Scientists have learned a lot about how diet affects our health, but there are still many unanswered questions. Recent headlines, especially the ones about dietary fat, may have you wondering about the WHI low-fat dietary pattern. In this article, we try to address some of the questions you may have.

**Why is WHI so important?**

A controlled clinical trial like WHI is needed to really address diet/cancer questions. Current information regarding dietary fat and cancer is mainly based on studies tracking health (observational studies) or studies of diet in countries around the world (international diet studies). These types of studies collect information about diet and then try to link the dietary data to the development of cancer. Knowing what causes cancer is difficult – it could be diet, other lifestyle factors, or a mixture of factors.

In addition, past studies have conflicting results. International diet studies have pointed to a lower risk of breast and colorectal cancers among postmenopausal women who eat 20% or less calories from fat. Studies that follow people who move from countries with lower fat intake (such as Japan) to countries with higher fat intake (like the U.S.) often find that these people show increases in the risk of certain cancers. Since a person's genes do not change, lifestyle factors, such as diet, could be increasing cancer risk. Results from observational studies within the U.S. have varied. Some of these studies point to a higher fat diet leading to higher cancer risk, while others haven't shown a connection between dietary fat and cancer.

**Why don't scientific findings agree?**

There are several reasons why study findings do not agree. For example, within the United States, the amount of fat people eat varies less than in other countries. Therefore, it is possible that scientists cannot find a relationship between fat and cancer because there is not a wide enough range of fat intake in this country. This points to the importance of the low-fat goal in WHI (20% versus the national average of 34%). Secondly, observational study designs are less powerful than the randomized clinical trial design of the WHI Dietary Study. Observational studies show potential relationships, but cannot prove cause and effect. A third reason for the disagreement is that measurement of dietary fat intake is very difficult and can contain errors.
Why was 20% calories from fat chosen as the goal for the study?
Past international diet studies indicate that breast cancer is related to high total fat intake. Scientists have studied the fat intake in countries around the world. They found that the risk for breast cancer was lowered by more than half in postmenopausal women in countries eating 20% calories from fat compared to those eating 40%. Fat intake among postmenopausal women in the United States is not as high as 40%; it's closer to 34%. Even so, if the research data hold true, WHI will see if a total fat intake of 20% or less calories from fat results in fewer women developing breast cancer.

Why was I asked to change my diet?
Why doesn't WHI just track my regular eating habits?
Tracking regular eating habits is an observational study. To really answer the cancer/heart disease-diet question, a study more powerful than an observational study is required. Observational studies are useful, but they can only suggest that the differences in those who stayed healthy or became sick were caused by differences in behavior (such as eating habits). A more powerful study design is needed to really understand what health behaviors cause disease. Fortunately, one exists—a randomized, controlled clinical trial, which is the design used for the WHI Dietary Study.

A randomized, controlled clinical trial is considered the "gold standard" of scientific studies. It is scientifically powerful because people are randomly assigned (by chance) to change or not change a health behavior. In the WHI Dietary Study, women in the Dietary Change group are asked to lower their fat intake and increase their fruit, vegetable and grain intakes. Women in the Comparison group are not asked to make any dietary changes. Both groups are vitally important. These two groups allow us to see who develops breast and colorectal cancers and/or heart disease in each group and then compare the disease rates.

Thank You
You can see that WHI is a very important study that will help shed light on many unanswered questions about diet and diseases that affect postmenopausal women.

Thank you for being part of the WHI Dietary Study!
Broccoli and Cheese Soup

Processed cheese melts beautifully, giving this main-dish soup a smooth texture and mild flavor.

**cooking spray**
1 cup chopped onion
2 garlic cloves, minced
3 cups fat-free, less-sodium chicken broth
1 (16-ounce) package broccoli florets
2 1/2 cups 2% reduced-fat milk
1/3 cup all-purpose flour
1/4 teaspoon black pepper
8 ounces light processed cheese, cubed (such as Velveeta® Light)

Heat a large nonstick saucepan coated with cooking spray over medium-high heat. Add onion and garlic; saute 3 minutes or until tender. Add broth and broccoli. Bring broccoli mixture to a boil over medium-high heat. Reduce heat to medium; cook 10 minutes.

Combine milk and flour, stirring with a whisk until well blended. Add milk mixture to broccoli mixture. Cook 5 minutes or until slightly thick, stirring constantly. Stir in pepper. Remove from heat; add cheese, stirring until cheese melts.

