

Highlights

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Selected Articles from This Issue

Toxicant Exposures in Smokeless Tobacco Users

Rostron *et al.* _____ Page 1829

Smokeless tobacco users may have high nicotine and toxicant exposures, but studies with nationally representative data have been limited. Rostron and colleagues analyzed biomarkers of tobacco exposure for 23,684 adult participants from the National Health and Nutrition Examination Survey (NHANES). Exclusive smokeless tobacco users had higher concentrations of serum cotinine and NNAL than exclusive cigarette smokers. Smokeless tobacco users also had higher concentrations of blood lead compared with nontobacco users. The high exposure to harmful constituents among smokeless tobacco users is a continuing health issue.

Epstein-Barr Virus Hodgkin Lymphoma

Delahaye-Sourdeix *et al.* _____ Page 1838

A portion of the genetic variants involved in susceptibility to Hodgkin lymphoma (HL) differ by the tumor's Epstein-Barr virus (EBV) status, particularly within the major histocompatibility complex (MHC) region. Delahaye-Sourdeix and colleagues conducted a single nucleotide polymorphism (SNP) imputation study of the MHC region, considering tumor EBV status in HL cases and controls. The authors identified a novel association between a common genetic variant rs6457715 and HL. While strongly associated with EBV-positive HL, there was little evidence for association between rs6457715 and the EBV-negative subgroup of HL. Thus, SNP rs6457715, located near the *HLA-DPB1* gene, is associated with EBV-positive HL.

The AYA HOPE Cancer Comorbidity Index

Wu *et al.* _____ Page 1844

Existing comorbidity indices were not developed for adolescent and young adult (AYA; 15–39 years of age) cancer survivors. Wu and colleagues assessed the impact of comorbidities on healthcare service needs and health status among AYA cancer survivors using the newly developed AYA HOPE comorbidity index in comparison with the existing indices. Of the 485 patients, 14.6% had > 2 comorbidities based on the AYA HOPE index. Prevalence of mental illness and obesity/overweight, which were not included in existing indices, were 8.2% and 5.8%, respectively. The AYA HOPE index is a more comprehensive comorbidity index for young adult cancer patients than existing indices.

Considering the Reason for a Cancer Test

Becker *et al.* _____ Page 1850

Cancer screening and postsymptomatic diagnostic testing do not share the same impetus for testing but are often combined in cancer screening surveillance research. Becker and colleagues examined the error in estimated colorectal cancer screening prevalence due to the conflation of screening and diagnostic testing. The authors report that the population screening prevalence was overestimated by 23.3%, and the level of overestimation varied widely across sociodemographic groups. The highest levels of overestimation were in non-Hispanic white females and those with the highest socioeconomic vulnerability (low educational attainment, low poverty ratio, no usual source of health care and not insured). Surveillance research in cancer screening that does not consider the impetus for testing risks overestimation of screening prevalence.

Cancer Epidemiology, Biomarkers & Prevention

AACR American Association
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