

Dear Kentucky Cancer Consortium Partners:

Below is the **May 2, 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 2, 2012**

### Advocacy

- **House passes bill to eliminate the Public Health Prevention Fund (PPHF)** (4/25/12, CDC NCCCP listserv)
  - On April 27th, the House passed [H.R. 4628 Interest Rate Reduction Act](#) to extend maintaining student loan interest rates at 3.4% for an additional year.
  - The cost of a one-year extension of the lower rate is \$5.985 billion, and in order to pay for this cost, the bill would repeal the unobligated balance of the Prevention and Public Health Fund. The remaining savings generated from repealing the \$11.9 billion fund will be put toward deficit reduction.
  - H.R. 4628 pays for the student loan reduction extension by completely repealing the Prevention and Public Health Fund (PPHF) and using the rescinded money as an offset.
  - It goes back to 2006, as part of the “6 for ‘06” Democratic campaign agenda, Democrats promised to cut student loan interest rates in half. Education & Labor Committee Chairman George Miller (D-CA) and then-Speaker of the House Nancy Pelosi (D-CA) proposed temporarily reducing interest rates for undergraduate students receiving subsidized Stafford loans. In 2007, the College Cost Reduction and Access Act was signed into law.
  - The College Cost Reduction and Access Act incrementally phased down interest rates for subsidized Stafford Loans made to undergraduate students over four academic years from 6.8 percent to 3.4 percent. Per the law, interest rates are scheduled to return to 6.8 percent on July 1, 2012
  - In 2011, the House approved H.R. 1217, which would repeal section 4002 of the Patient Protection and Affordable Care Act, a provision establishing the Prevention and Public Health Fund, which provides grant assistance to entities to carry out prevention, wellness, and public health programs. The bill would also rescind any unobligated balances appropriated to the Fund.
  - The Senate, is expected to consider this legislation when they return from recess on May 7th.
  - The White House issued a [Statement of Administration Policy](#), which stated the President would veto the legislation if it passes the Senate.
  
- **Medicare launches Accountable Care Organizations (ACOs)** (4/16/12, CDC NCCCP listserv)

- Last week, the Centers for Medicare and Medicaid Services (CMS) announced the first contracts under the agency’s standard program for accountable care organizations (ACOs).
  - ACOs—groups of doctors, hospitals and other health care providers, who work together to coordinate care for the same Medicare patients, with the aim of improving quality and reducing costs—were created under the Affordable Care Act.
  - CMS officials said 27 ACOs—covering 375,000 beneficiaries in 18 states—signed contracts with the agency last week and that they are reviewing another 150 applications from ACOs seeking to enter the program in July.
  - The agency previously announced contracts with 32 “pioneer” ACOs, which differ from ACOs in the standard program in that they will incur financial penalties if they do not meet specific standards for controlling spending and improving quality.
  - Between the two types of ACOs, about 1.1 million Medicare beneficiaries either are or will receive care under the new arrangements.
- - **State lawmakers act to limit prescription drug costs for patients** (4/16/12, CDC NCCCCP listserv)
    - Lawmakers in at least 20 states have introduced bills that would limit out-of-pocket payments by consumers for expensive drugs used to treat serious diseases including cancer.
    - Last week, Maine’s governor signed a bill into law that would set a yearly cap on patient payments for expensive drugs.
    - New York State passed the first law prohibiting such high patient payments in 2010. Vermont enacted a one-year moratorium that lasts until July 1. Hearings on similar bills were held last month in Connecticut and Rhode Island. Delaware’s Health Care Commission just finished a study on the matter. And a bill that would cover all states was recently introduced in the House by David McKinley, a West Virginia Republican.
    - The insurance industry is opposing many of these bills that would limit their ability to charge copayments on medications that can cost tens or hundreds of thousands of dollars.

