Dear Kentucky Cancer Consortium Partners:

Click to read the **July 18, 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 PDF 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

July 18, 2012

Healthcare Reform

- **Kentucky says it will implement central piece of Obama's health law** (7/12/12, the hill.com) Kentucky will set up its own insurance exchange rather than allow the federal government to take the lead — the 13th state to commit to an exchange since the Supreme Court's healthcare ruling. Gov. Steve Beshear (D) said in a letter to Health and Human Services Secretary Kathleen Sebelius that he will sign an executive order to create an exchange. Beshear's letter bucks a trend of solidly red states rejecting the Affordable Care Act. Some conservative governors have staunchly refused to set up exchanges, even though that decision ultimately gives the federal government more power over their states' healthcare systems."Since the law was signed, my administration has been contacted repeatedly by interest groups representing employers, health insurers, insurance agents, health care providers and health care advocates who all have expressed that the Commonwealth should run its own Exchange," Beshear wrote. HHS must certify by next year that states are ready to set up the new marketplaces, which will be operational in 2014. HHS will run a federally administered fallback in states that can't or won't meet the deadline for setting up their own exchanges.
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- **Ten Things You Didn't Know Were In The Affordable Care Act** (7/12/12, Kaiser Health News) So you think the Supreme Court upheld a law that requires most people to buy health insurance? That's only part of it. The measure's hundreds of pages touch on a variety of issues and initiatives that have, for the most part, remained under the public's radar. Here's a sampling.

Cervical Cancer

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- *(reminder)* Attention cancer control and prevention specialists! "The **Rural Cancer Prevention Center** is developing a new tool to assist you in your cancer prevention efforts, and we need your help! This project will develop a web-based tool that allows users to select customized photos, taglines, and applicable statistics in order to design targeted

posters for cervical and breast cancer prevention efforts. We need your suggestions for catchy taglines to include in the website database. Some examples are "Cervical Cancer Stops with You" and "Protect Your Health! Get a Pap Test Today!" Please email your ideas and suggestions to Margaret McGladrey, RCPC Administrator, at margaret.mcgladrey@uky.edu . Once the website has been developed, we will send out another message inviting you to pilot test the website, and all pilot testers will receive free copies of the posters they create using this web-based tool!"

Clinical Trials Education

- *(reminder)* **The Education Network to Advance Cancer Clinical Trials (ENACCT)** is a non-profit organization seeking to increase cancer clinical trial participation and access to quality care for all cancer patients— especially those who are from underserved communities. This month they are conducting a national survey to better understand the needs and interests of our core constituency. As an organization dedicated to quality cancer care, you/ your partners have an important perspective that ENACCT needs to help shape its future programs and services. **Survey Link:** https://www.surveymonkey.com/s/PRPXL7L The results of this 10-15 minute survey will help the organization more effectively achieve their mission to improve access to cancer clinical trials through education and collaboration with communities, health care providers, and researchers.

Colon

- **Heavy people more likely to have colon polyps** (7/13/12, Reuters) Obese and overweight people are more likely to develop colon polyps, a possible precursor to cancer, than are slimmer individuals, according to a new review of past research. Previous studies have made the connection between obesity and colon cancer - a link recognized by the National Cancer Institute - but the new study is the first to point to a higher risk of adenomas in heavy people. By focusing on "precancerous" cell changes, researchers were hoping to shed more light on whether cancer screening recommendations should take a person's weight into account. For the new research, researchers analyzed data from 23 studies involving more than 100,000 people across the U.S., Asia and Europe, looking at the relationship between polyps and body mass index, or BMI, a measure of weight relative to height. Overall, researchers found that 22 percent of overweight and obese people had colon polyps, compared to 19 percent in people of normal weight, and the polyp risk grew with increasing BMI. "The findings suggest that obesity may be having an effect (on cancer development) much earlier than we thought." In their report, published in the American Journal of Gastroenterology, the authors recommend timely colon cancer screening among overweight and obese people.
- *(reminder)* **Kentucky Colon Cancer Screening Funding Opportunity Announcement** (FY 13) The Kentucky Colon Cancer Screening Program (KCCSP) is looking for Local Health Departments who are currently working with community partners and would be interested in accepting Colon Cancer Screening funds. Guidance and a brief application packet for these funds was sent to the health departments on July 2, 2012. This grant program is

