Dear Kentucky Cancer Consortium Partners:

Click to read the **August 8, 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 8, 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 THIS 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 and Cervical Cancers

- **HPV Test Beats Pap Long-Term: Study** (7/30/12, HealthDay News) -- Testing for HPV, the human papillomavirus linked to cervical cancer, can predict which women will stay cancer-free for a decade or more, a new study shows. While both a positive HPV test and an abnormal result on a traditional Pap smear predicted which women would get precancerous lesions within two years of testing, the HPV test continued to predict which women were at risk for 10 to 18 years later, said study co-author Dr. Attila Lorincz, a professor of molecular epidemiology at Queen Mary University of London. "HPV DNA testing detects more cervical precancers than the Pap test, and women who are negative for high-risk HPV DNA have improved protection from the risk of cervical cancer," Lorincz said. The study, which looked at nearly 20,000 women receiving routine Pap tests and HPV testing at Kaiser Permanente in Portland, Ore., is published in the July 30 issue of the *Journal of Clinical Oncology*. The research does not suggest one test should replace the other, Lorincz stressed, but confirms the importance of both screenings. The main aims of the study, he said, "were to see how many extra cases of precancer can be discovered by the additional use of HPV DNA testing as compared to routine Pap testing." The findings, he said, support recently revised

guidelines suggesting that HPV testing, if negative, can allow for longer intervals between Pap testing for women over the age of 30. The findings also suggest that an alternate strategy, using HPV testing first, may work well, the researchers said.

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- **Breast Cancer Drug Duo Wins Out in Study: Combining two currently used meds improved survival, reduced disease spread** (8/1/12, HealthDay News) A combination of two cancer drugs works better than one alone to improve survival in older women with a type of breast cancer that has spread, new research suggests The drugs -- anastrozole (Arimidex) and fulvestrant (Faslodex) -- are currently used individually to treat breast cancer. For the study, published Aug. 2 in the *New England Journal of Medicine*, about 700 postmenopausal women were assigned to Arimidex alone or to both drugs. Researchers looked at whether the combination improved their survival, and whether the cancer spread or not, which is termed progression-free survival. "With the combination, there is a 20 percent improvement in progression-free survival and a 19 percent improvement in overall survival," researchers said. Put another way, those getting the combined treatment gained six months. They lived a median of 47.7 months (half lived longer, half less) while the solo-drug patients lived a median of 41.3 months. The five-year study was supported by the U.S. National Cancer Institute and AstraZeneca Pharmaceuticals, which makes both drugs.All the women had hormone receptor-positive breast cancer, which requires estrogen to grow and accounts for more than 50 percent of all cases of breast cancer.
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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. 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 .

Colorectal Cancer

- *(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.

General

- **PARTNER SPOTLIGHT:** A summer message from the **American Cancer Society:** "Vacations are a time when most people get together with friends and family to relax and reminisce. Cancer, however, doesn't take a vacation. Fortunately, the American Cancer Society is available 24 hours a day, 7 days a week – even during vacations. You are not alone. Call us at 1-800-227-2345 anytime, day or night, for information or patient services." **Distribute the attached flyer to your partners to remind them of ACS's ongoing services.**
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- **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 29th, 3-4pm webinar online **here.** The deadline to register for this webinar is 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). 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

- *(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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Health Disparities

- **CDC Feature webpage resource for August: Health Disparities in Cancer** Each month the CDC features a topical webpage with links to the latest research, organizations, and CDC funded programs addressing that topic. Click the link above to read this month's feature on caner health disparities.

