

Dear Kentucky Cancer Consortium Partners:

KCC is pleased to provide you with a link to the [September 12, 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. News topics in this issue include:

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- Survivorship

You may read archived editions on our [website](#). If your organization has a cancer-related item for Wednesday's Word, or you know of someone who may benefit from receiving this communication, feel free to contact Katie Bathje at kbathje@kycancerc.org.

Sincerely, Kentucky Cancer Consortium Staff

September 12, 2012

Breast and Cervical Cancers

- [Radiation may up breast cancer risk in women with BRCA gene mutation](#) (9/6/12, Associated Press) Mammograms aimed at finding breast cancer might actually raise the chances of developing it in young women with a mutation of the BRCA1 or BRCA2 gene, a study by leading European cancer agencies suggests. The added radiation from mammograms and other types of tests with chest radiation might be especially harmful to them and an MRI is probably a safer method of screening women under 30 who are at high risk because of gene mutations, the authors conclude. The study can't prove a link between the radiation and breast cancer, but is one of the biggest ever to look at the issue. The research was published Thursday in the journal BMJ. Having BRCA1 or BRCA2 gene mutation increases the risk of developing cancer five-fold. About one in 400 women has the gene abnormalities, which are more common in Eastern European Jewish populations. Some studies have suggested women with the genetic mutations could be more sensitive to radiation because the genes are involved in fixing DNA problems. If those genes are damaged by radiation, they may not be able to repair DNA properly, raising the cancer risk. In the BMJ study, European researchers followed nearly 2,000 women over 18 with one of the gene mutations in Britain, France and the Netherlands. Researchers found women with a history of chest radiation in their 20s had a 43 percent increased relative risk of breast

cancer compared to women who had no chest radiation at that age. Any exposure before age 20 seemed to raise the risk by 62 percent. Radiation after age 30 did not seem to affect breast cancer risk.

- (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 **this Tuesday, September 18,** with a Survivor’s Reception at 5:30 pm at the Embassy Suites in Lexington. 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. Don’t miss this informative conference! To register, visit: www.kybcc.org.

Childhood Cancers

- [Study Helps Define Treatment Options in Children With Hard-to-Treat Leukemias](#) (8/27/12, cancer.org) For some children with acute lymphocytic leukemia (ALL) who don’t improve after initial induction chemotherapy, getting more chemotherapy may be a better option than having a stem cell transplant, according to an international study. ALL is the most common type of leukemia in children and teens. Initial treatment is induction chemotherapy, which is able to bring about a remission in more than 95% of patients, and most of these children will go on to be cured. However, a very small portion of children – about 2% to 3%, according to the researchers – still have signs of leukemia in their blood or bone marrow after induction. Long-term survival for these children is only about 32% overall, according to the researchers. The researchers looked back at more than a thousand of these children for their study. Because these children are considered to be at high risk, after induction chemotherapy they are often given high-dose chemotherapy followed by a stem cell transplant in hopes of increasing the chances of cure. But this intensive treatment also raises the risks of both short- and long-term side effects. The new study showed that some of these children may not need such intensive treatment. The researchers found that some children with more favorable leukemias had better outcomes, even when just getting more chemotherapy without a stem cell transplant. For example, younger children with a type known as precursor B-cell ALL and without any poor prognostic features had a 10-year survival rate of about 72%. They actually did better if they got just more chemotherapy instead of a stem cell transplant. For other children, such as those who were older, those with T-cell leukemias, or those with leukemias that had certain gene changes, the outlook was not as good overall. These children were more likely to benefit from a stem cell transplant. “These results tell us that induction failure should no longer be considered an automatic indication for a [stem cell] transplant.” The study was published in the *New England Journal of Medicine*.