designed to invest in projects that provide Colorectal Cancer Fecal Immunochemical Test (CRC FIT) and colonoscopy screening to uninsured persons. It will be necessary for local health departments to partner with other organizations including but not limited to FQHC's, community health centers, Kentucky Cancer Program, etc. Contact your local health department if you would like to partner with them on this project or for more information, contact Janet Luttrell, KY Colon Cancer Screening Program Manager, at Janet.luttrell@ky.gov or 502-564-7996 x-4064.

· *(reminder)* The Colon Cancer Prevention Project is having its 7th Annual Walk Away from Colon Cancer & 5K Run on Saturday, Aug. 25 at Iroquois Park in Louisville, Ky. Team and Individual registration is now available at www.c2p2ky.org. All proceeds go to the Project's mission of ending preventable colon cancer death and suffering by increasing screening rates. Registration is $20 in advance; $25 the day of. University of Louisville President James Ramsey, whose sister is battling colon cancer, is the 2012 Honorary Chair.

Financial

- **Safety Net Hospitals Could Lose Money In Medicare Changes, Study Warns** (7/16/12, Kaiser Health News) When Medicare begins adjusting hospital payments in October based on quality, one of the primary metrics will be patient experience ratings that cover everything from the communication skills of doctors and nurses to their promptness in responding to complaints about pain. A new study finds that this change may add to the financial troubles of safety net hospitals, which primarily serve poor patients. The study in the Archives of Internal Medicine found that safety net hospitals tend to get poorer marks from patients than do other hospitals. On average, they drew top ratings from 63.9 percent of patients while the hospitals that treated the fewest poor people got top ratings from 69.5 percent of patients. Even more worrisome for the safety net hospitals, the gap between how their patients rate them and the scores that other hospitals get has widened in the four years that hospitals have had to publicly report their survey results. The article did not determine why that gap exists. If the trend continues, it means safety net hospitals will be at a disadvantage when the Centers for Medicare & Medicaid Services uses the scores to dole out bonuses and penalties that will ultimately amount to 2 percent of regular Medicare payments. In the first year of the Hospital Value-Based Purchasing program that kicks in this October, patient experience scores will determine 30 percent of the bonus, with the rest being determined by how hospitals adhere to basic guidelines for clinically recommended care. The hospitals that perform best will gain money, while those that lag in scores and improvement over time will end up with less.

General

- **U.S. Doctors Embracing Electronic Health Records: Survey** (7/17/12, HealthDay News) A majority of U.S. physicians have now adopted an electronic health record system as part of their routine practice, a new national survey reveals. The finding is based on responses

provided by nearly 3,200 doctors across the country who completed a mail-in survey in 2011. The survey was conducted by the CDC's National Center for Health Statistics as part of an ongoing three-year effort (continuing through 2013) designed to assess perceptions and practices regarding electronic health record systems. Specifically, the poll found that 55 percent of U.S. doctors have embraced some type of electronic health record system. And roughly 75 percent of those who have done so reported that the type of system they took on meets the criteria of playing a "meaningful" role in their practice, according to the terms of 2009 federal legislation designed to promote the use of electronic health records. What's more, 85 percent of those doctors who now have an electronic health record system in place said they are either "somewhat" or "very" satisfied with its day-to-day operations (47 percent and 38 percent, respectively). And three in four said patient care has improved as a result of electronic health record adoption. The poll also indicated that among those who have yet to embrace an electronic health record system, almost half said they plan to do so in the coming year. 86 percent of offices with 11 or more physicians on site had taken on such a system, compared with roughly 60 percent to 62 percent of those with two to 10 physicians and just under 30 percent of single-doctor practices. Findings were published July 17 in the *NCHS Data Brief*.

