

MICHIGAN STATE UNIVERSITY

Zdrowie PL♦US



Polish Women to Women and Science

Newsletter No 2
Summer 2003

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

The Polish Women's Health Study is slowly coming to an end. We have started preliminary analyses of our data. But even at this last phase of the study, we are still looking for women who were diagnosed with breast cancer and would like to participate in our study. It is necessary to increase the number of respondents in this group because of the statistical requirements of data analyses. We need at least an additional 50 women who were diagnosed with breast cancer. Dear Participants, Supporters of our Research Study, we turn to you with another appeal. If you know women who were diagnosed with breast cancer and didn't participate in our study, please convey this information to them. We are waiting for their phone call, ready to answer all their questions. They can contact either Dr. Dorothy Rybaczyk Pathak at a toll-free number 1-877-863-6062, or Mrs. Dorota Blaszczyk at 1-630-428-0203. When we collect these additional interviews, we will finalize our analyses and share with you the results that we all so eagerly anticipate.

We would also like to share with you another important piece of information. We have recently been granted additional funding for the next phase of our study. This will enable us to examine mutual interactions between genetic predisposition and lifestyle.

We hear of new terminologies: genetic fingerprints of the human body, genetic engineering, cloning, molecular genetics. New medical treatments and illness prevention strategies are being developed. Some of them bring us hope, while others fill us with anxiety. Often we hear about the mutual interaction between environmental and genetic factors. In scientific publications we can find more and more information about how environmental factors, for example diet and exercise, can protect us from getting cancer.

In the first edition of our newsletter, we informed you about the factors that influence breast cancer risk. The first item on the list was gender. Yes, Dear Ladies, just being a woman increases our breast cancer risk 100-fold relative to men. The female hormone, estrogen, whose influence we experience throughout our lives, is considered to be one of the major risk factors for breast cancer. The level of estrogen and its metabolism depends both on genes that can differ slightly in different individuals as well as on our lifestyle; among other things, dietary habits, physical activity, and obesity. Interaction of the genetic predisposition and lifestyle can significantly influence levels of estrogen and its metabolites in our body. Scientific studies suggest that the products of estrogen metabolism can be divided into two major groups: the "good" ones that are markers of decreased breast cancer risk, and the "bad" ones that unfortunately are associated with increased risk, similar to how the "good" and "bad" cholesterol influences the risk of coronary heart disease.

Thus briefly, we tried to explain why shortly we will turn to women who already participated in our study with another request for help. We want to identify these factors that will allow us to **increase the "good" estrogen metabolism and decrease the "bad" one**. We hope that this time, as in the past, our respondents will also participate in this study, and together we will make a big step forward in the process of identifying the factors related to lowering breast cancer risk that are within our power to change.

Team Members of the Polish Women's Health Study



“SIMPLY, THANK YOU.”



Maria Dziura
Winner of the Internet Contest
"Person of the Year 2002", Chicago

With these words begins one of the many thank you letters. It is written to Ms. Maria Dziura and Ms. Zofia Solarczyk by a woman diagnosed with leukemia, a mother of three children, who is awaiting a bone marrow donor. Thanks to Ms. Maria, people of goodwill were able to learn about the tragedy of Ms. Celina Blaszkiewicz. Ms. Maria organized help and thanks to her involvement, Ms. Blaszkiewicz is presently receiving a new American treatment. The next letter is from the mother of a 16-year old Damian. Thanks to Ms. Maria and Ms. Zofia, Damian was able to come to the United States to undergo a complicated operation to remove a brain tumor. Then there is the prayer from Jacek Zielinski. This young man lost both of his arms in an accident. His loss came at a time when his life was to change for the better. He had just finished studies at the Agricultural Academy and was looking forward to working and helping his parents who are both on disability pensions. Thanks to Ms. Dziura, he will now have the needed prostheses.

