

Dear Kentucky Cancer Consortium Partners:

KCC is pleased to provide you with a link to the [September 26, 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:

- Childhood Cancers
- Colorectal Cancer
- General
- Grant reminders
- Health Disparities workshop
- Health Reform
- Cancer Patient Navigators' forum
- Prevention/Genetics/Causes
- Resources for your use
- Smoke-free
- Smoking Cessation
- Survivorship
- Survivorship Events

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 26, 2012

Childhood Cancer

- [Young Cancer Survivors Say Costs Hinder Follow-Up Care](#) (9/24/12, HealthDay News) Many teen and young adult cancer survivors in the United States go without routine medical care because it's too expensive, a new study finds. Medical care in the years after a cancer diagnosis is important for detecting any long-term health effects associated with cancer treatment, said Anne Kirchhoff, of the Huntsman Cancer Institute at the University of Utah in Salt Lake City, and her colleagues. They looked at national survey responses from nearly 1,000 adults aged 20 to 39, who were diagnosed with cancer between the ages of 15 and 34. It had been at least five years since their diagnosis. The cancer survivors were compared with more than 67,000 young adults with no history of cancer. The cancer survivors and those without cancer had similar rates of uninsurance (21 percent and 23 percent, respectively), but cancer survivors were 67 percent more likely to forgo routine medical care in the previous year because of costs. Medical care cost barriers were especially high for cancer survivors aged 20 to 29 (44 percent vs. 16 percent of the control group), female cancer survivors (35 percent vs. 18 percent) and survivors who reported poorer health. The study was published online Sept. 24 in the journal *Cancer*.

Colorectal Cancer

- [New Report Finds Patients Pay for Confusion Over Colonoscopy Screening](#) (9/19/12, kff.org) Under the Affordable Care Act, insurers are required to cover recommended preventive services such as colonoscopies without any patient cost-sharing such as co-pays or deductibles; however, a new [report](#) by the Kaiser Family Foundation, the American Cancer Society, and the National Colorectal Cancer Roundtable finds that confusion over whether colon cancer screening tests are characterized as preventive care or treatment means patients sometimes receive unexpected bills for the procedure. The report examines cost-sharing practices for colorectal screenings through interviews with experts and officials in the medical and insurance industries. Insurance industry experts and state officials report receiving more consumer complaints about unexpected colonoscopy bills than any other aspect of the Affordable Care Act. The report finds these billing differences generally occur because insurers may interpret colonoscopy as treatment rather than preventive care. That's because unlike most screening tests, colonoscopy not only detects signs of cancer, but also removes the polyps that pose the risk, which happens in roughly half of procedures. The report finds when polyps are removed, or when the patient being screened is at high risk for colon cancer, some patients get their colonoscopies fully covered by their insurers, while others are required to pay some or all of the costs for the procedure, depending on their health plan cost-sharing levels. Sometimes patients share the cost when insurers consider the colonoscopy a therapeutic or diagnostic procedure. Other times insurers intend to cover these colonoscopies under the preventive care benefit, but variation in billing code methodologies used by doctors and insurers means many companies don't always recognize them as preventative. Similar confusion about the line between preventive services and treatment may also occur with other procedures, such as mammograms. Additional clarification from the federal government could reduce coverage inconsistencies.

General

- **10th Anniversary Nonprofit Leadership Forum, hosted by Kentucky Nonprofit Network: October 24-25 at the Lexington Convention Center.** The Kentucky Nonprofit Network is the commonwealth's association of nonprofit organizations and is an outreach program of the University Of Kentucky College Of Agriculture. It serves and advances Kentucky's nonprofit sector through educational opportunities, consulting services, and resources for organizations and their leaders. Early registration for the Kentucky Nonprofit Leadership Forum is open until Sept. 21 and final registration is due by Oct. 12. Tickets to the award luncheon only are also available. Additional information is available at <http://www.kynonprofitforum.org> or by calling 859-257-2542.
- [Cancer Portrayed Too Grimly in Movies, Study Suggests](#) (9/21/12, MedlinePlus) Movies rarely portray a cancer patient's chances of survival accurately and need to show audiences that a cancer diagnosis is far from always a death sentence, a new study suggests. Researchers analyzed 82 movies that center on a person with cancer -- including "Cat on a Hot Tin Roof," "Gran Torino" and "Diary of a Country Priest" -- and found that the cancer experiences depicted in the films were quite different from the truth. The investigators

