



THE VOICE for Women & Families

New Health Care Law Spreads a Little Sunshine

When your doctors recommend a medication or treatment to you, are they influenced by gifts from the companies that make those products? We're not talking about free pens — we're talking about "consulting fees" and gifts that may not require anything more than signing a piece of paper. In the past, you'd never have known.

The new health care law changes that. It's just one of several sections of the law that have not received much media attention but will help improve health care for everyone.

Sunshine Helps Prevent Kickbacks and Biased Medicine

NRC for Women & Families worked for three years on the Physician Payments Sunshine Act, which became part of the health care reform bill President Obama signed into law in March. The sunshine part of the law requires drug and medical device companies to list payments to doctors, which will be available to the public on a government web site beginning in September, 2013.

"Making this information public is a step in the right direction to protect consumers and patients," says Paul Brown, NRC's Government Relations Manager. "But we're keeping a sharp eye out for loopholes. Companies might try to hide

payments to doctors through third parties, such as public relations firms, and that would be unacceptable. And, it's very unfortunate that the information won't be public until 2013."

What Works?

Patients will also benefit from a part of the new health care law that establishes a nonprofit institute to compare the effectiveness of drugs, medical devices, and other treatments. This research is urgently needed. According to the Institute of Medicine, "More than half of the treatments delivered today [are] without clear evidence of effectiveness."

The law establishes the Patient-Centered Outcomes Research Institute, which will give guidance on which products or treatments work best. It will not force doctors, patients, government agencies, or insurance companies to choose one treatment over another, even when a treatment is clearly inferior or superior. The Institute's findings will be made available to doctors, patients and the public, with the hope that the information will be used to improve the quality of medical care.

Comparative effectiveness research has the potential to save billions of dollars by determining which treat-

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National Research Center for Women & Families

We are dedicated to improving the health and safety of adults and children by using research to develop more effective programs and policies.

Cancer Prevention and Treatment Fund

Our new program, the Cancer Prevention & Treatment Fund, helps adults and children reduce their risk of getting cancer and helps everyone get the best possible treatment.

CFC # 11967

EVENTS

First 5K Run/Walk for the Cancer Prevention and Treatment Fund!

Our first Cancer Prevention and Treatment Fund 5k Run/Walk was held in Arlington, Virginia on March 27 on the Washington & Old Dominion Trail. It was so popular that we had to turn people away. So, we're doing another walk on the same trail this fall, on Sunday, October 3.

"It was a little colder than expected for late March, but a beautiful sunny day for runners, walkers, and those pushing strollers for a great cause," says Emily Hartman, the NRC Research and Administrative Assistant—and dedicated runner—who was in charge of the race. Runners and walkers ranged in age from 7 to 75, with most participants over the age of 30.

Children under the age of 15 received a blue ribbon for participating, and prizes were distributed to winners according to age groups: 15-24, 25-34, 35-44, and over 45.

The first place male finisher was **Shawn Monk** from Fort Collins, Colorado, with a time of 19:01. **Amy Bortnick** from Berwyn Heights, Maryland grabbed the first place female slot with a time of 22:35.

Both runners received a \$50 Potomac River Running Store gift certificate. Complete results can be found on our website at www.stopcancerfund.org/events.



From Left to Right: Tom Walton, Ronda Walton, Matthew Crooks, and Shawn Monk wait for the awards ceremony.

"We want to have one 5k every year, but thought we'd try an autumn run/walk because the weather is a little more predictable" explains Paul Brown, Government Relations Manager and enthusiastic runner. "So, instead of waiting til next year, we've scheduled it for early October, and we're moving it a little later in the morning to make it more family friendly."

NRC wants runners, walkers, parents with strollers—everyone—to help us celebrate cancer survivors

and to honor those who lost their lives to cancer. We thank all those who participated in, volunteered, or donated to our first 5k, and we hope you and your friends will come back in October. Special thanks to runner **Brian Dauernheim** for raising \$435 from friends and family to help us prevent cancer!"

See announcement at the bottom of the page for information about **Friend and Family sponsorships** to honor loved ones.

Thanks to our Sponsors of the March 5k:

Mom's Organic Market

Long and Foster of Falls Church

Luluemon Athletica

Honest Tea

Brugger's Bageles

Reston Shirt

Mark your calendars!

