

Dear Kentucky Cancer Consortium Partners:

Below is the **June 13, 2012** issue of "Wednesday's Word", a KCC communication which relays recent state and national cancer control articles, resources, events and tools to you on a weekly basis, in a brief, easy-to-read format. You may read archived editions on our website. If your organization has a cancer-related item for Wednesday's Word, or you know of someone who may benefit from receiving this communication, feel free to contact Katie Bathje at kbathje@kycancerc.org.

Sincerely, Kentucky Cancer Consortium Staff

June 13, 2012

Breast Cancer

- [FDA to let women try new breast drugs earlier](#) (6/3/12, Reuters) Regulators are moving the goal posts in testing new drugs for breast cancer in the hopes of giving more women with aggressive, early-stage cancers the chance to try breakthrough drugs while they have the best shot at a cure. A new guidance document issued this week by the U.S. Food and Drug Administration will allow drug companies to test their medications for a few months on women with highly aggressive breast cancers before they have surgery, instead of waiting until the drug has been proven first in gravely ill patients. If a drug succeeds in eradicating the cancer to the point where there is no sign of it in the breast or lymph nodes - something called pathologic complete response - companies could win accelerated approval. That represents a significant change from the current approach, in which promising drugs only are tested in earlier stage cancers after they have first proven to be safe and effective in advanced, metastatic cancer. The guidelines are discussed in the current New England Journal of Medicine. The change is part of a push at the FDA to spur innovation and get more effective drugs to the patients who need them.
- [Women donate breast tissue to help cancer research](#) (6/9/12, Louisville WDRB) It's an alarming statistic. Doctors say 1 in 8 women today, are diagnosed with breast cancer. That's one of the reasons why the Norton Cancer Institute partnered with the Susan G. Komen for the Cure Tissue Bank on Saturday. The Tissue Bank at IU Simon Cancer Center is based in Indianapolis, but for the first time held an event outside of Indiana. On Saturday, women helped do their part by donating a sample of their own breast tissue. The healthy tissue will eventually be compared to tissue affected by cancer. It's a process doctors hope will have a lasting impact, and may one day help determine a cause for this disease. "So it's so important to figure out what the starting point and then maybe we can intervene before that even becomes a problem for a woman," says Dr. Tiffany Berry, the Medical Coordinator for Breast Health Program at Norton Cancer Institute. Officials say so many women turned up to help donate at the event that they had to turn some away.

Cervical Cancer

- *(reminder)* 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 this Friday, June 15th.**

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.

Colon

- [No link seen between bone drugs, colon cancer](#) (6/7/12, Reuters) Women who use certain bone-building drugs may not have a decreased risk of colon cancer, a new study finds -- despite prior evidence suggesting the drugs might offer some protection. The drugs, called bisphosphonates, include brands like Fosamax, Boniva, Reclast and Actonel, along with generic versions. They are used to prevent and treat the bone-thinning disease osteoporosis, which mainly strikes older women. The drugs can also be used to help treat cancer that has spread to the bone from other sites in the body. Bisphosphonates have been tied to both good and bad side effects. Research has found after years of use, the drug may, in rare cases, actually weaken the bones and lead to thighbone fractures or a painful breakdown of the jaw bone. On the other hand, several studies have suggested women who use bisphosphonates may have a decreased risk of developing breast or colon cancer. But this latest study, reported in the Journal of Clinical Oncology, found no evidence that women on the medications had lower odds of colon cancer. Of more than 86,000 U.S. nurses followed for over a decade as part of a large health study, 801 developed colon cancer. The risk was no different among women who didn't use bisphosphonates, versus users -- regardless of how many years they had been on the medications.
- [New Screening Tool Could Increase The Use Of Virtual Colonoscopies](#) (6/4/12, Kaiser Health News) A new method that doesn't require patients to take laxatives to empty their bowel beforehand could boost screening rates. But some experts question whether it's a good solution. The new test builds on another screening method often referred to as a virtual colonoscopy, the popular term for CT colonography. Patients drink a contrast dye a day or so before the procedure that "tags" the feces in their colon. The patient then has a virtual colonoscopy, and the feces can be identified and digitally removed from the CT image. No bowel cleansing is necessary. In a recent study published in the Annals of Internal Medicine, this laxative-free virtual colonoscopy was nearly as effective as the optical colonoscopy at detecting larger polyps of at least 10 millimeters that are responsible for most colorectal cancers. The Preventive Services Task Force, which says it has insufficient evidence, has not made a recommendation about virtual colonoscopy, in part because of concerns about exposing asymptomatic people to unnecessary radiation. Another downside, experts note, is that other expert groups have recommended that the test must be repeated every five years, twice the frequency of an optical colonoscopy. The American Cancer Society evaluated the data and decided to recommend the virtual colonoscopy. "It does a good job at finding large polyps and cancers," says Durado Brooks, the ACS's director of prostate and colorectal cancers. ACS provided funding for the laxative-free test study, the results of which are promising, says Brooks, but need to be replicated on a broad scale.