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- **Redmond Named UK Alumni Association Board of Directors College Representative** Jennifer L. Redmond of Lexington was elected to the UK Alumni Association Board of Directors as a College of Public Health representative. Her term began July 1, 2012, and will continue through June 30, 2015. Redmond received a master's degree in 2003 and her doctoral degree in 2010 from the University of Kentucky College of Public Health. She is currently an assistant professor in Health Services Management at the College of Public Health and a co-investigator at the Kentucky Cancer Consortium at the university. She has won numerous honors including the Joe M. Lee Dr. P. H. Award for Outstanding Achievement by a DrPH student in Health Services Management from the university. She is currently serving on a national cancer committee and is a founding board member of the Kentucky Cancer Foundation. She is also a member of the UK Alumni Association. The UK Alumni Association fosters lifelong engagement among alumni, friends and members of the association, and supports the mission and goals of the university.
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- *(reminder)* No Wrong Door: Integrating Care for Better Health. Please join the Foundation for a Healthy Kentucky on **September 17th, 8am to 3pm EST** at the Embassy Suites in Lexington, Kentucky for the Howard L. Bost Memorial Health Policy Forum. This year's Bost Forum will focus on integrating behavioral and medical care to achieve better health outcomes, improve quality of care, and lower health care costs. Civic leaders, medical health and behavioral health providers, public officials, public health professionals, business owners and executives, policymakers, faith-based leaders, researchers, and academics; individuals and community groups, coalitions, and advocates from across the Commonwealth. There is no charge to attend. Full online registration will be available in July at www.healthy-ky.org. To reserve a seat prior to the general registration, please contact Katie Ellis at kellis@healthy-ky.org or toll-free 877-326-2583.

Grants

- Health Impact Project Releases Call for Proposals Health Impact Project: Advancing Smarter Policies for Healthier Communities *Program Grants Brief Proposal Deadline: September 14, 2012 3 p.m. PT. Demonstration Project Grants Proposal Deadline: September 28, 2012 3 p.m. PT. Health Impact Project: Advancing Smarter Policies for Healthier Communities*, a collaboration of the Robert Wood Johnson Foundation and The Pew Charitable Trusts, encourages the use of health impact assessments (HIA) to help decision-makers identify the potential health effects of proposed policies, projects, and programs, and make recommendations that enhance their health benefits and minimize their adverse effects and any associated costs. This call for proposals supports two types of initiatives: 1) HIA demonstration projects that inform a specific decision and help to build the case for the value of HIA; and 2) HIA program grants to enable organizations with previous HIA experience to conduct HIAs and develop sustainable, self-supporting HIA programs at the local, state, or tribal level. More details and how to apply
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- *(reminder)* Exciting new funding opportunity for tobacco cessation: **The Smoking Cessation Leadership Center** (SCLC) at the University of California in San Francisco and the Pfizer Medical Education Group (MEG) are collaborating to offer a new grant opportunity focused on smoking cessation. Funding is available for healthcare quality improvement and education projects. The goal is to increase the number of people who stop smoking by improving the frequency and effectiveness of smoking cessation interventions (e.g., counseling and/or FDA-approved pharmacotherapy) provided by health professionals**. Grant support is available to individual hospitals or hospital networks** for education and quality improvement programs that include implementation of and goals around the achievement of updated Joint Commission smoking cessation performance measures. Collectively, up to $2 million is available for award. The full text of the RFP can be found HERE. All applicants MUST submit a Letter of Intent by: 08/01/2012 at 5:00PM PDT.
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- *(reminder)* HHS announces the availability of funds to improve the health of Americans through two Racial and Ethnic Approaches to Community Health (**REACH**) initiatives. The **REACH** FOA (approximately $20 million) will fund six to ten organizations to implement sustainable practice- and evidence-based strategies impacting health disparities. Applicants should be able to demonstrate national or multi-state reach through local partnerships or program activities. At least 75% of the funds awarded through this FOA will be disseminated to local partners. Awardees may choose to implement strategies that address disparities in cardiovascular disease, diabetes, **breast and cervical cancer**, infant mortality, asthma, or child and adult immunization. Deadline for application is August 7, 2012. The FOA, titled PPHF 2012: REACH: Racial and Ethnic Approaches to Community Health financed solely by 2012 Prevention and Public Health Funds, may be found at www.Grants.gov by searching for funding opportunity number CDC-RFA-DP12-1209PPHF12 or by clicking here.