And then the next letter, and another. Many newspaper clippings, poems written for Ms. Maria—the woman who has totally dedicated her life to serving others. The list of those she has helped is long: little blind Patryk and an operation in Boston; help for a single father struggling to raise seven children after his wife’s tragic death; help for three children who lost both parents in an accident. There is also a press clipping about the residents of the flooded village of Zalesie Gorzyckie. Everyone there knows Ms. Maria Dziura. It was she who organized the sending of packages with needed gifts from Chicago area residents.

There is one more letter we simply cannot omit. Every word in it is filled with 14 smiles, 14 pairs of joyful eyes. Eyes, which not too long ago, were filled with tears, fear, and pain. Fourteen hearts beat joyfully when their “mother”, the director of the Family Home for Children, speaks to them about Ms. Maria Dziura. Most of these children are ill and disabled. As their “mother” writes, “the world did not spare them any of life’s nightmares; hunger, cold, fear, filthy conditions, mistreatment, and being taken advantage of.” Finally, they were able to find shelter, a warm home. Now they wake up less frequently each night with cries of terror on their lips. They still require treatment. The home is still dealing with many financial problems. But thanks to the help organized by Ms. Maria, it has allowed the Home to be equipped with needed food, clothing, toys, and school aids. Thanks to financial help, there is both medical care and rehabilitation for the children, as well as the addition of needed laundry facilities and new radiators.

A whole collection of letters seeking help. As though the world knows that Ms. Maria will do everything, leave no stone unturned, overcome bureaucratic red tape, and will not leave those in need without help. Each of these pieces of paper that cover my desk is filled with human misfortune as well as hope that Ms. Maria will help. How can one person accomplish so much? I don’t know. I wanted to write an article about an unusual person. Instead I wrote about human misfortunes, yet at the same time their good fortune that their lives have been touched by Ms. Maria Dziura. How does one write about a life of an individual like Ms. Maria Dziura? There are no words profound enough, so filled with recognition, to express what a person feels when reading the letters from those Ms. Maria has helped. Yet, perhaps I did succeed in writing about an incredible human being, because all of these stories help us to draw her picture, tell us what kind of a person Ms. Maria is.

Ms. Maria Dziura is one of our study participants. She never hesitated to join our study. If there is ever the slightest opportunity to help another person, Ms. Maria will not let this opportunity go by. She herself lost a dear son to a battle with cancer. In her own suffering she found the strength to help others.

Ms. MARIA,

On behalf of our Study Team, all of our Respondents, and Supporters of our study, we simply say THANK YOU. Thanks to people like you, the world is a better place, with a little less suffering, and more hope and love.

Ms. Maria Dziura is the Internet winner (receiving the largest number of votes by way of the Internet) of the “Person of the Year 2002” in Chicago. Ms. Maria was honored with the above award in recognition of her freely given and generous efforts to help those in need. Among these efforts was help to orphanages in Poland, the organizing and preparing of packages with donated gifts, and the sending of money raised to help so many of our fellow Poles who are in desperate need in Poland.



MAMMOGRAPHY

To Do, or Not To Do?

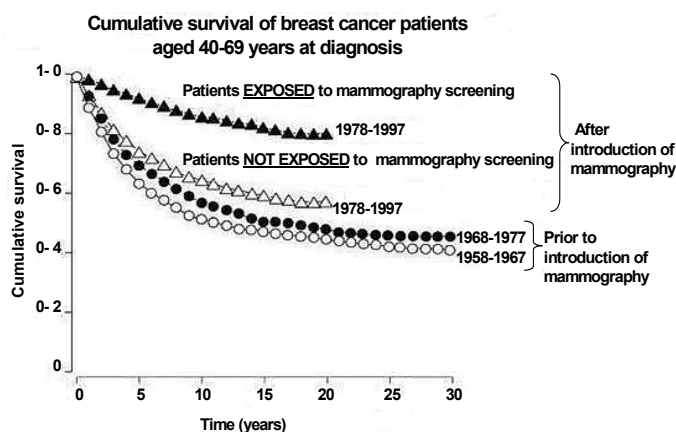
For the past few years, the subject of mammography finds itself in the center of discussion in scientific and medical circles. It is also popular among us, women, who at times get a little lost in the amount of sometimes contradictory information. We know what diagnostic mammography is. Here opinions are unanimous. If we have any suspicions, if we find a lump, our doctor immediately orders more tests. We agree with him completely. But why, for example when we enter a certain age does he recommend that we have a screening mammography? After all we are healthy, only a little older.

