

Dear Kentucky Cancer Consortium Partners:

Click to read the **August 22, 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](mailto:kbathje@kycancerc.org).

Sincerely, Kentucky Cancer Consortium Staff

**August 22, 2012**

### **Breast and Cervical Cancers**

- [Breast-cancer survivor encourages other men to see their doctors](#) (8/20/12, Lexington Herald-Leader) When it comes to breast cancer, "I want people to know you could still be a macho man and still have to watch for it," says Gregory Burchett of Johnson County. He waited a few months to seek treatment after finding a lump. His doctor at Lexington's Markey Cancer Center has given Burchett a good prognosis. Gregory Burchett has a message for other men: breast cancer is not just found in women. "I have never been sick, never spent a night in the hospital until this. I've never had any medical problems whatsoever." That is, he said, until he felt a lump. Burchett, who is getting treatment at the University of Kentucky Markey Cancer Center, said it was last spring when he felt a twinge and the lump. As some men will do, he put it out of his mind for a while. Within weeks of telling his wife, he was at UK getting treatment. When he found out he had breast cancer, Burchett said, "My first response was, 'Well is this going to punch my time clock?'" The doctor said he should be fine. Burchett had a mastectomy in July. According to the National Cancer Institute, breast cancer in men is relatively rare. Less than 1 percent of breast cancer is found in men. But research has shown it is often linked to a gene mutation. That is the case with Burchett. He had an uncle with breast cancer, he said.
- [Mammograms and dense breasts - questions abound](#) (8/20/12, Lexington Herald-Leader) More women are getting the word that they may have breasts too dense for mammograms to give a good picture. What's not so clear is what to make of that information. New York this summer became the fourth state to require that women be told if they have dense breasts when they get the results of a mammogram. That's because women whose breast tissue is very dense have a greater risk of developing breast cancer than women whose breasts contain more fatty tissue. Plus, it can be harder for mammograms to spot a possible tumor. Monday, scientists reported a bit of good news about yet another question: Do denser breasts also signal a worse chance of survival? A National Cancer Institute study tracked more than 9,000 breast cancer patients and concluded those with very dense breasts were no more likely to die than similar patients whose breasts weren't as dense. Yes, tumors might be found later in the most dense breasts, but once diagnosed they

apparently weren't more aggressive or harder to treat. The new state laws were spurred by cancer survivors outraged that they weren't told their dense breasts might have masked the earliest signs of tumors on supposedly clean mammograms. Connecticut, Texas, Virginia and New York have passed laws requiring that mammogram providers notify women if they have dense breasts when they mail out the exam's results. Similar legislation has been introduced in other states and Congress; an advocacy group is keeping track at <http://www.areyoudense.org>. Another big concern: There's no standard way to measure breast density - it's a judgment call that can vary from radiologist to radiologist, and from one year's mammogram to the next, said Dr. Otis Brawley of the American Cancer Society. Radiologists divide density levels into four categories. According to the American College of Radiology, about 10 percent of women have almost completely fatty breasts. Another 10 percent have extremely dense breasts, the level that Kerlikowske said is linked to a higher risk of developing cancer. The rest are in between, with about 40 percent having scattered areas of density and 40 percent having fairly widespread density, categories especially difficult to classify. "We're making policy in a gray area where the experts and doctors don't know what it means," said a frustrated Brawley. To help women make sense of the debate, the American College of Radiology this month developed a brochure for mammography centers to distribute: <http://tinyurl.com/cpuvpwe>

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- **[Cancer Advances: A Negative HPV Test Result Provides Reassurance Against Developing Cervical Cancer 18 Years Later](#)** (7/30/12, jco.org) Results of a large, population-based study support guidelines on cervical cancer screening released earlier this year, which recommend "co-testing" consisting of human papillomavirus (HPV) testing and conventional Papanicolaou (Pap) testing every five years. Remarkably, researchers also determined that a negative HPV test at a single time point provides greater reassurance that a woman would not develop cervical precancer and cervical cancer over a period of 18 years than a one-time normal Pap test. A positive HPV test is more sensitive but less specific for cervical precancer and cancer than a Pap as the HPV test detects more HPV virus that will go away without consequence. Therefore, Pap is better at predicting which women have cervical precancer and cancer on that day than HPV testing. More than 20,000 women who enrolled in the study underwent initial high-risk HPV DNA testing and Pap testing. The women were then followed with conventional Pap testing for up to 18 years to determine how well each screening strategy predicted long-term risk of cervical cancer. The study's results add to the evidence that women over 30 years old who have a normal Pap test result and test negative for HPV can safely go for five years between screenings, as recommended in the current screening guidelines. Women who do not have access to HPV testing should have Pap tests done every three years. More frequent screening is unlikely to pick up more precancers and cancers but very likely to increase harms such as anxiety, unnecessary diagnostic procedures and treatments. Those unnecessary treatments are linked to an increased risk of pre-term delivery. Women should consider these harms if their doctor offers them more frequent screening. In addition to allowing for a longer time period between screenings, adding HPV testing to the cervical cancer screening strategy increases the odds of detecting precancer in women with normal Pap smears. HPV-positive, Pap-negative women may