found that cancer patients died in 63 percent of the movies. The most frequent treatments mentioned in the movies were chemotherapy and pain relief. Cancer symptoms were mentioned in 72 percent of the movies and diagnostic tests were mentioned in 65 percent. The findings were scheduled for presentation Thursday at the European Society for Medical Oncology meeting, in Vienna. Some common types of cancer -- such as breast cancer -- were barely represented in movies, the researchers found, while depictions of lymphomas, leukemia and brain tumors predominated. "Patients' survival is very rarely due to treatments in the cinema. Fortunately in real life, this has become mostly untrue," he said.

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- *(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@kygio.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, ""

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 Reform

- [Health care law promises consumers clear, consistent information about health coverage](#) (9/24/12, HHS.gov) One outcome of the health care law -- millions of Americans will have access to standardized, easy-to-understand information about health plan benefits and

coverage. Insurance companies and employers are now required to provide consumers in the private health insurance market with a brief summary of what a health insurance policy or employer plan covers, called a Summary of Benefits and Coverage (SBC). Additionally, consumers will have access to a Uniform Glossary that defines insurance and medical terms in standard, consumer-friendly terms. These tools will also assist employers in finding the best coverage for their business and employees. The SBC includes a new comparison tool, called Coverage Examples, which is modeled on the Nutrition Facts label required for packaged food, that helps consumers compare coverage options by showing a standardized sample of what each health plan will cover for two common medical situations—having a baby and managing type 2 diabetes. The SBC will include information about the covered health benefits, out-of-pocket costs, and the network of providers. The glossary defines terms commonly used in the health insurance market, such as “deductible” and “co-pay,” using clear language. Starting this fall, consumers will receive the SBC free of charge and in writing from the consumers’ insurance company or employer. This information can be requested at any time, but it will also be made available when shopping for, enrolling in or renewing coverage. It will also be provided whenever information in the SBC changes significantly. The SBC and Glossary were developed in collaboration with the Department of Labor, Department of Treasury, consumer groups, the insurance industry, State Insurance Commissioners, and other stakeholders. For a sample SBC, please see:

<http://cciio.cms.gov/resources/files/sbc-sample.pdf> (PDF - 530 KB) For the Uniform Glossary, please visit: <http://cciio.cms.gov/resources/files/Files2/02102012/uniform-glossary-final.pdf> (PDF - 139 KB)

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- **[Health care law's impact on businesses varies](#)** (9/24/12, USA Today) Companies specializing in driving down spending on health care, whether through electronic records, preventive care or consolidating services, are turning out to be the biggest winners from the 2010 health care law. Investors, analysts and policymakers say any business that can help health care providers cut costs or keep patients from being readmitted to the hospital soon after an in-patient visit is attracting more customers and seeing more investment. Investing in health services rose from \$261 million in 2010 to \$368 million in 2011; second-quarter 2012 investments are up \$11 million from second-quarter 2011 investments, says the National Venture Capital Association. Health care information technology spending for the second quarter hit \$293 million, up from \$86 million for the same period last year. Those deals included telehealth technology, as well as mobile devices that providers carry to keep tabs on patient data. Any preventive-care organization that can help employers or insurers cut costs by lowering rates of diabetes, heart disease and respiratory issues -- such as fitness plans or smoking-cessation programs -- could also see a sudden surge in customers. SeeChange works with clients such as UnitedHealth by providing technology to cut premiums for beneficiaries who engage in healthy behaviors, tracking claims data to see which areas might need improvement, or adding cash to a health benefits account if a person stops smoking or begins a weight-loss program. Non-profits could do well, too. "In 2014, insurers can't profit by denying coverage anymore, so they need to keep people healthy," said Thorpe. That could mean prevention efforts, such as the YMCA's diabetes prevention program, could see an influx of cash. In a non-fee-for-service system, primary-

care physicians have an opportunity for greater reimbursement. There will be a greater need for care coordinators who keep patients well and out of the hospital. There will also be a need for palliative and home care services, and for community doctors to make sure they reach everyone in the community who might use their hospital.

