

Cancer Connection

Comprehensive Cancer Control Update

- Due to an extensive revision process, the ICC Steering Committee voted to delay the release of the Indiana Cancer Control Plan until 2010. The original objectives are being rewritten as SMART (Specific, Measurable, Attainable, Realistic, Time-phased) objectives. A draft of the plan will be presented at the ICC Fall Meeting: Strategies for Cancer Control. Please see Pages 6 and 7 for the fall meeting agenda and registration.
- Based upon the results of the priority objective selection survey administered in April at the spring meeting and electronically, new action teams were recently formed. This year's action teams will address quality of life issues and increasing physical activity among children and youth.
- The Indiana Comprehensive Cancer Control Program (ICCCP) staff is excited to announce the launch of the new and improved ICC Web site. The redesigned site boasts a new look as well as improved navigation. Please visit www.indianacancer.org and let us know what you think!
- The ICC hosted its second regional meeting at Memorial Hospital of South Bend on Tuesday, Sept. 29. Twenty-two stakeholders gathered to learn more about benefits of ICC membership, local cancer control, and the Indiana Cancer Control Plan.
- The ICCCP staff successfully submitted the 2008-2009 year-end progress report and performance measures worksheet to the Centers for Disease Control and Prevention (CDC) on Sept. 29.
- On Sept. 16-17, the ICCCP staff hosted the annual CDC site visit with program consultant, Annette Gardner. Thank you to everyone involved for a successful site visit.



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ICC Action Team Updates

Primary Prevention Action Team

Chairs: Erin Wyatt and Tisha Reid

Doug Schwartztruber recently stepped down as chair of the primary prevention action team. Under his leadership, the primary prevention action team created and assembled resource guides, which identify valuable brochures on various cancers and healthy lifestyles. The resource guides are being disseminated to 3,677 primary care practitioners statewide.

Tisha Reid and Erin Wyatt will lead the primary prevention action team in accomplishing its new objective; increasing physical activity among children and youth.

If you are interested in joining in these efforts, please contact Lindsey Bouza at lbouza@isdh.in.gov or 317-233-7448. The next meeting for the primary prevention action team is not yet scheduled.

Quality of Life Action Team

Chairs: Jane Berby-Todd and Adrienne May

The members of the ICC recently chose increasing access to information and support services that enhance quality of life for cancer survivors and their families as a priority for the ICC. As a result, what was the quality of life committee is now the quality of life action team.

The action team is working on updating a Web resources list as well as coordinating a half-day seminar to provide education to primary care physicians.

Please contact Lindsey Bouza at lbouza@isdh.in.gov if you would like to participate. The action team's next meeting is Monday, Oct. 12, from 1 to 2 p.m. (EDT) at Fairbanks Hall in Indianapolis.

New Study Finds Weight-Lifting Eases Breast Cancer-Related Lymphedema

Written by Rebecca V. Snowden on Aug. 18, 2009



A slowly progressive weight-lifting program may help some breast cancer survivors ease the symptoms of lymphedema, according to a new study from the University of Pennsylvania. The findings are welcome news to the more than 2.5 million breast cancer survivors in the U.S., many of whom have been discouraged from weight-lifting exercise because of concerns it may bring on lymphedema or worsen the swelling they already have.

Lymphedema, or swelling due to the buildup of lymph fluid, can occur at any time after treatment for breast cancer—even many years later. Symptoms include a feeling of tightness in the arm or hand on the same side that was treated for breast cancer, leathery skin texture, heaviness, pain, pitting, and difficulty writing. Many women worry weight-lifting and everyday activities such as picking up their kids or carting around grocery bags can bring on those symptoms.

This study suggests women may be doing themselves a disservice by letting fear keep them from certain activities and exercises. "If your lymph nodes are removed because of breast cancer treatment, you suffer impairment in your ability to respond to infection, trauma, injury, and inflammation. Exercise improves the body's response to those four things," said lead researcher Kathryn H. Schmitz, Ph.D., M.P.H., from the Center for Clinical Epidemiology and Biostatistics at the University of Pennsylvania.

Evidence that exercise helps

Schmitz and her colleagues recruited 141 women with stable lymphedema and a history of breast cancer. Half were assigned to a controlled, weight-lifting exercise program that met twice weekly for 90 minutes over 13 weeks. The women were required to wear a custom-fitted compression sleeve on the affected arm during exercise and started with low-weight resistance (about 1 to 2 pounds). They were closely monitored for changes in the affected arm. The amount of weight they lifted was increased gradually if the lymphedema symptoms did not worsen.