Financial

- [Insurers Moves Show No Turning Back on U.S. Health Law](#) (6/12/12, Bloomberg News)
Three of the top five U.S. health insurers sent a signal that many of the changes wrought by the 2010 health-care overhaul are here to stay, even if the Supreme Court decides the law itself must go. UnitedHealth Group Inc., Aetna Inc. and Humana Inc. said this week they would save some of the law's most popular provisions, including letting young adults stay on parents' plans. UnitedHealth, Aetna and Humana said in separate statements that they would keep simplified, independent reviews of appeals of coverage denials regardless of the court's decision. UnitedHealth and Louisville, Kentucky-based Humana said they would also end rescissions, or retroactive terminations of policies, except in cases of fraud, and eliminate dollar limits on lifetime benefits in their plans. The three companies have a total of at least 48 million customers on their commercial health plans. The insurers won't be obligated to stick by their pledges if the law is rejected, and large employers who insure themselves and only hire companies such as UnitedHealth to administer benefits for their workers could refuse to pay for the extra benefits. The statements by the insurers are the clearest evidence that measures of the law that have already been implemented may outlive the statute itself. WellPoint Inc., the second-largest insurer by market value and owner of Blue Cross Blue Shield plans in 14 states, will announce specific coverage plans after the court ruling. Cigna Corp., the fourth-largest U.S. insurer, said in an e- mailed statement it would wait until after the court rules to announce its plans.

General

- [Some Docs Would Order Cancer Screening for Very Sick Elderly](#) (6/6/12, HealthDay News)
A new study finds that many doctors would recommend unnecessary colorectal cancer screening for elderly and sick patients, even though such screening would likely cause more harm than good. The study was published online June 1 in the *Journal of General Internal Medicine*. The study included 1,266 doctors (family practice, general internal medicine and obstetrics-gynecology physicians) who were given different scenarios involving patients ages 50, 65 or 80 with three different levels of health: no illness; moderately severe illness (heart disease); or severe illness (advanced lung cancer). For each scenario, the doctors were asked which colorectal screening test they would recommend, if any. Overall, the older the patient and the more serious the underlying illness, the less likely the doctors were to recommend screening, the investigators found. The healthier the patient, the more likely doctors were to recommend invasive screening such as colonoscopy instead of noninvasive tests such as fecal occult blood testing, the study authors pointed out in a journal news release. But the study did find that 25 percent of primary care doctors recommended colorectal cancer screening for an 80-year-old patient with advanced lung cancer who would not benefit from the screening. In addition, the researchers found that obstetrician-gynecologists were more likely than other doctors to recommend colorectal cancer screening for 80-year-old patients with advanced lung cancer, and that doctors with access to electronic medical records were less likely to recommend screening for elderly patients with severe illness.

