Did you know?

- Allium is a family of vegetables that includes garlic, scallions, onions, leeks, chives.
- Foods in the Allium family probably protect against stomach cancer.
- Quercetin, allinase and a large group of organosulfur compounds that includes allicin, allin and allyl sulfides found in the Allium family are being studied for their antioxidant effects.

Source: American Institute for Cancer Research (www.aicr.org)

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“Good News ”

The View from Here

by Dr. Billy U. Philips, Jr., Founder of the CNNT

Good news! The Cancer Prevention and Research Institute of Texas has continued the funding for the program that brings you this Newsletter. That program was called the Cancer Nutrition Network for Texans. That name is over a decade old and is linked to my own personal experience in trying to find nutrition information to help my father through his battle with cancer. Even then, the needs were much greater than merely nutrition – the issues really were about survivorship. So the new name of the program is the West Texas Cancer Survivor’s Network for Texans.

I am glad for this news. Don’t let the name throw you – the CNNT will continue and all Texans will be served that want help. The main idea is to expand the program to all the issues of cancer survivorship. Did you know that cancer is now being discussed as a chronic disease because so many people live with it these days? That too is good news.

So what can you expect from this new program? You can expect that the great people who run it will remain working to bring you the most reliable information and innovative services that have been the hallmark over the previous years of funding. They are a great team. The captain is Dr. Kathy Chauncey, she is a cancer survivor and a whiz on cancer nutrition and is a registered dietician who sees patients daily in her clinical practice. The editor and coordinator of the program is Janet Basom, also a nutritionist and a really organized and effective manager of all of us who contribute something to this labor of love. She makes it happen. Dr. Barbara Pence is an internationally known expert on nutrition and cancer and published books on the subject and so many papers that I stopped counting. She goes to Washington regularly as a expert scientific reviewer for the National Institutes of Health and the National Cancer Institute. They have a group of advisors that meet regularly to guide the program and they too are an impressive group of people – many are cancer survivors. So the brain trust is there to make a bright future.

Another thing you can expect is that the topics on which there will be information will be broader. People from Texas really have been such great leaders in this area. Every person living with, through, and beyond cancer knows about the LIVESTRONG (Lance Armstrong Foundation) book. Did you know that along with CDC they led the development of A National Action Plan for Cancer Survivorship? That plan calls for a cancer survivorship database of needs, development of better patient navigation systems to optimize care, development and dissemination of clinical practice guidelines for each stage in cancer survivorship, more public education and empowerment programs for cancer survivors to make more informed decisions, and more evaluation of the outcomes of efforts to ensure the highest quality programming for survivors. You can expect detailed information in each of these broad areas and more.

I am happy for another reason. I have been asked to continue to write these columns. I am deeply grateful for that opportunity to share perspectives and thoughts with you. I promise that I will do my best to be informative, provocative, and entertaining. Likely as not, somewhere along the way, I will touch a nerve or get under your skin or merit an ‘atta boy’ or ‘you go guy’. But whatever your response, when the day comes then reach out to me. My email is billy.philips@ttuhsc.edu. I promise that I will answer back and I would love to know if these columns matter to you. Let me hear from you and let our team know what you want to know about. Janet Basom can be reach at janet.basom@ttuhsc.edu.
West Texas Cancer Survivors Network
by Kathy Chauncey, PhD Director CNNT and WTCSN

Texas Tech University Health Sciences Center (TTUHSC) was recently notified that they are a recipient of a CPRIT (Cancer Prevention and Research Institute of Texas) Prevention Award. The TTUHSC CPRIT award is for $300,000 and two years to develop a West Texas Cancer Survivors Network (WTCSN). The WTCSN addresses the lack of cancer survivor support services and the overall lack of nutrition and quality of life advice available in the rural underserved populations of Public Health Region (PHR) 1. PHR 1 encompasses the 41 county South Plains – Panhandle region of Texas.

Building on the successful 11 year history of the Cancer Nutrition Network for Texans (CNNT) funded by CPRIT, the WTCSN will focus new and future efforts more specifically on cancer survivorship in general, with continued emphasis on providing nutritional and quality of life information, but in the context of a more comprehensive cancer survivors program.

There are few cancer survivors’ support services available for rural residents in PHR 1 other than groups in Lubbock and Amarillo. PHR 1 has over 3800 cases of cancer diagnosed each year and 1500 cancer deaths, leaving over 2000 cancer survivors accruing each year. That means there are a lot of survivors whose needs are not being met. The approach is to build on the resources already developed by the CNNT, especially its website and newsletters, and expand the outreach to a more aggressive multifaceted recruitment of cancer survivors through physicians, cancer centers, county extension, community service organizations and through additional resources of Texas Tech University Health Sciences Center. In addition, WTCSN intends to employ novel educational approaches and techniques to reach cancer survivors in the geographically dispersed population. Proven outreach methods and improved quality of life will justify the approach to be used to expand the WTCSN to other rural Public Health Regions. The barrier to distribution of cancer nutrition information and adequate survivorship services for rural populations creates a major obstacle in the national effort to diminish cancer mortality.

