



Adjusting Fecal Immunochemical Test Cutoff Levels

Terhaar sive Droste *et al.* _____ Page 272

Adjusting the threshold for positivity of quantitative Fecal Immunochemical Tests (FITs) affects the number of follow-up colonoscopies, but how do adjustments affect the detection rates of screen relevant neoplasia? To address this, Terhaar sive Droste and colleagues assessed the relationship between higher quantitative FIT cutoff levels and test positivity and detection rates of early stage colorectal cancers (CRCs). The authors found that higher FIT cutoff levels substantially decreased test positivity rates with only limited effects on detection rates of early stage CRCs. This work suggests that higher FIT cutoff levels can reduce strain on colonoscopy capacity with only a modest decrease in sensitivity for curable cancers.

Vitamin Use during Breast Cancer Treatment

Nechuta *et al.* _____ Page 262

Vitamin use following breast cancer diagnosis may protect normal cells from damage, but may also shield tumor cells from assault, and thus reduce the efficacy of cancer treatment. To examine the effect of vitamin use on cancer treatment, Nechuta and colleagues conducted a prospective cohort study of women diagnosed with invasive breast cancer. They report that women who used vitamin supplements had reduced mortality risk, as well as reduced risk of breast cancer recurrence. These associations were present regardless of whether or not vitamin use was concurrent with chemotherapy. This study does not support the recommendation that breast cancer patients avoid using vitamin supplements.

Inflammatory Markers and Colorectal Cancer Risk

Prizment *et al.* _____ Page 297

Chronic inflammation has been implicated in the etiology of colorectal cancer (CRC), but the epidemiological findings on the association between circulating inflammatory markers and CRC risk are inconsistent. Prizment and colleagues used measurements of several inflammation markers from the Atherosclerosis Risk in Communities (ARIC) prospective cohort study and correlated these measurements with CRC risk. They report a statistically significant positive association between both fibrinogen and C-reactive protein levels and CRC risk. This study provides further evidence that pre-cancer inflammation may contribute to CRC etiology.

Transition of HPV Infection to Neoplasia

Insinga *et al.* _____ Page 287

To better understand the transition from HPV infection to cervical intraepithelial neoplasia (CIN), Insinga and colleagues examined the presence of HPV and CIN in young women at 6 month intervals for up to 4 years. They found that most incident HPV infections cleared without detection of CIN, but that some incident HPV types appeared more likely to result in CIN1. Their findings also suggest that the relative predominance of HPV16 in CIN2/3 lesions was most likely associated with the high frequency of HPV16 infections rather than an increased risk of HPV16 infection progression. These findings reveal important information about the transition of different HPV types from infection to cervical cancer lesions in young women.

BLOOD CANCER DISCOVERY

Highlights of This Issue

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