

Dear Kentucky Cancer Consortium Partners:

Below is the **May 9, 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 9, 2012**

### Advocacy

#### Breast Cancer

- [Men's Breast Cancer Often More Deadly, Study Suggests](#) (5/4/12, HealthDay News) Breast cancer in men is much less common than it is in women, but it may be more deadly, new research suggests. Survival rates for men with breast cancer, overall, are lower than those for women, at least when it is diagnosed in the early stages, researchers found. The cancers differ in other respects too. A big limitation to the research: The database they drew from keeps track of which breast cancer patients die, but not what they died from. So it is impossible to tell if they died from their cancer or something else, he explained. Researchers compared about 13,000 men with breast cancer, identified from the National Cancer Data Base, to more than 1.4 million women with breast cancer. The data covered 1998 to 2007. The investigators evaluated cancer characteristics and survival rates, taking into account age, ethnicity and other factors. Men with breast cancer were more likely to be black than women with breast cancer (11.7 percent versus 9.9 percent) and less likely to be Hispanic (3.6 percent versus 4.5 percent), the researchers found. Men's tumors were larger when diagnosed; they were more likely to have later-stage tumors, involvement of lymph nodes, spreading to other parts of the body and other differences. Lack of information on cause of death is a major limitation of the finding. Even so, "this is a very interesting study, and ... it will open the door to more research being done in male breast cancer."

#### Cervical Cancer

- [Fewer Young Women Complete HPV Vaccine](#) (5/7/12, New York Times) The vaccine against human papillomavirus is highly effective in preventing cervical cancer, but researchers report that the percentage of young women completing the required three vaccinations is low and dropping. Scientists studied insurance records of 271,976 girls and women in the United States who received an initial vaccination from 2006 to 2009. Ideally, the three shots should be given to 11- and 12-year-old girls within a six-month window. Catch-up shots are advised up to age 26. The rate at which the young women completed the series within a year dropped to less than 22 percent in 2009 from more than 50 percent in 2006. There was an increase in completion only among the 2 percent of women older than 27 who received the shots off-label, to 24 percent in 2009 from 15 percent in 2006. Those who received the vaccination from a clinic were less likely to complete the series, compared with those who received the shots from a

pediatrician. Those who got the vaccinations from a gynecologist were most likely to get all three shots. Getting one shot is not enough, according to the senior author, Dr. Abbey B. Berenson, a professor at the University of Texas Medical Branch. “All the data is based on three injections,” she said. “Getting one shot does not protect, based on the data we have now.” The report appears online in the journal *Cancer*.

- *Message from Dr. Baretta R. Casey* (5/4/12, CCFKY): **Contingent upon funding, the Cervical Cancer-Free Kentucky Initiative will offer Mini-Awards in the amount of \$20,000 per award.** We anticipate funding approximately eight (8) innovative projects to help impact cervical cancer disparities in Kentucky. We encourage those who wish to have Kentucky become a cervical cancer free state to submit your unique plan to accomplish this goal. Examples of previously funded Mini-Award reports are located on our website: [www.cervicalcancerfreeky.org](http://www.cervicalcancerfreeky.org). Project proposals must be specific to at least one of the following four project areas and at least one of the four strategies: PROJECT AREAS 1) Cervical cancer prevention, screening and diagnosis; 2) Access to cervical cancer follow-up care and treatment; 3) Changes in cervical cancer-related health policy; 4) Cervical cancer survivorship. PROJECT STRATEGIES: 1) Dissemination and/or replication of successful Kentucky models of cervical cancer prevention (see CCFKYI website for previously funded projects and/or contact CCFKYI for more information about these projects) 2) Policy and/or systems change 3) Health education and promotion 4) Community outreach
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- *(reminder)* [2012 Cervical Cancer-Free Kentucky Annual Statewide Conference](http://www.cervicalcancerfreeky.org) May 14-15, 2012 | Sloan Convention Center | Bowling Green, KY. Please join our second annual conference! The conference will begin with a complimentary reception at the National Corvette Museum on the evening of Monday, May 14th, 7-9pm. We have a full day of meetings on Tuesday, May 15th. No registration fee is required and lunch is provided. To register, go to [www.cervicalcancerfreeky.org](http://www.cervicalcancerfreeky.org)
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### **Childhood Cancer**

- [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**

- **Kentucky participating in CDC's Survey of Endoscopic Capacity** From 2000–2005, the Centers for Disease Control and Prevention (CDC) conducted a Survey of Endoscopic Capacity

(SECAPI) study assessing the national and selected states' capacity for colorectal cancer (CRC) screening and diagnostic follow-up. Participating states at that time included CO, GA, IA, ME, MD, MASS, MN, NM, NY, NC, SC, OH, TX, and WA. Nat'l results showed if screening rates improved, there was immediate capacity for CRC screening using the FOBT, with adequate capacity for endoscopic diagnostic follow-up. However, capacity for primary endoscopic screening would not be reached for 5–10 years. At the state level, capacity varied widely, with several states having sufficient capacity to provide statewide primary endoscopic screening within 3 years.

