Southern Community Cohort Study

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



We are pleased to bring you another issue of the Southern Community Cohort Study (SCCS) newsletter.

Smoking rates among participants in the SCCS are more than twice that of the national average, so in this newsletter we will share information about smoking facts and statistics and the resources available if you or a loved one were or are thinking about quitting smoking. We will also tell you about a recent study by SCCS researchers that looks at the risk of lung cancer among menthol cigarette smokers.

The follow-up of participants is an ongoing effort. We have been re-contacting participants via a short mailed questionnaire and/or telephone survey since November 2008. We want to know how you are doing and if there have been any significant changes to your health. When you receive a survey in the mail or a telephone call from us, please take a few moments to answer the questions. Following participants over time is an important part of this study.

We love hearing from participants, so if you have suggestions for future newsletters and/or your telephone and/or address have changed, please call us at 1-800-734-5057 (toll-free) or 1-904-398-2924.

The goal of the SCCS is to find the causes of cancer and ways to prevent cancer and to lessen the cancer burden for generations to come. Thank you for your continued involvement in the SCCS and for helping our researchers strive to meet this goal.

Your Study Team Leaders,

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SCCS Studies Menthol Cigarettes and Cancer Risk

Cigarette smoking is the leading preventable cause of disease, disability and death in the United States. One in every 5 deaths (or nearly 443,000 deaths) each year are related to tobacco use. Perhaps the biggest concern from smoking is lung cancer, which is now the second leading cause of death among Americans. Although all types of cigarettes can cause lung cancer, the Food and Drug Administration is currently considering banning the sale of menthol cigarettes in the United States. Menthol cigarettes, preferred by African American smokers, are thought to be harder to quit and to impart a greater lung cancer burden among African Americans, particularly black men. However, there is limited research on the health hazards associated with smoking menthol cigarettes.

Researchers evaluated the use of cigarettes, both menthols and non-menthols, in relation to the risk of lung cancer in a recent study of current and former smokers in the SCCS. Many SCCS participants are

smokers, and the toll smoking is taking is already apparent. Men and women who were former smokers at the time they enrolled into the SCCS have been 4 times more likely to be diagnosed with lung cancer than participants who never smoked, and the excess among current smokers has been from 5-fold (for light smokers) to 21-fold (for heavy smokers) greater than non-smokers. The use of menthol cigarettes was associated with increased rates of lung cancer occurrence and death, however, the risks of lung cancer were slightly lower, rather than higher, among menthol versus non-menthol smokers. Also, there was little difference in smoking cessation rates between menthol and nonmenthol cigarette smokers. The researchers concluded that menthol cigarettes are not more harmful than non-menthol cigarettes and that health promotion efforts may be better served by continuing to focus on reducing smoking of all types of cigarettes rather than singling out menthols as worse than other types.

Did You Know...?

- The average cost of a pack of cigarettes is \$5.51. In one year, a person who smokes 1 pack of cigarettes a day spends more than \$2,000 on cigarettes.
- People who smoke "light" cigarettes inhale the same amount of hazardous chemicals that are found in regular cigarettes.
- Lung cancer is the leading cause of cancer death among both men and women in the US. Smoking also increases the risk of cancers of the mouth, throat, esophagus, larynx, pancreas, kidney and bladder.
- Smokers are more likely to have a heart attack or stroke than non-smokers. Smoking is also related to chronic lung diseases such as chronic obstructive pulmonary disease, emphysema and bronchitis.
- For every person who dies from a smoking-related disease, 20 more people suffer with a serious illness from tobacco use.
- Secondhand smoke, the smoke from a burning cigarette and the smoke breathed out by a smoker, is dangerous and can cause lung cancer even in people who have never smoked.
- Cigarette smoke contains more than 4,000 chemicals, some of which are also found in insecticide, nail polish remover and wood varnish. About 250 chemicals in cigarette smoke are toxic or cause cancer.

Sources: From the websites of the National Cancer Institute (www.cancer.gov) and the Centers for Disease Control and Prevention (www.cdc.gov)

Quit Smoking Today

Quitting smoking is hard. It may take more than one try to break free of the nicotine addiction, but you can do it! Follow these steps from the National Cancer Institute's Clearing the Air booklet and quit smoking today.

• Be prepared to quit.

Think about why you want to quit and promise yourself that you will do it. When you quit smoking, your health will improve, and your family and friends' health will benefit from not being exposed to secondhand smoke.

Know your triggers. Think about what makes you want to smoke and avoid those situations or create alternatives when possible.

Explore the different options for quitting smoking. Many methods of quitting are available and what works for one person may not work for another. For some, quitting "cold turkey" is the easiest way. Others may need the help of support groups or medications to help reduce cravings.