Our next 5K race will be Sunday, October 3, 2010, at 11a.m.

For more information, please contact Paul Brown at pb@center4research.org or call (202) 223-4000.

Individuals or families that wish to honor loved ones with cancer are invited to celebrate their lives with **Friend and Family sponsorships** at our October race.

October

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3	4	5	6	7	8	9
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Tanning Beds: Safe Alternative to Sun?

Tanning beds are advertised as a safe alternative to a natural suntan, and almost 30 million people in the U.S. use them each year, many of them adolescents. They are especially popular with teen girls getting ready for prom season, and young people who don't want to look pale when they first go to the beach.

How safe are they?

Tanning beds expose people to a lot of artificial ultraviolet (UV) radiation in a short period of time. In the past, tanning beds gave off mostly UVA radiation with a small amount of UVB. Now, many manufacturers are increasing the amount of UVB radiation to speed up the tanning process. This is risky because UVB radiation is the kind that causes the skin to redden and burn and is even more likely to cause cancer than UVA radiation.

Getting sunburns when you are young greatly increases your chances of developing skin cancer. One study found that nearly 60% of teens who use tanning beds have gotten burns from them. While UVA radiation is less likely to burn, it penetrates deeper into the skin, causing damage that can lead to skin cancer.

Regardless of their mix of UVA and UVB rays, tanning devices age the skin by destroying skin fibers and damaging elasticity. The result: wrinkles, dark spots, and a leathery texture.

Just one 8-20 minute session exposes a person to more UV radiation than an entire afternoon spent in natural sunlight. For a frequent tanning bed user (approximately 100 sessions per year, at 4 MED/session), annual UVA exposure can be up to five times as high as what they would receive from the sun in a year. A

newer kind of "high-pressure" sunlamp exposes frequent users to even more UVA — eight to twelve times the amount of UVA they would otherwise receive from the sun each year.

These increase your risk for all three types of skin cancer:

- Lifetime exposure to UV radiation (from the sun or tanning beds)
- Family history of skin cancer
- Geographic location (people who live close to the equator as well as in the mountains are exposed to higher levels of UV radiation)
- Fair skin that freckles or burns easily
- Severe sunburns as a child

In July 2009, the International Agency for Research on Cancer released a report that placed tanning beds in its highest cancer risk category, "carcinogenic to humans." This means that there is enough evidence to conclude that tanning beds can cause cancer in humans. The agency, which is part of the World Health Organization (WHO), had previously classified tanning beds as "probably carcinogenic." The change comes after an analysis of more than 20 studies showing that people who begin using tanning devices before age 30 are 75% more likely to develop the most serious type of skin cancer.

One of the reasons that tanning beds are so dangerous is that the Food and Drug Administration (FDA) has not regulated them. The agency treated tanning beds like band-aids rather than like prescription drugs:

they just assumed tanning devices were safe instead of asking companies to prove that they are safe. As a result, companies had no incentive to do research to find out if their tanning devices were causing any harm or even to show they were safer than other tanning devices on the market.

That may change soon, because the FDA is now deciding whether tanning device companies need to provide evidence of safety, and if so, what kind. Meanwhile, more than half of all states have restrictions prohibiting or limiting tanning bed use by minors, and the American Academy of Pediatrics has recommended that tanning beds not be used by anyone under 21.

Skin cancer is the most common form of cancer, with more than one million cases diagnosed each year in the U.S. There are three types of skin cancer: squamous cell, basal cell, and melanoma. Squamous cell carcinomas typically occur on surfaces exposed to excessive sunlight, such as the ears or face. This type of skin cancer can spread quickly to other organs in the body. Basal cell carcinomas account for 8 out of 10 skin cancers. They grow very slowly and rarely spread to other parts of the body (as a result, they are highly treatable).

Melanomas are the most dangerous type of skin cancer. They are less common than basal and squamous cell carcinomas but much more serious. Melanomas usually are noticed as a change to an existing mole or an entirely new mole that is black or has a blue-black area. Their diameter is typically larger than that of a pencil eraser. If caught early, melanomas are often completely curable. However, they are much more likely to spread to other parts of the body if not found early. ■

Weight and Cancer: What You Should Know

There are many reasons why being overweight is bad for our health, but most people don't realize that cancer is one of them. We know that excess body weight can contribute to serious medical conditions such as heart disease and type 2 diabetes, but new research shows that the habits that lead to excess body fat might also increase the risk of developing certain types of cancer.

