



A quarterly publication of the Indiana Cancer Consortium

Comprehensive Cancer Control Update

- The Indiana Comprehensive Cancer Control Program (ICCCP) partnered with the Indiana State Department of Health on a 16-page insert for the October issue of Indianapolis Woman magazine. The insert, entitled *Know Your Risks*, focuses on breast, cervical, and ovarian cancers. Several members of the ICC contributed to the content of the insert. To view, go to www.indianapoliswoman.com/healthwise.asp.
- The Indiana Cancer Control Plan Subcommittee hosted an all-day retreat on Monday, September 29, to determine the direction of the 2009-2013 Indiana Cancer Control Plan. Twenty leaders from various fields gathered at the Eagle's Hide-A-Way, Eagle Creek Park, to develop objectives for the revised plan. Participants were divided into five groups, determined by focus areas; primary prevention, early detection, quality of life, data, and advocacy. Objectives were selected based on the following criteria; data, feasibility, collaborative potential, urgency, and potential for impact. Treatment objectives will be addressed and revised electronically. The proposed objectives will be introduced and voted on by the ICC membership at the fall meeting.
- The ICC Nominating Committee met via conference call on Wednesday, August 20. The committee, established by ICC chair, Stephen D. Williams, MD, consists of five members; Nancy Jewell, Sara Edgerton, Susan Haithcox, Becky Butts, and Erin Wyatt. This group was charged with nominating a new ICC co-chair and six new members of the steering committee. The nomination slate will be sent out electronically, and Dr. Williams will announce the new representatives at the fall meeting.
- Thanks to all who participated in a successful Centers for Disease Control and Prevention (CDC) site visit in July. Based upon her two-day stay, CDC program consultant, Annette Gardner, recommended the ICCCP work closer with the Indiana State Cancer Registry and the Breast and Cervical Cancer Prevention programs, develop a marketing plan to launch the revised cancer control plan, target disparate populations (based upon the latest data available), integrate with other chronic disease programs, and expand ICC membership into all 92 counties. The ICCCP is already incorporating the CDC's recommendations.

Action Team Updates

Clinical Trials Action Team

The clinical trials action team is still developing a grassroots strategy to engage communities across Indiana. The team finalized a fact sheet to educate the public on the basics of clinical trials and clinical trial insurance coverage. The action team is in the process of obtaining other fact sheets to further educate the community on various issues, such as underserved populations, patient participation, and why cancer patients enroll in clinical trials. If you would like to participate on the clinical trials action team, please contact Nikki Davis at nicdavis@isdh.in.gov or (317) 234-2887.

The next clinical trials action team meeting will be held on Thursday, October 23, at 3 p.m.

Primary Prevention Action Team

The primary prevention action team is focused on encouraging primary care practitioners to incorporate educational resources in their practice to promote prevention and early detection of cancer. The group recently compiled a resource list which identifies valuable brochures on various cancers and healthy lifestyles. The team plans to have Clarian representatives hand deliver these educational resources to providers statewide in October. 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 on Wednesday, December 3, at 4

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News and Notes

Welcome Lindsey Bouza, the new health education coordinator. Lindsey can be reached at lbouza@isdh.in.gov or (317) 233-7448.

The ICC Fall Meeting will be held on Monday, October 20, at Clarian North Medical Center in Carmel. For more information, go to page four.

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Indiana University Simon Cancer Center Priority: Reduce Cancer Incidences, Mortality Among State's Diverse Populations

Cancer knows no boundaries. It strikes men and women. Rich and poor. Young and old.

One difference, however, is the frequency and severity of the disease when diagnosed. Too often minority groups and rural area populations face higher cancer incidences and higher mortality rates.

For example, prostate and lung cancer rates in Indiana are higher among African-American men than Caucasian men, while colon cancer strikes both African-American men and women more frequently than Caucasians in Indiana.

As part of a continuing effort to improve the health and well-being of racial, ethnic, and rural area populations, the Indiana University Melvin and Bren Simon Cancer Center has established a new Office of Health Disparities, Research and Outreach. Rivienne Shedd-Steele has been named its director.

