

## Intervention to Increase HPV Vaccination

Paskett *et al.* \_\_\_\_\_ Page 593

Uptake of human papillomavirus (HPV) vaccine is low in the United States, but in certain areas, like Appalachia, where rates of cervical cancer are higher, rates should be higher to address this disparity in cancer mortality. Paskett and colleagues tested a multilevel intervention (MLI) targeting clinics, providers, and parents of girls aged 9 to 17 years to try to increase uptake of the vaccine in girls who needed it in a group randomized trial design in 12 counties in Appalachian Ohio. The results indicated that while uptake of the first shot of the HPV vaccine was significantly higher in the intervention group ( $P = 0.002$  at 6 months), rates of uptake in both groups were very low (13.1% vs 6.5%, intervention and comparison groups, respectively). Study design limitations restricted the authors' access to patients from the intervention clinics, and thus, future studies should test MLIs in a pragmatic trial design so that clinics may feel more comfortable in fully participating at all levels.

## Estrogen Metabolites and Ovarian Cancer Risk

Trabert *et al.* \_\_\_\_\_ Page 648

Many hormonal factors are associated with ovarian cancer, but previous studies evaluating associations between endogenous sex-steroid hormone levels and ovarian cancer were inconclusive. Trabert and colleagues evaluated the association between 15 prediagnostic serum estrogens and subsequent ovarian cancer risk among women not currently using menopausal hormones. The study demonstrated striking heterogeneity of estrogen associations with ovarian cancer subtypes. While the authors observed no association with serous tumors, most estrogens were associated with at least a doubling in risk of nonserous subtypes (endometrioid, clear cell, mucinous), with many remaining after correction for multiple comparisons. The results further support the heterogeneous etiology of ovarian cancer.

## Circulating Beta-2 Microglobulin and Risk of Cancer

Prizment *et al.* \_\_\_\_\_ Page 657

The role of the immune system response in carcinogenesis is an area of active investigation, and there is a need to identify immune circulating biomarkers that are specific indicators of cancer development and progression. In this prospective investigation from the Atherosclerosis Risk in Communities Study, Prizment and colleagues report that a higher concentration of circulating beta-2 microglobulin (B2M), a marker of increased cell turnover, is associated with elevated risk of colorectal cancer development independent of other risk factors. Further research should determine whether circulating B2M is marking increased turnover of tumor or immune cells, i.e., whether it reflects local or systemic response.

## Statin Use and Liver Cancer

Jeon *et al.* \_\_\_\_\_ Page 686

Statins, commonly used to lower cholesterol, demonstrate anticancer and antiviral properties in experimental models. Limited epidemiologic data also suggest that statins may improve the outcome of hepatocellular carcinoma (HCC), particularly in patients with hepatitis C. Jeon and colleagues analyzed statin prescription filling patterns and survival data in over 1,000 elderly patients with stage I or II HCC residing in the U.S. Statin treatment after HCC diagnosis was not associated with survival in this population, after correction for immortal time bias and confounding. The study does not lend support to treating elderly HCC patients with statins for lengthening survival.

# Cancer Epidemiology, Biomarkers & Prevention

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## Highlights of This Issue

*Cancer Epidemiol Biomarkers Prev* 2016;25:567.

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