## **Breast Cancer**

- [Here Are the Women Who Need Mammograms in Their 40s: Study](#) (4/30/12, HealthDay News) A new analysis that may help women in their 40s interpret mammogram guidelines says those with a family history of breast cancer or extremely dense breast tissue should start getting regular screenings. The benefits of getting a mammogram every two years outweigh the risks for these particular women, who are at increased risk for developing breast cancer, according to the U.S. National Cancer Institute-funded study. The research is published May 1 in the *Annals of Internal Medicine*. For this study, Researchers set out to identify specific factors that increased breast cancer risk for women ages 40 to 49. To do so, they evaluated data from 66 published articles and from the cancer institute's Breast Cancer Surveillance Consortium. Of 13 possible risk factors, they found extremely dense breast tissue or a first-degree relative with breast cancer (parent, sibling or child) doubled the risk of breast cancer in women 40 to 49. Next, they performed a technique called collaborative modeling to estimate the harms and benefits of every-other-year mammography for these under-50, high-risk women. Researchers put together

four independent models to see if a doubling of risk changed the balance of harms and benefits. All four models concluded that higher-risk women 40 to 49 who start every-other-year screenings at age 40 have the same benefit-harm ratio as average-risk women 50 to 74 who have mammograms every two years. The new data "shows the balance [of harms and benefits] more conclusively."

- 
- [More women need breasts removed after brachytherapy](#) (5/1/12, Reuters Health) Women who got seed radiation as part of their breast cancer treatment were more likely to have an infection or breast pain than those who were treated with whole-breast irradiation, in a new study. And more patients treated with the quicker and more local radiation technique (brachytherapy) went on to need a mastectomy as well -- but there was no difference in their chance of dying in the few years after treatment. For the new study, researchers analyzed Medicare insurance claims for close to 93,000 older women with cancer who got breast-conserving surgery followed by radiation in 2003 through 2007. About 7,000 of them were treated with brachytherapy, and the rest with whole-breast irradiation. Over the next five years, four percent of women who'd had brachytherapy got their breasts removed because of a cancer recurrence or for another reason. That compared to about two percent of those who got whole-breast irradiation and needed a mastectomy. Patients treated with brachytherapy were also more likely to get an infection over the next year, or to have breast pain or fracture a rib during study follow-up, the researchers reported in the Journal of the American Medical Association.
- [Horses and Hope Using Kentucky Derby Week to Encourage Breast Cancer Screenings](#) (5/1/12, WKYUfm.org) The owner and breeder of a top contender in this Friday's Kentucky Oaks horse race is using the event to draw attention to breast cancer screenings. Anita Cauley is a member of Kentucky First Lady Jane Beshear's [Horses and Hope](#) program, an effort that helps trackside workers obtain cancer screenings. One eye-catching way Cauley is raising awareness is by having the barn used by her filly "On Fire Baby" painted pink. "It is beautiful! I feel very privileged to have our barn 'pinked out,'" Cauley told WKU Public Radio. Horses and Hope provides information about prevention and treatment of breast cancer, as well as offering free screenings with an on-site mobile mammography unit located at horse racing events.
  - The [Kentucky Cancer Program](#) partners with the First Lady's Office to coordinate this important initiative. Find out when the next [Horses and Hope Race Event](#) is coming to a racetrack in your area.

### 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

- [SC House approves cancer screening, treatment bill](#) (4/25/12, Associated Press) The South Carolina House voted Wednesday to direct \$2.5 million in state cigarette tax collections toward cancer screenings. The measure now heads to the Senate. The bill would split the \$5 million from cigarette taxes that now goes to the Department of Health and Environmental Control for smoking prevention and cessation. The agency would have to put half toward the screening and treatment of breast and colorectal cancers. Redirecting the money can save lives through a permanent funding source. Legislators previously funded cancer screening with one-time money but haven't done so for the last two years, White said. Legislators made the \$5 million designation as part of the 2010 law that increased South Carolina's state cigarette taxes for the first time in 33 years. State taxes rose by 50 cents per pack, to 57 cents, in July 2010. The tax ranks 42nd nationwide, with the nationwide average at \$1.46 per pack. The bulk of that additional revenue goes toward Medicaid.
- 
- *(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

