

Southern Community Cohort Study

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



Welcome to the latest edition of the Southern Community Cohort Study (SCCS) newsletter.

We have been recruiting and talking to participants of the SCCS since 2002, and we are pleased to announce that the ideas for this year's newsletter were topics suggested by SCCS participants, like you! We hope you find this newsletter informative and fun, and if you have ideas and stories for future newsletters, please call us.

We began a new phase of the SCCS, the **follow-up of participants**, in November 2008, and your participation is making it a success. Following participants over time is an important part of this landmark study, so if you receive a questionnaire in the mail or a telephone call from us, please take a moment to answer the questions. The questionnaire (by mail or phone) is short and simple; we want to know how you are doing and if there have been any significant changes to your health. Feel free to call our toll-free number, 1 (800) 734-5057 if you have any questions about the survey.

If you have moved and your telephone and/or address have changed, please call us at our toll-free number, **1 (800) 734-5057**. **We like to hear from participants.**

Thank you for your continued participation in the SCCS. Your commitment to this study is helping to fight cancer in the Southeast!

Your Study Team Leaders,

Dr. William J. Blot

Dr. Margaret K. Hargreaves

Dr. Lisa B. Signorello

The SCCS Reports on Prostate Health

The prostate gland is part of the male reproductive system located just below the bladder. There are two common health conditions which affect the prostate.

Benign Prostatic Hyperplasia (BPH) is an enlargement of the prostate gland and often affects urination.

Prostate cancer develops when abnormal cells in the prostate grow and form a tumor. Prostate cancer is second only to lung cancer as the leading cause of cancer death among men in the United States.

Several factors affect a man's risk of developing BPH or prostate cancer.

AGE: Both BPH and prostate cancer are more common after age 50; 2 out of every 3 prostate cancers are in men over the age of 65.

RACE: Prostate cancer is more common among African Americans than non-Hispanic whites and less common in Asians and Hispanics, but BPH appears to be less common among blacks.

FAMILY HISTORY: A man who has a father or brother with prostate cancer has an increased prostate cancer risk.



DIET:

The role of diet and nutrition in either BPH or prostate cancer is not clear. Some research studies have reported that a diet high in red meat and high fat dairy products may increase the risk of prostate cancer, while eating more fruits and vegetables, as well as foods rich in the antioxidants lycopene (found in tomatoes) and vitamin E and the mineral selenium (found in seafood and wheat), may protect against prostate cancer.

DIAGNOSIS: BPH is usually diagnosed in men who report symptoms such as frequent urination at night, incomplete

emptying of the bladder, a weak urine stream and greater urgency of urination. Tests to help screen for prostate cancer include a blood test called the Prostate-Specific Antigen (PSA) test and a physical exam called a Digital Rectal Exam (DRE). A biopsy of the prostate is required to establish a cancer diagnosis. Doctors will ask a series of questions about difficulties in urination that help to distinguish between BPH, prostate cancer, an infection, or another condition. The American Cancer Society recommends that all men age 50 and older have a yearly PSA test and DRE, with screenings beginning at age 45 for black men and at 40 for men whose fathers or brothers had prostate cancer.

Consistent with screening recommendations, in the SCCS, African American men under age 50 were more likely than whites to report having a recent PSA test or DRE. However, in men over age 65, screening was performed less frequently in blacks than whites. BPH was reported only half as often by African American than white men in the SCCS. PSA levels, on average, were higher among blacks than whites, but PSA levels tended to decline with increasing body weight, regardless of race, suggesting that weight needs to be taken into account in PSA screening.

One goal of the SCCS is to identify the causes of BPH and prostate cancer. Researchers are evaluating whether genetic differences called polymorphisms might signal susceptibility to prostate cancer. If so, it might be possible to identify high risk individuals for closer follow up because prostate cancer, when caught early, is often treatable.

We still have a lot to learn about prostate health. Thanks to your participation in the SCCS, researchers will continue to shed some light on the subject.

Meet SCCS Participant Johnnie Hembree

Johnnie Hembree joined the SCCS in 2003. She has made major changes in her life, and her inspiring story shows us that anyone can make healthy changes in their lives, too.

Like many SCCS participants, she has been a smoker. At age 12, Ms. Hembree began smoking and smoked 2½ to 3 packs of cigarettes a day for 38 years. She has experienced long-term health problems from smoking including emphysema and chronic bronchitis.

After a hospitalization for pneumonia in 2000, her doctor warned her that if she continued to smoke, she would not live another 6 months. Were her doctor's words meant to scare her or was she truly facing a grim reality? She left the hospital with an oxygen tank and thought about her two sisters, smokers who died early from smoking-related illness. "It was time to quit," she says.

At 51, Ms. Hembree, with the support of her friends and family, quit smoking cold turkey. "It wasn't easy," she admits. She will always remember her doctor's words about her addiction. "A cigarette is like eating a potato chip; you cannot have just one." To be a successful ex-smoker, Ms. Hembree believes that you have to want to quit and have the willpower to change.

