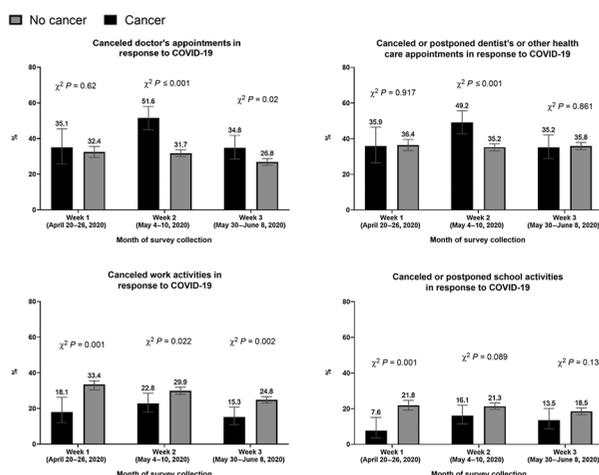


CANCER EPIDEMIOLOGY,
BIOMARKERS & PREVENTION

HIGHLIGHTS

Selected Articles from This Issue

Examining COVID-19 Preventive Behaviors among Cancer Survivors in the United States

Islam *et al.* | Page 2583

The COVID-19 pandemic continues to impact the continuity of care and behaviors of cancer survivors in the United States. Islam and colleagues leveraged the nationally representative COVID Impact Survey to examine COVID-19 preventive behaviors among cancer survivors, specifically practices related to canceling doctor's appointments. Cancer survivors were more likely to cancel doctor's appointments than other U.S. adults, as recently as June 2020. While non-Hispanic Black cancer survivors were less likely to cancel a doctor's appointment, cancer survivors aged 18 to 29, women, and those with at least one comorbid condition were more likely. Women who reported that their plans were impacted by school/childcare closures were more likely to cancel their doctor's appointments. These findings have implications for engagement in cancer survivorship care and treatment during the COVID-19 pandemic.

Premature Years of Life Lost
Due to Cancer in the United
States in 2017Song *et al.* | Page 2591

It is important to consider the number of deaths and also the age at deaths when quantifying cancer burden. Song and colleagues estimated the impact of cancer on premature deaths by potential years of life lost (PYLL) and PYLL per death in the United States. In 2017, the largest number of PYLLs were due to lung/bronchus, colon/rectum, and breast cancers, whereas the largest number of PYLLs per death were due to testicular cancers. Mortality rates, PYLL, and PYLL per death are complementary measures of the cancer burden that should be considered in tandem to prioritize public health interventions focused on preventing premature mortality.

HPV Type Distribution in Self-
and Provider-Collected
Samples for Cervical Cancer
ScreeningRohner *et al.* | Page 2651

Primary human papillomavirus (HPV) testing of self-collected cervico-vaginal samples could increase cervical cancer screening coverage, and extended HPV genotyping may serve as a triage strategy for colposcopy follow-up. Rohner and colleagues found that individual HPV type-specific agreement between self- and provider-collected samples ranged from substantial to almost perfect. HPV-16 was most predictive of high-grade cervical cancer detection in self- and provider-collected samples. However, HPV-16 was detected more frequently in self-collected (27%) than provider-collected specimens (20%), which may result in higher colposcopy referral rates based on self-collected samples. Additional molecular biomarkers may improve the triage of women who are HPV positive.

Replication and Genetic Risk
Score Analysis for Pancreatic
Cancer in a Diverse Multiethnic
PopulationBogumil *et al.* | Page 2686

This is the first study to examine the association of previously identified risk loci with pancreatic cancer risk in an ethnically diverse population from the Multiethnic Cohort Study and the Southern Community Cohort Study. Bogumil and colleagues found 11 of 31 risk loci to be associated with pancreatic cancer in the multiethnic sample. A weighted polygenic risk score, using all variants, was associated with pancreatic cancer in the combined sample and within most ethnic groups. This study shows the utility of multiple risk loci in predicting pancreatic cancer risk in a multiethnic population.

Cancer Epidemiology, Biomarkers & Prevention

AACR American Association
for Cancer Research

Selected Articles from This Issue

Cancer Epidemiol Biomarkers Prev 2020;29:2387.

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