SOARNEWS
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Newsletter of the Survivorship, Outcomes And Risk Program at MSK

USPSTF and ACS Revise Cancer Screening Recommendations

SOAR Investigators Play Key Roles in Guideline Development

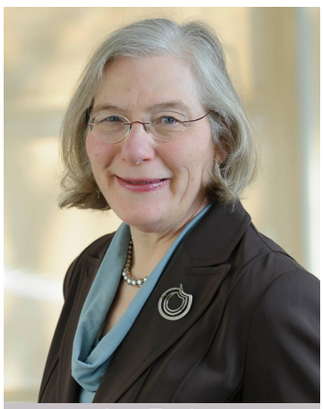
Last month, the US Preventive Services Task Force and the American Cancer Society updated their cancer screening recommendations. In a draft statement released on October 6, the USPSTF called for routine colorectal cancer screening in adults age 50-75 with one of several recommended modalities. On October 20, the ACS recommended annual screening mammography for women age 45-54 and biennial screening mammograms for women age 55 and older. The ACS's guideline revision comes after the USPSTF drafted revised recommendations for breast cancer screening earlier this year.

Two senior SOAR investigators were involved in the development of these recent cancer screening guideline revisions. **Ann Zauber** (Epidemiology & Biostatistics) led a simulation-based study of colorectal cancer screening strategies at the request of the USPSTF. **Kevin Oeffinger** (Medicine), was a member of the ACS's Guideline Development Group for breast cancer screening and served as first author of the new guideline statement, published in *JAMA*.

Evidence Insufficient to Support New Technology in Colorectal Cancer Screening

In their draft recommendation, the USPSTF advised screening for colorectal cancer in adults age 50-75 with one of three strategies: fecal immunochemical test (FIT) or high-sensitivity guaiac fecal occult blood test (gFOBT); sigmoidoscopy every 10 years with annual FIT; or colonoscopy every 10 years. This recommendation is similar to the Task Force's prior statement, published in 2008, but now includes FIT and specifies the use of high-sensitivity gFOBT.

The panel reiterated its earlier conclusion that evidence was insufficient to assess the benefits and harms of screening with computed tomographic (CT) colonography or multi-targeted stool DNA testing (FIT-DNA). According to Zauber's modeling study, these technologies could potentially yield population benefits similar to those achieved with the recommended strategies, but both raise concerns about increased harm associated with false-positive results. In 40 to 70 percent of screening examinations, CT colonography is associated with incidental findings outside of the colon, many of which require diagnostic work-up, and many of which represent abnormalities of no clinical significance. FIT-DNA is more sensitive than FIT alone, but less specific. Consequently, FIT-DNA is associated with a greater average number of diagnostic colonoscopies following positive screening results, and therefore a greater risk of adverse effects of colonoscopy.

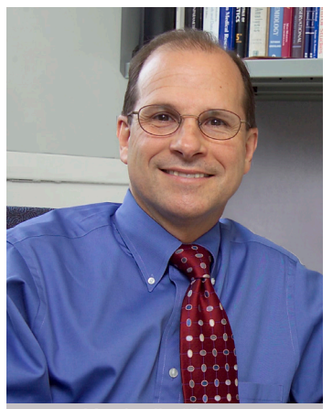

Ann Zauber

The USPSTF also maintained the grading of its recommendations for colorectal cancer screening. Recommended screening strategies for adults age 50-75 received an "A" grade, reflecting high certainty that the net benefit of these strategies is substantial. For adults age 76-85, the panel recommended individualized decision making rather than routine testing. This recommendation received a "C" grade, reflecting moderate or high certainty that the net benefit of the service is small. The Affordable Care Act requires insurance plans to cover the full cost of clinical preventive services recommended by the USPSTF with an "A" or "B" grade. Insurers may opt to cover other services, including those with a "C" grade or those with insufficient evidence.

This is the second time Zauber has conducted a modeling study to inform USPSTF recommnendations for colorectal cancer screening. She is the Coordinating Center PI for colorectal cancer in the NCI-funded Cancer Intervention and Surveillance Modeling Network, or CISNET. Using simulation models, she and her CISNET colleagues were able to provide information about the population-level outcomes expected with different screening strategies as a function of age at initiation, screening modality and interval, and stopping age.

