**Ethnic Variation in Breast Cancer**

Every racial and ethnic group is affected by breast cancer, but did you know the types of breast cancer women get can differ among ethnic groups? When compared to white women, African American women tend to be diagnosed with breast cancer at a younger age and their tumors are often larger, more aggressive, and harder to treat. The health community is also noticing that African American women are not experiencing the decrease in breast cancer death rates that is being seen in other women. And surprisingly, even though African American women are less likely to be diagnosed with breast cancer than white women, they are more likely to die from the disease.

Scientists are currently studying the differences in breast cancer diagnoses and outcomes among the various racial and ethnic groups. Some areas of research that are under exploration include the biology of breast cancer, access to healthcare issues and other socioeconomic risk factors, and the family history and genetic makeup of an individual.

The goal for researchers and health professionals is to better understand the biological and cultural factors that affect the development of breast cancer and to tailor treatments to individual cancers. In the meantime, regular mammograms and breast exams can help detect breast cancer at its earliest stages and increase the chances of survival.

**Vitamin D: Something New Under the Sun?**

Vitamin D is a fat soluble vitamin that is found naturally in oily fish (such as tuna and salmon) and added to milk, cereals, and orange juice. A person’s main source of vitamin D, however, is from sunlight. The body’s ability to make vitamin D from sunlight can be affected by many things, including the season, cloud cover, sunscreen use, and skin color.

For adults, the current recommended daily intake of vitamin D is 200 International Units (IU). There is ongoing scientific debate over what the best level of vitamin D intake should be for good health, with some experts suggesting that at least 800 IU and up to 2,000 IU per day are required. For a light skinned individual, 10 to 15 minutes of sun exposure at least 2 times per week, in addition to eating foods rich in vitamin D, usually provides enough vitamin D. Darker colored skin, however, tends to block the absorption of sunlight, so brief sun exposures may not provide a sufficient source of vitamin D, and food sources (see chart below) become relatively more important for maintaining adequate vitamin D levels among groups such as African Americans.

**How much vitamin D can I get from food?**

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<th>Serving size</th>
<th>Vitamin D (IU/serving)</th>
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<td>Salmon, cooked</td>
<td>3 1/2 ounces</td>
<td>360</td>
<td>90%</td>
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<td>Tuna fish, canned in oil</td>
<td>3 ounces</td>
<td>200</td>
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In research we have completed so far, nearly half of blood levels of vitamin D were found among African American than among white participants in the SCCS. Indeed, nearly half of the black, but only 11% of the white, participants studied were considered to have insufficient vitamin D blood levels. Whether this difference eventually may correspond to higher levels of colon or other cancers among blacks than whites will be investigated as the cohort is followed over time.

**Quit Smoking: Your Body Will Thank You (immediately!)**

Four out of 10 SCCS participants smoke, and many have probably thought about quitting. Those who quit smoking will experience great health benefits over time, but did you know how fast those benefits arrive? Refer to the timeline below for some incentives to think about quitting soon!

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<td>Heart rate and blood pressure drop</td>
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<tr>
<td>12 hours</td>
<td>Carbon monoxide levels in the blood drop to normal</td>
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<tr>
<td>2 weeks to 3 months</td>
<td>Circulation improves and lung function increases</td>
</tr>
<tr>
<td>1 to 3 months</td>
<td>Coughing and shortness of breath decrease and cough in lungs regain normal function, increasing the ability to handle mucus, clean the lungs, and reduce the risk of infection</td>
</tr>
<tr>
<td>1 year</td>
<td>Excess risk of coronary heart disease is half that of a smoker’s</td>
</tr>
<tr>
<td>5 years</td>
<td>Stroke risk is reduced to that of a non-smoker</td>
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<tr>
<td>10 years</td>
<td>Lung cancer death rate is less than half that of a continuing smoker’s &amp; risk of cancer of the mouth, throat, esophagus, bladder, cervix, and pancreas decrease</td>
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<tr>
<td>15 years</td>
<td>Risk of coronary heart disease is that of a non-smoker’s</td>
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**Happy New Year!**

And welcome to another issue of the Southern Community Cohort Study (SCCS) newsletter.

We’ve been recruiting participants into this landmark study for 6 years, and in this issue we will update you on the study’s progress, provide you with some tips to lead healthier lives, and share some information about interesting topics that our researchers are currently working on.

The study continued to make a lot of progress in 2007. We published 5 reports on a variety of research topics, including vitamin D insufficiency, obesity and mammography use, and prostate cancer screening, in well-known scientific journals. And last spring, 12 new community health centers partnered with the study as recruitment sites. An additional 10 community health centers are expected to join in March 2008.

We love to hear from participants. Please call us at our toll free number, 1-800-734-5057, with your ideas and stories for upcoming newsletters or if you have moved or your phone number has changed since you first enrolled in the study.

