

Dear Kentucky Cancer Consortium Partners:

Click to read the **July 25, 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 25, 2012

Cervical Cancer

- [Cervical Cancer Spotted Later in Women Without Health Insurance](#) (7/19/12, HealthDay) Lack of health insurance is a major predictor of whether women will be diagnosed with late-stage cervical cancer, a new study suggests. The analysis of data from nearly 70,000 U.S. women diagnosed with invasive cervical cancer between 2000 and 2007 found that lack of insurance was second only to age as the strongest predictor of late-stage (stages 3 and 4) cancer at diagnosis. The researchers found that 55 percent of privately insured patients had stage 1 cancer at diagnosis, compared with 40 percent of Medicaid recipients and 36 percent of uninsured patients. In contrast, late-stage cancer was diagnosed in 24 percent of those with private insurance, 34 percent of those with Medicaid and 35 percent of those without insurance. Age was another important factor. Women 35 and older were up to 2.5 times more likely to be diagnosed with advanced cancer than those aged 21 to 34. Inadequate screening contributes to the risk of being diagnosed with late-stage cervical cancer, the researchers noted. The study was published online July 19 in the *American Journal of Public Health*.
- [Women With HIV May Not Have Higher Cervical Cancer Risk: Study](#) (7/23/12, HealthDay News) -- Infection with HIV -- the virus that causes AIDS -- does not appear to increase a woman's risk of cervical cancer, a new study has found. Researchers looked at more than 400 HIV-infected women and nearly 300 HIV-free women, all of whom had a normal Pap test and a negative result for tumor-inducing human papillomavirus DNA at the start of the study. Several types of human papillomavirus (HPV) are known to cause cervical cancer. After five years of follow-up, the risk of cervical precancer was similarly low for both groups of women. None of the women developed cervical cancer, Dr. Howard Strickler and colleagues at the Albert Einstein College of Medicine at Yeshiva University in New York City said in a news release. The study was scheduled for presentation at a Sunday media briefing at the International AIDS Conference in Washington, D.C., and appears in the July 25 issue of the *Journal of the American Medical Association*. The findings suggest that the five-year risk of cervical cancer in HIV-infected women who have normal Pap tests and do not have tumor-causing HPV is similar to the risk in HIV-free women, the researchers said. "The

current investigation highlights the potential for a new era of molecular testing -- including HPV as well as other biomarkers -- to improve cervical cancer screening in HIV-infected women," the study authors concluded.

Colorectal Cancer

- **[Interventions to Improve Care Related to Colorectal Cancer Among Racial and Ethnic Minorities: A Systematic Review](#)** Advances in screening and treatment have led to a decline in incidence of and mortality from colorectal cancer over the past 25 years. However, this decline has not been shared equally by all groups. Racial and ethnic minority patients, as well as those with lower incomes and inadequate insurance, are less likely to receive adequate screening, less likely to be treated when they screen positive, and less likely to have guideline-recommended follow-up. This has resulted in a growing racial and ethnic survival gap over that same 25-year period. Highlights of Findings: A review of 33 studies, from 1950 to 2010, of interventions in U.S. populations eligible for colorectal cancer screening, and composed of greater than 50 percent racial or ethnic minorities, showed that: 1) Patient education involving phone or in-person contact combined with patient navigation services can lead to modest improvements (a 15 percentage-point improvement) in colorectal cancer screening rates in minority populations. 2) Studies targeting providers or clinic systems suggest that provider-directed educational interventions are effective in increasing colorectal cancer screening rates, especially those that involved the training of physicians to communicate with patients of low health literacy. [Read more.](#)

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

- **[Study shows colon and rectal tumors constitute a single type of cancer](#)** (7/18/12, NIH News) The pattern of genomic alterations in colon and rectal tissues is the same regardless of anatomic location or origin within the colon or the rectum, leading researchers to conclude that these two cancer types can be grouped as one, according to The Cancer Genome Atlas (TCGA) project's large-scale study of colon and rectal cancer tissue specimens. In multiple types of genomic analyses, colon and rectal cancer results were

nearly indistinguishable. Initially, the TCGA Research Network studied colon tumors as distinct from rectal tumors. "This finding of the true genetic nature of colon and rectal cancers is an important achievement in our quest to understand the foundations of this disease," said NIH Director Francis S. Collins, M.D., Ph.D. "The data and knowledge gained here have the potential to change the way we diagnose and treat certain cancers." The study also found several of the recurrent genetic errors that contribute to colorectal cancer. The study, funded by the National Cancer Institute (NCI) and the National Human Genome Research Institute (NHGRI), both parts of the National Institutes of Health, was published online in the July 19, 2012, issue of the journal Nature.

