

Dear Kentucky Cancer Consortium Partners:

Below is the **May 23, 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

**May 23, 2012**

### **Advocacy**

- **Kentucky Statewide Pioneering Healthier Communities Conference** June 5-6, 2012 at the Hyatt Regency Hotel in Downtown Louisville. The Statewide PHC Conference will allow those working for local policy change in KY to share and capture best practices, obstacles, and tips for local advocacy. Participants will build networks between communities working on similar issues and discuss sustainability and growth plans. Attendees will also learn the best ways to leverage statewide and national resources and efforts. Plenary speaker: Mark Fenton, nationally recognized expert on local advocacy. Registration is free for all participants and includes lunch and evening appetizers on June 5, and breakfast on June 6. Hotel rooms are available free of charge for the night of June 5. If traveling over 100 miles, you may reserve a room free of charge for the night of June 4. A limited number of travel stipends are available. To RSVP visit <http://www.123contactform.com/form-329852/Kentucky-Statewide-Pioneering-Healthier-Communities-Conference> **LAST DAY TO REGISTER IS FRIDAY MAY 25!**

### **Breast Cancer**

- Living Beyond Breast Cancer (LBCC) Conducting Survey of Women Diagnosed Under Age 45 LBCC offers specialized programs and services for the newly diagnosed, young women, women with advanced breast cancer, women at high risk for developing the disease, and African-American and Latina women. They also offer programs for caregivers and healthcare professionals to help them better meet the needs of women affected by breast cancer. LBCC is conducting a survey for women who were diagnosed with breast cancer under age 45. The 30-minute survey, open only until May 31, will assess what this population wants and needs as young women affected by breast cancer. Their answers will serve not only to enhance LBCC's existing programs but also to provide the data for LBCC to introduce new education and support services designed specifically for this age group. Everyone who qualifies and completes

the survey will receive a special coupon for \$25 off a \$75 purchase at Fashion Bug and be entered into a drawing to win a \$250 gift card. This survey is a part of LBBC's Young Women's Initiative, a program funded by the U.S. Centers for Disease Control and Prevention to address the unique and specific needs of women diagnosed with breast cancer under age 45. We are collaborating with a variety of organizations and providers to conduct the survey and share the findings with anyone who provides services to premenopausal women with breast cancer. Please share this information with your friends, family and healthcare providers via email and your social networks.

## Cervical Cancer

- Growing list of cancers linked to HPV are hitting Kentucky hard (5/20/12, Louisville Courier Journal) [NOTE: This is a short excerpt from an in-depth feature article written by LCJ Health Writer, Laura Ungar. Follow link above for complete feature] A sexually transmitted virus that's long been known to cause cervical cancer is now being blamed for a growing list of other cancers that are hitting Kentucky hard. HPV, short for human papillomavirus, is linked to cancers of the vulva, vagina, penis, anus and lung, and most recently to a rising number of head and neck cancers that strike in the prime of life. "It's turning out to be a pretty bad actor ... an extensive health problem," said Dr. Daniel Metzinger, a gynecological oncologist with University of Louisville Physicians and one of several local doctors who say they're seeing more HPV-related disease than ever before. The U.S. Centers for Disease Control and Prevention has found that Kentucky's cancer rates are among the nation's highest for several types of HPV-related cancer, including cervical, penile, vaginal, vulvar and oropharyngeal, which are head and neck cancers affecting the back of the throat, base of the tongue and tonsils. Smoking is also a risk factor for many of these cancers, such as cervical, vulvar and penile cancers, and Kentucky has the nation's highest smoking rate. Doctors said one way people can protect themselves is to be immunized with a relatively new vaccine against HPV, which can be transmitted through sexual contact.
- Cervical Cancer Survivors and Health Advocates Identify Prevention Strategies at CCFKY Statewide Conference (5/15/12, CCFKY.org) Public health officials, cervical cancer survivors and public health advocates from across the state met in Bowling Green, KY, May 14-15, 2012, for Cervical Cancer-Free Kentucky's (CCFKY's) second annual statewide conference. The conference was designed to identify strategies to reduce cervical cancer disparities through prevention of human papillomavirus (HPV) infection, appropriate and timely screening and diagnosis, access to follow-up care and treatment, and changes in health policy related to cervical cancer. Mrs. Madeline Abramson, who delivered the keynote address, said: "I hope everyone who is eligible to get this life-saving vaccine, gets it. I am especially proud that the vaccine was created by a team that included researchers from the James Brown Cancer Center (in Louisville, KY)." According to Dr. Baretta Casey, CCFKY Director, "With the availability of HPV vaccination and Pap testing for early detection and treatment, we have two ways to fight cervical cancer. There is no reason for Kentucky to continue to have one of the highest mortality rates in the country. We have the tools to change that." For additional information, please call (859) 218-2062 or visit [ccfky.org](http://ccfky.org). Read about Cervical Cancer Survivors and Health Advocates Identify Prevention Strategies at CCFKY Statewide Conference
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- Request for 2012 - 2013 Mini-Award Proposals (5/21/12, CCFKY.org) Contingent upon funding, the Cervical Cancer-Free Kentucky initiative will offer Mini-Awards in the amount of \$20,000 per award. Overall, we anticipate funding approximately eight (8) innovative projects to help impact cervical cancer disparities in Kentucky. Please click here to see examples of previously funded Mini-Award projects. Click here to read more and to download a PDF of the application. Deadline to apply is June 15<sup>th</sup>.