Colorectal Cancer

- [Several factors influence completion of chemotherapy in elderly patients with stage-III colon cancer](#) A new study found better chemotherapy completion rates among the elderly with Stage 3 colon cancer than in earlier years, with age the most important predictor of initiation and completion of therapy. The study included data on 12,265 patients with stage-III colon cancer who were 65 years of age and older. All were diagnosed between 1991 and 2005. Medicare claims were analyzed to determine if and when chemotherapy was initiated and for how long. Overall, 64.4 percent of patients received chemotherapy within 3 months following surgery. Factors associated with being more likely to receive chemotherapy included being male, white, younger, and married. Younger patients were also more likely to start chemotherapy in a shorter period of time after surgery. Factors associated with completing a full course of chemotherapy included being younger, male, black, and married. Those patients who were older, female, and white were more likely to discontinue chemotherapy than others. Compared to patients diagnosed from 1991–1993, those diagnosed after 1997 were nearly two times more likely to complete chemotherapy. See "Assessing the initiation and completion of adjuvant chemotherapy in a large nationwide and population-based cohort of elderly patients with stage-III colon cancer," by Chung-Yuan Hu, Ph.D., George L. Delclos, M.D., M.P.H., Ph.D., Wenyaw Chan, Ph.D., and Xianglin L. Du, M.B., M.S., Ph.D., in *Medical Oncology* 28, pp. 1062-1074, 2011.
- (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. **Deadline for submissions is September 24, 2012.**

Electronic Health Records

- [What Percentage of Physicians Have Electronic Health Record \(EHR\) Systems That Meet Federal Standards?](#) An estimated 42% of all physicians have an EHR system that meets federal standards. Ophthalmologists (25%) and psychiatrists (19%) were least likely, and cardiovascular diseases specialists (69%) were most likely to use a federally approved system. Oncologists were at approx. 45%. (Data source: NATIONAL CENTER FOR HEALTH STATISTICS: Physician Workflow Survey, 2011, United States.)

Financial

- [U.S. Health Care System Wastes \\$750B Annually, Report Finds](#) (9/6/12, HealthDay News)
About 30 percent of health spending in the United States in 2009 -- about \$750 billion -- was wasted on unnecessary services, excessive administration costs, fraud and other problems, a government advisory panel said Thursday. [The report from the Institute of Medicine](#) urges that changes be made to the United States' health care system to reduce costs and improve care. Institute of Medicine experts added, however, that inefficiency, a vast amount of data and other economic and quality issues obstruct efforts to improve health and threaten the nation's economic stability and global competitiveness, the document warned. Gradual upgrades and changes by individual hospitals or health care providers are inadequate to solve the problems, the report committee said. Solutions include greater use of electronic health records, promoting patient and family involvement in health care decision-making, and quicker adoption of medical breakthroughs. "It will necessitate embracing new technologies to collect and tap clinical data at the point of care, engaging patients and their families as partners, and establishing greater teamwork and transparency within health care organizations," according to the news release. "Also, incentives and payment systems should emphasize the value and outcomes of care."

General

- [Baptist Hospital East to renovate building for cancer center](#) (9/7/12, Louisville Courier-Journal) Baptist Hospital East in St. Matthews plans to renovate and expand a medical office building at 4003 Kresge Way (in Louisville) to create a \$10 million cancer Center for outpatient treatment and education services. Over the next two years, the plan is to develop all of the first floor of the medical building as a comprehensive cancer treatment center, consolidating and adding to services already offered in the building, including chemotherapy. "We have numerous outpatient cancer services scattered across our campus and even off our campus, said Tim Marcum, the hospital's planning director. When patients come for outpatient services now, "they may have to go to three or four locations on our campus in the course of a single day. This will make things considerably more convenient." Some physicians in the building would be moved to other Baptist East sites, and an education/conference center will be added to the building. The center also would have space for research and clinical trials. A physicians oncology practice would continue to operate on the fifth floor, and some treatment services would continue to be offered there. Baptist East has made preliminary applications to metro planners for a modified conditional use permit, front yard variance and approval of a revised district development plan for the project. Construction is expected to start next spring and be completed by the end of 2014, Marcum said. The building will remain open throughout the construction process.
- *(reminder)* Save The Dates! Please help us disseminate the information below concerning **Webinars coordinated through HealthCare Excel (HCE)**. 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. All webinar times are 12:30pm – 1pm ET. October 18th: Creating a Welcoming Environment (Breast & Cervical Cancer Screening) - Kris Paul, Kentucky Cancer Program; October 24th : Health

