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FIVE MORE YEARS OF SUPPORT FOR BWHS

Where does the BWHS get the money to send health surveys to you and carry out our scientific work? Since its very beginning, the BWHS has been supported by the National Institutes of Health (NIH)—the largest funder of medical research in the United Stateswith most support coming from the National Cancer Institute. Grants are funded for a maximum of five years at a time; after this period, the BWHS submits a proposal to NIH describing the study plan for the next five years, which panels of scientists review along with proposals from other investigators for their own studies. Each proposal is rated based on quality and importance, and scientific administrators at the NIH then make funding decisions based on the score and whether similar research is already being done. We are happy to tell you that the BWHS will be supported by the National Cancer Institute for another five years. Your willingness to provide health information makes the BWHS a powerful tool for studying the health of black women. Thank you for making it possible for this work to continue.

Will BWHS participants continue to receive health surveys in the next five years? Data collection through health surveys will continue as before. We will continue to study risk factors for a wide range of illnesses, including conditions that haven't yet been studied. As we grow older, conditions that may be rare at young ages become more common. We'll keep you posted and continue to inform you of important findings in newsletters twice a year and through the BWHS website.

Will anything new happen in the next five years? The new grant will support the collection of blood samples from those who wish to participate in this part of the study. Blood contains numerous substances that may be predictors of illness. These samples will greatly increase the ability of the BWHS to add to knowledge about the causes of disease. A blood sample may also provide good information about environmental exposures. Please turn to page 5 for details on this new effort.

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WHY THE BWHS IS CONTINUING

In spite of federal budget cuts, the NIH is continuing to invest in the BWHS for the following reasons:

- 1. It is unknown why rates of many illnesses are higher in black women. Why do black women develop breast cancer at a younger age, and why are they more likely to develop more aggressive types? How can diabetes be prevented? What are the health effects of racism? What factors improve quality of life and survival for women who have had cancer? What are the health effects of stress? More research is needed to answer these important questions.
- 2. BWHS participants have been extremely dedicated, and the investigative team has been highly productive. As a result, findings have been published on numerous topics of concern. The BWHS has made important contributions toward piecing together the puzzle of how to improve health.



3. The collection of blood samples will greatly increase the ability of the BWHS

to answer key questions. For example, many black women have low levels of vitamin D. Are low levels related to the risk of developing colon cancer, or high blood pressure, or a range of other illnesses? Clear answers are needed. The vitamin D in our bodies comes from foods, supplements, and exposure to sunlight. A single laboratory blood assay of vitamin D tells us the vitamin D level from all these sources combined. As in any special study within the BWHS, participation in the blood collection study has no effect on participation in other parts of the BWHS.

BWHS Leadership

The leadership team of Dr. Lynn Rosenberg, Dr. Julie Palmer, and Dr. Lucile Adams-Campbell has directed the BWHS since its beginning and will continue to do so. Dr. Rosenberg and Dr. Palmer, together with the data collection staff, are located at Boston University. Dr. Adams-Campbell, now at Georgetown University, is former Director of the Howard University Cancer Center, where she served until 2008. She is now Associate Director for Minority Health and Health Disparities Research at the Lombardi Cancer Center at Georgetown University, Drs. Rosenberg, Palmer, and Adams-Campbell will continue to oversee the work of a staff of investigators with a wide range of expertise.

A COLLABORATION WITH HOWARD UNIVERSITY

Heart disease is a leading cause of death among all Americans, but it strikes black Americans at younger ages and with worse consequences. Due in part to the effects of heart disease, black women live about five years less than white women. The BWHS has devoted considerable research to

understanding the causes of high blood pressure, excess weight, and diabetes, all of which contribute to heart disease. In a new collaboration with Howard University, we plan to extend that research and focus directly on causes of heart disease itself.

The BWHS heart disease study will be a collaboration with Dr. Michelle Albert, a cardiologist and vice president of the Association of Black Cardiologists. She has been seeing patients with heart disease for over 15 years and has developed a research program that focuses on how stressful life events influence its development. Dr. Albert has worked with the BWHS for 8 years, beginning when she was a cardiologist and researcher at Harvard University. Dr. Albert has just moved to Washing-

ton D.C., to serve as Director of cardiovascular research at Howard University College of Medicine.

Dr. Albert and the staff of physicians and researchers at Howard University will begin the new heart disease research in the BWHS by carefully

> reviewing clinical data in order to precisely define the diagnoses. For this purpose. women who have reported a heart attack. stroke, or other type of cardiovascular disease will be asked for permission for BWHS investigators to obtain

and review the part of the medical record that reports on the heart disease (for example, EKG, enzyme levels). One of the central themes in this research will be the prediction of heart disease risk using biomarkers. Blood samples from BWHS participants will be especially helpful for this effort. The BWHS will examine how life experiences (such as racism, physical activity, and spirituality) affect levels of different blood biomarkers and how levels of these biomarkers influence the development of heart disease.