### Childhood Cancer

- *(reminder)* Indian Summer Camp – “Oncology Camp” July 22-28th, 2012. Indian Summer Camp's Oncology Camp is the camp's longest running program, started in 1981. Oncology Camp is currently hosted at Crossings Cedarmore camp site in Bagdad, KY (Shelby County). The weeklong, overnight oncology camp is open to children aged 6-18 who are either currently undergoing treatment for cancer or are survivors of a childhood cancer. During this week, children with cancer are able to enjoy a wide range of activities including arts & crafts, sports, and swimming, as well as many unique and once-in-a-lifetime experiences. This year's camp theme is “Out of This World”. Pediatric oncology doctors and nurses are present at camp the entire week to care for the medical needs of campers. Please contact Amy Steinkuhl at Amy@kcp.uky.edu for more information.
- *(reminder)* **Indian Summer Camp offering camp for SIBLINGS of children diagnosed with cancer in early June** In addition to their week-long summer camp for children diagnosed with cancer, Indian Summer Camp is now offering a Sibling Camp program. This is a weekend-long camp aimed to address the unique needs of children who have a brother or sister with cancer. Often times, when a child is diagnosed with cancer their siblings experience a wide range of emotions and may feel left out, scared, and alone. Sibling Camp offers these children a special place where they can bond with others with similar circumstances, gain recognition, and learn that they are special too...all while having the time of their lives! The sibling camp will be held June 1-3, at Camp Cedarmore in Shelby County.

### Colon Cancer

- Study Supports Value of Sigmoidoscopy, an Alternative to Colonoscopy (5/21/12, HealthDay News) New research confirms that sigmoidoscopies -- less-invasive alternatives to colonoscopies that don't require sedation -- are effective in lowering the risk of colon cancer. Having the procedure lowered the risk of getting a colon cancer diagnosis by 21 percent and the chances of dying from the disease by 26 percent, the researchers reported. Many doctors no longer offer sigmoidoscopies, but an editorial accompanying the study pointed out that sigmoidoscopies are still a good option for some patients. In the new study, researchers randomly assigned half of 154,900 people aged 55 to 74 to sigmoidoscopies -- 84 percent actually got them -- and tried to get those patients to return for a second sigmoidoscopy three to five years later. The study lasted

from 1993 to 2001. The risk of colon cancer deaths in the patients overall was small -- 593 occurred over an average of 12 years of follow-up. But the risk fell by 26 percent in those who had the procedures compared to people in the usual care group, who only got colonoscopies or sigmoidoscopies if they asked for one or their doctor recommended one. The researchers estimated that if they had used colonoscopies rather than sigmoidoscopies in their study, they would have spotted 16 percent more cancers. The study appears online May 21 in the *New England Journal of Medicine*, to coincide with a presentation at the annual Digestive Diseases Week meeting in Chicago.