After studying people in 30 European countries, Dr. Andrew Renehan says that obesity could become the most important known cause of cancer for women "within the next decade." Renehan studied cancer diagnoses in 2008 and found that more than 124,000 (about 3% of cancer diagnoses in men in those countries and almost 9% in women) were attributable to overweight and obesity.

Although women and men had similar levels of obesity, as measured by their BMIs, **the risk of obesity-related cancer for women was almost three times the risk for men.** Three cancers – two of which affect only women – accounted for almost two-thirds of all new obesity-related cancers in 2008: endometrial cancer, post-menopausal breast cancer, and colorectal cancer.

U.S. obesity rates have recently leveled-off at about one in three adults, and the American Institute for Cancer Research estimates that will result in more than 100,000 new cases of cancer in the U.S. each year.

How does obesity increase the risk of cancer?

What does excess body weight have to do with cancer, and why is being overweight even riskier for women? Researchers think that the danger of

excess weight is partly due to the hormones secreted by fat tissues. One of those hormones is estrogen, which increases the risk of endometrial cancer (also called uterine cancer) and breast cancer.

Fat cells also trigger a type of long-term immune response in the body because it recognizes that the extra fat is not supposed to be there, and responds with inflammation which can make the body less able to fight off disease.

Why is being overweight even riskier for women?

In addition, long-term inflammation may cause insulin resistance, which along with high blood sugar levels, has been proposed as another explanation for why obesity increases the risk of cancer. The higher the insulin level of a breast cancer patient, the greater the chance of death: insulin is believed to play a role in promoting tumor growth and in inhibiting cancer treatment.

Are we sure?

Even before this new study, the National Cancer Institute estimated that 20-30% of the most common cancers in the United States may be related to being overweight and/or lack of physical activity and might also account "for up to 14% of cancer deaths in men and 20% of cancer deaths in women." Every new study fills in another piece of the puzzle, helping to explain how fat fuels tumor growth.

A previous study by Renehan found that **excess weight in men was most strongly associated with cancer of the esophagus, thyroid, colon, and kidneys.** That study also found that **excess weight in women was most strongly associated with cancer of the uterus, gallbladder,**

esophagus, and kidney. Unlike the findings of the latest study, this earlier study found that obesity was only weakly associated with postmenopausal breast cancer.

Does losing weight reduce your risk of cancer?

Several studies have shown that a diet high in fat increases the risk of postmenopausal breast cancer, prostate cancer, and pancreatic cancer. Other studies have indicated

that high fat diets increase the risk of death from cancer and that low fat diets reduce the chances of cancer recurrence. Since eating fats is also likely to cause obesity, it is difficult to determine whether weight or diet is a stronger predictor of increased cancer risk. In other words, is it the fat you eat or the fat on your body that puts you at the greatest risk of cancer?

Can losing weight **prevent** you from getting cancer? Losing weight may reduce the risk of prostate cancer and esophageal cancer. Several studies have found that intentional weight loss after menopause can reduce the risk of breast cancer.

The bottom line: when weight goes up, so does the risk of many cancers. When weight goes down, or at least doesn't go up, the risk of certain cancers goes down. The exact relationship between cancer and excess body weight has not been firmly established. We still do not understand how an individual person's diet, level of physical activity, and genes can all be factored together to calculate his or her cancer risk.

Glucosamine Supplements: Good for joints but possibly not for diabetes



Glucosamine is a popular supplement for many people who suffer from joint pain. Most dietary supplements make health claims that aren't backed by scientific research, but NIH reports that daily doses of glucosamine can lower pain. As a result, the supplements are recommended by many physicians. However, glucosamine is a sugar that is partly processed like other forms of glucose—mainly through the “Hexosamine Signaling Pathway.” This

pathway is involved in insulin resistance (insulin resistance increases a person's chances of developing type 2 diabetes).

More research is needed to determine whether glucosamine supplements can cause diabetes in healthy adults, but meanwhile, if you are already at risk for diabetes or have diabetes, you will want to think twice before taking glucosamine.