Each year, thanks to people like you, we are getting closer to reaching the enrollment goal of 90,000 participants. Thank you for joining the SCCS and helping the effort to fight cancer in the Southeast!

Best wishes for a happy and healthy 2008!

Your Study Team Leaders,
Dr. William J. Blot
Dr. Margaret K. Hargreaves
Dr. Lisa B. Signorello
**Texas Sheet Cake**

*(Yield 20 servings)*

**INGREDIENTS**

**Cooking spray (for pan)**

**Cake:**
- 1 cup all purpose flour
- 1 cup whole wheat flour
- 1 ½ cups granulated sugar
- 1 teaspoon baking soda
- 1 teaspoon ground cinnamon
- ¾ teaspoon salt
- ½ cup water

**Baking Goods with Chocolate**
- 2 ½ cups powdered (confectioner’s) sugar
- ¼ cup unsweetened cocoa powder
- 1/3 cup fat free (skim) milk
- 4 tablespoons unsalted butter or stick margarine
- 1 teaspoon ground cinnamon
- 1 teaspoon baking soda
- 1 cup whole wheat flour

**Muffins & Quick Breads**
- Lose Butter
- Choose Lowfat buttermilk or nonfat yogurt

**Baked Goods with Chocolate**
- Lose Unsweetened chocolate
- Choose Lowfat buttermilk

**Cakes & Cookies**
- Lose Cream or whole milk
- Choose Lowfat or nonfat milk

**Icing:**
- 4 tablespoons unsalted butter or stick margarine
- 3 ½ cups sugar
- 1 teaspoon vanilla extract
- 1 cup chopped pecans, toasted (optional)

**PREPARATION**

1. Preheat oven to 375°.
2. Coat a 15x10 jelly-roll pan (or a 9x13-inch baking pan) with cooking spray. Set aside.
3. Combine the flour, sugar, baking soda, cinnamon, and salt in a large bowl, stirring well with a whisk. Combine water, butter, and unsweetened cocoa in a small saucepan. Bring to a boil, stirring frequently. Add boiling cocoa mixture to flour mixture. Stir to combine. Add buttermilk, vanilla, and eggs. Beat well.
4. Pour batter into prepared pan. Bake for 10-15 minutes (20-22 if using a 9x13 pan) or until a sharp knife inserted in the center comes out clean.

**Celebrating Advances Against Cancer**

- In 1957, legislation signed by President Franklin Delano Roosevelt created the National Cancer Institute (NCI) to support research related to the causes, diagnosis, and treatment of cancer.
- In 1967, the fecal occult blood test (FOBT) was introduced as a screening test for colon cancer. In 1993, the FOBT was reported to reduce colon cancer deaths by one-third.
- In the 1970s, sigmoidoscopes and colonoscopes became new ways to help find and remove growths in the colon called polyps. The next 30 years of research established that these screening tests help reduce the development of and deaths from colon cancer.

**Keep in Touch!**

The SCCS will soon begin the next phase of the study, and the study team will be contacting you to administer a follow-up questionnaire. We want to know how you are doing and if you have had any significant changes to your health.

**Recent Declines in Cancer Death Rates**

Following heart disease, cancer remains the second leading cause of death in the United States, in 2002. Among persons age 40-79 (the age range for participants entering the Southern Community Cohort Study), cancer is the leading cause of death.

But there is good news to report. In 2004 (the most recent year for which cancer death data are available), for the second straight year, the number of deaths from cancer decreased significantly. The decline comes despite the increasing size of the United States population.

The health community believes all of the following contribute to the decline in cancer deaths:
- reductions in cigarette smoking
- more widely and more aggressive cancer screenings (such as mammograms, colonoscopies, etc.), resulting in earlier diagnosis and detection of the disease
- new and improved cancer treatments

Among men and women, the largest drop in cancer deaths from 2003 to 2004 was seen for colorectal cancer (cancer of the large intestine or rectum), which has decreased 2% annually since 1984. Health professionals believe the decrease is due to more use of colorectal cancer screenings. These screening exams, such as sigmoidoscopes and colonoscopies, help detect precancerous polyps, or growths in the lining of the bowel, which, if found, can be removed before cancer develops. Twenty-eight percent of SCCS participants recruited at community health centers have had a sigmoidoscopy or a colonoscopy.

Despite the decrease in overall cancer deaths, over 1 million people in the United States will be diagnosed with some form of cancer this year. To talk to your doctor or other medical professional about the recommended health screenings for adults. The table below shows the current cancer screening recommendations by the American Cancer Society.

**THE GREAT AMERICAN HEALTH CHALLENGE**

The New Year is a time when many people make healthy lifestyle changes. If your goal is to become healthier in 2008, you might be interested in joining the American Cancer Society’s Great American Health Challenge. This program encourages people to follow the four simple steps listed below and take control of their health while reducing the risk of cancer.

1. **Step 1: Health Check**
   A good relationship with your doctor is important. Talk to your doctor or other health professional about the cancer screening exams that you may need.