- **Colon Cancer Alliance Sapphire Awards** The Colon Cancer Alliance (CCA) is pleased to announce the launch of the Colon Cancer Alliance Sapphire Awards. These newly created awards will recognize and celebrate innovators and leaders in the fight against colorectal cancer and will become an integral part of the CCA's annual *National Conference*. Nominations for this year's Colon Cancer Alliance Sapphire Awards are now open and being solicited from many individuals and groups. We invite you to participate in the Colon Cancer Alliance Sapphire Awards process by nominating those you believe deserve this special recognition and who embody the CCA's core values of compassion, respect, commitment, education and confidence. You may make one or more nominations in any or all of the award categories. Simply provide a completed Nomination Form, a short letter for each nomination describing why the candidate should be recognized, and a brief biography of the nominee. You may e-mail your nomination packet to Stephanie Guiffre at [sguiffre@ccalliance.org](mailto:sguiffre@ccalliance.org). Nominations must be received no later than Friday, June 1.
- *(reminder)* **Kentucky participating in CDC's Survey of Endoscopic Capacity** In 2011 and 2012, CDC is reassessing the national, state, tribal, and territorial colorectal screening and diagnostic follow-up capacity in a study (SECAP II). KENTUCKY will be one of 14 states/tribes/territories participating in this assessment. This is Part II of a study begun in 2005. Given the growth in the size of the U.S. population over 50 years of age and the increased use of colonoscopy as a CRC screening test, it is important to provide a more up-to-date capacity assessment. This new data may inform an anticipated increase in the proportion of the population receiving CRC screening as a result of the Affordable Care Act's no-cost sharing preventive services provision. **NOTE:** Facilities performing lower endoscopy in your area may be selected to complete a survey as either part of the randomly selected national sample or as part of a census in participating states/tribes/territories. The contracted survey agency, Battelle, will first telephone endoscopic facilities, and then send a survey packet via Fed Ex. Please encourage endoscopists in your area to complete the survey if they receive one! SECAP I response rates exceeded 80%, and CDC hopes to achieve a similar response rate with SECAP II.

## **Data**

- The 1999–2008 United States Cancer Statistics (USCS): Incidence and Mortality Web-based Report marks the tenth time that the Centers for Disease Control and Prevention (CDC) and the National Cancer Institute (NCI) have jointly produced official federal cancer incidence statistics for each state having high-quality cancer data. The report is produced in collaboration with the North American Association of Central Cancer Registries. This year's report features information on more than one million invasive cancer cases diagnosed during 2008 among residents of all 50 states, six metropolitan areas, and the District of Columbia. Incidence data are

from CDC's National Program of Cancer Registries (NPCR) and NCI's Surveillance, Epidemiology and End Results (SEER) Program. Data from population-based central cancer registries in these states and metropolitan areas meet the selected criteria for inclusion in this report. The report also provides cancer mortality data collected and processed by CDC's National Center for Health Statistics (NCHS). Mortality statistics, based on records of deaths that occurred during 2008, are available for all 50 states and the District of Columbia. **Report**

**Highlights include:**

- Cancer rates by race and ethnicity (all cancers combined)
  - Cancer rates by state (all cancers combined)
  - Cancer among men
  - Cancer among women
  - Racial or ethnic variations
  - Geographic variations
- **Analysis: Health by numbers: A statistician's challenge** (5/14/12, Reuters) The next time a headline tells of a sharp fall in measles deaths around the world, or an increase in those on treatment for HIV, or the shifting of the burden of cancer, spare a thought for the number-crunchers behind such far-reaching data. Above all else, analyzing the state of the world's health - be it by looking at obesity rates, cancer cases, malaria deaths, or HIV-free births - requires decent statistics. Billions of dollars are allocated and whole policy shifts made on the basis of figures from United Nations agencies like the World Health Organisation (WHO), UNICEF or the World Bank. Yet good data are hard to find, as the WHO's statistical analysis team knows. And extrapolating meaningful global figures from sparse raw material can be fraught with danger. In an interview with Reuters ahead of this week's World Health Statistics report, Ties Boerma, WHO's director of health statistics and information systems, started with a little known but alarming fact: "Two thirds of deaths in the world are not registered. And a third of births are also not registered." For a team tasked with producing reliable, independent and consistent data, not only on who is dying, but also from what, and where, why and how, that's a tough starting point. The WHO's annual World Health Statistics reports are billed as a "snapshot of global health" designed to give the most up-to-date picture across all 194 WHO member countries. The year's report, released May 16<sup>th</sup>, will be quoted by governments, U.N. agencies advocacy groups and campaigners, and set a standard to compare country with country, disease with disease, and past with present. Read more.

