

Prostate Cancer Battles and Victories

Adventist Health Study-2 researchers examined the utilization of prostate cancer screening according to dietary patterns and other demographic variables (i.e., age, BMI, marital status, education, income, family history of cancer). We found that Black men were more likely to screen for prostate cancer than non-Black men. Men with a vegetarian diet, especially vegans, were less likely to follow screening guidelines, particularly among the non-Blacks. Since only about 60% of U.S. men follow prostate cancer screening guidelines, it is important to study the reasons for non-compliance in order to increase utilization of preventive measures against prostate cancer (Ibrayev, et al., 2013 Journal of Cancer).

We have also found that vegan diets may confer a lower risk of prostate cancer.

In the 2005-06 edition of our newsletter we featured four prominent leaders in the church (including Dr. Ben Carson) who were diagnosed with prostate cancer. In this issue we are following up with two of them on how they are doing today.

It has been eight years since my diagnosis and surgery to remove my prostate and nearly 30 years since my father's death from prostate cancer. The decision for surgery came after review of my biopsy that found several areas of cancer within the prostate. It was removed by surgery with good margins, meaning I did not need any chemo or radiation treatment as follow up.

For the first six years, I checked my PSA every six months; the past two years I checked annually. The only surgical consequence is a hernia that I haven't decided if I will repair; still thinking about the merits of another surgery. I have resumed my life and find that I have no problems impeding any of my previous activities. As with all of us, I'm using



medication to address erectile dysfunction; I do miss a certain sense of spontaneity.

Overall, as I think about reaching my 67th birthday (older than my father when he died at age 66 ½), I celebrate being alive for my family; to still have time with my wife and children; and to contribute to my community and church. And for that, I am grateful to the advances of medical treatment and surgical techniques for the life I have.



Craig Jackson, JD

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Prostate Cancer Battles and Victories - Continued

It has been 20 years since I was first diagnosed with prostate cancer and went to Loma Linda for treatment with the proton beam in 1997. God has been good to extend my life these “extra years”.

In 2007, ten years after I was treated with the proton beam my PSA started going up. I couldn't believe it but those tests don't lie. I had prostate cancer again, a second time. I didn't know you could get it again. God directed me to the Memorial Sloan Kettering Hospital in New York city where I had a “salvage prostatectomy”. It is unusual for surgery to follow after radiation which makes the tissues very fragile like burnt newspaper. I remember the special feeling of hope that surged through my body when Elder C.E. Bradford insisted that I be prayed over publicly at the Sabbath service at the Oakwood University Homecoming in 2007. All the ministers on the platform laid their hands on me as we knelt for prayer.

My recommendation today that I offer to men who are faced with the challenge of prostate cancer is to have

surgery. As long as the prostate gland is in the body it can develop another tumor. I get my PSA tested about two times per year and I am still cancer free! So I am a two time cancer survivor! I still practice the wonderful principles of health promoted by the Adventist Church, and I'm a faithful Adventist Health Study member. I feel great, and I am training with my daughter to do the Marine Corps half marathon (13.1 miles) on May 15,

2016. I feel myself getting more fit each day as I lift weights and hustle down the trail in my senior community. Each day is a precious gift from the Lord.



DeWitt S. Williams, MA, EdD, MPH, CHES

*Retired, former Health Ministries Director
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Just a Simple Thing

One of the biggest fears of men is prostate cancer. However, one does not have to experience the devastating side effects and complications if prostate cancer is caught early. And that is entirely possible by doing a simple thing — namely, getting screened.

There has been a lot of controversy over screening for prostate cancer in recent years. But men continue to be diagnosed and die. There has been much progress in diagnosing and treating prostate cancer. These improvements have definitely made a difference in the longevity and quality of life for men who have this disease.

Prostate cancer remains the most common male cancer in the United States (aside from skin cancers) and the number two cause of male cancer death. African American men have the highest incidence in the world, with a death rate of twice that of majority men, and tend to be diagnosed later.