Health Reform

- **Study: Nearly A Third Of Doctors Won't See New Medicaid Patients** (8/6/12, Kaiser Health News) If you're on Medicaid and looking for a new doctor, your chances are excellent of finding one … in Wyoming. In New Jersey, not so much. About 69 percent of doctors nationally accept new Medicaid patients, but the rate varies widely across the country, according to a study published Monday in the journal *Health Affairs*. New Jersey had the nation's lowest rate at 40 percent, while Wyoming had the highest, at 99 percent, according to a survey last year of doctors by the U.S. Centers for Disease Control and Prevention. Kentucky's rate of doctors taking new Medicaid patients was estimated at 79.4%. For years, some states have struggled to attract doctors to treat patients enrolled in the state-federal health insurance program for the poor, largely because of their low pay. New Jersey's reimbursement rate for Medicaid doctors, compared to what Medicare pays, is the lowest in the nation, according to the study. In comparison, more than 80 percent of doctors nationally accept new patients on Medicare, the program for seniors and the disabled, or those with private insurance, the Health Affairs study found. Access to doctors looms as an important issue in 2014, when under the federal health law, the number of Medicaid patients -- now 60 million -- will increase by as many as 16 million, including about 200,000 more people in New Jersey. The Medicaid expansion is optional for states under the recent Supreme Court ruling on the law, and New Jersey Gov. Chris Christie said he is leaning against it. States have more than a year to decide. To boost doctor participation, the health law increases pay for primary care physicians in 2013 and 2014 who treat Medicaid patients -- a 30-percent hike on average nationally and a 50-percent boost for New Jersey doctors. After that, Congress is likely to come under pressure to continue the funding, but there is no guarantee it will. The law also provides $11 billion to expand community health centers that provide primary care to Medicaid patients. Study author Sandra Decker, an economist at the CDC, said the impact of the law's two-year pay boost may be limited because of its short duration. She said she knows of no states that have expanded efforts to recruit Medicaid doctors, although the pay raise is slated to take effect in less than five months.
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- **The Affordable Care Act: The fitness and wellness provisions you may have missed** (8/7/12, Washington Post) While they have been largely overshadowed by the furor over the requirement that everyone carry health insurance, there are many provisions in the law designed to encourage wellness, fitness and prevention. It's an effort to improve health and reduce the ever-escalating cost of health care. Some measures have been in effect for nearly two years and escaped cancellation when the Supreme Court preserved the law. Others are on the way. Most people will feel the greatest tangible impact of the new law where they work. That only makes sense. It's where most of us get our health insurance,

and employers increasingly have been turning to wellness programs to cut costs anyway. A 2010 study by Harvard University researchers, published in the journal Health Affairs, concluded that "medical costs fall by about $3.27 for every dollar spent on wellness programs and that absenteeism costs fall by about $2.73 for every dollar spent." It remains difficult, however, to pinpoint which wellness programs produce the greatest bang for employers' buck. Beginning in 2014, the health-care law will allow employers to increase incentives for participation in programs that require an employee to achieve an agreed-upon wellness goal, such as giving up tobacco or losing a certain amount of weight. The incentive can be as much as 30 percent of an employee's insurance costs, and in some cases as much as 50 percent. That is up from 20 percent allowed by law now. Employers also may continue to offer help that is not tied to outcome, such as subsidized gym memberships, health assessments and nutrition counseling, without limits on incentives. But the increased benefits are not without controversy. Some experts are concerned that by providing premium discounts to workers who participate in such programs, employers are, in effect, penalizing those who don't or physically can't. The law demands that employers provide reasonable alternatives for them, but patient advocates are concerned about how this will be implemented. Even more worrisome to other analysts is the provision that allows the incentives to be conditioned on the results participants achieve in certain programs. But as long as the program is reasonably designed and not a subterfuge for discrimination, Pollitz said, the law allows it. Insurers, health-care providers and employee advocates are awaiting regulations that will govern how this provision is carried out.

