Welcome to the 2017 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 a variety of treatments that can help with pain management while taking fewer medications. We also present a snapshot of the diabetes problem in our cohort and a review of some diabetes facts.

As always, we include a recipe for a healthy food choice – cooked and photographed by the Jacksonville office and given our taste - test approval. Also included is an inspiring story of a SCCS participant who is a cancer survivor.

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, cardiovascular 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 thankful to you for keeping in touch with us. Please continue to let us know if you move or change your phone number by calling us at 1-800-734-5057 (toll free) or 904-398-2924.

Your Study Team Leaders,
Dr. William J. Blot, Dr. Wei Zheng,
Dr. Margaret K. Hargreaves

Creative Approaches to Pain Management

As we get older, chronic pain (such as low back pain) can make leading a healthy and active lifestyle more difficult. In the SCCS 3rd Follow-Up Survey, about one third of you told us that pain interferes with your normal work both outside the home and housework.

During the past 4 weeks, how much did pain interfere with your normal work?

Medicines to treat pain are often prescribed following surgery or for chronic conditions such as arthritis or diabetic foot pain. One type of pain medicine that is commonly prescribed is called an "opioid", such as oxycodone or hydrocodone. These can work very well for treating pain but long-term use of opioid pain relievers may increase risk for addiction and overdose. New research is finding that combining non-opioid medicines with other types of treatment may actually work better than opioid pain relievers and have far fewer risks. Guidelines summarized by CDC and adopted by the American College of Physicians incorporating non-opioid medication components are increasingly being used by doctors and hospitals in creative "integrate" programs to combat what is being called the "opioid epidemic".

"Effective pain management can be much more than symptom management with medications... recognize that there are many other ways that a flare-up can successfully be handled including using stretching, meditation, diaphragmatic breathing, or massage as examples."

Peter Abaci, MD, author of Take Charge of Your Chronic Pain
("Creative Approaches to Pain Management" continued on page 2)

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.
In the picture you will see that there are as many suggestions for integrative medicine as there are medications! Who hasn’t used a heating pad or an ice pack to relax muscles, improve blood flow and decrease the inflammation process? Those “old” remedies are still on the list. They are also a part of the very active treatment that sessions with a physical therapist or an exercise trainer can involve. These professionals teach simple exercises that you can continue to use at home to decrease pain or to prevent its return. The use of the mind-body connection to control pain is also both “old” and new. Studies have proven the preventive health benefits of the stretching and breathing techniques taught in yoga since ancient times. And it may be hard to believe, but training your mind to visualize soothing images has been shown to help control acute pain after orthopedic surgery.

Speak with your health care provider before you start or stop any treatment. He/she can help you design your own personal pain management program.

---

**Physical treatments:** Exercise training for strength and conditioning, weight loss program (diet and exercise), physical therapy, acupuncture, massage therapy

**Behavioral treatments:** Yoga, tai chi, meditation, hypnosis, journaling, cognitive behavioral therapy (biofeedback, guided imagery)

**Procedures:** Epidural or joint injection, electric nerve stimulation, braces, local medicated patches or heat/ice

**Combination therapy:** Over-the-counter ("NSAIDS" to decrease inflammation, acetaminophen, ibuprofen); medications for depression or seizures; muscle-relaxants

---

**A Story of Faith, Love, and Hope**

In 2005 when Jane Faith enrolled in the SCCS, she was working as a Registered Dietician in Kentucky and raising her 2 grandsons. As a passionate advocate of organ donation, Jane enrolled in the hope that her participation in the SCCS might help someone in the future. Four years ago, Jane was shocked to receive the diagnosis of Stage 4 pancreatic cancer. She was expected to have only 18 months to live.

Today, Jane is still busy raising those wonderful teenage boys, and her hair has grown back despite intravenous chemotherapy treatments that take 3 days every other week. Best of all, her scans are clear. Jane is a SURVIVOR! Jane recently chose to participate in the SCCS Medical Record and Tumor Tissue study, donating her tumor tissue to help us learn more about cancer prevention.

We asked Jane what she thinks is the reason she has survived longer than the doctors predicted.