Screening mammography. Is it worth our time?

Mammography screening is the most often used method of early breast cancer detection. It can detect abnormal changes at so called pre-clinical stage, this means before we have any symptoms.⁽¹⁾ **The main purpose of the screening mammography is to detect breast cancer at its earliest stage. Early detection means better chance for cure.** Yet, the year 2001 brought the news that screening mammography does not reduce breast cancer mortality. Especially controversial is screening mammography among younger women in the age group 40-49 years old.

I must admit that I had mixed feelings reading an article by O. Olsen and P. Gotzsche⁽²⁾, where I read: ".....there is no reliable evidence that it (mammography) reduces mortality." This publication generated much debate. Even scientific circles were divided. I belong to this group of women who regularly have screening mammography. Is it unnecessary?

In the last few months several articles about screening mammography were published. I would like to draw your attention to some of the results. On May 3, 2003, British Medical Journal published a short article entitled: **"Mammography screening nearly halves breast cancer mortality."**⁽³⁾ This article briefly discusses the results of two studies published in April, one from Sweden⁽⁴⁾ and another from the Netherlands.⁽⁵⁾ In the Swedish study, breast cancer mortality for the 20 years (1958-77) prior to introduction of mammography in 1978, was compared to breast cancer mortality for the 20 years (1978-97) after mammography was introduced. Approximately 210,000 women were evaluated during each time period. The results show that after adjustment for age and self selection bias, the number of deaths from breast cancer among women in the age group 40-69, who had mammography screening during the time period 1978-97, fell by 44% relative to the number of deaths from breast cancer in 1958-77. For the first time it was shown that the screening mammography reduces mortality from breast cancer in younger women, aged 40-49. The number of deaths in this age group fell by 48% for those who were screened during 1978-97 and by 19% for women who did not participate in screening during this time period (19% reduction presumed to be due to factors other than screening). Laszlo Tabar, professor of radiology at the Central Hospital in Falun, Sweden said: "Taking account of potential biases, changes in clinical practice, and changes in the incidence of breast cancer, mammography screening is contributing to substantial reductions in breast cancer mortality in these two Swedish counties. Our results should be reproducible in other countries."⁽⁴⁾ Please take a look at the graph to the right. It clearly shows higher survival rates among women exposed to mammography screening. The study from the Netherlands⁽⁵⁾ also showed that mammography screening among women aged 55-74 reduces the number of deaths from breast cancer.



Adapted from: Tabar L, et al. Mammography service screening and mortality in breast cancer patients: 20-year follow-up before and after introduction of screening. *The Lancet* 2003;361:1405-10.

Mammography: to do, or not to do?

This decision belongs now only to us – women.

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2. Olsen O., Gotzsche P. Cochrane review on screening for breast cancer with mammography. *The Lancet* 2001;358: 1340-42.
3. Mayor S. Mammography screening nearly halves breast cancer mortality. *BMJ* 2003;326:949.
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5. Otto S, et al. Initiation of population-based mammography screening in Dutch municipalities and effect on breast-cancer mortality: a systematic review. *The Lancet* 2003;361:1411-17.

THE NEWSLETTER WAS EDITED BY DOROTA SZCZYGLÓWSKA AND TEAM MEMBERS OF THE POLISH WOMEN'S HEALTH STUDY.

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