

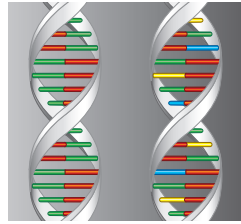
Southern Community Cohort Study

THE SOUTHERN COMMUNITY COHORT STUDY NEWSLETTER IS AN ANNUAL PUBLICATION FOR STUDY PARTICIPANTS.

Prominent Breast Cancer Foundation to Fund Study of Obesity in the SCCS

Data collected from the Southern Community Cohort Study is currently being used to study obesity and other breast cancer risk factors thanks in part to a grant from Susan G. Komen for the Cure.

The funding is being used by SCCS researchers to complete two projects. One project is looking at causes of obesity from both the lifestyle and genetic perspective. Obesity is viewed as one risk factor for breast cancer that we have the ability to change and is linked to a higher risk of breast cancer for women after menopause. We hope that learning more about the causes of obesity will help us better understand the relationship between obesity and breast cancer. The second project is looking for genetic markers that point toward an increased risk for developing breast cancer.



Susan G. Komen for the Cure funds research, education, screening, and treatment projects in the fight against breast cancer. For more information about the Foundation, you may visit its website at www.komen.org.

National Cancer Institute Provides Continued Funding to the SCCS

In a year when competition for research dollars is stiff and a shortage of government funding threatens the continuation of a number of cancer research studies, the SCCS has been approved for another five years of funding (the most that can be granted at any one time).

Over the past three years, the funding that the National Cancer Institute (NCI) has received from the federal government has barely kept pace with inflation. NCI's decision to re-fund the SCCS while funding is so tight is a great tribute to the importance of this landmark study.

Over these next five years, you will see us finish enrolling participants into the study and then focus on re-contacting all SCCS participants to follow-up on their health.

Who Said Quitters Never Win?

Did you know that just one year after you quit smoking your risk of coronary heart disease is half that of a smoker?!

This is just one of the many health benefits you will get when you successfully quit smoking.

If you smoke and you would like assistance with quitting, the National Cancer Institute has a Smoking Quitline you can call at 1 (877) 44U-QUIT.



Welcome

Welcome to another issue of the Southern Community Cohort Study newsletter. In this issue we would like to update you on the progress of the study and provide you with information to help you lead healthier lives.

We are happy to report that the Southern Community Cohort Study was recently approved for an additional five years of funding from the National Cancer Institute. At this time, we are continuing to enroll participants into the study with 13 new community health centers joining us as recruitment sites this spring. Over the next few years the Southern Community Cohort Study will complete its enrollment of nearly 100,000 people.

We hope that you find the features of this issue of the SCCS newsletter both informative and useful. In this issue we address the link between dietary fat and cancer — a common health concern among many of you, and we address the important role that community health centers play in the health of their communities. We also describe a new breast cancer screening technology, the digital mammogram, that has become available in the past few years and that may improve breast cancer detection for some women. We hope that you enjoy our Blue-Cornmeal Griddle Cakes recipe — the study staff agrees that these are a delicious alternative to blueberry pancakes (higher in fiber too!).

Don't forget that being able to follow you over time is an important part of the study. Please remember to call us toll free at 1(800) 734-5057 if you move or change your phone number. You may also call us at this number if you have suggestions for topics that you would like to see addressed in future newsletters.

Best wishes for a healthy 2007!

Your Study Team Leaders,

Dr. William J. Blot

Dr. Margaret K. Hargreaves

Dr. Lisa B. Signorello

Recipe

Did you know that blueberries are one of the few truly blue foods on earth and are also one of the few fruits native to North America? These delicious treats are loaded with disease-fighting antioxidants and are a good source of fiber. Scientists are discovering that the health benefits of blueberries may be as far reaching as helping to prevent diseases like cancer, heart disease, and urinary tract infections. Eating blueberries may also help slow some effects of aging, particularly the loss of memory and motor skills.

Compared to nearly 40 other fruits and vegetables, blueberries rank highest in disease-fighting antioxidants. Why not add some blueberries to your diet by trying this delicious blueberry breakfast recipe!