Effects of Smoking - Bobbye Gray, KDPH Tobacco Prevention and Cessation Program;
November 15th : Dangers of Secondhand Smoke - Bobbye Gray, ""

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- *(reminder)* **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 **this Monday, September 17, 2012 from 9:00 am - 3:00 pm EDT** at the Embassy Suites in Lexington. Register for the Forum online [here](#). 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)* The **National Cancer Institute (NCI)** is pleased to announce the release of a new funding opportunity, ***Examination of Survivorship Care Planning Efficacy and Impact*** [PA-12-275](#) (R01) and [PA-12-274](#) (R21). This funding initiative is intended to stimulate research evaluating the effects of care planning and organizational-level factors on physical and psychosocial health outcomes; self-management of late effects and adherence to screening and health behavior guidelines; utilization of follow-up care; and associated costs. The application deadlines are February 5 (R01) and February 16 (R21). Please distribute widely. Please contact Carly Parry (carla.parry@nih.gov) with inquiries on this funding opportunity and research on survivorship care planning in the [Division of Cancer Control and Population Sciences](#) at NCI.
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- *(reminder)* **Apply for a \$25,000 Rural Health Award.** Do you have an idea for improving health in rural communities? The Kate B. Reynolds Charitable Trust, based in North Carolina, recently announced the "Innovations in Rural Health Award" and is seeking ideas to address rural health care challenges. Three winners will receive a \$25,000 New Rural Award for their innovative and inspiring ideas. Any individual or organization from across the U.S. is welcome to apply. [Learn more about the Award and how to apply on the Trust's website.](#) To learn more about the Kate B. Reynolds Charitable Trust, visit www.kbr.org.

Health Disparities

- *(reminder)* **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.** Registration is free, and lunch will be provided. To reserve your seat, contact Katie Bathje at katie@kycancerc.org

Ovarian Cancer

- [U.S. Panel Rejects Ovarian Cancer Screens for Low-Risk Women](#) (9/10/12, HealthDay News) A leading U.S. government panel has recommended against ovarian cancer screening for women who are not at high risk for the disease. The blood test and transvaginal ultrasound that are currently used to spot ovarian cancer may cause more harm than benefit for those patients, according to [final guidelines](#) issued Monday by the U.S. Preventive Services Task Force. Women who have the genetic mutations (BRCA1/BRCA2) or family histories that raise their chances of developing ovarian cancer should be referred for genetic testing and counseling, the recommendations add. These latest guidelines, which were also published Sept. 11 in the *Annals of Internal Medicine*, mirror those set by the task force back in 2004. Experts agreed that effective tests to screen for ovarian cancer are desperately needed. A large study published last year found no difference in mortality between women who were randomly assigned to receive a blood test plus the ultrasound compared to those who had "usual care. What's more, some 10 percent of women who underwent screening received a false-positive result and one-third of these had an ovary removed unnecessarily. Another study estimated that 33 surgeries were needed to diagnose one case of ovarian cancer using the blood test/ultrasound screening. The task force's recommendations are also in line with recommendations from the American Cancer Society and the American Congress of Obstetricians and Gynecologists (ACOG), Grossman said.

Palliative Care

- [More Evidence Acupuncture Can Ease Chronic Pain](#) (9/10/12, HealthDay News) When it comes to the relief of chronic pain, acupuncture is indeed effective, a sweeping review of previous research finds. The conclusion stems from a fresh analysis of initial raw data that had been collected by 29 studies previously conducted in Germany, Spain, Sweden, the United States and the United Kingdom. Collectively, these past investigations had involved nearly 18,000 patients. "We looked at only the best-quality studies," said study author Andrew Vickers, an attending research methodologist and statistician at the Memorial Sloan-Kettering Cancer Center, in New York City. "So I can say with confidence that what we found is the strongest evidence to date supporting the effectiveness of acupuncture." The study appeared online Sept. 10 in the *Archives of Internal Medicine*. The authors of the new