Health Disparities

- [Life Spans Shrink for Least-Educated Whites in the U.S.](#) (9/20/12, New York Times) For generations of Americans, it was a given that children would live longer than their parents. But there is now mounting evidence that this enduring trend has reversed itself for the country's least-educated whites, an increasingly troubled group whose life expectancy has fallen by four years since 1990. Researchers have long documented that the most educated Americans were making the biggest gains in life expectancy, but now they say mortality data show that life spans for some of the least educated Americans are actually contracting. Four studies in recent years identified modest declines, but a new one that looks separately at Americans lacking a high school diploma found disturbingly sharp drops in life expectancy for whites in this group. Experts not involved in the new research said its findings were persuasive. The reasons for the decline remain unclear, but researchers offered possible explanations, including a spike in prescription drug overdoses among young whites, higher rates of smoking among less educated white women, rising obesity, and a steady increase in the number of the least educated Americans who lack health insurance. The steepest declines were for white women without a high school diploma, who lost five years of life between 1990 and 2008, said S. Jay Olshansky, a public health professor at the University of Illinois at Chicago and the lead investigator on the study, [published last month](#) in Health Affairs. By 2008, life expectancy for black women without a high school diploma had surpassed that of white women of the same education level, the study found. White men lacking a high school diploma lost three years of life. Life expectancy for both blacks and Hispanics of the same education level rose, the data showed. But blacks over all do not live as long as whites, while Hispanics live longer than both whites and blacks. "We're used to looking at groups and complaining that their mortality rates haven't improved fast enough, but to actually go backward is deeply troubling," said John G. Haaga, head of the Population and Social Processes Branch of the National Institute on Aging, who was not involved in the new study. The five-year decline for white women rivals the catastrophic seven-year drop for Russian men in the years after the collapse of the Soviet Union, said Michael Marmot, director of the Institute of Health Equity in London. The decline among the least educated non-Hispanic whites, who make up a shrinking share of the population, widened an already troubling gap. The latest estimate shows life expectancy for white women without a high school diploma was 73.5 years, compared with 83.9 years for white women with a college degree or more. For white men, the gap was even bigger: 67.5 years for the least educated white men compared with 80.4 for those with a college degree or better. The dropping life expectancies have helped weigh down the United States in international life expectancy rankings, particularly for women. In 2010, American women fell to 41st place, down from 14th place in 1985, in the United Nations rankings. Among developed countries, American women sank from the middle of the pack in 1970 to last place in 2010, according to the

[Human Mortality Database](#). The slump is so vexing that it became the subject of an inquiry by the National Academy of Sciences, which published a report on it last year. “There’s this enormous issue of why,” said David Cutler, an economics professor at Harvard who was an author of a 2008 paper that found modest declines in life expectancy for less educated white women from 1981 to 2000. “It’s very puzzling and we don’t have a great explanation.”

- [Poorer Patients Find Thyroid Cancer at Later Stage: Study](#) (9/20/12, HealthDay News) Poorer people are more likely than the rich to receive a thyroid cancer diagnosis after the disease has progressed to a more advanced stage, according to a new study. The study was scheduled for presentation Thursday at a meeting of the American Thyroid Association in Quebec City, Canada. "Socioeconomic status is an important health indicator for a number of cancers and other diseases," the meeting's program co-chairwoman, Dr. Elizabeth Pearce, of the Boston Medical Center, said in an association news release. "These new data shed light on yet another area -- the time of thyroid cancer diagnoses -- in which there is a need to close the gap on this disparity." Using a large thyroid cancer registry in Canada, researchers led by Dr. Stan Van Umm, of the Schulich School of Medicine and Dentistry at the University of Western Ontario, analyzed information on the cancer status, sex, age and socioeconomic status of nearly 1,600 patients diagnosed with thyroid cancer between January 1998 and December 2010. Compared to younger, richer patients, older people and those with a lower average household income were more likely to receive a thyroid cancer diagnosis after it had progressed. There is, however, a 4 percent annual decline in the odds of being diagnosed with advanced thyroid cancer in old age, which suggests the disease is being detected sooner over time, the researchers said.
- *(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

