

MICHIGAN STATE UNIVERSITY

Zdrowie PL♦US



Newsletter No 1
Fall 2002

Polish Women to Women and Science

Dear Ladies!
Our Participants!
Supporters of our Research Study!

We are pleased to present to you the first issue of our newsletter. Our goal is to draw your attention to the Polish Women's Health Study (PWHS) and to demonstrate its importance for women's health. In our newsletter we would like to discuss women's health problems and answer any questions you might have concerning this important issue. Also, in this way, we hope to be able to share with you the results of our work and stay in touch with you even when the study is over or will find continuation.

The Polish Women's Health Study research program is being conducted on a wide scale in the United States and Poland. Many professionals, including medical doctors, researchers representing various fields, consultants, coordinators, and interviewers, participate in this study. It is impossible to name them all individually. Our American team consists of mostly women. This could be by coincidence or, as we would like to believe, because the goal we pursue is so important to us. Guiding our effort is the head and creator of the project – Professor Dorothy Rybaczyk-Pathak. Her enthusiasm and passion for the issues of women's health motivates our everyday activities. Our work is not only professional but also emotionally charged. Because, Dear Women, we sigh with relief when we see that the study, although still in progress, has already generated results that have an important effect on human life. Women suffering from breast cancer, who learned about the Polish Women's Health Study gained new hope and became motivated to seek medical help. Thus their chance for a successful recovery increased significantly.

Our study has had an important influence in the Polish communities in the USA. Among women, the PWHS has increased awareness of breast diseases that are just like any other illnesses and under no circumstances should be neglected. Understanding the nature of these problems, the significance of their prevention, diagnosis, and treatment is of paramount importance in maintaining one's health or successful recovery process.

In 1997 the National Institute of Health (NIH/NCI) awarded funds in support of the PWHS project. We began with the rather tedious process of compiling documents, getting the formal approval to contact respondents, identifying the institutions and people who would contact the prospective respondents, training interviewers and dietitians, designing databases, etc.

It is hard to describe our joy when we conducted the interview with our first respondent. Since then, about 100 women from Detroit area, 300 women from Chicago area and over 1,400 women in Poland have participated in our study.

We hope that you will join our effort.

Team Members of the Polish Women's Health Study



One More Appeal.

Above my desk hangs a small ink drawing. I had bought it while walking once through my beloved Old Market Square. It depicts the scene of a narrow mountain path at dawn. At first the path starts out narrowly and steeply surrounded by dark trees. And yet as it continues, there is increasing light falling on it, as it grows wider and easier to pass.

Why do I speak of this picture?

This path brings to my mind the human struggle with illness. Not too long ago, a diagnosis of cancer often would change a person's direction in life, sending the individual onto a dark, twisting, nearly insurmountable mountain path. With much human effort this path is changing to an easier and brighter road. Thanks to scientific research, discoveries are being made regarding the causes of various diseases, ways to combat them, and also ways to decrease the risk of ever getting them. The Polish Women's Health Study is one such research study. In the future this study may be responsible for a significant lowering of risk for breast cancer.

This, however, will not be possible without your participation, or the participation of other Polish women. It may be that you already agreed to participate in the study, or perhaps you are still unsure, or maybe you just received a telephone call requesting your participation. To those women who are still unsure whether to participate, we make this sincere appeal.

Why Polish Women? Why Now or Never?

Just as the respondents in the Polish Women's Health Study are, I am a Polish woman myself and an immigrant. After each vacation in Poland spent with my family and friends, I am coming back to the United States, because this is the country where I live, work, and bring up my children.

While working for Professor Dorothy Rybaczyk-Pathak I found out about my own increased risk of getting breast cancer. I was surprised by the statistical data.

In the United States, Canada, and Western European countries, breast cancer is the leading cancer type in women. At the same time in less economically developed countries and in Japan, the rates of breast cancer are considerably lower. Let's look at the numbers. The number of women per 100,000 diagnosed with breast cancer each year in the USA is 94, and in Warsaw it is 38.9 (Warsaw suburbs, 22.9).

Please do not turn down our request for your participation.

