

Southern Community Cohort Study

The Southern Community Cohort Study Newsletter is an annual publication for study participants.



Welcome to the 2016 edition of the SCCS Newsletter. We appreciate the opportunity to stay in contact with you and to provide news of ongoing research activities. In this issue, we describe the launch of an exciting new clinical trial to test the feasibility of administering a single "polypill" aimed at reducing heart disease risk. We also present updated guidelines on prostate cancer screening, with the take-home message that whether a man should undergo PSA testing should be a decision made by each individual with his doctor. As always, we include a recipe for a healthy food choice option, and we list a number of low-cost healthy food items. Also included is a story of how a family member influenced a SCCS participant to compete in a weight loss program, an example of how our healthy actions can be inspiring and of benefit to those we love.

Most of you have already received a copy of the Third Follow Up Questionnaire. In it, we asked for updates on

your health and also asked questions about your health insurance coverage. We greatly appreciate your taking the time to fill out the questionnaire and mail it back to us. Those of you who have not received the questionnaire can expect it this summer. In next year's newsletter we hope to present some findings from this survey on the extent and impact of recent changes in health insurance coverage.

Thank you again for being part of, and active participants in, the SCCS. The research enabled by your participation is helping to advance knowledge of the causes of cancer, heart disease, diabetes and other chronic diseases. With your help, we can take steps toward winning the battle against these common illnesses.

SCCS participants are the best - and we are indebted to you for keeping in touch with us. Please continue to let us know if you move or change your phone number by calling the Jacksonville, FL office toll free: 1-800-734-5057.

Your Study Team Leaders,

Dr. William J. Blot, Dr. Wei Zheng, Dr. Margaret K. Hargreaves

Polypill Clinical Trial Feasibility Study Launched

Researchers at the Vanderbilt University Medical Center, in partnership with the Franklin Primary Health Center (FPHC) in Mobile, Alabama, are studying an exciting new concept in preventative medicine. They

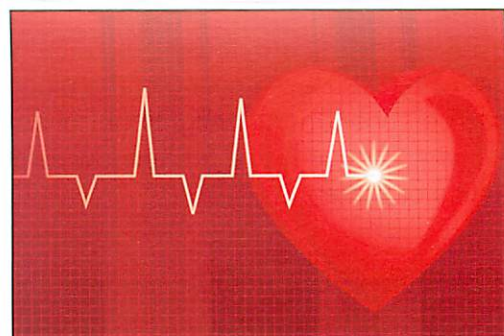


are looking into whether a single combined pill, called a "**polypill**," is effective for heart disease prevention. The polypill contains low doses of four common heart medications which help lower blood pressure and cholesterol. This idea has been tested in other countries with success, but not in the United States. To assess the feasibility of the polypill trial, the SCCS

has begun a pilot study seeking to enroll 300 participants at FPHC. Half will be offered the polypill and half will receive usual medical care over a one-year period.

If this pilot study is successful, larger studies are planned at other clinics throughout the southeast.

Eventually, it is hoped that the polypill may help reduce the risk of heart disease, as well as some forms of cancer, in the U.S. population.



Residents of the Mobile, Alabama area can call the SCCS study office at 1-800-734-5057 for information about how to join this study. The study is currently enrolling eligible men and women between the ages of 45 and 75. The American Heart Association is providing the funding for this important research.

We remind all our participants that we will not contact you regarding any individual test results found from conducting our laboratory research as part of this study. Please remember to get your yearly check-up and all recommended health screenings.

Healthy Foods for Under \$3.00

(adapted from the Food Network)



Bananas - 4 for \$1.

A banana has about 100 calories and is one of the top sources of the essential mineral Potassium and vitamin B6. Why eat those nutrients?... A few words about each: Heartbeat! Body fluid balance! Eat in moderation because it packs

27 grams of complex carbohydrate, but it is low salt, low fat and has 1 gram of protein and 2 grams of fiber.

Greek yogurt - \$1 per 6-ounce container.

Greek yogurt has a thicker texture and tangier flavor than regular yogurt – but best of all it contains the “probiotics” that we described in last year’s newsletter. One serving has 11 grams of protein and 110 calories. Buy the non-fat, plain yogurt (with no added sugar) and enjoy it with fresh fruit, or use it to top salads or potatoes.