Lung Cancer

- The attached article appears in the July 2012 issue of *Cancer Epidemiology, Biomarkers & Prevention*. Summary: CDC's Division of Cancer Prevention and Control develops cancer-related questions and supports their periodic inclusion on the National Health Interview Survey (NHIS). In anticipation of potential changes in lung cancer screening following the outcome of the National Lung Screening Trial (NLST), they added new questions to the NHIS in 2010 to monitor the use of low-dose helical computed tomography (LDCT) and chest X-ray in the United States. These data provide a baseline measure of lung cancer screening before the release of the NLST results and at a time when lung cancer screening was not covered by insurance. Among adults aged 40 years and older, 2.5% (3.4 million) reported having a chest X-ray to check for lung cancer in the last year, although chest X-ray screening has never been shown to reduce lung cancer mortality. Approximately 1.3% (1.8 million) reported receipt of a chest CT to check for lung cancer in the last year. Test use varied by different characteristics (older age, black race, male gender, smoking, and other factors). We also were able to estimate the number of adults in the United States who met the fairly narrow NLST eligibility criteria: in 2010, there were 8.7 million adults aged 55-74 years of age with at least a 30-pack year history who would qualify for LDCT screening by these criteria. The results of the NLST, released last year, showed a 20% reduction in lung cancer mortality among adults meeting these eligibility criteria who had received annual LDCT compared to those who had received annual chest X-ray. LDCT also is associated with potential harms, including a high false positive rate and radiation exposure, and additional medical care costs. We estimate that there were an additional 51 million current and former smokers aged 40 years and older who did not meet the NLST eligibility criteria in 2010; for these adults, the risk-benefit balance of LDCT screening is unknown.

Medicaid

- **Medicaid patients turn to hospitals for emergencies, not routine care** (7/11/12, Reuters) Most people covered by U.S. government health insurance for the poor visit hospital emergency rooms for perceived emergencies, not for routine care, much like those with private insurance, according to a study released on Wednesday. Researchers said the study helps dispel the notion that poor patients are clogging hospitals for routine treatment - for a bad cold, for example - that others receive at lower cost in a clinic or at a doctor's office. Patients on Medicaid do visit emergency rooms at twice the rate of privately insured patients, said the study by the non-partisan Center for Studying Health Systems, reflecting ongoing challenges in finding alternative care. But, like others, they go for urgent complaints of injuries and potentially serious problems like high fevers and breathing trouble, especially in children, the study said. One in 10 Medicaid patients used an emergency room for non-urgent care, compared to about 1 in 14 for patients with insurance through their employer or purchased on their own, the study showed. The findings come after the U.S. Supreme Court recently upheld President Barack Obama's healthcare overhaul but allowed states to opt out of the law's provision opening Medicaid

to more people. Several state governors have already refused to implement the law, including its Medicaid expansion. At the same time, some states are seeking ways to cut Medicaid costs, including discouraging unnecessary and costly emergency room use in the face of ongoing budget crunches. Among Medicaid patients 12 and younger, more than half of all visits were for injuries, serious breathing trouble and common infections such as strep throat and bronchitis, the study said. Medicaid adults age 18 to 64 also used the emergency room, most for a range of ailments from digestive issues to mental disorders as well as injuries. Caroline Steinberg, a vice president at the American Hospital Association, said the research does show how people with chronic conditions who do not get adequate primary care can find themselves at the emergency room with complications. "Then you end up in the emergency department, and by the time you get there you need to be there - and that could have been prevented," she said.