ACS Recommends Later Start for Routine Screening Mammograms

The new ACS guideline for breast cancer screening advises annual mammograms starting at age 45 with a transition to biennial screening at age 55. The ACS recognized that mammography is beneficial beginning at age 40, but said the balance of benefits to harms becomes more favorable at age 45. However, the group also emphasized the importance of individually tailored decisions based on a woman's health and her personal values and preferences. Because women have different views about the tradeoffs between benefits and harms, the ACS said, "all women should have the opportunity to begin annual screening between the ages of 40 and 44. Women should also have the option to continue screening every year after age 55." The ACS does not specify a stopping age, but suggests that women continue screening as long as their overall health is good and their remaining life expectancy is at least 10 years.


Kevin Oeffinger

The new ACS guideline was based on the most comprehensive scientific review and evidence synthesis to date. Commenting on the evidence review, Oeffinger noted that information about the effectiveness of screening from observational studies was an important complement to efficacy estimates from randomized trials. Oeffinger called his role "a remarkable opportunity to lead a highly qualified group of scientists in assessing the evidence and formulating recommendations."

The new ACS guideline has been criticized by some who advocate routine annual mammography starting at age 40. Similar controversy followed the April 2015 release of draft recommendations from the USPSTF. The draft reiterated the Task Force's 2009 statement, recommending routine biennial mammograms for women age 50-74 and advising women in their 40s to make individual decisions based on their feelings about the balance of benefits and harms associated with screening mammography.

Mark your calendar

November 10 4:00PM M-107	**SOAR Seminar** Peter Ubel, MD The Fuqua School of Business, Duke University
November 23 1:00PM RRL	**MSK Cancer Survivorship Research Symposium**
December 8 4:00PM M-107	**SOAR Seminar** Deborah Schrag, MD Dana-Farber Cancer Institute
January 13 4:00PM RRL-101	**SOAR Seminar** Andrew Chan, MD Massachusetts General Hospital

SOAR Grants

William Breitbart (Psychiatry & Behavioral Sciences) received an R25 Training Grant grant from the NCI for "Meaning-Centered Psychotherapy Training for Cancer Care Providers."

William Breitbart (Psychiatry & Behavioral Sciences) and colleagues at MD Anderson Cancer Center received an R21 grant from the NCI for "Adjuvant Lorazepam for Agitated Delirium in the Palliative Care Unit."

Douglas Levine (Surgery) received a grant from the Department of Defense to lead The Ovarian Cancer Academy in the role of Assistant Dean.

Allison Lipitz-Snyderman (Health Outcomes) received a grant from the National Institute for Health Care Management Foundation for "Physician-Driven Overuse of Services for Patients with Advanced Cancer."

Ann Zauber (Epidemiology & Biostatistics) received a U01 grant from the NCI for "Comparative Modeling of Colorectal Cancer: Informing Health Policies and Prioritizing Future Research."

Elizabeth Kantor is an Assistant Attending Epidemiologist in the Department of Epidemiology and Biostatistics.

What brought you to MSK?

It's a great environment if you are interested in translational cancer research, because you have the clinicians, lab scientists, epidemiologists and biostatisticians all in one institution, and I think that's a really exciting place to be. Plus, the people in the department are friendly.

What's on your research agenda?

One interest is the use of drugs and supplements as they affect cancer risk and survival. Much of my research in this area has been on glucosamine and chondroitin supplements in relation to inflammation and risk of colorectal cancer. In the VITamins and Lifestyle (VITAL) study, based at the Fred Hutchinson Cancer Research Center, we observed an inverse association between use of these supplements and risk of colorectal cancer. *In vitro* and animal studies suggest that glucosamine and chondroitin supplements have anti-inflammatory properties, and we know that inflammation is implicated in the etiology of colorectal cancer. We wanted to understand whether these supplements are associated with reduced inflammation in humans, which would give us better reason to think there's a plausible biologic mechanism for reduced risk of colorectal cancer. Since then, in two observational studies and one small randomized trial, we found a relationship between use of these supplements and reduced inflammation, and we've replicated the colorectal cancer finding.