In 2011 and 2012, CDC is reassessing the national, state, tribal, and territorial CRC screening capacity in a follow-up study (SECAP II). KENTUCKY will be one of 14 states/tribes/territories participating in this assessment. 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. Additionally, these 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! SECAPI response rates exceeded 80%, and we hope to achieve a similar response rate with SECAP II

## **Financial**

- [Health care law increases payments to doctors for primary care](#) (5/9/12, HHS.gov) Primary care physicians serving Medicaid patients would see their Medicaid payments rise under a proposed rule announced today by Health and Human Services (HHS). Through the Affordable Care Act, the increase would bring Medicaid primary care service fees in line with those paid by Medicare. The boost would be in effect for calendar years (CY) 2013 and 2014. States would receive a total of more than \$11 billion in new funds to bolster their Medicaid primary care delivery systems. Today's proposed rule would implement the Affordable Care Act's requirement that Medicaid reimburse family medicine, general internal medicine, pediatric medicine, and related subspecialists at Medicare levels in CY 2013 and CY 2014. The increase in payment for primary care is paid entirely by the federal government with no matching payments required of States. The health care law also includes other initiatives to bolster primary care and support the primary care workforce, including efforts to boost primary care residency slots, physician assistant and nurse practitioner training, and the National Health Service Corps. For more information about today's proposed rule visit: [www.ofr.gov/inspection.aspx](http://www.ofr.gov/inspection.aspx).

## **General**

- Morbidity and Mortality Weekly Report (MMWR): [Living Well with Chronic Illness: a Call for Public Action](#) [ 5/4/12, MMWR 61(17); 312] The Institute of Medicine has released the final version of a committee report titled, *Living Well with Chronic Illness: a Call for Public Action*. The independent report, funded by CDC and the Arthritis Foundation, identifies public health actions that might reduce disability and improve functioning and the quality of life of persons with chronic disease. Beyond simply living longer, persons increasingly are interested in maintaining or even improving their capacity to live well over their entire lives. Instead of making recommendations for specific illnesses, the committee identified nine conditions that reflect the tremendous variation in chronic diseases and have had significant effects on the nation's health and economy to use as examples: arthritis, cancer survivorship, chronic pain, dementia, depression, type 2 diabetes, posttraumatic disabling conditions, schizophrenia, and vision and hearing loss. The committee concluded that the epidemic of chronic illness is moving toward crisis proportions but that maintaining or enhancing quality of life for persons living with chronic illnesses has not been given the attention it deserves. The committee report offers 17 recommendations for immediate and specific steps CDC and other components of the U.S. Department of Health and Human Services, and other federal and state agencies, might take to address chronic illness.
- [Lower-Dose Radioiodine Effective Against Thyroid Cancer](#) (5/2/12, HealthDay News) People with thyroid cancer are often given a radioactive iodine treatment to wipe out stray cancer cells, a treatment that comes with its own health risks. Now, two new studies find that a safer, lower dose of radioactive iodine is just as effective as the higher dose at getting rid of any such cells that remain after surgery. The research also found that patients were just as likely to have their thyroid shrunk away if they took a drug called Thyrogen (thyrotropin) as if they underwent thyroid hormone withdrawal -- which leads to fatigue, pain and weight gain -- before embarking on the radioiodine treatment. The two studies, published in the May 3 issue of the *New England Journal of Medicine*, compared low- and high-dose radioactive iodine in a total of more than 1,000 patients. The participants, from Britain and France, also received either Thyrogen or thyroid hormone withdrawal as part of the therapy. In either study, the researchers found that patients who received the low-dose (30 millicuries) of radioactive iodine in combination with Thyrogen were just as apt to have their remaining thyroid cells mopped up -- with fewer side effects -- than patients who received higher-dose (100 millicuries ) radioiodine along with either Thyrogen or hormone withdrawal.
- (reminder) [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](#)

## Lung Cancer

- **Invitation from the [Lung Cancer Alliance](#):** “If you want to make a difference in the lives of those affected by Lung Cancer we invite you to join the Kentucky and Southern Indiana Chapter

of Lung Cancer Alliance for our ‘Meet and Greet Reception’, Thursday, May 17, 2012, 4:30 pm – 6:30 pm at Gilda’s Club, 633 Baxter Avenue, Louisville, KY 40204. This meeting will get you connected to this important movement in our community and help you to know exactly how you can make a difference! Please RSVP with Nisa at [nnatrakul@lungcanceralliance.org](mailto:nnatrakul@lungcanceralliance.org) or call 202-742-1893. Walk-ins are also welcome!”