Shedd-Steele and colleagues will develop programs that enhance patient-provider communication, improve cultural and linguistic competency in delivering health services, and develop a systematic approach to improving the coordination and utilization of research and outcome evaluations. Shedd-Steele will work with community partners and support activities that address, and hopefully eliminate, racial and ethnic health disparities through community-level activities that promote health, reduce risks, and increase access to and utilization of preventive health care and treatment services.

"We want to bring up-to-date cancer prevention and control information to everyone in Indiana, whether they're African-American, Latino, or people living in rural areas," Shedd-Steele said. "We want to more broadly reach into underserved populations and increase access to cancer research for those individuals."

Overall, the people of Indiana score poorly among others in the nation in terms of their health:

- Indiana ranks 39th among the states for the amount of people who exercise on a regular basis. Latinos and African-Americans in Indiana are the least likely population segment to exercise.
- Indiana ranks ninth in obesity in the nation. African-Americans have the highest obesity rate in the state.
- Indiana ranks fifth highest for the number of smokers in the nation. African-Americans smoke more than any other population group in the state.

"We'll help people understand that they can make a difference in their own lives by exercising, eating right, and by not smoking or quitting altogether - all of which help reduce a person's chances of developing cancer," Shedd-Steele said.

Shedd-Steele has a long history of working with diverse community groups and building collaborative relationships.

Most recently, she was the outreach and diversity coordinator at the IU Simon Cancer Center, and she has served as the partnership program coordinator for the National Cancer Institute's Cancer Information Service (NCI/CIS) Midwest Region. In her role with NCI/CIS, she collaborated statewide with community partner organizations to deliver cancer control and education programs to help improve the health of underserved populations.

Prior to joining NCI/CIS, she was the minority cancer awareness director for the Little Red Door Cancer Agency. At the Little Red Door, Shedd-Steele designed and implemented minority outreach programs with an emphasis on breast, cervical, and prostate cancer education, as well as diet, nutrition, and cancer prevention among African-Americans and Hispanics.

Shedd-Steele has earned several awards, including the 2006 NCI/CIS Spirit of the CIS Award, Best Education Program Practice Award from the National Black Leadership Initiative on Cancer, and the NCI's Award in Recognition of Outstanding Minority Cancer Education and Community Outreach.

For more information, please visit the
Indiana University Purdue University-Indianapolis Web site at www.iupui.edu.

Upcoming Health Awareness

October	National Breast Cancer Awareness Month Healthy Lung Month	October 17, 2008—National Mammography Day
November	Lung Cancer Awareness Month National Hospice Palliative Care Month Pancreatic Cancer Awareness Month National Health Skin Month	November 20, 2008—Great American Smokeout

Take Control—Cervical Cancer Outreach Project

Help Wanted Cervical Cancer Outreach Project

Outreach Workers Needed!

The primary goal of the ICC's cervical cancer outreach project, Take Control, is to increase cervical cancer awareness and screening among underserved and uninsured Latina and African-American women in Marion County. Currently, the project is focusing its efforts toward program development by tailoring existing evidence based programs to meet the project's goals and objectives. Take Control is looking for part-time outreach workers who will be responsible for working with the community on this project. Outreach workers will work to increase cervical cancer education, awareness, and screenings in underserved communities in Marion County. Outreach workers will participate in community education and community events and assist with event planning and coordination of community activities.

Job duties include:

- talk with women about the importance of cervical cancer screenings,
- participate in community education and community events,
- assist in planning community events, and
- work closely with community organizations regarding the importance of cervical cancer screenings.

Qualifications include:

- experience in community outreach,
- experience in public speaking,
- bi-lingual in English and Spanish preferred, and
- community service experience preferred.

Fun work environment and flexible hours!

If you are interested in participating on the ICC Cervical Cancer Task Force or are aware of possible candidates for these positions, please contact Jacquelyn Peelle at Jacquelyn.Peelle@cancer.org.