Lung Cancer

- **LECTURE: Favorable Outcomes With CT-Based Lung Cancer Detection (Garlove Lectureship), Wednesday, November 7, 2012.** Discuss results of recent literature regarding benefits and risks of lung cancer screening. Identify challenges in implementing a multidisciplinary screening program for lung cancer. Speaker: James L. Mulshine, M.D., Associate Provost for Research, Rush University Medicine Center/Acting Dean, Graduate College/Professor, Department of Internal Medicine, Rush University, Chicago, IL. Physician Education: 1.0 AMA PRA Category 1 Credit; Nurse Education: 1.0 contact hour; Location: The Olmsted, 3701 Frankfort Avenue, Louisville, KY. 5:30p Information fair, registration and hors d'oeuvres, 6:30p Program. There is no charge for this program, but registration required (502) 629-1234. Option 2.

Patient Navigation

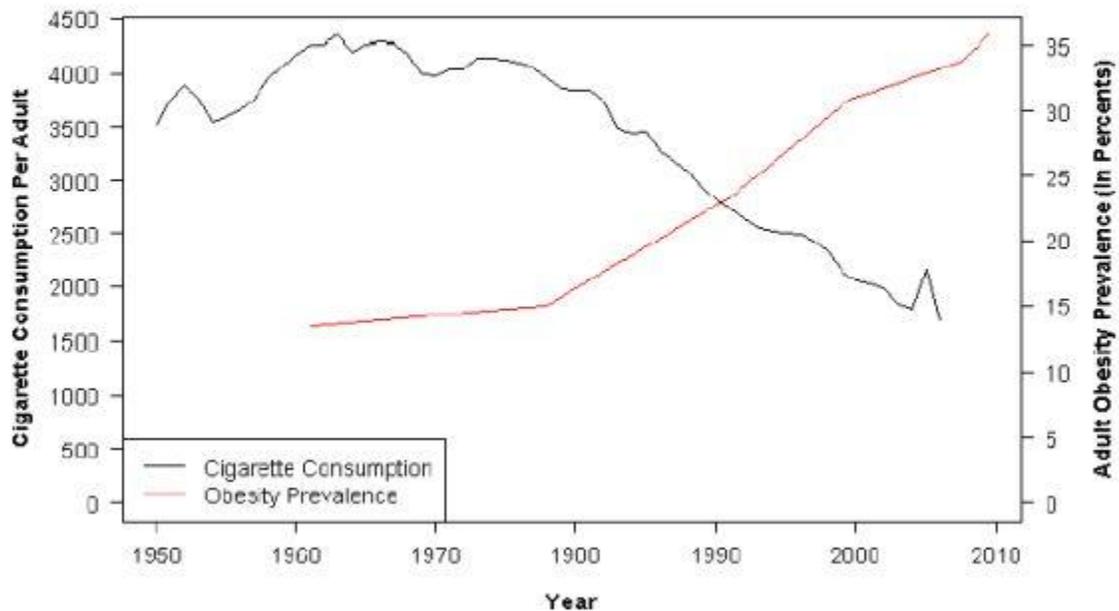
- *(reminder)* **Inaugural Cancer Patient Navigators Fall Forum: Thursday, November 8th from 8:15am – 4pm at the University of Kentucky's Boone Center** in Lexington. Cancer patient navigators offer individualized assistance to cancer patients, their families, and caregivers to help overcome health care 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

- **Increased obesity is wiping out most health benefits of less smoking** (9/25/12, Washington Post WONKblog) The American smoking rate is going down. The obesity rate is going up.