Over the course of the study, the majority of the women in the weight-lifting group had increased their strength and reduced symptoms of lymphedema. The number of women who saw their swelling increase was about the same in both groups (11 percent in the weight-lifting group and 12 percent in the control group). There were no serious side effects reported in either group.

"Our study shows that participating in a safe, structured weight-lifting routine can help women with lymphedema take control of their symptoms and reap the many rewards that resistance training has on their overall health as they begin life as a cancer survivor," Schmitz said. However, experts are concerned that women will read this study and go out on their own and start lifting weights, potentially doing themselves harm.

Start slowly

"This study demonstrates the importance of exercise after cancer treatment, and it also highlights the importance of doing it safely. Women should talk to their doctor before starting any exercise program and start slowly," said Colleen Doyle, M.S., R.D., American Cancer Society (ACS), Director, Nutrition and Physical Activity.

Schmitz also stresses the importance of starting slowly and using proper form. "Work with a well-trained certified fitness professional to begin weight training. Do not try to start this kind of program on your own. Your trainer should start you with very light weights. If you do that for a week and you aren't seeing any problems, increase your resistance, but do it in very small increments," she says. "Train with a physical therapist or a certified fitness professional who specializes in lymphedema or working with cancer patients."

In February 2009, the American College of Sports Medicine (ACSM) announced a new certification designed specifically for health and fitness professionals interested in working with cancer survivors. It was funded by a grant from ACS and developed with experts from both ACSM and ACS.

To read this full article, please visit http://www.cancer.org/docroot/NWS/content/NWS_1_1x_New_Study_Finds_Weight-lifting_Eases_Breast_Cancer-Related_Lymphedema.asp.

To learn more about lymphedema, see [*Lymphedema: What Every Woman With Breast Cancer Should Know*](#).

Upcoming Health Awareness Months and Events

October	National Breast Cancer Awareness Month Healthy Lung Month	National Mammography Day (Oct. 16)
November	Lung Cancer Awareness Month National Hospice and Palliative Care Month National Pancreatic Cancer Awareness Month National Healthy Skin Month	Great American Smokeout (Nov. 19)

Second Cervical Cancer Vaccine Protects Against Additional HPV Types NCI Cancer Bulletin

A large international trial funded by GlaxoSmithKline Biologicals shows that the Cervarix vaccine is highly effective against infections with human papillomavirus (HPV) types 16 and 18. Final results of the Papilloma Trial Against Cancer In Young Adults (PATRICIA) were published July 8 in *The Lancet*.

Dr. Jorma Paavonen, of the University of Helsinki in Finland, and his colleagues in the PATRICIA study group followed 18,644 women aged 15 to 25 for a median of 34.9 months after vaccination (17,106 women received the full sequence of three injections). About half of the women were in a blinded control group that received a hepatitis A vaccine conferring no protection against HPV infection.

The Cervarix vaccine reduced the risk of precancerous lesions known as grade II cervical intraepithelial neoplasias (CIN2+) by nearly 93 percent in participants who completed the full sequence. The vaccine also provided a lesser but significant degree of cross-protection against HPV types 31, 33, and 45. This added protection could raise the potential effectiveness of HPV vaccination from about 70 percent to between 81 and 86 percent.

About 62 percent of women in the trial had never been exposed to any of the 14 HPV types associated with cervical cancer. This group “is closest to the population targeted by universal mass HPV vaccination,” said the authors, referring to young girls who are not sexually active. Only one event of CIN2+ was observed in 5,449 of these unexposed study participants.

Although it is important to continue testing for HPV in vaccinated and unvaccinated women, “HPV vaccination has the potential to substantially reduce the incidence of cervical cancer and precancer,” the authors concluded.

Cervarix is licensed in 90 countries and was approved last week by the World Health Organization, which allows United Nations agencies and partners to use the vaccine in developing countries. The vaccine is still under review and awaiting approval by the Food and Drug Administration.

<http://www.cancer.gov/ncicancerbulletin/071409/page3#b>

Evaluating the Effectiveness of Smoke-free Policies

International Agency for Research on Cancer

The International Agency for Research on Cancer (IARC) just released its latest handbook titled, "Evaluating the Effectiveness of Smoke-free Policies."

An international group of experts reviewed the published evidence from smoke-free laws in the U.S. and around the world and concurred with previous scientific conclusions that, "secondhand smoke causes harm to health, including lung cancer and cardiovascular disease in adults, respiratory disease in adults and children, and Sudden Infant Death Syndrome (SIDS) in infants."