- [How the Prevention Fund is being spent](#) (4/27/12, Washington Post Blog) House Republicans want to use money earmarked for health reform's Prevention and Public Health Fund to hold down interest rates on student loans. The White House has threatened to veto the bill. So what's that money doing now? Over the past two years, Health and Human Services has used \$1.25 billion of Prevention Fund dollars to fund a pretty sweeping variety of health-related programs, according to data compiled by the Trust for America's Future. Another \$1 billion is set to go out the door in 2012. The Prevention Fund's biggest investments have been in two areas: Increasing the size of the health care workforce and implementing community-based, health care interventions. On the workforce front, the federal government spent \$198 million last year to create new residency positions for primary care doctors and ramp up training capacity for physicians. The hope, on the administration's part, is that these kinds of investments will better ready the health care system to absorb the millions of Americans expected to gain coverage in 2014. This investment is expected to train about 1,000 new doctors and 600 physician assistants. While that's not nothing, it's a drop in the bucket when you look at the workforce shortage that we currently face. The Association of American Medical Colleges projects we'll be short 30,000 primary care doctors within three years, by 2015. The other big Prevention Fund investment has been in community-level health interventions. These are programs that try to reduce obesity and tobacco use by targeting environmental factors -- things like providing safe walking paths for exercise or access to smoking cessation programs. These kind of programs are run as grants to cities and states. They began with stimulus funds and were then bolstered by the Prevention Fund to the tune of \$425 million for 2011 and 2012. There are other programs in the Prevention Fund - the full list is here - but these two stand out as its

biggest investments. And when we talk about eliminating the Prevention Fund, its programs like these that are on the chopping block.

- 
- [Bonuses for docs do little to improve diabetes care](#) (4/26/12, Chicago Tribune) Small financial incentives aimed at getting physicians to make sure their diabetic patients receive recommended routine exams may not lead to changes in doctors' behavior, according to a new study from Canada. The findings echo much of what has been shown in other so-called pay-for-performance arrangements. Those systems offer money to physicians who achieve certain goals that are known to improve patients' health, reduce errors or save money. Researchers and policymakers have been looking to pay-for-performance as one strategy to improve health outcomes. Beginning in 2002, the government of Ontario offered to pay doctors \$37 (Canadian -- about \$38 U.S.) for each visit with a diabetes patient that demonstrated the patient was getting the recommended routine exams. Those included eye exams, blood sugar monitoring and cholesterol measurements. To see if this incentive program was working, researchers examined the medical bills of more than 700,000 diabetic patients in Ontario. The researchers found that between 2006 and 2008, only a quarter of patients had medical bills that included a charge for the incentive payment. During that time, 37 percent of patients received the recommended number of blood sugar tests and 59 percent got the appropriate number of cholesterol tests, they reported in *Diabetes Care*. "Rates of recommended testing increased gradually from 2006 to 2008, but it was not really associated with the incentive code". Earning the incentive also involved administrative work that some doctors might not have felt was worth the effort, researchers said. And not having electronic medical records or staff dedicated to managing chronic diseases could have made it too difficult for doctors to meet the goals of the incentive. Pay-for-performance programs have not shown much success in other settings, either. Dr. Michael Parchman, researcher at the Group Health Research Institute, said there have been examples of pay-for-performance programs working, but they involved much larger impacts on doctors' incomes.
- 
- [Health care law helps community health centers build, renovate facilities, serve more patients](#) (5/1/12, HHS.gov) Today HHS Secretary Kathleen Sebelius announced grant awards made possible by the new health care law that will help build, expand and improve community health centers nationwide. The announcement made today is for awards from two capital programs for community health centers. One will provide funding to 171 existing health centers across the country for longer-term projects to expand their facilities, improve existing services, and serve more patients. This program will expand access to an additional 860,000 patients. The second set of awards will provide funds to 227 existing health centers to address pressing facility and equipment needs. Community Health Centers awarded funds through this announcement are:
  - Cumberland Family Medical Center, Burkesville, KY
  - Grace Community Health Center, Inc., Gray, KY
  - Family Health Center, Inc., Louisville, KY
  - Big Sandy Health Care, Inc., Prestonsburg, KY
  - Mountain Comprehensive Health Corporation, Whitesburg, KY
- 