### Prevention/Genetics/Causes

- **Infection Causes 1 in 6 Cancers Worldwide: Study** (5/9/12, HealthDay News) One in six cancers worldwide is caused by preventable or treatable infections, a new study finds. Infections cause about 2 million cancer cases a year, and 80 percent of those cases occur in less developed areas of the world, according to the study, which was published online May 8 in *The Lancet Oncology*. Of the 7.5 million cancer deaths worldwide in 2008, about 1.5 million were due to potentially preventable or treatable infections. The researchers examined data on 27 cancers in 184 countries and calculated that about 16 percent of all cancers in 2008 were infection-related. The rate of infection-related cancers was 23 percent in developing countries and 7 percent in developed countries. Rates of infection-related cancers ranged from 3 percent in Australia and New Zealand to 33 percent in sub-Saharan Africa. "Many infection-related cancers are preventable, particularly those associated with human papillomavirus (HPV), *Helicobacter pylori*, and hepatitis B and hepatitis C viruses," the researchers said. In 2008, these four main infections together caused 1.9 million cancers, mostly of the stomach, liver and cervix. Cervical cancer accounted for about half of infection-related cancers in women, and liver and gastric cancers accounted for more than 80 percent of infection-related cancers in men. "Since effective and relatively low-cost vaccines for HPV and [hepatitis B] are available, increasing coverage should be a priority for health systems in high-burden countries."
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- **Shaping Kentucky’s Future: A Community Guide to Reducing Obesity / Local Success Stories** (5/3/12, Partnership for a Fit Kentucky and the Shaping Kentucky’s Future Collaborative) The report features stories of Kentuckians who have made physical activity and healthy eating easier and more accessible and sustainable in their communities. We hope the pioneering work featured in the sequel to the *Shaping Kentucky’s Future* state policy report will jump start efforts all across the state. To make it easier to replicate these great ideas, the report includes persuasive language to use in selling the ideas, advice from those who led the initiatives, contact information, and the best resources and references on the topics covered. An Action Worksheet is designed to act as a guide to help your community decide how it will Shape Kentucky’s Future. This report will be a success when the stories it tells inspire other Kentuckians to say, “If people can do that in Buckhorn, Lexington, Covington and Hopkinsville, we can do it here.” Copies can also be downloaded at [www.fitky.org](http://www.fitky.org). For more information contact Elaine Russell at [Elaine.russell@ky.gov](mailto:Elaine.russell@ky.gov).
  - Of special interest to KCC in the report: Worksite wellness success story, page 12; Shared Use Agreement success story, page 22.
- New Institute of Medicine Report Aims to Accelerate Progress in Preventing Obesity: **Report Recommends Strategies, Calls On All Sectors of Society to Take Action Now**  
The Institute of Medicine (IOM) today released a report that outlines comprehensive strategies for addressing the nation’s obesity epidemic and calls on leaders in all sectors to accelerate action

to advance those strategies. The release was a highlight of the second day of the 2012 Weight of the Nation conference, hosted by the Centers for Disease Control and Prevention. RWJF sponsored the report, *Accelerating Progress on Obesity Prevention: Solving the Weight of the Nation*. It highlights five key goals for reversing the epidemic:

- Make physical activity an integral and routine part of life.
- Create food and beverage environments that ensure healthy food and beverage options are the routine, easy choice.
- Transform messages about physical activity and nutrition.
- Expand the role of health care providers, insurers and employers in obesity prevention.
- Make schools a national focal point for obesity prevention.

The [full report, a summary, practical guides for taking action and other materials](#) are available for free on the IOM website.

- (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**

- (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:
  - 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.