You are a Scholar in the Cancer Research Network Scholars Program. What are you working on with them?

My project in the CRN addresses the mechanisms by which obesity affects breast cancer survival. Several studies have found poorer survival in obese breast cancer patients than their normal-weight peers. For most chemotherapy drugs, dose is based on body surface area, so we would expect obese women to receive greater doses of chemotherapy. But there's some evidence that doctors may scale back the high BSA-determined dose in obese women due to concerns about toxicity. The CRN is a consortium of integrated healthcare delivery networks with detailed treatment data for a very large number of cancer patients. It's a rich data resource, especially for translational questions like this.

You moved here from Boston, and Seattle before that. How do you like New York so far?

I'm excited to be here. I enjoy walking in the park with my dogs. I'm looking forward to finding good restaurants.

You've joined Citibike. Do you feel like you've earned your badge as a New Yorker biking in the city?

I did! I got my husband to join, as well. I haven't biked in midtown yet, and I don't think I ever will, but I do ride across the park on my way to and from work, which cuts the time of my commute. It's fun to ride on the weekends, and it's a great way to explore the city.

Rosario Costas-Muniz is an Assistant Attending Psychologist in the Immigrant Health & Cancer Disparities Service.

What brought you to MSK?

I came to MSK in 2011 for a research fellowship with **Francesca Gany** (Immigrant Health and Cancer Disparities), and I am now an attending in the IHCD service.

What is the focus of your research?

My main focus is Latino health and multicultural issues in health psychology and cancer. I've been working on cultural adaptation of meaning-centered psychotherapy, a psychotherapeutic intervention developed by **William Breitbart** (Psychiatry). I'm working on adapting and translating it for Spanish-speaking Latinos diagnosed with advanced cancer. Prior to coming here I trained in Puerto Rico, and one of the struggles we had was that interventions were designed and tested with predominantly non-Hispanic whites. I worked on adapting interventions specifically for the Puerto Rican community. I have an R21 to adapt meaning-centered psychotherapy for Spanish-speaking patients with advanced cancer.

What have you learned so far?

Adapting an intervention goes beyond just translating. The concepts, the strategies, the goals, the facilitators all need to respond to the language and cultural needs of the community. We are interviewing patients to see how they react to some of the exercises and some of the language of the intervention. Our findings have been pretty interesting so far. Patients come up with ways to phrase something that makes more sense to them. This is influenced by their culture and their experience of being an immigrant - being away from family, being away from their home countries.

You also study adherence with cancer treatment. Why is treatment adherence especially challenging for immigrant and minority populations?

With access, the top reasons why patients don't receive optimal treatment are insurance coverage and socioeconomic factors. Sometimes patients are afraid because they don't understand our health care system. They may not be knowledgeable about the services that are out there. Understanding the kind of treatment they are receiving can be very confusing for patients with linguistic barriers. Transportation issues, food insecurity and overcrowded housing can also affect adherence.

How can we make it easier for these patients?

Patient navigation has received a lot of attention. We have a program here, the Integrated Cancer Care Access Network or ICCAN, where navigators work with community organizations to provide services for low-income immigrant and minority cancer patients during their treatment.

Has MSK been a good place for this research?

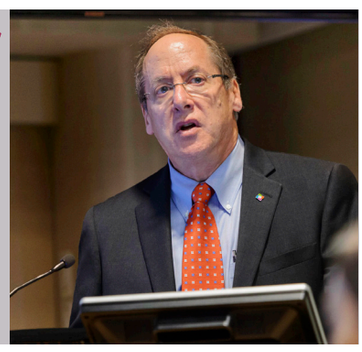
Yes. I love the opportunities and the access that we have to the type of patient population I'm most interested in. There is also great support for junior faculty and emerging investigators.

Do you like living in New York City?

I love New York! I'm drawn by cultural differences and learning from other cultures. That's the most interesting thing about the city. It's a melting pot and I love it.

SOAR Seminar

Andrew Salner, Hartford Hospital, presented *Psychosocial Health Risk Assessment and Cancer Survivorship Outcomes Research at Hartford HealthCare* on October 13th.



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