undergo separate HPV16 and HPV18 testing, if available, to determine which women might benefit from immediate colposcopy.

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- (reminder) 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. 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! To register, visit: [www.kybcc.org](http://www.kybcc.org) .

### **Colorectal Cancer**

- **WEBINAR: Bridging Research and Reality: Practice-based Evidence & Evidence-based Practice;** Tuesday, September 11, 2012, 1:00 p.m. – 2:00 p.m. ET. The translational gap between research and practice has long been discussed, often as a one-way street—get practitioners to recognize and use the research that is being conducted. Although this is important, equally important is the reverse—integrating practice-based evidence and context into the research conducted. We need a bridge between the two, not a pipeline. The National Cancer Institute’s (NCI) Research to Reality (R2R) September cyber-seminar will explore the need for—and the advances in—practice-based evidence and discuss the opportunities and future directions for the field. Dr. Michael Potter will provide an overview of colorectal cancer screening programs, FLU-FOBT/FLU-FIT, which use approaches grounded in evidence but that are also applicable to real-world settings. **The FLU-FIT and FLU-FOBT programs allow health care providers to increase access to colorectal cancer screening by offering home tests to patients at the time of their annual flu shots.** Dr. Potter will highlight the development of the programs and how practitioners in other settings might implement it in their own communities. Dr. Larry Green will serve as a discussant and explore the need to bridge research and practice-based evidence to help further advance the field of public health, in both research and practice, to improve the health of our communities. Join us in September and learn about this exciting program and the lessons we can glean from effectively bridging research and practice. Learn how you might use these principles in your own research or community-based setting to address the health needs of your population. Register today at <https://researchtoreality.cancer.gov/cyber-seminars>.
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- (reminder) The [Colon Cancer Prevention Project](#) is having its 7<sup>th</sup> **Annual Walk Away from Colon Cancer & 5K Run this Saturday, Aug. 25 at Iroquois Park in Louisville, Ky.** Team and Individual registration is now available at [www.c2p2ky.org](http://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.
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- (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](mailto:Janet.luttrell@ky.gov) or 502-564-7996 x-4064.

### **End-of-Life Care**

- ['The Conversation Project' Shifts to End-of-Life Care](#) (8/15/12, ABCnews.com) After her mother died in May 2012, magazine publisher Nadine Epstein and her son traveled to Deal, N.J., to have a conversation with her father about his end-of-life care. Epstein, 55, and some of her family members disagreed on what their mother would have wanted at the time of her death, mostly because they each had a different impression of her wishes. Epstein wanted to have a different experience with her dad. "It wasn't always easy not knowing exactly what mom wanted, especially throughout her last days," said Epstein, publisher of Washington, D.C.-based Moment magazine. "There were definitely disagreements among the children, about what she wanted ... "As a group we all figured it out as best we could. But I would say we muddled through it. It would have been lovely not to have muddled through it, and I would love not to muddle through it in the future." ["The Conversation Project,"](#) in partnership with ABC News, is starting a national conversation with the modern U.S. family about what each of us wants toward the end of our years. "The Conversation" on ABC's "World News with Diane Sawyer" is about preparing family members for an emotional journey beyond end-of-life directives and insurance policies. It's estate planning for the soul.
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- [Targets to improve palliative patients' wellbeing identified](#) (8/16/12, news-medical.net) Pain, depression, drowsiness, fatigue, and appetite loss are the symptoms that most affect the wellbeing of cancer patients being treated palliatively, report Canadian researchers. "By understanding the most important indices for wellbeing, these symptoms can be targeted

individually and result in more effective and balanced symptom management strategies," writes the team in *Clinical Oncology*. The findings highlight that emotional, as well as physical symptoms, are significant for the wellbeing of palliative care patients, and should be of "utmost concern" for teams involved in their care, suggest Edward Chow and colleagues from the University of Toronto in Ontario. Participants of the study included 1439 patients from the Rapid Response Radiotherapy Program (1999-2009) who completed the Edmonton Symptom Assessment System (ESAS), which measures the level of distress induced by common cancer symptoms such as pain, anxiety, and drowsiness. Overall, fatigue, wellbeing, and pain were rated most distressing by patients on the ESAS, with mean scores of 4.9, 4.5, and 4.3 (where a score of 10 equals maximum distress), report Chow et al. Indeed, fatigue and appetite loss had stronger positive correlations with wellbeing than any other ESAS item.