This disparity can be mitigated by simply getting an annual exam(DRE) and blood test(PSA). The guiding principle for this is made in discussion with your physician--based on your age, ethnicity and family history. Generally, in the absence of any urinary symptoms, starting your annual early diagnosis checks, should begin at age 55. However, if you

are African American, or have a family history of prostate cancer (father, brother, diagnosed in their early sixties or younger) you should be checked beginning at age 45. I generally recommend age 40 for these high-risk groups.

There are a number of options of treatment for prostate cancer — including active surveillance, which means your cancer is aggressively and pro-actively monitored without invasive therapy. Surgery, radiation, hormonal, cryotherapy, ultrasound therapy, chemotherapy, are also available. With modern improvements, men with prostate cancer are living longer and better than they were even a decade ago.

The best hope for prevention of prostate cancer is protecting your health: proper diet(ideally plant-based), smoking



abstinence, water and exercise, maintaining a proper weight, stress reduction. And if you are diagnosed with prostate cancer, its impact on you will be much less — because you did the little thing.

Leon Seard, MD

Has been a practicing urologist for the last 24 years.

Bone Health Among Black Subjects

It is well known that, in general, Blacks have fewer fractures than non-Blacks. Is that the case also among the Blacks in the AHS-2? We have not yet studied fracture risk among Blacks in the AHS-2, but we have looked at bone health as measured by ultrasound of the calcaneal (heel) bone. It turns out that both among Black males and females, the bone health as measured by ultrasound is better than among the Whites. Black females had a BUA value which was 5.0 dB/MHz higher than the White women and Black males also had 1.76 higher BUA levels than the white males in the AHS-2. These values suggest that the risk of fractures should be lower among the Blacks than the Whites. We will report more on bone health in a later newsletter.

Synnové Knutsen, MD, PhD

AHS-2 Co-investigator

Quality of Life After Cancer

A new exciting project to understand factors related to quality of life after cancer diagnosis

The AHS-2 has been funded for a small amount of money from the National Cancer Institute (NCI) to study quality of life among cancer survivors. This is a study specifically targeting those who have been diagnosed with breast, prostate, colorectal or ovarian cancer. To be successful, this study needs information on the exact sub-type of cancer, the exact treatment and information on the lifestyle of the participant and how she/he is dealing with their cancer.

For the past several months, we have been contacting our Black participants who we have learned have been diagnosed with one of the four cancers. We are inviting them to participate in the study and to answer a questionnaire on their lifestyle after being diagnosed.

We have already recruited more than 100 participants and hope to recruit at least 100 more. So, if you have been diagnosed with breast, prostate, colorectal or ovarian cancer since enrolling in the AHS-2, we would very much appreciate if you would be willing to join our study. You can call us at 1-877-558-6201 or email us at ahs2@llu.edu.

Thank you so much for your continued support of the AHS-2. Together we can learn so much about which factors are important for health and disease.