- *(reminder)* **Kentucky participating in [CDC's Survey of Endoscopic Capacity](#)** In 2011 and 2012, CDC is reassessing the national, state, tribal, and territorial colorectal screening and diagnostic follow-up capacity in a study (SECAP II). KENTUCKY will be one of 14 states/tribes/territories participating in this assessment. This is Part II of a study begun in 2005. Given the growth in the size of the U.S. population over 50 years of age and the increased use of colonoscopy as a CRC screening test, it is important to provide a more up-to-date capacity assessment. This new data may inform an anticipated increase in the proportion of the population receiving CRC screening as a result of the Affordable Care Act's no-cost sharing preventive services provision. **NOTE:** Facilities performing lower endoscopy in your area may be selected to complete a survey as either part of the randomly selected national sample or as part of a census in participating states/tribes/territories. The contracted survey agency, Battelle, will first telephone endoscopic facilities, and then send a survey packet via Fed Ex. Please encourage endoscopists in your area to complete the survey if they receive one! SECAP I response rates exceeded 80%, and CDC hopes to achieve a similar response rate with SECAP II.
- *(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.

General

- **Registration Opens for Bost Forum Addressing Integrated Care for Better Health** Please join the Foundation for a Healthy Kentucky for the 2012 Annual Howard L. Bost Memorial Health Policy Forum, No Wrong Door: Integrating Care for Better Health, to be held on Monday, September 17, 2012 from 9:00 am - 3:00 pm EDT at the Embassy Suites in Lexington. **Register for the Forum online [here](#).** Who should attend? 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. Join us for an exciting day of presentations and dialogue around a key health policy issue in Kentucky. Costs of the Forum are fully underwritten by the Foundation for a Healthy Kentucky - there is no charge to attend. However, because of the limited number of spaces at the Forum, we ask that you notify the Foundation if your plans change and you will be unable to attend. Failure to cancel your registration for the Forum will result in a fee.
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- **[New OB/GYN guidelines urge annual wellness visits](#)** (7/23/12, USA Today) Obstetricians and gynecologists want women to keep coming to them for annual exams, even though women are no longer advised to get yearly Pap tests to screen for cervical cancer. In new guidelines published Monday, the American College of Obstetricians and Gynecologists makes the case for an annual "well-woman" visit and continues to recommend annual pelvic exams for women older than age 21. But the doctors' group also says "no evidence supports or refutes," the value of the internal exam for finding signs of cancer or other problems in women with no symptoms. So the final decision is up to women and their doctors, the group says. The guidelines come a few months after it, the American Cancer Society, the U.S. Preventive Services Task Force and several other groups said most women need a Pap smear only every three years, starting at age 21, and can get them even less frequently after age 30 if they also get tests for the cancer-causing human papillomavirus. Women with no history of problems can stop Pap tests at 65, the groups say. But a Pap smear, in which cells are scraped from the cervix, is not a pelvic exam and a pelvic exam is just part of a preventive visit, the gynecologists' group says. "Many women refer to going to see their gynecologist as going in for their Pap smear," says Gerald F. Joseph Jr., vice president of practice activities for the college. "But there are many other things involved." An annual visit can be used to check blood pressure and weight, update immunizations, counsel patients on healthy lifestyles, screen for sexually transmitted infections and other health problems, perform breast exams and build relationships between doctors and patients, the group says.

Grants

- (reminder) 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](#).