And when it comes to women's life expectancy, those trends have just about canceled each other out. A team of researchers with the National Bureau of Economic Research [published](#) data looking at obesity and smoking rates. The trends are, as shown in this graph below, not exactly subtle:

Fig 1. Trends in Smoking and Obesity in the United States



Both of those trends have an impact on longevity; these researchers wanted to tease out how each affected lifespan. Overall, the benefits of less smoking are outweighing the negatives of rising obesity – but only by a little bit, especially when it comes to women. The combined effect of changes in smoking and obesity is expected to produce steady improvements in male life expectancy through 2040, with a total gain of 0.92 years by that date. On the other hand, women's life expectancy is expected to be lower as a result of the combined changes through 2030. Thus, the pattern of reductions in the female advantage in life expectancy that has been evident since 1979 is expected to continue for another two decades, at least from these sources. By 2040, life expectancy is anticipated to be 0.26 years higher for females as a result of these combined behavioral changes. That assumes that current trends hold, although there is some evidence that tobacco use is going up among young adults, which could change some of the calculus here.

- [Gene Study Yields New Clues to Breast Cancer](#) (9/23/12, HealthDay News) A comprehensive look at the genetic blueprint of breast cancer has revealed new insights into the disease -- including the discovery that certain breast and ovarian tumors may be closely related. Basal-like breast tumors -- one of the most deadly subtypes of breast cancer -- are genetically more similar to ovarian cancer than to other breast cancers, the new research

found. In this study, the scientists used six different technologies to analyze 348 tumors from women with breast cancer. They looked for defects in DNA, RNA and proteins in the tumors. They confirmed the existence of four main subtypes of breast cancer -- luminal A, luminal B, HER2 and basal-like -- and found unique genetic and molecular signatures within each of the subtypes. The findings add to growing evidence suggesting that tumors should be catalogued and treated based on the genes that are disrupted rather than their location in the body, the researchers said. "With this study, we're one giant step closer to understanding the genetic origins of the four major subtypes of breast cancer," study co-leader Dr. Matthew Ellis, chair of medical oncology at Washington University School of Medicine in St. Louis, said in a university news release. According to Ellis, the new study suggests that most basal-like breast tumors and ovarian tumors have similar genetic origins and potentially could be treated with the same drugs. Basal-like tumors account for about 10 percent of all breast cancers and disproportionately affect younger and black women in the United States. Basal-like tumors include most triple-negative breast tumors, which are often aggressive and do not respond to therapies that target hormone receptors or to standard chemotherapies. "This research helps move us to the point where we will look at a tumor's genetic makeup and tailor a specific treatment that will attack the tumor cells based on the tumor's genetic fingerprint." The study was published online Sept. 23 in the journal *Nature*.

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- [Wal-Mart, Humana reward healthy food purchases](#) (9/19/12, Reuters) Wal-Mart Stores Inc, the world's largest retailer, is joining with healthcare insurer Humana Inc to trim the cost of healthy foods for some customers. More than 1 million members of Humana's healthy rewards program will get a 5 percent credit on about 1,300 healthy food items at U.S. Walmart stores starting on October 15, the companies said. The credit can be used against future Walmart purchases. "One of the biggest barriers to healthy nutrition is cost," said Dr. John Agwunobi, president of health and wellness at Walmart. Walmart, the largest U.S. food retailer, is striving to improve the nutritional value of the food it sells. Food accounts for more than half of Walmart's annual sales, and its clout in the U.S. market means that changes at its stores can influence other supermarket chains such as Kroger Co and Safeway Inc. Walmart's products eligible for the credit include fresh fruits, vegetables, lean cuts of meat, skim milk, brown rice and packaged goods, the company said. The program works with a HumanaVitality card provided to members of Humana's rewards unit who receive points for meeting health goals. In January 2011, Wal-Mart unveiled plans for its healthy food program with first lady Michelle Obama, which includes using a "Great For You" icon on certain items. The emphasis on nutrition comes as the United States is facing soaring obesity rates. A study released on Tuesday predicted that half of U.S. adults will be obese by 2030 unless they change their ways. Obesity contributes to numerous diseases, such as diabetes and certain cancers.
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- [Smoking, drinking tied to earlier pancreatic cancer](#) (9/18/12, Reuters Health) - People who smoke or drink heavily may develop pancreatic cancer at an earlier age than folks who avoid those habits, a new study suggests. It's long been known that smoking is a risk factor for developing pancreatic cancer, but the evidence on heavy drinking has been more mixed.

