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TITLE: Bone Mineral Density, Sex Steroid Genes, Race and
Prostate Cancer Risk

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13. ABSTRACT (Maximum 200 Words) The goal of this project is to determine whether bone mineral density (assumed to be an integrated marker of sex steroid hormone exposure) is a risk factor for prostate cancer; and (2) to identify prostate cancer susceptibility alleles among genes in the sex steroid pathway. To address these aims, we are undertaking a case-control study of African American and Caucasian men in Pittsburgh, PA and Baltimore, MD. Cases are 100-150 African American and 150 Caucasian men with histologically-confirmed prostate cancer. Controls are age and race frequency-matched men who have a PSA < 3.0 ng/mL. Hip, spine and total body BMD is measured by Dual-energy X-ray Absorptiometry (DXA). Blood is used to obtain DNA. Polymerase Chain Reaction (PCR) techniques will be used to determine allelic distributions of genotypes for sex steroid metabolism, biosynthesis and action genes. Risk factor data are obtained by an in-person interview. Pathology information will be collected using standardized medical abstraction and all pathology will be confirmed by a central pathologist. Upon completion recruitment and data collection, we will evaluate the role of BMD and candidate genotypes in prostate cancer risk by race. We will further examine the interaction between BMD and genotypes to evaluate the hormonal environment - gene interaction and its effect on prostate cancer risk.				
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INTRODUCTION:

The goal of this project is to determine whether bone mineral density (assumed to be an integrated marker of sex steroid hormone exposure) is a risk factor for prostate cancer; and (2) to identify prostate cancer susceptibility alleles among genes in the sex steroid pathway. To address these aims, we are undertaking a case-control study of African American and Caucasian men in Pittsburgh, PA and Baltimore, MD. Cases are 100-150 African American and 150 Caucasian men with histologically-confirmed prostate cancer. Controls are age and race frequency-matched men who have a PSA < 3.0 ng/mL. Hip, spine and total body BMD is measured by Dual-energy X-ray Absorptiometry (DXA). Blood is used to obtain DNA. Polymerase Chain Reaction (PCR) techniques will be used to determine allelic distributions of genotypes for sex steroid metabolism, biosynthesis and action genes. Specifically, we are looking at polymorphisms in the androgen receptor, estrogen receptor, aromatase, 5-alpha reductase and CYP17 genes. Risk factor data are obtained by an in-person interview. Pathology information will be collected using standardized medical abstraction and all pathology will be confirmed by a central pathologist. Upon completion recruitment and data collection, we will evaluate the role of BMD and candidate genotypes in prostate cancer risk by race. We will further examine the interaction between BMD and genotypes to evaluate the hormonal environment – gene interaction and its effect on prostate cancer risk.

BODY:

In this section, we describe our accomplishments according to the Work Plan originally approved:

Task 1 Preparation for Study, Months 1-6:

- a. *Obtain remaining IRB approvals*
 - **approval received from University of Pittsburgh and Maryland, but not from the DOD to commence recruitment in Baltimore**
- b. *Hire Pittsburgh project manager*
 - **Ms. Pamela Overberger hired**
- c. *Finalize agreements with Baltimore coordinator*
 - **contracted with UofMD Center for Clinical Trials for services of Ms. Jennifer De Santo two days per week.**
- d. *Finalize all instruments*
 - **done (Appendix A)**
- e. *Train interviewers to perform patient interviews using the instruments*
 - **doned**

Task 2 Preparation for Data Entry, Months 6-12:

- a. *Implement computerized data entry forms (interview, anthropometric, physical activity, pathology, DXA, and laboratory assay) in PoP*
 - **implementation in TeleForm completed**

Task 3 Recruiting of Subjects and Obtaining of Data, Months 6-30

- **see tables 1-3 for summaries to date**

Overall Study Progress:

We hired Pamela Overberger, MS, as the overall study coordinator. Ms. Overberger also serves as the Pittsburgh recruiter and interviewer. Drs. Modugno, Weissfeld and Ms. Overberger finalized the study

instruments (Appendix 1). Instead of using PoP as originally planned, we decided to use TeleForm, an automatic scanning data entry system. This enables us to scan data immediately and will save us time in data entry towards the end of the study period. Ms. Overberger developed the study Manual of Operations and works with all organizations to maintain study approval.

Pittsburgh Progress:

We obtained IRB approval from the University of Pittsburgh to commence recruitment of subjects in Pittsburgh. Recruitment began in February 2002. Cases are recruited from all newly diagnosed cases of prostate cancer seen in the practice of Dr. Joel Nelson. Controls are men who have participated in a population-based prostate cancer screening trial and are frequency matched to cases by age and race. The summary of recruitment to through August 2002 is in Table 1. We recruit approximately 4 men per week in Pittsburgh (2 cases, 2 controls), which is ahead of the anticipated recruitment schedule. Because interview data is scanned in weekly, we are able to provide interim data analyses. Table 2-3 summarizes the baseline data on recruited subjects through August 2002.

Baltimore Progress:

We obtained IRB approval from the University of Maryland in August, 2002. This was later than anticipated and has put our recruitment behind. Moreover, the DOD Human Subjects Committee has not yet approved adding Baltimore as a site for this study and we are therefore unable to commence recruitment of African Americans in Baltimore.

Nonetheless, in September 2002, Drs. Modugno and Weissfeld visited the Baltimore site to meet with the Baltimore PIs (Marc Hochberg, MD and Richard Alexander, MD) and study team. A part-time Baltimore study coordinator was hired (Ms. Jennifer DeSanto) through the University of Maryland Center for Clinical Trials. Ms. DeSanto will work with Dr. Alexander's staff in the urology clinic to recruit eligible African American cases. Ms. DeSanto will work two days per week (Thursday and Friday) when the urology clinic at the Baltimore VA takes place. Ms. DeSanto is paid only for the days she works and since recruitment has not begun, we have no costs associated with Ms. DeSanto to date. Ms. DeSanto received all the study instruments and instructions. During the first 2-3 weeks of recruitment, Ms. Overberger will go to Baltimore to provide on-site training of Ms. DeSanto (consenting and interviewing subjects).

Because of the late start of recruitment in Baltimore, Dr. Modugno has authorized that funds from Y1 of this grant that were to be used to support recruitment in Baltimore be set aside. This will ensure the availability of funds to continue recruitment in Baltimore after the 3 year study period ends (if need be). These funds will cover the cost of the study coordinator in Baltimore and all the associated study costs (DXAs, etc).

Once we begin recruitment in Baltimore, cases will be recruited from the VA urology clinic during their weekly clinic schedule (Thursdays and Friday mornings). Controls will be recruited from Dr. Hochberg's ongoing study of BMD in African American men. Controls will be frequency matched by age to cases.

