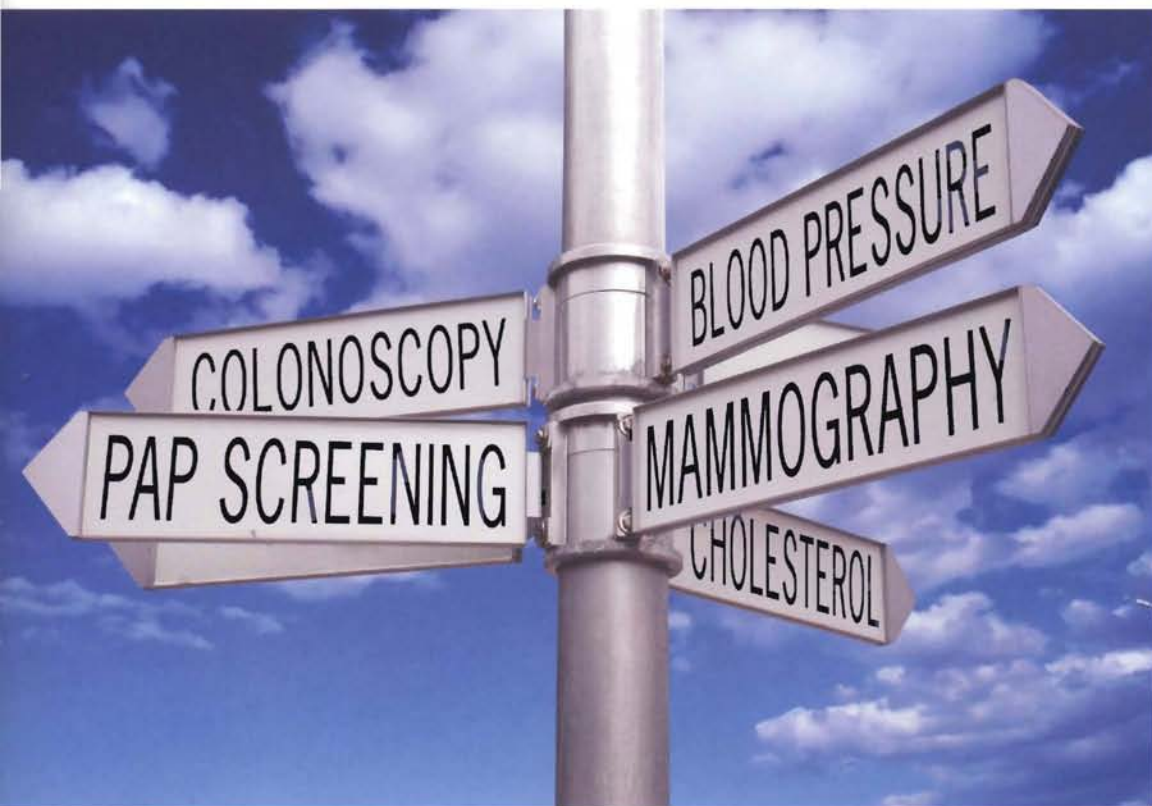




BLACK WOMEN'S HEALTH STUDY



*Working together
to improve the health of
black women*

INSIDE:

2 New Studies at the BWHS

3 Medical Screening Tests

6 New BWHS Research on Diabetes

NEW STUDIES AT THE BWHS



Congratulations to two young BWHS investigators. **Dr. Lauren Wise** and **Dr. Yvette Cozier** have received funding from the National Institutes of Health to study two conditions that particularly afflict black women.

Dr. Wise's funding is for a 4-year study of genes and fibroids in the BWHS. For unknown reasons, black women are two to three times more likely to develop uterine fibroids (fibroids in the womb) than other women. Many genes with very small effects may contribute to the increase;

Dr. Wise's study will try to identify those genes. Once the genes are found and confirmed in other studies, it will be possible to figure out the mechanisms involved in fibroid formation, which should lead to a better understanding of how to prevent and treat the condition.

Dr. Cozier's funding is for a training program lasting five years; she will study causes

of sarcoidosis in the BWHS. This condition most often affects the lungs, although other organs can also be involved. Sarcoidosis affects women more than men—black women in particular—and the causes are largely unknown. Dr. Cozier will study both genetic and nongenetic causes. Because the condition affects women more than men, and because women produce much more estrogen than men do, Dr. Cozier will focus on genes that are involved with estrogen production.



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MEDICAL SCREENING TESTS

The purpose of screening is to find signs of disease early, when treatments will be most effective in preventing or curing it. This newsletter offers general guidelines on screening for breast, colorectal, and cervical cancer, and high cholesterol and blood pressure. For recommendations specific to your level of risk or age, please consult your doctor. Good sources for information on the Web are the American Cancer Society, the National Institutes of Health, and the U.S. Preventive Services Task Force.

Breast cancer

An estimated 182,000 women will be diagnosed with breast cancer this year in the U.S. and 40,000 women will die of the illness. Death rates from breast cancer are higher in black women than white women.

- The American Cancer Society recommends that women with an average risk of breast cancer have a **mammogram** (X-ray of the breast) every year starting at age 40; the U.S. Preventive Services Task Force recommends a mammogram every year or two. Something that looks suspicious on the mammogram might need to be biopsied—cells taken from that area will be examined by a pathologist to see if they are cancerous. Many suspicious findings from mammograms turn out **not** to be cancer.