## General

- **UNITE CTG-Kentucky Team in collaboration with the Kentucky Department for Public Health is sponsoring five regional health forums.** These meetings will provide information and solicit input from attendees on strategies that will improve the health of Kentuckians. Everyone is invited to attend and participate. Locations:
  - Burlington, Boone County Library – Main Branch, Room A; 9/11/12, 5:00-7:30pm EST
  - Paducah, Lourdes Hospital Borders Conference Room, 9/13/12, 11:00-1:30pm CST
  - Bowling Green, Chaney's Dairy Barn, 9/13/12, 5:00-7:30pm CST
  - Manchester, EKU – Manchester Campus, KY Room, 9/18/12, 5:00-7:30pm EST
  - Morehead, MSU – ADUC Commonwealth Room, 9/20/12, 5:00-7:30pm EST

Agenda: Overview of Changing This Generation – UNITE CTG-Kentucky; Kentucky's Chronic Disease Burden/Coordinated State Plan – KY Dept for Public Health; Community Input/Feedback – Facilitator Dr. Jennifer Redmond-UK; **Please RSVP to Liz Herndon at [lherndon@centertech.com](mailto:lherndon@centertech.com) by August 31<sup>st</sup>** *Boxed Meals Provided*; (State location and any dietary restrictions with your RSVP)

- [Detect it early: Fairgoers will find it's easy to get screened for skin cancer and more](#) (8/16/12, Louisville Courier Journal) Detecting skin cancer probably isn't the first thing you associate with the Kentucky State Fair. But throughout the fair's run, there will be medical detective work going on to spot suspicious moles and lesions — as well as other health concerns. "Individuals that are going to tanning beds, those that are lying out in the sun, those that are intentionally getting excessive sun exposure are dramatically increasing their risk of (the) development of skin cancer," said Dr. Tim Brown, a dermatologist who's coordinated skin-cancer screenings at the fair since 1998. He encourages those people — and anyone with risk factors, such as fair skin or a family history of skin cancer — to come out for screenings, which are conducted by board-certified dermatologists. The daily skin-cancer screenings are just one of many health services that will be offered at the fair, from blood pressure checks to posture screenings. The services are concentrated in the Health Horizons exhibit area in South Wing B, and most of them are free. The Kentucky Cancer

Program will be launching a new program called Cancer-Free Families for Kentucky to provide one-on-one counseling to the public. The program — endorsed by Kentucky first lady Jane Beshear and the lieutenant governor's wife, Madeline Abramson — will involve talking with fairgoers about cancer screenings and advising them on which ones to consider, said Connie Sorrell, KCP's director. "It's kind of like a personalized assessment because, so often, people really don't know the screenings that are appropriate for their age group" or understand about lifestyle changes, Sorrell said. "It's going to be every day because we just want to reach as many Kentuckians as possible during the fair."