## Resources

- [Vocational Rehabilitation receives grant for project to recycle and reuse medical equipment in Appalachia](#) (5/7/12, KY Education and Workforce Development Cabinet) The Kentucky Office of Vocational Rehabilitation (KYOVR) was recently awarded a \$450,000 grant to develop the infrastructure to recycle and redistribute assistive technology and durable medical equipment (DME) in the Appalachian region of Kentucky. Project CARAT (Coordinating and Assisting the Reuse of Assistive Technology), as it is titled, will develop a system of providers who identify and collect unused assistive technology and DME; recondition and refurbish the equipment to make it suitable for use; and redistribute the equipment to individuals who need it and are unable to acquire it otherwise. There are several small operations across eastern Kentucky that have equipment available, but the region as a whole does not have a group that coordinates the effort. The idea is to first find the equipment and then to develop a database that will help others see what is available. Some examples of equipment and assistive technology include power and manual wheelchairs, scooters, walkers, shower chairs and benches, augmentative communication devices, crutches, exercise equipment, environmental controls, hearing aids, etc. For more information check out the website <http://www.bluegrass-tech.org/carat.html>.

## Screening

- **Crunching Numbers: What Cancer Screening Statistics Really Tell Us** (5/1/12, NCI Cancer Bulletin) Over the past several years, the conversation about cancer screening has started to change within the medical community. Be it breast, prostate, or ovarian cancer, the trend is to recommend less routine screening, not more. These recommendations are based on an emerging—if counterintuitive—understanding that more screening does not necessarily translate into fewer cancer deaths and that some screening may actually do more harm than good. Much of the confusion surrounding the benefits of screening comes from interpreting the statistics that are often used to describe the results of screening studies. An improvement in survival—how long a person lives after a cancer diagnosis—among people who have undergone a cancer screening test is often taken to imply that the test saves lives. But survival cannot be used accurately for this purpose because of several sources of bias....
  - [Read the entire article](#), which includes information about lead-time bias, how to measure lives saved, physicians' understanding of screening statistics, and recent screening recommendation changes.

## Skin Cancer

- [Update of the 2003 U.S. Preventive Services Task Force \(USPSTF\) recommendation statement on counseling to prevent skin cancer](#). The USPSTF performed a targeted literature search for new evidence that counseling patients about sun protection reduces intermediate outcomes (such as sunburn) or skin cancer. Other key questions addressed the link between counseling and behavior change, the link between behavior change and incidence of skin cancer, and the adverse effects of counseling or sun-protective behavior changes. Recommendation: The

USPSTF recommends counseling children, adolescents, and young adults aged 10 to 24 years who have fair skin about minimizing their exposure to ultraviolet radiation to reduce risk for skin cancer (B recommendation). The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of counseling adults older than 24 years about minimizing risks to prevent skin cancer (I statement). The final recommendation statement appears in the May 8 issue of *Annals of Internal Medicine* and is available on the USPSTF Web site at <http://www.uspreventiveservicestaskforce.org/uspstf/uspsskco.htm>. This Web page also includes a summary of the evidence the Task Force reviewed and a fact sheet that explains the final recommendation statement in plain language.

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- [Risks Worth Reward?](#) (5/2/12, Lexington Herald-Leader) Nearly 30 million people use tanning beds every year, 2.3 million are teens, according to the Skin Cancer Foundation. The foundation says indoor ultraviolet tanners are 74% more likely to develop melanoma than those who don't tan indoors. While the tan fades, the UV ray damage caused by it may not. More than 123,000 thousand new cases of melanoma were diagnosed in 2011, resulting in nearly 9,000 deaths. In February 2008, a Kentucky law was passed requiring people younger than 14-years-old to be accompanied by a parent or legal guardian when using a tanning bed. Kentucky law requires written parental consent is required for those older than 14 but younger than 18. Skin cancer awareness advocates say this law doesn't go far enough. But, The Indoor Tanning Association says the fact is there is no consensus among researchers regarding the relationship between melanoma skin cancer and UV exposure either from the sun or tanning bed.

### Smoke-free

- [Smoke-free Kentucky Coalition Meeting](#). Please see attached flyer, and forward it on to your partners: 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. In particular, those hospital staff who worked on taking their campuses smoke-free should come! They will be the offering the same session at two different times to accommodate Coalition members' schedules. You only need to attend one session. The two possible times are: 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. Email Betsy Janes with the American Lung Association with how many will be attending from your organization at [betsyj@kylung.org](mailto:betsyj@kylung.org). Please let her know if you have any specific dietary needs.