Exclusion Criteria

The following are the criteria used to exclude men from participation in this study.

- <40 or >80 years of age
- Inability to consent to medical procedures.

one of which is labeled with a fluorescent dye (FAM, HEX or TET; Research genetics, Huntsville, AL). The products are resolved on the ABI 377 automated DNA sequencer (Applied Biosystems, Foster City, CA) and the resulting gel images are analyzed using the GENESCAN software package. These protocols are standard in Dr. Ferrell's lab. Genotypes are assigned by two independent readers by directly comparing test samples to sequence-verified control samples run on the same gel. Conflicts are resolved by repeat genotyping.

We have tested the laboratory assays on a sample of specimens early in our recruitment. The assays appear to be working.

BMD Measurements

Hip, spine and total body BMD will be measured by Dual-energy X-ray Absorptiometry (DXA) using a Hologic QDR-4500A (Hologic, Inc., Waltham, MA) in the Laboratory of Dr. Susan Greenspan. Quality control is assessed by daily quality control scans with the phantom provided by the manufacturer. We will also have a subset of scans (10%) reanalyzed by Synarc, Inc. (Bedford, MA), which provides quality control for large scale studies, including several of Dr. Greenspan's studies. All DXA results will be recorded on a standard study form for data entry.

Problems encountered and measures taken:

The major problem we have encountered is obtaining IRB approval for this study at Baltimore and the DOD. We have already received IRB approval in Baltimore. We are working with the DOD to receive approval to add Baltimore to the study so that we can begin recruitment at that site.

KEY RESEARCH ACCOMPLISHMENTS:

The study is well underway with all the components in place. We foresee successfully completing recruitment of Caucasians in Pittsburgh well within the study period. We anticipate successfully completing African American recruitment, although we anticipate that this may require an additional year due to the delay in recruitment in Baltimore because of the delay in receiving DOD IRB approval to add Baltimore as a site for this study.

REPORTABLE OUTCOMES:

None to date

CONCLUSIONS:

We are pleased with our progress and foresee the successful completion of this project. We are working with the DOD to receive IRB approval to begin recruitment in Baltimore.

REFERENCES:

None

APPENDICES:

Interview Questionnaire

**Table 1: Summary of CASE and CONTROL Recruitment in
Pittsburgh 2/01/02-8/31/02**

	AA	Caucasian	Total
Total CASES	13	98	95
Eligible Cases	13	85	83
Agreed to Contact	13 (100%)	74 (87%)	77 (93%)
Screened	10	65	72
Enrolled	8 (80%)	45 (69%)	49 (68%)
Scheduled	0 (0%)	5 (8%)	6 (8%)
Ineligible	2 (20%)	15 (23%)	17 (24%)
Declined	2	8	10
Excluded		7	7
 CONTROLS:			
Screened	10	33	43
Enrolled	8 (80%)	27 (82%)	35 (81%)
Scheduled	0 (0%)	3 (9%)	3 (7%)
Ineligible	2 (20%)	3 (9%)	5 (12%)
Declined	2	0	2
Excluded		3	3

**Table 2: Age and Race Distribution of Cases and Controls Recruited in Pittsburgh
2/1/02-8/31/02.**

Age Range	Caucasian	Caucasian	African-American	African-American
	Cases	Controls	Cases	Controls
40-44	1			3
45-49	1			1
50-54	10		2	1
55-59	12	13	2	3
60-64	11	9	2	
65-69	5	5	1	
70-74	4	1	1	
75-79	1			
Total	45	28	8	8

Table 3: Summary Demographic Statistics on Cases and Controls (as of 8/16/02)

	Case (n=43)	Controls (n=35)
Age (years) (mean)	59.9	58.6
BMI (kg/m ²) (mean)	27.8	31.1
Race		
AA	8	8
Caucasian	41	27
BMD (g/cm ²) (mean)		
Hip	1.01	1.04
Spine PA	1.07	1.11
Total	1.18	1.20



General Information

The first section asks about your general background. Throughout this interview, you have the right to refuse to answer any question that makes you uncomfortable, or to end the interview at any time.

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Date

		/			/				
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1. Where were you born?

City

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State

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Country

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Case or Control?

Control

Case

Recruitment Site:

Pittsburgh UPMC

Pittsburgh VA

Baltimore VA

2. What is the race or ethnic background of each of your grandparents?

Father's father

- African-American
- Afro-Caribbean
- Hispanic/Latino
- White
- Asian
- Other
- Unknown

Father's mother

- African-American
- Afro-Caribbean
- Hispanic/Latino
- White
- Asian
- Other
- Unknown

Mother's father

- African-American
- Afro-Caribbean
- Hispanic/Latino
- White
- Asian
- Other
- Unknown

Mother's mother

- African-American
- Afro-Caribbean
- Hispanic/Latino
- White
- Asian
- Other
- Unknown

Bone Mineral Density, Sex Steroid Genes, Race, and Prostate
Cancer Risk Baseline Questionnaire

3. What is the highest grade or level of schooling you completed?

- Less than 8 years
- 8 through 11 years
- 12 years or completed high school
- Post secondary vocational or technical training
- Some university or college
- College graduate
- Postgraduate
- Unknown

4. What is your current marital status?

- Never married
- Married or living as married
- Widowed
- Divorced
- Separated

5. How tall were you (without shoes) at age 18 (tallest adult height)?

feet	inches
<input type="text"/>	<input type="text"/> <input type="text"/>

6. How much did you weigh when you were born?

- Less than 5 pounds
- 6 pounds to 7 pounds, 15 ounces
- 8 pounds to 9 pounds, 15 ounces
- 10 or more pounds
- Unknown

7. What was your weight at the age of 18?

<input type="text"/>	<input type="text"/>	<input type="text"/>
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pounds

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Bone Mineral Density, Sex Steroid Genes, Race, and Prostate
Cancer Risk Baseline Questionnaire

8. What was your weight at about age 50? pounds

9. What was your maximum adult weight? pounds

(The most you have weighed since the age of 18)

10. How old were you when you reached that maximum weight?

- 18-29 years old
- 30-39 years old
- 40-49 years old
- 50-59 years old
- 60-69 years old

11. What was your minimum adult weight? pounds

(The least you have weighed since the age of 18)

12. How old were you when you reached that minimum weight?

- 18-29 years old
- 30-39 years old
- 40-49 years old
- 50-59 years old
- 60-69 years old

13. When you were born, were you: Full term (about 9 month pregnancy)

- Four or more weeks premature
- Unknown

14. When you were born, were you a twin or triplet? No

- Yes
- Unknown



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Bone Mineral Density, Sex Steroid Genes, Race, and Prostate
Cancer Risk Baseline Questionnaire