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- **Program Specialist Position at Norton's in Louisville** We are looking for a highly energetic and motivated person to join our committed team and support the Pillars of the **Norton Cancer Institute NCCCP** (National Cancer Institute Community Cancer Centers Program funded through 6/30/14.) NCCCP is a network of 21 hospitals across the country that aims to reduce cancer disparities through support of outreach, Clinical Trials, Bio-specimens, Quality, Survivorship & Palliative Care and Information Technology. The successful candidate will have excellent oral and written communication skills, will be very organized and will have an eye for detail. The specialist will be asked to develop materials, coordinate events/ trainings/ workshops and conferences, track, analyze and report data. Individuals with an interest in working with underserved populations are encouraged to apply. Some evenings and weekend work may be required. Master's degree (MPH, MHA) required, minimum 1 year of public health work related experience. Proficiency in Microsoft Office (Word, Excel, PowerPoint) is required. Apply online at [http://nortonhealthcare.hodesig.com/job\\_start.asp](http://nortonhealthcare.hodesig.com/job_start.asp) and in the box labeled "Keywords/Requisition Number" use 214010. Any questions email [Jim.steggeman@nortonhealthcare.org](mailto:Jim.steggeman@nortonhealthcare.org) call/text questions to 812-620-5571.
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- **[Norton Cancer Institute celebrates one-year anniversary, LEED certification](#)** (8/15/12, The Lane Report) The first patient walked through the doors of the Norton Cancer Institute – Downtown facility on Aug. 1, 2011. The building on the corner of Floyd Street and Broadway has since been home to many success stories, from cancer survivors to several national accreditations and more. Norton Cancer Institute – Downtown has recently been LEED certified by the U.S. Green Building Council for its green building design, construction, operations and maintenance solutions. LEED certification is based on a number of green design and construction features that positively impact the projects and the broader community. These features include sustainable sites, water efficiency, energy, materials and resources, indoor environmental quality, awareness and education, innovation in design and regional priority. LEED is the USGBC's leading rating system for designing and constructing the world's greenest, most energy efficient and high performing buildings. Norton Cancer Institute received gold-level certification. One of Norton Cancer Institute's most successful resources is its Patient Navigator Program. Oncology-certified nurse navigators serve as advocates for every cancer patient, guiding them through the everyday processes and barriers that come along with fighting the disease. From helping file financial aid paperwork to overcoming language barriers, the navigators are there to ensure that each patient understands what he or she is going through and is able to lean on the

navigation services for help. Along with the navigation system, quality treatment and cancer care technology allowed Norton Cancer Institute to be nationally recognized by several organizations including the National Cancer Institute, the American College of Radiology and the National Accreditation Program for Breast Centers. This spring, Norton Cancer Institute hosted the first ever breast tissue donation event in Kentucky. More than 150 local women donated their healthy breast tissue to cancer research, which will provide scientists with a control group to test against unhealthy breast tissue found in cancer patients. U.S. News & World Report has ranked Norton Cancer Institute as a top performer in cancer care for Louisville.

- **Webinar will examine ways to keep programs going when funding ends.** Please join the Foundation for a Healthy Kentucky for the upcoming webinar, “How to Keep Your Efforts Going When the Funding Ends: A Useful Guide to Evidence-Based Health Programs”, led by Dr. Stephen Orton, Deputy Director of the Office of Executive Education with the North Carolina Institute for Public Health. This webinar is the fifth in the 2012 Health for a Change training series. Throughout this webinar, we will: 1) Identify projected funding needs; 2) Develop strategies for sustaining nonprofit programming and organizational capacity. Register for the **August 29<sup>th</sup>, 3-4pm webinar online [here](#)**. The deadline to register for this webinar is this upcoming Tuesday, August 28, 2012.
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- **(reminder) Save The Dates!** Please help us disseminate the information below concerning Webinars coordinated through HealthCare Excel (HCE). (A flyer is also attached) 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@kygio.sdps.org](mailto:nsemrau@kygio.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
- **(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.