Now, the new results show the disease may strike smokers and drinkers earlier in life. "If you do have these habits, and you're going to develop pancreatic cancer, the age of presentation may be younger," said researchers, who found that the effect disappeared for former smokers or drinkers if they had quit 10 years or more before being diagnosed. On average, the risk of developing pancreatic cancer in your lifetime is about one in 71. And the average age at diagnosis is 72, according to the American Cancer Society. But in this study, current smokers and heavy drinkers were diagnosed a decade earlier than that. That could be an important motivator for people to quit smoking or curb their drinking, according to researchers. "That's potentially an extra decade of life," she said. The findings, reported in the American Journal of Gastroenterology, are based on 811 patients in a pancreatic cancer registry. Those who were current smokers were typically diagnosed around age 62, versus age 70 among non-smokers. Heavy drinkers, meanwhile, were typically diagnosed at age 61 - almost a decade earlier than non-drinkers. Heavy drinking was defined as roughly three or more standard drinks a day. A 12-ounce beer or five ounces of wine would equate to a standard drink. The findings do not prove that smoking or drinking led to the earlier cancers. But Anderson's team did account for a number of other factors, like body weight and family history of pancreatic cancer. And smoking and heavy drinking were still linked to earlier diagnoses.

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- [Avoiding Alcohol May Cut Risk for Esophageal Cancer](#) (9/17/12, HealthDay News) Chronic drinkers who stop consuming alcohol can cut their risk for esophageal cancer in half within four to five years, according to a new evidence review. In the analysis of nine studies, Swedish researchers found drinkers' risk of this type of cancer is reversible if they stop drinking, but it takes them up to 16 years to return to the risk level of people who don't drink. The study by researchers at Lund University appeared in a recent issue of the journal *Addiction*, and included an outside commentary by a group including Boston University Medical Center researchers that found the new research "well done." The study, however, may not have accounted enough for other factors, such as the interaction of smoking and drinking on cancer risk, according to a university news release. Previous studies show that reducing cancer among non-smokers may be achieved with cutting back on the consumption of alcohol to moderate levels rather than quitting entirely, according to the news release. Low-level regular alcohol intake has been shown to have beneficial health effects on cardiovascular disease, diabetes and other medical conditions.
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- **(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.

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- **[Growing Healthy Kids in Kentucky . “Year 11 Weight of Kentucky Children: Empowering families, caregivers, and communities,”](#) Tuesday and Wednesday, October 30 & 31, 2012. Registration Fee of \$95 (includes flash drive with tools-to-use, lunch & snacks) We will apply for continuing education hours for RD, CN, RN, CHES. Selected sessions will qualify for School Food Service certification. RD CEUs = 10. Nursing CEUs = 10.3. **To receive CEUs’ you need to register on TRAIN at ky.train.org BEFORE and AFTER the conference. The Course ID is 1035394.** If you do not already have an account, create one. After the conference you need to log back on to TRAIN and complete an evaluation. Those applying for School Food Service certification do not need to register on TRAIN. Questions? Contact Adrienne Grizzell at 859-245-0717 or e-mail at ajgrizzell@insightbb.com. To reserve a room, call the Clarion Hotel Lexington at 888-390-4918. Be sure to ask for the KDA-Growing Healthy Kids’ rate. Many rooms have in-room internet service and a full breakfast for no additional charge. Room rate for Growing Healthy Kids in Kentucky is \$91 per night**

