Selected Articles from This Issue

November 2020

Risk of Persistent Opioid Use following Major Surgery

Falcone et al. | Page 2126

The prevalence of persistent opioid use among cancer patients following curative intent surgery is not well understood. Falcone and colleagues examined electronic health record data from 3,901 patients who received a prescription for an opioid analgesic related to hysterectomy or large bowel surgery. The authors matched patients with and without a cancer diagnosis based on demographic, clinical, and procedural variables. Cancer diagnosis was associated with increased risk for persistent opioid use after hysterectomy but not large bowel surgery, suggesting that risks vary based on type of surgery. Risk and benefits of opioid analgesia should be considered for cancer patients undergoing curative-intent hysterectomy.

Cancer Risk in Families with Pediatric Cancer

Stjernfelt et al. | Page 2171

The Lund Childhood Cancer Genetic study prospectively includes patients with a pediatric cancer diagnosis, and retrieves cancer diagnoses of relatives, in addition to blood samples of the child and parents. In an earlier study of the cohort, it was observed that pediatric cancer patients from the same family often had matching cancer diagnoses. Here, Stjernfelt and colleagues investigated the cohort of 757 pediatric cancer patients and linked them to the comprehensive National Population and Cancer Registers to study the patterns of familial cancer up to third degree of relation. It was found that relatives of children with cancer up to third degree of relation have an increased cancer risk. Known pathogenic germline variants do not explain this increased risk. The overall increased cancer risk among relatives of children with cancer in this population-based cohort strengthens the importance of surveillance programs for families with pediatric cancer.

Factors Associated with Estrogen Receptor-β Expression of Ovarian Tumors

Shafrir et al. | Page 2211

Shafrir and colleagues assessed the association between known ovarian cancer risk factors and risk of ovarian cancer by expression of nuclear and cytoplasmic estrogen receptor-β (ERβ) in tumor blocks from the Nurses’ Health Studies. Associations between parity and ovarian cancer differed by ERβ status, with an inverse association between parity and nuclear ERβ-positive and cytoplasmic ERβ-negative tumors but no associations for nuclear ERβ-negative and cytoplasmic ERβ-positive tumors. These results highlight the potential role of hormonal pathways through alterations in ERβ expression and cellular localization through which parity may impact ovarian cancer risk.

Genetic Colon Cancer Variants Are Associated with Adenoma Counts

Sullivan et al. | Page 2269

The genetic basis for most individuals with high cumulative lifetime colonic adenomas is unknown. Sullivan and colleagues investigated associations between known colorectal cancer (CRC)–risk single-nucleotide polymorphisms (SNP) and increasing cumulative adenoma counts. In this mostly male veteran CRC screening cohort, several known CRC-risk SNPs were associated with increasing cumulative adenoma counts and the finding of 10+ cumulative adenomas. Additionally, an increasing burden of adenoma-risk SNPs, measured by a weighted polygenic risk score, was associated with higher cumulative adenomas. This work suggests a role for developing precancerous “adenoma polygenic risk scores” (as opposed to CRC polygenic risk scores) using larger genomic datasets in order to provide enhanced risk stratification for the prevention of CRC.
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