## General

- [Facebook Is Urging Members to Add Organ Donor Status](#) (5/1/12, New York Times) Nearly 7,000 people in the United States die each year while waiting for an organ transplant. It is a number that Facebook hopes to lower with its vast network of 161 million members in this country. The company announced a plan on Tuesday morning to encourage everyone on Facebook to start advertising their donor status on their pages, along with their birth dates and schools — a move that it hopes will create peer pressure to nudge more people to add their names to the rolls of registered organ donors. Under the Facebook plan, members will be able to declare and update their organ donation status. The status will appear with other biographical information in a section called Health and Wellness, which includes, for example, updates on whether a person has recently lost weight or ever broken a bone. This feature will also lead to links to state online donor registries, where people can change their donor status; or they can still do so the traditional way, by visiting the local motor vehicle department. Facebook is introducing the change not only in the United States but also in the United Kingdom, where it has around 30 million members. The company says it plans to add it in several other countries in the coming months. Globally, Facebook has about 900 million members.
- 
- [2nd Annual Kentucky Health Quality Collaborative Conference](#), May 14, 2012  
KY History Center | Frankfort, KY. Bringing Kentuckians who get care, give care, purchase care, and pay for care to work together toward common, fundamental objectives to improve the health of all Kentuckians. Join them as they learn about current quality improvement efforts in Kentucky, address changes occurring through health reform and national efforts to improve the quality of health care, and help shape a collaborative quality roadmap for Kentucky that supports building a healthier Kentucky. [Conference Registration](#)
- *(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 Equity

- [Health Care Disparities Might Affect Black Kids' Cancer Survival](#) (5/1/12, HealthDay News) Equal access to health care would reduce the disparity in survival rates between white and black children with cancer, a new study suggests. Researchers from St. Jude Children's Research Hospital in Memphis, Tenn., found that access to clinical trials and more expensive treatments, such as bone marrow transplants, helped improve outcomes for children with cancer regardless of their ability to pay. In conducting the study, researchers compared the outcomes of more than

4,000 St. Jude patients and nearly 24,000 pediatric patients treated at various U.S. medical centers for 19 different forms of cancer. Among the children treated at St. Jude, the study found almost no difference in survival rates between white and black patients for nearly all cancers during a 15-year period. In contrast, the study, which was published in the April 30 online edition of the *Journal of Clinical Oncology*, showed that many black children across the United States are not benefiting from the progress that has been made in pediatric cancer treatment. The study revealed that these children had significantly worse outcomes than white patients with the same type of cancer. Although the gap in survival rates for patients with acute lymphoblastic leukemia and Hodgkin lymphoma narrowed during the 15-year study, the gap widened for children with acute myeloid leukemia and neuroblastoma, a tumor of the nervous system. The study authors said that equal access to care is vital to improve survival rates for children with cancer.

- [National Minority Health month emphasizes preventative measures](#) (4/25/12, The Washington Post Blog) April is Minority Health Month, designated by the Department of Health and Human Services' Office of Minority Health to raise awareness of health disparities and to encourage action to reduce them. On Tuesday the Office of Minority Health hosted a White House panel focused on the ways the Obama administration is helping communities take action, from advancing mental health to appointing hairstylists as health "ambassadors." U.S. Surgeon General Regina Benjamin spoke largely on preventive health, which she described as more relevant than ever in light of the nation's increasingly diverse demographics and, subsequently, a increasing population with chronic illnesses like diabetes and heart disease. While she stressed the importance of personal choices, she also discussed how the federal government is prioritizing preventive health in new ways. The Affordable Care Act, for example, established a new National Prevention, Health Promotion, and Public Health Council, chaired by Benjamin and made up of the heads of 17 federal agencies. "Our goal is to move our health care system from a focus on sickness and disease to a focus on wellness and prevention," said Benjamin of the council's holistic and integrated approach to community health. Last summer the council released the first-ever [National Prevention Strategy](#). "It includes everything from safe highways and worksite wellness programs to clean air and healthy foods," she said. "If we follow the recommendations, we can prevent or at least significantly decrease the five leading causes of death."

### **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.](#)

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

- [Healthy Weight Loss May Also Cut Your Cancer Risk](#) (5/1/12, HealthDay News) -- Moderate weight loss reduces levels of inflammation that have been tied to certain cancers, at least in postmenopausal women, a new study suggests. According to the findings, older women who lost at least 5 percent of their body weight through diet alone or diet plus exercise showed significant reductions in key inflammatory blood markers such as C-reactive protein and interleukin-6. In addition to risk for heart disease, elevated levels of these markers have also been associated with increased risk for several cancers, including breast, colon, lung and endometrial cancer. The findings appear May 1 in the journal *Cancer Research*.
- (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. 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.