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- **Medicaid expansion a tough sell to governors of both parties** (7/12/12, Washington Post) While the resistance of Republican governors has dominated the debate over the health-care law in the wake of last month's Supreme Court decision to uphold it, a number of Democratic governors are also quietly voicing concerns about a key provision to expand coverage. At least seven Democratic governors have been noncommittal about their willingness to go along with expanding their Medicaid programs, the chief means by which the law would extend coverage to millions of Americans with incomes below or near the poverty line. The range of state leaders expressing unease suggests that implementing the law could be rough going, with divisions not always breaking along party lines. In particular, it is unclear how the court's pronouncement that states cannot be penalized for refusing to adopt the law's more generous eligibility standards for Medicaid in 2014 changes the rules governing the expansion. Will states that opt in have the option of scaling back in future years? If a state that opts out decides it wants to participate at some later point, will the federal government still pay nearly the full cost of covering those who become newly eligible for Medicaid? And can a state participate only partially — for instance, by raising the income cutoff for its program to a level lower than the ceiling envisioned in the law, which is set at 133 percent of the federal poverty line? Read more.

Palliative Care

Prevention/Genetics/Causes

- **Estrogen after ovary removal safe for young women** (7/11/12, Reuters Health) - Women under 40 who use estrogen to ease menopause symptoms after having their ovaries removed do not have an increased risk of breast cancer, according to a new study. For women over 45, however, the hormone therapy is linked with a 20- to 26-percent jump in breast cancer risk. Researchers wanted to see whether estrogen therapy to relieve menopausal symptoms would negate the benefits of having the ovaries removed. The idea is that removing the ovaries, and the estrogen produced by them, is responsible for the reduction in breast cancer risk. The researchers collected survey information from more than 22,000 women. Nearly half had been diagnosed with breast cancer, while the rest of

the women hadn't. Overall, current estrogen users who had had both ovaries and their uterus removed had a 14-percent increase in breast cancer risk compared with women who experienced natural menopause and never used hormones. Women who had the surgery done before age 40, however, had a smaller chance of getting breast cancer, whether or not they took estrogen, the researchers report in the medical journal Obstetrics and Gynecology. The risk was 24 percent lower among those on the hormone, for example, than among women who had never had the surgery and hadn't used estrogen.

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- **Interactive health records may boost preventive care** (7/12/12, Reuters Health) - Medical records that patients can access online may encourage more people to get recommended screening tests and immunizations, a new study suggests. In a clinical trial at eight primary care practices, researchers found that patients who used such "interactive" health records were more likely to become up-to-date on recommended preventive care. That included screening tests for breast, colon and cervical cancers, and immunizations like the yearly flu shot. After 16 months, 25 percent of patients who used the online records were up-to-date on their preventive care - which was double the rate of non-users. Congress has authorized up to $27 billion in government incentives to get doctors and hospitals to put electronic records to "meaningful use." And by 2015, providers will face penalties if they don't switch. But there hasn't been much evidence yet that electronic records are improving Americans' care. In a recent study of 42 medical practices, researchers found that switching to digital records did not seem to improve diabetes care. Patients at offices that made the switch were no more likely to be getting recommended tests and treatments than patients whose doctors had stuck with paper records. But the new study, published in the *Annals of Family Medicine*, took electronic records a step farther. Researchers randomly assigned 4,500 primary care patients to either stick with their normal care or have the chance to access personalized health records on a secure Web site, MyPreventiveCare.org. The system automatically pulled information from patients' electronic records at their doctors' offices, then gave each patient a "tailored list" of preventive services they should get - like cancer screenings and immunizations. It also gave them links to educational materials on those services, and why they're recommended.

Prostate Cancer

- **Cancer doctors say broach PSA test with some men** (7/16/12, Reuters) Doctors should discuss prostate cancer screening with men who have at least 10 years left to live, one of the country's largest groups of cancer doctors said Monday. But men with a poorer outlook should generally avoid screening with the blood test for prostate-specific antigen, or PSA, according to the American Society of Clinical Oncology (ASCO). "Screening should be discussed with men who have a longer life expectancy, so that men can make an informed decision," said the ASCO panel. The new advice, published in the Journal of Clinical Oncology, comes on the heels of a blanket recommendation against prostate cancer screening from the government-backed U.S. Preventive Services Task Force. USPSTF stressed the similarities between the two sets of recommendations, but said their organization took a slightly stronger stance against the test. "We are actually not suggesting

that physicians bring up screening with men." ASCO released a decision aid along with its recommendations to help men balance the pros and cons of getting a PSA test (available at www.asco.org/pco/psa). Dr. Otis Brawley, chief medical officer of the American Cancer Society, said ASCO is just one of a number of groups calling for informed decision-making. "All of those organizations are now saying that men should be informed about what is known and not known about this test and be allowed to make a choice," Brawley told Reuters Health. "Hospitals and organizations doing mass screenings, they all need to realize they need to stop that."

