

Dear Kentucky Cancer Consortium Partners:

Click to read the **August 1, 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

August 1, 2012

- **Special 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 NEXT WEEK, 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.**

Breast Cancer

- The [Kentucky Breast Cancer Coalition](#) and the [Kentucky Women's Cancer Screening Program](#) are joining to sponsor their annual Fall Conference "Build the Vision", highlighting breast and cervical cancer. The conference starts on Tuesday, September 18, with a Survivor's Reception at 5:30 pm at the Embassy Suites in Lexington. Survivors are admitted free with a \$10 charge for guests. There will be food and live music (Downtown Country Band). Former Secretary of State Elaine Walker, breast cancer survivor, will be our guest. Five breast cancer survivors will be honored. On Wednesday, September 19, the conference begins at 9:00 am at the Embassy Suites in Lexington with Building the Vision of screening and treatment for all women of Kentucky. Our speakers include: Dolores Margo, Patient Advocate, Pennsylvania Breast Cancer Coalition, will discuss statewide coalition building. Ken Alexander, MD, University of Chicago, a pediatric infectious disease specialist who works for HPV vaccination for adolescents, will relate his expertise with school HPV vaccination programs. A panel discussion by the women and men who started the Kentucky legislation to cover breast and cervical cancer screening will review their history. Eleanor Jordan, Executive Director of the Kentucky Commission on Women, will educate us on the

importance of women participating in the legislation of women's health. Audrey Tayse Haynes, Secretary of the Cabinet for Health and Family Services, (invited) will inform us on new initiatives for women's health in Kentucky and the Affordable Care Act. Wrap up is at 4:30 pm. Don't miss this informative conference! A flyer is attached. To register, visit: www.kybcc.org.

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- **PARTNER SPOLIGHT: The Lexington Affiliate of Susan G. Komen Breast Cancer Foundation** covers 58 counties in Central and Eastern Kentucky. Seventy-five percent of net funds raised through events and private donations are kept local to fund programs in hospitals, clinics and health departments that provide education, screenings for breast cancer and treatment dollars to help those battling the disease. The remaining twenty-five percent of funds are invested into research to help find the cures. We hope you will utilize our [resources](#) and join us for [events](#) that we have coming up. Last year we funded over 5000 breast cancer screenings, thousands in treatment dollars and educated hundreds through our education outreach programs. We need your help to continue our fight. Help us **Ignite a Cure**. Many ways to get involved, volunteer, host an event, join us August 24th for our [Pink Tie Gala](#) and October 6th for our [Race for the Cure](#) in Downtown Lexington and much more! Visit us at KomenLexington.org, email missions@komenlexington.org or call our office at 859.368.7133 to get involved.

Childhood Cancer

- **Organization helps siblings of children with cancer** Every day in the United States, 46 children are diagnosed with cancer, creating over 18,000 new siblings affected each year. These siblings are thrown into a world where they are quickly introduced to sterility of hospitals, the helplessness of waiting, and life altering changes in their family. While their family's attention turns to rallying around the child who has been diagnosed, many times the siblings are faced with struggling to understand and manage these feelings on their own. Siblings who receive social support during this critical time indicate significantly fewer symptoms of depression, anxiety, and fewer behavior problems than siblings with less social support. Research indicates that high level of social support plays a protective role in psychological adjustment of siblings of pediatric cancer patients. [SuperSibs!](#) takes on this protective role, providing critical support to vulnerable children. Being part of a group always helps one feel like they belong. The incredible dynamic of support and understanding that comes of providing a child with an empathetic support system is paramount to their wellbeing. That is why our services are ongoing, directly to these children and teens, eliminating barriers to access, ultimately validating their feelings and helping them cope. SuperSibs! Is introducing a new campaign, called SIBTEMBER. Supporters are asked to wear suspenders to remind others how siblings "hold up" their sib during cancer treatments. Visit the [SIBTEMBER website](#) for materials, resources, and ways to become involved.
- [New ACS Book for Children Addresses Grief](#) (7/9/12, cancer.org) Ten-year-old Emily and 7-year-old Ben have just lost their mother to cancer. They are characters in a new book