## **Program Planning**

- **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:
  - Health Data: Where to find it. How to use it. (Webinar) Wednesday, May 16<sup>th</sup>, 3-4pm (EST) [\(details\)](#)
  - 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. Other workshops present how policy is made and promoted in Kentucky, how to build a campaign around your health issue, as well as how to evaluate your efforts for future planning and funding. FHK invites you to choose one or more of the sessions or register for the entire series. Attendance at both the webinars and the workshops is free of charge.

## **Smoke-free**

- [Many Asthmatic Kids Harmed by Secondhand Smoke: Study](#) (5/1/12, HealthDay News) -- Many asthmatic children in the United States are exposed to secondhand tobacco smoke and suffer health problems because of it, a new study shows. "National asthma guidelines have advised avoidance of environmental tobacco smoke for patients with asthma for decades, but it is unclear to what degree these recommendations are being followed and what the impact of exposure has been in an era of increased awareness of the effects of environmental tobacco smoke exposure," study author Dr. Lara Akinbami, medical officer at the National Center for Health Statistics of the Centers for Disease Control and Prevention, said in an American Academy of Pediatrics news release. The researchers analyzed data from the National Health and Nutrition Examination Survey from 2003 to 2010 for 972 children aged 6 to 19 with asthma. The results showed that 53 percent of the children were exposed to secondhand tobacco smoke. After adjusting for differences in age, sex, race and poverty status, the researchers found that exposure to secondhand smoke was associated with an increased risk of having three or more visits to a doctor or emergency room due to wheezing in the past year; sleep disturbed by wheezing one or more nights a week; and exercise limitations because of wheezing.
- [Missouri voters could decide on higher cigarette tax](#) (4/29/12, Associated Press) *Signatures might be submitted this week on a plan to raise tax on each pack by 73 cents.* Smoking could get more costly as some seeking to raise Missouri's lowest-in-the-nation cigarette tax expect to submit signatures this week to put the issue before voters in November. The proposal calls for increasing Missouri's tax on each pack of cigarettes by 73 cents and steering the additional money to education and smoking prevention and cessation. Taxes on other tobacco products also would be increased. Health organizations, including the American Cancer Society, the American Lung Association and the American Heart Association, are pushing the ballot measure. Missouri now levies a cigarette tax of 17 cents per pack, far below the national average of \$1.46. A trial judge is scheduled to consider a legal challenge to the tobacco tax ballot summary on May 7, the day after groups seeking to get initiatives on this fall's ballot must submit signatures to the secretary of state's office. If the plan clears those hurdles, this will be the third time in the past decade that a measure seeking to increase tobacco taxes has appeared on the statewide ballot. Missourians in 2002 defeated a 55-cents-per-pack increase by roughly 31,000 votes. In 2006, they rejected an 80-cents-per-pack increase by about 61,000 votes.
- 
- [Smokers dodge cigarette tax by switching to pipes, cigars](#) (5/1/12, USA Today) American smokers have shifted to pipe tobacco and large cigars since federal taxes on cigarettes were increased in 2009, a new government report concludes. Sales of pipe tobacco and large cigars, both taxed at a lower rate, have soared as smokers have adjusted their buying habits to the new price structure. The shift cost the federal government \$615 million to \$1.1 billion in uncollected tax revenue from April 2009 to September 2011, the report said. It did not estimate how much individual states may have lost in uncollected taxes. "That's real money and a tax avoidance scheme Congress ought to be interested in stopping," said Gregg Haifley, associate director of federal relations at the American Cancer Society's Cancer Action Network. "It's also counterproductive for the public health benefit of tobacco taxes." Monthly sales of pipe tobacco increased from about 240,000 pounds in January 2009 to more than 3 million pounds in September 2011, the Government Accountability Office found. Monthly sales of large cigars more than doubled, from 411 million pounds to more than 1 billion pounds.
-

- [Smoking Cessation for Pregnancy and Beyond: A Virtual Clinic](#) This is an interactive Web-based program designed for health care professionals to hone their skills in assisting pregnant women to quit smoking. Up to 4 hours of continuing education credits can be earned by completing the practicum that was developed by the Interactive Media Laboratory, Dartmouth Medical School in collaboration with the American College of Obstetricians and Gynecologists and the Centers for Disease Control and Prevention. The curriculum teaches a best practice approach for smoking cessation, the 5A's, and is based on current clinical recommendations from the U.S. Public Health Service and the American College of Obstetricians and Gynecologists. Participants practice cessation counseling through interactive patient simulations and case discussions and learn to apply motivational interviewing techniques. The target audiences of the program are physicians, physician assistants, nurse-midwives, registered nurses, licensed practical/vocational nurses, nurse practitioners, certified health educators, other health educators, pharmacists, health professional students, and other health professionals that may interact with women of reproductive age. The cost is \$25.00 per user.