**General**

- “Bridging Local and State Cancer Control Efforts through Evidence”, webinar to be offered on Tuesday, June 12, 2012, 2:00 p.m. – 3:00 p.m. EST. It can be challenging to implement national or state goals and objectives, such as State Cancer Plans, at the local level and incorporate the evidence into programs in the community. The Comprehensive Cancer Control (CCC) National Partnership helps to bridge this divide by supporting CCC coalitions in the development and implementation of comprehensive cancer control plans at the state, tribe, territory, U.S. Pacific Island Jurisdictions, and local levels. The National Cancer Institute’s June Research to Reality (R2R) cyber-seminar will feature examples of successful comprehensive cancer control coalitions using evidence-based public health practice to implement state cancer plans in local jurisdictions. The seminar will explore state and local health department perspectives as Bruce Behringer from the Tennessee Department of Health and Della Rhoades from Nodaway County Health Department in Missouri share their stories of success, lessons learned, and opportunities.

Additionally, Brandie Adams from the National Association for County and City Health Officials (NACCHO) will share information on its new upcoming resource guides. The guides are designed to support local implementation of comprehensive cancer control work through local community-based coalitions. Join us this June and learn how your local and state coalitions can better work together to bridge research and practice and improve the health of your community. Register today at <https://researchtooreality.cancer.gov/cyber-seminars>.

- Markey Receives \$6.25 Million to Study Deadly Blood and Bone Marrow Disease (5/17/12, Univ. of Kentucky) The University of Kentucky Markey Cancer Center has received more than \$6 million to study a deadly blood and bone marrow disease often caused by chemotherapy or radiation treatments. A \$5 million grant from the Edward P. Evans Foundation, along with a \$1.25 million donor gift, will fund research of myelodysplastic syndrome (MDS). The Evans Foundation grant will fund five research labs over five years, including three labs at UK, one at Cincinnati Children's Hospital, and one at the University of Arkansas. The \$1.25 million gift, given to UK through the Markey Cancer Foundation by an anonymous donor, will also fund the laboratories. A major risk factor for MDS is past exposure to chemotherapy or radiation treatments — in other words, patients who have received treatment for solid tumors, particularly breast or prostate cancers, have a much higher chance of developing this disease. At UK, principal investigator Gary Van Zant and co-principal investigators Subbarao Bondada and Daret St. Clair lead the three research labs funded.
- *(reminder)* **Coordinated School Health Symposium** Set for Monday, June 25th at the Marriott Griffin Gate in Lexington, this event is sponsored by the Kentucky School Boards Association (KSBA) and the KDE/KDPH Coordinated School Health (CSH) Team. The theme will be “Coordinated School Health: The Missing Link in Unbridled Learning.” Registration information can be found [here](#) and [online](#).

## **Lymphoma**

- Professional Education Opportunity: “Non-Hodgkins Lymphoma – The Changing Landscape”. The Leukemia and Lymphoma Society, in partnership with local sponsor Frankfort Regional Medical Center, is hosting a professional development opportunity on Thursday, June 7, 2012, from 6-8PM at Serafini’s Restaurant; 243 W. Broadway; Frankfort, KY 40601. Speaker: John Hayslip, MD University of Kentucky College of Medicine, Division of Hematology, Oncology and Blood & Marrow Transplantation. Objectives: At the conclusion of this program participants should be able to: What NHL is and how it develops; How NHL is diagnosed and how it is staged; NHL treatment options; and how the symptoms and side effects are treated. CEs will be provided for nurses and social workers. Complimentary dinner will be served. Please contact Debby Phillips, Patient Services Manager, to register for the program at 1-800-955-2566 ext. 542 or [Deborah.Phillips@LLS.org](mailto:Deborah.Phillips@LLS.org) Pre-Registration for this free program is required. Please RSVP by Monday, June 4<sup>th</sup>.

