Greetings!

We hope that this issue of CORE News finds you and your family in good spirits. We have exciting updates on our research efforts.

At the time of our Spring newsletter, we were awaiting news of our grant, NSAIDs and Colorectal Cancer, which was under review at the National Institutes of Health. In this study, we propose to use data and blood samples collected throughout the international consortium since 1998 to study the genes responsible for individual responses of non-steroidal anti-inflammatory drugs like aspirin and ibuprofen in the prevention of colon cancer. We received news in June that this study had been funded! Look for updates on this study in future newsletters.

We have recently completed our recruitment for the study being conducted by Dr. Dennis Ahnen at the University of Colorado to enhance early detection in family members. Many thanks to all of you who responded to our invitation to take part in this study!

In early August, two groups of CORE study participants came to Fred Hutchinson Cancer Research Center to participate in intensive discussion groups with our colleague, Dr. Scott Ramsey. Dr. Ramsey held these sessions to gain insight into people’s choices about genetic screening for colorectal cancer, which he will use to develop a model for evaluating genetic colorectal cancer risk.

Finally, we have surpassed the 1000 mark and have completed well over 1200 follow-up interviews. We greatly appreciate the time and effort of everyone who has done their follow-up interview.

Thank you again for your participation in CORE Studies! We could not do this work without your generous help.

Warmest regards,

John D. Potter,
MD, PhD

Polly Newcomb,
PhD, MPH
Colorectal Cancer Screening: Why Are Effective Tests Underused?

Screening for colorectal cancer is so effective because it can prevent the occurrence of cancer through the removal of polyps that might later become cancer. Also, it can improve survival by identifying cancers at an earlier stage, when they are more treatable.

Sigmoidoscopy, a screening exam in which a doctor or nurse uses a lighted tube with a fiber-optic camera to look at the inside of the rectum and lower portion of the colon, can reduce both colorectal cancer occurrence and death by 40 to 80 percent. Colonoscopy, which allows for the examination of the entire colon, may be even more effective. Despite the availability of effective screening tests for colorectal cancer, many people who should be getting screened are not. In the National Health Interview Survey (NHIS) of 2000, only 25% of eligible Americans reported that they had ever been screened for colorectal cancer. In contrast, mammography, which is more widely utilized, reduces death from breast cancer by a smaller amount, about 20 to 30 percent, and its use cannot prevent breast cancer from developing.

Why then are such effective colorectal screening tests underused? Many have suggested that the invasiveness of colonoscopy or sigmoidoscopy, and the embarrassment and discomfort associated with these procedures, keep people from being screened. However, the NHIS also asked a group of people who had not been screened for colorectal cancer why they hadn't done so. The most common reasons for not being screened included: "I never thought about it," "My doctor didn't order it," or "I didn't need it," accounting for over 80 percent of responses. Less than two in 100 reported embarrassment or discomfort as being a major factor in their decision not to be screened. These findings suggest that people do not understand that colorectal cancer is a common disease that can be effectively prevented.

In addition to patient education, doctors need to better understand their patients' preferences about screening. In another smaller survey conducted in 1998, physicians were asked to rate what they thought their patients would find most important in choosing a screening test. Almost two thirds of physicians believed that minimizing discomfort was the most important factor to patients, and less than one in five thought that test accuracy would be the patient's greatest concern. In truth, patients felt exactly the opposite: a majority ranked accuracy as the most important feature of a test.

It seems that patients are willing to undergo colorectal cancer screening, once they understand their risk of colorectal cancer and the availability of effective screening tests. Getting the message out that colorectal cancer is a preventable disease is a challenge, but there have been some successes. After Katie Couric, the host of the Today show whose husband was a colorectal cancer patient, broadcast a video of her own colonoscopy on her program, rates of screening increased virtually overnight. More importantly, those who have had colorectal cancer or polyps in the past are in the best position to encourage family and friends to be screened, since understanding that colorectal cancer is a disease that can happen to anyone can be a powerful factor in the decision to be screened, an action that can save lives.

Diverticulosis and Diverticulitis

The use of fiber in a well-balanced diet is essential to the well-being of the colon. Over the last few years we have come to understand how important getting enough fiber is and why getting the recommended 25 to 35 grams each day can help us to avoid many diseases of the colon. Diverticular disease is one disease of the colon thought to be caused by a low fiber diet.

