

HEALTHY Prescriptions

EATING TO REDUCING YOUR RISK OF BREAST AND PROSTATE CANCER

BREAST CANCER

The recommendations to prevent all cancers apply to breast cancer.

The advice includes:

Quit smoking, reduce dietary fat, and eat fortifying food such as broccoli and brussels sprouts.

These cruciferous vegetables provide

indoles, sulfur compounds that may also help spur cancer-fighting enzymes that may block or reduce cell damage.

In addition, early studies indicate that the following choices may decrease your risk of breast cancer:

Fill up on fruits and vegetables, the more the better

From apples to zucchini, plant foods provide phytochemicals which all have different protective effects against cancer. Red peppers and strawberries, for example, are rich in vitamin C, an antioxidant that blocks

the formation of harmful free radicals that corrode cells, which leads to cancer.

Postmenopausal women with a high intake of vitamin C may reduce risk of cancer by 16 percent, one early study suggests.

Citrus bioflavonoids, found in the peel of oranges and tangerines, and reserterol in grape peels may also protect against breast cancer.



Go fish

Salmon, mackerel and other cold water

fish contain Omega-3s, the same fatty acids that reduce blood fats and protect against heart disease and may also protect against breast tumors. Other good sources of the omega-3 fatty acids are flaxseeds, soy, and walnuts.



Switch to olive or canola oil

Women who consumed three fourths of a tablespoon of monounsaturated fat could cut their breast cancer risk in half, according to a Swedish study involving 60,000 women. Substitute monos for margarine,



butter and other trans-fatty acids (most fats in processed foods) and saturated fat sources. And eat mono-rich avocados and almonds.

Avoid barbecued meat when possible

Those tasty black marks on your burger could spell danger, early investigations show. The fat laced throughout animal protein (even lean cuts), when heated to high temperatures, forms heterocyclic amines in the body, which may prompt breast tumor formation.



Limit conventional hormone replacement therapy to five years

After menopause, taking estrogen alone for more than four years increases the risk for breast cancer by 20 percent. But the most recent studies show that breast cancer risk increases by 40 percent among women who take the combination estrogen/progestin (the term for synthetic progesterone) hormone replacement therapy than for non-users. Taking HRT for less than five years does not increase the risk.



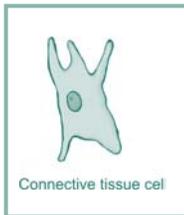
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Healthy Prescriptions is a bi-monthly newsletter published by the Southern University Agricultural Research and Extension Center. The newsletter is compiled by **Shantell Smith Jones**, Assistant Specialist—Health and **De'Shoyn York Friendship**, Assistant Specialist—Nutrition. Design and Layout by **Donna Charles Badon**, Creative/Graphics Specialist.

Breast Cancer

WHAT IS BREAST CANCER?

Breast cancer is the most common cancer among women, other than skin cancer. It is the second leading cause of cancer death in women, after lung cancer. Breast cancer is a disease in which abnormal (malignant) cells are found in the tissues of the breast. Each breast has 15 to 20 sections called lobes, which have many smaller sections called lobules. The lobes and lobules are connected by thin tubes called ducts. The most common type of breast cancer is ductal cancer. It is found in the cells of the ducts. Cancer that begins in the lobes or lobules is called lobular cancer. Lobular cancer is more often found in both breasts than other types of breast cancer. Inflammatory breast cancer is an uncommon type of breast cancer. In this disease, the breast is warm, red, and swollen.



WHO IS AT RISK?

The following risk factors are things you cannot change: gender, age, genetic risk factors, family history, personal history of breast cancer, race, earlier breast biopsy, earlier radiation treatment, and menstrual periods.

Gender

Simply being a woman is the main risk factor for breast cancer

Age

The chance of getting breast cancer goes up as a woman gets older.



Genetics

About 1 case of breast cancer in 10 is linked to changes (mutations) in certain genes.

Race

White women are slightly more likely to get breast cancer than are African-American women. However, African Americans are more likely to die of this cancer. Asian, Hispanic, and American Indian women have a lower risk of getting breast cancer.



Biopsy

Certain types of abnormal biopsy results can be linked to a slightly higher risk of breast cancer.

Radiation

Women who have had chest area radiation treatment earlier have a greatly increased risk of breast cancer.