## 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.](#)

## Health Disparities

- **Kentucky Cancer Consortium to Host SESRCD's Professional Development Training Resource (PDTR) Workshop on Wednesday, November 7, 2012** from 9am – 4pm at **Berry Hill Mansion in Frankfort, KY**. Administered through the American Psychological Association, Office on Socioeconomic Status (OSES), The Socioeconomic Status Related Cancer Disparities (SESRCD) Program is a national initiative to build the capacity of community cancer-serving organizations to address health disparities in cancer through the adaptation and utilization of evidence-based cancer prevention and control efforts for socioeconomically disadvantaged populations. SESRCD maintains that irrespective of race, ethnicity, gender, age, disability or sexual orientation, socioeconomically disadvantaged communities are disproportionately affected by cancer and have lower survival rates than their more socioeconomically affluent counterparts. SESRCD's Professional Development Training Resource (PDTR) Workshop Titled, [Reducing Cancer Disparities and Promoting Health Equity among Socioeconomically Disadvantaged Populations](#), the full-day free SESRCD workshop provides participants with the information, tools and strategies required to act on, and advocate for, the initiation and/or improvement of cancer prevention and control efforts targeting socioeconomically disadvantaged populations. If a large proportion of your cancer services are to the socioeconomically disadvantaged (urban OR rural), please consider sending a representative from your organization to this important training! Attendance is limited to 15 participants. Lunch will be provided. To reserve your seat, contact Katie Bathje at [kbathje@kycancerc.org](mailto:kbathje@kycancerc.org)
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- [Physicians face multiple challenges in combating cancer disparities](#) (8/20/12, ama-assn.org/amednews/) More people are living longer because of early cancer detection, increased access to care and advancements in cancer treatments. But not all Americans are benefiting equally, according to the Centers for Disease Control and Prevention. Disparities persist in cancer detection and care, posing challenges for physicians as they work to provide the best care for patients. Black men are diagnosed with cancer and die of the disease at higher rates than other racial, ethnic or gender groups, the CDC said. The incidence of cancer is 599.2 per 100,000 black men compared with 523.6 per 100,000 white men. Death rates among black men are 280.1 per 100,000 compared with 213.3 per 100,000 white men, say CDC statistics, updated Aug. 6. Colorectal, lung and prostate cancer are the most common cancers among black men. Black women have higher death rates from cancer at 171 per 100,000 compared with 148.2 per 100,000 white women. Multiple factors contribute to cancer-related disparities, including lifestyle habits, education, income, personal beliefs, attitudes about the health care system and access to care, said Otis Webb Brawley, MD, chief medical and scientific officer at the American Cancer Society. Studies have shown that blacks often are diagnosed later than other groups, said Dr. Chin, director of the Robert Wood Johnson Foundation's Finding Answers: Disparities Research for Change National Program Office. "African-Americans tend to present with later-stage cancer," he said. "That suggests a problem with access to care that people aren't presenting until the cancer is advanced." "There are a lot of things that primary care physicians can do," Dr. Chin said. "The first is to provide culturally tailored care — treating patients as individuals. For example, with education — it may be hard to change the public school system, but it is possible to change an individual patient's attitudes." [Read more.](#)

### Patient Navigation

- **Inaugural Cancer Patient Navigators Fall Forum: Thursday, November 8<sup>th</sup> from 8:15am – 4pm at the University of Kentucky's Boone Center** in Lexington. Cancer patient navigators offer individualized assistance to cancer patients, their families, and caregivers to help overcome health care system barriers and facilitate timely access to quality medical and psychosocial care. Cancer patient navigation works with a patient from pre-diagnosis through all phases of the cancer experience. Patient navigation is provided by professionals or peers in a variety of settings, both within and outside of the healthcare system, yet always in close collaboration with providers and the community. Due to the multi-modal nature of cancer patient navigation, as well as the field's recent and rapid growth, there has yet to be established a unified network of professionals in Kentucky. The Kentucky Cancer Consortium is coordinating a **one-day cancer patient navigation forum to provide a neutral venue for cancer patient navigation professionals from a variety of settings to gather** to share best practices, highlight helpful resources, network with like-minded colleagues, and consider development of a network for future collaborations. The day will include sessions such as: "Facilitators and Barriers to Successful Patient Navigation In Kentucky" with Fran Feltner; a Panel (to include Norton Cancer Institute, KY Pink Connection, and others TBD) discussing the Multiple Roles of Cancer Patient Navigators; a large group discussion regarding "What's Working" for KY's cancer patient navigators

facilitated by Dr. Jennifer Redmond; and more! See attached save-the-date flyer. There is no registration fee. Attendance is limited to 75 participants. To reserve your seat at the Forum, e-mail Katie Bathje at [kbathje@kycancerc.org](mailto:kbathje@kycancerc.org).