The Polish Women's Health Study uses the format of a survey questionnaire. Every single piece of information from each woman carries not only great scientific value, but the value of human life as well. On the one hand, it does involve the sacrifice of two hours in order to respond to each of the questions in the questionnaire. It is two hours of intense recall of facts, sometimes requiring one to reach back many years. We know that this is not easy, but the Polish Women's Health Study interviewers are individuals who are very well trained and knowledgeable in helping respondents to remember even distant situations. Before you say "no," please keep in mind that those two hours offered by you, might in the future save someone's life. As you walk down the street, please look at the women you pass, at the girls playing on the swings, at the elderly woman sitting on the bench. Perhaps you possess information which, when used by medical scientists, will save these women from much suffering in the future. Perhaps, thanks to you, that little girl will never hear the diagnosis none of us ever wants to hear: BREAST CANCER.

To those women who already took part in our study, we would like to extend once again our heartfelt thank you.

But what happens when Polish women move to the countries where breast cancer risk is higher?

We do not need much time to achieve the same rates as women living in these countries. The history of Polish immigration shows that we very naturally place ourselves in foreign societies. Do our abilities to acculturate with such ease act against us this time?

Polish migrant women in the U.S. have breast cancer risk three times higher than women in Warsaw. A similar pattern of increase is observed when we migrate to other countries. The risk of breast cancer for the migrating generation rises to the level of the country to which we migrate. For migrants from China and Japan, the situation is different — their risk increases more slowly and reaches the level of the country to which they moved by only the second or third generation.



Why Polish women? What are we doing and how do we change our lifestyle that leads us to such an increased risk? What can we do to protect ourselves and help other women? Professor Dorothy Rybaczyk-Pathak is trying to find answers to these questions, thanks to your participation in the Polish Women's Health Study.

Time is moving very fast. In Poland serious economical and political changes are occurring influencing women's everyday lives. This could be our

last chance to find out what in our traditional Polish lifestyle should not change, what it is that protects us from breast cancer, and possibly other diseases.

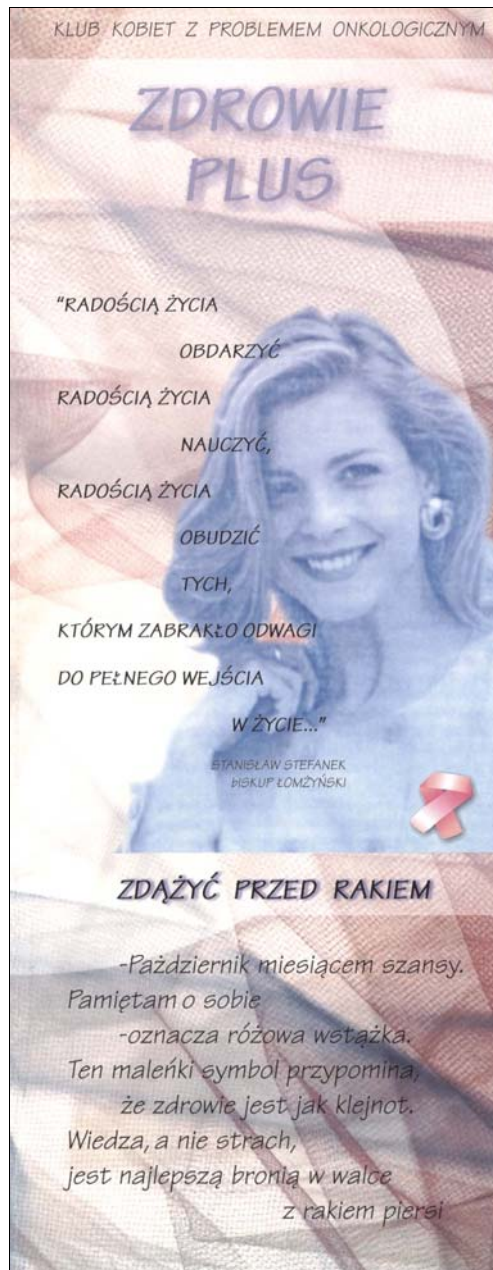
Dear Ladies — we Polish migrant women and women in Poland have the last chance to help ourselves and women in general. We can reach for the weapon against our enemy that we are so much afraid of — breast cancer.

ZDROWIE PLUS

THE CLUB FOR WOMEN WITH ONCOLOGICAL PROBLEMS

“You are not alone” — these are the words from the brochure of the Zdrowie Plus club, the wonderful idea of the Polish radio host Małgorzata Kiesz — the idea that encouraged and mobilized many people. The Zdrowie Plus is a non-profit organization. People who are involved with it are sensitive to the needs of others, they are eager to help, and they share their experiences in fighting breast cancer. The Zdrowie Plus club (members _____ as well as supporters) **“You Are Not Alone”** holds its monthly _____ meetings at “Vitamina” store in Chicago. Doctors and a psychologist are usually invited to participate in the meetings. Everyone in need is always welcome — particularly those women who suffer from cancer as well as their families. All of them will get help, support, and information. Sharing experiences with survivors is helpful both for those who have cancer and their families.

