



**GEORGE W. COMSTOCK CENTER FOR PUBLIC  
HEALTH RESEARCH AND PREVENTION**  
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 ★ **OUR NEW NAME — RENAMING OF THE CENTER** ★  
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In honor of Dr. George Comstock's more than 40 years of outstanding service as Director, the Bloomberg School of Public Health announced in August 2005 that the Johns Hopkins Training Center for Public Health Research would be renamed the George W. Comstock Center for Public Health Research and Prevention.

More than 80 well-wishers, including current and former colleagues, students and budding scientists, joined in an event held at the Washington County Health Department. A plaque for the George W. Comstock Center for Public Health Research and Prevention was unveiled.

Under Dr. Comstock's leadership, the Center, through the generous participation of residents of Washington County, became a leader in community-based research into the causes and means of prevention of human diseases, notably heart disease, cancer and stroke. Since 1962 when the Center was established as a conjoint facility of the Johns Hopkins School of Hygiene and Public Health (now named the Bloomberg School of Public Health) and the Washington County Health Department, it has continued a long history of public health training and research in Washington County.

Over 230 scholarly papers have been published in peer-reviewed journals, bringing Washington County to the attention of the medical community world-wide.

Dr. Comstock remains involved at the Center, while spending a considerable portion of his time reviewing manuscripts, editing and writing book chapters and advising students. His legacy lives on through his dedication and devotion to public health.

Another plaque, which hangs in the hallway of the Center reads, "*Physician, teacher, musician, epidemiologist and world renowned tuberculosis expert, Dr. Comstock has dedicated his life to understanding human disease and improving the public's health.*"



# Health Letter

**George W. Comstock  
Center for Public Health  
Research and Prevention**

Winter 2007

## Research Update

We sincerely appreciate your efforts in continuing to take part in the CLUE II program. Washington County residents have taken a leadership role in health studies for over half a decade. We thank you for your willingness to participate in projects that will benefit the advancement of medical knowledge and assist with the training of future leaders in public health.

We want you to know that thanks to your participation, the CLUE studies continue to be on the forefront of medical research. For example, since we last contacted you in January 2003, more than 25 papers based on the CLUE studies have been published in medical journals. This has earned the research that takes place here in Washington County a strong reputation both nationally and internationally. With your continued help, our hope is that advancing what we know about the causes of disease will lead to new pathways to prevent disease in the future.

Many of the studies that take place provide thesis projects for students who will go on to become the public health leaders of the future. You will be pleased to know that more students have been involved in recent years than ever before in our history. With your participation, you can take pride in knowing that you are not only contributing to advancing what we know about human health, but also investing in the next generation of public health leaders.

This newsletter highlights some of our findings during the past few years, and introduces you to some of our exciting new projects. One current study is of skin cancer, a very common form of cancer related to sun exposure. This study will be using the blood samples to see if common genetic changes that occur frequently may make some people more likely to get skin cancer and other cancers. The types of skin cancer that are being studied are called basal cell skin cancer and squamous cell skin cancer. Together, these types of skin cancer are also sometimes referred to as "non-melanoma skin cancer." Because of this study, the questionnaire we will be sending out to you in the coming months will include questions about your history of sun exposure. Be on the lookout for this questionnaire, which will be mailed to the special group who have graciously helped us in the past by completing one of our mailed questionnaires.

The Comstock Center is more than just the CLUE studies. The staff work with the Washington County Health Department on issues involving community health and program planning. In 2002 the Center conducted a survey of the health of

(continued)

CLUE II FOLLOW-UP

### *(Research Update Continued)*

residents of the county to identify the most pressing health needs. We found that nutrition and weight management was one of the most pressing health needs. We have also been involved in an evaluation of the Health Department's "Stop Smoking for Life Program" which focused on the impact of nicotine patches on smoking cessation. This evaluation found that nicotine patches led to higher short-term quit rates. This study was published in the journal called Addictive Behaviors.

Thank you again for your continued help and support.

## **Second Hand Smoke**

What is second-hand smoke?

When tobacco is lit, thousands of chemicals are released in the smoke. Many of them are highly toxic. Two-thirds of the smoke from a cigarette is not inhaled by the smoker. This is called "sidestream smoke." Second-hand smoke (SHS) is a mixture of smoke breathed out by the smoker (mainstream smoke) and smoke released from the lit cigarette (sidestream smoke). Second-hand smoke contains more than 50 carcinogens and is a known human carcinogen. The practice of breathing in SHS is referred to as "passive smoking".

What are the health effects of exposure to second-hand smoke?

According to a new U.S. Surgeon General's report issued in June 2006, nonsmokers who are exposed to secondhand smoke at home or work had a 25 to 30 percent increased risk of developing heart disease and a 20 to 30 percent increased risk for lung cancer.

Others health risks also associated with second-hand smoke exposure are well documented and include sudden infant death syndrome (SIDS), respiratory problems, ear infections and asthma attacks in infants and children. Slightly more than 20 percent of children are exposed to secondhand smoke at home.

The good news is that, unlike some public health hazards, second-hand smoke exposure is preventable.

