



Strang Cancer Prevention Institute
Dedicated to Promote Cure by Early Detection and Research to Prevent Cancer since 1933

Prevention

National Cancer Prevention Month February 2019

CANCER PREVENTION AWARENESS MONTH

Cancer Prevention in the Era of Genomics: Primary cancer prevention has focused on behavioral risk factors, especially cigarette smoking, and secondary prevention with screening tests. Smoking cessation now combines behavioral insights and alternate nicotine delivery, by chewing gum, transdermal patches and vaporizing (vaping). Cancer screening makes use of improved modalities, such as CT scans for lung cancer, and attempts to accomplish more consistent use in target populations, largely age-defined.

Public Policy has helped prevention and screening efforts. Heavy cigarette taxation discourages cigarette consumption, particularly for more price sensitive youth. The Affordable Care Act requires that cancer screening be offered free to patients.

Genomic Information is transforming prevention. Molecular information has altered screening tests, defined risk and created new prevention opportunities.

Eliminating Cervical Cancer: HPV Vaccination and Screening

Chronic HPV infection causes cervical, anal and head and neck cancer. A recent model defines the benefits of an HPV-based vaccination and screening strategy to make cervical cancer rare (<4 per 100,000) worldwide. It will take 3-4 decades for vaccination to make a substantial effect on cervical cancer rates. HPV-based cervical screening is required for pre-vaccination cohorts. Widespread coverage of both vaccination and screening could avert 12.5-13.4 cases by 2069.¹

Testing for Genetic High-Risk: Should all Women be Screened for BRCA Mutations?

Genomic information is complex and difficult to incorporate into clinical practice. BRCA mutations signify a very high risk of breast, ovarian and other cancers for the patient and family members. Recently, the U.S. Preventive Services Task Force issued guidelines that continue to recommend genetic testing only for women with either a family history of breast or ovarian cancer, or an ethnicity or ancestry associated with BRCA1 or BRCA2 mutations. Instead they recommended that other women meet with a licensed genetic counselor to guide them through the process.

THE STRANG SCREENING TRIAL

Strang Cancer Prevention Institute is completing a major research study to improve cancer screening. A randomized trial studied how to best help primary care doctors at Mount Sinai West and Downtown guide their patients about screening, when to stop and how to decide together when the decision isn't clear. The study allows a closer look at communication than earlier studies; doctors and patients reported on their conversations immediately after the check-up visit. Our results have shown how hard these discussions can be. Our preliminary results have generated interest at conferences in the US and Europe in the last 2 years. We plan to complete analyzing the final results in the next few months. We will share our results in upcoming issues of [PREVENTION](#), the Strang newsletter.

1. Simms KT, Steinberg J, Caruana M, Smith MA, Lew JB, Soerjomataram I et al. Impact of scaled up human papillomavirus vaccination and cervical screening and the potential for global elimination of cervical cancer in 181 countries, 2020-99: a modelling study. *Lancet Oncol* 2019. (30795950).

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The Strang Cancer Prevention Cookbook

Reduce your Risk for Cancer by Eating a Healthy Diet!

Sautéed Spinach with Garlic

This cooking method can be applied to other leafy greens such as Swiss chard, escarole, broccoli rabe, and beet or turnip greens

- 1 1/4 pounds fresh spinach
- 1 tablespoon extra -virgin olive oil
- 4 garlic cloves, peeled, lightly crushed, and quartered lengthwise
- Pinch of hot red pepper flakes (optional)
- Salt and freshly ground black pepper



Remove the stems from the spinach and tear any large leaves into bite –size pieces.

Rinse thoroughly and drain.

Heat the olive oil in a large skillet. Add the garlic and red pepper flakes if using, and cook over medium heat until the garlic is light gold; don't let the garlic get too brown or it will be bitter.

Remove the garlic and set aside.

Reserve the oil in the skillet and increase the heat to medium high.

Add the spinach and season with salt and pepper to taste. Sauté, turning the spinach with tongs to cook evenly. When the spinach is just wilted and tender, 2 to 3 minutes, remove the skillet from the heat. Using a slotted spoon or tongs, lift the spinach from the skillet leaving behind excess liquid. Transfer to individual plates or a platter. Top with garlic and serve

Spinach is exceptionally high in beta –carotene (110 percent of the DV for Vitamin A per serving of this recipe) as well as other carotenoids, folate (more than 80% of the DV), vitamin C (more than 80% of the DV) and minerals such as calcium, iron, magnesium, and potassium. It is also high in protein when compared to other vegetables. A good source of fiber.

Calories 82, protein 5 g, carbs 7 g, fat 4g, cholesterol 0 mg, dietary fiber 4 g, saturated fat 1 g

MAJOR SOURCES OF POTENTIAL CANCER FIGHTERS.

Phytochemicals: allium compounds, terpenes (carotenoids).

Laura Pensiero, R.D., Strang Consultant
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THIS NEWSLETTER IS DEDICATED TO FRANCIS OSBORNE



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