Evidence Based Practice

Indiana Cancer Consortium Fall Meeting

Monday, October 20, 2008
 10 a.m. - 3 p.m.
 Clarian North Learning Center
 11700 N. Meridian St.
 Carmel, IN 46032

9–10 a.m.	Registration and Networking
10–10:05 a.m.	Welcoming Remarks Keylee Wright, MA
10:05–10:15 a.m.	Announcements Stephen D. Williams, MD
10:15–10:30 a.m.	ICC Membership Committee Update Sara Edgerton, MS
10:30–10:40 a.m.	ICC Advocacy Committee Update Jerry King, MA
10:40–11:10 a.m.	Assessment of Cancer Burden in Indiana Elizabeth Hamilton-Byrd, MD
11:10–11:30 a.m.	The Epidemic of Melanoma and What Can Be Done Doug Schwartzentruher, MD, FACS
11:30–12 p.m.	Overview of State Cancer Registry Martha Graves, RHIA, CTR
12–12:30 p.m.	Lunch
12:30–1 p.m.	Revising the Indiana Cancer Control Plan Mindy Hightower-King, PhD Influence the Direction of the ICC: Vote on Objectives for Indiana's Cancer Control Plan ICC Membership
1–1:15 p.m.	ICC Primary Prevention Action Team Report Doug Schwartzentruher, MD, FACS
1:15–1:30 p.m.	ICC Clinical Trials Action Team Report Patricia Ells, BA
1:30–2 p.m.	Breast and Cervical Cancer Program Cathey Carter, RN
2–2:50 p.m.	Smoking Cessation: What Works Karen Hudmon, DrPH, MS, RPh
2:50–3 p.m.	Closing Remarks Keylee Wright, MA

Presentations by:

Elizabeth Hamilton-Byrd, MD
 Medical Epidemiologist
 Indiana State Department of Health

Doug Schwartzentruher, MD, FACS
 Medical Director
 Center for Cancer Care
 Goshen Health System

Martha Graves, RHIA, CTR
 Director
 Indiana State Cancer Registry

Mindy Hightower-King, PhD
 Senior Research Scientist
 Center for Evaluation and Education Policy
 Indiana University

Cathey Carter, RN
 Welfare Nurse Consultant
 Indiana State Department of Health

Karen Hudmon, DrPH, MS, RPh
 Associate Professor
 Purdue University

ICC Fall Meeting 2008

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

Register by mail:

Comprehensive Cancer Control
2 N. Meridian St., 7-P
Indianapolis, IN 46204

Register by fax:

(317) 233-7638

Register online:

<http://www.indianacancer.org>

Registration Information

Name: _____ Credentials: _____

Title: _____

Organization: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

Is your organization an ICC Member? Yes No Unsure



Directions

From Northwest

Take Interstate 465 North to the Meridian Street (US 31) exit. Turn right off of the ramp, and drive roughly two miles. Turn left at W. 116th Street. At the traffic circle, take the first exit on your right, which is Illinois Street.

From Northeast

Take Interstate 69 to Interstate 465 West to the Meridian Street (US 31) exit. Turn right off of the ramp, and drive roughly two miles. Turn left at W. 116th Street. At the traffic circle, take the first exit on your right, which is Illinois Street.

From the East

Take Interstate 70 or 74 to Interstate 465 North. Take the Meridian Street (US 31) exit, and turn right off of the ramp. Drive roughly two miles, and turn left at W. 116th Street. At the traffic circle, take the first exit on your right, which is Illinois Street.

From the West

Take Interstate 70 or 74 to Interstate 465. Go north on Interstate 465 and take the N. Meridian Street (US 31) exit. Turn left off of the ramp, and drive roughly two miles. Turn left at W. 116th Street. At the traffic circle, take the first exit on your right, which is Illinois Street.

From the South

Take Interstate 65 North, until 465. Go east on 465 and take the N. Meridian St. (US 31) exit. Turn right off of the ramp, and drive roughly two miles. Turn left at W. 116th Street. At the traffic circle, take the first exit on your right, which is Illinois Street.