• It's time to S.T.A.R.T.

Set a quit date. Choose a day to be your quit day. This can be a significant day such as a birthday or anniversary or it can be today!

Tell your family and friends. Quitting smoking is easier with social support. Share with your loved ones what you are doing and exactly how they can help you. Get additional support by joining a support group or talking to a smoking cessation counselor.

Anticipate and plan for the challenges you will face when you quit smoking. Withdrawal symptoms (the side effects and discomforts smokers feel when giving up nicotine) make quitting smoking difficult. In time, these feelings will go away. Keep a journal to examine your smoking habits; jot down your triggers and how you feel when you are tempted to smoke.

Remove cigarettes from your home, car and workplace. Get rid of all tobacco products and other things that remind you of smoking.

Talk to your doctor. Tell your health care provider that you are ready to quit smoking, and he/she will connect you with resources (medications, pamphlets, support groups, etc.) to ensure success.

• Your quit date is here!

Keep busy and active, spend time in non-smoking places (gyms, museums, etc.), create new, healthy habits such as walking, yoga, knitting or reading, and establish new routines to avoid any smoking temptations. Quitting smoking is challenging, so REWARD yourself because you are working hard!

For a copy of Clearing the Air, visit www.smokefree.gov/pubs/Clearing-The-Air_acc.pdf.

Smoking Bans in the US

Twenty-seven states and the District of Columbia have statewide smoke-free laws that protect against secondhand smoke exposure in public places, including the workplace, bars, and restaurants. Nine states have a ban in some, but not all, indoor places, and 14 states have no smoke-free laws. Look at the chart below to see if smoking is allowed in public places in your state.

State	Smoke-free Workplaces	Smoke-free Bars	Smoke-free Restaurants
Alabama	No	No	No
Arkansas	Yes	No	No
Florida	Yes	No	Yes
Georgia	No	No	No
Kentucky	No	No	No
Louisiana	Yes	No	Yes
Mississippi	No	No	No
North Carolina	No	Yes	Yes
South Carolina	No	No	No
Tennessee	No	No	No
Virginia	No	No	No
West Virginia	No	No	No

Source: www.smokefree.gov

Keeping in touch with participants is an important part of the study. In order to do this, we need your most current contact information. If you have moved since enrolling in the study, please call us at 1-800-734-5057 (toll-free) or 1-904-398-2924, and give us your new address and/or telephone number so we can update our records.

Are You Thinking About Quitting Smoking? Talk to a Quit Coach

If you or someone you know smokes and is thinking about quitting, call toll-free **1-877-44U-QUIT** (**1-877-448-7848**) and talk to a "quit coach" from the Smoking Quitline at the National Cancer Institute.

Quit coaches are counselors trained to help people stop smoking. They offer free support and will create personalized quit smoking plans. The smoking cessation counselors will guide you towards the non-smoking path by providing self-help materials and advice about quitting smoking and strategies for dealing with cravings, stress and other symptoms related to withdrawal.

Quitting isn't easy, but you are not alone. With willpower, strength and support, you can be a former smoker!

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.

What is Flaxseed?

Flaxseeds are small, shiny brown seeds that are slightly larger than sesame seeds. They have a sweet, nutty flavor and are rich in fiber and the omega-3 fatty acid alpha linolenic acid (ALA). Fiber

improves digestive health and helps control blood sugar levels and lower cholesterol. Omega-3 fatty acids are important for a healthy heart.

Flaxseed can be found whole, ground or as an oil. Although ground flaxseed is more convenient, whole flaxseed has a longer shelf life. Ground flaxseed is easier to digest and can be sprinkled on cereal, yogurt, and salads and added to breads, muffins, and other baked goods. Flaxseed oil is not used for cooking, but it can be added to foods after they have been heated. Add it to smoothies

and salad dressings or drizzle it on pastas or potatoes.

Whether ground or whole, flaxseed should be stored in an

airtight container in the refrigerator or freezer to prevent them from becoming rancid. Flaxseed oil, packaged in dark bottles to protect it from light, should be kept in the refrigerator.

Our recipe is a healthy "power" granola. This granola has nuts, dried fruit and flaxseed! Use whatever nuts (almonds, pecans, etc.) and fruit (raisins, dried apricot or mango, etc.) you have on hand. For a quick, delicious breakfast, top granola with yogurt or milk or enjoy on its own for a midday snack.



