year at Smoke-free Policy Conference](#) (4/24/12, UK Now) Floyd County health advocate Jean V. Rosenberg, Floyd County Health Department, was honored as the 2012 David B. Stevens, M.D. Smoke-free Advocate of the Year at the annual Spring Conference hosted by [University of Kentucky's Kentucky Center for Smoke-free Policy](#) on April 11 at the Doubletree Suites in Lexington. The advocate of the year is recognized for excellence in promoting secondhand smoke education and smoke-free policy. In 2005, Rosenberg began working part-time for the Floyd County Health Department as a Program Specialist to increase awareness of the dangers of secondhand smoke (SHS). During that time she established the Breathe Easy Floyd County Coalition. This group of local community members actively works to provide education on the effects of SHS exposure and visibly supports local smoke-free initiatives. On Nov. 1, 2009, the city of Prestonsburg implemented a 100 percent comprehensive smoke-free ordinance covering all workplaces and enclosed public places. Rosenberg served at the helm of local efforts that propelled the law forward.

Survivorship

· [Texas A&M Launches Phone App for Adolescent/Young Adult Cancer Survivors](#) (4/13/12, Texas A & M) The Adolescent and Young Adult (AYA) Healthy Survivorship phone application, targeting cancer survivors from 15-39 years of age, assesses health habits using an interactive assessment tools. The assessment gives a score for lifestyle, physical activity, diet, and nutrition, and well-being. The phone app also offers personalized tips for being more active, eating better, and living a healthier life as well as current guidelines on cancer prevention screening, with links to the CureSearch™ for Children's Cancer late effects guidelines for childhood cancer

survivors. Most importantly, the phone app links subscribers to a secure Healthy Survivorship website where a cancer survivorship plan can be developed (<http://www.healthysurvivorship.org/>)

· A networking/support group for anyone diagnosed with or interested in blood-related cancers will meet Monday, May 14, 6:30-8pm at [Gilda's Club Louisville](#), 633 Baxter Ave. Judy Sisk, RN, will discuss clinical research underway by the CBC group. You do not have to be a Gilda's Club member to attend. This group meets monthly on the second Monday at 6:30-8pm. (Dinner is served at 6pm) If you know someone who may be interested, have them call the clubhouse at 583-0075 to RSVP their attendance.

· [Gilda's Club Louisville's](#) Summer Science Camp is part "Mythbusters" and part "Weird Science." The camp will run from 10am to 3pm, Monday, June 4 to Thursday, June 7 at the clubhouse at 633 Baxter Ave. (On Friday, June 8, campers will meet at the clubhouse and travel to the laboratory at the Speed School of engineering. Friday's program concludes at 1pm) Dr. Gary Rivoli of the Speed School will explore robots, bridges, drawing and drafting – and much more -- with campers – using teamwork, problem-solving, and critical thinking skills. For youth ages 8-12 (Space is limited and priority will be given to Gilda's Club and Grief Connection youth; others will be placed on a wait list and notified as openings occur.) If you know someone who may be interested, have them call the clubhouse at 583-0075 to RSVP their attendance.

· Camp Gilda, a summer day camp for youth ages 6-11 who are connected to active cancer, will feature fun, field trips, an "Amazing Race" challenge and the Gilda Carnival service project during the week of June 25 to 29. Camp runs daily from 8:30am to 5:30pm at the [Gilda's Club Louisville](#), 633 Baxter Ave. Priority will be given to campers who have not before attended Gilda's summer camp; others will be placed on a wait list and notified as openings occur. If you know someone who may be interested, have them call the clubhouse at 583-0075 to RSVP their attendance.

· [Cancer patients rarely speak up about care problems](#) (4/18/12, Reuters Health) - In a new survey of cancer patients, many people who'd had problems with their treatment never said anything to the doctor they thought was responsible -- and almost none formally reported the problems to the hospital. Patients cited delays in treatment, surgical complications and other issues related to medical care, in addition to communication barriers or breakdowns between them and their doctors, as the most common potentially harmful problems. There could be many reasons why cancer patients don't always bring up concerns about those issues during treatment, according to the study's lead author. "Sometimes there's a situation where they're really still thankful for the care that they got, and so they don't want to hurt anybody by saying, 'Everything was great, except...' Or they

don't want to do harm to their relationship (with their doctor)," said Kathleen Mazor, from Meyers Primary Care Institute and the University of Massachusetts Medical School in Worcester. Patients may also not want to dwell on some aspect of care that's in the past, she added. Despite negative treatment consequences, just one-third of people the researchers interviewed said they'd discussed the harmful event with the doctor or nurse they believed was responsible.