

CANCER EPIDEMIOLOGY,
BIOMARKERS & PREVENTION

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1993 **Updated Methodology for Projecting U.S.- and State-Level Cancer Counts for the Current Calendar Year: Part II: Evaluation of Incidence and Mortality Projection Methods**

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2001 **Characterizing Trends in Cancer Patients' Survival Using the JPSurv Software**

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2010 **Racial/Ethnic Disparities in Childhood Cancer Survival in the United States**

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2018 **Obesity, Height, and Serum Androgen Metabolism among Postmenopausal Women in the Women's Health Initiative Observational Study**

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2030 **Association of Endogenous Pregnenolone, Progesterone, and Related Metabolites with Risk of Endometrial and Ovarian Cancers in Postmenopausal Women: The B~FIT Cohort**

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2038 **Weight Gain and the Risk of Ovarian Cancer in *BRCA1* and *BRCA2* Mutation Carriers**

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2044 **Ovarian Cancer Risk in Relation to Blood Cholesterol and Triglycerides**

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2052 **Intraindividual Long-term Immune Marker Stability in Plasma Samples Collected in Median 9.4 Years Apart in 304 Adult Cancer-free Individuals**

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2059 **Tumor Necrosis Factor Inhibitors and the Risk of Cancer among Older Americans with Rheumatoid Arthritis**

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- 2088 Gastric Mucosal Abnormality and Risk of Pancreatic Cancer: A Population-Based Gastric Biopsy Cohort Study in Sweden**
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- 2096 Polygenic Risk Score Improves Risk Stratification and Prediction of Subsequent Thyroid Cancer after Childhood Cancer**
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- 2136 Hemochromatosis, Iron Overload-Related Diseases, and Pancreatic Cancer Risk in the Surveillance, Epidemiology, and End Results (SEER)-Medicare**
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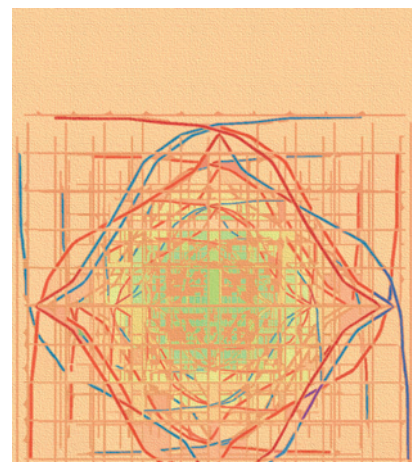
ASPO REPORT

- 2140 Toward Achieving Health Equity – ASPO’s 2022 Annual Meeting March 13–15, 2022 Marriott University Park, Tucson, Arizona**
Scarlett Lin Gomez and Steven R. Patierno

ABOUT THE COVER

The cover image is adapted from Figure 1 in the article “Patterns of Cancer Care and Association with Survival among Younger Adolescents and Young Adults: A Population-based Retrospective Cohort Study,” by Collins and colleagues. The original figure shows the proportion of AYAs with cancer 15–24 years old by provider type and age at diagnosis. Younger adolescents and young adults may receive care from either adult or pediatric oncologists. The authors utilized the large and socio-demographically diverse CCR to determine contemporary patterns of cancer care throughout California, as well as their impact on survival, on a scale and level of detail not previously described. The study found that a majority of younger AYAs were treated by adult oncology providers, a finding not altogether unexpected but striking in its magnitude, even among teenagers 15–19 years old. The major finding of the study is that, for most cancers, treatment of AYAs aged 15–24 years by either adult or pediatric oncologists was not associated with a significant difference in observed survival. Current patterns of care for this population support increased collaboration between medical and pediatric oncology, including joint clinical trials. For more information, see the article beginning on page 2105.

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