for children, “*And Still They Bloom: A Family’s Journey of Loss and Healing*” written by Amy Rovere and published by the American Cancer Society. Though Emily and Ben are fictional, the emotions they express are very realistic. Emily’s and Ben’s struggles with grief and their steps toward healing are expressed through conversations with their father. He helps them find acceptance through memories and keepsakes, activities such as writing and drawing, and caring for their mother’s garden. More than half a million children in the U.S. have a mother or father who has been diagnosed with cancer. *And Still They Bloom* explores loss of a parent, grief, and healing from a child’s perspective. It’s written for kids ages 8 to 12, but adults can also benefit, by learning what children may be feeling but are unable or unwilling to express. It’s one of several books published by the American Cancer Society to teach children about cancer and help them cope with their own cancer diagnosis and treatment, or with that of a parent or other family member. Other recent titles include *The Long and the Short of It*, which tells the story of two girls, one a cancer survivor, and one who donates her hair. [And Still They Bloom](#), [The Long and the Short of It](#), and other books published by the American Cancer Society for and about children and cancer are available for purchase through the American Cancer Society [online bookstore](#). To learn more about cancer in children, and children coping with cancer in their family, visit our section on [children and cancer](#).

- [Watch the author discuss And Still They Bloom](#)
- [Read about how to help a child who has lost a parent to cancer.](#)

Colorectal Cancer

- [Screen My Colon!](#)TM Campaign In 2010, the Colon Cancer Alliance launched the first of a series of yearly animated healthcare awareness videos to increase the general public's understanding of colon cancer and the need to be screened for the disease. This year, the focus of the campaign is to raise awareness about the importance of knowing your family history. View the most recent animated PSA, and download it to your organization’s website!
- (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. 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.

Esophageal Cancer

- **[Pre-surgery Therapy Improves Survival for Esophagus Cancer Patients](#)** (7/24/12, cancer.org) A study from the Netherlands shows that treating esophagus cancer patients with chemotherapy and radiation before surgery improves their survival. Preoperative chemo and radiation was already being used in many cases to try to shrink the cancer and make it easier to remove. This large, randomized trial is significant because it provides evidence that this strategy also helps patients live longer. In the study, published in the *New England Journal of Medicine*, 366 people with operable esophagus cancer were randomly assigned to receive either surgery alone, or surgery after chemotherapy and radiation. Patients in the chemo-radiation group lived an average of about 4 years, compared to about 2 years in the patients who got surgery alone. About 3 in 10 patients in the chemo-radiation group had no signs of any cancer remaining when their surgery samples were looked at under a microscope. Even when surgery is an option, removing cancer from the area around the esophagus is difficult, because it's so close to many other organs in the body. This often results in tumor cells being left behind after surgery. Getting chemotherapy and radiation before surgery improves the chance of removing all the tumor cells with surgery. The combo is sometimes also given to patients after surgery to try to kill any remaining tumor cells.