Research

- *(reminder)* **ACS's Cancer Prevention Study,** called Cancer Prevention Study-3 (CPS-3), will help researchers better understand the genetic, environmental and lifestyle factors that cause or prevent cancer, which will ultimately save lives. The study is open to anyone who is between 30 and 65 years old; Has never been diagnosed with cancer (not including basal or squamous cell skin cancer); and is willing to make a long-term commitment to the study, which involves completing periodic follow-up surveys at home. Enrollment is free and will take place at various locations **throughout Lexington and Louisville from August 7-11, 2012**. To schedule your appointment, find the enrollment location most convenient for you and click on the name of the location. Help us to spread the word about Cancer Prevention Study-3. Post a Facebook status update or tweet the following link on Twitter: *If you could do something to prevent cancer would you? Fight cancer by participating in the ACS Cancer Prevention Study-3. http://www.cps3kentucky.org* **For more information, visit cancer.org/cps3 or call toll free at 1-888-604-5888.**
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- *(reminder)* UK researchers seek working women with breast cancer for study How do breast cancer patients survive issues outside of their illness? That is the premise behind a pilot study being conducted by Jennifer Swanberg, executive director of the Institute for Workplace Innovation, and Robin Vanderpool, assistant professor in the University of Kentucky College of Public Health. "We are trying to understand how women who have been diagnosed and who work lower-paying jobs, how they navigate," Swanberg said. "We are interested in learning how employment circumstances may facilitate or inhibit the treatment process." The researchers want to speak with 20 to 40 women, 18 to 65 years old, who were diagnosed with breast cancer for the first time in the past three years. The women must have hourly-wage jobs, working at least 30 hours a week and earning $15 an hour or less. The women will be given a brief survey and then be interviewed by phone for about an hour. Participants will be compensated for their time. "We know women want to tell their stories, and we are here to listen," Vanderpool said.

- **9 Findings That Have Rocked Cancer Prevention Research** (AICR.org) The American Institute of Cancer Research recently celebrated the 100th issue of *Cancer Research Update* by highlighting nine research developments that are making a momentous impact in the field of cancer prevention and survivorship.

- **1. When Diet Meets Gene:** After the unraveling of the human genome, the field of nutrigenomics exploded. Here's a look at how our genes may influence diet's role in cancer and other chronic diseases. Read more...
- **2. Diet, Microbes and Cancer Prevention:** The emerging science of the microbiome revealed that diet's link to cancer prevention may, in part, depend upon the trillions of microbes living in our gut. Read more...
- **3. The Tiny World around a Cancer Cell:** At one point, it was all about the cancer cells. But scientists have gained a new understanding of how a cell's surroundings can drive or stifle cancer growth, and how dietary substances may alter the tumor microenvironment to suppress cancer. Read more...
- **4. Cancer Risk: The Fit or Fat Debate:** Can physical activity reduce cancer risk regardless of the number on the scale? Read more...
- **5. Diabetes Increases Cancer Risk: Lifestyle Connections:** Evidence linking type 2 diabetes to cancers of the liver, pancreas and endometrium. People with diabetes were approximately twice as likely to get one of these cancers. Read more...
- **6. Seven Successful Weight Loss Strategies:** 2011 National Weight Control Registry (NWCR) findings offer the top seven habits of those who had had all maintained their lower weight for an average of more than five years. Read more...
- **7. Inactivity: A Hidden Cancer Risk? I**f activity can help prevent cancer, can inactivity increase the risk? It's quite possible, suggests the emerging field of sedentary behavior. Read more...
- **8. Cancer Survivors: Getting Active and Healthy**: In 2010, the American College of Sports Medicine released new recommendations urging survivors to avoid inactivity, even cancer patients undergoing treatment. Read more...
- **9. Building a Database for Cancer Prevention: Keeping the Science Current** Last year, the largest ongoing review of cancer prevention and survival research of its kind in the world, AICR/WCRF's Continuous Update Project (CUP), published its first progress report, providing an overview of the most active areas of research on food, nutrition, physical activity, weight and cancer. Read more...