Dr. Katherine Chauncey is the Program Director of WTCSN. Dr. Barbara Pence is co-Director and Janet Basom, RD, CSO, is coordinator of WTCSN. Dr. Chauncey invites cancer survivors living in PHR 1 to contact her at: kathy.chauncey@ttuhsc.edu or cnnt@ttuhsc.edu. More information on the WTCSN is forthcoming.

CPRIT was established in 2007 by Texas voters who overwhelmingly approved a constitutional amendment authorizing the state to issue $3 billion in bonds to fund groundbreaking cancer research and prevention programs and services in Texas. CPRIT’s goal is to expedite innovation and commercialization in the area of cancer research and to enhance access to evidence-based prevention programs and services throughout the state.

CPRIT accepts applications and awards grants for a wide variety of cancer-related research and for the delivery of cancer prevention programs and services by public and private entities located in Texas. More information about CPRIT is available at its website, www.cprit.state.tx.us.

Cancer Survivorship Research Conference: Recovery and Beyond by Dr. Julia H. Rowland

Reflecting increased awareness of the potential public health impact of cancer survivorship, the CDC joined with NCI, the American Cancer Society, and the Lance Armstrong Foundation as a cosponsor of Fifth Biennial Cancer Survivorship Research Conference conference.

Among the major themes at this year’s was the growing attention being paid to issues of energy balance, especially the role of physical activity and weight in cancer survivors’ health-related outcomes. Emerging evidence shows that physical activity and weight loss may favorably affect not only quality of life and symptom management, but also recurrence and survival. The growing field of exercise research among cancer survivors points toward incorporating more structured physical activity into cancer treatment and survivorship care. Experts at the meeting addressed the increasing challenge of identifying the best model of care for cancer pts to facilitate their transition from active treatment to recovery. Such a program should provide survivors with the knowledge necessary for understanding what to expect after treatment ends, including how to manage persistent problems, decrease the risk for late effects, optimize their health, and communicate effectively with their diverse health care providers to coordinate future care.

Source: NCI Cancer Bulletin
June 29, 2010 • Volume 7 / Number 13
Cancer Survivorship and Aging  by Barbara Pence, PhD, Co Director CNNT

We know that cancer is mainly a disease of the elderly. More than 60% of new cancers occur in people over 65 years old. As our population ages, greater numbers of people in the US population will be diagnosed with cancer. This demographic trend will also impact the ranks of cancer survivors. One of the challenges that has been identified with increasing age of cancer survivors is the issue of quality of life (QoL) among elderly cancer survivors versus those aged less than 65 years. A study by Avis and Deimling has analyzed published studies of cancer survivors of varying age groups and compared the physical and mental functioning of these groups.

The first comparison was between newly diagnosed older and younger cancer survivors. These studies showed consistent results in that there was greater psychologic distress among younger cancer patients compared with older survivors. However, older patients were more likely to report worse physical functioning. This is thought to be related to the fact that younger cancer patients may receive more aggressive cancer treatments which could impact their functioning and that cancer was more of a shock to their lives, considering family and work responsibilities. Other studies were examined which compared cancer patients with the general population, so that the authors could examine the differences between age-linked effects resulting from cancer, versus those resulting just from aging. They found differences between newly diagnosed cancer patients and the general population among the younger cancer survivors, but not in the older age group. Again, consistent with other studies, age was associated with better emotional and social functioning, but poorer physical functioning. In one study, results showed that women with breast cancer had greater functional declines compared with non-cancer controls, but in older women there were significant physical declines with and without breast cancer, suggesting that the decline was due to age and not cancer or its treatment. In summary, in older persons newly diagnosed cancer affects physical functioning more than psychological functioning.

Psychological impact of cancer may be more short-lived in elderly patients and less detrimental than in younger patients. However, older cancer patients may be more adversely affected by cancer in terms of physical function. These studies all examined the QoL of newly diagnosed cancer survivors.

When research on long-term cancer survivors (up to 25 years survival) was analyzed, in studies of older adult long-term survivors with no comparison group, one finding was that mental health did not change for the majority of survivors, but in those for who it did, the decline in mental health was related to poorer physical function at the time of diagnosis. Co-morbidities (other conditions and limitations) were found to be the best predictor of difficulty in physical function. Also, continuing cancer symptoms were found to be significant.

When long-term cancer survivors were compared to those without cancer, survivors had higher rates of other conditions such as lung disease, heart disease, arthritis, incontinence and obesity than controls. However, older long-term cancer survivors did not have more psychiatric disease or depression nor did they have poorer cognitive functioning than those without cancer. To summarize, older cancer survivors have more co-morbidities and poorer physical functioning than non-cancer elderly, and are more affected by cancer in terms of physical rather than psychologic functioning. In response to these study results, cancer survivors really need to focus on strategies that increase their overall health such as nutrition, exercise, and quitting smoking so that QoL may be enhanced during their long-term survival.