We are especially proud of the fact that Professor Dorothy Rybaczyk-Pathak is the honorary board member of the Zdrowie Plus organization. We hope that this initiative will have many followers.



Zdrowie Plus club's members with Doktor Elizabeth Marcus (sitting in the center)

Zdrowie Plus
3412 N. Harlem
Chicago, IL 60634
Tel: 773-237-6871



A Few Words About Our Study and the Team

The PWHs study is conducted concurrently in the United States and in Poland. In the U.S., Chicago (Illinois) and Detroit (Michigan) areas are the two participating centers. These areas were chosen because of their strong Polish—American communities. In Poland five local centers are participating in the study; namely, Institute of Oncology in Gliwice, Medical School in Katowice, Center of Cancer Prevention and Epidemiology in Poznań, Greatpoland Cancer Center in Poznań, and Institute of Oncology in Białystok.

Professor Jadwiga Chazewska from the National Food and Nutrition Institute in Warsaw is the main Coordinator and Co-Principal Investigator of the PWHs in Poland.

In the U.S. our collaborators include Karmanos Cancer Institute at Wayne State University in Detroit, Illinois State Cancer Registry and National Opinion Research Center (NORC) in Chicago. Our invaluable consultants are: Professor Walter Willett of Harvard University, Professor Aryeh Stein of Emory University in Atlanta,

and Professor Mary Noel of Michigan State University. Women who were born in Poland and immigrated to these two Polish centers in the United States are invited to participate in our study. Respondents in both areas are contacted either by a letter or through a randomized dialing conducted by the

interviewers from the Institute for Public Policy and Social Research (IPPSR) at Michigan State University.



We would like now to introduce our team in the Department of Epidemiology at MSU



Professor Doctor Dorothy Rybaczyk-Pathak the brain, heart, and soul of the breast cancer epidemiological research, has initiated this project. Doctor Pathak left Poland in 1964. She graduated from the University of Illinois and received her Ph.D. in statistics from the University of New Mexico and a degree in epidemiology from Harvard University. She has worked as

an Associate Professor in the Department of Family Practice at the University of New Mexico School of Medicine and as Visiting Assistant Professor at Harvard Medical School in Boston, and as a Visiting Scholar at Stanford University. In 1983 Professor Pathak discovered in literature that mortality from breast cancer in Polish immigrant women increases to the level of the host country to which they migrate. Thus, the risk for Polish-born woman who immigrated to the United States, for example, has been found to be three times¹ higher in comparison to women living in Poland. In Australia, where the risk is 1.6 higher than in Poland, Polish-born

women increase their risk 1.6 times and similarly in the United Kingdom 2.4 times^(2,3). Because of these facts Dr. Pathak decided to conduct a research study that would help to identify factors that contribute to the increased risk of developing breast cancer after emigration from Poland. For many years she struggled for funds to support her idea and the project. Eventually, in October of 1997, after 13 years she managed to convince the various scientific and financial institutions about the great value of such an undertaking and the usefulness of the information that can be obtained by performing a detailed comparison between Polish-born women living in Poland and those living in the United States. In order to be closer to the largest Polish communities in the U.S., which are mainly located in the areas of Chicago and Detroit, Dr. Pathak moved in 1995 from the University of New Mexico in Albuquerque, New Mexico, to Michigan State University in East Lansing, where she is currently a Professor of Epidemiology in the Departments of Epidemiology and Family Practice. For Professor Pathak the Polish Women's Health Study is not just one of many research projects. It is her passion and a significant part of her everyday life. She has devoted a great deal to this study and is willing to continue to do even more.

Literature:

1. Staszewski J, Haenszel W. Cancer mortality among the Polish-born in the United States, *J Natl Cancer Inst.* 1965 Aug;35(2):291-7
2. Staszewski J, McCall MG, Stenhouse NS. Cancer mortality in 1962-66 among Polish migrants to Australia, *Br J Cancer*, 1971 Dec;25(4):599-610
3. Adelstein AM, Staszewski J, Muir CS. Cancer mortality in 1970-72 among Polish-born migrants to England and Wales. *Br J Cancer*, 1979



*From left: Jianping He, Dorota Mikucka, Dorota Szczygłowska
Middle: Dorothy Rybaczyk-Pathak*