Synnové Knutsen, MD, PhD

AHS-2 Co-investigator



Research in the Black Community

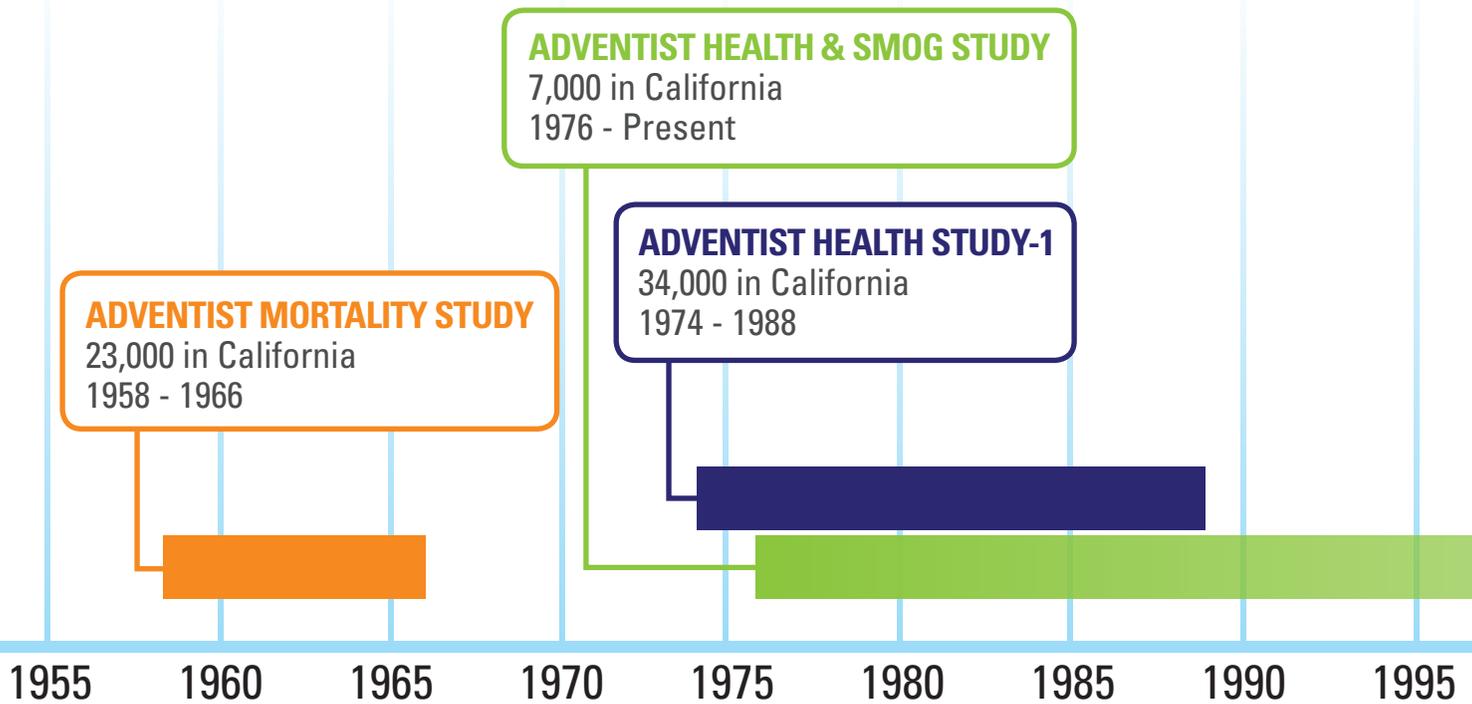
Blacks have been under-represented in scientific studies for several reasons, from the Black community's fear of exploitation based on mistreatment in the past, to researchers' failure to recruit Blacks through targeted strategies. Much work is needed to improve the representation of Blacks in medical/scientific research. AHS-2 has documented successful methods in recruiting 26,000 Black Adventists in order for future researchers to achieve better representation also.

Black/African American Findings

AHS-2 is one of very few large health studies of Blacks/African Americans with nearly 26,000 Black participants. As such, it is specially positioned to help answer why Blacks have different risks of certain diseases. AHS-2 also demonstrates how best to overcome historical barriers in working with the Black community in a research setting. Here is what we have learned so far:

- Compared to the rest of the AHS-2 study members, the Black cohort included more females and younger individuals. Fewer were currently married and more were never married, divorced or separated.
- The average age of baptism was 24.3 years.
- Compared to non-Adventist Blacks, rates of smoking, drinking and meat consumption were lower, and rates of vegetarianism and water consumption were higher for Black study members.
- The education level was higher for Black study members (35% hold a bachelor's degree or higher) than for Blacks nationally (15% hold a bachelor's degree or higher).

57 Years of Adventist Health Studies



Key Findings 1958 - 1966

The Adventist Mortality Study was conducted from 1958 - 1966 on 22,940 Adventist adults living in California. It was conducted at the same time as the American Cancer Society Study of Populations. Compared to other Californians, Adventists experienced lower rates of death for all cancers, including:

- Lung cancer – 80% lower
- Colorectal cancer – 37% lower
- Breast cancer – 15% lower
- Coronary heart disease – 34% lower for men

It was soon recognized that much, but not all, of the lower death rates among Adventists for lung cancer and coronary heart disease was because of non-smoking.