## **Prevention/Genetics/Causes**

- [Test Baby Boomers for Hepatitis C, Says CDC](#) (5/18/12, HealthDay News) The U.S. Centers for Disease Control and Prevention wants all Americans born between 1945 and 1965 -- the

baby boom generation -- tested for hepatitis C. Most cases of the potentially deadly disease occur in this age group, and most were infected in their teens and 20s and don't know they are infected, the agency said. "The great majority of people -- 75 percent -- of the 3.2 million Americans living with hepatitis C are in the so-called baby boom generation," researchers noted. Baby boomers have a rate of infection about five times higher than others because they were young adults before the cause of hepatitis C was discovered in 1989, he explained. Before that, the blood supply wasn't screened for the virus, which enabled it to spread through transfusions. If hepatitis C is not detected and not treated, it can lead to cirrhosis of the liver or liver cancer. The proposal will be available for public comment and then finalized later in the year.

- [\*\*Folic acid tied to lower child cancer risks\*\*](#) (5/22/12, Reuters Health) Rates of two rare childhood cancers declined after the U.S. began requiring grain products to be fortified with the B vitamin folic acid, a new study finds. Reported in the journal *Pediatrics*, the study does not prove that folic acid deserves the credit. But researchers say the findings at least offer reassurance that folic-acid fortification has not led to an increase in children's cancers -- which has been a theoretical concern. In 1996, the U.S. mandated that enriched flours, breads, pastas and other grain products be fortified with folic acid, the synthetic version of the B vitamin folate. The goal was to help reduce rates of birth defects. Some other countries, though, are still debating whether to add folic acid to the grain supply. One concern has been the vitamin's potential to contribute to cancer; some research has linked folic-acid fortification to an increased rate of colon cancer in adults. But no one knows if folic acid is to blame. In fact, other research has tied higher intakes of folate from food to a lower risk of colon cancer. Since women should already be getting folate and folic acid to curb the risk of birth defects, these latest findings should offer them some reassurance that it's safe as far as their future children's cancer risk, according to researchers.
- [\*\*Obese More Likely to Be Diagnosed With Advanced Thyroid Cancer\*\*](#) (5/21/12, HealthDay News) Obese patients are more likely than other patients to have advanced, aggressive forms of papillary thyroid cancer when they're diagnosed with the disease, a new study has found. Thyroid cancer is on the rise in the United States and most of that increase is due to papillary thyroid cancer, said Dr. Avital Harari and colleagues at the University of California-Los Angeles David Geffen School of Medicine. Papillary thyroid cancer accounts for about 80 percent of thyroid cancer cases, according to the U.S. National Cancer Institute. For the study, the researchers reviewed the medical records of nearly 450 patients with an average age of 48 who had surgery to remove most or all of the thyroid gland as an initial treatment for papillary thyroid cancer or its variations. The patients were divided into four groups -- normal weight, overweight, obese and morbidly obese -- according to body-mass index, a measure of body fat based on height and weight. The researchers found that higher body-mass index was associated with more advanced cancer at the time of diagnosis. Obese and morbidly obese patients were more likely to have stage 3 or stage 4 cancer, and obese and morbidly obese patients were more likely to have aggressive forms of the disease. The study appeared online today in the journal *Archives of Surgery*.
- [\*\*Insecticide plant neighbors get soil test results\*\*](#) (5/21/2012, AP) Neighbors of a shuttered Louisville insecticide plant have begun receiving the results of soil tests, and at least one person says his soil is contaminated. Homeowner Marvin Hayes told *The Courier-Journal* his letter revealed elevated levels of cancer-causing arsenic and benzo(a)pyrene, a probable cancer agent.

Hayes' yard also contains lead and the banned pesticide dieldrin. Hayes has lived in his house for three decades and said he is not going to let the news alarm him. But he does want to know what the health risks are and what the plans are for clean-up. Hayes' letter did not say whether the Environmental Protection Agency would excavate the dirt and replace it, and it was vague about potential health risks. It stated that two of the pollutants in Hayes' yard exceed EPA "screening levels" and need to be investigated further. The EPA's Art Smith told the newspaper he could not discuss the findings until next week, after the testing results are made public. It took more than 25 years to test the yards of about 50 neighbors of the old insecticide plant for contamination. Last year the state turned the investigation and cleanup over to the EPA's Superfund program, which deals with the nation's most polluted properties.