### Prevention/Genetics/Causes

- [Test All Baby Boomers for Hepatitis C: CDC](#) (8/16/12, HealthDay News) -- Every American born between 1945 and 1965 should be tested for the liver-destroying virus hepatitis C, the U.S. Centers for Disease Control and Prevention recommended Thursday. One in 30 Baby Boomers is infected with the virus and most don't know it. Hepatitis C is a leading cause of liver cancer and other liver diseases, and is the leading cause of liver transplants, the CDC said. Each year, more than 15,000 Americans, most of them Baby Boomers, die from hepatitis C-related illness, such as cirrhosis and liver cancer. Deaths from the virus have been increasing for over a decade and are expected to increase in the coming years. Baby boomers are five times more likely to have hepatitis C than other adult Americans, so, the CDC is now recommending one-time testing for hepatitis C for everyone in the country born between 1945 and 1965. All those who test positive for the virus should receive a brief alcohol screening and intervention and be referred to appropriate care and treatment services. Alcohol use has been shown to accelerate the progression of liver disease, the agency added. Many Baby Boomers were infected years ago and don't consider themselves at risk, so they've never been screened. Hepatitis C is a "silent killer," living in the liver for years while slowly destroying it, Dr. John Ward, director of the division of viral hepatitis at the CDC, said during the news conference. The final recommendations were published in the Aug. 17 issue the CDC's *Morbidity and Mortality Weekly Report*. They were also published online Aug. 17 in the *Annals of Internal Medicine*.
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- [Mississippi most obese state, Colorado slimmest: study](#) (8/13/12, Reuters) - Among U.S. states, Mississippi has the highest proportion of obese adults at 34.9 percent, and Colorado has the lowest, according to a survey released on Monday. Mississippi heads 12 states with adult obesity rates of more than 30 percent, trailed by Louisiana and West Virginia, according to the report by the Trust for America's Health (TFAH) and the Robert Wood Johnson Foundation. **Kentucky is tied for 10<sup>th</sup> most obese state, with a BMI of 30.4.** Twenty-six of the 30 states with the highest obesity rates are in the Midwest and South, it said. Colorado had the lowest obesity rate at 20.7 percent, ahead of Hawaii and Massachusetts. "Obesity has contributed to a stunning rise in chronic disease rates and health care costs. It is one of the biggest health crises the country has ever faced," said Jeffrey Levy, executive director of the Trust for America's Health. The analysis was based on state obesity figures provided by the U.S. Centers for Disease Control and Prevention (CDC). The survey used CDC methodology that changed this year, making year-to-year comparisons difficult. The analysis was released in the runup to the annual "F as in Fat" report by the Trust for America's Health and the Robert Wood Johnson Foundation. Obesity is measured using the body mass index (BMI), a number calculated from a person's weight and height. Obesity is defined as a BMI greater than or equal to 30. The top 10 states for obesity and their BMI percentages: 1) Mississippi 34.9; 2) Louisiana 33.4; 3) West Virginia 32.4; 4)

Alabama 32.0; 5) Michigan 31.3; 6) Oklahoma 31.1; 7) Arkansas 30.9; 8) Indiana (tie) 30.8; 8) South Carolina 30.8; 10) Kentucky (tie) 30.4; 10) Texas 30.4.

## **Research**

- **Cancer Survival in Appalachia** (CDC DCPC Insight Newsletter, Volume 5; No.3; Summer 2012) A new initiative involving 13 states in the Appalachian region holds great promise in affecting healthcare delivery and improving cancer prevention, detection, and treatment for millions of Americans living in rural areas. Information from the [Examining Cancer Survival in Appalachia project](#) will be used to direct cancer control and survivorship activities aimed at reducing the cancer burden in this area. The project is led by Bin Huang, DrPH, director of Population-based Cancer Research at the Kentucky Cancer Registry (KCR); Tom Tucker, PhD, director of KCR; and Robin Vanderpool, DrPH, deputy director of the Kentucky Rural Cancer Prevention Center, a CDC-funded Prevention Research Center (PRC). Stephen Wyatt, DMD, MPH, dean of the College of Public Health at the University of Kentucky, and former director of CDC's Division of Cancer Prevention and Control (DCPC), will advise on the project. Under Dr. Huang's direction, participating Appalachian state cancer registries will send data for patients diagnosed with colorectal, female breast, lung, prostate, and cervical cancers between 2001 through 2009 with follow-up through 2010 to KCR, for evaluation and analysis. While cancer incidence and mortality data are important measures of the cancer burden, they do not fully describe the cancer experience. Survival—the length of time a cancer patient lives after diagnosis—is an equally important measure used to target, evaluate, and monitor the impact of cancer control efforts. Population cancer survival, including related information on avoidable deaths (the number of lives that could be saved if survival disparities were reduced or eliminated), can be used to monitor the effectiveness of screening services and healthcare delivery, including how quickly clinical practice is translated into general practice. At the completion of the study, all 13 states in the Appalachian region will be able to fully analyze the cancer burden and disparities in their individual states. Findings from the Examining Cancer Survival in Appalachia project will be disseminated to Appalachian communities, policy makers, healthcare providers, and the scientific community through development of a Web site with mapping tools, press releases of study findings, and general communication with key stakeholders.
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- [1,200 sign up for 20- to 30-year Kentucky cancer causes study](#) (8/21/12, The Lane Report) Over 1,200 people throughout the commonwealth are now part of a historic Kentucky cancer study into what causes – and what could possibly prevent – cancer. The American Cancer Society announced that 1,238 individuals enrolled statewide during Aug. 7-11, 2012 for the Cancer Prevention Study-3 (CPS-3). The 20-30 year study, which is open to individuals between the ages of 30-65 who have not been diagnosed with cancer, will look at genetic, lifestyle and environmental factors that may cause or prevent cancer. The previous Cancer Prevention Studies by the American Cancer Society resulted in discovering the link between smoking and lung cancer and certain lifestyle factors associated with increased cancer risks. During Aug. 7-11, participants enrolled in CPS-3 at one of 16 sites throughout Kentucky thanks to a partnership with the American Cancer Society; Jewish