Health Equity

- [Blacks with throat cancer get harsher therapy](#) (7/17/12, Reuters Health) Blacks in the U.S. with throat cancer are more likely than whites to have surgery that leaves them unable to

speak than to get gentler voice-preserving treatments, a new study finds. Previous research has found a similar racial disparity in breast cancer treatment, with blacks more often having the entire breast removed instead of just the cancerous lumps. His study, published in the Archives of Otolaryngology - Head & Neck Surgery, is based on data from a U.S. cancer registry including nearly 5,400 cases of laryngeal cancer between 1991 and 2008. About 80 percent of whites had voice-preserving treatment, while the rest had their voice box surgically removed - the traditional approach. Among blacks, 75 percent had the gentler therapy. While that's only a five-percent difference, "I think it's still a gap that needs to be narrowed," researchers state. The racial disparity remained after the researchers accounted for age, sex and how advanced patients' tumors were, and it didn't disappear in the more recent half of the study either. However, there was no significant gap between whites and Hispanics or Asians. The study didn't look at income or education, which might explain some of the difference. It's also possible that more blacks lived in areas without access to the resources involved in voice-preserving therapy, which requires cooperation between doctors with different specialties.

Medicaid

- [**13 States Cut Medicaid To Balance Budgets**](#) (7/24/12, Kaiser Health News/USA Today)
Thirteen states are moving to cut Medicaid by reducing benefits, paying health providers less or tightening eligibility, even as the federal government prepares to expand the insurance program for the poor to as many as 17 million more people. States routinely trim the program as tough times drive up enrollment and costs. But the latest reductions – which follow more extensive cuts last year -- threaten to limit access to care for some of its 60 million recipients. "With more people on Medicaid, states will have to continue to ratchet down payments and limit services," says Nina Owcharenko, director of the center for health policy studies at the conservative Heritage Foundation. Some worry the cuts to doctors and hospitals could make it more difficult to expand the state-federal program in 2014, as called for by the federal health law. "Some providers may be unwilling to accept new Medicaid patients," says former New York Medicaid Director Deborah Bachrach. But she notes the law may counter that effect with its funding boosts to community health centers and its temporary rate increases for primary care doctors beginning in January 2013. Most of the cuts went into effect this month, according to a 50-state survey by Kaiser Health News for USA Today. Among them: Illinois cut enrollees to four prescriptions a month; imposed a copay for prescriptions for non-pregnant adults; raised eligibility to eliminate more than 25,000 adults and eliminated non-emergency dental care for adults; Alabama cut pay for doctors and dentists 10 percent and eliminated coverage for eyeglasses; Florida cut funding to hospitals that treat Medicaid patients by 5.6 percent – following a 12.5 percent cut a year ago. The state is also seeking permission to limit non-pregnant adults to two primary care visits a month unless they are pregnant, and to cap emergency room coverage at six visits a year; California added a \$15 fee for those who go to the emergency room for routine care and cut reimbursements to private hospitals by \$150 million; Wisconsin added or increased monthly premiums for most non-pregnant adults with incomes above \$14,856 for an individual. South Dakota, Maryland, Colorado,

Louisiana, New Hampshire, Hawaii and Maine also are making reductions to their programs. Connecticut is weighing cuts likely to go into effect this fall.