- **SAVE THE DATE!!! - July 10th and 11th, 2012. The Kentucky Department for Public Health is sponsoring a Social Marketing in Public Health Training** – Marriott Griffin Gate, 1800 Newtown Pike, Lexington, Ky. This is an opportunity for participants to work in teams (of no more than eight) on a specific topic. You will be asked to designate the size and name of your team during registration. Each team will develop a social marketing focus area during the workshop. Each team will be asked to designate one of six social marketing topic areas of which to focus – Asthma, Blood Pressure/ABC’s, Chronic Disease Self -Management, **Colon Cancer Screening**, Diabetes Prevention and Education and Obesity. Continuing Education Units (ceu’s) will be available for nurses, dieticians and health educators. The featured presenter will be Carol Bryant, Ph.D., M.S., of the Florida Prevention Research Center at the University of South Florida. We will send more information on the agenda in a few weeks. We look forward to seeing YOU in July!!! [Register for the training.](#)
- *(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](#).

Grants

- *(reminder)* **HHS announced available funding of \$70 million to improve the health of small communities.** The grants are part of the Community Transformation Grant (CTG) program, a prevention and wellness initiative administered by CDC. **NOTE:** In 2011, Louisville Metro Dept. of Public Health and Wellness was awarded a CTG grant of \$721,594, and was the only KY entity to receive a CTG grant award. HHS is continuing to support the initial group of 68 CTG awardees. The CTG Small Communities Program grantees will work toward one or more of these five priority areas: (1) tobacco-free living; (2) active living and healthy eating; (3) evidence-based quality clinical and other preventive services, specifically prevention and control of high blood pressure and high cholesterol; (4) social and emotional wellness, such as facilitating early identification of mental health needs and access to quality services, especially for people with chronic conditions; and (5) healthy and safe physical environments. CDC expects to make 25 to 50 competitive grant awards. The awards are one-time funding with a two year project period. The FOA for the CTG program Small Communities component can be found at www.Grants.gov by searching for [NCCDPHP CDC-RFA-DP12-1216PPHF12: “PPHF 2012: Community Transformation Grants - Small Communities Programs financed solely by 2012 Prevention and Public Health Funds](#). The **letter of intent due this Monday, 6/18/12** and application due 7/31/12. For an overview fact sheet about the Community Transformation Grant program, visit: <http://www.healthcare.gov/news/factsheets/2011/09/community09272011a.html>.
- *(reminder)* Patient-Centered Outcomes Research Institute (PCORI) has released its first primary research funding announcements to support comparative clinical effectiveness research that will give patients and those who care for them the ability to make better-

informed health care decisions. The four [PCORI Funding Announcements \(PFAs\)](#) involve up to \$96 million in funding and correspond to the first four areas of focus in PCORI's National Priorities for Research and Research Agenda: 1) **Assessment of Prevention, Diagnosis, and Treatment Options**- for projects that address critical decisions that patients, their caregivers and clinicians face with too little information 2) **Improving Healthcare Systems** - for projects that address critical decisions that face health care systems, the patients and caregivers who rely on them, and the clinicians who work within them 3) **Communication and Dissemination** - for projects that address critical elements in the communication and dissemination process among patients, their caregivers and clinicians 4) **Addressing Disparities** - for projects that will inform the choice of strategies to eliminate disparities. All application materials can be downloaded from the Funding Opportunities section of PCORI's website. For more information, please see our [press release](#) or visit pcori.org.