Whole-grain pasta - \$2 per 1 pound box.

Whole wheat pastas have similar calories and carbohydrates per 1 cup serving compared to refined white pastas, but twice the fiber, more protein and more minerals. The more dense nutritional value of whole grains causes less spiking of the blood sugar, which can be important for weight control as well as diabetes. All pasta or rice is low fat and low salt until you add the sauce or butter!

Brown rice - \$1.50 per 1 pound bag.

Brown rice has similar calories and carbohydrates per 1 cup cooked compared to the refined/white variety but 5 times the fiber. The nutritional benefits of whole grain rice are similar to those described above for pasta. Brown rice costs only an additional 32 cents per pound when compared to white, making it a budget-friendly as well as gluten-free healthy grain.

Frozen green peas - \$2 per 1 pound.

Peas are a colorful and nutrient rich legume, packed with 8 grams of protein and only 126 calories per cup. They are low fat and low salt, and provide ¼ of your daily recommended vitamin A, many B vitamins, and many minerals. Vitamin A is needed for healthy eyes, hair, skin, and mucous membranes. They are handy as a nutritional snack, since peas can be enjoyed uncooked and will keep in the freezer for months.

Canned beans - \$1 per 15.5 ounce can.

All types of canned beans are healthy and affordable, and buying them dried costs even less. Beans are sources of several of the B vitamins and high in protein (12-18 grams per cup, depending on color). Protein is the source of the “building blocks” for every cell in the body! Beans are also high in healthy fiber. Make sure to drain and rinse them before adding to soups, stews, salads, pasta and rice dishes to get rid of the excess salt due to canning.

Basil Broccoli Recipe

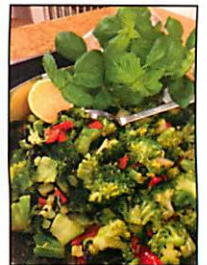
Ingredients:

- ▶ 1 bunch broccoli, cut florets and stems into bite-sized pieces (this costs only \$2.50!)
- ▶ 1 tsp. sea salt, divided into ¼ tsp portions
- ▶ 2 Tbsp. extra-virgin olive oil
- ▶ 1-2 Tbsp. chopped fresh garlic (to taste)
- ▶ 1 medium sized red bell pepper, diced
- ▶ ¼ tsp. red pepper flakes
- ▶ 1 large lemon: all of the lemon zest (grate the yellow part of rind but not white part) or at least 2 tsp., and all of the freshly squeezed juice or at least 1 Tbsp. (to taste)
- ▶ 1/4-1/3 cup fresh basil leaves, coarsely chopped (decorate with the rest of the beautiful bunch!)

Basil Broccoli – adapted from Stanford Health Care for “cancer fighting properties.” Nutritional Analysis per serving: 125 cal, 7.7g total fat (1.1 saturated, 5.4 monounsaturated), 13 g carbohydrates, 5 g protein, 5 g fiber, 125 mg sodium, bonus: vitamin C 172 mg.

Steps:

Bring a large pot of water to boil. Add ¼ tsp. salt and the broccoli – blanch for 30 seconds. Drain and then run under cold water to stop the cooking process to retain the lush green color. Heat olive oil in pan over medium heat. Add garlic and red pepper flakes, saute 30 seconds until aromatic. Add bell pepper and ¼ tsp. salt, saute 1 minute. Stir in broccoli and ¼ tsp. salt, saute 2 minutes – broccoli should still be firm. Turn off heat and stir in lemon juice, zest, and basil leaves. (Can add final ¼ tsp salt to taste.) Serve hot or cold – we like it cold! (Can add grated parmesan cheese or favorite spices - Not counted in nutritional analysis.) Serves 4. Can store in refrigerator 5-7 days for snacking.



The “BIGGEST LOSER” contest has produced a lifelong winner!

Heart disease runs in Francene’s family. Her mother died of congestive heart failure (CHF), and in June 2011 Francene started having symptoms. By December she was admitted to the hospital in heart failure. In the hospital, she was told that she would need surgery to implant a ventricular assist device or a pacemaker if her heart condition didn’t improve. Hoping to avoid this, Francene made the decision to strengthen her body through holistic medicine. She first concentrated on better nutrition, since she tested deficient in several important nutrients. By March her condition had improved enough that she only had to undergo a heart catheterization with placement of a stent to supply more blood to her heart. Next, a rehabilitation program got her started on exercise. In July 2012 she joined the YMCA and began taking care of another chronic problem – needing to lose weight - as well as regaining her strength.