Prevention/Genetics/Causes

- [**1 in 20 Cases of Melanoma Linked to Tanning Beds: Study**](#) (7/24/12, HealthDay News)
Those who bronze themselves in tanning beds face a 20 percent increased risk of skin cancer, and that raised risk reaches 87 percent if they start before they are 35 years old, new research indicates. The European study also estimates that one in every 20 cases (5.4 percent) of the most lethal form of skin cancer, melanoma, can be attributed to tanning bed use. "Indoor UV tanning devices are real carcinogenic devices, and people should be advised not to attend indoor tanning parlors or to buy them for private use," said lead researcher Philippe Autier, director of the International Prevention Research Institute in Lyon, France. The U.S. Food and Drug Administration is considering a ban on tanning beds for anyone under the age of 18. The report was published online July 24 in the *BMJ*. To determine the relationship between tanning beds and skin cancer, the researchers analyzed 27 studies published between 1981 and 2012. In all, they identified more than 11,000 cases of skin cancer. This process, called a meta-analysis, attempts to find patterns across several studies to uncover connections between unrelated research. By pooling the data, the researchers found a 20 percent increased risk of developing cancer for people who regularly used tanning beds, compared to people who never used the devices. The risk rose to 87 percent if one started tanning before 35, and increased almost 2 percent for each additional tanning session noted per year. Of the almost 64,000 new cases of melanoma in Western Europe each year, more than 3,400 can be blamed on tanning bed use, the researchers calculated. Tanning bed use is also estimated to cause 800 deaths from this deadly cancer annually, the team added. Dr. Jeffrey C. Salomon, an assistant clinical professor of plastic surgery at Yale University School of Medicine, said that "this study validates the previous studies and adds new risks to the ever growing knowledge of the downside of tanning beds."
- [**Inactivity May Kill as Many Worldwide as Smoking: Report**](#) (7/18/12, HealthDay News)
Inactivity is a major cause of death worldwide, with new research suggesting that a sedentary lifestyle is on par with both smoking and obesity when it comes to raising the risk for disease and mortality. In four research papers published online July 18 in a special physical activity-themed series in *The Lancet*, a number of investigating teams peg the number of inactivity-related deaths at 5.3 million worldwide as recently as 2008. This figure attributed to an inactivity-related risk for major killers such as breast and colon cancer, type 2 diabetes and heart disease amounts to roughly one out of every 10 deaths globally, a tally more or less equivalent to the number of people who die as a result of smoking. Although the report cites the inactivity-mortality association as most critical in low- and middle-income nations, researchers depict the situation as a problem with global dimensions. One-third of all adults -- globally amounting to about 1.5 billion people -- face a 20 percent to 30 percent greater risk for disease due to failing to engage in the kind of routine physical activity (150 minutes of moderate exercise per week) typically recommended by public health authorities. That figure rises dramatically among adolescents, among whom four in

five engage in a risky sedentary lifestyle. Researchers noted that physical inactivity also accounts for an average of about 10 percent of breast and colon cancer cases worldwide. Yet, amidst a generally pessimistic overview, the research team strikes a hopeful note, suggesting that if physical inactivity rates were to be cut by as little as 10 percent globally, as many as 533,000 lives could be saved. That figure would rise to as high as 1.3 million if inactivity were to be sliced by as much as 25 percent.

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- [Antioxidants Might Help Cut Pancreatic Cancer Risk, Study Suggests](#) (7/24/12, HealthDay News) Eating a diet high in antioxidants such as selenium and vitamins C and E may reduce the risk of pancreatic cancer by up to two-thirds, a new study suggests. The study is observational in nature and can only suggest an association, not a cause-and-effect relationship. The British researchers say, however, that if further research confirms a direct link, this type of diet could prevent 8 percent of pancreatic cancer cases. In the new study, researchers led by Dr. Andrew Hart of the University of East Anglia tracked the long-term health of more than 23,500 people, aged 40 to 74, who entered the study between 1993 and 1997. Each participant kept a food diary that detailed the types, amount and method of preparation for every food they ate for seven days. After 10 years, 49 participants (55 percent of whom were male) had been diagnosed with pancreatic cancer. By 2010, the number of participants diagnosed with pancreatic cancer increased to 86 (44 percent were men). On average, patients survived six months after diagnosis. The researchers found that people with the highest dietary intake of selenium were half as likely to develop pancreatic cancer as those with the lowest intake. Those who consumed the highest dietary intake of three antioxidants -- selenium and vitamins C and E -- were 67 percent less likely to develop pancreatic cancer compared to those with the lowest intake. The study was published online July 23 in the journal *Gut*.

Prostate Cancer

- [Drop in prostate cancers seen after new U.S. advice](#) (7/23/12, Reuters Health) The rate of early prostate cancers among older Americans dropped suddenly following a change in screening advice from government-backed experts in 2008, new research shows. The findings are another sign that the tide could be turning against routine prostate cancer screening, which a growing number of medical groups worry could do more harm than good. In August, 2008, the U.S. Preventive Services Task Force began discouraging screening in men over 75 given the known risks of screening and lack of clear benefits. (The group recently expanded its recommendation to men of all ages.) A survey published earlier this year found no decrease in screening. But that work was based on screening tests reported by patients and could be unreliable, said David H. Howard, a health policy researcher at Emory University in Atlanta, who did the new study. Using a national cancer registry known as SEER, he found the rate of early-stage prostate tumor diagnoses among men aged 75 and older fell 25 percent from 2007 to 2009 - from 443 to 330 per 100,000 men. While more-advanced tumors and those in younger men also were on the decline, the drops were not as drastic or sudden as among older men. That suggests the revised guidelines had an impact

on doctors, although insurers still pay for the prostate-specific antigen, or PSA, blood test used to screen for prostate cancer, Howard told Reuters Health.