Resources

- **Traveling with Cancer**: Traveling may seem overwhelming to a person living with cancer. In addition to the usual travel headaches there are important health issues to consider before leaving town. This fact sheet from the American Society of Clinical Oncology (ASCO) informs patients about important safety issues and health risks to discuss with your doctor when planning summer travel.

Smoke-free

- Smoke-Free Kentucky is a coalition of organizations and individuals who support making all public and work places 100% smoke-free in order to protect citizens and workers from the proven dangers of secondhand smoke. Periodically Smoke-free Kentucky hosts teleconference calls to update coalition partners (individuals, businesses, community

organizations) about what is happening with the Smoke-free Kentucky Campaign. **Upcoming Smoke-free Kentucky Coalition call dates** include: Thursday, August 23, 2012 10:00 AM-11:00 AM; and Thursday, November 08, 2012 12:00 PM-1:00 PM. The call-in number is 877-366-0711 and participant passcode is 56658420.

Stomach Cancer

- **Every 3 Years Is Best for Stomach Cancer Tests: Study** (7/16/12, HealthDay News) Three years is the optimal interval between stomach cancer screenings, according to a new Korean study. The recommendation could help reduce deaths from stomach cancer, which is the second most common cause of cancer death. Although stomach cancer rates in the Western world have decreased substantially, the disease is still common in areas of Eastern Asia, including China, Korea and Japan. Researchers at the National Cancer Center in South Korea looked at more than 2,400 patients who had been diagnosed with stomach cancer and divided them into groups based on their screening history. The researchers found that patients who were screened at one- and three-year intervals had similar stages of gastric cancer at diagnosis. But those who were screened every four years or more had a much higher stage of cancer at diagnosis. The study was published online July 16 in the journal *Cancer*. "The exception is if you have a family member with gastric cancer," researchers added. "In that case, you may need to undergo upper endoscopy screening more frequently than every three years."

Survivorship

- The Lung Cancer Alliance and Gilda's Club Louisville announce the beginning a new networking group for lung cancer survivors, caregivers and anyone interested in lung cancer in our community that will take place at Gilda's Club Louisville **beginning on Wednesday, July 25th from 6:30 pm - 8:00 pm**. This networking group will take place on the fourth Wednesday of every month. A free meal is held at Gilda's Club on the same night at 6:00pm and is available for all those who wish to attend. We are excited to work with Gilda's to bring another opportunity for those in the lung cancer community to find support, encouragement and a connection to others. The flyer for the networking group is attached. If you have access to anyone who would be interested please pass on this invitation. If you have any questions please contact Barbara Head the group facilitator at barbara.head@louisville.edu.

- **Financial Help for Medications:** Many patients today are faced with a very difficult scenario: insurance coverage may not be enough to cover the cost of prescription drugs and they may have to make a decision to either cut back on medications, pick a less expensive alternative, or forego treatment altogether. The Patient Access Network (PAN) Foundation provides funding to support the share of cost for qualifying individuals who are unable to afford necessary treatments for any of 41 chronic or life-threatening illnesses that PAN supports. PAN's financial relief can come as quickly as the next day. Since 2004, PAN has ensured

quick access to treatment and continuity of patient care. PAN awards individual grants ranging from $500 to $10,000 per year (depending on the disease) to cover the cost of co-payments, deductibles, and co-insurance to federally and/or commercially insured patients. Patients are approved for a full 12 months of assistance at a time. An independent, national, 501 (c) (3) organization, PAN has assisted more than 132,000 underinsured individuals by providing approximately $186 million in co-payment assistance. Ninety percent of every dollar donated to PAN goes directly to patients.