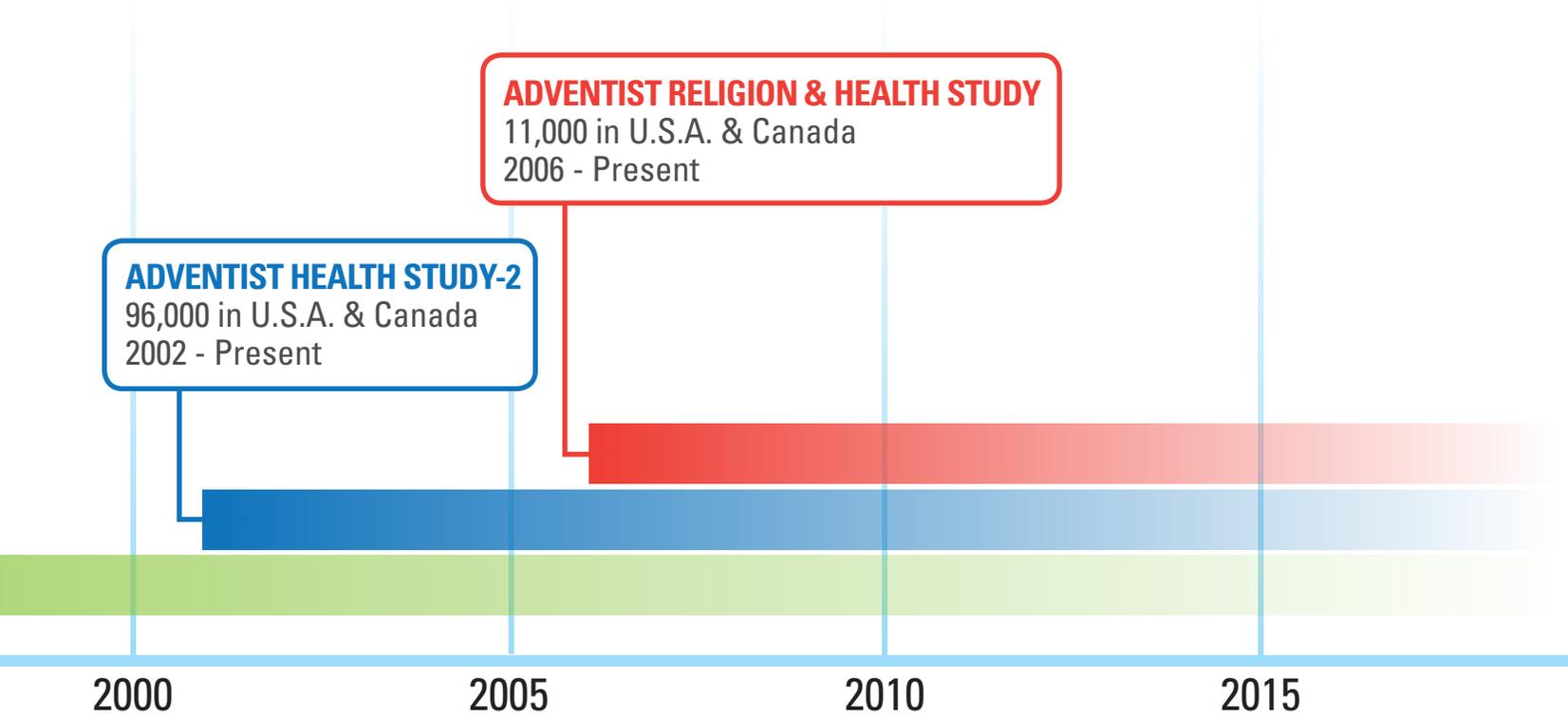


Key Findings 1974 - 1988

Adventist Health Study-1 was conducted on 34,000 California Adventist adults. Between 1974 - 1976, the largest number (1,668) of Blacks participated.

We examined association among demographic variable, cardiovascular risk factors, diet and all-cause mortality. We found that traditional risk factors operated with similar force in this Black population as in the White. AHS-1 was different from the previous Adventist Mortality Study (1958-1966) in that it was looking at new cases of disease and comparing Adventists with Adventists.

It revealed the beneficial effects of several foods. It was found that eating nuts several times per week reduced the risk of heart attack by up to 50%. Persons eating whole grain bread instead of white bread had reduced non-fatal heart attack risk by 45%. Also, men who had a high consumption of tomatoes had a 40% reduced risk of prostate cancer and men who drank soy milk more than once daily had a reduced risk of prostate cancer of 50% or more. Fruit consumption appeared to reduce the risk of lung cancer, acting in addition to the benefits of not smoking. Legumes were also shown to reduce the risk of cancer. Also observed in this study, those with better health habits as compared to those with poorer health habits had up to 10 additional years of life.