Prevention/Genetics/Causes

- **CDC's Vital Signs** program is a call to action each month concerning a single, important public health topic. The program consists of several parts, including (1) an MMWR Early Release the first Tuesday of every month; (2) A professionally designed Fact Sheet for consumer audiences, a dedicated website that mirrors the Fact Sheet on the topic; (3) a media release; and (4) a series of announcements via social media tools (Twitter, Facebook, etc.) CDC believes that by focusing on a single topic using multiple media devices, the states might better identify these health problems in their area and work towards their improvement. **This month's CDC Vital Signs topic is: "More People Walk to Better Health".** More than 145 million adults now include walking as part of a physically active lifestyle. More than 6 in 10 people walk for transportation or for fun, relaxation, or exercise, or for activities such as walking the dog. The percentage of people who report walking at least once for 10 minutes or more in the previous week rose from 56% (2005) to 62% (2010). Physical activity helps control weight, but it has other benefits. Physical activity such as walking can help improve health even without weight loss. People who are physically active live longer and have a lower risk for heart disease, stroke, type 2 diabetes, depression, **and some cancers**. Improving spaces and having safe places to walk can help more people become physically active.
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- More education linked to longer life (8/6/12, UPI) Life expectancy for U.S. adults with 16 years or more of education has risen rapidly since 1990, U.S. researchers say. Researchers

at the School of Public Health, Univ. of Illinois at Chicago found while education and its socioeconomic benefits pay off, the absence of an education takes a heavy toll on survival. The study, published in *Health Affairs*, found white men and women with fewer than 12 years of education experienced dramatic declines in life expectancy since 1990 while their black counterparts experienced modest increases. At the extremes, white men with 16 years of education could expect to live 14.2 more years than black men with fewer than 12 years schooling. Likewise, white women with 16 years of education could expect to live 10.3 more years than black women with fewer than 12 years of school. said policymakers should enhance education for all races and ages as a mechanism to address this severe health disparity.

Prostate Cancer

- **More men with prostate cancer "team" wait on treatment** (7/30/12, Reuters Health) Men with low-risk forms of prostate cancer are more likely to opt for so-called active surveillance over surgery or radiation when they have a multidisciplinary team of doctors working with them, according to a new study. Researchers said that may be because teams with urology, imaging and cancer specialists can provide the most balanced view of the risks and benefits of different options. Recent studies have suggested that for men who have low-risk cancers, active surveillance - which means bringing the patient back for regular checks but not operating immediately - may be just as effective as going straight to prostate surgery or radiation treatment following a diagnosis. That approach also means patients often avoid the side effects, such as incontinence and impotence, as well as the hefty price tags of unnecessary treatment. Prostate surgery, for instance, typically runs about $13,000. More than nine in 10 men with prostate cancer opt for treatment including surgery or radiation, researchers noted in the new study, published Monday in the Journal of Clinical Oncology. Yet up to half of all newly-diagnosed prostate cancer patients are candidates for active surveillance. For the new study, Dr. Jason Efstathiou from Massachusetts General Hospital and his colleagues analyzed treatment choices made by 701 men with low-risk prostate cancer seen at hospitals in Boston. About one-third of them worked with multidisciplinary teams of doctors, and 43 percent of those patients ended up opting for active surveillance over immediate surgery or radiation. That compared to 22 percent of the men who saw individual practitioners and decided to go with a more conservative approach.

Skin Cancer

- **Common Skin Cancer a Chronic Condition, Study Says** (8/2/12, HealthDay News) -- Here's yet another reason to go easy on the tanning this summer: A new study affirms that basal cell carcinoma, the most common form of skin cancer, should be viewed as a chronic disease. That's because once most people have a single occurrence, they are at risk of getting another. The study confirmed what was commonly understood about the disease: a prior history of basal cell carcinoma is the greatest risk for another lesion. But the research found that eczema may also predict a recurrence among those at high risk for the disease.

Those with a family history of eczema had a 1.54 times greater risk than those without. Older age, sun sensitivity, intense sun exposure before age 30, and use of certain blood pressure-lowering medications (angiotensin-converting enzyme inhibitors or angiotensin receptor blockers) were also associated with increased risk. Why would eczema, a chronic skin disorder that involves scaly and itchy rashes, be associated with basal cell carcinoma? Researchers say it's unclear. "There may be some differences in these people's immune systems compared to people without eczema," noting that other investigators need to confirm the findings. Having other types of skin cancer or actinic keratoses (scaly or crusty growths caused by sun damage) did not appear to raise the chances for basal cell carcinoma. The study was published online July 19 in the *Journal of Investigative Dermatology* and funded by the U.S. Department of Veterans Affairs. It involved more than 1,100 people, nearly all men, all veterans, with a median age of 72.