Nine years later, Ms. Hembree has replaced cigarettes with newfound hobbies. Despite her challenges with sight, she learned to draw and paint and enjoys poetry. She has the honor of having her work permanently displayed at City Hall in her community.

While Ms. Hembree triumphed over her addiction to smoking, she was faced with another health crisis. Being smoke-free for 9 years decreased her risk for cancer, but a substantial weight gain put her at risk for obesity-related illnesses. While it is normal for people to gain a little weight after quitting smoking, Ms. Hembree said she gained a lot of weight because without the nicotine taste in her mouth, food tasted so much better.

In 2007, Ms. Hembree competed in an art contest for seniors. As winner, she was given a 5-day trip to Gatlinburg, Tennessee.



While on her trip, she realized the impact 100 extra pounds had on her life. The extra weight she carried limited her walking which restricted her sightseeing adventures. Her next challenge was to lose weight.

Ms. Hembree changed her eating habits. "You have to watch what you eat and pay attention to the nutrition labels on the foods you buy." She learned how to read food labels, read a nutrition book, and purchased a George Foreman grill. She grills all her meats, eats more vegetables, avoids fried foods, and only occasionally treats herself to sweets. She is always mindful of the calories she eats for the day. "I eat to live instead of living to eat," she says with conviction.

Ms. Hembree's doctor advised her to get active, so she started walking. She bought a pair of good walking shoes and gradually worked up to walking 45 minutes a day. She also dances to stay active and recently purchased a pair of 1-pound weights to use on her walks.

She has lost almost 80 pounds in 9 months and continues to stick with her new lifestyle plan of staying smoke free, making the right food choices, and keeping active. Ms. Hembree has never felt better, and at age 60, is happy to be wearing her new walking shoes on the road to a healthy life!

The SCCS is Still Recruiting Participants

If you have a friend or family member between the ages of 40 and 79 who wants to help find the causes of cancer and is near one of the following community health centers, talk to our interviewers to join the study!



Jessica at Franklin Primary Health Center (Mobile, Alabama)

Ann at G.A. Carmichael Family Health Center (Canton, Mississippi)

Virginia at Florida Community Health Centers (Ft. Pierce, Florida)

Erika at United Neighborhood Health Services (Nashville, Tennessee)

Cecilia at Shenandoah Valley Medical System (Martinsburg, West Virginia)

SCCS Findings and Publications

We have been recruiting SCCS participants from community health centers across the southeastern United States since 2002. To date, 18 articles using SCCS data have been published in well-known, scientific journals.

Researchers have written articles about cancer screenings rates, racial differences in diabetes, Vitamin D levels, and much, much more. For a complete list of the SCCS publications, visit the website at www.southerncommunitystudy.org/publications.html.



Eating Well for a Healthy Heart

A few simple modifications in eating habits may help lower the fats in the blood and decrease blood pressure to protect the heart.

A typical American diet used to include 3 servings of fruits and vegetables and 1 regular fat dairy product per day; approximately 40% of total daily calories came from fat. We now believe that a diet of 9 servings of fruits and vegetables, 3 servings of low fat dairy products per day, and less than 30% of total daily calories from fat helps lower blood pressure.

Fruits, vegetables, and whole grains contain components that help lower blood cholesterol levels. These types of foods also help you feel full, which may help to manage weight. Fruits and vegetables contain fiber, vitamins and minerals and the proper

balance of nutrients that the body needs.

Omega-3 fatty acids in oily fish like salmon balance the good and bad cholesterol in the blood and may reduce the risk of heart disease. Eating lean red meats and poultry without the skin, consuming low fat dairy products, and cooking with healthy oils (olive oil and canola oil), instead of animal fats (lard and butter), reduces the amount of saturated fats in the diet and helps keep the heart healthy. Heart doctors advise avoiding “trans fats” found in many fried, baked, and processed foods.

Our recipe is adapted from the National Heart, Lung, and Blood Institute’s cookbook [Keep the Beat: Heart Healthy Recipes](#). In addition to offering tips on healthy eating, this cookbook is full of easy, delicious recipes that will make the whole family happy.

Zucchini Lasagna



Ingredients

- 1 box no-boil lasagna noodles
- ¾ cups part-skim mozzarella cheese, grated
- 1½ cups fat free cottage cheese
- ¼ cup parmesan cheese, grated
- 1½ cups raw zucchini, sliced
- 2½ cups no salt added tomato sauce
- 2 teaspoons basil, dried
- 2 teaspoons oregano, dried
- ¼ cup onion, chopped
- 1 clove garlic, minced
- ½ teaspoon black pepper

Directions

1. Preheat oven to 350 °F. Lightly spray 9 by 13 inch baking dish with vegetable oil spray.
2. In small bowl, combine 1/8 cup mozzarella and 1 tablespoon parmesan cheese. Set aside.
3. In medium bowl, combine remaining mozzarella and parmesan cheese with all of the cottage cheese. Mix well and set aside.
4. Combine tomato sauce with basil, oregano, onion, garlic, and black pepper. Mix well.
5. Spread a heavy layer of tomato sauce in bottom of baking dish. Add a third of lasagna noodles in single layer. Spread half of cottage cheese mixture on top. Add layer of zucchini.
6. Repeat layering.
7. For the final layer, add a thin coating of sauce. Top with lasagna noodles, sauce, and reserved cheese mixture.
8. Cover with aluminum foil and bake for 30 – 40 minutes. Cool for 10 – 15 minutes.