Diverticulosis is the condition of having small pockets that bulge outward through weak spots in the colon. These pockets are created when constipation creates pressure in the colon. This disease affects about 10 percent of those over the age of 40 and half of those over the age of 60. You may never know if you have diverticulosis unless you are diagnosed while undergoing tests for another problem or if these small pouches become infected, resulting in a more serious disorder called diverticulitis. Diverticulitis requires antibiotic therapy and, in most cases, clears up in a few days. Some people may require surgery if an abscess or obstruction occurs.

A high fiber diet is the best way to prevent constipation and to reduce the symptoms or prevent the onset or recurrence of diverticulitis. People with diverticular disease should avoid foods such as nuts, popcorn hulls, sunflower, caraway, pumpkin and sesame seeds, as these foods can get caught in the diverticulum and cause infection. Adding the USDA recommended daily servings of fruit, vegetables and whole grains to our diets will ensure that we are getting an adequate supply of fiber and will help us to maintain colon health.
Orange Vinaigrette Brown Rice Salad

Ingredients

- 1 1/2 cups uncooked brown rice
- 3 cups water
- 2/3 cup freshly squeezed orange juice
- 2 tablespoons vegetable oil
- 2 tablespoons balsamic vinegar
- 2 tablespoons honey
- 2 teaspoons orange zest
- 1/2 teaspoon salt
- 1 1/2 cups spinach leaves, packed
- 2 large oranges, peeled, sectioned, and cut to bite-size
- 1/3 cup slivered red onion

Directions

1. In a large saucepan combine rice and water. Cook over high heat until mixture boils. Reduce heat to low, cover and cook for 45 to 60 minutes or until rice has absorbed all liquid.

2. Meanwhile, in a small bowl whisk the orange juice, oil, balsamic vinegar, honey, orange zest and salt. Pour dressing over hot cooked rice and mix well. Cover and chill until cold.

3. Just before serving stir the spinach leaves, orange sections, and onion into the rice mixture.

Nutrition Facts for Orange Vinaigrette Brown Rice Salad

| 4 servings in recipe |  
|----------------------|---
| Calories             | 425 |
| Total Fat            | 8.2 g |
| Cholesterol          | 0 mg |
| Protein              | 7 g |
| Sodium               | 311 mg |
| Total Carbohydrate   | 80.8 g |
| Dietary Fiber        | 5.3 g |

Oops! We goofed!

In our last newsletter, we included a photo of a man and a woman riding bicycles without helmets. We firmly believe in bicycle safety precautions and regret the oversight. Many thanks to our considerate newsletter subscriber for taking the time to point this out to us!

Where can I get more information about cancer?

You can call the Cancer Information Service at 1-800-4-CANCER (1-800-422-6237) and they will answer your questions and send you information at your request.
Meet Our Interviewers at the Core of Our Study

CORE Studies is pleased to introduce our dedicated and skillful study staff who collect essential survey information. Being a telephone interviewer requires special skills, sensitivity, and of course, the desire to talk on the telephone! Study interviewers contact potential study participants to invite them to join the study, perform telephone interviews that include personal questions, and call study participants to remind them of blood collection appointments and to return important study documents. As with all study staff, study interviewers must adhere tightly to strict study protocols and to federal, state, institutional, and study guidelines in protecting participant confidentiality. We thought you might like to get acquainted with staff you may have met on the phone.

Eileen Louie has been an interviewer with CORE Studies for five years—almost from the very beginning of the study! We are fortunate to have her on our staff as she has extensive experience as a research project interviewer and has previously worked at both the University of Washington and Group Health Cooperative. Eileen has a Master of Social Work degree from the University of Washington. She says, “I enjoy the opportunity to continue doing the very interesting and valuable work being done by CORE. It’s great being part of the CORE staff.”

Lederle Tenney is a long-time CORE Studies interviewer, with a wealth of experience that shows in her conversations with study participants. Lederle notes, “During the past five years, I have had a chance to talk to a lot of interesting people. I feel I am contributing in a small way to important medical research. I am so fortunate to have a job that I truly enjoy that will hopefully contribute to a colon cancer cure.” Lederle has a Master's of Teaching degree from Seattle University, and her background includes paralegal work, teaching, and of course, her favorite vocation—interviewing!