Program Spotlight

The Quest Continues: Unite 2 Fight

Despite the thunder and lightning on Saturday, July 12, that halted the sixth annual Unite 2 Fight: Race Against Prostate Cancer walk/run, the event was highly successful. The funds raised benefit the Little Red Door Cancer Agency and the Indiana Cancer Research Foundation.

Thousands gathered at the Indiana War Memorial and participated in a short ceremony where Sen. Richard Lugar and Mayor Greg Ballard offered uplifting advice about the importance of men's health.

Anthony Calhoun, WISH-TV, and Tony Lamont, Radio One, emceed the event and thanked the audience for attending in the midst of the storm. Co-chair, Dr. Tim Franson, gave renewed energy and

motivation to keep pushing forward and prepare for next year.

Co-chair, Bill Brooks, and the Indiana Colts gave an early boost to the momentum of the race during the team captains' rally.

All and all, financial goals were met and the donations received help the Little Red Door provide free prostate cancer screenings for men who qualify.

The committee is preparing for the next Unite 2 Fight: Race against Prostate Cancer to be held on Saturday, July 11, 2009. Until every man understands the importance of screening and detection, the quest continues.

For more information about the Little Red Door Cancer Agency, please visit www.littlereddoor.org.

Advocacy Corner

With the 2009 legislative session right around the corner, the ICC has a few major items on its agenda:

- The ICC Clinical Trials Action Team is advocating for legislation that will increase insurance coverage of standard care for cancer patients enrolled in clinical trials.
- The Indiana Campaign for Smoke-free Air is working on a statewide, comprehensive smokefree air bill.
- The ICC Advocacy Committee is partnering with Indianapolis Cancer Research Advocacy Community to introduce legislation for a voluntary state tax return check-off box for cancer research in Indiana. Currently, 40 other states have check-off boxes for cancer.

Indiana Prostate Cancer Initiative

- Requests for proposals for the 2008-2009 mini-grants will be disseminated in mid-November. Each year, the Indiana Prostate Cancer Initiative (IPCI) awards select organizations up to \$2,000 to conduct prostate cancer awareness workshops. The purpose of these workshops is to provide Indiana men, aged 40-65, with an overview of prostate cancer and informed decision making. It is a statewide initiative, open to organizations in all counties.
- September was Prostate Cancer Awareness Month. The American Cancer Society partnered with hospitals in central Indiana to provide free prostate cancer screenings. This opportunity was available to all men, regardless of insurance status.
- The ICC Prostate Cancer Advisory Committee met via conference call on Thursday, August 28. The next meeting is tentatively scheduled for early October. First item of business, developing a logic model for 2008-2009.
- The IPCI participated in the INShape Indiana Black and Minority Health Fair, July 17-20. IPCI conducted surveys to assess the general public's knowledge about prostate cancer. Over 200 surveys were administered and collected.
- The Rev. Charles Williams' Prostate Cancer Mobile Unit (Marion County Health Department) was also onsite at the minority health fair. The purpose of the prostate cancer mobile unit is to encourage African-Americans to respond to an urgent call-for-action regarding prostate cancer. African-American men are twice as likely to be diagnosed with prostate cancer and three times more likely to die from the illness than other American men. The stage of detection for black men is usually later than their white counterparts, thus limiting treatment options. The mobile unit offers both testing procedures needed to detect prostate cancer in men, PSAs and digital rectal exams, along with other services.

For more information, please contact Deirdre George Davis at (317) 234-2883 or Deirdre.Davis@cancer.org.

Task Force Says Men Age 75 and Older Should Not be Screened for Prostate Cancer

Press Release Date: August 4, 2008

Men age 75 and older should not be screened for prostate cancer, and younger men should discuss the benefits and harms of the prostate-specific antigen (PSA) test with their clinicians before being tested, according to a new recommendation from the U.S. Preventive Services Task Force. The recommendation and accompanying evidence summary appear in the August 5 issue of the *Annals of Internal Medicine*.