- [Prostate cancer surgery fails to cut deaths in study](#) (7/18/12, Reuters Health) Prostate cancer surgery didn't appear to save lives compared with observation alone in a new study that tracked men for a decade after their diagnosis. However, nearly twice as many men who had surgery reported incontinence and impotence after two years, researchers report in the New England Journal of Medicine. Researchers say the results suggest that many men who have received surgery in the past probably didn't need it. "I don't think there's any question that many of those cancers were overtreated." The new study is based on 731 men who had been diagnosed with prostate cancer, often as a result of screening with the prostate-specific antigen (PSA) test. Researchers then randomly assigned the men to prostate removal or observation only. More than a decade after the tumor was discovered, 5.8 percent of the men who received surgery had died from prostate cancer or its treatment, compared to 8.4 percent of patients where doctors just kept an eye on the tumor. Overall, 47 percent of the men in the surgery group died during the study, compared to 50 percent of the others. Both differences could have been due to chance, the researchers found. By contrast, more than one in five of the men who went under the knife experienced a complication of the surgery, including one death.

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.

Resources

- **Communication Curriculum available online at no-cost, CME, CPE, CNE credits available**
The COMFORT modules are offered to assist health care professionals in their practice of narrative health care and patient-centered communication in end-of-life. Offered on UK's CE Central at no cost. COMFORT approach uses a biopsychosocial model of care allowing clinicians to simultaneously address patients' subjective and biomedical understanding of disease. To this end the COMFORT Curriculum employs the theoretical roots of patient-centered care and the narrative medicine movement. COMFORT curriculum modules include: Communicating; Orientation and Opportunity; Family; and Team. Read more about each module here: <http://www.cecentral.com/node/450>
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- **Population-Level Intervention Strategies and Examples for Obesity Prevention in Children** (written by J.L. Foltz et al.) With obesity affecting approximately 12.5 million American youth, population-level interventions are indicated to help support healthy behaviors. The purpose of this review is to provide a summary of population-level intervention strategies and specific intervention examples that illustrate ways to help prevent and control obesity in children through improving nutrition and physical activity behaviors. Information is summarized within the settings where children live, learn, and play (early care and education, school, community, health care, home). Intervention strategies are activities or changes intended to promote healthful behaviors in children. They were identified from (a) systematic reviews; (b) evidence- and expert consensus–based recommendations, guidelines, or standards from nongovernmental or federal agencies; and finally (c) peer-reviewed synthesis reviews. Intervention examples illustrate how at least one of the strategies was used in a particular setting. To identify interventions examples, we considered (a) peer reviewed literature as well as (b) additional sources with research-tested and practice-based initiatives. Researchers and practitioners may use this review as they set priorities and promote integration across settings and to find research- and practice-tested intervention examples that can be replicated in their communities for childhood obesity prevention. **Article is attached.**

Smoke-free

- **Smoke-Free Kentucky is coming to you!** A special Smoke-Free Kentucky van will be decked out and crossing the commonwealth Monday, July 30 - Saturday, August 4. We think that 2013 is the year to pass a comprehensive, smoke-free workplace law! If you agree, please meet us in your town to tell your personal story about why Kentucky should be smoke-free like 23 other states. We're inviting the media, legislators and the public to come and learn

more about the Smoke-Free Kentucky campaign. We need all our supporters to join us - so mark your calendars and spread the word! Join us as we meet, greet and eat with fellow advocates and community members. We will have door prizes and other fun activities. For more information, contact Betsy Janes at 502-797-0638 or bjanes@midlandlung.org

When and Where is it?