15. Did your mother breast feed you when you were a baby?

- No Yes Don't know

16. Did your mother smoke when she was pregnant with you?

- No Yes Don't know

17. What is your birth order?

- firstborn second or more don't know

18. What hand do you write with?

- left right both

19. Which pair of pictures best describes your hair pattern at age 30?

- Picture 1-1 Picture 2-6
 Picture 1-2 Picture 2-7
 Picture 2-3 Picture 3-2a
 Picture 2-4 Picture 3-3
 Picture 2-5 Picture 3-3a
 Picture 2-5a Picture 3-4a

20. Which pair of pictures best describes your hair pattern at age 40?

- Picture 1-1 Picture 2-6
 Picture 1-2 Picture 2-7
 Picture 2-3 Picture 3-2a
 Picture 2-4 Picture 3-3
 Picture 2-5 Picture 3-3a
 Picture 2-5a Picture 3-4a



Bone Mineral Density, Sex Steroid Genes, Race, and Prostate
Cancer Risk Baseline Questionnaire

The following section asks about your personal medical history.

Medical History

1. Has your doctor ever told you that you have or have had:

If yes, are you currently being treated
for this condition by a doctor?

A heart attack:	<input type="radio"/> No	<input type="radio"/> No	<input type="radio"/> Yes
	<input type="radio"/> Yes		
Angina:	<input type="radio"/> No	<input type="radio"/> No	<input type="radio"/> Yes
	<input type="radio"/> Yes		
Congestive heart failure:	<input type="radio"/> No	<input type="radio"/> No	<input type="radio"/> Yes
	<input type="radio"/> Yes		
Other heart disease:	<input type="radio"/> No	<input type="radio"/> No	<input type="radio"/> Yes
	<input type="radio"/> Yes		
Stroke:	<input type="radio"/> No	<input type="radio"/> No	<input type="radio"/> Yes
	<input type="radio"/> Yes		
Diabetes:	<input type="radio"/> No	<input type="radio"/> No	<input type="radio"/> Yes
	<input type="radio"/> Yes		
Parkinson's disease:	<input type="radio"/> No	<input type="radio"/> No	<input type="radio"/> Yes
	<input type="radio"/> Yes		
Dementia or Alzheimer's:	<input type="radio"/> No	<input type="radio"/> No	<input type="radio"/> Yes
	<input type="radio"/> Yes		
Other neurologic disease:	<input type="radio"/> No	<input type="radio"/> No	<input type="radio"/> Yes
	<input type="radio"/> Yes		
Depression:	<input type="radio"/> No	<input type="radio"/> No	<input type="radio"/> Yes
	<input type="radio"/> Yes		
COPD:	<input type="radio"/> No	<input type="radio"/> No	<input type="radio"/> Yes
	<input type="radio"/> Yes		
(Chronic obstructive pulmonary disease, chronic bronchitis, asthma, emphysema)			
Arthritis of Hips:	<input type="radio"/> No	<input type="radio"/> No	<input type="radio"/> Yes
	<input type="radio"/> Yes		
Arthritis of Knees:	<input type="radio"/> No	<input type="radio"/> No	<input type="radio"/> Yes
	<input type="radio"/> Yes		

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Bone Mineral Density, Sex Steroid Genes, Race, and Prostate
Cancer Risk Baseline Questionnaire

Arthritis of hands or arms:	<input type="radio"/> No	(Currently under Trmt)	
	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes
Osteoarthritis:	<input type="radio"/> No		
	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes
Rheumatoid arthritis:	<input type="radio"/> No		
	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes
Overactive thyroid:	<input type="radio"/> No		
or Grave's disease	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes
High blood pressure:	<input type="radio"/> No		
	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes
Underactive thyroid:	<input type="radio"/> No		
	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes
Hypogonadism:	<input type="radio"/> No		
(low blood testosterone)	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes
Kidney stones:	<input type="radio"/> No		
	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes
Chronic kidney disease:	<input type="radio"/> No		
(or kidney failure)	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes
Intestinal problems:	<input type="radio"/> No		
(colitis)	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes
Stomach or duodenal ulcer:	<input type="radio"/> No		
	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes
Hepatitis:	<input type="radio"/> No		
	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes
Cirrhosis:	<input type="radio"/> No		
	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes
Diverticulitis(osis):	<input type="radio"/> No		
	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes
Gall bladder stones:	<input type="radio"/> No		
(or inflammation)	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes
Seizures:	<input type="radio"/> No		
	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes

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Bone Mineral Density, Sex Steroid Genes, Race, and Prostate Cancer Risk Baseline Questionnaire

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Glaucoma: <input type="radio"/> No <input type="radio"/> Yes	(Currently under Treatment) <input type="radio"/> No <input type="radio"/> Yes
Cataracts: <input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes
Diseases of the retina: <input type="radio"/> No (macular degeneration, <input type="radio"/> Yes detached retina)	<input type="radio"/> No <input type="radio"/> Yes
Poor vision: <input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes
Osteoporosis: <input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes

2. Have you ever been told you had cancer? No Yes
(excluding basal cell skin cancer)

3. During a typical night in the last year, how many times did you usually wake up to urinate?

- Never
- Once
- Twice
- Three times
- More than three times

If more than once:

3a. How old were you when you first began waking up to urinate more than once a night on a regular basis?

- Less than 30
- 30-39
- 40-49
- 50-59
- 60-69
- 70 or older



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Bone Mineral Density, Sex Steroid Genes, Race, and Prostate
Cancer Risk Baseline Questionnaire

4. Over the past month or so, how often have you had to urinate again less than two hours after you finished urinating?

- Not at all
- Less than 1 time
- Less than half the time
- About half the time
- More than half the time
- Almost always

5. Over the past month or so, how often have you found that you have stopped and started again several times when you urinated?

- Not at all
- Less than 1 time
- Less than half the time
- About half the time
- More than half the time
- Almost always

6. Over the past month or so, how often have you found it difficult to postpone urination?

- Not at all
- Less than 1 time
- Less than half the time
- About half the time
- More than half the time
- Almost always

Bone Mineral Density, Sex Steroid Genes, Race, and Prostate
Cancer Risk Baseline Questionnaire

7. Over the past month or so, how often have you had a weak urinary stream?

- Not at all
 Less than 1 time
 Less than half the time
 About half the time
 More than half the time
 Almost always

8. Over the past month or so, how often have you had to push or strain to begin urination?

- Not at all
 Less than 1 time
 Less than half the time
 About half the time
 More than half the time
 Almost always

9. Has a doctor ever told you that you had a problem with your prostate?

- No Yes

10. Has a doctor ever told you that you had an enlarged prostate or benign prostatic hypertrophy?

- No Yes

10a. If yes, how old were you when a doctor first told you that you had this problem?