Research

- **Enrollment continues for ACS’s CPS-3 in Franklin County!** The ultimate goal of CPS-3 is to enroll men and women from various racial/ethnic backgrounds from across the U.S. to participate in a study that will help researchers better understand the lifestyle, environmental and genetic factors that cause or prevent cancer and will save lives. American Cancer Society studies began in the 1950s and involved hundreds of thousands of volunteer participants. These studies have led to discoveries such as the link between cigarette smoking and lung cancer and the role obesity plays in the risk of several cancers. The new CPS-3 will help researchers build on evidence from previous studies, and help bring us closer to eliminating cancer as a major health burden for this and future generations. **If you are between the ages of 30 and 65 years old and have never been diagnosed with cancer, you are eligible to enroll.** Make an appointment to enroll at [Frankfort Regional Medical Center in Conference Rooms B & C on October 18, 19 or 20](#). Participating is easy and involves: an informed consent form; survey packet which will ask for detailed information on lifestyle, behavioral, and other factors related to your health; measured for waist circumference; Give a small blood sample (similar to a doctor’s visit); Completing a mailed survey every few years over the next 20-30 years. All personal information and any individual results of blood analyses that may be performed will be kept strictly confidential by CPS-3 research staff. There will be no cost to you to participate. For more information about CPS-3, please visit cancer.org/cps3, email cps3@cancer.org or call toll-free 1.888.604.5888.
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- **[Huge Cancer Research Effort Announced by Texas Center](#) (9/24/12, AP)** A massive effort against eight types of cancer has been launched by the University of Texas MD Anderson Cancer Center in Houston. The center expects to spend as much as \$3 billion on the project

over the next 10 years and equates the effort to the U.S. government's all-out push 50 years ago to land men on the moon, the *Associated Press* reported. The targeted types of cancer include especially deadly forms of **breast and ovarian cancer, two types of leukemia, melanoma, lung and prostate cancer, and myelodysplastic syndrome**. The aim of the project is to find cures and lower deaths from these cancers. No overall benchmarks have been established, but there are specific goals for individual projects dealing with various cancers, the *AP* reported. Genetic information and better drugs provide "many of the tools we need to pick the fight of the 21st century," and discover ways to beat these diseases, cancer center President Dr. Ronald DePinho said. The money for the new effort will come from foundations, grants, gifts from individuals, patents and royalties from discoveries, and revenues from treating the additional patients the center expects to attract. "I'm thrilled to see somebody take the lead," Dr. Otis Brawley, chief medical officer of the American Cancer Society, told the *AP*. "The results that I see him promising, in my mind, are reasonable," both in terms of getting funding and combating cancer. The society has no role in the project. Since the 1990s, cancer deaths have been falling at an average of more than 1 percent a year. However, cancer remains a leading cause of death worldwide. In the United States this year, an estimated 1.5 million people will be diagnosed with cancer and more than 500,000 will die of it, the *AP* reported.

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- [Doctors Biased Against Drug Company Research, Study Finds](#) (9/19/12, HealthDay News) Physicians are less likely to trust even top-notch clinical research if it is funded by a pharmaceutical company, a new study suggests. The researchers found that doctors downgraded their perception of research when told it was industry-funded, whether or not the studies were rigorously done or of high quality. Although attention to potential sources of bias is important, such skepticism can reduce the acceptance of valuable new information critical to advancing health care, the researchers said. "The issue is, it could be a problem if the findings of high-quality research aren't being implemented," said Dr. Aaron Kesselheim, lead author of the study and assistant professor of medicine at Harvard Medical School in Boston. The study was published Sept. 20 in the *New England Journal of Medicine*. Over the past 10 years or so, any financial support by drug makers has been noted in papers published in most medical research publications. Some journals even include disclosures in the published abstracts of the studies -- short summaries that are widely read. Such disclosures have been based on the assumption that when industry has a financial stake in the outcome of research, the study results can be biased to favor the source of the financial support. Researchers set out to better understand the impact that the disclosures were having on physician interpretation and practice.

Resources

- **AHRQ has developed an [online decision aid](#)** to help men recently diagnosed with prostate cancer think through their treatment options. The Decision Aid includes information on;
 - The location and function of the prostate gland.
 - What it means to have clinically localized prostate cancer.