Key Findings 1976 - Present

The Adventist Health and Air Pollution Study (AHSMOG) consists of 6,338 individuals who were also members of the Adventist Health Study (AHS-1). This population provided a unique opportunity for investigating the health effects of long-term exposure to ambient air pollutants with very little confounding (distortion) by tobacco smoking. Adventists' contact with ambient air pollution varies greatly by virtue of their choice of residence and occupation. Participant cumulative exposures to each pollutant were calculated with data from state air monitoring stations. Discovery of significant associations between various air pollutants and chronic diseases included:

- Fine particulate matter: increased risk of lung cancer deaths, respiratory disease and fatal heart disease in women
- Second-hand smoke: increased risk of asthma
- Ozone: increased risk of asthma, lung cancer deaths (males)
- Sulfur dioxide: increased risk of lung cancer deaths

Key Findings 2002 - Present

The significance of AHS-2

Adventist Health Study-2 is the latest long-term study exploring the links between lifestyle, diet and disease among Seventh-day Adventists. As one of the largest studies of its kind ever designed it has national importance and international significance. More than 96,000 church members from the U.S. and Canada are participating in the current study. Initially cancer and cardiovascular disease again serve as the primary focus. Many questions raised and only partially answered by the previous studies will be more fully answered in the current study.

Adventists, due in part to their unique dietary habits, have a lower risk than other Americans of heart disease, several cancers and probably high blood pressure, arthritis and diabetes. This, along with their wide variety of dietary habits, provides a special opportunity for careful research to answer a host of scientific questions about how diet (and other health habits) may change the risk of suffering from many chronic diseases. It is estimated that 40 percent of cancers could be prevented by a proper diet. AHS-2 seeks to increase understanding of the benefits of healthy eating.

As one of the largest health studies of Blacks/African Americans, it aims to help answer why Blacks/African Americans have a disproportionate amount of cancers and heart disease.



Could the Adventist Lifestyle Improve the Health of Black Americans?

In the United States, Black men live about 5.4 years less on average than other American men. Black women do a little better when compared with other women, living only 3.8 years less on average. However, these differences underline the urgent need to understand racial disparities better and to improve the health of U.S. Blacks.

Our new study, for the first time, directly compares rates of death (from all causes) and risk of developing cancer between Black Seventh-day Adventists and the general Black population of the U.S.

The preliminary results seem to show that both the rate of death from all causes and the risk of developing cancer were substantially lower in the Black Seventh-day Adventists compared with the general Black population. Perhaps the broader adoption of a healthy lifestyle could be an important measure to lengthen life and reduce some diseases in the whole U.S. Black population. Look for more details in the next newsletter.

Hana Kahleova, MD, PhD

Post-Doctoral Fellow AHS-2

Heart Healthy Recipe

OKRA, CORN AND TOMATOES

(from Donna Greene-Goodman)

Ingredients

- 2 tablespoons olive oil
- 1 large onion, thinly sliced into rounds
- 2 bay leaves
- ½ teaspoon thyme
- ½ teaspoon basil
- 1 large green bell pepper, seeded and finely diced
- 3 large, fresh, ripened tomatoes, chopped
- 2 cups small okra pods, left whole or cut into ¼ inch rounds
- ½ cup water
- 2 cups fresh or frozen corn
- McKay's NO MSG chicken-style seasoning to taste

Directions

1. In a large skillet or heavy pan, heat olive oil and add onions, bay leaves, thyme and basil
2. Sauté and stir until onions briefly begin to soften
3. Add bell pepper and continue cooking until onions are soft
4. Add tomatoes, okra, water and remainder of the seasonings.
5. Reduce heat to low, and simmer uncovered for 15 minutes, stirring occasionally
6. Add corn and cook additional 5 minutes, if needed.
7. Serve hot with cornbread, or over brown rice.

Serves: 6, Calories: 123, Fat: 6

Sodium: 19.4 (depending on how much McKay's chicken-flavored seasoning used)

Ask Dr. Herring

How many participants are in the study?

