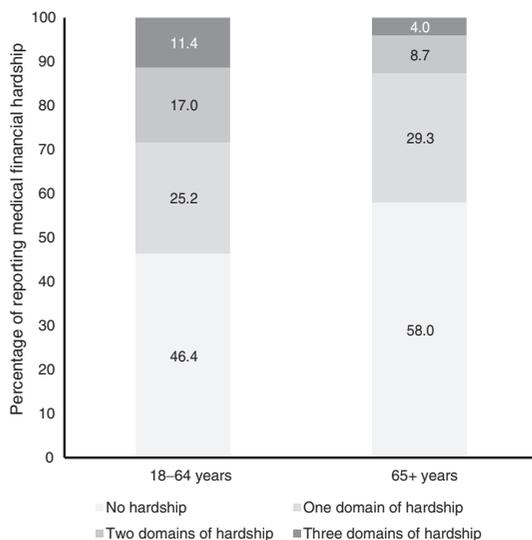


Medical Financial Hardship Associated with Cancer in the United States

Han *et al.* | Page 308

With rising costs of cancer care, concerns about financial hardship are increasingly reported in the United States by providers and patients. Using recent data from a nationally representative survey, Han and colleagues found that medical financial hardship and nonmedical financial sacrifices due to cancer were common, with greater intensity for those ages 18 to 64 years than 65+ years. Moreover, lower socioeconomic status, comorbidity, lack of private insurance coverage, extended employment change, and recent cancer treatment were also associated with higher hardship intensity and/or sacrifices. The findings highlight the need to mitigate financial hardship for cancer survivors, especially for those at high risk.

Clinical and Economic Impact of Tailoring Screening to Predicted Colorectal Cancer Risk

Ladabaum *et al.* | Page 318

Personalized colorectal cancer (CRC) screening could optimize screening effectiveness and resource allocation. There are multiple CRC risk prediction tools with modest discriminatory ability. Ladabaum and colleagues explored the potential clinical and economic impact of CRC screening tailored to predicted CRC risk. This decision analysis suggests that tailored screening is preferable over a uniform approach if it is guided by a highly accurate and affordable risk prediction tool. However, a uniform approach may be preferred if risk stratification involves even modest levels of risk misclassification or modest incremental costs. Higher intensity screening in those with predicted higher risk could improve outcomes despite misclassification, but lower intensity screening in those with predicted lower risk may worsen outcomes due to misclassification.

Association of Imaging-Based Body Fat Distribution and Mammographic Density

Maskarinec *et al.* | Page 352

The reported stronger association of obesity with postmenopausal breast cancer in Asian compared to white women may be due to differences in the relative distribution of visceral and subcutaneous fat. Maskarinec and colleagues examined the relation of adiposity measures with percent mammographic density (PMD), a strong predictor of breast cancer incidence, among participants of the Multiethnic Cohort. The analysis of abdominal MRI images and PMD showed that a higher ratio of visceral to subcutaneous adipose tissue was positively associated with PMD and indicates a link between the propensity to accumulate fat as visceral fat and the amount of fat in the breast.

Predicting Lung Cancer Occurrence in Never-Smoking Females in Asia

Chien *et al.* | Page 452

High incidence and mortality rate suggest the desirability to identify high-risk Asian never-smoking females (NSF) who may benefit from low-dose CT (LDCT) screening. On the basis of an age-matched case-control study and an estimated age-specific 6-year lung cancer incidence rate among Taiwanese NSFs, Chien and colleagues developed the Taiwanese NSF Lung Cancer Risk Models (TNSF-SQ) using standard epidemiologic and genetic information. Validation studies suggest that TNSF-SQ seems potentially useful in selecting Taiwanese NSFs for LDCT screening and hence helps inform clinical practice and screening program design. Similar models could be developed for never-smoking females in other parts of Asia.

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