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: 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

- **Drop in cigarette consumption offset by increases in other forms of smoked tobacco** (8/2/12, CDC) Sharp increases in total adult consumption of pipe tobacco (used for roll-your-own cigarettes) and cigarette-like cigars since 2008 have offset declines in total cigarette consumption, according to a new report from the Centers for Disease Control and Prevention. Although total cigarette consumption continued an 11-year downward trend with a 2.5 percent decline from 2010 to 2011, dramatic increases in use of non-cigarette smoked tobacco products have slowed the long decline in overall consumption of smoked tobacco products. From 2000 to 2011, the largest increases were in consumption of pipe tobacco (482 percent) and large cigars (233 percent). The increase in cigars was due largely to tobacco manufacturers adding weight to many small cigars so they can be classified as large cigars and avoid higher taxes and regulation, while at the same time retaining a size and shape very similar to cigarettes. The study, “Consumption of Cigarettes and Combustible Tobacco—United States, 2000-2011,” published in this week’s Morbidity and Mortality Weekly Report, uses Treasury Department data to calculate consumption for all forms of smoked tobacco products. The report explains there is a disparity between consumption of cigarettes and other forms of smoked tobacco because the federal excise tax on pipe tobacco and roll-your-own tobacco is lower than cigarettes. The difference led to a dramatic increase in the sale of pipe tobacco used to make roll-your-own cigarettes, a

lower-priced alternative to manufactured cigarettes. A provision in a measure signed into law in July, the Transportation and Student Loan Interest Rate bill, could limit the advantage of this price difference. The difference in manufacturing and marketing restrictions between cigarettes and cigars also is a factor in the disparity. While the Food and Drug Administration prohibits the use of flavoring or descriptors such as "light" or "low tar" in cigarettes, there are no such restrictions on cigars and pipe tobacco.

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- **RELATED ARTICLE: Big Cigars Offer Way for Smokers to Save** (8/2/12, New York Times) Fewer Americans are smoking cigarettes, but a growing number are turning to cigarettelike cigars that can sell for as little as seven cents apiece or to making cigarettes from inexpensive loose tobacco labeled for pipe use, the Centers for Disease Control and Prevention reported Thursday. Sales of these other forms of tobacco — which are taxed at significantly lower rates than both cigarettes and tobacco specifically labeled "roll your own" — have soared in recent years, the C.D.C. said. The amount of loose pipe tobacco sold in 2011 was enough to make 17.5 billion cigarettes, a sixfold increase over the amount sold in 2008. Meanwhile, sales of loose tobacco specifically labeled for roll-your-own use and taxed at higher rates dropped by 75 percent during the same four-year period. Meanwhile, sales of large cigars more than doubled from 2008 to 2011, after manufacturers increased the weight of certain small cigars, enabling them to be classified as large cigars, which are taxed at a lower rate than small cigars and cigarettes, a C.D.C. commentary noted. From 2008 to 2011, the number of small cigars sold dropped to fewer than a billion from 5.9 billion, while sales of large cigars rose to 12.9 billion from 5.7 billion. The lower prices of these alternative products are particularly appealing to young people, for whom cost is a significant deterrent to smoking. A recent youth risk behavior survey found that 37 percent of male high school seniors use some form of tobacco. The increased popularity of loose pipe tobacco, which is often marketed now for dual use, and of the cigarettelike large cigars seems to be directly related to a 2009 increase in the federal tobacco excise tax, which made pipe tobacco far less expensive than roll-your-own tobacco, and large cigars less heavily taxed than small cigars and cigarettes. The difference in taxes for the two types of loose tobacco is $21.95 per pound, which led manufacturers to relabel roll-your-own tobacco as pipe tobacco, while marketing it for roll-your-own use. The Government Accountability Office has recommended changing the federal tobacco excise taxes to eliminate the differential taxation.
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- **CDC says graphic anti-smoking ads work, more on way** (8/6/12, USA Today) The federal government says its graphic ad campaign showing diseased smokers has been such a success that it is planning another round next year to nudge more Americans to kick the habit. The ads, which ran for 12 weeks in spring and early summer, aimed to get 500,000 people to try to quit and 50,000 to kick the habit long-term. "The initial results suggest the impact will be even greater than that," says Thomas Frieden, director of the Centers for Disease Control and Prevention, which spearheaded the $54 million campaign. The ads showed real Americans talking about how smoking caused their paralysis, lung removal and amputations. He says it's the first time the U.S. government has paid for anti-smoking ads, although some media ran them free. The CDC doesn't have a tally yet on how many people