study looked at acupuncture's potential impact on four distinct types of chronic pain that each patient had endured for at least one month: back and neck pain, osteoarthritis, chronic headache (including migraines) and shoulder pain. All studies included in the review were randomized controlled trials. As well, all involved a comparison between acupuncture and either "usual care" involving no acupuncture at all or the use of so-called "sham acupuncture." Sham acupuncture involved the use of retractable or superficially inserted needles in some instances, or nonworking electrical or laser-based stimulation in others. The result: When compared against sham interventions or no acupuncture at all, true acupuncture appeared to be "superior" at relieving all four types of pain in question. Acupuncture was seen to provide more or less equivalent degrees of greater pain relief across all pain types. Researchers explained that, generally speaking, if a patient was to go on to experience a 30 percent drop in pain while undergoing standard care with no acupuncture intervention, those undergoing "sham acupuncture" seemed to experience about a 43 percent drop, while true acupuncture patients experienced a 50 percent fall-off.

Patient Navigation

- *(reminder)* **Inaugural Cancer Patient Navigators Fall Forum: Thursday, November 8th 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, and 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,) 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 reserve your seat at the Forum, e-mail Katie Bathje at katie@kycancerc.org .

Prevention/Genetics/Causes

- **Child Obesity in KY a Deep Rooted Problem** (9/4/12, Kentucky Health News) Kentucky has the third-highest childhood obesity rate in the country and the seventh-highest rate in adult obesity, Trust for America's Health's "[F as in Fat](#)" report shows. 60% of Kentucky women

and 80% of men living the state are either overweight or obese. The issue stems from "a perfect storm" of factors, said Elaine Russell, the state's obesity prevention coordinator. "Our food is high in calories with little nutrients," she said. "A lot of physical education has been taken out of normal daily routines." Next to Mississippi, Kentucky youth drink the most soft drinks in the country — up to 89 gallons per person, according to information researchers at the Univ. of KY's Nutrition Education Program. Meanwhile, just 17% of Kentucky high school students reported eating fruit and vegetables five times per day over a week's time, the amount recommended by the United States Department of Agriculture. Exacerbating the problem is a lack of exercise. In Kentucky, elementary schools must offer some type of physical activity for 30 minutes each day, but that can include unsupervised recess. There are no physical education requirements in middle schools, and high-school students just need to take one half-credit of phys-ed to graduate. The decline in phys-ed is coupled with the fact that kids lead an increasingly sedentary lifestyle. In Kentucky, nearly one in three high school students watch three or more hours of TV each day and more than 60% of kids have a TV in their bedroom. While the report ["Shaping Kentucky's Future: A Community Guide to Reducing Obesity"](#) estimates 33 percent of Kentucky children are already overweight or obese, there is no way of knowing how those numbers vary county to county, because there is no systematic collection of them. Body-mass index, a rough measure of fat to weight, is measured statewide only for children aged 2 to 4 in the Women, Infants and Children nutrition program. Starting this school year, the state board of education started requiring that there be a place on the state health exam form that includes a student's BMI, though physicians are not required to fill it in. The exams are required when a student enters school in Kentucky, generally in kindergarten, and again when a student is about to enter the sixth grade. Still, the BMI information could be shared at the aggregate level if DPH asked for it as part of an analysis. Giving counties an idea of where they stand is essential to getting a handle on the fight. "There is an old adage that 'what gets measured gets done,' and it couldn't be more true in this case," said Susan Zepeda, president and CEO of the Foundation for a Healthy KY. "Local communities need to know where they stand on this important health issue so they can track progress and really make changes with childhood obesity."