Many individuals have contributed to the organizational side of the study; Dr. Laura Scott, Dr. Jianping He, Donna Gasior, MS, Dr. Wynn Louis, Dorota Mikucka, MS, and most recently, Dorota Szczygłowska, MS. For many years Dr. Jianping He served as Doctor Pathak's right-hand person and managed the organizational side of the study. She was also responsible for building our initial database. It was not until she was offered a position that she could not resist, that she left our study team. We would like to take this opportunity to thank Jianping He for her many significant contributions to the project and wish her all the best in her new professional endeavor. The new project manager, Dorota Szczygłowska, has been connected with the study from its early phase. She translated into the Polish language almost every document that has been created during the study for the benefit of the Polish community. Dorota Mikucka, on many occasions, called and talked to the women, explaining to them the purpose of the study and encouraging their participation. She is also responsible for entering all the data into the database.



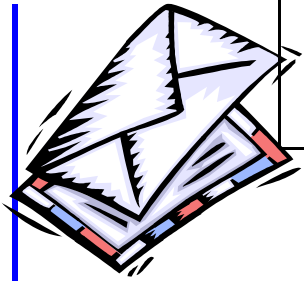
From left: Elżbieta Ulma, Barbara Staszal, Dorota Błaszczuk, Phyllis Bogdan, Barbara Kość, Dorothy Rybaczyk-Pathak

In Chicago there are four interviewers who work with our project team: Elżbieta Ulma, Barbara Kość, Barbara Staszal, Phyllis Bogdan. They are the ones who meet with each of the Polish women who have agreed to participate in the study. It is they whom our respondents have a direct contact with and with whom they share their important and scientifically relevant information that we seek. Dorota Błaszczuk, MS, is a Regional Study Coordinator for Cook County and Dr. Pathak's representative in the Chicago area. She also manages the work of the interviewers. Her attentive eye does not miss any possible errors. She reaches out to the Polish women, especially when they are unsure about their participation in the project. Thanks to her special skill for encouraging potential participants and explaining to them the significance of sharing information about themselves, a good number of women have been convinced to take part in this unique study.

In Detroit there is a proportionately smaller group of Polish women participants. Ann Bankowski, MS, serves as our study's Project Coordinator for the Detroit area and as the study interviewer. Those women who have already participated in this study will likely be able to recognize Ann Bankowski in the picture shown here.



From left: Ann Bankowski, Dorothy Rybaczyk-Pathak



We wish to begin our periodical with an educational mini-series. We invite you to actively contribute to its content. You are welcome to stay in touch with us, to send us the questions and suggestions of subjects you would like us to address.

In the first issue we begin by reviewing the essential information about breast cancer.

What Every Woman Needs to Know. The ABCs of Breast Cancer.

Part One

This year more than one million women worldwide will be diagnosed with breast cancer, including over 190,000 in the United States. Cancer of the breast finds itself in the unfortunate first position among all known types of women's cancers. Statistical data indicate that as much as 20% of all diagnosed cancers in women are cancers of the breast.

The battle against breast cancer has been long. Luckily for all women, it has become considerably stronger in recent years. This is reflected in the intensification of research studies and in an increased level of funding available for treatment and prevention of breast cancer. A detailed knowledge regarding the causative agents of the disease, risk assessment, and methods of early diagnosis constitute the best weapon against any disease, including breast cancer. Thus, it is necessary for every woman to know what to do to recognize any changes in the breast, what treatments are available, and the best course of action to minimize the risk of developing the disease.

Despite the many investigations, knowledge of causative agents that trigger development of breast cancer is limited. The degree of risk differs for each individual. Understanding your own risk and the early symptoms of breast cancer may help you to win the battle against this disease. Please remember, however, that most breast lumps are not cancerous.

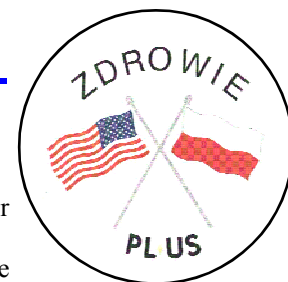
First Symptoms

- ◆ Lump in a breast
- ◆ Changes in size and shape
- ◆ Redness or pitting of the skin over your breast, like the skin of an orange
- ◆ A spontaneous clear or bloody discharge from a nipple
- ◆ Indentation of a nipple
- ◆ Swollen arm or breast
- ◆ Enlarged lymph nodes in armpit

Every woman should "know" her breasts and be able to differentiate between suspicious changes from those occurring naturally as a result of, for example, a menstrual cycle. Infections or non-cancerous cysts can also induce changes in breasts. However, you should see your family doctor as soon as possible if you discover any lump or other "warning signs" not normally associated with a menstrual cycle or pregnancy.