Based on the evidence, the experts recommended that governments enact and implement smoke-free policies as part of a comprehensive tobacco control strategy.

Among their specific conclusions:

- Smoke-free policies do not cause a decline in the business activity of the restaurant and bar industry (see Chapter 4).
- Implementation of smoke-free policies leads to a substantial decline in exposure to SHS (see Chapter 6).
- Implementation of smoke-free legislation decreases respiratory symptoms in workers (see Chapter 6).

This report will be extremely useful to those creating materials on smoke-free laws. It contains a thorough review of the evidence on the economic effects and health benefits of smoke-free laws, including evidence published after the Surgeon General's Report.

In addition, it provides another opportunity to educate the media, public and policymakers about how smoke-free laws work to improve public health and protect everyone's right to breathe clear air.

The report and its individual chapters can be downloaded at:

<http://www.iarc.fr/en/publications/pdfs-online/prev/handbook13/index.php>

IARC Summary - Evaluating the Effectiveness of Smoke-free Policies

This volume reviews the evidence critically appraised by a working group of 17 scientists from nine countries and draws conclusions about the effectiveness of smoke-free policies. The volume covers the evolution of smoke-free policies, impact of smoke-free policies on businesses in the hospitality sector, public attitudes towards smoke-free policies and compliance, reductions in exposure to secondhand smoke and effects on health due to restrictions on smoking following policy implementation, effects of mandated smoking restrictions on smoking behavior, and the effects of voluntary home smoking restrictions on exposure to secondhand smoke and smoking behavior. This handbook will be useful for health professionals and policymakers in countries who are currently considering legislation to protect the population from tobacco.

Member Spotlight: Health by Design

Health by Design is a diverse coalition of leaders in professions such as public health, urban planning, architecture, transportation, academia, and environmentalism working together to create built environments - including neighborhoods, transportation systems, buildings, parks, and green spaces - that foster healthy living. The priority goals of Health by Design are to:

- Increase walking, biking, and other public transit options;
- Reduce dependency on automobiles;
- Encourage land-use decision making that promotes public health; and
- Increase neighborhood, city, and regional connectivity.



Each of these goals contributes to community design that encourages physical activity as part of one's daily routine and provides the foundation for active living. This is in addition to other benefits such as economic development, equitable access, reduced congestion, safety, improved air quality, and community engagement that come with balanced transportation and wise land-use.

Regular physical activity is associated with a healthier, longer life. Physical activity reduces the risk of high blood pressure, diabetes, heart attack, and falls. It promotes healthier bones, muscles, and joints, relieves arthritis pain, and reduces the symptoms of anxiety and depression. And, along with avoiding tobacco and healthy eating, physical activity is one of the most important modifiable determinants of cancer risk. Furthermore, individuals who are overweight or obese (63 percent of Hoosiers) have increased risk of many cancers, including: breast (in postmenopausal women), colon, endometrium, kidney, and adenocarcinoma of the esophagus; physical activity is a helpful strategy in weight loss and maintenance.

Unfortunately, too many Hoosiers are sedentary. In 2007, less than half of the adults in Indiana reported meeting the Surgeon General's minimum physical activity goal, and 24 percent reported getting no physical activity at all in the past month. Given this epidemic of physical inactivity and rising obesity rates, one key strategy is to encourage shifts in the mode of transportation used - getting people out of their cars and instead using walking, biking, and public transportation as legitimate options for getting to work, school, retail, and business centers. Currently, the vast majority of Indiana residents commute by driving alone to work (81 percent); less than 3.5 percent walk or bike, and only 1 percent use public transit.

The Health by Design effort is consistent with the American Cancer Society Recommendation for Community Action to provide safe, enjoyable, and accessible environments for physical activity in schools and for transportation and recreation in communities. Coalition members are actively working to influence policies, systems, and decision-making related to transportation infrastructure and community design. Specific initiatives are related to neighborhood walkability, Complete Streets, Safe Routes to School, and transit promotion and funding. To learn more or to get involved, visit www.healthbydesignonline.org.