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- **RESEARCH:** [Environmental radon exposure and childhood leukemia](#). Despite the fact that animal and human epidemiological studies confirmed a link between radon exposure in homes and increased risk of lung cancer in general population, other types of cancers induced by radon, such as leukemia, have not been consistently demonstrated. The aim of this review was to summarize data published thus far from ecological and case-control studies in exposed populations, taking into account radon dose estimation and evidence of radon-induced genotoxicity, in an effort to clarify the correlation between home radon exposure and incidence of childhood leukemia. Among 12 ecological studies, 11 reported a positive association between radon levels and elevated frequency of childhood leukemia, with 8 being significant. In conjunction with ecological studies, several case-control studies on indoor radon exposure and childhood leukemia were examined, and most investigations indicated a weak association with only a few showing significance. A major source of uncertainty in radon risk assessment is radon dose estimate. Methods for radon exposure

measurement in homes of children are one of the factors that affect the risk estimates in a case-control study. The effects of radon-induced genetic damage were studied both in vitro and in vivo using genetic endpoints including chromosomal aberration (CA), micronuclei (MN) formation, gene mutation, and deletions and insertions. By applying a meta-analysis, an increased risk of childhood leukemia induced by indoor radon exposure was noted for overall leukemia and for acute lymphoblastic leukemia (ALL). Data thus indicated an association between environmental radon exposure and elevated leukemia incidence, but more evidence is required in both human investigations and animal mechanistic research before this assumption may be confirmed with certainty. Source: *Journal of Toxicology and Environmental Health*. July 2012, 15(5):332-47.

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- [Cancers Added to Federal 9/11 Health Program](#) (9/11/12, Healthfinder.gov) About 50 types of cancers will be added to the U.S. government's list of illnesses linked to the Sept. 11, 2001 attacks and will be covered by the 9/11 health program, two New York state senators said Monday. According to the *Associated Press*, Senators Kirsten Gillibrand and Charles Schumer announced the move in a statement. Unresolved questions about links between exposure to dust from the World Trade Center attacks and cancer had kept Congress from adding malignancies to the initial list of covered illnesses, the *AP* said. However, last June the U.S. National Institute for Occupational Safety and Health announced that it favored enlarging the \$4.3 billion program to cover cancer. An advisory panel said it was possible that first responders and others might have gotten cancer due to exposures to toxins in the dust.
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- [Pan-Fried Red Meat May Raise Prostate Cancer Risk: Study](#) (9/7/12, HealthDay News) Pan-frying red meat may increase men's risk for prostate cancer by up to 40 percent, according to a new study. Scientists explained that when red meat is cooked at high temperatures, cancer-causing chemicals are formed, possibly increasing disease risk. Researchers from the University of Southern California and the Cancer Prevention Institute of California examined data on nearly 2,000 men involved in a study on prostate cancer. More than half of the men were diagnosed with advanced forms of the disease. Participants completed detailed questionnaires about what types of meat and poultry they ate and how much. The men were asked about their cooking methods and whether they pan-fried, broiled or grilled their meats. They also were shown pictures of foods at various levels of preparation, so they could indicate how well done they typically ate their meats. "We found that men who ate more than 1.5 servings of pan-fried red meat per week increased their risk of advanced prostate cancer by 30 percent," study leader Mariana Stern, associate professor of preventive medicine at the Keck School of Medicine at USC, said in a university news release. "In addition, men who ate more than 2.5 servings of red meat cooked at high temperatures were 40 percent more likely to have advanced prostate cancer." Hamburgers, in particular, were linked to an increased risk of prostate cancer, the study found. The risk was greatest among Hispanic men. "We speculate that these findings are a result of different levels of carcinogen accumulation found in hamburgers, given that they can attain higher internal and external temperatures faster than steak," Stern said. Although the reason pan-frying may lead to a greater risk for prostate cancer is unclear, the researchers

suggested the formation of DNA-damaging carcinogens -- known as heterocyclic amines -- during the cooking process may be to blame. These cancer-causing chemicals are formed when sugars and amino acids are cooked at higher temperatures for longer periods of time, they explained. The study appeared recently online in the journal *Carcinogenesis*.