- Monday, July 30 (These stops are built around media availability. Call 502-797-0638 to join us.) Louisville: 8:00 a.m.-1:00 p.m. We'll be hitting local TV and radio stations and we will be stopping by the Kentucky Cancer Consortium meeting. Lexington: 2:00 p.m.-evening. We'll be hitting local TV and radio stations.
 - Tuesday, July 31; Frankfort: 10:00 a.m.- 12:00 p.m.; Kentucky Chamber of Commerce, 464 Chenault Road, Frankfort, KY 40601
 - Wednesday, August 1; Somerset: 11:00 a.m.-1:00p.m; Amon's Sugar Shack, 1900 South Hwy 27, Somerset, KY 42501 (light #13)
 - Thursday, August 2; Bowling Green: 10:00 a.m. -1:00 p.m. (CDT); Geno's Italian Deli, Ashley Shopping Center, 1751 Scottsville Road, Bowling Green, KY 42104
 - Friday August 3; Paducah: 11:00 a.m.-1:00 p.m. (CDT); The Pasta House, 451 Jordan Dr. Paducah, KY 42001
 - Saturday, August 4; Fancy Farm: 10:00 a.m. - 4:00 p.m. (CDT); Fancy Farm Picnic, St. Jerome Catholic Church, State Route 339 North, Fancy Farm, KY 42039
- [Atlanta Curbs Smoking, Part of Southern Wave of Bans](#) (7/20/12, New York Times) Maria Newman was a smoker for 15 years. But she has little tolerance for them anymore. Atlanta's measure will ban tobacco use in city parks, with high penalties that could include six months in jail. "The cigarette butts, the smell — just take them somewhere else," she said Friday as her 5-year-old daughter splashed in the fountain at the Historic Fourth Ward Park in Atlanta. This week, she got her wish. Atlanta became the largest city in the South to ban smoking in public parks. The punishments are steeper here than even in New York City, which passed such a ban last year: up to a \$1,000 fine, six months in jail and community service. The South may still lead the nation in cigarette use, but the number of places where smokers are embraced with Southern hospitality is shrinking rapidly. More than 200 cities, large and small, across the Deep South have outlawed smoking in bars, restaurants or workplaces in recent years, according to advocates of smoking restrictions. In 2009, Virginia and North Carolina, the nation's top two growers of tobacco, passed bans on smoking at bars and restaurants. Two other Southern states, Louisiana and Florida, have passed similar laws. But most change has happened on a local level. "This is a matter of cities and counties changing the social norms around the role of tobacco in the South," said Cynthia Hallett, the executive director of Americans for Nonsmokers' Rights. "Because of the history of tobacco farming, change was slower to start. But it's happening quickly now." Smoking rates are still high. Every Southern state except Florida has a smoking rate above the national average. But smoking opponents are claiming surprising legislative victories. Last year, Americans for Nonsmokers' Rights gave Alabama health officials an award because cities there passed more antismoking ordinances than in any other state. (Mississippi finished second, then Kentucky.)

- [Black Teens in Public Housing Twice As Likely to Smoke: Study](#) (7/24/12, HealthDay News) Black teens living in public housing communities are more than twice as likely to smoke as their peers in other U.S. communities, researchers have found. The findings, published in the August issue of *Addictive Behaviors*, suggest that early interventions are needed to prevent young people in these communities from lighting up. In conducting the study, Yu and colleagues from the University of Illinois at Chicago, Boston College and the University of South Carolina asked 518 black teenagers living in public housing in three large U.S. cities about their attitudes on tobacco use, symptoms of depression and delinquent behaviors. The study authors found that these teens were 2.3 times more likely to use tobacco than other black teens. The investigators pointed out that teens living in public housing may be more afraid, have poorer social relationships and more psychological strain, which could contribute to the higher rates of smoking. "Smoking cessation programs for young African-Americans living in public housing communities should focus on reversing their positive attitudes toward tobacco use," Yu said in the news release. "In addition, programs should help address the youths' depressive symptoms and keep them from getting involved in delinquent behaviors." The researchers added that smoking prevention programs in public housing communities should target young children.
- [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.