Source: Avis NE and Deimling. GT. Cancer 2008; 113

Healthful Garlic

Garlic belongs to the family of vegetables called Allium, which also includes onions, scallions, leeks and chives. According to AICR’s second expert report, Food, Nutrition, Physical Activity, and the Prevention of Cancer: A Global Perspective, foods belonging to the allium family of vegetables probably protect against stomach cancer. Moreover, the evidence in the report shows that garlic, in particular, probably decreases one’s chances of developing colorectal cancer. The protective effect of garlic was shown to have a dose response relationship. In other words, highest exposure to the food showed the greatest decrease in risk. For cancer protection, AICR experts suggest including garlic as part of a well-balanced plant-based diet.

These allium vegetables contain many substances now being studied for their anti-cancer effects, such as quercetin, allixin and a large group of organosulfur compounds that includes allicin, allin and allyl sulfides. In laboratory studies, components of garlic have shown the ability to slow or stop the growth of tumors in prostate, bladder, colon and stomach tissue.

cells in the laboratory. A compound derived from garlic called ajoene has displayed similar activity. In animal studies, components in Allium vegetables have slowed the development of cancer in several stages and at various body sites: stomach, breast, esophagus, colon and lung.

Laboratory research has also shown that one garlic component, called diallyl disulfide, exerts potent preventive effects against cancers of the skin, colon and lung. Recently, this compound proved able to kill leukemia cells.

Greening our Kitchen on a Budget part 4

Eat less, waste less: Americans today eat an average of 150 to 300 calories more each day than we did in the 1970s. If you only eat when you’re hungry and stop eating when you’re satisfied you’ll save the energy to produce and transport that food. You’ll also cut calories without going hungry.

If you buy and prepare only what you’ll eat, you will also waste less. Research estimates at least 14 percent of U.S. food purchased ends up in the garbage. Landfills are the largest source of methane emissions in the United States, partly because foods release the greenhouse gas as they decompose. If you notice you have extra food that is going bad, start buying and preparing less, or use leftovers in salad, soup or pasta dishes once or twice each week.

You don’t have to do it all. Just recognize that your eating choices can benefit the earth and your health – perhaps even saving money – and choose changes you’re ready to make.

What we know today that we didn’t know a decade ago ......

Over the past decade, we, and many others, have been excited by our contributions to better understanding the basic science of these associations, and the epidemiologic evidence has continued to grow. For me, the most pleasant surprise of the past decade has been the dramatic increase in public awareness of these interrelationships, and the increase in people practicing or at least talking about healthy lifestyles.”

source: wwwaiicr.org
Texas voters overwhelmingly approved a constitutional amendment in 2007 establishing the Cancer Prevention and Research Institute of Texas (CPRIT) and authorizing the state to issue $3 billion in bonds to fund groundbreaking cancer research and prevention programs and services in Texas. CPRIT’s goal is to expedite innovation and commercialization in the area of cancer research and to enhance access to evidence-based prevention programs and services throughout the state. CPRIT accepts applications and awards grants for a wide variety of cancer-related research and for the delivery of cancer prevention programs and services by public and private entities located in Texas. More information about CPRIT is available at its website, www.cprit.state.tx.us.

Recipes of the Month

California Citrus and Green Salad with Garlic Dressing

Dressing:
- 4 large cloves fresh garlic, peeled
- 1/2 tsp. olive oil
- 1/3 cup orange juice
- 1 Tbsp. balsamic vinegar
- 1/2 tsp. dried thyme
Salt and freshly ground black pepper, to taste

In blender, combine first five dressing ingredients. Puree until smooth. Add thyme, salt and pepper. Add broccoli and blanch for 1 minute. Drain well and let cool. In serving bowl, toss broccoli with remaining ingredients. Add dressing and toss again. Serve immediately.

Makes 4 servings. Per serving:
- 155 calories, 8 g fat (1 g saturated fat), 20 g carbohydrate, 4 g protein, 3 g dietary fiber, 99 mg sodium.

Source: American Institute for Cancer Research (www.aicr.org)

Roasted Asparagus with Garlic

Preheat oven to 500 degrees. Rinse asparagus and break off tough ends. In shallow roasting pan, place asparagus and coat with oil. Sprinkle with garlic and salt and pepper, to taste. Roast uncovered for 6-8 minutes (depending on width of spears), shaking pan occasionally. Serve with lemon wedges.

Makes 4 servings. Per serving:
- 47 Calories, 3 g Total Fat (<1 g Saturated Fat), 5 g Carbohydrate, 4 g Protein, 1 g Dietary Fiber, 3 mg Sodium.

Source: American Institute for Cancer Research (www.aicr.org)