Prevention/Genetics/Causes

- [Diesel exhaust fumes cause lung cancer, WHO says](#)** (6/12/12, Reuters Health) Diesel engine fumes can cause lung cancer and belong in the same potentially deadly category as asbestos, arsenic and mustard gas, World Health Organisation (WHO) experts said on Tuesday. In an announcement that caused concern in the auto industry, the France-based International Agency for Research on Cancer (IARC), part of the WHO, reclassified diesel exhausts from its group 2A of probable carcinogens to its group 1 of substances that have definite links to cancer. The experts, who said their decision was unanimous and based on "compelling" scientific evidence, urged people worldwide to reduce their exposure to diesel fumes as much as possible. "The working group found that diesel exhaust is a cause of lung cancer and also noted a positive association with an increased risk of bladder cancer," IARC said in a statement. The decision was the result of a week-long meeting of independent experts who assessed the latest scientific evidence on the cancer-causing potential of diesel and gasoline exhausts. It puts diesel exhaust fumes in the same risk category as a number of other noxious substances including asbestos, arsenic, mustard gas, alcohol and tobacco. Diesel cars are mainly popular in western Europe, where tax advantages have boosted technological advances and demand. Outside of Europe and India, diesel engines are almost entirely confined to commercial vehicles - mostly because of the fuel's greater efficiency. German carmakers are trying to raise awareness of the fuel in the United States, where the long distances travelled on highways suit diesel engines.
- Child CT Scans Might Up Risk of Brain Cancer, Leukemia** (6/6/12, HealthDay News) Children who undergo CT scans of the head may raise their risk of developing brain cancer or leukemia later in life, a new study says. Although multiple CT scans could triple the risk, the absolute risk remains small -- one case in 10,000 scans of the head, the researchers said. "We have shown small increased risks associated with the radiation exposures from CT. As long as CT is used only where justified, then the benefits of CT, a potentially lifesaving modality, will almost certainly outweigh the risks," researchers said. For the new study, researchers collected data on almost 180,000 British patients under age 22 who had CT scans between 1985 and 2002. They looked at cases of leukemia, brain tumors, how many scans were done and radiation dose absorbed by the brain and bone marrow. Seventy-four patients developed leukemia, and 135 developed brain cancer. They calculated that one head CT scan before age 10 would result in one excess case of leukemia and one excess brain tumor per 10,000 patients in the 10 years after first exposure. Children are more sensitive to radiation than adults, said the authors, adding that there are steps that parents can take to help limit the risk if a doctor calls for a CT scan on a child. The study appears in the June 7 online edition of *The Lancet*. The American College of Radiology recommends that parents ask their child's pediatrician or other provider who orders a scan these other questions: How will the scan improve my child's care? Is the facility accredited by the American College of Radiology? Will the radiation dose be "child-sized?"
- (reminder)* **Save The Date! 2012 Kentucky Conference on HIV/AIDS and [Viral Hepatitis](#)** -- "Kentucky: Turning the Tide", August 14 - 15, 2012, Clarion Hotel - Lexington, Kentucky. The Kentucky Cabinet for Health and Family Services, Department for Public Health, is proud to

announce The 2012 Kentucky Conference on HIV/AIDS and Viral Hepatitis. The conference will be held on Tuesday, August 14th and Wednesday, August 15th 2012. The conference will be held at the Clarion Hotel is located at 1950 Newtown Pike Lexington, KY 40511. [click here to download a "Save The Date" flyer.](#) Questions? Contact conference Co-Chairs michael.hambrick@ky.gov or beverly.mitchell@ky.gov or call them at 1-800-420-7431.

Program Planning

- **(reminder) Guide to Community Preventive Services: Updated Cancer-related Systematic Reviews added** The Community Guide added evidence review results specific to the following Community Preventive Services Task Force (Task Force) findings. These Task Force findings are based on updates of systematic reviews conducted by Community Guide scientists and partners.
 - o Skin cancer prevention:
Multicomponent Community-wide Interventions [Recommended]
This finding was changed from Insufficient Evidence to Recommended.
 - o Breast, cervical, and colorectal cancer screening:
Provider-oriented Cancer Screening Interventions: Provider Incentives [Insufficient Evidence for breast, cervical and colorectal cancer]
This finding is unchanged from the original review.
 - o Client-oriented Cancer Screening Interventions: Client Incentives [Insufficient Evidence for breast, cervical and colorectal cancer]
This finding is unchanged from the original review.
 - o Client-oriented Cancer Screening Interventions: One-on-one Education [Recommended for breast, cervical and colorectal cancer using FOBT] The Task Force recommendation was unchanged (recommended based on strong evidence) for one-on-one client education to increase breast and cervical cancer screening. The Task Force finding for colorectal cancer screening using fecal occult blood testing (FOBT) was changed from Insufficient Evidence to Recommended based on sufficient evidence. However; there was insufficient evidence to determine the effectiveness of colorectal cancer screening with tests other than FOBT.
- **(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:

- o 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

Research

- *(reminder)* **Consider sharing this research opportunity with breast cancer survivors within your networks:** BREAST CANCER SURVIVORS: Researchers at the University of Kentucky want to talk with you about your experiences of managing treatment/recovery of breast cancer while working. Eligible participants are women, 18-65 years of age; were diagnosed with breast cancer in the last 12 months; were employed in a hourly job(s) for a total of at least 30 hours a week when Diagnosed; Earned \$15.00/hr or less; your breast cancer was a new cancer diagnosis (versus a recurrence of breast cancer). To learn more about the study please contact: 859-323-0586. What's involved? Telephone interview: 1-hour conversation with researcher; Brief survey; Study participants will be compensated for their time.

Resources

- **National Cancer Institute: Fact Sheet Updates**
 - o [Fact Sheet 5.16, Pap and HPV Testing](#) A fact sheet that describes cervical cancer screening, which includes the Pap test and HPV testing. The fact sheet includes information about cervical cancer screening guidelines. Revised: 5/23/12. Publication #: NN008
 - o [Fact Sheet 8.2, Understanding Cancer Prognosis](#) Provides information about predicting disease outcome and recovery, and how statistics help doctors estimate a cancer patient's prognosis. Revised: 5/11/12. Publication Number: F723
 - o [Fact Sheet 7.51, Hormone Therapy for Breast Cancer](#) Describes hormone therapy and its role in preventing and treating breast cancer. Includes information about possible side effects and drugs that can interfere with hormone therapy. Revised: 4/11/12. Publication #: N012
 - o [Fact Sheet 8.15, End-of-Life Care for People Who Have Cancer](#) Answers some of the questions that many patients, their family members, and caregivers have about the end of life. Revised: 5/10/12. Publication #: N001

Thyroid Cancer

- [Thyroid Cancer Seldom Shortens Lifespan, Study Finds](#) (6/11/12, HealthDay News) -- Most people with thyroid cancer live as long as people who don't have the disease, a new study finds. Patients with advanced thyroid cancer are the exception. Researchers analyzed data from 1,502 patients with differentiated thyroid cancer (which includes two types of thyroid cancer, follicular and papillary) had been treated with radioiodine therapy. Only patients with advanced disease (stage 4-c) had a lower chance of long-term survival than the general population. Survival did not vary based on age or sex, or even if a patient's cancer had reached the beginning of stage 4. The researchers said the findings highlight the excellent diagnostic and treatment methods available to patients with differentiated thyroid cancer, which is the most common form of the disease.

Smoke-free

- **Preventing Tobacco Use Among Youth and Young Adults: A Report of the Surgeon General**
This [20-page, easy-to-read illustrated booklet](#) discusses the major content of the 2012 Surgeon General's report in plain language. It is designed to help parents, teachers, policy makers, health care professionals, and other concerned adults understand the importance of the report and how they can take a stand to protect young people from the devastating effects of tobacco use.
- *(reminder)* **Updated Lists and Maps of Smoke-free Communities.** On June 1, 2012, the Kentucky Center for Smoke-free Policy updated the following resources. Check them out!
 - o [List of Kentucky Communities with Smoke-free Laws or Regulations](#)
 - o [Map of Kentucky Communities with Smoke-free Laws or Regulations by Strength of Law](#)
 - o [Percent 100% Smokefree Kentucky Workplaces](#)
- *(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. **The next session is TOMORROW, 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.