2. **Step 2: Get Active**
   It’s easier than you think to put physical activity into your daily routine. The key is to find activities that you enjoy and that will keep you motivated. It is recommended that adults engage in at least 30 minutes of moderate to vigorous physical activity 5 days a week.

3. **Step 3: Eat Right**
   The American Cancer Society recommends adults be aware of serving sizes and read nutrition labels, eat 5 servings of fruits and vegetables per day, choose whole grains over processed grains, and limit the consumption of processed and red meats.

4. **Step 4: Smokeout**
   The Great American Smokeout is an annual event that is held on the third Thursday in November. People are given the challenge to not smoke 24 hours prior to the event in hopes that their decision to quit will be a permanent one. Local and national activities sponsored by the American Cancer Society present the benefits of not smoking in a fun and friendly way. Contact the American Cancer Society at www.cancer.org or call the QuitLine at 1 (800) QUIT-NOW for more information on how you can participate.

The Great American Health Challenge takes you through four easy steps to help you make healthy lifestyle changes.

- **Step 1**: Health Check
- **Step 2**: Get Active
- **Step 3**: Eat Right
- **Step 4**: Smokeout


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Healthy baking can be challenging because most baking requires the use of fats, such as butter, cream, and oils, which give baked goods moisture, flavor, and structure. You may want to consider using some of the substitutions listed in the chart below to keep baked goods moist, delicious, and healthy.

### Texas Sheet Cake

**Recipe**

**INGREDIENTS**

- **Cooking spray (for pan)**
- **Cake:**
  - 1 cup all purpose flour
  - 1 cup whole wheat flour
  - 1 ½ cups granulated sugar
  - 1 teaspoon baking soda
  - ½ teaspoon salt
  - ¼ cup water
  - 6 tablespoons unsalted butter or stick margarine
  - 1 cup chopped pecans, toasted (optional)
  - 1 cup whole wheat flour
  - 2 large eggs
  - 1 teaspoon vanilla extract
  - 1 teaspoon ground cinnamon
- **Icing:**
  - 1 cup unsweetened cocoa powder
  - 4 tablespoons unsalted butter or stick margarine
  - 1 teaspoon baking soda
  - 1 cup whole wheat flour

**PREPARATION**

1. Preheat oven to 375°.
2. Coat a 15x10 jelly-roll pan (or a 9x13-inch baking pan) with cooking spray. Set aside.
3. Combine the flour, sugar, baking soda, cinnamon, and salt in a large bowl, stirring well with a whisk. Combine water, butter, and unsweetened cocoa in a small saucepan. Bring to a boil, stirring frequently. Add boiling cocoa mixture to flour mixture. Stir to combine. Add buttermilk, vanilla, and egg. Beat well.
4. Pour batter into prepared pan. Bake for 10-15 minutes (20-22 minutes if using a 9x13 pan) or until a sharp knife inserted in the center comes out clean.
5. Prepare icing while cake is baking: Combine butter, milk, and toasted pecans, if using. In a saucepan, combine unsweetened cocoa powder and buttermilk. Stir to combine. Bring to a boil, stirring frequently. If using toasted pecans, add them to the saucepan. Remove from heat and set aside.

**INGREDIENTS substitution table**

<table>
<thead>
<tr>
<th>Muffins</th>
<th>Lose</th>
<th>Choose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Butter</td>
<td>Lowfat buttermilk or nonfat yogurt</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Muffins &amp; Quick Breads</th>
<th>Lose</th>
<th>Choose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Butter, oil, or shortening</td>
<td>Fruit puree (such as apple sauce, mashed bananas, or pumpkin puree)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Baked Goods with Chocolate</th>
<th>Lose</th>
<th>Choose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unsweetened chocolate</td>
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<td></td>
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</table>

<table>
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<tr>
<th>Cakes &amp; Cookies</th>
<th>Lose</th>
<th>Choose</th>
</tr>
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<tbody>
<tr>
<td>Cream or whole milk</td>
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<td></td>
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</tbody>
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<table>
<thead>
<tr>
<th>Any Baked Goods</th>
<th>Lose</th>
<th>Choose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Whole eggs</td>
<td>A combination of eggs and egg whites</td>
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Followings participants over time and periodically asking questions about their health and lifestyles will give us a better understanding of the roles genes and environment play in the risk of cancer and other diseases.

If you have moved since first enrolling in this study, please call us at our toll free number, 1 (800) 734-5057, and give us your new address and/or telephone number.

**Current Cancer Screening Guidelines for Adults**

<table>
<thead>
<tr>
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<th>Recommendation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast</td>
<td>Yearly mammograms, starting at age 40</td>
</tr>
<tr>
<td>Colon &amp; Rectum</td>
<td>Colonoscopy every 5 years for women and men</td>
</tr>
<tr>
<td>Prostate</td>
<td>Prostate-specific antigen (PSA) blood test every 2 years</td>
</tr>
<tr>
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