Family History

Risk is higher among women whose close blood relatives have this disease. The relatives can be from either the mother's or father's side of the family. Having a mother, sister, or daughter with breast cancer doubles a woman's risk.



Personal History

A woman with cancer in one breast has a greater chance of getting a new cancer in the other breast or in another part of the same breast. This is different from the first cancer coming back (recurrence).

Menstrual Periods

Women who began having periods early (before 12 years of age) or who went through the change of life (menopause) after the age of 50 have a small increased risk of breast cancer. The same is true for women who have not had children, or who had their first child after they were 30 years old.

Although there are several risk factors you cannot control, alcohol consumption, diet, and exercise are three factors that you can control.

1. Use of alcohol is clearly linked to an increased risk of getting breast cancer. Women who have one drink a day have a very small increased risk. Those who have 2 to 5 drinks daily have about 1 1/2 times the risk of women who drink no alcohol. Therefore, limiting alcohol intake can be beneficial.



2. Being overweight is linked to a higher risk of breast cancer, especially for menopausal women and if the weight gain took place during adulthood. The risk seems to be higher if the extra fat is in the waist area. Some studies have shown that a **diet** high in fat can make a woman's risk higher, but other research studies of fat in the diet as it relates to breast cancer risk have often given conflicting results. However, an unhealthy diet and being overweight can put you at risk for other diseases (heart disease, diabetes, etc.). Therefore, it is a good idea to maintain a healthy weight.

3. Exercise and cancer is a fairly new area of research. However, small amounts of physical activity could lower breast cancer risk. More research is being done to confirm these findings.



HEALTHY Prescriptions

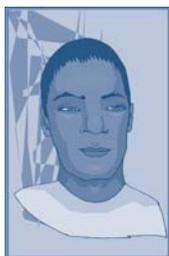


PROSTATE CANCER — The Facts*

- About 70% of all diagnosed prostate cancers are found in men aged 65 years or older.



- Over the past 20 years, the survival rate for prostate cancer has increased from 67% to 97%.



- The prostate cancer death rate is higher for African-American men than for any other racial or ethnic group.

- Compared to other racial and ethnic groups, the Asian/Pacific Islander group has relatively low rates of prostate cancer incidence and mortality.

- Among all racial and ethnic groups, prostate cancer death rates were lower in 1999 than they were in 1990.

- Decreases in prostate cancer death rates during 1990-1999 were almost twice as great for whites and Asian/Pacific Islanders than they were for African Americans, American Indian/Alaska Natives, and Hispanics.



- It is estimated that in 2003, about 220,900 new cases of prostate cancer will be diagnosed and 28,900 men will die of the disease

American Cancer Society's Recommendations for the Early Detection of Prostate Cancer

The American Cancer Society believes that health care professionals should offer the prostate-specific antigen (PSA) blood test and digital rectal examination (DRE) yearly, beginning at age 50, to men who have at least a 10-

year life expectancy. Men at high risk, such as African Americans and men who have a first-degree relative (father, brother, son) diagnosed with prostate cancer at an early age, should begin testing at age 45.



Men at even higher risk (because they have several first-degree relatives who had prostate cancer at an early age) could begin testing at age 40. Depending on the results of this initial test, further testing might not be necessary. However, they should be informed regarding possible risks and benefits of screening.

Easy Apple-Cinnamon Crisp

- $\frac{2}{3}$ cup Oats, rolled, dry
- $\frac{1}{3}$ cup Flour, all purpose
- 2 tablespoons Sugar, brown, packed
- 1 teaspoon Cinnamon, ground
- $\frac{1}{4}$ cup Margarine
- 4 medium fresh-peeled Apples, sliced



Directions:

1. Preheat oven to 375° degrees F.
2. In a medium bowl, stir together oats, flour, brown sugar, and cinnamon.
3. Cut in margarine until mixture is crumbly.
4. Place apples in an 8-inch square glass baking dish or pan.
5. Sprinkle with oat mixture.
6. Bake uncovered for about 30 minutes or until topping is light brown. Serve warm.

Makes 9 servings

(See **Nutrition Facts** on back.)

References: Discovery Health; discoveryhealth.com
Recipe courtesy of Wisconsin University Extension Program Centsible Cookbook.