### **Survivorship**

- [Healthy Behaviors Extend Life After Cancer, Experts Say](#) (4/26/12, HealthDay News) A healthy lifestyle -- including eating right, exercising and maintaining normal weight -- can boost the odds of long-term cancer survival, especially for breast, colorectal or prostate cancer, according to new recommendations from the American Cancer Society. Cancer survivors often are advised to adopt healthy behaviors, including eating lots of fruits, vegetables, whole grains and lean protein; fitting in walking or other aerobic activity most days of the week; and keeping weight within a normal range. Research has shown that those steps can help prevent cancer, but there was little research showing that a healthy lifestyle could keep cancer from recurring, or could prevent cancer survivors from getting a new type of cancer. But a review of recent scientific evidence allowed a panel of cancer experts to conclude that such measures help ward off cancer's return. Since the last time ACS published recommendations for survivors in 2006, 100 studies have looked at the impact of weight, diet or a combination of these indicators upon survival. The recommendations were published online April 26 in *CA: A Cancer Journal for Clinicians*. Among the recommendations:
  - Losing weight if you're overweight or obese may help prevent recurrence and development of new cancers. Obesity is associated with multiple types of cancer, including breast, colorectal and gallbladder malignancies.
  - Exercise is "safe and feasible" during cancer treatment, and it also can improve physical functioning, fatigue and quality of life.
  - A diet high in fruits, vegetables, whole grains, poultry and fish was found to be associated with reduced mortality compared to a diet high in refined grains, processed and red meats, desserts and high-fat dairy products.
  - People diagnosed with cancer are at a significantly higher risk of developing other cancers, and may be at higher risk of developing other chronic diseases such as cardiovascular disease, diabetes and osteoporosis.
- [Women More Likely to Survive Melanoma Than Men: Study](#) (5/1/12, HealthDay News) When it comes to surviving the skin cancer known as melanoma, nature appears to have dealt women a better hand than men, new research suggests. By almost every measure, an analysis of four European studies found that women can expect a 30 percent better outcome than men

following an early stage melanoma diagnosis. That gap, researchers say, may be rooted in basic differences in gender biology. "The 30 percent advantage applies to survival," said study author Dr. Arjen Jooisse, from the department of public health at Erasmus University Medical Center in Rotterdam, the Netherlands. "It also applies to having a metastasis [spread]: women have a 30 percent lower chance to experience a metastasis to the lymph nodes and to other organs." Jooisse and colleagues from Belgium, Switzerland, Germany and France published their findings in the April 30 online edition of the *Journal of Clinical Oncology*. In an editorial accompanying the study, Dr. Vernon Sondak, chair of the department of cutaneous oncology at the Moffitt Cancer Center in Tampa, Fla., noted that just over 70,000 Americans were diagnosed with invasive melanoma in 2011, and about 43 percent of those were women. But, among the roughly 8,800 melanoma-related deaths that year, only 35 percent were female patients.

- 
- [FLY FISHING CLINIC to raise funds for breast cancer survivors' retreat](#). Date - May 19, 2012, Time - 9:00 AM- 2:00 PM; Place- 8305 Cedar Creek Road, Louisville 40291; Cost - \$125/person; Bring a friend for an additional \$75; Equipment furnished. Box lunches provided. Contact Dr. Anna Perry, [acpdmd@aol.com](mailto:acpdmd@aol.com) or 502-314-5911, RSVP by May 12- limited availability. All profits donated to Casting for Recovery: (501)(c)(3) non-profit organization whose mission is to provide retreats for women with a history of breast cancer. Visit <http://castingforrecovery.org> for more information. *"Please join us and know that your contribution means so much to promoting wellness to breast cancer survivors. All of the proceeds help provide physical and emotional benefits and an opportunity to network with other women at a 2 1/3 day retreat."*
- 
- *(reminder)* 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.
- 
- *(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.
- 
- *(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.