



Newsletter of the Population Sciences Research Program at MSK

New Name for a New Era in Population Science Research at MSK

A Letter from the Directors of the Population Sciences Research Program, Formerly SOAR

Dear Colleagues,

It is hard to believe that another five years have passed, but it is once again time to prepare for the submission of the institution-wide Cancer Center Support Grant (CCSG), of which PSRP is one of the two clinical programs, and one of ten programs overall across the Center. At this point, we want to take the opportunity to thank each of you for your enduring support and ongoing help with the Program, all year long. Your tremendous work and enthusiasm for making the program strong throughout these last five years has resulted in a larger, more productive, more collaborative, and more diverse program.

We have notable new program areas of strength including the Cardio-Oncology Research Program (CORP) under the direction of **Lee Jones** (Medicine), and the Integrative Medicine and Wellness Program under **Jun Mao** (Integrative Medicine). Many of our existing research programs and activities have developed and grown, due to your intense dedication and impressive productivity.

Recognizing the many changes and focus areas of the Program's membership, we decided to broaden our name from Survivorship Outcomes and Risk (SOAR) to Population Sciences Research Program (PSRP), and sharpened our three Program thematic areas to: (1) cancer etiology and risk; (2) health behaviors and symptom control; and (3) disparities and health care delivery. PSRP members conduct research in at least one of these areas, but often across multiple themes. Integrated across all of the themes is cutting-edge work in statistical methodology development, and a focus on survivorship. **Colin Begg** (Epidemiology & Biostatistics) remains the Associate Director of the PSRP. We have established an Executive Committee comprised of all senior level members across the Program. And while some members have left the institution, including Kevin Oeffinger and Noah Kauff, their key collaborators and research programs remain, continuing to thrive locally within the larger PSRP.

In the coming months, we will be stepping up our game as we prepare for the submission of the CCSG in January 2018 and the ultimate site visit in spring of 2018. All of you will be receiving emails from the MSK leadership requesting information on new grants and activities. Within the program, we may be contacting



Jonine Bernstein (Epidemiology & Biostatistics) and Kenneth Offit (Medicine), Directors of the MSK Population Sciences Research Program

you for details of your research program and achievements, and for help understanding the nuances of your findings and their implications for population health and cancer risk, prevention, treatment and outcomes.

In advance, please know how appreciative we are of the time you spend attending meetings and preparing the requested materials, and in particular, how proud we are of the work you are doing and of our joint successes.

Warmly and with many thanks,

Jonine and Ken

Federal Government Updates Human Subjects Protections

New Rules Reduce Burden, Increase Flexibility for Low-Risk Studies

On January 18, the Department of Health and Human Services and 15 other federal agencies issued a final rule for the protection of research volunteers. In addition to updating informed consent requirements, the new regulations expand categories of exempt research, require only a single IRB review for most multi-institutional studies, and allow investigators to obtain broad consent for future research on stored data and biospecimens. Most of the new provisions will go into effect in 2018.

The current regulations, generally referred to as the Common Rule, have been in place since 1991. In the decades since then, research with human subjects has grown in scale and scope, as have the storage and

analysis of vast amounts of electronic health data. The changes to the Common Rule address some of the administrative and practical barriers facing researchers today, while preserving important safeguards for research subjects.

MSK's Clinical Research Administration (CRA) and more specifically the Protocol Activation Unit/Human Research Protection Program within Clinical Research Compliance, has been reviewing the changes to the Common Rule and will continue to evaluate them in conjunction with the IRB, Roger Wilson, Paul Sabbatini and Eric Cottingham over the next year determining how best to incorporate them into MSK's Clinical Research Program.

PSRP Grants

Francesca Gany (Immigrant Health & Cancer Disparities) received two awards from the Avon Foundation for “Food to Overcome Outcomes Disparities.”

Michael Walsh (Pediatrics) received an award from the V Foundation for “Determining the Heritable Basis of Childhood Acute Lymphoblastic Leukemia.”

Jonine Bernstein (Epidemiology & Biostatistics) and Kathleen Malone (Fred Hutchinson Cancer Research Center) received an R01 from the NCI for “Molecular Pathoepidemiology of Contralateral Breast Cancer: WECARE Tumor Study.”

PSRP Seminars



Ian Lipkin (Columbia University) presented *Microbial Discovery in Health and Acute & Chronic Disease* on January 10th.



Elena Martinez, University of California, San Diego, presented *Using National and State Cancer Registry Data to Assess Disparities: The California Cancer Registry* on February 14th.



Rosalind Raine, University College of London, presented *Mind the Gaps: Reducing the Inequalities & Research Implementation Gaps in the English National Health Service* on March 21st.

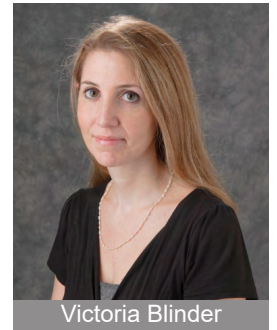


Douglas Easton, University of Cambridge, presented *Predicting Breast Cancer – How Far Have We Come?* on March 30th.

Return to Work After Breast Cancer Treatment

Study Finds Employers and Income Matter

Breast cancer patients who work for accommodating employers are more likely than others to return to work after they finish treatment, according to a recent study by **Victoria Blinder** (Health Outcomes), **Francesca Gany** (Immigrant Health & Cancer Disparities) and their colleagues. The importance of having an accommodating employer was observed in women of different races and ethnicities and across different types of jobs, although low-income women were less likely to retain their jobs after breast cancer treatment than women from higher-income households. The study was published in *Health Affairs* in February.



Victoria Blinder

Blinder and her colleagues followed a diverse cohort of more than 300 New York City women who received chemotherapy for early-stage breast cancer and were working before their diagnosis. The study intentionally included a large proportion of women from minority and immigrant groups who could participate in English, Spanish, Cantonese, Mandarin or Korean. Four months after finishing adjuvant chemotherapy, 81% of the women retained their jobs, but this proportion varied by income and race/ethnicity. Only 57% of low-income women were working at follow-up, compared with 90% and 95% of middle- and high-income women. Among the different racial and ethnic groups, Chinese women had the lowest likelihood of job retention after treatment (68%). This relationship persisted even after controlling for socioeconomic and job characteristics, and was not completely explained by the fact that Chinese women were less likely to work for an accommodating employer.

These findings have important implications for a breast cancer patient's relationships with both her oncologist and her employer. Blinder, a breast oncologist, said that she routinely asks her patients about their jobs and the accommodations they expect from their employers during and after treatment. However, some women may be reluctant to raise concerns with their clinicians, Blinder said, if they think it could prevent them from receiving effective treatment.

Blinder and her colleagues are already using the results of this study to examine strategies for increasing post-treatment job retention. With funding from a MSK Transdisciplinary Population Science award, they are developing a smartphone app in Spanish and English to help women communicate with their clinical care team and with their employer in order to obtain workplace accommodations during and after treatment. They are also planning to study employment, health and cultural factors in Chinese breast cancer patients in greater detail, to better understand the unique barriers facing this population.

PSRP Honors

★ **William Breitbart** (Psychiatry & Behavioral Sciences) received the American Cancer Society's 2017 Trish Greene Quality of Life Award.

Mark your calendar

June 25-27

AcademyHealth Annual Research Meeting
New Orleans, LA

July 10-14

MSK Staff Appreciation Week

July 29-August 3

Joint Statistical Meetings
Baltimore, MD

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