

Dear Kentucky Cancer Consortium Partners:

Below is the **July 4, 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

July 4, 2012

HEALTHCARE REFORM

- **OVERVIEW**

[Supreme Court Ruling Sets Stage for Full Rollout of Health-Care Reform Law](#) (6/29/12, HealthDay News) The U.S. Supreme Court's long-awaited ruling Thursday upholding the constitutionality of the Affordable Care Act means that changes to the American health care system will roll out largely as planned when the bill was signed into law two years ago, experts say.

- **Rolls of the uninsured will go down** by 30 million to 33 million people by 2016, leaving 26 million or 27 million people uninsured, a 50 percent reduction.
- **Retention of the "individual mandate" as a tax**, which requires all adults to obtain health insurance or face a penalty, and will go into effect in 2014. The earliest the IRS could levy fines would be in 2015. But 90% or more of Americans won't ever feel the pinch of the penalty either because they're already covered or they're exempt.
- **Young adults up to the age of 26 can still be covered** under their parents' insurance plans.
- Many other Americans will be able to get health coverage through **subsidized health insurance exchanges**.
- Insurance companies can no longer exclude people from plans because of **preexisting conditions**. Already in place for children, and will be applicable to adults starting in 2014.
- Preserves discounts that Medicare recipients (generally people over the age of 65) receive on **prescription drugs**.
- In general, expanded health coverage **will boost preventive services** such as mammograms and colonoscopies. Insurance companies will now be required to provide "first dollar" coverage for preventive and screening services, reducing the # of patients declining services bc the co-pay or deductible was too expensive.
- The only part of the Affordable Care Act that the Supreme Court took issue with was penalizing states that didn't expand their Medicaid programs. **The court said the**

federal government does not have the power to penalize states who decline to expand their Medicaid programs.

- Prior to the Supreme Court's decision, "the Affordable Care Act would have required that states expand Medicaid programs by 2014 to cover all individuals under the age of 65 with incomes below 133% of the federal poverty level." The federal gov't would pay 100% of the cost of expanded coverage through 2016, with the states assuming a small portion after that.
- This expansion of Medicaid would have reduced much of the state-by-state variation we currently see in [the coverage of the] poor, but after [Thursday's] ruling, states may decline to participate in Medicaid expansion. This would no longer eliminate disparities in coverage in the very poor from state-to-state.
- On the other hand, because Medicaid reimbursement rates run an average of only 59 percent of what private insurers pay, doctors may opt out of covering these people.
- Requirements that **employers with 50 or more employees provide health benefits.**

- **ISSUE FOCUS**

[Uncertainty Over States and Medicaid Expansion](#) (6/28/12, New York Times) The Supreme Court said on Thursday that a huge expansion of Medicaid envisioned in the 2010 health care law was an option, not a mandate, for states. Experts disagreed on whether states would take the option, one of the most important questions created by the court's decision. The Medicaid expansion is a central part of the law, accounting for roughly half of all the uninsured people expected to gain coverage, according to the Congressional Budget Office. It estimates that 17 million uninsured people will gain coverage through Medicaid, at a cost to the federal government of \$930 billion from 2014 to 2022. While upholding the expansion of Medicaid, the Supreme Court limited the power of the federal government to secure compliance by penalizing states that refuse to go along. Normally, the federal government and the states share Medicaid costs, with the federal government paying an average of 57 percent of the total. **Under the new law, the federal government will pay the full cost of covering those newly eligible for Medicaid for three years, from 2014 to 2016. The federal share will then gradually decline; it will be 90 percent, starting in 2020.** But many state officials worry that Congress will reduce the federal share and shift more costs to the states as it seeks ways to reduce the federal budget deficit.