Recipe

Power Granola

Ingredients

2 cups regular oats

½ cup ground flaxseed (also called flaxseed meal)

½ cup nuts, chopped (walnuts, almonds, pecans)

2 tsp ground cinnamon

½ cup orange juice

½ cup honey

1/4 cup brown sugar

2 tsp canola oil

1 tsp vanilla extract

Cooking spray

½ cup dried fruit (cranberries, blueberries, cherries)

Directions

- 1. Preheat oven to 300°.
- 2. Combine oats, flaxseed, nuts and cinnamon in medium bowl.
- 3. Combine orange juice, honey and brown sugar in a small saucepan. Cook over medium heat just until sugar dissolves, stirring frequently. Remove from heat; stir in oil and vanilla.
- 4. Pour honey mixture over oat mixture, stirring to coat. Spread mixture in a thin layer onto a cookie sheet coated with cooking spray. Bake at 300° for 10 minutes; stir well. Bake an additional 10 minutes; stir well. Repeat until golden brown.
- 5. Spoon granola into a bowl; stir in dried fruit. Cool completely.

Notes:

- Whole flaxseeds can be ground in a coffee grinder or blender.
- Store completely cooled granola in an airtight container at room temperature for up to 2 weeks or in the freezer for several months.

Meet the SCCS Participant Management Center



Following and re-contacting the members of our cohort over time is vital for the success of the SCCS. With nearly 86,000 participants enrolled, this is often one of the most difficult parts of study management. These activities are all coordinated by our Participant Management Center, a core team of 6 members.

A member of this office is often the first person you talk to when you call us. This is also where we receive all of your mail, such as the follow-up survey, and process your thank you checks. In addition, when the SCCS conducts sub-studies, this is the team responsible for getting the word out and inviting eligible cohort members to participate.

These 6 individuals are dedicated to maintaining the strictest level of privacy and confidentiality. All participant information is managed by this team to ensure it is handled with the care and respect that it deserves.

We want all SCCS participants to receive the newsletters and important study updates. So, if you move or change your phone number, let us know as soon as possible. Also, do not hesitate to call us if you need help filling out your survey or sub-study forms, finding a place to cash your thank you check, or have any other questions about the SCCS. You can call us toll free at 1-800-734-5057. We would love to hear from you!

Smokeless ≠ Harmless: The Health Effects of Smokeless Tobacco

Eleven percent of SCCS participants have used at least 1 can of chewing tobacco or 1 bag of snuff, the two most common forms of smokeless tobacco. Smokeless tobacco products are typically chewed or held in the mouth rather than smoked, and nicotine, the addictive substance in all tobacco products, is absorbed into the bloodstream through tissues in the mouth. Smokeless tobacco products have been reported to contain about 30 cancer-causing compounds.

Although snuff and chewing tobacco have been linked to far fewer adverse health effects than have cigarettes, smokeless tobacco is not a safe alternative to smoking. All tobacco products can be harmful and have serious effects on health. Smokeless tobacco has ill-effects on oral health including bad breath, stained teeth, tooth decay, receding gums and gum disease. Users of smokeless tobacco are more likely to develop precancerous lesions in the mouth at the site where the tobacco chew or quid is most often placed and have an increased risk of cancers developing in these locations. Use of smokeless tobacco can also lead to nicotine addiction. Smokeless tobacco, however, does not seem to increase the risk of lung cancer, the major cancer among cigarette smokers, or lung diseases like emphysema.

For more information on smokeless tobacco and how to quit, visit the American Cancer Society website at www.cancer.org/Cancer/CancerCauses/TobaccoCancer/SmokelessTobaccoandHowtoQuit/index or call 1-800-227-2345.

Smoking in Your State

On average, 20.6% of adults in the United States smoke. In the SCCS, approximately, 44% of participants smoke cigarettes. Overall, Kentucky ranks #1 with the most adult smokers; 25.6% of adults in the state are current smokers. Utah has the fewest number of adult smokers (9.8% of the population). Among SCCS participants, the largest percentage of current smokers is in Tennessee; the smallest is in West Virginia. How does your state compare to the national average and to other Southern states in the SCCS?

State	Percentage of Current Smokers in the SCCS	Percentage of Current Smokers in the State	Smoking Percentage Rank in the US
Alabama	44.7	22.5	7 th
Arkansas	33.6	21.4	11 th
Florida	37.7	18.1	24 th
Georgia	45.9	17.6	30 th
Kentucky	49.5	25.6	1 st
Louisiana	30.3	22.0	$10^{ m th}$
Mississippi	31.6	23.3	4 th
North Carolina	40.0	20.3	$14^{ m th}$
South Carolina	29.3	20.3	15 th
Tennessee	56.6	22.0	9 th
Virginia	42.7	19.0	19 th
West Virginia	28.0	25.5	2 nd

Source: www.smokefree.gov



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