- Less than 30
 30-39
 40-49
 50-59
 60-69
 70 or older

Bone Mineral Density, Sex Steroid Genes, Race, and Prostate
Cancer Risk Baseline Questionnaire

11. Has a doctor ever told you that you had an inflamed prostate or prostatitis?

No Yes

11a. If yes, how old were you when a doctor first told you that you had this problem?

- Less than 30
 30-39
 40-49
 50-59
 60-69
 70 or older

12. Have you taken the drug finasteride (PROCAR) for prostate problems?

- No
 Yes, but not currently
 Yes, currently
 Don't know

13. Have you ever had any of the following surgical procedures of the prostate?

- Biopsy: No
 Yes
 Don't know

(Transurethral resection of the prostate)
TURP: No

- Yes
 Don't know

Prostatectomy for benign disease:

- No
 Yes
 Don't know

Bone Mineral Density, Sex Steroid Genes, Race, and Prostate
Cancer Risk Baseline Questionnaire

Surgery for prostate cancer:

- No
 Yes
 Don't know

Prostate surgery, any other kind:

- No
 Yes
 Don't know

13a. If you have had any of these procedures, how old were you when you had any of these procedures for the first time?

- Less than 30
 30-39
 40-49
 50-59
 60-69
 70 or older

14. Have you had a vasectomy; that is, a sterilization procedure for men?

- No (Go to 15)
 Yes

14a. How old were you when you had a vasectomy?

- Less than 25
 25-34
 35-44
 45 or older

Bone Mineral Density, Sex Steroid Genes, Race, and Prostate
Cancer Risk Baseline Questionnaire

15. During the past three years, have you had a digital rectal exam?

- No
- Yes, once
- Yes, more than once
- Don't know

16. During the past three years, have you had a blood test for prostate cancer; for example, a PSA?

- No
- Yes, once
- Yes, more than once
- Don't know

17. During the past 12 months, have you been hospitalized overnight?

- No
- Yes
- Don't know

17.a If yes, how many different times have you been hospitalized overnight?

- One
- Two or three
- Four or five
- Six or more

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Bone Mineral Density, Sex Steroid Genes, Race, and Prostate
Cancer Risk Baseline Questionnaire

Fracture History

The following section asks about broken bones in yourself or family members.

1. Has a doctor ever told you that you broke or fractured a bone?

No (Proceed to question 2)

Yes

1a. Has a doctor ever told you that you broke or fractured a HIP?

No

Yes

How old were you when you broke or fractured your hip? If you broke or fractured your hip more than once, please tell me how old you were each time you broke your hip.

Age (years)

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How did you break your hip at this age?

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Bone Mineral Density, Sex Steroid Genes, Race, and Prostate
Cancer Risk Baseline Questionnaire

1b. Has a doctor ever told you that you broke or fractured your
WRIST or FOREARM?

- No
 Yes

How old were you when you broke or fractured your wrist or
forearm? If you broke or fractured your wrist or forearm more than
once, please tell me how old you were each time you broke one of
these bones.

Age (years) How did you break your wrist/forearm at this age?

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1c. Has a doctor ever told you that you broke or fractured your SPINE?

- No
 Yes

How old were you when you broke or fractured your spine? If you
broke or fractured your spine more than once, please tell me how
old you were each time you broke this bone.

Age (years)

How did you break your spine at this age?

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Bone Mineral Density, Sex Steroid Genes, Race, and Prostate
Cancer Risk Baseline Questionnaire

1d. Has a doctor ever told you that you broke or fractured your SHOULDER or COLLAR BONE?

No

Yes

How old were you when you broke or fractured your shoulder/collar bone? If you broke or fractured your shoulder/collar bone more than once, please tell me how old you were each time you broke this bone.

Age (years)

How did you break your shoulder/collar bone at this age?

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1e. Has a doctor ever told you that you broke or fractured your UPPER ARM?

No

Yes

How old were you when you broke or fractured your upper arm? If you broke or fractured your upper arm more than once, please tell me how old you were each time you broke this bone.

Age (years)

How did you break your upper arm at this age?

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Bone Mineral Density, Sex Steroid Genes, Race, and Prostate
Cancer Risk Baseline Questionnaire

1f. Has a doctor ever told you that you broke or fractured your RIBS, CHEST, OR STERNUM?

- No
 Yes

How old were you when you broke or fractured your ribs, chest, or sternum? If you broke or fractured one of these bones more than once, please tell me how old you were each time you broke one of these bones.

How did you break your ribs, chest or sternum at this age?

Age (years)

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1g. Has a doctor ever told you that you broke or fractured your UPPER LEG?

- No
 Yes

How old were you when you broke or fractured your upper leg? If you broke or fractured your upper leg more than once, please tell me how old you were each time you broke this bone.

Age (years)

How did you break your upper leg at this age?

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Bone Mineral Density, Sex Steroid Genes, Race, and Prostate
Cancer Risk Baseline Questionnaire

1h. Has a doctor ever told you that you broke or fractured your KNEE or KNEE CAP?

No

Yes

How old were you when you broke or fractured your knee or knee cap? If you broke or fractured your knee or knee cap more than once, please tell me how old you were each time you broke this bone.

Age (years)

How did you break your knee or knee cap at this age?

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1i. Has a doctor ever told you that you broke or fractured your LOWER LEG?

No

Yes

How old were you when you broke or fractured your lower leg? If you broke or fractured your lower leg more than once, please tell me how old you were each time you broke this bone.

Age (years)

How did you break your lower leg at this age?

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Bone Mineral Density, Sex Steroid Genes, Race, and Prostate
Cancer Risk Baseline Questionnaire

1j. Has a doctor ever told you that you broke or fractured your ANKLE, FOOT, or TOES?

- No
 Yes

How old were you when you broke or fractured your ankle, foot, or toes? If you broke or fractured your ankle, foot or toes more than once, please tell me how old you were each time you broke this bone.

Age (years) How did you break your ankle, foot or toes at this age?

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1k. Has a doctor ever told you that you broke or fractured your HAND or FINGERS?

- No
 Yes

How old were you when you broke or fractured your hand or fingers? If you broke or fractured your hand or fingers more than once, please tell me how old you were each time you broke this bone.

Age (years) How did you break your hand or fingers at this age?

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Bone Mineral Density, Sex Steroid Genes, Race, and Prostate Cancer Risk Baseline Questionnaire

11. Has a doctor ever told you that you broke or fractured a bone that is not on this list?

No

Yes

If yes, what bone:

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How old were you when you broke or fractured this bone? If you broke or fractured this bone more than once, please tell me how old you were each time you broke this bone.