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- **ISSUE FOCUS**

[Supreme Court Decision to Uphold Health Reform Law Preserves Vital Tobacco Prevention Initiatives](#) (6/29/12, Campaign for Tobacco-Free Kids) In upholding the health care reform law today, the Supreme Court has preserved essential disease prevention initiatives that will help reduce the staggering health and financial toll of tobacco use. These prevention measures include expanded coverage of treatments to help smokers quit, as well as a new prevention fund to finance proven disease prevention and public health activities in communities across the nation. Preservation of these important prevention initiatives is a victory for the nation's health and will save lives and save money by reducing health care

costs. The health care reform law requires coverage of smoking cessation and other preventive services without cost sharing, by group health plans and insurers, including those selling within the newly created insurance exchanges. The law also prevents states from excluding smoking-cessation drugs from the medications covered by their Medicaid programs and requires Medicaid to cover smoking-cessation treatments for pregnant women.

- **ISSUE FOCUS**

[Supreme Court Ruling Preserves Critical Patient Protections for Families Affected by Cancer](#) (6/28/12, Excerpts from the Statement of John R. Seffrin, PhD, Chief Executive Officer of the American Cancer Society and American Cancer Society Cancer Action Network (ACS CAN) “The ruling is a victory for people with cancer and their families nationwide...the decision ensures that critical patient protections benefitting cancer patients and survivors will be implemented, such as those prohibiting insurance companies from denying coverage to people with a pre-existing condition, requiring insurers to provide consumers with easy-to-understand summaries about their coverage and requiring health plans in the individual market to offer essential benefits needed to prevent and treat a serious condition such as cancer. The ruling...ensures that proven preventive services such as mammograms and colonoscopies are offered at no cost to patients, eliminating arbitrary dollar limits on coverage that can suddenly terminate care and prohibiting insurance companies from unfairly revoking coverage when a person gets sick. The decision ensures that patients in every state will have access to an online marketplace where they can easily compare quality health plans and choose the one that is best for them and their families. The ruling also will sustain comprehensive nationwide efforts to refocus the health care system on disease prevention by encouraging people to get screened for cancer and other serious diseases and adopt healthier lifestyles....Now that the Supreme Court has ruled, it is time for all of our elected officials to work together in a bipartisan effort to implement the health care law as strongly as possible for cancer patients, survivors, and their families.”

Advocacy

- [Kentucky Voices for Health Statement on U.S. Supreme Court Ruling Upholding the Affordable Care Act](#) (6/28/12, Kentucky Voices for Health) With today’s decision by the U. S. Supreme Court to uphold the Patient Protection and Affordable Care Act (ACA), it is now more important than ever for government, health providers, payers and advocates to band together and address the myriad of issues facing Kentuckians when it comes to accessing quality health care. When fully implemented, the ACA will bring a number of important benefits to Kentuckians, including:
 - Approximately 300,000 additional Kentuckians will become eligible for Medicaid coverage in 2014;
 - Health plans will be prohibited from denying coverage to an estimated 920,000 Kentuckians with pre-existing health conditions;
 - Health plans will be prohibited from basing premiums on a person’s health condition;

- Health plans will be required cover important preventative services;
- Tax credits will become available to help an estimated 221,000 Kentucky families and 51,500 businesses purchase health insurance; and
- The Medicare “donut hole” in prescription drug coverage will be eliminated for an estimated 129,000 Kentuckians.

Although the ACA will go a long way in ensuring that all Americans have access to affordable health care, there are still roadblocks to overcome. Not only do Kentuckians need access to care, that care must be of high quality. It is important that consumers become engaged and work with policymakers to ensure their voice is heard in the implementation of the law. The expansion of the Medicaid system in 2014 comes at a time when Kentucky is experiencing a turbulent switch to managed care. Denied prior authorizations, delayed payments and limited provider networks are just some of the many issues already facing Kentucky’s Medicaid members. As more members are enrolled, it is important that these problems are solved quickly so that new members can access and use their health care. [Read the entire statement here.](#)

- [“Advocacy? Lobbying? Know the Difference!” webinar](#) to be held July 11, 3pm-4pm. Hosted by the Foundation for a Healthy Kentucky, and led by Nayantara Mehta, JD, of Alliance for Justice, the webinar will: Differentiate between lobbying and non-lobbying advocacy activities; Identify methods of advancing health policy aligned with your organization and mission. Alliance for Justice is a national association of over 100 organizations, representing a broad array of groups committed to progressive values and the creation of an equitable, just, and free society. AFJ is the leading expert on the legal framework for nonprofit advocacy efforts, providing definitive information, resources, and technical assistance that encourages organizations and their funding partners to fully exercise their right to be active participants in the democratic process.

