

# Southern Community Cohort Study

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

## Welcome

**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

## 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 400 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?**

Food	Serving size	Vitamin D (IU/serving)	Percent of currently recommended daily intake
Salmon, cooked	3 ½ ounces	360	90%
Tuna fish, canned in oil	3 ounces	200	50%
Egg (vitamin D is in the yolk)	1 whole egg	20	6%
Margarine, vitamin D fortified	1 tablespoon	60	15%
Orange juice, vitamin D fortified	1 cup	100	25%
Milk, vitamin D fortified (nonfat, lowfat, or whole)	1 cup	100	25%
Cereals, vitamin D fortified	¾ - 1 cup	40-50	10%

In recent years, a number of scientific studies have suggested that vitamin D, essential for forming strong and healthy bones, may also help prevent common cancers, such as colon and prostate cancers, and perhaps also breast and ovarian cancers. Although it is still too soon to tell the exact relationship between vitamin D and cancer development and how much vitamin D may be needed to reduce a person's risk of cancer, it is an interesting area of study that researchers, including those working on the SCCS, are exploring.

In research we have completed so far, much lower 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.

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.

Our featured recipe is a healthier version of the popular Southern dessert Texas Sheet Cake. To add some extra fiber to the cake, a combination of all purpose and whole wheat flours is used. Also, the sour cream and whole milk, found in many traditional Texas Sheet Cake recipes, has been replaced with buttermilk and fat free milk. In both the cake and the frosting, unsweetened cocoa powder is used in place of unsweetened chocolate baking squares. These are small substitutions, but every bit helps! **Enjoy!**

## Texas Sheet Cake

(Yield: 20 servings)



### INGREDIENTS

Cooking spray (for pan)

#### Cake:







- |                            |  |
|----------------------------|--|
| 1 cup all purpose flour    | 6 tablespoons unsalted butter or stick margarine |
| 1 cup whole wheat flour    |  |
| 1 ½ cups granulated sugar  | ¼ cup unsweetened cocoa powder                   |
| 1 teaspoon baking soda     | ½ cup reduced fat or fat free buttermilk         |
| 1 teaspoon ground cinnamon | 1 teaspoon vanilla extract                       |
| ¼ teaspoon salt            | 2 large eggs                                     |
| ¾ cup water                |  |

#### Icing:


- 4 tablespoons unsalted butter or stick margarine
- 1/3 cup fat free (skim) milk
- ¼ cup unsweetened cocoa powder
- 2 ½ cups powdered (confectioner's) sugar
- 1 ½ teaspoons 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 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 unsweetened cocoa in a saucepan. Bring to a boil, stirring constantly. Remove from heat. Gradually stir in powdered sugar, vanilla, and nuts. Spread over hot cake. Completely cool cake on wire rack.

	<b>Muffins</b>	Lose	Butter
		Choose	Lowfat buttermilk or nonfat yogurt
	<b>Muffins &amp; Quick Breads</b>	Lose	Butter, oil, or shortening
		Choose	Fruit purees (such as apple sauce, mashed bananas, or pumpkin puree)
	<b>Baked Goods with Chocolate</b>	Lose	Unsweetened chocolate
		Choose	Unsweetened cocoa powder and lowfat buttermilk
	<b>Cakes &amp; Cookies</b>	Lose	Cream or whole milk
		Choose	Lowfat or nonfat milk
	<b>Any Baked Goods</b>	Lose	Whole eggs
		Choose	A combination of eggs and egg whites
	<b>Any Baked Goods</b>	Lose	All purpose flour
		Choose	A combination of all purpose flour & whole wheat flour

## Celebrating Advances Against Cancer

- In 1937, 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, sigmoidoscopies and colonoscopies 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.

Following 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.

# Recent Declines in Cancer Death Rates

Following heart disease, cancer remains the second leading cause of death in the United States. 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 numbers 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 used 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 sigmoidoscopies 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. 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.