Age (years)

How did you break this bone at this age?

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2. Was your natural mother ever told by a doctor that she had osteoporosis, sometimes called thin or brittle bones? Please answer for your natural mother--the mother who gave birth to you.

No Yes Don't Know

3. Did your natural mother ever break or fracture a bone? Please answer for your natural mother--the mother who gave birth to you.

No Yes Don't Know

3a. Did your natural mother ever break her hip?

No Yes Don't Know

3b. Did your natural mother ever break her wrist?

No Yes Don't Know

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Bone Mineral Density, Sex Steroid Genes, Race, and Prostate
Cancer Risk Baseline Questionnaire

3c. Did your natural mother ever break her spine?

No Yes Don't Know

3d. Did your natural mother ever break a bone not listed above?

No Yes Don't Know

If yes, what bone:

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4. Is your natural mother still alive?

No

Yes How old is your natural mother now?

Don't Know

--	--	--

years

How old was your natural mother when she died?

--	--	--

years

5. Was your natural father ever told by a doctor that he had osteoporosis, sometimes called thin or brittle bones?

No Yes Don't Know

6. Did your natural father ever break or fracture a bone?

No Yes Don't Know

6a. Did your natural father ever break his hip?

No Yes Don't Know

6b. Did your natural father ever break his wrist?

No Yes Don't Know

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Bone Mineral Density, Sex Steroid Genes, Race, and Prostate
Cancer Risk Baseline Questionnaire

6c. Did your natural father ever break his spine?

No Yes Don't Know

6d. Did your natural father ever break a bone not listed above?

No Yes Don't Know

Please specify:

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7. Is your natural father still alive?

No

Yes How old is your natural father now?

Don't Know

--	--	--

years

How old was your natural father when he died?

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years

8. How many full brothers do you have?

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(These are brothers related by blood, not half-brothers or step-brothers.)

8a. Did any of your full brothers ever break or fracture his hip? No

Yes

Don't Know

First name

Age when broken

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Bone Mineral Density, Sex Steroid Genes, Race, and Prostate
Cancer Risk Baseline Questionnaire

8b. Did any of your full brothers ever break or fracture his wrist?

- No
- Yes
- Don't Know

First name

Age when broken

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9. How many full sisters do you have?

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(These are sisters related by blood, not half-sisters or step-sisters.)

9a. Did any of your full sisters ever break or fracture her hip?

- No
- Yes
- Don't Know

First name

Age when broken

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Bone Mineral Density, Sex Steroid Genes, Race, and Prostate
Cancer Risk Baseline Questionnaire

9b. Did any of your full sisters ever break or fracture her wrist?

- No
- Yes
- Don't Know

First name

Age when broken

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Bone Mineral Density, Sex Steroid Genes, Race, and Prostate
Cancer Risk Baseline Questionnaire

Family History

This section asks about your family medical history.

1. How many brothers and half-brothers do you have?

- None Four
 One Five or more
 Two Don't know
 Three

2. How many sisters and half-sisters do you have?

- None Four
 One Five or more
 Two Don't know
 Three

3. How many sons do you have?

- None Three
 One Four
 Two Five or more

4. How many daughters do you have?

- None Three
 One Four
 Two Five or more

5. Have any of your parents, children, brothers, half-brothers, sisters or half-sisters ever been diagnosed with any type of cancer, with the exception of basal cell skin cancer?

- No
 Yes
 Don't Know

6. Have any of your parents, children, brothers, half-brothers, sisters or half-sisters ever been diagnosed with diabetes?

- No
 Yes
 Don't Know



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Bone Mineral Density, Sex Steroid Genes, Race, and Prostate Cancer Risk Baseline Questionnaire

The following questions ask about relatives who may have had cancer.

7. Have any of the following relatives ever had cancer: father, mother, son, daughter, brothers, sisters, half-brothers, or half-sisters? Please tell me about any episodes of cancer except basal cell skin cancer.

	(Code)	(Code)	(Years)
1st Relative	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Relationship	Type of Cancer	Age
2nd Relative	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Relationship	Type of Cancer	Age
3rd Relative	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Relationship	Type of Cancer	Age
4th Relative	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Relationship	Type of Cancer	Age
5th Relative	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Relationship	Type of Cancer	Age
6th Relative	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Relationship	Type of Cancer	Age
7th Relative	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Relationship	Type of Cancer	Age
8th Relative	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Relationship	Type of Cancer	Age



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Bone Mineral Density, Sex Steroid Genes, Race, and Prostate
Cancer Risk Baseline Questionnaire

Health Habits

The following section asks about some of your health habits.

1. Have you ever smoked cigarettes regularly for six months or longer?

No

Yes 1a. At what age did you start smoking cigarettes regularly?

--	--

years

1b. During periods when you smoked, how many cigarettes did or do you usually smoke per day?

- 1-10
- 11-20
- 21-30
- 31-40
- 41-60
- 61-80
- 81 or more

1c. Do you smoke cigarettes regularly now?

No Yes

1d. At what age did you stop smoking cigarettes regularly?

--	--

years

2. Do you now or did you ever smoke a pipe regularly for a year or longer?

- I never smoked a pipe regularly for a year or more.
- I did smoke a pipe regularly for more than a year, but currently I do not smoke a pipe.
- I currently smoke a pipe.



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Bone Mineral Density, Sex Steroid Genes, Race, and Prostate
Cancer Risk Baseline Questionnaire

3. Do you now or did you ever smoke cigars regularly for a year or longer?

- I never smoked cigars regularly for a year or more.
- I did smoke a cigars regularly for more than a year, but currently I do not smoke cigars.
- I currently smoke cigars pipe.

4. On average, how many glasses of milk did you consume per day during your TEEN-AGE years?

- none
- less than 1 glass per day
- one glass per day
- two glasses per day
- three or more glasses per day

5. On average, how many glasses of milk did you consume per day in your TWENTIES?

- none
- less than 1 glass per day
- one glass per day
- two glasses per day
- three or more glasses per day

6. On average, how many glasses of milk did you consume per day in your FIFTY'S?

- none
- less than 1 glass per day
- one glass per day
- two glasses per day
- three or more glasses per day
- not applicable

7. On average, how many glasses of milk do you consume NOW?

- none
- less than 1 glass per day
- one glass per day
- two glasses per day
- three or more glasses per day
- not applicable



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Bone Mineral Density, Sex Steroid Genes, Race, and Prostate
Cancer Risk Baseline Questionnaire

8. Do you currently drink regular coffee? (Not decaffeinated)
 No Yes

8a. How many cups of regular coffee do you drink per day?

--	--

cups

9. Do you currently drink regular tea? (Not herbal or decaffeinated)
 No Yes

9a. How many cups of regular tea do you drink per day?