Cancer Care, Flaget Cancer Center and Saint Joseph Cancer Center, all part of KentuckyOne Health; YMCA of Greater Louisville and YMCA of Central Kentucky. To enroll in the study, individuals were asked to read and sign an informed consent form; complete a comprehensive survey packet that asks for information on lifestyle, behavioral, and other factors related to his/her health; had a waist circumference measured; and gave a small blood sample. The Society will now send periodic follow-up surveys to update enrollee information and annual newsletters with study updates and results. Periodic follow-up surveys of various lengths are expected to be sent every few years to enrollees. The voluntary, long-term commitment by participants is what will produce benefits for decades to come. For more information about CPS-3, visit <http://www.cancer.org/cps3>.

## **Resources**

- **The National Cancer Institute has created a widget that allows users to access all 7,200 cancer and medical-related terms in NCI's Dictionary of Cancer Terms** from your organization's own website(s). The definitions are written in easy-to-understand language. What exactly is a widget? A widget is a web application that allows featured content from another site to directly display on another webpage. The widget is updated automatically whenever changes are made to the content. These are a few reasons to add the NCI Dictionary of Cancer Terms widget to your website:
  - Visitors will see up-to-date definitions with no technical maintenance required from your organization
  - NCI's widget is available in English and Spanish
  - Visitors can look up cancer terms without navigating away from your organization's website
  - You don't have to create and maintain your own glossary of cancer terms.

How do you add the widget to your site? Visit the following webpages to copy the widget code to your clipboard and paste it in to your website For the English version, visit: <http://www.cancer.gov/global/widgets/dictionary> For the Spanish version, visit: <http://www.cancer.gov/espanol/global/widgets/diccionario> Please forward this to the appropriate members of your organization. NCI coordinates the U.S. National Cancer Program and conducts and supports research, training, health information dissemination, and other activities related to the causes, prevention, diagnosis, and treatment of cancer; the supportive care of cancer patients and their families; and cancer survivorship. For more information about NCI, visit us on the Web at [www.cancer.gov](http://www.cancer.gov).

- **ASCO Answers Fact Sheets: Treatment and Side Effects** In addition to disease-specific fact sheets, Cancer.Net offers one-page introductions to chemotherapy, radiation therapy, clinical trials, and common side effects. Download or order copies today!

## **Skin Cancer**

- **An iPhone App for Skin Cancer Screening** (8/6/12, [preventcancer.org](http://preventcancer.org)) A new free app developed at the University of Michigan allows users to use their phone's camera to detect early signs of skin cancer. UMSkinCheck guides users through a series of 23 photos to take of their body parts as a basis for comparison should cancerous moles or lesions appear. The National Cancer Institute estimates that there will be 2 million new diagnoses of skin cancer in the United States this year and 76,250 cases of melanoma, skin cancer's most dangerous form. Skin cancer manifests itself visibly on the skin and regular checks can help people discover skin cancer in its earliest stages. The mobile app includes a risk assessment survey, periodic reminders to check your body for any signs of skin cancer and pictures of cancerous lesions to make early detection easier. Read the full [Atlantic Article](#)

### Smoke-free

- (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: **tomorrow, 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

- [Smoking During Pregnancy May Cause Asthma, Wheezing in Kids](#) (8/18/12, HealthDay News) New research from Sweden suggests that smoking during early pregnancy may boost the risk that preschool children will develop asthma and wheezing problems, even if the kids aren't exposed to smoke after birth. The findings were published online Aug. 17 in the *American Journal of Respiratory and Critical Care Medicine*. Previous research has suggested that a mother who smokes -- both during and after pregnancy -- boosts a child's risk of wheezing and asthma, study author Dr. Asa Neuman, at the Institute of Environmental Medicine at the Karolinska Institute, in Stockholm, said in a journal news release. "Our study, a large pooled analysis of eight birth [groups] with data on more than 21,000 children, included 735 children who were exposed to maternal smoking only during pregnancy," Neuman said. The risk of wheezing and asthma rose even after researchers adjusted their statistics so they wouldn't be thrown off by factors such as gender, birth weight and the education levels of parents. The study relied on parent questionnaires to figure out whether the kids suffered from asthma and wheezing. Maternal smoking seemed to be riskiest during the first trimester of pregnancy. Smoking by the mother in the third trimester or the first year of life didn't boost the risk of the conditions. "These results indicate that the harmful effects of maternal smoking on the fetal respiratory system begin early in pregnancy, perhaps before the woman is even aware that she is pregnant," Neuman said.