Indiana Prostate Cancer Initiative

The Indiana Prostate Cancer Initiative, in collaboration with the American Cancer Society Body & Soul Program, will be hosting its first annual For Men Only Fellowship Brunch. The purpose of this event is to educate men on the correlation between healthy lifestyle choices and male-specific cancers. Topics will include (but not be limited to) nutrition and prostate health. The event is scheduled for Saturday, Oct. 24, from 11 a.m. to 1 p.m. at Eastern Star Baptist Church in Indianapolis. The keynote address will be given by Pastor Jeffrey Johnson (of Eastern Star Baptist Church), who is a prostate cancer survivor. The Rev. Charles R. Williams Prostate Mobile Unit will also be on site.

The 2010 Prostate Cancer Awareness Mini-Grant request for proposal (RFP) is currently being revised and will be ready for distribution by mid-January.

If you have any questions, please contact Deirdre George Davis at 317-234-2883 or deirdavis@isdh.in.gov.

Strategies for Cancer Control

Indiana Cancer Consortium Fall Meeting



Tuesday, Nov. 3, 2009
 10 a.m. to 3 p.m.
 Bloomington Hospital
 Wegmiller Auditorium
 601 West Second Street
 Bloomington, IN 47402



**Keynote Speaker: Dr. JoEllen Vrazel, Assistant Commissioner,
 Health and Human Services, Indiana State Department of Health**

Agenda:

9 to 10 a.m.	Registration and Networking
10 to 10:45 a.m.	ICC Business Meeting Sara Edgerton, M.S.
10:45 to 11 a.m.	Break
11 to 11:15 a.m.	Indiana Cancer Control Plan 2010-2014 Keylee Wright, M.A.
11:15 to noon	Forging the Path and Leading the Way for Integrated Chronic Disease Prevention JoEllen (Joey) Vrazel, Ph.D. M.A.
Noon to 1 p.m.	Lunch
1 to 1:50 p.m.	Panel Discussion Primary Prevention: To be determined Early Detection: Kathleen Russell, D.N.S., R.N. Treatment: Fadi Haddad, M.D., F.A.C.S., F.S.S.O.
1:50 to 2:05 p.m.	Break
2:05 to 2:55 p.m.	Panel Discussion Quality of Life: Tisha Reid, B.S. Data: Linda Stemnock, B.S.P.H. Advocacy: Jerry King, M.A.
2:55 to 3 p.m.	ICC Member Role Sara Edgerton, M.S.
3 to 4 p.m.	Networking

Fall Meeting Registration

ICC Fall Meeting 2009

Due to limited space, registrations will be accepted on a first come, first serve basis.

Register by mail:
Comprehensive Cancer Control
2 North Meridian Street, 7-P
Indianapolis, IN 46204

Register by fax:
317.233.7638

Email registration to:
nicdavis@isdh.in.gov

Registration Information

Name: _____ Credentials: _____

Title: _____

Organization: _____

Address: _____

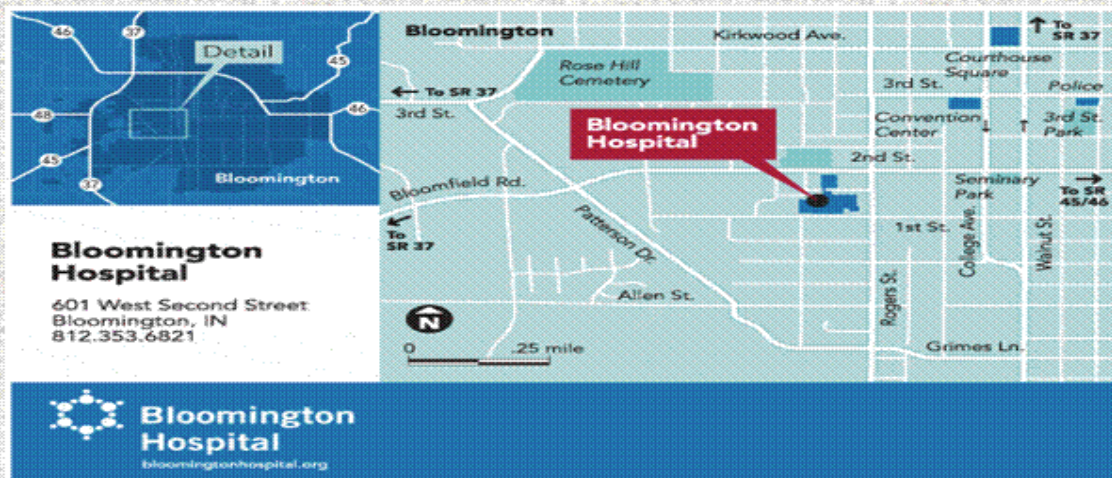
Phone: _____ Fax: _____

Email: _____

Is your organization an ICC Member? Yes No Unsure



Directions



Driving directions from IN-37:

1. Exit onto Second Street and turn east towards downtown Bloomington.
2. Follow Second Street for approximately two miles.
3. Bloomington Hospital will be on the right at 601 West Second Street.