--	--

cups

10. Do you currently drink sodas that contain caffeine such as
Pepsi, Coca-Cola, Tab, and Mountain Dew?
 No Yes

10a. How many cans of caffeinated soda do you drink per
day?

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cans

11. Have you ever consumed alcohol on a regular basis?
 No Yes
 (Drinking at least once a week for 6 months or more)

11a. How old were you started drinking alcohol on a weekly
basis?

--	--

years

11b. For how many years have you or did you consume alcohol on
a weekly basis?

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years



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Bone Mineral Density, Sex Steroid Genes, Race, and Prostate
Cancer Risk Baseline Questionnaire

11c. How many alcoholic drinks per week did you or do you consume?

(One drink = 12 oz. of beer, 4 oz. of wine, or 1.5 oz. of
hard liquor)

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drinks per week



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Bone Mineral Density, Sex Steroid Genes, Race, and Prostate
Cancer Risk Baseline Questionnaire

Physical Activity

The next section asks about physical activity and exercise.

1. How many hours per week did you usually spend WALKING at age:

14-17 years (high school):

0 hrs/week <1 hr/week 1-3 hrs/week 4-6 hrs/week >6 hrs/week

18-21 yrs. (college):

0 hrs/week <1 hr/week 1-3 hrs/week 4-6 hrs/week >6 hrs/week

22-29 yrs.:

0 hrs/week <1 hr/week 1-3 hrs/week 4-6 hrs/week >6 hrs/week

30-39 yrs.:

0 hrs/week <1 hr/week 1-3 hrs/week 4-6 hrs/week >6 hrs/week

40-49 yrs.:

0 hrs/week <1 hr/week 1-3 hrs/week 4-6 hrs/week >6 hrs/week

50+ yrs.:

0 hrs/week <1 hr/week 1-3 hrs/week 4-6 hrs/week >6 hrs/week

Next, I will ask you to consider the time you have spent doing all other common activities and/or sports EXCEPT walking. (These activities may include hiking; jogging or running; swimming; skiing; bicycling; skating; raquetball; squash; badminton; any dancing, including exercise classes such as aerobic dance; gardening; golf, with or without a cart; bowling; rowing; shuffleboard; canoeing; calisthenics; softball; field hockey; basketball; tennis; weightlifting; nautilus; volleyball; horseback riding; or any other).

2. How many hours per week did you regularly spend participating in the above activities between the ages of:

14-17 years (high school):

0 hrs/week <1 hr/week 1-3 hrs/week 4-6 hrs/week >6 hrs/week

18-21 yrs. (college):

0 hrs/week <1 hr/week 1-3 hrs/week 4-6 hrs/week >6 hrs/week



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Bone Mineral Density, Sex Steroid Genes, Race, and Prostate
Cancer Risk Baseline Questionnaire

22-29 yrs.:

0 hrs/week <1 hr/week 1-3 hrs/week 4-6 hrs/week >6 hrs/week

30-39 yrs.:

0 hrs/week <1 hr/week 1-3 hrs/week 4-6 hrs/week >6 hrs/week

40-49 yrs.:

0 hrs/week <1 hr/week 1-3 hrs/week 4-6 hrs/week >6 hrs/week

50+ yrs.:

0 hrs/week <1 hr/week 1-3 hrs/week 4-6 hrs/week >6 hrs/week

3. In general, how many hours per day do you usually spend watching television?

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hours

4. Over this past year, have you spent more than one week confined to a bed or chair as a result of an injury, illness, or surgery?

No Yes

4a. How many weeks over this past year were you confined to a bed or chair?

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weeks

5. Do you have difficulty doing any of the following activities?

a. Getting in or out of bed or a chair: No Yes

b. Walking across a small room without resting: No Yes

c. Walking for 10 minutes without resting: No Yes



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Bone Mineral Density, Sex Steroid Genes, Race, and Prostate
Cancer Risk Baseline Questionnaire

6. Did you ever compete in an individual or team sport (not including any time spent in sports performed during school physical education classes)?

No Yes

6a. How many total years did you participate in competitive sports?

--	--

years





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Bone Mineral Density, Sex Steroid Genes, Race, and Prostate
Cancer Risk Baseline Questionnaire

Weight Loss

The following section asks about losing weight.

1. Are you currently trying to lose weight?

- No
- Yes

If yes, what methods are you using to lose weight?

Diet: No Diet pills: No Diet liquids: No
 Yes Yes Yes

Exercise: No Diet program: No Other: No
 Yes Yes Yes

If other, specify:

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2. The next question concerns any weight you have lost ON PURPOSE since you turned 50. Have you lost...

50+ lbs.:

Never 1-2 times 3-4 times 5-6 times 7+ times

20 to 49 lbs.:

Never 1-2 times 3-4 times 5-6 times 7+ times

10 to 19 lbs.:

Never 1-2 times 3-4 times 5-6 times 7+ times

5 to 9 lbs.:

Never 1-2 times 3-4 times 5-6 times 7+ times



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Bone Mineral Density, Sex Steroid Genes, Race, and Prostate
Cancer Risk Baseline Questionnaire

3. The next question concerns weight you have lost WITHOUT TRYING since you turned 50. Have you lost...

50+ lbs.:

Never 1-2 times 3-4 times 5-6 times 7+ times

20 to 49 lbs.:

Never 1-2 times 3-4 times 5-6 times 7+ times

10 to 19 lbs.:

Never 1-2 times 3-4 times 5-6 times 7+ times

5 to 9 lbs.:

Never 1-2 times 3-4 times 5-6 times 7+ times

4. The next question concerns any weight loss of 20 or more pounds since you turned 50. Have you lost 20 or more pounds by using:

a. diet pills:

Never 1-2 times 3-4 times 5-6 times 7+ times

b. a liquid diet:

Never 1-2 times 3-4 times 5-6 times 7+ times

c. weight loss program:

Never 1-2 times 3-4 times 5-6 times 7+ times

d. starvation or fasting:

Never 1-2 times 3-4 times 5-6 times 7+ times

e. other low calorie diet:

Never 1-2 times 3-4 times 5-6 times 7+ times

f. exercise:

Never 1-2 times 3-4 times 5-6 times 7+ times

g. depression or stress:

Never 1-2 times 3-4 times 5-6 times 7+ times

h. stomach or intestinal surgery:

Never 1-2 times 3-4 times 5-6 times 7+ times

i. illness:

Never 1-2 times 3-4 times 5-6 times 7+ times

Bone Mineral Density, Sex Steroid Genes, Race, and Prostate
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5. The next question concerns any weight loss of 20 or more pounds you may have experienced between the ages of 40 and 49. Did you lose 20 or more pounds by using:

a. diet pills:

Never 1-2 times 3-4 times 5-6 times 7+ times

b. a liquid diet:

Never 1-2 times 3-4 times 5-6 times 7+ times

c. weight loss program:

Never 1-2 times 3-4 times 5-6 times 7+ times

d. starvation or fasting:

Never 1-2 times 3-4 times 5-6 times 7+ times

e. other low calorie diet:

Never 1-2 times 3-4 times 5-6 times 7+ times

f. exercise:

Never 1-2 times 3-4 times 5-6 times 7+ times

g. depression or stress:

Never 1-2 times 3-4 times 5-6 times 7+ times

h. stomach or intestinal surgery:

Never 1-2 times 3-4 times 5-6 times 7+ times

i. illness:

Never 1-2 times 3-4 times 5-6 times 7+ times

6. The next question concerns any weight loss of 20 or more pounds you may have experienced between the ages of 18 and 39. Did you lose 20 or more pounds by using:

a. diet pills:

Never 1-2 times 3-4 times 5-6 times 7+ times

b. a liquid diet:

Never 1-2 times 3-4 times 5-6 times 7+ times

c. weight loss program:

Never 1-2 times 3-4 times 5-6 times 7+ times

d. starvation or fasting:

Never 1-2 times 3-4 times 5-6 times 7+ times



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Bone Mineral Density, Sex Steroid Genes, Race, and Prostate
Cancer Risk Baseline Questionnaire

6. (18 and 39 cont'd)

e. *other low calorie diet:*

Never 1-2 times 3-4 times 5-6 times 7+ times

f. *exercise:*

Never 1-2 times 3-4 times 5-6 times 7+ times

g. *depression or stress:*

Never 1-2 times 3-4 times 5-6 times 7+ times

h. *stomach or intestinal surgery:*

Never 1-2 times 3-4 times 5-6 times 7+ times

i. *illness:*

Never 1-2 times 3-4 times 5-6 times 7+ times

7. People's weight changes during their adult lives. During your
ADULT life, would you say that:

- Your weight has stayed about the same (within 10 lbs.)
- You have had a gradual gain in weight (more than 10 lbs.)
- You have had a gradual loss in weight.
- You have had a marked weight loss and kept it off.
- Your weight has repeatedly gone up and down.

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Bone Mineral Density, Sex Steroid Genes, Race, and Prostate
Cancer Risk Baseline Questionnaire

Medication Inventory Form

The following questions in this section ask about the medicines you take. As part of this study, we are examining prescription and over-the-counter medications used by study participants. These include pills, dermal patches, creams, salves, injections, inhalers and suppositories.

1. Are these all the prescription and non-prescription medications that you took in the last 30 days?

No Yes Took no medicine

If no, subject called and MIF administered:

		/			/				
mo			da			yr			

First we will consider medicine for arthritis, headaches, and other aches and pains. Please look at this list of medications.

ASPIRIN
ASPIRIN PLUS CODEINE
ANACIN
ASCRIPITIN
BUFFERIN
ANOTHER ASPIRIN

2. In the past 12 months, have you taken any of these at least once a week?

No Yes

2.a If yes, about how many days per week, on average, did you take one of these medications?

- 5-7 days
 1-4 days
 Don't know



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Bone Mineral Density, Sex Steroid Genes, Race, and Prostate Cancer Risk Baseline Questionnaire

3. Have you EVER taken any of the medications on this list every day or almost every day for a year or longer? (It does not have to be the same one every day).

No Yes

3.a If yes, for how many years did you take one of these every day or almost every day?

--	--

yrs

Look at this list of medications for pain, arthritis, headaches and other discomfort.

- TYLENOL
- TYLENOL PLUS CODEINE
- ANACIN III
- ACETOMINOPHEN
- ANOTHER ASPIRIN SUBSTITUTE

4. In the past 12 months, have you taken any of these at least once a week?

No Yes

4.a If yes, about how many days per week , on average, did you take one of these medications?

5-7 days

1-4 days

Don't know

5. Have you EVER taken any of the medications on this list every day or almost every day for a year or longer? (It does not have to be the same one every day).

No Yes

5.a If yes, for how many years did you take one of these every day or almost every day?

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yrs



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Bone Mineral Density, Sex Steroid Genes, Race, and Prostate
Cancer Risk Baseline Questionnaire

Look at this list of medications for pain, arthritis, headaches, and other discomforts:

ADVIL	DATRIL	MEDIPREN	NUPRIN	IBUPROFIN	PHENYLVUTAZONE
VOLTARIN	NALFON	FENOPROFEN	NAPROSYN	NAPROXEN	MECLOFENMATE
FELDENE	PRIOXICAM	DOLOBID	TOLECTIN	TOLMETIN	MELAMIN
BUTAGEN	BUTAZOL	BUTAZONE	DIFUNISAL	AZOLID	

6. In the past 12 months, have you taken any of these at least once a week?

No Yes

6.a If yes, about how many days per week, on average, did you take one of these medications?

5-7 days

1-4 days

Don't know

7. Have you EVER taken any of the medications on this list every day or almost every day for a year or longer? (It does not have to be the same one every day).

No Yes

7.a If yes, for how many years did you take one of these every day or almost every day?

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yrs



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Bone Mineral Density, Sex Steroid Genes, Race, and Prostate
Cancer Risk Baseline Questionnaire

Look at this list of medications for pain, arthritis, headaches, and other discomforts:

MOTRIN
RUFEN
ANOTHER PRESCRIPTION IBUPROFIN PRODUCT

8. In the past 12 months, have you taken any of these at least once a week?

No Yes

8.a If yes, about how many days per week, on average, did you take one of these medications?

- 5-7 days
- 1-4 days
- Don't know

9. Have you EVER taken any of the medications on this list every day or almost every day for a year or longer? (It does not have to be the same one every day).

No Yes

9.a If yes, for how many years did you take one of these every day or almost every day?

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yrs

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Bone Mineral Density, Sex Steroid Genes, Race, and Prostate
Cancer Risk Baseline Questionnaire

Look at this list of medications for pain, arthritis, headaches, and other discomforts:

- | |
|--------------|
| SULINDAC |
| CLINORIL |
| INDOCIN |
| INDOMETHACIN |

10. In the past 12 months, have you taken any of these at least once a week?

- No Yes

<p>10.a If yes, about how many days per week, on average, did you take one of these medications?</p> <p><input type="radio"/> 5-7 days</p> <p><input type="radio"/> 1-4 days</p> <p><input type="radio"/> Don't know</p>
--

11. Have you EVER taken any of the medications on this list every day or almost every day for a year or longer? (It does not have to be the same one every day).