## **Program Planning**

- *(reminder)* **[2012 Training series: Health for a Change: Ignite - Unite - Act!](#)** The Foundation for a Health Kentucky values the work of people like you who strive to make Kentucky communities healthier places to live, work, study and play. FHK is set to launch a training series designed to offer the topics most valuable to advocates, non-profit staff and public health professionals, and has procured excellent speakers to present best practices and proven models of these skills in a combination of electronic webinar format and in-person workshops. The series starts in May with two webinars demonstrating how you and community partners can find and use data sources to identify and quantify the health needs of your community:
  - How Healthy is My Community? A Practical Guide to Community Health Assessment. (Webinar) Wednesday, May 30<sup>th</sup>, 3-4pm (EST) (details).
  - A June 20th workshop will provide training on coalition building and maintenance. Later this summer, webinars will help you identify the differences between advocacy and lobbying, find policies and programs that are evidence-based, plan a budget and successfully apply for grant funding

## **Prostate Cancer**

- **[Task Force Recommends Against Routine Prostate Cancer Screening](#)** The United States Preventive Services Task Force (USPSTF) has issued new recommendations against prostate cancer screening. The USPSTF now recommends that regardless of age, men without symptoms should not routinely have the prostate-specific antigen (PSA) blood test to screen for prostate cancer. The task force released a draft of these recommendations in October, 2011. In its final prostate screening recommendations, the task force concludes that, based on the current evidence, there is at least moderate certainty that the harms of PSA testing outweigh the benefits. The USPSTF recommendation differs slightly from those of many other expert groups, including the American Cancer Society. The American Cancer Society recommends men make an informed decision about whether to be tested after learning about the potential risks and benefits of testing. The new USPSTF recommendations, published early online May 21, 2012 in *Annals of Internal Medicine*, are based largely on reviews of two [large clinical trials](#) of prostate cancer screening that have been published since 2008.

In an accompanying [Annals journal editorial](#), [Otis W. Brawley](#), MD, MPH, Chief Medical Officer of the American Cancer Society, wrote that over-diagnosis of prostate cancer can make screening seem to save lives when it may not. Many men are diagnosed with prostate cancer that may never have progressed within their lifetime; yet because they were screened and treated, they think screening saved their lives. Brawley wrote, "Americans have been taught for decades to fear all cancer and that the best way to deal with cancer is to find it early and treat it aggressively. As a result, many have a blind faith in early detection of cancer and subsequent aggressive medical intervention whenever cancer is found. There is little appreciation of the harms that screening and medical interventions can cause."

ACS patient resources available to help men make informed decisions regarding prostate cancer screening:

- [Decision aid](#) (detailed; 20 pages)
- [Informational brochure](#) (overview; 2 pages)

USPSTF fact sheet for men considering prostate cancer screening:

- ["Are You Considering Being Screened? Facts for Consumers"](#) (3-pages)
- [Men Can Still Ask for PSA Test, and Some Should, Doctors Say](#) (5/22/12, HealthDay News) Although a U.S. advisory panel no longer recommends that men routinely undergo prostate cancer screening with a PSA blood test, men should ask their doctors for the exam if they're uncomfortable without monitoring, health experts say. Urologists and cancer experts dismissed the idea that the U.S. Preventive Services Task Force's criticism of the PSA test will set a man's personal agenda or interfere with doctor-patient relationships. They acknowledged, however, that health insurers are likely to take notice of the new recommendation, released May 22 in the journal *Annals of Internal Medicine*, and potentially alter coverage of the screening test. In abandoning earlier guidelines that called for screening to start at 50, the task force said the PSA test does more harm than good, resulting in overdiagnosis of many slow-growing cancers while prompting aggressive treatment that can leave men impotent or incontinent. The test measures blood levels of prostate-specific antigen, a protein produced by the prostate gland. Dr. Otis Brawley, chief medical officer of the American Cancer Society, said better tests to determine not only the presence of prostate cancer but each case's true threat to patients have been held back from development because of the fixation on PSA testing. But Brawley and other experts said such future tests will likely focus on the specific genes at play in the malignancy. "Truth be told, prostate cancer screening as a whole, and its progress, has been delayed because so many people have been adamant about doing PSA screening in the last 20 years and not assessing if it works," Brawley said.