Project SHOUT (Students Helping Others Understand Tobacco)

* A Best Practice Intervention*

The Need: Although adolescent tobacco use is at its lowest rate since the early 1990s, use of cigarettes and other forms of tobacco by children under 18 remains high. According to the 2008 Monitoring the Future survey, the proportions of students indicating any smoking in the prior 30 days ("monthly prevalence") now stand at 7 percent, 12 percent, and 20 percent in grades 8, 10, and 12, respectively, while the monthly prevalence rates for any use of smokeless tobacco in these grades are 4 percent, 5 percent, and 7 percent.

Cigarette smoking leads to immediate and serious health problems including respiratory and non-respiratory effects, addiction to nicotine, and the associated risk of other drug use. Smoking at an early age increases the risk of lung cancer. For most smoking-related cancers, the risk rises as the individual continues to smoke.

The Program: Project SHOUT (Students Helping Others Understand Tobacco) is a tobacco use prevention program for middle/junior high school students. It includes a classroom-based component delivered to students in their 7th and 8th grade years, followed by a telephone- and newsletter-based booster in their 9th grade year. The classroom component consists of 18 50-minute sessions over two school years. Ten sessions were given during the 7th grade year and eight sessions were given during the 8th grade year. The booster component reaches participants individually and delivers a tobacco use prevention message tailored to each participant's needs.

Time Required: Approximately 15 hours of initial training are required for each staff member who will administer the classroom sessions, and an additional two hours of training are required prior to the introduction of each new phone call script. The time required to implement the program includes 15 hours over two school years for the scheduled classroom sessions, plus five minutes per student on average for each of the phone booster sessions. Time is also required to create, print, and mail two parent newsletters each year over the three years of the program, and five newsletters to the students during their 9th grade year.

Intended Audience: The primary audience for Project SHOUT includes students in grades 7, 8, and 9.

Suitable Settings: Project SHOUT is designed to be administered in school-based settings serving students in grades 7, 8, and 9.

About the Study: Fifty-four middle/junior high schools were approached to participate in Project SHOUT based on their size (having fewer than 450 7th graders) and their proximity to Project SHOUT headquarters (within a one-hour drive). Of the 54 schools approached, 23 agreed to participate. The participating schools were divided according to school size, matched on prevalence of tobacco use, and then randomly assigned to the intervention condition (12 schools) or control condition (11 schools); one of the control schools was unable to complete the surveys and was dropped from the study. The SHOUT intervention was delivered in 18 50-minute sessions. There were six fall sessions (once a week) and four spring sessions (once a month) during the students' 7th grade year and there were eight sessions (once a month) in the 8th grade year. In addition, two parent newsletters are sent each year over the three years of the program, and five newsletters are sent to the students during their 9th grade year. The baseline sample included 3,655 students. At the end of the three-year study, 2,668 students remained.

Key Findings: Results of Project SHOUT on Combined Tobacco Use

Although tobacco use increased in the three-year study period among both intervention and control groups, Project SHOUT participants had a significantly smaller increase in monthly prevalence rates than control students. The mean rate of past-month combined tobacco use (use of either smoking tobacco or smokeless tobacco) increased from 5.7 at baseline to 14.2 at the final follow-up (i.e., three years after baseline) for the intervention group, compared to a change from 6.4 to 22.5 for the control group ($p < .001$).

Effects of Project SHOUT on Smoking

At the final follow-up, the percentage of students who reported smoking tobacco during the past month was 13.2 percent in the intervention group compared to 19.8 percent in the control group ($p < .05$).

Effects of Project SHOUT on Smokeless Tobacco Use

At the final follow-up, the percentage of students who reported using smokeless tobacco during the past month was 2.6 percent in the intervention group compared to 5.2 percent in the control group ($p < .05$).

For complete program details, please visit the National Cancer Institute Research Tested Interventions Programs: <http://rtips.cancer.gov/rtips/programDetails.do?>

Surviving Lung Cancer By Molly Wooldridge



Molly Wooldridge

- Lung Cancer
- Age 30
- Resides in Morgantown, IN
- Treated by Mary Lou Mayer, M.D.