Breast Cancer

- [U.S. Mammography Rates Drop Following Task Force Recommendations](#) (6/28/12, HealthDay News) -- The number of women in their 40s getting routine mammograms has dropped since the 2009 recommendation of the U.S. Preventive Services Task Force advising against regular screenings for women in this age group, according to a new study. Researchers from the Mayo Clinic found that the controversial guidelines resulted in a nearly 6 percent decline in mammography rates across the United States. Although the decline is small, it's significant, the researchers noted. Using a national database of 100 health plans, the researchers identified 8 million women between the ages of 40 and 64 years old who had gotten a mammogram between January 2006 and December 2010. To determine the effects of the task force's recommendation on mammography rates, the researchers compared the number of screenings that took place before the guidelines were issued to the number of screenings that occurred after they came out. The study found that the recommendations were associated with a 5.72 percent drop in mammography rates for women between 40 and 49 years old. This represents 54,000 fewer mammograms for these women over one year, the researchers said.

Cervical Cancer

- 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!”

Colon

- **Kentucky Colon Cancer Screening Funding Opportunity Announcement (FY 13)** In the 2008 Regular Session, the Kentucky General Assembly enacted House Bill 415 which provided for the development of a colon cancer screening program within the Kentucky Department for Public Health to address the needs of colon cancer screening of the uninsured, limited to the amount of funding provided. While no funds were appropriated to implement the provision of the legislation, the Department moved forward to establish the [Kentucky Colon Cancer Screening Program \(KCCSP\)](#). In the 2012 Regular Session, the Kentucky General Assembly approved the biennial budget which included funds for colon cancer screening of the uninsured. **We are 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. in this funding opportunity. These grant funds are to be used to provide FIT tests for average risk patients and colonoscopies for high risk or symptomatic patients and average risk patients who test positive during FIT testing. It is expected that the majority of testing (2/3) will be provided through FIT testing. 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.

- (reminder) The [Colon Cancer Prevention Project](#) is also accepting nominations for its Board of Directors. Board members serve a two-year term and meet the first Monday of each month at 6:30 p.m. at the Project's offices in Louisville. For more information or to nominate someone, contact Andrea Shepherd, ashepherd@c2p2ky.org or 502-290-0288.

Evidenced Based Practices

- The [Guide to Community Preventive Services](#) recently **updated their recommendations regarding interventions effectiveness at increasing breast and colon cancer screening.** Group education to increase breast cancer screening is now recommended on the basis of sufficient evidence of effectiveness (previously, insufficient evidence to determine effectiveness had been found); one-on-one education to increase colorectal cancer screening is now recommended on the basis of sufficient evidence of effectiveness (previously, insufficient evidence to determine effectiveness had been found); and client reminders to increase colorectal cancer screening are now recommended on the basis of strong evidence of effectiveness (previously, this intervention was recommended on the basis of sufficient evidence of effectiveness). Read more about the data behind these new recommended interventions in the following journal articles:
 - Sabatino SA, Lawrence B, Elder R, et al. Effectiveness of interventions to increase screening for breast, cervical, and colorectal cancers: nine updated systematic reviews for The Guide to Community Preventive Services. Am J Prev Med 2012;43(1):765-86.
 - Community Preventive Services Task Force. Updated recommendations for client- and provider-oriented interventions to increase breast, cervical, and colorectal cancer screening. Am J Prev Med 2012;43(1):760-4.