- No Yes

<p>11.a If yes, for how many years did you take one of these every day or almost every day?</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> <p style="text-align: center;">yrs</p>		

Study ID input field

Bone Mineral Density, Sex Steroid Genes, Race, and Prostate Cancer Risk Baseline Questionnaire

Prescription Medication

List the name of the prescription medicine, the strength, and the total number of doses taken per day, week or month during the LAST 30 DAYS..

1) Code Name

strength: quantity used: per: PRN?
O day O No
O week O Yes
O month

Reason for use:

2) Code Name

strength: quantity used: per: PRN?
O day O No
O week O Yes
O month

Reason for use:

3) Code Name

strength: quantity used: per: PRN?
O day O No
O week O Yes
O month

Reason for use:



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Bone Mineral Density, Sex Steroid Genes, Race, and Prostate Cancer Risk Baseline Questionnaire

4)

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strength:

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 quantity used:

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 per: day week month PRN? No Yes

Reason for use:

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5)

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strength:

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 quantity used:

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 per: day week month PRN? No Yes

Reason for use:

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6)

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strength:

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 quantity used:

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 per: day week month PRN? No Yes

Reason for use:

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7)

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strength:

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 quantity used:

--	--

 per: day week month PRN? No Yes

Reason for use:

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Bone Mineral Density, Sex Steroid Genes, Race, and Prostate
Cancer Risk Baseline Questionnaire

Vitamin and Mineral Supplements

List all vitamins, minerals, herbal preparations, and other
supplements taken during the last 30 days.

1)

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 Code

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 Name

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 Quantity used per:
 day
 week
 month
Strength:

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2)

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 Code

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 Name

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 Quantity used per:
 day
 week
 month
Strength:

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3)

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 Code

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 Name

--	--

 Quantity used per:
 day
 week
 month
Strength:

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4)

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 Code

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 Name

--	--

 Quantity used per:
 day
 week
 month
Strength:

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Bone Mineral Density, Sex Steroid Genes, Race, and Prostate
Cancer Risk Baseline Questionnaire

Blood Collection

1. Date blood drawn:

		/			/				
mo			da			yr			

2. Drawn By:

--	--	--

3. Time Drawn:

		:		
hr			min	

AM

PM

4. How long since you had anything to eat or drink besides water?

--	--

hrs

5. Have you engaged in any vigorous physical activity in the last eight hours?

No Yes

6. Have you taken any aspirin or anti-inflammatory agents in the last forty-eight hours?

No Yes



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Bone Mineral Density, Sex Steroid Genes, Race, and Prostate
Cancer Risk Baseline Questionnaire

Blood Processing

RED TOP TUBES: Red top tubes should be held at room temperature to allow clot formation; they should then be centrifuged for 15 minutes at 1,200 x g (2,400-3,000 RPM). Tubes not centrifuged immediately after clot formation should be refrigerated. After centrifugation, tubes should be refrigerated until serum and clot is aliquoted into the appropriate cryovials and frozen at -70 degrees Centigrade.

LAVENDER and GREEN TOP TUBES: These tubes should be refrigerated immediately or centrifuged. Centrifuge for 15 minutes at 1,200 x g (2,400-3,000 RPM). Samples should be aliquoted immediately after centrifugation or refrigerated until they can be aliquoted. Freeze aliquots at -70 degrees Centigrade.

7. Blood processed by:

--	--	--

8. Time Centrifugation begun:

		:		

hr min AM
 PM

9. Time sample placed in cryovials:

		:		

hr min AM
 PM

10. Time cryovials placed in freezer:

		:		

hr min AM
 PM



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Bone Mineral Density, Sex Steroid Genes, Race, and Prostate
Cancer Risk Baseline Questionnaire

Anthropometry

1. WAIST (natural waist):

1st Measurement (cm.): .

2nd Measurement (cm.): .

If the difference between the 1st and 2nd measurements
is >3 cm, repeat both measurements.

Repeat 1st Measurement (cm.): .

Repeat 2nd Measurement (cm.): .

2. ADBOMEN (iliac crest or umbilicus):

1st Measurement (cm.): .

2nd Measurement (cm.): .

If the difference between the 1st and 2nd measurements
is >3 cm, repeat both measurements.

Repeat 1st Measurement (cm.): .

Repeat 2nd Measurement (cm.): .

Bone Mineral Density, Sex Steroid Genes, Race, and Prostate
Cancer Risk Baseline Questionnaire

3. HIP (greater trochanter or greatest width of buttocks):

1st Measurement (cm.): .

2nd Measurement (cm.): .

If the difference between the 1st and 2nd measurements
is >3 cm, repeat both measurements.

Repeat 1st Measurement (cm.): .

Repeat 2nd Measurement (cm.): .

4. HEIGHT (measure without shoes at the peak of a deep inhalation
using the Harpenden Stadiometer):

Participant Facing:

Forward Sideways Unable

If unable, explain:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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1st Measurement (cm.): .

2nd Measurement (cm.): .

If the difference between the 1st and 2nd measurements
is >4 cm, repeat both measurements.

Repeat 1st Measurement (cm.): .

Repeat 2nd Measurement (cm.): .



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Bone Mineral Density, Sex Steroid Genes, Race, and Prostate
Cancer Risk Baseline Questionnaire

5. BODY WEIGHT (measure without shoes or heavy clothing):

Participant Weighed: No Yes

If not done, explain:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

1st Measurement (kg.):

--	--	--

 .

--

2nd Measurement (kg.):

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 .

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If the difference between the 1st and 2nd measurements is >4 kg, repeat both measurements.

Repeat 1st Measurement (kg.):	<table border="1"><tr><td></td><td></td><td></td></tr></table>				.	<table border="1"><tr><td></td></tr></table>	
Repeat 2nd Measurement (kg.):	<table border="1"><tr><td></td><td></td><td></td></tr></table>				.	<table border="1"><tr><td></td></tr></table>	



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Bone Mineral Density, Sex Steroid Genes, Race, and Prostate
Cancer Risk Baseline Questionnaire

Bone Density Scan

1. Date of Scan:

		/			/				
mo			da			yr			

2. Performed by:

--	--	--

3. Have you had any fracture or replacement of the following:

3.1 Femur?

No

Yes Which Side? Left Right Both

3.2 Hip?

No

Yes Which Side? Left Right Both

(If hip replacement on both sides, do not do bone scan.)

4. Do you have any metal objects, such as staples or a pacemaker,
in the area of the abdomen? No Yes

5. Have you had any of the following tests within the past ten
days?

(If yes to any, DEXA will need to be re-scheduled.)

a. barium enema: No Yes

b. upper GI X-ray series: No Yes

c. lower GI X-ray series: No Yes

d. nuclear medicine scan: No Yes

e. other tests using dye or radioactive material: No Yes