## Resources

- **New Facelift for Cancer Control P.L.A.N.E.T.** The [Cancer Control P.L.A.N.E.T.](http://ccplanet.cancer.gov/) (<http://ccplanet.cancer.gov/>) Web portal just got better! And it is easier than ever to find the right tools and resources to help cancer control planners, program staff, and researchers design, implement, and evaluate evidence-based cancer control programs. The re-designed [P.L.A.N.E.T.](http://ccplanet.cancer.gov/) Web portal has a new look and feel based on user feedback, as well as a new topic area, more planning and evaluation resources, and additional intervention program criteria to help translate research into action. What's New?
  - [P.L.A.N.E.T.](http://ccplanet.cancer.gov/) – New design and layout, with the same great content
  - [Obesity](http://ccplanet.cancer.gov/) – Links to obesity resources including statistics, programs, research synthesis, and planning tools
  - [RTIPs](http://ccplanet.cancer.gov/) – New design, obesity intervention programs, and added RE-AIM (Reach, Effectiveness, Adoption, Implementation, and Maintenance) scores
  - [RE-AIM](http://ccplanet.cancer.gov/) – Resources for those wanting to apply the RE-AIM framework for evaluating health promotion and chronic disease programs

### **Smoke-free**

- *(reminder)* [Smoke-free Kentucky Coalition Meeting](#) The Smoke-free Kentucky Coalition will be hosting a meeting to exchange ideas on how to strengthen the Coalition, and needs input in taking their campaign to the next level. The Coalition is inviting their 230 Smoke-free Kentucky organizational and business partners as well as hospital administrators. They will be offering the same session at two different times to accommodate Coalition members' schedules. You only need to attend one session: Tuesday, June 12th from 11:30am -1:30pm, Lunch Included OR Thursday, June 14th from 5:00 p.m.-6:30 p.m., Dinner Included. Location: Central Baptist Hospital-Education Center-Lower Level Building E-Auditorium, 1740 Nicholasville Road, Lexington, KY 40503. RSVP your attendance to Betsy Janes with the American Lung Association at [betsyj@kylung.org](mailto:betsyj@kylung.org).

### **Smoking Cessation**

- *(reminder)* [Two Cooper/Clayton Method to Stop Smoking classes](#) will be offered by the Lexington-Fayette County Health Department this summer. One class series will begin on Tuesday, June 5th and will be held at the Northside Public Library. The second series will begin on Wednesday, June 20th and will be held at the Public Health Clinic South. Each class series consists of 12-weeks of education on coping skills and how to effectively use nicotine-replacement therapy products. The classes are also provided in a supportive group format. For more information, click on the link above or call Angela Brumley-Shelton with the Lexington-Fayette Health Dept. at 859-288-2395.

## Survivorship

- *(reminder)* [American Cancer Society's Relays for Life](#) are being held across Kentucky throughout the Spring and Summer months. Relay is an overnight relay-style event where teams of people (survivors, caregivers, community members) camp out around a track. Members of each team take turns walking around the track for the duration of the event. Food, games and activities provide entertainment and fundraising opportunities, with a family-friendly environment for all. Because it's a Relay, attendees are not required to be there the entire time...but it's so fun, you might find it hard to leave!
- *(reminder)* [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.
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- *(reminder)* 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.

## Worksite Wellness

- *(reminder)* **Webinar: Making the Case for Worksite Health, Leadership & Culture**, Monday, June 18<sup>th</sup>, 1:00 - 2:30 p.m. EDT. The CDC [National Healthy Worksite Program](#) (NHWP) is providing employers and interested organizations nationwide access to worksite health training and resources beginning this summer. Webinars focus on practical, skill-building training for employers to implement comprehensive worksite health programs. This first in the series of five trainings provided by the CDC will discuss the key components of a worksite health program; the relationship between individual employee health and organizational performance; and how to create leadership support and build a strong infrastructure and culture for worksite health. Attendees will also have the opportunity to hear the latest information about the recently implemented National Healthy Worksite Program.  
. Space is limited. [Reserve your webinar seat.](#)