The Surgeon General has these tips on protecting yourself and your children from the effects of second-hand smoke:

- ◊ Make your car and home smoke-free.
- ◊ Ask people not to smoke around you or your children or grandchildren.
- ◊ Make sure that your child or grandchild's daycare center or school is smoke-free.
- ◊ Teach children to stay away from second-hand smoke.
- ◊ Avoid second-hand smoke exposure especially if you or your children have respiratory conditions, if you have heart disease, or if you are pregnant.

Breathing second-hand smoke for even a short time can damage cells and set the cancer process in motion. Brief exposure can have immediate harmful effects on blood and blood vessels, potentially increasing the risk of a heart attack. Second-hand smoke exposure can quickly irritate the lungs, or trigger an asthma attack.

This Spring the Comstock Center will begin a study in collaboration with physicians in the community, to evaluate the effects of second-hand smoke exposure among adult-non smokers.

## **Collaboration with the University of Maryland in Study of Celiac Disease**

People who have Celiac disease cannot tolerate a protein called gluten, found in wheat, rye, oats, and barley. Although gluten is found mainly in foods, it is also found in products we use every day, such as stamp and envelope adhesive, medicines, and vitamins. Though often diagnosed in children, it may also be diagnosed for the first time in adults. If untreated, this condition can lead to gastro-intestinal symptoms, damage to the intestinal tract, and even malnutrition. Celiac disease may affect as many as 1 in 100 individuals and it is treated by changing the diet to avoid gluten.

Symptoms may include diarrhea, bloating, weight loss, increased appetite, and extreme fatigue. These symptoms occur because the intestine cannot absorb food properly. However some people with Celiac disease have none of these symptoms and are not aware that damage to their intestine is occurring. Celiac Disease may only be suspected when there is unexplained anemia or osteoporosis.

Celiac disease affects the small intestine. The lining of a normal small intestine is made up of tiny finger-like projections called "villi." The villi absorb nutrients during the digestion of food. When a person with Celiac Disease consumes gluten, the villi become damaged and flattened, unable to do their job. Instead of foods being broken down in the small intestine and absorbed into the blood stream, the food passes undigested through the intestines.

Surprising little is known about Celiac Disease in the general population. Celiac disease can be diagnosed using a blood test. It is then confirmed by examining the intestine more closely with an endoscopy test. The condition is treated by removing gluten from the diet.

We are working with researchers at the University of Maryland at the Center for Celiac Research, to get better estimates about how often the disease occurs in the population and what symptoms people may have. We will be testing some of the blood samples in the CLUE studies. If we happen to test your blood and the results are positive for the presence of Celiac Disease, we will notify you and with your permission, your doctor. If you need a doctor we will help you find one.

If you want to find out more about this condition, a good information source is the Celiac Disease Foundation at <http://www.celiac.org/> and the National Institutes of Health at <http://digestive.niddk.nih.gov/ddiseases/pubs/celiac/indext.htm>.

## **Skin Cancer**

Over half of all new cancers in the United States are skin cancers. In fact, cancers affecting the skin are so prevalent and increasing in number so rapidly that the American Academy of Dermatology has labeled skin cancer an unrecognized epidemic.

Generally, your risk of developing skin cancer increases as you age because of the accumulating effects of sun damage over time. Basal cell and squamous cell skin cancers are the most common — they typically are slow growing and highly treatable. Melanoma tends to be more serious, with the greatest likelihood of spreading to other body tissues.

Skin damage from ultraviolet (UV) radiation that occurs in the first two decades of life may not become apparent until midlife or later. Until recently, the more treatable non-melanoma skin cancers, basal cell and squamous cell cancers, were generally considered a problem mainly for people over the age of 50. However, there's been a sharp increase in the occurrence of these cancers in young adults. One in five Americans will develop skin cancer in his or her lifetime. Your chances of getting skin cancer double if you've had just five or more sunburns.

To protect your skin, follow the basics:

- ◊ Prepare in advance by applying sunscreen about 30 minutes before going out, even on cloudy or hazy days.
- ◊ Limit your time in the sun between 10 a.m. and 4 p.m., and seek shade whenever possible.
- ◊ Use generous amounts of sunscreen— one ounce or about the amount in a shot glass to protect from ultraviolet rays.
- ◊ To maximize sun protection, reapply sunscreen every two hours. Heavy perspiration, water and towel drying can remove the protective sunscreen layer, even from waterproof sunscreen products.
- ◊ In addition to always wearing a broad-brimmed hat and sunglasses, wear protective clothing made of tightly woven fabrics.

*Source Mayo Clinic Health Information*

## **Colorectal Screening**

Colorectal cancer, or cancer of the colon or rectum, is the second leading cause of cancer-related death in the United States. Colorectal cancer is also one of the most commonly diagnosed cancers in the United States. Many studies show that regular screening for the disease reduces deaths from colorectal cancer.

A colonoscopy is a procedure that is used to screen for colon cancer. A colonoscopy allows a doctor to look inside the entire large intestine. The procedure enables the physician to see such things as inflamed tissue, abnormal growths, and ulcers. It is most often used to look for early signs of cancer. This procedure is also used to look for causes of unexplained changes in bowel habits and to evaluate symptoms like abdominal pain, rectal bleeding and weight loss.

A colonoscopy is recommended starting at age 50 and repeated every 10 years. If someone has an increased risk for disease or previous colon polyps or cancer, the test may be done more often.