BLUE-CORNMEAL GRIDDLE CAKES

Serves: 8

INGREDIENTS:

- 1 1/4 cups ground blue cornmeal (if you cannot find blue cornmeal you may substitute ground yellow cornmeal)
- 3/4 cup all-purpose flour
- 1 tbsp baking powder
- 1/2 tsp salt
- 1 cup skim milk
- 2/3 cup honey (divided)
- 2 tbsp canola oil
- 2 eggs, lightly beaten
- 1 cup fresh or frozen blueberries (or 1/4 cup dried blueberries)
- Vegetable-oil cooking spray
- Chili powder (optional)

PREPARATION:

1. Combine first 4 ingredients in a large bowl.
2. Whisk together milk, 1/3 cup honey, oil and eggs in a separate bowl and add to dry ingredients.
3. Fold in blueberries.
4. Heat nonstick skillet over medium heat.
5. Coat lightly with cooking spray and spoon 1/4 cup batter for each cake.
6. Warm remaining honey in a saucepan and add a dash of chili powder to taste, if desired. Drizzle warm honey and chili powder mixture over cakes.

Enjoy!

Can Eating Fatty Foods Cause Cancer?

We wish to thank our study interviewers for their feedback on what are the common concerns that you (our study participants) have about the causes of cancer. In this article we address one of your concerns on the subject of diet. If there is a topic that you would like to see addressed in a future newsletter, please let us know! To submit a story idea call us toll free at 1 (800) 734-5057.

The study of diet and how it affects our health can be very complex. Scientists are still trying to answer many questions about how the foods we eat and the nutrients in those foods affect our health. It is hard to study how a single nutrient in our diet affects our health because different amounts of a single nutrient can be found in many of the different foods we eat, and each food is also made up of a large mix of nutrients.

You might have heard a lot about different types of fats and how they affect the health of your heart and vascular system. Generally, including Omega 3 fat, polyunsaturated fat, and monounsaturated fat in your diet has been shown to be good for your heart and vascular system, while eating too much saturated fat and trans-fat has been shown to have negative effects. (See the chart below for common sources of these fats in your diet.)

There is less known about how the different types of fats in your diet affect your risk of getting cancer. So far, there is little evidence that any type of fat in your diet will *reduce* your risk of getting cancer. There is some evidence that eating animal fats (saturated fats found in meat and dairy) might *increase* your risk of getting cancer; however, more research needs to be done to understand whether it is the fat or some other aspect(s) of the

foods or one's overall lifestyle that causes the apparent increase in risk. To date, there is little evidence that the *amount* of fat you eat in your diet will affect your risk for cancer.

Studies like the Southern Community Cohort Study that ask a lot of questions about the foods you eat are designed to help researchers better understand which parts of the diet might be linked with our risk for cancer. Until the relationship between specific foods and/or nutrients and cancer is better understood, the best thing you can do to reduce your cancer risk is to live a healthy lifestyle by being a healthy weight and exercising regularly. In fact, overweight and obesity are thought to increase your risk for several cancers including colon cancer, post-menopausal breast cancer, endometrial cancer, esophageal cancer, and kidney cancer, and may contribute to 14-20% of cancer related deaths in the United States.

As a bonus, controlling your weight by eating a healthy diet and participating in a regular exercise program will not only help you to decrease your risk for some cancers, it will also help to reduce your risk of early death, heart disease, diabetes, breathing problems, arthritis, stroke, high blood pressure and high cholesterol.

Are you familiar with the different types of fat in your diet and their common sources?

Type of Fat	Common Source of this Fat
Omega 3 fat	Fish
Polyunsaturated fat	Soybean Oil, Corn Oil, Sunflower Oil, Walnuts, Sunflower and Pumpkin Seeds
Monounsaturated fat	Olives and Olive Oil, Peanuts and Peanut Oil, Canola Oil, Avocados, Almonds, Pecans
Saturated fat	Meat, Dairy, Coconut Oil, Palm Oil
Trans-fat	Margarine, Shortening, Fast Food



These fats are generally considered to be good for your health



These fats are generally considered to be bad for your health

Community Health Centers Play Vital Role in the Fight to Eliminate Health Disparities

Did you know that African Americans have the highest death rates and shortest survival time of any racial group in the U.S. for most cancers? African American women are more likely to die from breast cancer than white women despite the fact that they are less likely to develop breast cancer in the first place. In 2003, the death rate for all cancers combined was 35% higher for African American men than for white men and 18% higher for African American women than for white women.

In the research community we call these differences in health between different groups *health disparities*. Health disparities are not only found between groups of people from different racial or ethnic backgrounds. Health disparities can also be seen between groups of different income and education levels. And, for example, people who do not have health insurance are more likely to be diagnosed with cancer at a later stage of the disease, are less likely to receive appropriate care, and are more likely to die from cancer than people who have health insurance. Health disparities can also be seen between groups of people from different geographic regions throughout the United States. For example, for the years 2000-2003, the rate of dying from all cancers was higher in Louisiana than any other state in the U.S. for men. For women, the rate of dying from all cancers was highest in Kentucky for the same time period.