Place one-third of the soup in a blender or food processor, and process until smooth. Return pureed soup mixture to pan.

Makes 6 (1 1/3 cup) servings

Fat: 6 grams per serving

Fruit/Vegetable Servings: 1 per serving

Recipe from *Cooking Light*, April 2002
Salmon Mousse

3 tablespoons lemon juice
2 tablespoons cold water
2 envelopes unflavored gelatin
2/3 cup boiling water
2 stalks celery, each cut into 3 pieces
1 small onion, cut into 2 pieces
2 sprigs parsley
1/2 cup low-fat mayonnaise
1 cup evaporated skim milk
1/4 teaspoon white pepper
1 teaspoon salt (optional)
1 pound salmon fillet, skin removed (poached) or 2 (7 3/4 oz.) cans salmon, drained
Optional garnish (see notes below)

Place lemon juice and water in food processor or blender. Sprinkle gelatin on top and let stand 1 minute. Add boiling water and blend for 10 seconds. Add remaining ingredients and process until smooth (if using a blender, dice the celery, slice the onion, and coarsely chop the parsley beforehand). This may have to be done in two steps. Pour into fish-shaped mold or other 5-cup mold or pan. Chill for several hours or overnight until firm. Garnish as desired.

Garnishing can be as simple as a few lemon slices, or if you are ambitious, you can slice celery thinly and arrange to look like scales, with an olive for the eye.

Serve as an appetizer with low-fat crackers or pita bread triangles.

Makes 20 servings (4 tablespoons of mousse per serving)

Fat: 4 grams per serving (excluding crackers or bread)

Recipe from Renee Byer, Stony Brook Clinical Center Participant
**WHI Rings Their Belle**

The Belle Peppers, a dynamic group of women, have been exceptional participants at the Evanston, Illinois, WHI Clinical Center for the past six years. Some travel up to an hour to attend sessions. Counted among them are a foster mother of dozens of children, homemakers extraordinaire, a pianist, a scientist, an owner/manager of a paint store, an award-winning singer, talented secretaries and teachers, a founder of a gift shop supporting needy families around the world, a social worker, and civic volunteers. They arrive for their group meetings on precious Saturday mornings, armed with purpose, humor, and great respect for one another and the WHI work they are accomplishing.

Pictured in first row, from left to right, seated: Jan Garland, Joan Sorgel*, Jan Curtiss*, Barbara Herzog.
Pictured in second row, from left to right, seated: Audrey Gorsuch*, Ruby Rymill, Dorothy Jacobson, Madeline Glaser, Mary LeRoy, Geraldine Mohr, Elinor Epstein*.
Pictured in third row, from left to right, standing: Enid Frandzel, Ginny Swiatlo, Judith Godfrey, Audrey Miller, Harriet Siegel*, Elaine Lamberts, Lillian Strezishar, Roberta Fitch.
Not pictured: Brenda Terry, Helen Davis, and Kathleen Burch.
*Visiting participants

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**STAFF...**

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**LETTERS...**

We'd love to hear your feedback on the newsletter and your story ideas. We regret that we cannot answer questions about individual medical conditions. Send a letter to:

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Recipe Makeover Receives Raves

Bringing down the fat in favorite recipes is a matter of trial and error. Renee Byers had great success in revising a salmon mousse recipe for her granddaughter’s birthday party. The Stony Brook, New York, participant hadn’t made the special-occasion appetizer in years. “It was not ‘WHI,’” she says, “as it was made with homemade mayonnaise and heavy cream.”

“I decided to use some of the tricks we learned and used low-fat mayo and evaporated skim milk for the cream,” Renee explains. Renee managed to reduce the recipe’s total fat grams from 248 to 68! To her delight, her youngest daughter—who never used to like the dish—enjoyed it and asked her what she did differently. Renee’s other daughter said everyone at the party commented on the mousse and several had asked for the recipe, including the caterers!

Renee and Joel, with granddaughter Samantha

Cooking is just one of Renee’s many hobbies. She enjoys crafts, such as origami paper folding, knitting, porcelain painting, and vegetable garnishing. Quick to share new skills, Renee has led WHI peer group crafting sessions.

Look for Renee’s salmon mousse recipe in this issue, just in time for holiday parties!