Risk Factors

- ◆ **Gender** — being a woman is your greatest risk factor. Men can also develop breast cancer. However, the disease is 100 times more frequent among women.
- ◆ **Age** — risk of developing breast cancer increases with age. Women over 50 are at the greatest risk of developing the disease.
- ◆ **Age at menarche and menopause** — women who start menstruating early in life or who have a late menopause have increased risk of developing breast cancer compared to women who start menstruating late and who have early menopause.
- ◆ **Age at first pregnancy** — women who never had children and women whose first pregnancy occurred when they were 30 years old or older have increased risk of developing the disease. The highest risk is among those women who had their first child after the age of 35.



- ◆ **Family history and genetic factors** — women who have close first degree relatives such as for example, a mother, daughter, or sister with breast cancer are at greater risk. The higher the number of first degree relatives who developed the disease before the age of 50, the greater the risk. Between 5 to 10 % of all breast cancers are of hereditary nature. This is the result of defects in one of several genes, especially BRCA1, BRCA2.
- ◆ **A personal history of breast cancer** — women with breast cancer in one breast are at a greater risk of developing cancer in the other breast.
- ◆ **Geographical variation** — despite the diminishing differences between Eastern and Western countries, the incidence of breast cancer is greater (3 to 5 times) in Western countries compared to Asia or Africa. Studies show that immigrants from low to high risk countries assume the rate of the host country within a relatively short time (one or two generations).
- ◆ **Radiation** — a doubling in risk of developing breast cancer has been observed among Japanese women who were exposed to radiation as teenage girls during the Second World War. Being exposed to ionizing radiation later in life also increases the risk.
- ◆ **Lifestyle**
 - ◇ **Diet** — the theory that what we eat can have a correlation with our health problems has slowly gained scientific merit. Increased vegetable intake, for example, can reduce the risk of developing breast cancer.
 - ◇ **Obesity** — is associated with increased risk of breast cancer in postmenopausal women.
 - ◇ **Alcohol intake** — most studies have shown an association between alcohol consumption and increased risk of breast cancer. Some sources indicate that women who consume more than one alcoholic drink a day have a 20% greater risk of developing breast cancer than women who don't drink.
 - ◇ **Smoking** — most studies do not show an association between smoking and increased risk of developing breast cancer. However, the Mayo Clinic's study found that smoking significantly increases the risk of breast cancer in women with a strong family history of breast and ovarian cancer.
 - ◇ **Birth controls pills** — duration of use, age at first use, dose and type of hormone within the contraceptives appear to have no significant effect on breast cancer risk.
 - ◇ **Hormone replacement therapy (HRT)** — recent studies have shown that the risks of taking a combined HRT (involving estrogen and progestin) for several years can be greater than the benefits the therapy offers. Recent studies also indicate a greater risk of developing breast cancer, heart diseases, and blood clots in association with HRT while a decreased risk of developing osteoporosis and colon cancer was reported. The best recommendation for now is that every woman should talk to a doctor about her personal risk and benefits before making a decision with regard to HRT.
The risks and benefits of estrogen-only based HRT are still under investigation.

The identification of cancer at its earliest stage is a key ingredient in the successful fight for health. Based on today's knowledge, depending on age and personal risk, women should self-examine their breasts once a month. They should be examined by their physician at regular intervals and undergo a mammography according to their physician's recommendations.

Prepared by Dorota Szczyglowska
Based on the review of the following bibliography:

K. McPherson, C M Steel, J M Dixon, ABC of Breast Diseases. Breast cancer—epidemiology, risk factors, and genetics, BMJ Vol. 3221, 9 Sept.2000
MayoClinic.com, <http://www.mayoclinic.com>
MediWeb w trosce o Twoje zdrowie, <http://www.mediweb.pl>
<http://www.rakpiersi.pl>
MEDLINEplus, <http://www.nlm.nih.gov/medlineplus>

Correspondence should be send to the following address;
Department of Epidemiology
College of Human Medicine
Michigan State University
4660 S Hagadorn Rd, Ste 600
East Lansing, MI 48823
ZDROWIE PLUS

**Department of Epidemiology
College of Human Medicine
Michigan State University
4660 S Hagadorn Rd, Ste 600
East Lansing, MI 48823
Ph. (1-877) 863-6062**

ZDROWIE PLUS