The Task Force found evidence that screening for prostate cancer provided few health benefits but led to substantial physical harms and some psychological harms in men age 75 and older. In men younger than 75, the Task Force concluded that current evidence is insufficient to assess the balance of benefits and harms of prostate cancer screening. An estimated 218,890 U.S. men were diagnosed with prostate cancer in 2007, and one in six men will be diagnosed in his lifetime. Screening for prostate cancer is most often performed using PSA tests and digital rectal exams. The PSA test is more likely to detect prostate cancer than the digital rectal exam. However, prostate cancers that are found with a PSA test take years to affect health; most prostate cancers that grow serious enough to cause death take more than 10 years to do so. Since a 75-year-old man has an average life expectancy of about 10 years and is more likely to die from other causes such as heart disease or stroke, prostate cancer screening is unlikely to help men over 75 live longer.

For the same reasons, men younger than 75 with chronic medical problems and a life expectancy of fewer than 10 years are also unlikely to benefit from screening. There are also harms associated with prostate cancer screening, which include biopsies, unnecessary treatment, and false-positive results that may lead to anxiety. Complications often result from treating prostate cancer and may include urinary incontinence and impotence. These slow-growing cancers may never have affected a patient's health or well-being had they not been detected by screening.

"Because many prostate cancers grow slowly, early detection may not benefit a patient's health and in some cases may even cause harm," said Task Force Chair Ned Calonge, M.D., M.P.H., who is also chief medical officer for the Colorado Department of Public Health and Environment. "We encourage men younger than 75 to discuss with their clinicians the po-

tential—but uncertain—benefits and the possible harms of getting the PSA test before they decide to be screened."

Current data show that one-third of all men in the U.S. over 75 are receiving PSA testing. Although most major medical organizations suggest that prostate cancer screening may be discontinued in men with a life expectancy of fewer than 10 years, the Task Force is the first group to define an explicit age cutoff above which screening is likely to be ineffective or harmful. The results of two ongoing clinical trials—the National Cancer Institute's Prostate, Lung, Colorectal, and Ovarian Cancer Screening Trial and the European Study of Screening for Prostate Cancer—should help to clarify the potential benefits of screening in men under the age of 75.

The Task Force is the leading independent panel of experts in prevention and primary care. The Task Force, which is supported by AHRQ, conducts rigorous, impartial assessments of the scientific evidence for the effectiveness of a broad range of clinical preventive services, including screening, counseling, and preventive medications. Its recommendations are considered the gold standard for clinical preventive services.

The recommendations and materials for clinicians are available on the Agency for the Health Care Research and Quality (AHRQ) Web site at <http://www.ahrq.gov/clinic/uspstf/uspsprca.htm>. Previous Task Force recommendations, summaries of the evidence, and related materials are available from the AHRQ Publications Clearinghouse by calling (800) 358-9295 or sending an E-mail to ahrqpubs@ahrq.hhs.gov. Clinical information is also available from AHRQ's National Guideline Clearinghouse™ at <http://www.guideline.gov>.

Note to Editors: For men who have been diagnosed with prostate cancer, AHRQ has two new plain-language guides that compare the effectiveness and risks of prostate cancer treatments. More information about the guides is available at <http://www.effectivehealthcare.ahrq.gov>.

U.S. Department of Health and Human Services
Agency for the Health Care Research and Quality
For more information, please contact AHRQ Public Affairs: (301) 427-1855 or (301) 427-1244.

Friend to Friend: A Best Practice Program

The need: Racial and ethnic differences exist in breast cancer survival rates. The prevalence of late stage disease may be attributable to poverty. Low-income women often face such barriers to access as cost, lack of regular health care, inadequate health insurance, and they may seek health care for acute conditions rather than prevention. Higher levels of routine mammography should substantially improve breast cancer survival among groups where screening utilization is relatively low.