Lori Melson came to CORE from the Cancer Information Service, a national education and information network sponsored by the National Institutes of Health. Lori has a Master of Social Work degree from the University of California, Berkeley, and has worked in various areas of social services, ranging from child protection to tobacco cessation projects. She says, “I am continually impressed with how generous our participants are with their time and effort in completing our interviews. They play a vital role in advancing our knowledge of colon cancer.”

Study Update—Follow-up

You are receiving this newsletter if you are a current or previous participant in the CORE Family Study. Starting in 1999, we began contacting our participants for the first of two telephone surveys, which are conducted approximately 5 years apart. Before you are contacted for your second, follow-up interview, you will receive a letter and booklet in the mail which will briefly review the information you reported during your first interview. From this second survey we hope to learn about and evaluate the changes that have taken place in your life since you first entered the study. During this time we may also ask for a small blood sample. This is a very important phase of our study and we do our best to make this stage as easy and convenient for our participants as possible.

It is vital to the success of the CORE Study that we keep our data as current as possible. This includes updates of your current contact information and any changes to your health status and that of your family. Please call our study phone line at 1-800-276-0127 with any changes to your contact information.

Your participation in CORE Studies is invaluable and you are the most important part of helping us to learn what biological and environmental factors might make us more susceptible to colorectal cancer and those that may be important to longevity after a diagnosis. Our goal is that this information will lead to more effective treatment and earlier detection of this disease and more directed treatment, hopefully saving lives. Thank you for your participation in CORE Studies!
New Dietary Guidelines for 2005

Simply put, our health is suffering because we eat too much. Maintaining a healthy weight means controlling portion sizes and increasing physical activity. The United States Department of Agriculture (USDA) has released new dietary guidelines that are based on the most recent scientific evidence. Eating a healthy balance of nutritious foods continues to be essential. However, eating a balanced diet alone is not enough. Since almost two-thirds of Americans are overweight or obese, it is clear that we are eating too much, are not exerting enough physical energy or, most likely, experiencing a combination of both. In the 2005 USDA Dietary Guidelines, a stronger emphasis on calorie control and physical activity accompanies balancing nutrients including adding a greater number of servings of vegetables, fruits and whole grains.

For a 2,000 calorie diet, you need the following amounts from each food group:

- **Grains**: 6 ounces every day with at least half from whole grains. One ounce is equivalent to one slice of bread or ½ cup of cooked rice or pasta.

- **Vegetables**: 2½ cups every day choosing from a variety of vegetable types and colors such as broccoli, salad greens, carrots, and beets.

- **Fruits**: 2 cups every day, choosing from a variety of fruits. Go easy on fruit juices.

- **Fats**: No more than 6 teaspoons daily. Make the most of your fat sources from fish, nuts, avocados and vegetable oils.

- **Milk**: 3 cups of calcium-rich foods choosing from low-fat or fat-free milk, yogurt, and other milk products.

- **Meat & Proteins**: About 5½ ounces every day of low-fat or lean meats, poultry, fish, nuts and peas.

Counting calories and measuring foods can seem like a lot of trouble. Thus, an easy rule of thumb from which absolutely **everyone** can benefit… move more, eat less.

An individual’s dietary needs depends upon his/her gender, age and activity level. To find the amounts that are right for you, go to http://www.MyPyramid.gov.

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**Balancing food and activity**

- Stay within your daily caloric needs.
- Be physically active for at least 30-60 minutes most days of the week to prevent weight gain (for weight loss at least 60-90 minutes of physical activity a day may be required.)
- Children and teenagers should be physically active for 60 minutes a day on most days.
Book Review

Awareness about colorectal cancer, screening tools and improved therapies are thankfully creating more colorectal cancer survivors. In *The Colon Cancer Survivors Guide: Living Stronger, Longer*, author Curtis Pesmen explores survivor issues and challenges such as:

- What are the best post-chemo diet and lifestyle changes?
- How to cope with physical changes
- How to get superior follow-up care, forever
- Information about health insurance and job security options after cancer

This book illustrates the evolution of cancer patients from diagnosis to survival and beyond.