

Congratulations! To date, there are 258 women enrolled in the UITN TOMUS Study!

Major Milestones Reached in UITN Studies

The almost 1000 women in the SISTER and BE-DRI studies have provided a wealth of information that will guide health providers in treating urinary incontinence.

SISTER: The UITN investigators have completed their planned analysis of treatment outcomes at 24 months after surgery for the 655 women in the SISTER study. The results will be published in the *New England Journal of Medicine*, one of the world's most prestigious medical journals, very soon. The investigators are also presenting the results to their medical colleagues at the annual meeting of the American Urological Association meeting in late May. Ten papers have been published in medical journals regarding the information provided before surgery. Many other analyses of the information gathered since surgery are in progress and will be presented at medical meetings in the fall. Look for a letter from us in the near future. We'll tell you what we have learned. You might also see some reports about this study in the news.

BE-DRI: The UITN investigators are now analyzing the BE-DRI study outcomes at 8 months after beginning of treatment. Based on what has been learned, we have decided that the information from the 307 women in this study is sufficient to answer the research questions. Therefore, all final study visits will be completed in April. The results are now being prepared for publication, also in an important medical journal. In addition, the investigators will be presenting the study results at medical meetings in the fall. Participants in this study provided a lot of important information. The Investigators will be analyzing this information as well. We'll fill you in as we learn the results.

TOMUS: Great news - the UITN TOMUS study has randomized 258 patients as of March 2007. If you have not already done so, please remember to schedule your 12 or 24 month follow-up visit.

Helping Older People Eat Better

Submitted by *Sylvia Escobedo Sluder, CCRP, UTHSCSA*
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As we grow older, we tend to burn and, thus, need fewer calories. But the body's need for several key nutrients stays the same or rises as the years go by. This is a challenge for older people who should somehow be eating *less* and, at the same time, *better*.

Many older Americans are malnourished—not in the sense of people starving in a famine, of course. They have, instead, what's called "subclinical deficiencies" that lessen the body's ability to maintain itself as well as possible. For example, many older people don't get enough B6, the vitamin that helps keep the body's immune system functioning.

Most older adults also consume too little vitamin D, which preserves bone density. This may not lead directly to broken bones, but it accelerates the bone loss that occurs naturally with aging—increasing the risk for osteoporosis, stooped posture and fractures. If you are concerned about an older relative's diet, here is a guide to the nutrients she or he needs more of and some suggestions for how to consume enough of them:

Calcium keeps bones and teeth as strong as possible and also helps regulate blood pressure. But the body's ability to absorb calcium declines as people get older. After age 50, the recommended daily amount (RDA) is 1,200 milligrams of calcium, and the average person gets about half that much.

Food Sources: Milk, yogurt, canned salmon, sardines with bones, calcium-fortified orange juice, broccoli, kale, beans.

Folate helps reduce blood levels of "homocysteine," a substance associated with increased risk of heart disease. Folate helps with red blood cell formation and may also help brain function. For adults, the RDA for folate is 400 micrograms—and older people do not need more. But the importance of folate rises with age because the risk for heart disease is also rising. **Food Sources:** Beans, green vegetables, and fortified grain foods.

Riboflavin helps keep oral tissues and skin healthy. It's good for the eyes and it lets enzymes release energy from food. The RDA for riboflavin is 1.1 milligrams for women and 1.2 milligrams for men and about one in three older adults is consuming too little. **Food Sources:** Milk, dark green vegetables, meat, whole grain and enriched-grain foods.

Vitamin B6 is essential to the formation of antibodies and to metabolize fat. It may also help maintain brain function. The RDA for adults to age 50 is 1.3 milligrams. Because of age-related changes in metabolism, older women need 1.5 milligrams and older men need 1.7—but as many as 90 percent of older adults take in too little. **Food Sources:** Baked potato with skin, bananas, chicken, beef, canned tuna and whole-grain foods.

Vitamin B12 is necessary for mental dexterity, balance and muscular function—in addition to keeping down homocysteine levels associated with heart disease. The RDA for vitamin B12 is 2.1 milligrams throughout adulthood. About 20 percent of those over 60 and 40 percent of those over 80 are unable to absorb enough B12 because of age-related gastrointestinal changes. To make up for the poor absorption, older people should regularly eat a B12-fortified cereal or take a B12 supplement. **Food Sources:** Meat, fish, poultry, fortified cereal products.

Vitamin D is necessary for the body to absorb and metabolize calcium. The RDA is 200 International Units through age 50, 400 IUs for people from 51 through 70, and 600 for those 71 and older. Older Americans are averaging 100–125 units a day. This shortfall is important because, with age, the skin also loses its ability to synthesize vitamin D from sunlight. **Food Sources:** Fatty fish, salmon, sardines, herring and mackerel, milk fortified with this nutrient and some fortified cereals (check labels).

Holistic Medicine? Naturopathy? Alternative Medicine? What's it all about?

Submitted by Judy Gruss, RN at U. Pittsburgh

In order to understand what it's all about, it is wise to take a step back and look at conventional medicine.