Glucosamine is already used in laboratory settings and animal studies to induce insulin resistance, indicating that scientists are confident it has that effect. A study of healthy men and women taking 1500 mg of glucosamine for six weeks, published in *The American Journal of the Medical Sciences*, concludes that adults who already have poor insulin sensitivity will increase their risk for diabetes if they take glucosamine.

The bottom line: if you have a family history of diabetes or are overweight, glucosamine could put you at greater risk for diabetes.

Leaving A Legacy

If we can't live forever, at least we can help keep our legacies alive, as well as the legacies of those most important to us. Creating an internship is a wonderful way to honor a family member, friend, or create your own legacy. Internships provide training that can result in a lifetime of good works, and help NRC make a difference in the lives of adults and children every day. You can donate to legacy internships, or establish a new internship or fellowship through a donation of cash or stock, a distribution from a retirement plan or life insurance policy, or a will.

For more information, call Brandel at (202) 223-4000 or email her at bfb@center4research.org

New Health Care Law

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ments are safest and most effective. The FDA does not require those kinds of comparisons and NIH only rarely does. The Agency for Health Research and Quality does, and in the House of Representatives version of the health care bill, this work would have been done by that federal agency. “We are concerned about Congress requiring the Institute's board to include representatives of companies that sell medical products,” adds Brown. “We will be watch-dogging the Institute to make sure that they are focused on improving the public health, not protecting profits.”

These are just two of the many hidden gems in the new health care reform law. More widely publicized benefits include requiring insurance companies to cover dependent children up to age 26 in family insurance policies, and banning discrimination for pre-existing conditions.

“There are so many ways to improve health care in this country, and the new law takes some important steps in that direction,” says Dr. Diana Zuckerman, President of NRC for Women & Families. “The big fights – such as keeping drug prices down and expanding Medicare to let younger people pay into medical coverage – were impossible to win this year, but we won some of the smaller ones, and those will help millions of Americans. We will continue to work with Congress to improve the law that passed.”

*We don't accept funding from drug companies, so we rely on individual contributions. We welcome donations online (www.center4research.org), by check, through United Way (just write in our name) or federal employees can designate **CFC # 11967***

Helping Women with Early Breast Cancer

The good news about breast cancer is that women are being diagnosed earlier than ever before, and mortality rates have decreased. The bad news is that women with the earliest, most treatable cancer are more afraid than they need to be. Our Cancer Prevention and Treatment Fund is making sure that patients and health professionals understand the latest information about the most common very early form of breast cancer, Ductal Carcinoma in Situ (DCIS).

Thanks to a generous grant from the DC Cancer Consortium, we will be working with local providers and patients to develop a model program and materials to help women get the best treatment.

Because of the widespread use of mammography, the number of DCIS cases has shot up by 750% over the last two decades! About one out of every five breast cancer diagnoses is DCIS.

Why is that good news? A diagnosis of DCIS means that cancerous cells were found in the lining of the breast duct and will not spread. Cancer that does not spread is not dangerous. If they aren't treated, however, about half the women with DCIS will eventually get Stage 1 breast cancer, which can spread and can be fatal. Since it is not possible to predict who will go on to develop Stage 1 breast cancer and who won't, all women with DCIS should be treated.

The most dreaded breast cancer treatments are not needed to treat DCIS

The most dreaded breast cancer treatments are mastectomy (removing the entire breast) and chemotherapy (which often causes nausea and hair loss) and neither are needed to effectively treat DCIS. Instead, the standard treatment recommended for most women with DCIS is lumpectomy and radiation, which results in a survival rate of more than 96%. Some women also take tamoxifen, a hormone treatment that further reduces the already low risk of cancer.

Unfortunately, many women are not fully informed about the difference between DCIS and "regular breast cancer" – the kind that can spread and be fatal. As a result, many women with DCIS undergo mastectomies that are not medically necessary. The survival rates are no better for women undergoing mastectomy or even a double mastectomy.