General

- [Digitizing Doctors and Hospitals? Think Like Target](#) (7/25/12, Forbes) Today, each hospital, doctor's office and physician practice selects health information technologies (HIT) to solve the challenges they see, at a price point they can afford. And the result is universal dissatisfaction. I've never met a provider who said their systems were perfect, interoperable conduits of information across healthcare settings, and I've definitely not heard they deliver a strong ROI. There's unhappiness for two basic reasons. One is that today's HIT operates as a collection of incompatible components stitched together across platforms until it resembles Frankenstein's monster. The other is the inherent limitations seen in electronic health records (EHRs). Part of the fault is public policy. You need only look at the results of the stimulus law and the related HITECH Act of 2009, which unleashed nearly \$20 billion to providers who purchase EHRs, for a case in point. With new money on the table, the result was a feeding frenzy as providers scrambled to put in place systems that would qualify them for meaningful use incentive payments, and avoid payment cuts that are set to take effect in less than three years for those that lag behind. The end result has been incessant chatter about buying and building EHR, with no thought about how those systems interact with legacy technologies, how they could be used to create better patient outcomes and whether they support collaboration and new workflows. How useful would email be if it only allowed you to send messages within your company? Or a phone that only allowed calls to those in your home? Yet that's exactly the kind of siloed system we've put in place in our zeal to capture EHR money. A recent report by the Robert Wood Johnson Foundation, Mathematica and the Harvard School of Public Health found that today's EHR technology is not able to meet next generation demands because it can't track across all settings of care, doesn't support disease registry systems and isn't able to facilitate intra-team communications functions that are central to new models for accountable, patient-centric care. [Read the entire article.](#)
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- **Save The Dates!** Please help us disseminate the information below concerning Webinars coordinated through HealthCare Excel (HCE). The Webinars are Learning and Action Network (LAN) events similar to the face-to-face meeting they held in March 2012, in Lexington. Registration information is forthcoming! If you would like more information on webinars such as these or other free tools and resources, please contact the HCE Population Health team at nsemrau@kyqio.sdps.org or (502) 454-5112 x2242.
 - October 18th, 2012 at 12:30 - 1:00 PM ET. Creating a Welcoming Environment (Breast & Cervical Cancer Screening) - Kris Paul, Kentucky Cancer Program
 - October 24th, 2012 at 12:30 - 1:00 PM ET. The Health Effects of Smoking - Bobbye Gray, Kentucky Department for Public Health Tobacco Prevention and Cessation Program
 - November 15th, 2012 at 12:30 - 1:00 PM ET. The Dangers of Secondhand Smoke - Bobbye Gray, Kentucky Department for Public Health Tobacco Prevention and Cessation Program
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- [Imaging Tests Up Among Advanced Cancer Patients](#) (7/31/12, Healthday News) A new U.S. study finds that the use of diagnostic imaging tests in Medicare patients with advanced cancer has risen faster than among patients with early-stage cancer. The costs of diagnostic

imaging have increased more than the overall costs of cancer care, making diagnostic imaging the fastest-growing part of Medicare-reimbursed services, the researchers noted. Medicare is the U.S. government-funded health insurance program for people over 65 and certain other patients. They added that cancer care costs are highest during the last year of life, but little is known about the use of high-cost imaging tests in cancer patients during their final year. In this study, the researchers examined data on the use of CT, MRI, PET and nuclear medicine scans for Medicare patients with late-stage (stage 4) breast, colon, lung or prostate cancer between 1995 and 2006. Stage 4 cancer means the cancer has spread throughout the body. The analysis revealed that most of the patients underwent imaging procedures during the course of their care, and that the use of imaging in late-stage cancer patients increased between 1995 and 2006. The study was published July 30 in the *Journal of the National Cancer Institute*.

- [NCI Cancer Bulletin Special Edition: Oncology Nurses July 2012](#) This special issue of the *NCI Cancer Bulletin* focuses on some of the trends and issues in oncology nursing today, including [how physicians and nurses can partner together](#) to improve care for cancer patients, the role of [nurse navigators](#), and [how nurses can help family members](#) caring for cancer patients. On the research side, [bioethics is an issue](#) that is growing in importance, particularly for oncology nurses involved in clinical trials. Finally, although caring for cancer patients can be rewarding, it can also cause [burnout and compassion fatigue among nurses](#), an issue that more care centers are beginning to address.
- *(reminder)* **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.

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)* 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 this Tuesday, 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 Reform