Smoking Cessation

- [Quitting Smoking Even in Old Age Prolongs Life: Study](#) (6/11/12, HealthDay News) -- There's yet more evidence that smoking cuts life expectancy, with a new study that finds the habit increases the risk of early death from all causes among older smokers. There was good news, though: Quitting, even late in life, helps reduce the risk. The review of data involved findings from 17 studies from seven countries (Australia, China, England, Japan, France, Spain and the United States) published between 1987 and 2011. People in the study were followed for between three and 50 years. Compared to nonsmokers aged 60 and older, smokers had an 83 percent increased risk of death from all causes during the study period. Proving that it's always a good idea to quit, former smokers had 34 percent higher odds for death than that of those who never smoked -- still an increase in risk, but much lower than that of current smokers. The team also found that survival seemed to rise along with the amount of time since a person quit smoking, even at an older age. The study was published June 11 in the journal *Archives of Internal Medicine*.
- [Fruits, Veggies May Help Smokers Quit](#) (6/8/12, HealthDay News) People trying to quit smoking are three times more likely to succeed if they eat plenty of fruits and vegetables, according to a new study. Researchers also found a diet rich in produce helps people remain smoke-free longer. "...We didn't know whether recent quitters increased their fruit and vegetable consumption or if smokers who ate more fruits and vegetables were more likely to quit." The researchers conducted a national telephone survey of 1,000 smokers aged 25 and older. The survey participants received a follow-up call 14 months later to find out how much they had smoked in the past month. The study, published in the journal *Nicotine and Tobacco Research*, revealed that smokers who ate the most fruit and vegetables were three times more likely to have not smoked for at least 30 days at the time of the follow-up call than those eating the least amount of produce. The researchers noted this was true even after they took into account the smokers' age, gender, race and ethnicity, education, income and motivation to be healthy. The study also found smokers who ate more fruits and vegetables smoked fewer cigarettes daily, waited longer to smoke their first cigarette of the day and were less dependent on nicotine.
- (reminder) [Cooper/Clayton Method to Stop Smoking classes](#) will be offered by the Lexington-Fayette County Health Department this summer. The next series will begin on Wednesday, June 20th and will be held at the Public Health Clinic South, and 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

- [U.S. cancer survivors face new test in long-term care](#) (6/5/12, Reuters) A survey of 1,072 primary care doctors (PCP), which include internists and family practitioners, showed that

94 percent of them were unaware of the long-term side effects of four of the most commonly used chemotherapy drugs used to treat breast and prostate cancer. Many health insurance plans will only cover oncology visits for a limited period of time, eventually pushing patients back to family doctors or internists. "Passing off patients in this way is fine if there has been communication between the oncologist and the PCP," said Dr Otis Brawley, Chief Medical Officer of the American Cancer Society. That means having the oncologist tell the PCP what the patient was treated with, what the potential long-term side effects might be and what to look out for. But it often does not happen. "An oncologist cannot bill for that," Brawley added. The survey results also showed that about a third of the oncologists surveyed were unable to identify long-term side effects that occur after chemotherapy. Study authors hope to highlight a growing problem, and the need to shift from a traditional approach of care that solely focused on acute treatment and getting the patient into remission to helping doctors recognize the long-term side effects and help patients cope.

- [Young Cancer Survivors Often Face Long-Term Health Problems](#) (6/11/12, HealthDay News) Many teens and young adults who survive cancer face other challenges later in life, such as unhealthy behaviors, chronic medical conditions and poor quality of life, according to a new report. Researchers from the CDC's Division of Cancer Prevention and Control examined information collected in 2009 from an ongoing national telephone survey on health behaviors. The investigators collected information from about 4,000 teens and young adults who were successfully treated for cancer that was diagnosed when they were aged 15 to 29, and compared it with information from more than 345,000 people with no history of cancer. The study, published in the June 11 online edition of the journal *Cancer*, revealed:
 - 26% of the young people who survived cancer smoked compared to 18% of those who did not have cancer
 - Higher prevalence of chronic illnesses: 14% had heart disease compared to 7% of those w/o cancer; 35% had high blood pressure compared to 29% of those with no history of cancer; 15% had asthma compared to 8% of those w/o cancer
 - Higher prevalence of disability (36 % vs. 18%).
 - 20% of the cancer survivors reported poor mental health and 24% said they had poor physical health compared to 10% of those who did not have cancer.
 - 24% of young cancer survivors go without medical care due to cost compared to just 15% of those who did not have cancer as a teenager or young adult.
 - **What can we do to improve young adult survivor outcomes? Encourage health care providers to utilize guidelines and resources such as:**
- [Children's Oncology Group Long-Term Follow-Up Guidelines](#), which include information on potential late effects, risk factors, screening and evaluation, counseling, and other interventions for AYA cancer survivors.
- American Society of Clinical Oncology and LIVESTRONG's [Focus under Forty program](#), an education curriculum for physicians to increase awareness and understanding of the treatment of adolescents and young adults with cancer