On Feb. 5, 2009, I was diagnosed with stage 4 lung cancer. I cried. I couldn't think of anything else. I couldn't believe someone as young as me could have something that young people don't customarily get when it comes to cancer.

My experience with cancer has been challenging. I wouldn't wish chemotherapy on anyone. I feel restricted from doing the things I used to do with ease; like picking up one of my kids. I feel weak most of the time. I've never been so sick and tired of being sick and tired! I am determined to get better, live better, and maintain my best health from now on.

We as Americans seem to intentionally abuse our bodies for the sake of our bad habits. Our bodies aren't designed to take in carcinogens and the world of other poisons we, and some other people, are putting into them. I have not smoked cigarettes in ten years, and I don't intend to ever smoke again. I want to reach out to everyone that I can about the real dangers of smoking, and how it affects everyone and everything around us.

If you have cancer, even if it is terminal, don't give up! No one should ever go from this world without a fight, even though it may be one of the hardest battles you've ever fought. Keep a positive frame of mind at all times. I've tried to stay focused and positive.

For people living without cancer, you should do everything within your power to stay healthy. Get active and stay that way, eat right, and stop smoking. If you don't smoke, don't pick up the habit! There's no logical reason to want to slowly kill yourself. It not only hurts you in the long run, it hurts everyone around you - especially your loved ones. And, if you know of someone who has some form of cancer, do everything you can to help them out. You never know when you may need the same type of love and care.

Through this experience with cancer, my knowledge has grown immensely. My love for my children, family, friends, and life itself is undying. I don't take anything for granted anymore.

Event Calendar



October 3, 10, 17	Making Strides Against Breast Cancer Walk/Run—Ft. Wayne (10/3), Bloomington (10/10), Indianapolis (10/17)
October 18	March for the Cure—Shelbyville
October 20	Aligning Organizations and Influencing Others—Office of Public Health Practice, Indianapolis
October 21	Rural Health Clinic Fall Workshop—Holiday Inn and Conference Center, Columbus
October 22	InSOPHE Fall Workshop: Addressing the Obesity Epidemic in the Heartland—Purdue University, Lafayette
October 24	For Men Only Fellowship Brunch—Eastern Star Baptist Church, Indianapolis
October 26-28	National Environmental Public Health Conference—Atlanta, GA
November 3	ICC Fall Meeting: Strategies for Cancer Control—Bloomington Hospital, Bloomington
November 12-14	Simply Healthy: Creating Sustainable Communities—Unitarian Universalist Church, Bloomington
November 19	Building Health Campaigns—Office of Public Health Practice, Indianapolis

ICC Committees

The ICC action teams and coordinating committees work to enhance the capacity of the ICC, its member organizations, and other concerned individuals and organizations by focusing on specific cancer-related priorities in Indiana. For more information on how to participate in any of the following committees, please contact us at admin@indianacancer.org. ICC meetings for the coordinating committees, as well as the action teams, are now posted on the ICC Web site. Please visit www.indianacancer.org for the most up-to-date calendar information.

Advocacy Committee

Chair: Jerry King

The advocacy committee works to articulate and advocate for ICC priority cancer-related public policy issues.

Membership Committee

Chair: Sara Edgerton

The membership committees works to increase and diversify the membership of the ICC.

Data Committee

Chair: Vacant

The data committee supports the action teams and committees within the ICC and focuses on increasing the quantity, quality, and availability of complete and timely cancer-related data.

Prostate Cancer Coordinating Committee

Chair: David Caldwell

The prostate cancer coordinating committee is determined to educate Hoosier men on the importance of regular check-ups and communication with their doctors to determine their need for prostate cancer screening.

ICC Membership

The ICC is composed of public, private, and voluntary organizations. ICC membership is open to all organizations interested in cancer prevention, early detection, treatment, promoting quality of life, accessing cancer-related data, or advocating for change regarding cancer issues. The ICC is an action-oriented organization. To meet the goal of reducing the cancer burden in Indiana, member organizations make a commitment to collaborate together to implement specific strategies identified in the Indiana Cancer Control Plan.

Benefits of ICC Membership include:

- networking and collaboration with other organizations committed to cancer control in Indiana,
- participation in statewide efforts to make a difference in cancer care and outcomes, and
- professional education and information.

To become an ICC member, complete a membership application located at www.indianacancer.org. The registration application can be completed online or downloaded in PDF format. Please complete the form and fax or mail to the number or address shown on the application. New members will receive confirmation upon receipt of registration and should begin receiving ICC updates and other news of interest immediately.