General

- [Celebrating Heroes in our community](#) (5/29/12, UK Healthcare External Affairs Blog) On May 17, UK HealthCare proudly partnered with the Bluegrass Chapter of the American Red Cross to present its 2012 Heroes Campaign Celebration recognizing individuals doing extraordinary things to improve lives in our community. We had the opportunity to nominate an individual for Hero of the Year and were thrilled when Terry Burkhart, CEO of the Bluegrass Chapter, announced Vicki Blevins had won. Vicki is a hero every day. She is a tireless advocate, a fighter, a hug and an encourager to countless women across Kentucky who face a diagnosis of breast cancer. She is often the only one standing with these women and that's what makes her service so valuable. She has provided resources, services and support to 3,000 women throughout the Commonwealth since founding [Kentucky Pink Connection](#) in 2008. It is an honor to call her and her organization partners in our ongoing efforts to support cancer patients.
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- **Resource for Vietnamese Americans in Louisville** [Boat People SOS \(BPSOS\)](#) is a national community-based organization whose mission is to assist Vietnamese refugees and immigrants in their search for a life in liberty and dignity. Since 1980, one in 10 Vietnamese Americans has received assistance from BPSOS while still in Vietnam, on the high seas, in a refugee camp, or after arriving in the United States. BPSOS provides a web of services to support individuals, families, and communities. BPSOS maintains an office in Louisville, and is the only Vietnamese-American service agency in Kentucky. **BPSOS proudly serves some 7,000 community members in the Louisville area, and is eagerly looking for new community partners in their cancer control efforts surrounding lung, cervical, prostate and liver cancers.** BPSOS Louisville's Health Awareness and Prevention (HAPP) Program, looks to help new immigrants access health information and services by informing and empowering them to take health prevention into their own hands -- and for many, even become a health advocate among their peers in the community. For more information, contact Tranh Nguyen, MPH, National Health Awareness & Prevention Program Manager at tranh.nguyen@bpsos.org.
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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. We invite you to join the conversation with national, regional, and local leaders as we explore the importance, value, and implications of integrating health care in Kentucky. 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

- HHS announces the availability of approximately \$32 million to improve the health of Americans through two Racial and Ethnic Approaches to Community Health (**REACH**) initiatives. These funding opportunity announcements (FOAs) are designed to support comprehensive programs that address health disparities in racial and ethnic groups. Building on past accomplishments, the **REACH** FOA (approximately \$20 million) will fund approximately 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 percent 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. 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 accessing (<http://www.grants.gov/search/search.do;jsessionid=Q2s4PjllJLpxY65TL0mG6P0nc0QGG82YnGScnHwBNYvLcdVVN3!477727685?oppld=178673&mode=VIEW>).

Hospice

- **Minorities Less Likely to Use Hospice Care: Study** (6/29/12, HealthDay News) -- Minority patients with heart failure are less likely to use hospice care than whites, new research finds. Overall, use of hospice care is increasing, according to researchers from Indiana University School of Medicine. Their study found that nonwhite Medicare patients with heart failure were 20 percent less likely to enroll in hospice than white patients. Nonwhite patients were also more likely to drop out of hospice care than whites. "Our findings highlight that there is a significant difference between how white patients and nonwhite patients and their families utilize hospice services." The study, which looked at records on nearly 220,000 heart failure patients on Medicare, was published in the June issue of the *American Heart Journal*. According to the National Hospice and Palliative Care Organization, about 42 percent of all deaths in the United States were under the care of a hospice program in 2010.
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- **More visits from hospice may allow death at home** (6/28/12, Reuters Health) Very ill patients who prefer to die at home are more likely to do so if they get frequent visits from hospice nurses and doctors, according to a new report. The findings highlight the importance of hospices, which provide specialized care to very sick or terminally ill patients and offer them the opportunity to remain at home if they want to. In the *Journal of Clinical Oncology*, researchers report that the majority of cancer patients die in a hospital even though most would prefer to do so at home. To see what factors were linked to a person's chance of dying at home, researchers looked at information collected between October 2008 and June 2011 for cancer patients in hospices in Florida, Pennsylvania and Wisconsin. From the patients' medical records, the researchers knew where more than 5,800 of them wanted to die. About three-quarters wanted to die at home, whereas the rest typically preferred to die at a nursing home, a hospice unit or a hospital. Of the people who started care at home and said they wanted to die there, 1,735, or 55 percent, did so. The researchers found three factors that were tied to people's chance of dying at home. Specifically, married people and those who had made their preference clear in advance directives were more likely to die at home. The same was true for people who had daily visits from the hospice for the first four days of their care. The results don't necessarily prove that frequent visits by themselves up the chances of dying according to one's preferences, but the researchers felt that was likely.