- **Clinical breast exams** by a doctor or nurse and breast self-exams can pick up breast cancers that are large enough to be felt as lumps or create other physical symptoms, *but you still need to have regular mammograms even if you do breast self-exams.*

The bottom line: Detecting breast cancer at an early stage increases the chances of a cure or longer survival.



Colon and rectal cancer

For unknown reasons, colorectal cancer occurs more commonly among African Americans than among whites. Approximately 150,000 new cases of colorectal cancer and 50,000 deaths from it will occur this year in the U.S. This cancer is thought to begin as a small growth—called an adenomatous polyp or adenoma—in the colon or rectum.

- The current recommendation is that people at average risk of colorectal cancer have a **colonoscopy** beginning at age 50. During this procedure, a flexible tube is inserted into the colon (large intestine), which allows the doctor to see if there are polyps and remove them. A pathologist will

examine the polyp to see if it is an adenoma. If polyps are found, the usual recommendation is to have another colonoscopy in the next three to five years or more often, depending on the type of polyp found. If there are no polyps, another colonoscopy should be done in about ten years.

The colon must be cleaned out before a colonoscopy by taking laxatives the day before, which means spending quite a bit of time in the bathroom that day.

The bottom line: Detecting and removing adenomas greatly reduces the chance of developing colorectal cancer, and detecting the cancer early increases the chances of a cure or longer survival.

Cervical cancer

The number of cases of cancer of the cervix (the lower part of the womb) has declined greatly in the last 50 years because of Pap testing. There will be about 11,000 new cases of cervical cancer in the U.S. this year and 3,800 deaths from the cancer. Cancer of the cervix is caused by certain types of HPV (Human Papilloma Virus), which is a sexually transmitted virus.

- **Pap screening** involves removing cells from the cervix by gently brushing or scraping. The cells are examined to see if there are precancerous or cancer cells. Pap testing should begin about three years after the start of sexual intercourse (but no later than 21 years of age) and should be repeated every few years afterwards.

The bottom line: Pap screening is highly effective in catching precancerous cell changes or early cancer and often leads to a cure.

Cholesterol and blood pressure

High levels of “bad” cholesterol (LDL) are associated with increased risk of coronary heart disease, and high blood pressure increases the risk of both heart disease and stroke.



- The U.S. Preventive Services Task Force recommends routine blood tests to screen for blood cholesterol levels for women aged 45 and older. Screening should begin as early as age 20 for women who have other risk factors for heart disease, such as diabetes or high blood pressure.
- The U.S. Preventive Services Task Force recommends blood pressure screening every two years if your blood pressure has been at normal levels and every year if it is in a range close to being high.

Cholesterol levels can be controlled through dietary changes and medication, and blood pressure through exercise, medication, and dietary changes.

The bottom line: Lowering levels of bad cholesterol and controlling high blood pressure can lower the risk of developing heart disease and stroke.

NEWS FROM THE BWHS

NEW DIABETES RESEARCH

Previous BWHS research suggested that increasing cereal fiber in the diet can reduce diabetes risk. An easy way to increase fiber is by substituting unprocessed foods for processed foods. Now Dr. Julie Palmer has come up with **another practical way to reduce the risk of diabetes—lower your consumption of sugar-sweetened soft drinks and fruit drinks.** Dr. Palmer found that the occurrence of diabetes in the BWHS was 25% greater among women who drank two or more servings of soft drinks per day than among women who rarely drank them. For women who drank two or more servings of fruit drinks, the increase was 30 percent. We all know that soft drinks are not healthy, but fruit drinks have been promoted as being healthy. While it is important to eat fruit, drinking sweetened fruit drinks is not the way to go. If you are thirsty, water is a great choice!



DR. YVETTE COZIER SPEAKS AT BLACK WOMEN'S CONFERENCE

In March, the University of Kentucky in Lexington, Kentucky, held its Annual Black Women's Conference. This year the title was "Sick and Tired of Being Sick and Tired: Addressing Health

Disparities Among Black Women."

Dr. Yvette Cozier was a keynote speaker; her talk described research in the BWHS. She was in very good company—Dr. Joycelyn Elders, the former Surgeon General of the U.S. Public Health Service, was a keynote speaker as well. Dr. Elders was the first African-American woman to hold this high government post, to which she was appointed by President Bill Clinton in 1993.

2007-2008 HEALTH SURVEY UPDATE

Thank you to the 42,700 BWHS participants who completed the 2007/2008 BWHS health survey. The more of you who respond, the more reliable the study results are, so we urge those of you who have not yet responded to do so. The survey is very short this year and is on the BWHS website (www.bu.edu/bwhs) if you prefer to complete it there rather than filling out and mailing back the paper form. If you haven't completed the survey on the Web and haven't received one in the mail, please let us know—we may have an incorrect address for you. Phone us toll-free at 1-800-786-0814 or e-mail us at bwhs@slone.bu.edu. To complete the survey online, please visit www.bu.edu/bwhs and click on the "2007/08 Web Questionnaire" button.

Not sure if you have filled out the survey? Look at the back of this newsletter—if the number printed below the section for address updates begins with an "R", we have received your survey. Thanks!

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Many thanks to the 42,700 BWHS participants who have already completed the 2007 health survey.



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