American Cancer Society Recommendations for Early Breast Cancer Detection

Women age 40 and older should have a screening mammogram every year, and should continue to do so for as long as they are in good health.

Women in their 20s and 30s should have a clinical breast examination (CBE) as part of a periodic (regular) health exam by a health professional preferably every 3 years. After age 40, women should have a breast exam by a health professional every year.



Breast self-examination (BSE) is an option for women starting in their 20s. Women should be told about the benefits and limitations of BSE. Women should report any breast changes to their health professional right away.

Women at increased risk should talk with their doctor about the benefits and limitations of starting mammo-

grams when they are younger, having additional tests, or having more frequent exams. Women should discuss with their doctor what approaches are best for them. Although the evidence currently available does not justify recommending ultrasound or MRI for screening, women at increased risk might benefit from the results.



Nutrition Facts

Serving Size (79g)		Servings Per Container	
Amount Per Serving			
Calories 110	Calories from Fat 25		
% Daily Value*			
Total Fat 3g		5%	
Saturated Fat 1g		5%	
Cholesterol 0mg		0%	
Sodium 45mg		2%	
Total Carbohydrate 20g		7%	
Dietary Fiber 2g		8%	
Sugars 10g			
Protein 2g			
Vitamin A 4%		Vitamin C 4%	
Calcium 0%		Iron 4%	
*Percent Daily Values are based on a 2,000 calorie diet. Your daily values may be higher or lower depending on your calorie needs:			
	Calories:	2,000	2,500
Total Fat	Less than	65g	80g
Saturated Fat	Less than	20g	25g
Cholesterol	Less than	300mg	300mg
Sodium	Less than	2,400mg	2,400mg
Total Carbohydrate		300g	375g
Dietary Fiber		25g	30g
Calories per gram:			
Fat 9 • Carbohydrate 4 • Protein 4			

Easy Apple-Cinnamon Crisp

Symptoms of Breast Cancer

While the widespread use of screening mammography has increased the number of breast cancers found before they cause any symptoms, some are still missed.

The most common sign of breast cancer is a new lump or mass. A lump that is painless, hard, and has uneven edges is more likely to be cancer. But some rare cancers are tender, soft, and rounded. So it's important to have anything unusual checked by your doctor.

Other signs of breast cancer include the following:

- a swelling of part of the breast
- skin irritation or dimpling
- nipple pain or the nipple turning inward
- redness or scaliness of the nipple or breast skin
- a nipple discharge other than breast milk
- a lump in the underarm area



Resources/References:

Discovery Health:
discoveryhealth.com

The American Cancer Society:
www.cancer.org

For additional resources, contact the Southern University Agricultural Research and Extension Center at (225) 771-2242.

For Additional Information Contact:

*“Linking Citizens of Louisiana
with Opportunities for Success”*

Prostate Cancer

WHAT IS PROSTATE CANCER?

Prostate cancer is the most common form of cancer, other than skin cancer, among men in the United States, and it is second only to lung cancer as a cause of cancer-related death among men. Science tells us that cancer begins as one cell that becomes abnormal (malignant) and grows out of control into a group of cells very quickly. The prostate is one of the male sex glands and is located just below the bladder (the organ that collects and empties urine) and in front of the rectum (the lower part of the intestine). The prostate is about the size of a walnut. It surrounds part of the urethra, the tube that carries urine from the bladder to the outside of the body. The prostate makes fluid that becomes part of the semen, the white fluid that contains sperm.

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WHO'S AT RISK?

Age

1. White men at age 50 who have no family history of the disease and African-American men or males of any age/race who have a first-degree relative (father or brother) with prostate cancer.



Race

2. African-American men have an incidence of prostate cancer that is 1.5 times that of whites.

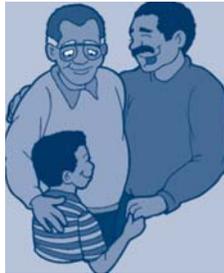


The Japanese and mainland Chinese populations have the lowest rates of prostate cancer



Family History

3. Men who have a first-degree relative with prostate cancer have approximately a two-fold increased risk of developing prostate cancer during their lifetime. Men with two first-degree relatives have five-times the chance of developing the disease in their lifetime than do men with no family history of prostate cancer.