What You Should Know About Heart Attacks

In the United States, the leading cause of death for both men and women, regardless of race and ethnicity, is heart attacks and other diseases of the heart. In a heart attack or myocardial infarction (MI), the heart muscle is permanently damaged by lack of blood supply to the heart. This year one million Americans will have a heart attack in the form of either a first-time attack, a repeat heart attack, or a silent attack in which the damage occurs without symptoms.

The most common warning sign of a heart attack is pain or pressure in the chest. Other warning signs include shortness of breath, discomfort or pain in the arms or upper body, and weakness or fainting.

While many women have the typical heart attack symptom of chest pain, *women are more likely than men to experience other common symptoms*, particularly sweating, nausea or vomiting, heartburn, and back or jaw pain. Women who have heart attacks are also more likely than men to die from them. One research study found that only 4 out of every 10 women who went to the hospital and were diagnosed with having a heart attack thought something was wrong with their hearts when they came through the door.

Several health conditions, such as high blood pressure, high cholesterol, diabetes, obesity, and excess body fat (particularly around the waist), increase the risk of heart disease and heart attacks. Other factors, such as stress, physical inactivity, drinking too much alcohol, and smoking, also contribute to heart disease risk. In general, maintaining a healthier lifestyle and knowing your family’s heart health history can protect against heart attacks.

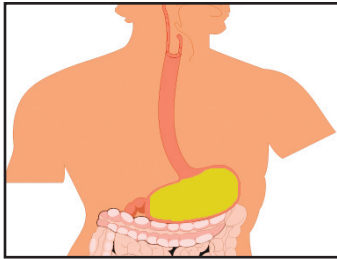
Visit the doctor regularly and make a few lifestyle changes to reduce the risk of having a heart attack. Take good care of your heart because you have a special place in our hearts.

Has a doctor ever told you that you have had heartburn or acid reflux?

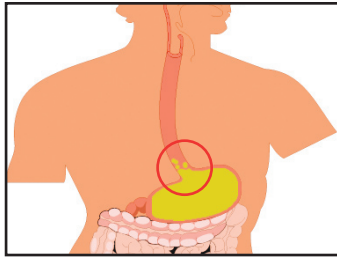
“Heartburn” is a burning sensation in the middle of the chest or in the lower throat. Other symptoms may include trouble swallowing, tasting digestive juices in the back of the mouth, and having a dry cough or hoarseness. If these symptoms occur more than 2 times a week, you may have Gastroesophageal Reflux Disease or GERD.

The symptoms of GERD are caused by stomach acid touching the lining of the esophagus, the tube that carries food from the mouth to the stomach. The ring of muscle that acts like a valve between the stomach and the esophagus opens spontaneously or does not close properly, thus allowing the stomach contents to rise up into the esophagus.

GERD is a common condition that affects people of all ages. Learn how to manage the symptoms long-term by starting with a visit to the doctor. After evaluating the symptoms, the doctor



Digestive system with digestive juices residing normally in the stomach



Contents of stomach rising into the esophagus causing symptoms of heartburn

may advise taking medicine to help control the acid and heal the irritation. Occasionally, surgery is the best option.

The following actions can help avoid acid reflux attacks or improve symptoms: lose weight, stop smoking, and stop drinking alcohol. Eat small, frequent meals, and lower the consumption of caffeine, acidic foods, citrus fruits, chocolate, and fried, spicy, or tomato-based foods. Avoid lying down for 2-3 hours after a meal, and prop your head up when sleeping.

Acid reflux can lead to more serious complications such as ulcers and narrowing of the esophagus and, in extreme cases, esophageal cancer. It can also contribute to lung diseases like asthma, so talk to the doctor if you or a loved one suffers from “heartburn.”

The Next Phase of the SCCS

The follow-up phase of the SCCS has begun! If you joined the SCCS between March 2002 and August 2004, you may have already heard from us by mail and by telephone. If you joined the study between September 2004 and February 2006, you should receive a short, follow-up questionnaire in November 2009. The questionnaire will give us an update on your health, and you will receive \$10 for your participation.

If your address or telephone number has changed, please help us stay in touch with you by calling our toll-free number, **1 (800) 734-5057**. We look forward to speaking with you!

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