- Patient's options after being diagnosed with clinically localized prostate cancer, including the choice to not begin treatment immediately.
- Information about treatment options that may be available to the patient based on available testing.

At the end of this decision aid, patients will be able to save and print an information summary to use when talking to their doctor. The information will help the patient decide with their doctor which option for managing their prostate cancer is best for them.

Smoke-free

- [Secondhand Smoke Takes Big Illness, Expense Toll](#) (9/20/12, HealthDay News) Secondhand smoke has a substantial health and economic impact, especially among black Americans, a new study shows. Researchers analyzed data from more than 12,000 adults to assess the number of deaths, the years of potential life lost and the value of lost productivity caused by secondhand smoke in 2006. That year, more than 41,000 American adults and nearly 900 infants died of secondhand smoke-related diseases, according to a journal news release. The study found that blacks had significantly higher levels of exposure to secondhand smoke than whites. The highest exposure was among black men aged 45 to 64 (nearly 64 percent), followed by black men aged 20 to 44 (nearly 63 percent). Black women aged 20 to 44 had a higher exposure rate (nearly 63 percent) than any other women. In 2006, black infants accounted for 24 percent to 36 percent of deaths caused by mothers smoking during pregnancy, even though they accounted for only 13 percent of the infant population. The toll from just two adult and four infant conditions linked to secondhand smoke in 2006 was 42,000 deaths, 600,000 years of potential life lost and \$6.6 billion in lost productivity. Blacks and Hispanics had the highest value of lost productivity per death. The study was published online Sept. 20 in the *American Journal of Public Health*.
- [Study: Michigan's Smoke-Free Law Business Neutral](#) (9/19/12, Detroit News) Michigan's law banning smokers from lighting up in bars and restaurants has had no negative impact on businesses, according to a study released Monday by the state's Department of Community Health. The Dr. Ron Davis Smoke-free Air Law went into effect in May 2010 amid complaints from bar owners that it would drive away customers. Yet the study, performed by the University of Michigan's Institute for Social Research, now claims those concerns were unfounded. "It is important to note that while some establishments saw sales fluctuations after the passage (of the law), bars and restaurants as a whole were not adversely affected," said MDCH Director James Haveman in a press release.
- (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 8, 2012 12:00 PM-1:00 PM. The call-in number is 877-366-0711 and participant passcode is 56658420.

Smoking Cessation

- [Current Tobacco Use Among Adults in the United States: Findings From the National Adult Tobacco Survey](#) (9/20/12, American Journal of Public Health) Objectives. We assessed the prevalence and sociodemographic correlates of tobacco use among US adults. Methods. We used data from the 2009–2010 National Adult Tobacco Survey, a national landline and cell phone survey of adults aged 18 years and older, to estimate current use of any tobacco; cigarettes; cigars, cigarillos, or small cigars; chewing tobacco, snuff, or dip; water pipes; snus; and pipes. We stratified estimates by gender, age, race/ethnicity, education, income, sexual orientation, and US state. Results: National prevalence of current use was 25.2% for any tobacco; 19.5% for cigarettes; 6.6% for cigars, cigarillos, or small cigars; 3.4% for chewing tobacco, snuff, or dip; 1.5% for water pipes; 1.4% for snus; and 1.1% for pipes. Tobacco use was greatest among respondents who were male, younger, of non-Hispanic “other” race/ethnicity, less educated, less wealthy, and lesbian, gay, bisexual, or transgender. Prevalence ranged from 14.1% (Utah) to 37.4% (Kentucky). Conclusions: Tobacco use varies by geography and sociodemographic factors, but remains prevalent among US adults. Evidence-based prevention strategies such as tobacco price increases, media campaigns, and smoke-free policies, in concert with full access to clinical cessation interventions, have been shown to decrease tobacco use and reduce the health burden and economic impact of tobacco-related diseases in the United States are needed to decrease tobacco use and the health and economic burden of tobacco-related diseases.

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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Survivorship events

- *(reminder)* The Gilda Street Dance, "Takin' It to the Street," is **THIS 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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- *(reminder)* 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.