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- **Webinar on Social Determinants by Healthy People 2020! Education: A Key Social Determinant of Health September 20, 2012, 12–12:45 PM ET.** From infancy through old age, the conditions in the social and physical environments in which people are born, live, work, and age can have a significant influence on health outcomes. Addressing the social determinants of health is key to improving population health, eliminating health disparities, and meeting the overarching goals of Healthy People 2020. Join us on Thursday, September 20 at 12 PM ET to find out how one program improved high school graduation rates using school-wide education strategies. This Webinar will be led by the HHS Deputy Assistant Secretary for Health, Dr. Don Wright, and will include a roundtable discussion on the importance of education as a tool for addressing the social determinants of health and improving the health of our Nation's young people. [Register today!](#)
- *(reminder)* **Kentucky Youth Advocates is hosting the “Step Up for Kids” Conference at the Muhammad Ali Center in Louisville on Monday, October 8th.** During the day, we will explore ways you can help children in Kentucky grow up safe, healthy, and ready to succeed and highlight several Blueprint for Kentucky’s Children priorities. We will be welcoming national speakers from Georgetown’s Center for Children and Families and the Children’s Advocacy Institute at the University of San Diego. Michael Petit, from Every Child Matters, will also be joining us to discuss the importance of investing in kids. If you plan on attending, please let us know by signing up online at <http://2012stepupforkidsconf.eventbrite.com/>. Please encourage your colleagues and send this out to your networks to sign up as well. If you would like more information, check out our website <http://www.kyyouth.org/2012stepupforkidsconf.html> If you’d like to be a conference sponsor, you can find the form [here](#). You can also contact Andrea Bennett with any questions, at 502-895-8167 x127.

Pancreatic Cancer

- **Pancreatic Cancer Deaths Set to Rise, Advocacy Group Says** By 2020, or even as early as 2015, pancreatic cancer will rise from the fourth leading cancer killer to the number two position, the Pancreatic Cancer Action Network warned in a [new report](#). The advocacy group said that pancreatic cancer is the only major cancer killer where the death toll is expected to rise, not fall, over the next two decades, the *Associated Press* reported. The group's report adds, however, that a bill being mulled by Congress, the Pancreatic Cancer Research and Education Act, might help turn things around. The bill would set forth a comprehensive, long-term strategy to investigate new diagnostic tools and treatments that might boost survival for people with pancreatic cancers, the *AP* said. ([Read the 2-page report Executive Summary](#))

Resources

- **ASCO's Cancer.net -- Printed Materials Update** Don't forget to check out Cancer.Net's newly updated *Cancer in Older Adults*, a booklet to help patients and their families make decisions about care and treatment. [Download](#) a printable PDF or visit cancer.net/estore to order. And, the latest update of ASCO's booklet on managing the costs of cancer care is now available in Spanish! [Download](#) or [order](#) *Manejo del Costo de la Atención del Cáncer*.
- **New and Updated Resources from the National Cancer Institute** [How You Can Help Medical Research: Donating Your Blood, Tissue, and Other Samples](#) This new 7-page NCI booklet was developed to educate patients about donating samples (such as blood and tissue) to advance medical research. Covers common terms, explains the importance of donation, addresses potential concerns, and encourages the reader to speak with their healthcare provider about donating samples. Publication Number: P298. Order Limit: 50.

Smoke-free

- **Alert: Big Tobacco and Harm Reduction** The Campaign for Tobacco-Free Kids (CTFK) is reporting that harm reduction legislative language and/or interim study groups have surfaced in several states in the last few months. A long-time harm reduction proponent, Brad Rodu, is again attempting to set up meetings with state agencies to garner support for harm reduction. Rodu has long-standing ties to and funding from tobacco companies. In addition, the tobacco industry has also recruited the efforts of long-time ally, the American Legislative Exchange Council (ALEC) to push proposals and resolutions to legislators. At the recent annual meeting in Salt Lake City, there was a session called, "Can Tobacco Cure Smoking?" led by Rodu (click [here](#) for a news story with background information). "Harm reduction" proposals have included:
 - taxing smokeless tobacco products at lower rates to promote their use,
 - diverting state tobacco prevention and cessation funds to harm reduction research,
 - getting state legislatures to pass resolutions supporting harm reduction strategies, and
 - asking the Food and Drug Administration to change warning labels on smokeless products to state that while smokeless tobacco products are not safe, they are less harmful than cigarettes ([as Reynolds American has done](#))