### Smoking Cessation

- [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

- [Winning KY Derby trainer: Hardships forged fun-loving spirit in Team O'Neill](#) (5/5/12, Lexington Herald-Leader) J. Paul Reddam, the owner of trainer Doug O'Neill's Derby winning horse, I'll Have Another, calls his trainer and his Team O'Neill (as it is phrased on all of the family's barns) "a lot of fun." That's part of what separated Team O'Neill for Reddam, what made the owner who could have selected any trainer in the country keep working with Doug O'Neill and his group. "They remember that racing is supposed to be fun first," Reddam continued. Racing has been a source of joy for a family that experienced more than its share of unspeakable pain. Dennis O'Neill, assistant trainer to his brother Doug, was in the doctor's office in 1998 when their older brother, Danny, learned that he had less than a year to live. The younger O'Neill brothers watched Danny's body get ravaged by skin cancer for almost a year before he passed away at the age of 38. It was only a few years later that they again would get another devastating cancer diagnosis, this time Dennis learned he had Non-Hodgkins' lymphoma. Dennis, who saw something special in I'll Have Another and purchased the colt for a mere \$35,000, is now fully in remission, a fact that Doug states proudly and with the same wattage smile he showed after his horse crossed the finish line first. "It's been in remission for three, four or five years," Doug said when asked about his brother's illness. "He's healthy and he's doing great."
- [Exercise May Boost Survival in Breast, Colon Cancer Patients](#) (5/8/12, HealthDay News) -- Being physically active might lengthen the lives of people with breast and colon cancer, a new study suggests. Exercise may also benefit patients with other cancers, but there is no substantial evidence to make that claim, the researchers added. Cancer is becoming more of a chronic disease, researchers explain. "Because of that, many people actually are at risk for other chronic diseases, like heart disease, diabetes and hypertension, and physical activity is well known to be beneficial for these conditions." The report was published in the May 8 issue of the *Journal of the National Cancer Institute*. For the study, researchers analyzed 27 observational studies published between January 1950 and August 2011 that looked at cancer survival and physical activity. The evidence of these benefits was strongest for breast cancer patients, where exercise significantly reduced death from all causes including breast cancer, the researchers found. Strong data also existed for improved survival among colon cancer patients. The researchers also looked at other randomized controlled studies that suggested exercise benefited patients in a variety of ways, including improving insulin levels, reducing inflammation and possibly improving the body's immune system.
- [American Cancer Society's Relays for Life](#) are being held across **Kentucky** throughout the **Spring and Summer Months**. What Is Relay? Relay is an overnight relay-style event where teams of people 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 the entire community. 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!

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- The Kentucky African Americans Against Cancer invites you to participate in “African Americans Living Beyond Cancer”, a culturally rooted mind, body, and spirit experience. Led by trained health care professionals, the program is held on the fourth Monday of each month, and is open to both women and men with cancer. The interactive sessions are designed to help patients cope with diagnosis and treatment and lead them into recovery as survivors and advocates to support others. Friends and family are also welcome to attend. For more information, call the Kentucky Cancer Program at 502-852-6318.
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- *(reminder)* [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.”*
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- A free legal clinic for cancer patients and their families is 6-8pm this evening, Wednesday, May 9 at [Gilda’s Club Louisville](#), 633 Baxter Ave. The program offers free help and advice on life-planning documents including Medicare Part D, on employee benefits during illness and on government assistance such as Medicaid, Medicare and Social Security Disability. RSVP to 852-6318, however walk-ins are welcome.
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- On Saturday, May 12, adults and youth are invited to the Gilda Garden Party at [Gilda’s Club Louisville](#), 633 Baxter Ave. The morning begins with breakfast at 9am at the clubhouse, followed by a hands-on Beginners Growing Workshop from 9:30-10:30am about square-foot gardening in raised beds, composting and growing your own food – all presented by 15,000 Farmers. For kids, there will be a separate workshop on creating recyclable art from 9:30-10:30am – all ages are invited although kids under age 5 must have an adult with them to help with the art projects. Finally, you’re invited to work in the clubhouse garden from 10:30am to noon – even bring a flower from your own garden to add to Gilda’s. Call 583-0075 to RSVP if you can join us!
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- *(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.
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- Learn more about affordable healthcare options. Representatives from Single Payer Kentucky will be at [Gilda’s Club Louisville](#), 633 Baxter Ave., on Wednesday, May 16 to provide information on legislation that currently is pending in Congress. All questions and discussion are

welcome! The program begins at 6:30pm with dinner at 6pm. Call the clubhouse at 583-0075 to RSVP if you plan to attend.

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- *(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**

- **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. Featured Speaker: William B. Baun, EPD, CWP, FAWHP, Wellness Officer, MD Anderson Cancer Center, President, National Wellness Institute. Space is limited. [Reserve your webinar seat](#) now!