Francene learned the hard way that exercise alone is not enough, so she tells everyone,

“Diet and exercise go hand in hand – you need both.”

She is a huge fan of the 12 week program at the YMCA, and has combined exercise with guidance from a nutritionist at Jewish Hospital. She also enrolled in a walking program called “Walk with a Doc” through AARP. Her cardiologist said “No” to gastric bypass surgery, so Francene has used weight loss based on diet and exercise to improve her heart health, her diabetes, and her high cholesterol.



That is why Francene was ready when the invitation to the Annual Shepard Family Reunion arrived in January 2013, announcing a challenge to the entire family. It asked everyone to

record their January weight and follow their own weight loss program for 6 months on the honor system –

then to weigh in at the July reunion to win “The Biggest Loser” award. The annual 2-day event, complete with a booklet and a t-shirt, was planned by a cousin who was concerned about the prevalence of heart disease in the family. The challenge was embraced by about 10 family members, and the rest of the family cheered them on.



*Francene Shepard,
SCCS participant since 2004*

Francene did lose 13 pounds, but the weigh-in proved that her cousin won the contest that year by losing 27 pounds. Although she didn’t win the contest, Francene inspired others when she told the story of her fight against heart disease and it was shared on Facebook. She may not have been “The Biggest Loser” that weekend but she has never stopped trying. She has lost 7 more pounds, and has a goal to go below 200 this year. She works on her weight control and fitness through walking and good nutrition. She appreciates the importance of the support of friends and family who check on her if she slacks off. Her current favorite diet program involves portion-controlled Mediterranean style meals prepared under the supervision of a local physician-thanks to a foundation in Louisville, KY. “I like the food!” she says. And she still takes those vitamins and minerals that she feels saved her from CHF.

SCCS is proud of participant Francene Shepard, and all of the participants who have taken control of their health by living her motto: **“Diet and exercise go hand in hand – you need both.”**

Reminder

It’s important we have your most current contact information. Please help us stay in touch with you!
If your address or telephone numbers have changed, call us toll free at 1-800-734-5057
Monday-Friday 9 am - 5pm (Eastern Time).



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An Update on Prostate Cancer Screening

In our 2009 newsletter we passed along to you recommendations from the American Cancer Society (ACS) about screening for prostate cancer. Last year the US Preventive Services Task Force, an independent panel of experts, conducted a new review of this topic. Their review considered risks as well as benefits of prostate screening using the prostate-specific antigen (PSA) blood test. Based on this review, the ACS guidelines have changed.

The ACS now recommends that men have a chance to make an informed decision with their health care provider about whether to be screened for prostate cancer. The decision should be made after getting information about the uncertainties, risks, and potential benefits of prostate cancer screening. Men should not be screened unless they have received this information.

The discussion about screening should take place at:

- **Age 50** for men who are at average risk of prostate cancer and are expected to live at least 10 more years.
- **Age 45** for men at high risk of developing prostate cancer. This includes African Americans and men who have a first-degree relative (father, brother, or son) diagnosed with prostate cancer at an early age (younger than age 65).
- **Age 40** for men at even higher risk (those with more than one first-degree relative who had prostate cancer at an early age).

After this discussion, men who want to be screened should be tested with the PSA blood test. The digital rectal exam (DRE) may also be done as a part of screening.

If no prostate cancer is found as a result of screening, the time between future screenings depends

on the results of the PSA blood test:

- Men who choose to be tested who have a PSA of less than 2.5 ng/mL may only need to be retested every 2 years.
- Screening should be done yearly for men whose PSA level is 2.5 ng/mL or higher.

Because prostate cancer often grows slowly, men without symptoms of prostate cancer who do not have a 10-year life expectancy should not be offered testing since they are not likely to benefit. Overall health status, and not age alone, is important when making decisions about screening.

Even after a decision about testing has been made, the discussion about the pros and cons of testing should be repeated as new information about the benefits and risks of testing becomes available. Further discussions are also needed to take into account changes in a man's health, values, and preferences.