- [New women's health benefits go into effect](#) (8/1/12, UPI) New U.S. health insurance plans are required beginning Wednesday to provide new preventive benefits at no cost to covered women as part of healthcare reform. The new rules require insurers to cover a comprehensive set of preventive services that the U.S. Department of Health and Human Services estimates will benefit 47 million women. They include contraceptives, breastfeeding supplies and gestational diabetes screening for pregnant women, prenatal care, routine breast and pelvic exams and pap tests used to detect potentially precancerous and cancerous processes in the cervix. Other benefits that became effective Wednesday as part of a decade-long rollout of the Patient Protection and Affordable Care Act signed into law by President Barack Obama March 23, 2010, include testing for the human papillomavirus -- which can cause warts and, in a minority of cases, lead to cervical cancers - - screening and counseling for HIV and other sexually transmitted diseases and infections, and screening and counseling for domestic and interpersonal violence. Healthcare-reform benefits for women already in effect include mammograms for women over age 40 for early detection of breast cancer and osteoporosis bone-mineral-density screenings for women over age 60 to prevent an increased risk of fracture. "The top killers of women will now no longer go undetected," said Sen. Barbara Mikulski, D-Md., who spearheaded the Capitol Hill push to include Wednesday's requirement in the healthcare overhaul. "Women will be able to have access to essential preventive services that will provide early detection and screening for those situations where they're most at risk, and also provide opportunities to

care and services that they need as wives and mothers," she told reporters Monday. Robert Zirkelbach, vice president for strategic communications for America's Health Insurance Plans, a national political advocacy and trade association with about 1,300 insurance-company members, said most health plans already covered preventive care, sometimes without a copay. "In fact, not only do health plans cover these services, they encourage policy holders to get recommended preventive care, such as preventive tests, screenings and immunizations," he told CNN. "Promoting prevention and wellness has always been a top priority for health plans."

- [Watch a PSA](#) promoting well-woman exams.
- [See a list of every service](#) covered in the well-woman exam.

Prevention/Genetics/Causes

- [Untreated Heartburn May Raise Risk for Esophageal Cancer, Study Says](#) (7/25/12, HealthDay) Rates of esophageal cancer have surged due to a lack of awareness about what causes the disease and how it can be prevented, experts say. The esophagus is the muscular tube that carries food and liquid from the mouth to the stomach. There were six times as many cases of esophageal cancer in 2001 as there were in 1975, according to a team from the University of California, Los Angeles. The researchers noted that one key way people can reduce their risk for the disease is by managing heartburn and acid reflux, often called gastroesophageal reflux disease, or GERD. "Obesity and poor diet have spiked the numbers suffering from acid reflux," say researchers. If left untreated, GERD can cause stomach acid to wash repeatedly into the esophagus, causing changes in the tissue lining. This condition is called Barrett's esophagus, and people diagnosed with Barrett's may be up to 40 times more likely to develop esophageal cancer, the UCLA experts explained. "Early identification, treatment and management of changes in the esophageal lining are critical to catching problems early," Ghassemi said in the news release.
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- [High-carb diet tied to breast cancer risk for some](#) (7/26/12, Reuters Health) Older women who eat a lot of starchy and sweet carbohydrates may be at increased risk of a less common but deadlier form of breast cancer, a new study suggests. The findings, from a study of nearly 335,000 European women, do not prove that your French fries, sweets and white bread contribute to breast cancer. But they do hint at a potential factor in a little understood form of breast cancer, according to a researcher not involved in the work. Specifically, the study found a connection between high "glycemic load" and breast cancers that lack receptors for the female sex hormone estrogen. A high glycemic load essentially means a diet heavy in foods that cause a rapid spike in blood sugar. The usual culprits include processed foods made from white flour, potatoes and sweets. A sweet, juicy piece of fruit can also raise blood sugar quickly. But since fruits are low in calories, they don't contribute as much to your diet's glycemic load. So-called estrogen receptor (ER)-negative tumors account for about one-quarter of breast cancers. They typically have a poorer prognosis than ER-positive cancers because they tend to grow faster and are not sensitive to hormone-based therapies. In this study, postmenopausal women whose diets were very high in glycemic load had a 36-percent higher risk of ER-negative breast cancer, compared

with women whose diets had the lightest load. In general, a diet with a high glycemic load is not a particularly healthy one, noted researchers. "These types of diets have been associated with many negative health outcomes," said Clarke, who was not involved in the study. So although the current findings do not prove cause-and-effect, they can give women another reason to make healthier diet choices.