➤ Utilize [survivorship care plans](#)

- **Video Series on Relationships and Sexuality for Young Adult Cancer Survivors** Cancer and its treatment may have sex-related side effects, and this can create hurdles in building or maintaining relationships. In these two [“Moving Forward” videos from ASCO](#) and the Lance Armstrong Foundation, young adult survivors can learn more about coping with such challenges from medical experts and other survivors.
 - [Young Adults: Being Single with Cancer](#)
 - [Young Adults: Common Sexual Concerns](#)
 - Managing Side Effects: [Sexual Problems](#)
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- **(reminder) SAVE THE DATE: Academy of Oncology Nurse Navigators' Third Annual Navigation & Survivorship Conference**, September 14-16, 2012 • Phoenix, Arizona. REGISTER TODAY! AONN's Third Annual Conference will continue to advance the navigation profession by expanding the scope of educational sessions, networking opportunities, and poster presentations. In addition, this year's conference will address the evolving challenges of program improvement, the role of personalized medicine, and implementing best practices in navigation, survivorship, and psychosocial care. Early Bird registration - \$295 (Expires August 1, 2012). All clinical and nonclinical professionals involved or interested in patient navigation and survivorship should attend. This conference will enhance the skills and knowledge of: Oncology Nurse Navigators, Patient Navigators, Oncology Social Workers, Administrators, Case Managers, Care Managers, Oncology Nurses & Nurse Practitioners, Practice Managers.
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- [Markey to Host Relaxation Seminar for Patients, Caregivers and Staff](#) (6/11/12, UK Now) University of Kentucky Markey Cancer Center is hosting the first in a series of special one-hour relaxation seminars for cancer patients, caregivers, and Markey staff this summer, 1:30-2:30 p.m. Monday, June 18, in the Combs Research Building Atrium. This is the first in a series of “drop-in” seminars that will be offered 10:30-11:30 a.m. on the first Monday each month and 1:30-2:30 p.m. the third Monday each month. The seminars, hosted by healing arts practitioner Corinne LaReau, will focus on the use of breathwork and guided imagery to help attendees develop skills to handle stress and develop a nurturing self-care routine. LaReau is also a licensed massage therapist and yoga instructor. The event is organized by Markey's Jin Shin Jyutsu Practitioner Jennifer Bradley, who is dedicated to bringing more integrative healing therapies to Markey for patients. Pre-registration is not required and individuals can come to any or all of these classes through the summer months. For more information on the seminar, contact Jennifer Bradley at jmbradley@uky.edu.
- **(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)* Youth ages 6-11 who have a cancer connection are invited to be part of Gilda's Club Louisville's summer day camp June 25-29. Camp Gilda: The Amazing Race provides support and education for kids on a cancer journey (their own or someone they are connected to) as well as lots of fun and field trips. An added twist this year is Gilda's very own version of The Amazing Race. The week ends on Friday June 29 with the Gilda Carnival at the clubhouse that is open to the public. It is a service project for the campers who run the carnival and donate proceeds to another local cancer organization. There is no cost to attend Camp Gilda but youth who have not before attended summer camp at Gilda's Club will be first priority. Call the clubhouse at 583-0075 to reserve a spot!

Worksite Wellness

(reminder) **Webinar: Making the Case for Worksite Health, Leadership & Culture, THIS MONDAY, June 18th, 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.](#)