Most of us seeking care from our Primary Care Physician or General Practitioner, or from specialists and surgeons, are utilizing conventional medicine. The goal of conventional medicine is to locate the physical source of a particular disease and then remove it. For example, if you have an infection, a conventional doctor would most likely prescribe an antibiotic to kill the bacteria causing the infection. More recently, conventional medicine has embraced the concept of Preventative Medicine. Now, we don't necessarily like to wait for a problem (such as an infection) to happen, but take steps (some of which are quite similar to those we will discuss below) to prevent a problem (or infection) from happening.

There are also a diverse group of healing systems that are not presently considered to be part of mainstream, conventional medicine. There are many terms that describe these approaches to health care. Although they are quite similar, there are distinctions:

1. Complementary Medicine is used together with conventional medicine. For example, someone seeking care for an anxiety or depressive disorder might obtain a prescription for an antidepressant (the conventional therapy), but might also be sent to a yoga class (the complementary therapy).
2. Alternative Medicine is used in place of conventional medicine. For example, someone might decide to use a special diet (the alternative therapy) to treat cancer instead of undergoing surgery, radiation, or chemotherapy (the conventional therapies).
3. Integrative Medicine combines all three treatments - conventional medicine, complementary medicine, and alternative medicine. Importantly, integrative medicine is evidence based. This means that rigorous studies (like the one that you are participating in, SISTER, BE-DRI or TOMUS) have shown that the complementary and/or alternative therapies have some benefits backing up their use.

Despite the subtle differences, there are some basic principles of these 'unconventional' therapies. Primarily, the focus is on the whole person. Complementary and

Alternative Medicine (also commonly called 'CAM') goes beyond the physical, and also involves emotional, social, environmental and spiritual aspects of individuals. In CAM, prevention of illness is a key concern. Treatment is individualized and aimed at the cause of the illness rather than at the symptoms which manifest the illness. Treatments are also aimed at supporting the natural healing processes of the body.

You might be surprised that more than one third of Americans have sought CAM therapies. Then again, when you read the list of CAM therapies below, you might be surprised that you are actually one of those one third of Americans! Studies suggest that the demand for CAM therapies and practitioners is growing fast. And US Medical Schools are following suit, with many offering at least one CAM course. Nearly half of doctors who responded to a 1994 survey acknowledged that they used CAM themselves. More and more health insurers are covering CAM, particularly treatments such as acupuncture and chiropractic medicine.

Many in conventional medicine would like to see more and better research to support the use of CAM. Some CAM therapies are relatively well-studied (like acupuncture and chiropractic medicine) but some therapies are not. Many of the therapies would be difficult to study in the traditional ways.

Here are some of the most common CAM Therapies according to a 2002 National Center for Complementary and Alternative Medicine (NCCAM).

Acupuncture	Meditation
Ayurveda	Megavitamin Therapy
Biofeedback	Natural Products (non-vitamin and non-mineral such as herbs and other products from plants, enzymes, etc)
Chelation Therapy	Naturopathy
Chiropractic Care	Prayer for health reasons
Deep Breathing Exercises	Progressive Relaxation
Diet-Based Therapies	Qi Gong
Energy healing therapy	Reiki
Fold Medicine	Tai Chi
Guided Imagery	Yoga
Homeopathic Treatment	
Hypnosis	
Massage	

NCCAM is the Federal Government's lead agency for scientific research on CAM. You can go to their website for additional information, including their mission, and helpful hints to assist you if you are considering looking into these therapies. (<http://nccam.nih.gov>).



Omega Oils

Submitted by Lynn Kalinoski, PhD at UCSD

Omega oils are types of essential fatty acids, (also known as EFA's). There are two basic groups, omega-3s and omega-6s. These polyunsaturated fats are considered essential to human health and provide basic physiological support for life. Omega oils are an important ingredient in cell membrane structure and create a variety of chemicals in the body that act to regulate body functions affecting skin, nerves, brain and cardio function. Deficiencies in omega oils can lead to skin problems, inflammations, aching joints, infertility, and lack of ability to fight infection, heal wounds and lower resistance to disease.

Omega-3 fatty acids benefit the heart of healthy people, and those at high risk of or who have cardiovascular disease. Omega-3s have also been shown to be helpful in reducing inflammation and can be beneficial to those suffering from rheumatoid arthritis or ulcerative colitis. In addition, omega-3s have been suggested to improve brain function, reduce depression and type I diabetes during pregnancy.