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- [Childbirth After 30 Lowers Risk of Endometrial Cancer: Study](#) (7/27/12, HealthDay News) Women who have their last child after age 30 have a reduced risk of endometrial cancer, according to a new study. Researchers examined data from more than 8,600 women with endometrial cancer and more than 16,500 without the disease. The analysis revealed that the risk of endometrial cancer decreased after age 30 by about 13 percent for each five-year delay in last births. Compared to women who had their last child before age 25, those who had their last child between ages 30 and 34 had a 17 percent reduced risk of endometrial cancer, those who gave birth to their last child between ages 35 and 39 had a 32 percent lower risk, and those who gave birth at age 40 or older had a 44 percent lower risk. This protection persisted for many years and was the same for both types of endometrial cancer: the more common type 1 endometrial cancer and the more rare and aggressive type 2. The study was published online July 23 in the *American Journal of Epidemiology*.

Prostate Cancer

- [Most Prostate Cancer Patients Don't Die From the Disease: Study](#) (7/27/12, HealthDay News) Men with prostate cancer are more likely to die from other conditions, such as heart disease, than from their cancer, a new study finds. Living a healthy lifestyle that helps prevent chronic diseases can prolong life even among men with prostate cancer, the researchers added. "Our study is the first to analyze specific causes of death among men with prostate cancer," said researchers. Most men who died from prostate cancer over several decades of the study were men diagnosed when they were older or diagnosed before the advent of screening for prostate-specific antigen (PSA). "We hope it will encourage physicians to use the diagnosis as a teachable moment to encourage men to modify lifestyle factors, like losing weight, increasing physical activity and stopping smoking," she explained. "We believe that adopting a healthier lifestyle may reduce a man's risk of other chronic medical conditions that ultimately account for more deaths among men with prostate cancer than the disease itself." The report was published July 25 in the online edition of the *Journal of the National Cancer Institute*.

Resources

- **Foundation for a Healthy Kentucky to host WEBINAR** "Stop Reinventing the Wheel: A Useful Guide to Evidence-Based Health Programs" Join the Foundation for a Healthy Kentucky for Webinar Wednesday, as part of our Health for a Change: Ignite – Unite – Act! training series. **Wed, Aug 8, 2012 Time: 03:00 PM EDT** This webinar will identify policies and programs identified as "evidence-based" to improve health and utilize the CDC's Guide

to Community Preventive Services. The webinar will be presented by Katherine Wilson, PhD. Dr. Wilson recently joined the Community Guide Branch of the Centers for Disease Control and Prevention (CDC), housed in the Epidemiology and Analysis Program Office, where she leads the Dissemination and Implementation Team. [Register today!](#)

Smoke-free

- *(reminder)* **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?**
 - Tomorrow, 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.
 - This Friday August 3; Paducah: 11:00 a.m.-1:00 p.m. (CDT); The Pasta House, 451 Jordan Dr. Paducah, KY 42001.
 - This 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.
- *(reminder)* [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

- *(reminder)* 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

- [Horses and Hope aims to educate public about breast cancer](#) (7/30/12, WFIE) It was a busy day at Ellis Park as breast cancer survivors gathered to celebrate survival and promote awareness. Horses and Hope is an event founded by Kentucky's first lady Jane Beshear and the Kentucky Cancer Program. Its purpose? Not just enjoying a good time on the track, but also raising awareness and education about breast cancer. Saturday, big crowds gathered for a unique day of racing as camels and some two-legged friends crossed the finish line. "We're mixing a lot of fun at Ellis Park with a very serious subject and that is breast cancer awareness," said Kentucky Commissioner of Park Elaine Walker. Walker says she was diagnosed with breast cancer last October, and just over two months later, found out she was in the clear. Specialists with the Kentucky Cancer Program were out Saturday, providing women with important information and tips, like scheduling regular mammograms starting at age 40. "So many of these women will tell you, they found their cancer on a mammogram," said Cancer Specialist with the Kentucky Cancer Program Jaime Rafferty. Cancer survivors saying, not only early medical care, but also standing united, helps find a cure. "It wouldn't have the support that we have without people who have actually been through it," noted Rafferty.