Dietary Fat

4. Studies suggest that a diet high in fat may increase the risk of the disease. However, no definitive proof of its role has been found.

You should feel comfortable talking to your doctor about healthy nutrition and disease prevention. Some people benefit from a dietician, especially initially, to help change their diets. It is very important to talk to your doctor before making any major changes to your diet or exercise program.

Cancer, continued from page 1

PROSTATE CANCER

Diet and nutrition are important for everyone. Recent studies have suggested that there may be a dietary influence on the risk of developing prostate cancer. However, this is only now being evaluated in detail, and we will have more information in the future.

That said, many cancer societies (i.e. National Cancer Institute, the American Cancer Society, World Health Organization, etc.) have suggested guidelines. Most American men do not meet these guidelines. The following eight recommendations come from guidelines suggested by Dr. Steven Clinton, of the Dana-Farber Cancer Institute in a recent publication*, based on scientific evidence, society guidelines, relatively low risk of ill effects of the recommendations, and the potential for decreased risk for preventing prostate cancer.

1. Maintain a healthy body weight through a consistent diet (not frequent changes in diet that lead to fluctuations in weight) and regular exercise.

2. Eat foods low in total fat and cholesterol. Select foods and ingredients with unsaturated fats instead of saturated fats.

3. Eat at least five servings of fresh fruits and vegetables per day. Some studies have shown that tomatoes, in particular, lower the risk of prostate cancer.

4. Aim to make carbohydrates 55-60% of your diet calories, especially complex carbohydrates, such as those found in breads, whole grain cereals, pasta and rice.

5. Eat meats in moderation. Much of this recommendation has to do with the high amount of fat and cholesterol in most meat. Therefore, it is important to eat meats that are low in fat and cholesterol, such as fish.

see **Prostate**, page 4

2003 NATIONAL HEALTH AND NUTRITION OBSERVANCES

September

Baby Safety Month
Children's Eye Health and Safety Month
Cold and Flu Campaign
Gynecologic Cancer Awareness Month
Healthy Aging Month
Leukemia & Lymphoma Awareness Month
National Cholesterol Education Month
National Food Safety Education Month
National Sickle Cell Month
Ovarian Cancer Awareness Month
National Alcohol & Drug Addiction Recovery Month
Prostate Cancer Awareness Month
National Rehabilitation Week (14th-20th)
National Reye's Syndrome Week (21st-27th)
National 5 A Day Week (21st-27th)
Family Health & Fitness Day USA (27th)
National Women's Health & Fitness Day (24th)

October

Domestic Violence Awareness Month
Family Health Month
Healthy Lung Month
National Breast Cancer Awareness Month
National Dental Hygiene Month

National Lupus Awareness Month
National Family Sexuality Education Month
National Physical Therapy Month
National Spinal Health Month
"Talk About Prescriptions" Month
Sudden Infant Death Syndrome (SIDS) Awareness Month
National Liver Awareness Month
National Brain Injury Awareness Month
Health Literacy Month
World Blindness Awareness Month
National Fire Prevention Week (5th-11th)
Mental Illness Awareness Week (5th-11th)
Drive Safely to Work Week (6th-10th)
National Child Health Day (6th)
Ulcer Awareness Week (7th-14th)
National Adult Immunization Awareness Week (12th-18th)
National School Lunch Week (13th-17th)
World Food Day (16th)
National Health Education Week (20th-26th)
National Childhood Lead Poisoning Prevention Week (19th-25th)
National Red Ribbon Celebration (Campaign to keep kids off drugs week 23rd-31st)

Prostate, continued from page 3

6. Although, to date, there has been limited evidence to link sugar and salt to prostate cancer, it is important as part of a healthy diet to eat these substances in moderation.



7. Drink alcohol in moderation, (if at all), which means not more than one drink per day. Again, this recommendation results in healthier nutrition, but has not specifically and definitively been linked to prostate cancer.



8. To maintain a healthy diet, it is important to select a variety of food, be moderate in eating any one food, and balance your diet, your calorie intake and your calories used (such



Resources/References:

The American Cancer Society: www.cancer.org
American Institute for Cancer Research: www.aicr.org
Discovery Health: www.discoveryhealth.com

For additional resources contact, the **Southern University Agricultural Research and Extension Center** at (225) 771-2242.

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