Prevention/Genetics/Causes

- [Screen All Adults for Obesity: U.S. Panel](#) (6/25/12, HealthDay News) -- The U.S. Preventive Services Task Force released new guidelines recommending that doctors screen all of their patients for obesity and when appropriate, refer them to a comprehensive lifestyle-management program to help them lose weight. The government task force didn't recommend any weight-loss medications, nor did it address weight-loss surgery. The task force also issued a second set of guidelines to help doctors identify which patients might benefit most from healthy lifestyle counseling to avoid heart health problems. Both sets of guidelines appear in the June 26 online edition of the *Annals of Internal Medicine*.
- [ACS's Cancer Prevention Study](#) American Cancer Society's research 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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- [Coffee May Cut Your Risk for Common Form of Skin Cancer](#) (7/2/12, HealthDay News) -- Yet another report points to the possible health benefits of caffeine, whether it comes in coffee, tea, cola or even chocolate. A study published July 1 in the journal *Cancer Research* suggests that drinking caffeinated coffee could lower the chances of developing basal cell carcinoma, the most common form of skin cancer. The study also found that caffeinated tea, cola and chocolate also appears to reduce risk. Women in the study who drank more than three cups of caffeinated coffee per day were 21 percent less likely to develop the disease than women who drank less than one cup per month. Among men, the risk reduction was 10 percent. The new research adds to a range of recent studies that have shown that coffee may protect against some illnesses, including type 2 diabetes, heart failure, Parkinson's disease, liver cancer and cirrhosis of the liver, and that it might improve exercise performance. The researchers found caffeine intake did not reduce the risk of squamous cell carcinoma or melanoma, other forms of skin cancer. The authors analyzed more than 20 years of data from the Nurses' Health Study, a large and long-running study designed to track women's health, and the Health Professionals Follow-up Study, a similar project that involved men. More than 112,000 people were included in the analysis. While the study uncovered an association between greater caffeine consumption and reduced risk of basal cell cancer, it did not prove a cause-and-effect relationship.

(reminder) Host a “**Weight of the Nation Screening**” showing excerpts of the HBO special is an easy and fun way to get people thinking seriously about reducing obesity in their communities. You can get a leader’s kit at <http://theweightofthenation.hbo.com/screenings>. If you’d like an easy-to-follow leader’s agenda, as well as an email announcement to send to invitees, contact Elaine.russell@ky.gov . You can also contact Elaine to receive copies of **Shaping Kentucky’s Future: A Community Guide to Reducing Obesity / Local Success Stories** to disseminate at the screening (or download report from www.fitky.gov).

Program Planning

- **“Take Action: Focus on What’s Important” - Webinar on Tuesday, July 10, 2012 from 3pm – 4pm.** We know that much of what influences our health happens outside of the doctor’s office—in our schools, workplaces and neighborhoods. Robert Wood Johnson Foundation’s [County Health Rankings & Roadmaps program](#) helps communities create solutions that make it easier for people to be healthy in their own communities, focusing on specific factors that we know affect health, such as education and income. Having health insurance and quality health care are important to our health, but we need leadership and action beyond health care. Ranking the health of nearly every county in the nation, the *County Health Rankings* illustrate what we know when it comes to what’s making people sick or healthy. Once you’ve accounted for your community’s needs and resources, you will need to decide which problem(s) to tackle. Without focus, all issues seem equally important. Taking time to set priorities will ensure that you direct your community’s valuable and limited resources to the most important issues. Learn about guidance, tools and resources for focusing your community’s efforts and resources on the most important issues to achieve the greatest impact on health. [Register here.](#)