actually tried to quit, but it says the ads generated 192,000 extra calls — more than double the usual volume — to its national toll-free quit line, 800-QUIT-NOW, and 417,000 new visitors to smokefree.gov, its website offering cessation tips. That's triple the site's previous traffic. Frieden says the print, broadcast and online ads struck a chord. "What we heard from people is they wished they'd seen them years ago."

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- *(reminder)* A **Cooper Clayton Method to Stop Smoking: Facilitator Training** is scheduled for **next 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/CooperClatyonFacilitatorTraining_08-15-12.pdf

Survivorship

- **Depression Could Shorten Cancer Survival, Study Suggests** (8/1/12, HealthDay News) -- Symptoms of depression are linked to shorter survival times among cancer patients, according to a new study. The link may be attributed to abnormal stress hormone regulation and inflammatory gene expression, researchers from the University of Texas M.D. Anderson Cancer Center reported in the Aug. 1 edition of *PLoS ONE*. "Our findings, and those of others, suggest that mental health and social well-being can affect biological processes, which influence cancer-related outcomes," said researchers. The findings "also suggest that screening for mental health should be part of standard care because there are well-accepted ways of helping people manage distress, even in the face of a life-threatening illness," researchers added. Overall, the study revealed that 23 percent of patients were clinically depressed. Even after taking other disease-related risk factors into account, the investigators noted that depression was associated with shorter survival time. Moreover, the study showed that higher than usual cortisol levels throughout the day were also linked to shorter survival among the cancer patients. They found specific signaling pathways, which play a key role in regulating cell inflammation, were expressed at increased levels in patients with depression. The study authors concluded the link between patients' mental health and survival time is associated with inflammatory gene regulation.
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- Depression in Cancer Patients: A Neglected Comorbidity We Can't Afford to Miss (7/31/12, oncologypractice.com) Once diagnosed, depression deserves to be as much a clinical focus as any other significant barrier to successful cancer treatment. It has the potential to reduce the potency of therapy (through nonadherence), add to inpatient and emergency visits, forestall a return to work, and lead, in some cases, to suicide, as pointed out by the authors of a recent meta-analysis of treatment interventions among cancer patients (J. Natl. Cancer Inst. 2012:104:990-1004). Remarkably, researchers from the University of California, Los Angeles, had to comb through 7,700 studies to find 10 well-designed randomized controlled trials of treatment interventions for cancer patients who either met the clinical threshold for depression or had elevated scores on standardized depression inventories. Even after they dismissed one outlier trial that showed astounding success, they found, reassuringly, that interventions, both psychotherapeutic and pharmacologic, were significantly better

than were control conditions in reducing depressive symptoms. We really only have evidence from 10 trials – a total of 1,362 patients -- to guide practice on treating clinical depression in cancer patients? It staggers the mind, considering the vast universe of funded trials that have explored every drop of chemotherapy and every radiation dose seemingly ever delivered to a cancer patient, every possible cellular response of a mouse to toxic anything, and every subgroup of patients living in nearly every corner of the nation. Indeed, in the very same month that the UCLA study was published, a study was published in Community Oncology (2012;9:216-21 [http://dx.doi.org/10.1016/j.cmonc.2012.06.002]) offering a thorough look at military claims data for cancer patients with comorbid depression. The investigators found that 12.6% of 11,014 survivors treated for cancer between 2006 and 2007 had a depression diagnosis. These patients had significantly longer hospital stays as well as more outpatient visits, and prescription use, adding to their care, on average $8,400/year – even in the cost-efficient military health system. And, of course, this was treated depression. Who knows how many cases were missed? Read the entire article.