A few years ago we worked with the National Institutes of Health (NIH), the National Cancer Institute, and the Agency for Healthcare Research and Quality to develop a very successful free patient booklet, "Surgery Choices for Women with Early-Stage Breast Cancer." Using that booklet as a model, we will develop a free booklet for patients with DCIS. We will convene local breast cancer experts, physicians, and other health care providers in Washington, D.C., to discuss the newest research and expert consensus statement issued a few months ago by NIH. We will then pilot test the booklet with women in Washington, D.C.

Meanwhile, our work on DCIS has already helped many women across the country. They are contacting us through our online hotline and web site (www.stopcancerfund.org). "We're excited that we will now be able to reach out to and help women right here in our own community," explains Brandel France de Bravo, our Director of Outreach and Communications.

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Meet Board Member Dr. Benjamin Gitterman

Dr. Benjamin Gitterman is a pediatrician who is also a pioneer in the relatively new field of children's environmental health. When he's not attending to his young patients in Children's Hospital National Medical Center and in Silver Spring, Maryland, he is helping to educate other doctors, medical students, and policy-makers on the many environmental health issues that affect our nation's children. These include asthma, which is exacerbated by air pollution, cancer-causing chemicals in our homes and food, and many other health issues.

Dr. Gitterman's interest in environmental health was sparked when he was working in Denver and was told that all children on Medicaid would have to be tested for lead. "I thought that was not the best use of resources. It was hard for me to imagine that kids in Colorado might be suffering from the same health problems as inner city children living in old buildings in New York with lead pipes and layers of lead paint." He soon learned, however, that lead poisoning was an issue, and they published their findings.

Dr. Gitterman grew increasingly concerned about the sometimes invisible health risks of children's homes and neighborhoods, and before long the Children's Environmental Health Network contacted him. They asked him if he would become a spokesperson and advocate, teaching environmental health to pediatricians, public health specialists, and others working closely with families.

He moved to Washington, D.C. in 1995 to continue caring for underserved children and their families, and to educate doctors, parents, and policy makers about reducing health risks in children's homes and communities.

He co-founded and is Co-Director of the Mid-Atlantic Center for Children's Health and the Environment nine years ago. The center is one of ten federally funded Pediatric Environmental Health Specialty Units and provides medical consultations and information to parents and health care professionals in Delaware, Maryland, Pennsylvania, Virginia, Washington, D.C. and West Virginia.



Hidden Environmental Risks

Most parents and all doctors are aware of the dangerous exposures and ingestions that send a child to the hospital – whether from something found under the sink or in the medicine cabinet. But there are less obvious "poisonings" that are perhaps even more dangerous. These include children becoming obese because the community they live in has no stores with healthy foods and no safe places for play and physical activity, and babies drinking from plastic milk bottles or sippy cups made from chemicals linked to cancer and other health problems.

Gitterman's goal is excellent care, which includes ensuring that pediatricians are making environmental health part of routine exams. "Just as a pediatrician asks, 'How much milk does your baby drink? How well does he sleep?' he or she

should also be asking, 'What's your home like? Have you done reconstruction? Does your family use alternative medications?'" explains Gitterman.

Being appointed to the Governor's Council on Children's Health and Environment for Maryland has given him new opportunities to protect children. His influence, however, is nationwide: he has been on the EPA Science Advisory Board for Children's Environmental Health and serves as a liaison to the Advisory Committee on Children's Lead Poisoning and Prevention for the CDC.

Taking the Pie Out of the Sky

"There are practical ways to connect with underserved and middle class families on environmental health besides talking about carbon footprints and the far-off dangers of global warming," Gitterman points out. "My role is to bring the pie out of the sky. We need to tell people what's useful for them – whether it's a pediatrician dealing with migrant families who work with pesticides or a parent who needs tips for managing his child's weight."

"I'm excited to be the most recent addition to the board of NRC, particularly because of NRC's work on environmental health: testifying before the FDA on Bisphenol A in baby bottles and in the linings of canned food and infant formula; helping to pass legislation to remove lead and phthalates from toys; and raising awareness about the need for more research on the health risks of cell phones."

"We've worked with Ben for years and it's great to have his input, energy, and collaboration," says NRC president Dr. Diana Zuckerman.

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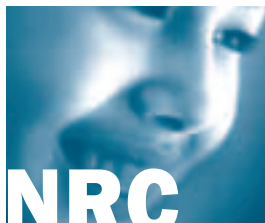
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