She had an enthusiastic reply: Family, Faith, and an excellent Health Care Team. Jane cannot say enough about the support of her large family. She is the oldest of 10 children. Her parents are still living, and her brothers work the family dairy farm nearby. Her sisters have helped out in many ways and remind her to pace herself.

A huge group of friends all over the nation have helped by praying with her for 4 years. Thanks to her positive attitude, Jane is able to stay active, but she gets tired and needs to rest and recover after each chemo treatment. Jane remains susceptible to infections so she avoids crowds, but she has found a way to help at her grandsoms’ school as a volunteer at home by clipping and organizing the box top and soup label program. She says, “Half the high school calls me Nana."

Jane has a wonderful relationship with everyone at Louisville Baptist Health Care. She gives a lot of the credit for her “miraculous” survival to the whole team, praising them all “from the doctors and nurses to the secretaries and lab techs.” So now we see how LOVE has given Jane Faith a story of HOPE that can inspire each of us.
Taking Action Against Diabetes in the SCCS

Many of us within the SCCS are struggling with a growing national health problem – **Type 2 diabetes**. In fact, the Centers for Disease Control (CDC) has identified a “diabetes belt” in the southeast U.S. that overlaps the SCCS study area. People living in the diabetes belt are more likely to develop Type 2 diabetes than other Americans.

Nearly 50% of African American and 30% of white SCCS participants told us in the most recent follow-up survey that they are living with diabetes, and the numbers continue to rise each year.

SCCS participants on average share more risk factors for diabetes than the overall U.S. population. Key factors are obesity and physical inactivity, with your chances of developing diabetes rising markedly with increasing body weight. Other risk factors for developing diabetes include family history, age, smoking, high blood pressure, and high cholesterol.

**Diabetes Rates in the SCCS**

- Male: 48%
- Female: 56%

**2 Main Types of Diabetes**

**Type 1 and Type 2**

We focus on **Type 2 diabetes** since it is more common among SCCS participants. In Type 2 diabetes, the body either resists the effects of insulin or doesn’t produce enough insulin to maintain a normal blood sugar level.

You can take action against this disease! Talk to your health care provider about diet and other aspects of diabetes care. Oral medications and/or injected insulin may be needed, but Type 2 diabetes can sometimes be managed with healthy eating, an active lifestyle and weight control.

If you have been diagnosed with diabetes, there are many tools available to manage the disease and reduce your risk of complications. For example, this issue spotlights a recipe from a great online source of help – the American Diabetes Association. Call or visit their website for more resources and recipes: 1-800-DIABETES (800-342-2383) or www.diabetes.org

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 or (904) 398-2924 Monday-Friday 9 am - 5pm (Eastern Time).
"Unstuffed" Cabbage Soup

Serves 6

**Ingredients:**

- 2 tsp olive oil
- 1 medium onion, diced
- 1 lb lean ground turkey
- 1/2 head cabbage, chopped (about 4C)
- 1-1/2 cups canned crushed tomatoes
- 32 oz. unsalted chicken broth
- 2 cups water
- 1/4 tsp ground black pepper
- 1/4 tsp cayenne pepper (optional)
- 1 cup instant brown rice

**Instructions:** (Prep time: 5 minutes, Cook time: 25 minutes)

Heat the olive oil in a large soup pot over medium-high heat. Add the onion and sauté 2-3 minutes or until the onions turn clear. Add the ground turkey and cook for 5-7 minutes until the turkey browns. Add the cabbage and cook for an additional 4 minutes.

Add all remaining ingredients, except for the brown rice. Simmer the soup for 7 minutes. Bring the soup to a boil; add the brown rice. Reduce the heat to a simmer and cover the pot for 5 minutes.

**Choices/Exchanges:** 1 Starch, 2 Nonstarchy Vegetable, 2 Lean Protein, 1 Fat

**Ingredients Cost:** $8.05

**Nutrition Facts - Serving Size:** 1 3/4 cups, Calories 255, Carbohydrate 23 g, Protein 20 g, Fat 10 g, Saturated Fat 2.7 g, Sugars 7 g, Dietary Fiber 4 g, Cholesterol 60 mg, Sodium 285 mg, Potassium 670 mg