The program: Friend to Friend (FTF) is a multidimensional, community-based intervention to increase mammography utilization among low-income women living in public housing, high rise apartment complexes. The intervention is intended to promote awareness about the benefits of mammography and address individual knowledge, attitudes, and beliefs concerning breast cancer and mammography. FTF uses the social dynamics within each housing unit to change assumptions about breast cancer screening and to provide an immediate opportunity for women to make a screening commitment.

Social networks in the buildings were intended to provide opportunities for observational learning, reinforcement, and emotional support to help overcome perceived barriers associated with mammography.

The intervention was designed to work through local community organizations and peer volunteers to optimize the generalizability of the approach and to increase the likelihood that the program would be sustained after the study period.

Time required: The main intervention consists of a one-hour event conducted in the housing unit. The intervention is conducted once a year in each intervention building during each of the two years of the intervention period. Continued outreach by women who attended is recommended.

Intended audience: Participants were low-income, underserved women living in public high-rise apartments, aged 40 years and older. About half the participants had not had a mammogram within the past 15 months.

Suitable settings: The intervention is suitable for implementation in community settings and public housing developments.

Required Resources: Required resources include the FTF educational manual concerning facts about breast cancer and mammography and the FTF volunteer handbook. A physician or nurse is required to give an oral presentation to participants about the benefits of early detection and mammography. Costs associated with the program's implementation are not provided.

The study: For the intervention, 41 high rise buildings were randomized to either the treatment (FTF) or a delayed treatment (control group). Intervention consisted of building-wide recruitment activities, an hour-long event in each building, and outreach by participants to non-participants. Recruitment activities consisted of general building-wide publicity such as flyers, posters, and presentations at resident council meetings. The core of FTF was the hour-long event promoted as a party to build-ing residents. The party consisted of three main components:

- presentation by a physician or nurse about the benefits of early breast cancer detection through mammography,
- facilitator-led small group discussion, and
- a session in which facilitators offered to help women prompt their physicians to offer them mammograms.

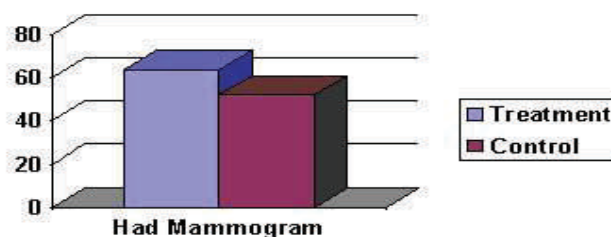
Women who attended these parties were encouraged to invite neighbors and friends who had not attended a party and to request a mammogram or a mammogram reminder from an FTF volunteer.

The Results: At follow-up, 64% of the women in the treatment group compared to 52% in the control group reported having had a mammogram in the past 15 months.

More information can be found at the National Cancer Institute Research Tested Interventions Programs.

http://rtips.cancer.gov/rtips/rtips_details.do?programid=19&topicid=4&co=N&cg=

Percentage of Women Reporting Mammogram in the Past 15 Months



ICC Event Calendar

ICC meetings for the action teams and coordinating committees are now posted on the ICC Web site. Please visit www.indianacancer.org for the most up-to-date calendar information.

ICC Action Teams and 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 action teams or committees, please contact us at admin@indianacancer.org.

Clinical Trials Action Team

Co-chairs: Susan Haithcox and Amy Kwas

This action team's goal is to advocate for legislation that will increase insurance coverage for the standard care of cancer patients enrolled in clinical trials.

Primary Prevention Action Team

Co-chairs: Doug Schwartzentruber and Erin Wyatt

This action team's goal is to encourage primary care practitioners to incorporate cancer prevention resources into practice to promote prevention and early detection of cancer.

Advocacy Committee

Co-chair: Jerry King

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

Data Committee

Co-chair: Elizabeth Hamilton-Byrd

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

Co-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.

Quality of Life Coordinating Committee

Co-chairs: Jane Berby-Todd and Harriet O'Connor

The quality of life coordinating committee is working to improve the understanding of pain management and breast cancer survivorship.

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 and 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 form. 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.