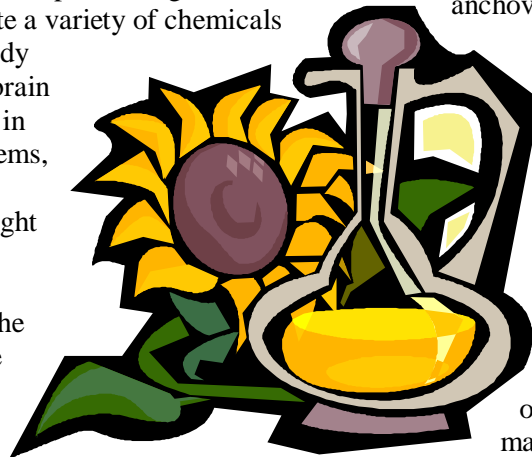
Results of preliminary research and some clinical trials suggest that omega-6 oils may be useful in the treatment of anorexia nervosa, menopausal symptoms, premenstrual syndrome (PMS), some eye diseases and eczema and are mainly found in cereal products, fat spreads and meats.

Omega-6 cannot be made in the body and generally must be obtained from food and/or supplementation. For optimum health and disease prevention, the balance should consist of one to four times more omega-6 fatty acids than omega-3 fatty acids. A typical American diet, however, tends to contain 11 to 30 times more omega-6 than omega-3 fatty acids. Some scientists attribute the increase of heart disease, high blood pressure, and diabetes, arthritis, skin disorders, breast cancer, PMS and menopausal symptoms, low-energy levels, fatigue, allergy, yeast problems, mood swings and depression to this increased imbalance.

The "good" Omega-6 fatty acids are found in flax, hemp seed, canola, soybean, walnut, corn and soy oil as well as pumpkin seeds, pine nuts, pistachio nuts, sunflower seeds (raw), dark green leaves, olive oil, olives, borage oil, evening primrose oil, black currant seed oil, chestnut oil and chicken. Flax seed is considered to be the richest source, containing over 50% of its fatty acids as omega-6 oils. Soybean oil also varies from 5% to 7% omega-6 oil. Also, even though dark greens such as kale and mustard greens contain only a small portion of oil, the portion that is available is over 50% in omega-6 oils. Eating refined

and hydrogenated versions of these food types will give the most benefit.

Omega-3 fatty acid rich foods include flaxseed and walnut oils, flaxseeds, walnuts, pumpkin seeds, Brazil nuts, sesame seeds, soybeans, wheat germ, avocados, some dark leafy green vegetables (kale, spinach, mustard greens, collards, etc.), canola oil (cold-pressed and unrefined), soybean oil, wheat germ oil, salmon, mackerel, sardines, anchovies, and albacore tuna.



Finally, if you are looking to get more omega oils in your body besides omega-3s and 6s, there are also omega-9s. Although not considered an essential fatty acid, omega-9s provide health benefits and should still be a part of your diet because of their unique acid content which plays a role in lowering heart attack risk and protecting arterial cholesterol build-up. It is also believed to assist in cancer prevention. Omega-9 fatty acid rich foods include Olive oil (extra virgin or virgin), olives, avocados and peanuts, almonds and macadamias, sesame oil, pecans, pistachio nuts, cashews, and hazelnuts.

There are a number of internet resources to obtain further information regarding the many potential uses of omega oils. They include:

www.omega-research.com

Search for Fish Oil

www.womens-health-fitness.com

www.nlm.nih.gov/medlineplus

www.clinicaltrials.gov

REMINDERS:

If you have not already done so, please remember to schedule your TOMUS 12 or 24 month follow-up visit.

We would love to hear from you!!

Anonymous newsletter comments and stories can be sent via the UITN Public Website: www.uitn.net

In order to protect your privacy as a research participant, please do not include your name or address on the comments submission.

Crunchy-Chewy Cookies

Crunchy, chewy, just sweet enough cookies, loaded with seeds and grains.

Ingredients:

- 1 cup raisins
- 2 cups hot water
- 1/2 cup sunflower seeds
- 1/2 cup pumpkin seeds
- 2 Tablespoons flax seeds
- 1/2 cup sesame seeds
- 4 cups whole wheat pastry flour
- 1 cup dairy free, grain sweetened chocolate chips
- 2 cups rolled oats
- 1 tsp. sea salt
- 1 tsp. baking powder
- 1 cup corn oil
- 1 cup brown rice syrup

Preparation:

1. Preheat the oven to 350 F. In a small bowl, soak the raisins in the hot water until plump, 10-15 minutes.
2. While raisins soak, combine the seeds in a small, dry skillet and heat over a low heat until they begin to pop and brown lightly. Remove from heat and place in a large bowl. Add the remaining dry ingredients and mix with a wooden spoon to combine.
3. Drain the raisins, reserving 1 cup of the water. Add the raisins to the dry mixture, along with the oil and brown rice syrup. Mix well to combine. Add enough of the water to make a moist, but stiff dough.
4. Using a large spoon, scoop the dough into balls spaced several inches apart on a lightly oiled cookie sheet. Bake for 14 minutes. Cool for 15 minutes on a wire rack.

REMINDERS:

For those who have not already enrolled in E-SISTER, please consider continuing your participation in SISTER, as this extended study will provide valuable information about the long-term effects of surgery.

www.ClinicalTrials.gov provides regularly updated information about federally and privately supported clinical research.

For more information about the UITN studies, please call the office nearest to you.

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