AHS-2 began with more than 97,000 participants from the U.S. and Canada. So far, we have lost track of only 10% to 15% of these, (also deaths) and our numbers are currently around 84,000 (22,000 Blacks).

What is the goal of the study?

The main goals of this study are to evaluate the effects of dietary factors such as meat, soy, calcium, dairy foods and omega-3 linolenic acid on risk of colorectal, breast and prostate cancers. Our study population has a wide range of exposures to each of these factors and the consumption of soy approaches levels seen in Asian populations. We will also look at other cancers as numbers permit.

What has happened so far in the study?

So far, 97,000 subjects from more than 4,000 U.S. and Canadian churches completed the 50-page Lifestyle Questionnaire. This document asked detailed questions about diet and lifestyle. Subjects have since filled out Hospitalization History Forms every two years. We have also begun the Adventist Religion and Health Study, a sub-study using subjects from AHS-2.



How long will AHS-2 continue?

This is a long-term study that, with adequate funding, has the potential to go on for 15 or 20 years and make important contributions in many areas of health.

When can we expect results?

So far there are 99 published papers from AHS-2, and we expect to publish many more, including publications in non-peer reviewed journals i.e., Regional Voice, Message Magazine, etc.

Where can I see the study results?

A summary of results, other information about AHS-2 and a list of publications are found on the AHS-2 website. All future newsletters and publications will be on the website: ahs2.com

I have moved or changed my phone number or email address. How do I update my contact information?

Email your new information to ahs2@llu.edu or call 1-800-247-1699 toll-free and talk to our staff.

I have developed a disease. How do I let AHS-2 know about it?

Every two years AHS-2 will send you a brief questionnaire to list hospitalizations and any major changes in health. This is the best place to update AHS-2 about your conditions, including new cancers, heart attacks and hospital admissions.

I am concerned about my privacy. How does AHS-2 ensure confidentiality?

To help us protect your privacy, the National Institutes of Health (NIH) has given AHS-2 a Certificate of Confidentiality. This means that “researchers cannot be forced to disclose information that may identify you, even by a court subpoena, in any federal, state or local civil, criminal, administrative, legislative or other proceedings.”



This is your guarantee. Only you, by written consent, can allow any of your personal information that we hold to be released to an insurer, employer or other person.

Patti Herring, PhD, RN
Professor, Co-investigator AHS-2



Contact AHS-2 at 1-800-247-1699 or
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Vegetarian Dietary Patterns and Risk of Breast Cancer

Breast cancer is the second leading cause of cancer deaths among U.S. women. It is estimated that about a third of cancer deaths can be prevented by diet alone; however results from studies that relate diet and breast cancer specifically are not conclusive. There is very limited information on the role of vegetarian diets in breast cancer development, and of the studies we know about, the definition of vegetarian diets differs. In the first Adventist Health Study which included only California Adventists, many of whom were vegetarians, researchers found no strong dietary associations with breast cancer, although higher cheese consumption appeared potentially hazardous. A more recent study among British women did not find vegetarian diets to be associated with breast cancer, but they did not have a large group of vegans.

A unique aspect of the AHS-2 population is a large number of distinct vegetarian dietary patterns from Adventists throughout the U.S. So we calculated the risk of developing breast cancer in vegans, lacto ovo-vegetarians, pesco-vegetarians and semi-vegetarians and compared them to non-vegetarians. We carefully controlled for height, physical activity, family history of cancer, mammography, age at menopause, age at menarche, use of birth control pills,



hormone replacement therapy, age at birth of first child, number of children, breastfeeding, educational level, smoking, alcohol and BMI. During an average follow-up time of eight years, we identified 892 breast cancer cases: 414 in non-vegetarians, and 478 cases in vegetarians. Compared to non-vegetarians, we found that all vegetarians combined did not have an advantage. The risk was consistently lower among vegans; however, the results were not statistically significant. These findings were similar in both Black and White women in the cohort. These results were recently published in British Journal of Nutrition.

Karen Jaceldo-Siegl, DrPH, MS

Associate Professor of Nutrition, AHS-2 Co-investigator