BLOOD COLLECTION IN THE BWHS



Dr. Michelle Albert

Many health studies are making great strides in understanding illness with information that comes from studying blood samples. An early

example is the discovery that cholesterol levels in the blood predict the risk of having a heart attack. The BWHS can make similar contributions on behalf of black women.

BWHS participants live in more than 20 states across the country. How can blood samples be collected in a standard way from women in so many different places? A few years ago, BWHS investigators worked out a successful method with the help of a collaborator, Dr. Michelle Albert.

Together with Dr. Albert, BWHS investigators conducted a feasibility study that involved 500 BWHS volunteers in several cities. Through Quest Diagnostics, Inc., a national blood collection and diagnostic testing company, blood samples were collected from these participants, sent to our collaborating laboratory for storage, and tested for several biomarkers.

We will use the same methods for sample collection in the entire BWHS. Quest has over 2,000 Quest Patient Service Centers across the U.S.—perhaps you have had blood drawn at a Quest center.

Over the next five years, we will invite BWHS participants in various areas of the country to participate. The invitation will include a list of Quest Patient Service Centers in your area, a free telephone number to call the BWHS with questions, and a "requisition form" identified by ID number only to take to a Quest Patient Service Center. If you choose to participate, you will be asked to sign an informed consent, go to a convenient Quest Center at any time during the hours they are open (no appointment needed), and present the requisition form without your name. About three tablespoons of blood will be taken. The blood samples will give the BWHS a powerful means to investigate causes of disease in black women. Please consider participating in this phase of the BWHS. As always, your decision to participate or not does not affect your participation in any other part of the BWHS.

Recent Research

DNA from saliva samples contributed by BWHS participants was used in the search for genes that may be linked to more aggressive forms of breast cancer. This type of work will help in the eventual understanding of how different kinds of breast cancer develop.

Palmer JR, et al. Genetic susceptibility loci for subtypes of breast cancer in an African American population. Cancer Epidemiol Biomarkers Prev 2012.

HEALTH NEWS: SUGAR-SWEETENED BEVERAGES



Dr. Shiriki Kumanyika

Sugar-sweetened beverages (SSBs) including regular soft drinks, sweetened fruit drinks, and any other drinks with added sugar—have received a lot of press lately. They have become the main source of added sugar for many Americans. Dr. Shiriki Kumanyika, a member of the BWHS Advisory Board (made up of six African American women who advise the BWHS), is founder and chair of the African American Collaborative Obesity Research Network. The network has reviewed research on how SSBs affect the health of black Americans, including BWHS research on the connection of SSBs to weight gain and diabetes. Some of the network's findings include:

- → Black Americans across a range of ages consume more SSBs than white Americans.
- Consumption by black teens has increased markedly.
- Black Americans have been targeted by advertisers to increase their consumption of SSBs.

- → SSBs account for 7 to 14% of total calories consumed daily by black males ages 9-70.
- → SSBs account for 7 to 13% of total calories consumed daily by black females ages 9-70.
- → Based on the most recent data, the average daily calorie intake from SSBs is 297.
- SSBs promote weight gain and obesity.
- → SSBs contribute to heart disease and diabetes.
- SSBs contribute to dental disease (cavities and tooth loss).



The bottom line: SSBs have no health benefits and pose many risks to good health. The Collaborative Obesity Research Network urges the reduction of SSB intake among children and adults. Substituting water for SSBs will help keep a healthy weight and prevent diseases linked to excessive sugar intake.

THE 2011/2012 HEALTH SURVEY

Please take a few minutes to complete your 2011/2012 health update. You can do this online at the BWHS website (**www.bu.edu/bwhs**); you can fill out the paper survey; or you can call us for help. If you want us to send you a survey, let us know by telephone (800-786-0814 or 617-734-6006) or email (**bwhs@bu.edu**). Not sure if you've responded? If the 8-digit number below the address update area on the back cover of this newsletter ends in "R", then you've already returned your survey. Thank you to the more than 40,000 participants who have filled out their surveys!

Check out the redesigned BWHS website

Visit www.bu.edu/bwhs to see our new website. Here's a partial list of what you can find there:

- → Answers to frequently asked questions about the BWHS
- → Links to helpful organizations for health information
- → A list of BWHS investigators
- → A list of BWHS Advisory Board members
- → A list of BWHS publications with descriptions of results



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