Research

- [UK researchers seek working women with breast cancer for study](#) (7/3/12, Lexington Herald-Leader) Breast cancer can be an exhausting disease, from diagnosis through treatment. The physical and financial demands on a patient can be draining. As if that were not scary enough, couple that scenario with limited sick days and a desperate need to hold onto your job. 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. **FLYER ATTACHED, FOR DISTRIBUTION TO YOUR PARTNERS.**

Smoking Cessation

- [Women's lung cancer deaths up in parts of U.S.: study](#) (6/27/12, Reuters) Lung cancer rates have been falling across the United States over the past decade, but deaths from the disease are steady or rising among middle-aged women in the South and Midwest, according to a study based on more than one million women. The findings, published in the *Journal of Clinical Oncology*, point to a need for more aggressive political action and strategies for reducing smoking by a new generation of men and women in all U.S. states, researchers said. Previous research has shown that women born in 1950 and afterwards are an exception to the recent decline. Social trends during the 1960s and 1970s, when these women would have taken up smoking in their teens and early adult years, are usually blamed. But researchers looked at national mortality data to see whether there were any regional patterns as well. The study is based on data for more than one million U.S. white women aged 35 to 84, who died of lung cancer between 1973 and 2007. The researchers compared 23 states, including 10 in the south (*KY included*) and six in the Midwest, and California and New York. Between the 1970s and 2007, the risk of dying from lung cancer was highest among women born in the 1930s. Rates then dropped off among women born during the following decade. When it came to baby boomers, post-World War II babies of the late 1940s and 1950s, the numbers of young women dying of lung cancer rose again but only in some states. In Alabama, for example, deaths per 100,000 increased from 6.9 to 10.7 among women aged 40 to 44. In contrast, deaths fell from 6.1 to 2.8 per 100,000 in the same age group in California. Similar patterns emerged in other southern states and in the Midwest, while California and New York showed steady declines.

Survivorship

- [Study of the Day: Cancer Patients with Side Effects Might Find Relief](#) (6/30/12, The Atlantic) **PROBLEM:** Intensive cancer treatments, such as chemotherapy, can often lead to nasty side effects. Complementary methods to reduce them -- including meditation and guided imagery -- are available, although experts frequently debate their efficacy. **METHODOLOGY:** This study, led by Jennifer Bradley of the University of Kentucky Markey Cancer Center, included 159 patients currently undergoing cancer treatment. Before and after each Jin Shin Jyutsu session, participants were asked to rate on a scale of 1 to 10 their symptoms of nausea, pain, and stress. During each session, practitioners administered light touches on 52 energetic points referred to as "Safety Energy Locks" in addition to fingers, toes, and midpoints on the upper arm, the upper calf and lower leg. Each touch was performed according to specific, routine orders known as "flows." The study, however, allowed for slight variations in the duration and location of sessions as well as the time between appointments. **RESULTS:** Bradley found that patients experienced significant improvement in their symptoms, even after just one session of Jin Shin Jyutsu. The average decreases recorded were three points for stress and two points for both nausea and pain.

CONCLUSION: Although touch therapy cannot directly address whatever form of cancer a patient might have, Jin Shin Jyutsu can at least provide relief from treatment side effects. As Bradley commented, "it is encouraging to note that Jin Shin Jyutsu made improvements in these areas without adding additional unwanted effects that so often occur with medication interventions." IMPLICATION: With any luck, Bradley's study will spur research on other complementary methods that can help to reduce undesired symptoms.

- *(reminder)* **SAVE THE DATE: Academy of Oncology Nurse Navigators Third Annual Navigation & Survivorship Conference**, September 14-16, 2012 • Phoenix, Arizona. [REGISTER TODAY!](#) 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, such as: Oncology Nurse Navigators, Patient Navigators, Oncology Social Workers, Administrators, Case Managers, Care Managers, Oncology Nurses & Nurse Practitioners, Practice Managers.