The Southern Community Cohort Study (SCCS) is designed to help explain and help prevent some of these health disparities.

While researchers are working to help eliminate health disparities by conducting studies that help us understand why they occur, community health centers are working to eliminate health disparities by improving the quality of health care in communities at risk for poor health. If you are one of the more than 57,000 SCCS participants who enrolled in the study at a community health center, then you might already know how valuable your local community health center is to the health of your community.



Community health centers have been successful in reducing health disparities in communities across the United States by addressing barriers (like location, language spoken, and cost of health services) that can prevent people from seeking health care, while still maintaining the highest level of care for their patients. In fact, the National Association of Community Health Centers reports that health disparities do not exist among health center patients. Patients of community health centers have access to preventive care such as immunizations, health education, mammograms, Pap smears, and glaucoma screenings. Community health centers also offer their patients effective management of chronic diseases such as diabetes, heart disease, depression, asthma, and HIV.

Did you know that African Americans have the highest death rates and shortest survival time of any racial group in the U.S. for most cancers?

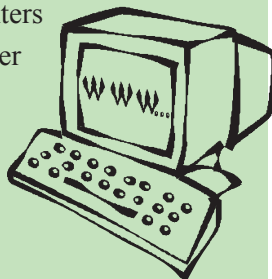
In 2003, U.S. women over the age of 40 who had health insurance were about twice as likely to have received a mammogram in the last year as those who did not have health insurance.

The chance of surviving at least five years after a cancer diagnosis is lower for people who live in poorer areas of the U.S. (where 20% of people or more live below the poverty line).

Visit Us Online!

Visit us at www.southerncommunitystudy.org anytime to read about the study's progress and for more information on:

- Study background
- Open participant enrollment sites at Community Health Centers
- Past issues of the newsletter
- Answers to commonly asked questions
- List of SCCS research publications



Keep In Touch!

Being able to keep in touch with our participants is an important part of the Southern Community Cohort Study. In the future, we will have questions about how things like your diet and health may have changed. Being able to follow you over time provides the best information to understand how factors like genes, diet and lifestyle affect the risk of cancer and other diseases.

At some time in the future, study staff will be contacting you with a brief follow-up questionnaire. Until then, we ask that you please let us know if you move or change phone numbers.



If you move or change your phone number, please let us know. You can call us toll free at 1 (800) 734-5057.

Digital Mammograms Improve Breast Cancer Detection for Some Women

Breast cancer is the most common non-skin cancer and the second leading cause of cancer-related death among women in the United States. The use of mammograms for breast cancer screening has been shown to reduce the risk of dying from breast cancer by 18 to 30 percent.

If you are a woman age 40 or older you should have a mammogram to screen for breast cancer every one to two years. Your doctor might want you to be screened more often if he or she determines that you are at “high risk” for developing breast cancer, so talk to your doctor about what screening frequency is best for you.

In the past few years a new technology for mammograms, digital mammography, has become available. The new digital mammogram machines differ from the traditional film mammogram machines much like digital cameras differ from traditional film cameras, capturing the image electronically instead of on film.

Digital mammograms have been shown to improve breast cancer detection for women who are:

- under the age of 50
- of any age who have very dense breasts
- of any age who are pre- or peri-menopausal

The digital image is an advantage that digital mammograms have over film mammograms, especially for women in rural areas. Digital images can be shared electronically, making it easier and faster for your doctor to consult with other experts if the results from your screening are questionable. Also, the digital images can be stored on a computer and enhanced, magnified, or manipulated for further evaluation.

Digital mammograms are a newer technology so the costs to the patient are generally higher than for a film mammogram, and they may not be covered by all insurance plans yet. Remember, digital mammograms and film mammograms are both effective tools for breast cancer screening in all women, and it is important to be screened regardless of the type of mammogram machine being used at your local health care facility.

During the course of this study, we have found some abnormal test results when conducting our laboratory research. We remind you that we do not contact participants regarding any individual results from the study. Therefore, please remember to get your yearly check-up and all recommended health screenings.

The Southern Community Cohort Study newsletter is published yearly for study participants. It is not intended as a replacement for the medical advice of your personal physician; any specific questions about your health should be referred to your doctor.

To submit story suggestions, request additional copies of the newsletter, or report a change in address or telephone number, call us toll free at 1 (800) 734-5057.

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