Current Cancer Screening Guidelines for Adults*	
Type of cancer	Recommendation
Breast	<ul style="list-style-type: none"> <li>• Yearly mammogram, starting at age 40</li> <li>• Clinical breast exam every 3 years for women younger than 40, and yearly for women 40 and older</li> <li>• Breast self-exam for women starting at age 20</li> </ul>
Colon & Rectum	<i>Beginning at age 50, for men and women:</i> <ul style="list-style-type: none"> <li>• A yearly fecal occult blood test (checking for blood in the stool)</li> <li>• A sigmoidoscopy every 5 years</li> <li>• A colonoscopy every 10 years</li> </ul>
Prostate	<i>Starting at age 50, for men:</i> <ul style="list-style-type: none"> <li>• Yearly prostate specific antigen (PSA) blood test and digital rectal exam</li> </ul>
Cervix	<i>Starting no later than age 21, for women:</i> <ul style="list-style-type: none"> <li>• Yearly screening with Pap tests</li> </ul>
Cancer-related Checkup	<i>During routine health exams, a cancer-related checkup should include:</i> <ul style="list-style-type: none"> <li>• Counseling, depending on person's age and gender</li> <li>• Exams for other cancers such as thyroid, skin, etc.</li> </ul>

\* The recommendations listed above are for an average person. If you have a higher risk of cancer because of family history, etc., your doctor may advise even more aggressive screening.  
from the American Cancer Society's *Cancer Prevention & Early Detection Facts & Figures 2007*

## 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 4 simple steps listed below and take control of their health while reducing the risk of cancer.



### 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.



### 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.



### 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.



### 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](http://www.cancer.org) or call the QuitLine at 1 (800) QUIT-NOW for more information on how you can participate.

Visit the American Cancer Society's website at [www.cancer.org/docroot/subsite/greatamericans](http://www.cancer.org/docroot/subsite/greatamericans) for the online Health Checks and quizzes and to learn more about the Great American Health Challenge.



To report a change in your address or telephone number, please call us, toll free, at 1 (800) 734-5057.

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.

## 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?

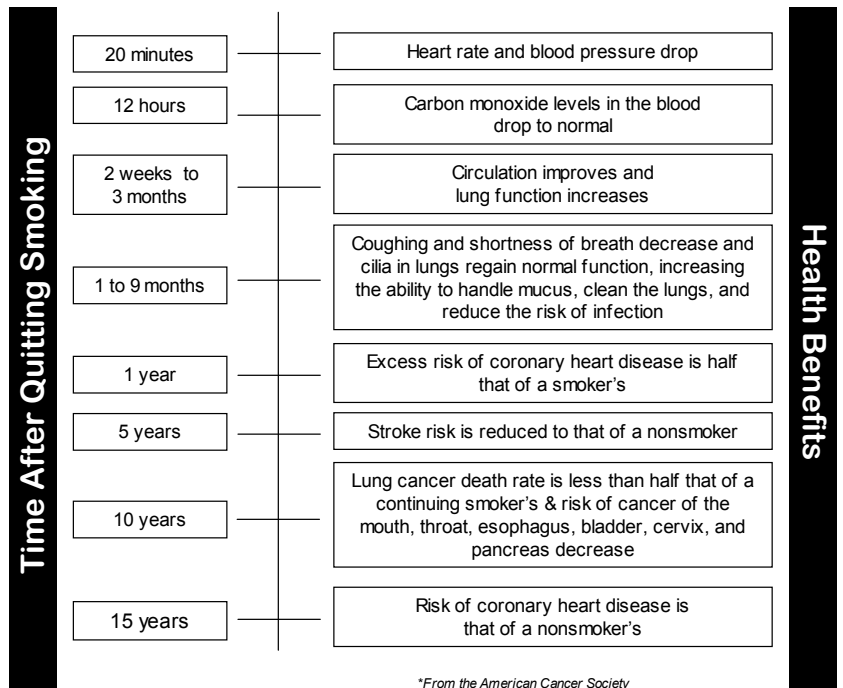
When compared to white women, African American women tend to be diagnosed with breast cancer at a younger age and their tumors are often larger, more aggressive, and harder to treat. The health community is also noticing that African American women are not experiencing the decrease in breast cancer death 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 are the biology of breast cancer, access to health care 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.

## 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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