States that have recently seen legislative proposals and/or proposed interim studies include: Illinois (2012), Indiana (2012, 2011), Kansas (2012), Nebraska (2012), and South Carolina (2012). Please keep your eyes out for any harm reduction action in your state and contact your regional CTFK staff member to report it (Click [here](#) to [contact the TCN staff](#) if you're not sure who to reach out to at CTFK). It may also be prudent to alert colleagues and partner organizations about the "Rodu approach" and ask them not to meet with him. CTFK has updated its very extensive list of harm reduction talking points, for countering these tobacco industry tactics. Click [here](#) to view.

- **Capitalizing on Unpaid or Earned Media Opportunities!**

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- **Unpaid or earn media is a great way to extend your smoke-free campaign without requiring additional funds** (Kentucky Center for Smoke-free Policy, August 2012) Earned media can be beneficial at any stage of your campaign no matter if you are educating about the dangers of secondhand smoke or celebrating your community's smoke-free anniversary. Consider these earned media opportunities in your community: Write a feature story for your local newspaper; Invite a local reporter to write about a smoke-free community event; Write letters to the editor about smoke-free current events in your community; Ask to be a guest on a local talk radio show or public access television show; Share ads or write stories in free publications such as shopper advertising papers, church bulletins, and/or community newsletters. [Read how advocates celebrate their 5-year smoke-free anniversary](#) by looking back at the process. Their campaign, like many, was intense and controversial. Now, five years later, the smoke-free law is popular and the fears unfounded. For more earned media tips and examples contact Monica Mundy at monica.mundy@uky.edu or (859) 323-4587.
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- (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 date:** 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

- [In real-world setting, anti-smoking aids help](#) (9/4/12, Reuters Health) A large new survey across four countries has found that smokers attempting to quit have considerably more success when they use nicotine patches or prescription medications than when they go it alone without anti-smoking aids. Past research has yielded conflicting evidence on the effectiveness of drug treatments for smoking cessation - they seem to help in clinical trials, but to make less of a difference in real-life settings. When researchers accounted for differences between those who tried to quit with the help of medications and those who went 'cold-turkey' - including their respective recollections of past quit attempts - the new study, published in the journal *Addiction*, found some quitting aids were linked to four- to six-fold higher success rates.

Survivorship

- (reminder) **LLS is doing a needs assessment survey** to determine which of our services are most needed and which are not, as well as any new suggestions of needs that we can help with. Would you please forward to your peers? It will only take a few minutes and we want as many healthcare providers and constituents responses as possible. Please complete a brief online survey for [The Leukemia & Lymphoma Society \(LLS\)](#) to tell us about your current services for blood cancer patients and your professional education needs. Visit

www.RMEI.com/LLSsurvey to complete the survey. All survey participants will be entered into a drawing to win a Kindle Fire! Questions? Please contact: Debby Phillips, Patient Services Manager, LLS Kentucky & Southern Indiana Chapter at Deborah.Phillips@lls.org

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- 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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- Gilda's Club Louisville is looking for THE WRITE STUFF (because every story deserves to be heard). This is an essay contest for students in grades 6-12 who have a cancer connection. Essays will be judged in two categories: students who are cancer survivors and students who have a family member or friend who has or had cancer. Cash prizes up to \$500 will be given for winning entries, which must be **postmarked by October 1, 2012**. This year's theme, in keeping with the Gilda philosophy: "It's always something. This time it's cancer." Students must be a resident of Kentucky or of Clark, Floyd or Harrison counties in Indiana. For more information, contact Jennifer Beasley at Jennifer@gildasclublouisville.org or at 502-583-0075.