Smoking Cessation

- A **Cooper Clayton Method to Stop Smoking: Facilitator Training** is scheduled for Wednesday, August 15, 2012, at the University Club in Louisville. Participants will be trained to facilitate the Cooper/Clayton program, a comprehensive behavioral smoking-cessation program for smokers using nicotine replacement products. For More Information http://www.kcp.uky.edu/pdf%20files/CooperClaytonFacilitatorTraining_08-15-12.pdf

Survivorship

- **To Eat or Not to Eat: With Cancer Therapies, That Is the Question** (7/10/12, NCI Cancer Bulletin) Food intake is an important variable when determining the optimal treatment for many diseases. And cancer researchers are now exploring whether manipulating food intake could help reduce the side effects of some treatments or make them more effective. In 2008 researchers showed that fasting for 2 to 3 days protected normal cells in culture and mice with xenograft tumors from chemotherapy drugs without protecting cancer cells—an effect they called differential stress resistance. Scientists later published a study of 10

elderly cancer patients who voluntarily underwent short-term fasting before and/or after cytotoxic chemotherapy infusion. Patients reported fewer side effects, including fatigue, weakness, and gastrointestinal problems, when they fasted. However, some doctors still worried that fasting could also protect cancer cells, which would negate its use in cancer patients. A recent study by the USC research team, published March 7 in *Science Translational Medicine*, addressed this concern by showing that, contrary to such fears, fasting renders cancer cells *more* sensitive to chemotherapy. The researchers found that fasting conditions in cell culture and in mice caused normal and cancer cells to radically change their gene expression patterns—but in very different ways. Normal cells reduced the expression of genes associated with cell growth and division and diverted their energy to cellular maintenance pathways that protect normal cells from stressful conditions and repair stress-induced damage. In contrast, cancer cells reduced the expression of many protective genes, which made them more likely to die. [Read the entire article here.](#)

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- [The National Coalition for Cancer Survivorship \(NCCS\) updates two long-standing publications; begins offering Cancer Survival Toolbox End of Life program as a standalone](#) (7/19/12, NCCS.org) **Dying Well: The Final Stage of Survivorship**, originally a part of our award-winning Cancer Survival Toolbox®, addresses the special needs and concerns of those facing the end of life. It can now be downloaded as a stand-alone program. **What Cancer Survivors Need to Know about Health Insurance** was published just days after the Supreme Court upheld the constitutionality of most of the Patient Protection and Affordable Care Act. This health insurance booklet has been updated to include the significant changes to health insurance that will happen or have already happened during the implementation of the law. The booklet helps cancer survivors understand the new rights and coverage changes they already enjoy, as well as the rights and responsibilities they will encounter when additional provisions go into effect in January, 2014. **Working It Out: Your Employment Rights as a Cancer Survivor** is now in its tenth edition, and has recently been revised to include current law that applies to employees with a cancer history. Readers can learn how employment discrimination laws protect cancer survivors, how to avoid discrimination, how to protect legal rights, and what individuals can do to enforce their legal rights. Both revised publications will be available in print and online by the end of August 2012. The new standalone version of *Dying Well: The Final Stage of Survivorship* is currently available to [stream and download](#), or it can be ordered through the [online store](#).
- [Young Cancer Patients Often Lack Support: Study](#) (7/23/12, HealthDay News) Many teens and young adults diagnosed with cancer aren't receiving the social, psychological and informational support they require, new research suggests. Cancer patients aged 14 to 39 have different needs and issues than younger and older patients, the researchers explained. Zebrack and colleagues surveyed 215 newly diagnosed teen and young adult cancer patients. Those in their 20s were much less likely than teens or patients in their 30s to use mental-health services and were more likely to report an unmet need for information about cancer, infertility and diet. Young adults who were treated in adult, rather than pediatric, cancer facilities were more likely than teens who were treated in pediatric facilities to report an unmet need for age-appropriate websites, mental-health services, camp and

retreat programs, transportation assistance and complementary and alternative health services. The study was published online recently in the journal *Cancer*. The lack of research involving teen and young adult cancer patients makes it difficult for health care providers to create age-appropriate services for them, Zebrack said. This study might help change that. "Our research shows increasing patient referral to community-based social service agencies and reputable Internet resources can enhance the care and improve the quality of life for this group of patients," Zebrack said. "The more we know about their needs, the better support health care professionals will be able to provide."

- 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 tonight -- 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.
- *(reminder)* **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.