## Survivorship

- [Gilda's Club Louisville](#) offers a networking/support group for anyone with a diagnosis of pancreatic cancer. The group meets at Gilda's Club, 633 Baxter Ave. every other Tuesday, from 1 to 2:30pm. The next meeting is Tuesday, August 28. Everyone is welcome. You do not have to be a Gilda's Club member to participate. Need more information? Call the clubhouse at 583-0075.
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- **SAVE THE DATES! Mark Saturdays, Sept. 8 and Sept. 29** on your calendars so you won't miss two free, community-wide events offered by [Gilda's Club Louisville](#). Rhythm on the River is Saturday, Sept. 8 at the Big Four Lawn on the Louisville Waterfront from 11 a.m. to 3 p.m. This family-friendly event celebrates the local cancer-care community - whether you're someone who has or had a cancer diagnosis, a caregiver or friend, or a professional who works with people on a cancer journey. There will art activities, food, games and more. The drum circle -- featuring the Kyene Drum Ensemble, Sabari Bengoma and the St. Xavier High School Drummers - begins at 1p.m. Professionals, wear your company or agency logo-wear or you work nametag . . . this is FUN networking! The Gilda Street Dance, "Takin' It to the Street," is Saturday, Sept. 29 from 5:30-8 p.m. There will be a live string band and a caller for the country dancing on Rogers Street between Baxter Avenue and Bishop Street. The hip-and-happenin' food trucks will be there and the community is invited? No worries if you've never done "contra" dancing. . . The "regulars" will provide on-the-spot instructions to anyone who wants them. Bring your family, friends and neighbors!
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- Please remember that the **Gilda's Club/Lung Cancer Alliance Lung Cancer Networking Group** will be **held tonight, the fourth Wednesday of the month, at 6:30 pm - 8:00 pm.** Dinner is available at 6:00 pm if you are interested in enjoying a free meal. This networking group will meet EVERY month on the fourth Wednesday, please mark your calendars on an ongoing basis. Please continue to share with anyone who may be interested in this group. We had great attendance at the last meeting and look forward to seeing everyone again tonight! Gilda's Club is located at 633 Baxter Ave, Louisville, Kentucky. You may call to RSVP to Gilda's at 502-583-0075.
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- The **2012 Komen Lexington Race for the Cure takes place Oct. 6 in downtown Lexington.** For more information, go to [Komenlexington.org](http://Komenlexington.org)
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- The **American Cancer Society's Making Strides Against Breast Cancer walk will be Oct. 28** at Coldstream Park. Go to [Makingstrides.acsevents.org/site/TR?fr\\_id=47434&pg=entry](http://Makingstrides.acsevents.org/site/TR?fr_id=47434&pg=entry)

## Worksite Wellness

- [More companies linking rewards, penalties to wellness program results](#) (8/9/12, [modernhealthcare.com](http://modernhealthcare.com)) While the majority of employee wellness incentives offered in 2012

were aimed at boosting participation rates, a growing number of companies are linking rewards and penalties to measurable results among program participants, according to a study released this week. A survey of nearly 2,000 employers in the United States—conducted by Lincolnshire, Ill.-based Aon Hewitt—revealed that one-quarter of employers offering incentivized wellness initiatives in 2012 have attached rewards to progress made toward meeting healthy blood pressure and cholesterol levels, body-mass ratios and other biometric measurements, compared with just 4% the prior year. Additionally, 58% of employers offering wellness incentives pegged rewards to completion of lifestyle modification programs such as weight loss, smoking cessation and physical fitness, as opposed to 31% of employers in 2011 that only incentivized participation in those activities. “To truly impact employee behavior change, more and more organizations realize they need to closely tie rewards to outcomes and better results rather than just enrollment.” In addition to wellness incentives, Aon Hewitt's survey quizzed employers on a wide range of issues regarding health benefits management and cost containment. Significantly, though, more employers—70%—identified increasing their wellness and prevention program enrollments in 2012 among their top desired benefits management outcomes than any other goal. By contrast, improving population health habits was the most desired outcome among employers in the prior year's survey.