

# Research today for a cancer-free tomorrow CANCER PREVENTION STUDY-3



#### Winter 2019

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#### A Note from the Principal Investigator

Dear Participant,

Cancer death rates in the United States peaked in 1991, and since that time, we have seen a 27% decline in the cancer death rate. That translates to approximately 2.6 million fewer cancer deaths. This progress wasn't accidental though, as it represents significant advances in our understanding about what causes cancer, how to detect it early, and how best to treat the disease.



We know that smoking is the leading cause of preventable disease, including cancer, in the United States. Earlier generations of the American Cancer Society Cancer Prevention Studies (CPS) confirmed the link between smoking and premature death. The scientific evidence generated from these studies supports efforts to increase tobacco taxes, restrict how cigarettes are advertised, and help pass smoke-free legislation, which has led to a dramatic reduction in the number of individuals who smoke cigarettes today. It does not go unnoticed that hundreds of thousands of CPS participants like you made these discoveries possible. As I look forward to 2019, I am excited and full of hope in the discoveries we will continue to make together.

Currently, we are wrapping up our 2018 follow-up survey cycle of CPS-3 participants. Routinely updating information on lifestyle, environment, medical, and other factors is critical in helping us better understand risk factors for cancer and ultimately how we can save more lives from cancer. To date, 57% of you have completed the 2018 follow-up survey, but we need to get our response rate higher. If you have not returned your 2018 survey, please fill out the copy we recently mailed you or complete the survey online. You can help us maximize the impact of CPS-3 by completing your survey as soon as possible.

In the pages that follow, you can read more about some of the ongoing work in the Cancer Prevention Studies. Thank you for your participation in CPS-3 and for helping us better understand the causes of cancer and how to prevent it.

With my continued gratitude,

AlpaPate

Alpa V. Patel, PhD Principal Investigator, CPS-3



## Meet Our Cancer Prevention Studies Postdoctoral Fellows

Drawing on the expertise and mentorship of American Cancer Society epidemiologists and the resources available from the Cancer Prevention Studies, our postdoctoral fellowship program allows new graduates to design a research program focused on identifying and/or clarifying associations of lifestyle, genetic and biologic factors with cancer incidence, mortality, survival, or survivorship. The program equips fellows with the knowledge and skills that will enable them to become independent researchers.

## 💼 Mark Guinter, PhD



Mark Guinter, PhD, completed his graduate training in epidemiology from the University of South Carolina in December 2017. His research focuses on dietary-related hormonal factors and cancer risk, with a primary focus on colorectal cancer prevention and survivorship. His primary mentor is Peter Campbell, PhD,

scientific director in Epidemiology.

"Thanks to the wonderful contributions from our participants, working with the detailed information in the Cancer Prevention Studies has allowed me to answer research questions that can directly contribute to the development of guidelines for improved cancer prevention and survivorship," Guinter said.

## 💼 Samantha Puvanesarajah, PhD, MPH



Samantha Puvanesarajah, PhD, MPH, completed her graduate training in epidemiology from the University of North Carolina prior to joining the American Cancer Society in 2017. Her research focuses on mammography screening, risk factors by breast cancer subtype, and molecular and histological

characteristics of breast cancer. Mia Gaudet, PhD, MSPH, strategic director, Breast and Gynecologic Cancer Research, is her primary mentor.

"Few large epidemiological studies have the breadth of data that has been provided by the amazing CPS participants," Puvanesarajah said. "As an epidemiologist with an interest in breast cancer biology, being able to work with the CPS data, especially the biospecimens, provides an exciting opportunity to better understand breast cancer risk factors and survival."

## 💼 Erika Rees-Punia, PhD, MPH



Erika Rees-Punia, PhD, MPH, completed her graduate training in kinesiology from the University of Georgia. She began working at the American Cancer Society in 2017 as a doctoral student and continued as a postdoctoral fellow beginning in mid-2018. Her research focuses on physical activity, sedentary behavior, and body

composition in relation to cancer risk and overall health. Alpa Patel, PhD, principal investigator, CPS-3, is her primary mentor.

"It is so exciting to have access to the wealth of data within CPS," Rees-Punia said. "There is so much we can learn about cancer prevention and survivorship from the years of surveys completed by people all around the country. CPS cohorts have a great reputation in the cancer epidemiology community, and I am proud to work with the data!"

## 💼 Caroline Um, PhD



Caroline Um, PhD, completed her graduate training in nutrition from Emory University prior to joining the American Cancer Society in 2017. Her research focuses on various dietary factors related to intestinal function, inflammation, and the microbiome and their relation to cancer risk. Marji McCullough, ScD, RD, strategic

director, Nutritional Epidemiology, is her primary mentor.

"As a nutritional epidemiologist, the dietary data from the Cancer Prevention Studies is invaluable," Um said. "The availability of comprehensive dietary data, in addition to biospecimens, provides opportunities to explore how different foods and nutrients, as well as overall diet patterns, may affect cancer risk and survival."

# Continued Cancer Tumor Tissue Collection

When participants in CPS-3 report certain cancer diagnoses on a follow-up survey, we contact them to see if they are willing to let CPS researchers use their tissue for



CPS-3 participant Stacy Strickland (left) and postdoctoral fellow Samantha Puvanesarajah, P<u>hD, MPH</u>

further study. Tissue samples are stored in the hospital where a cancer surgery occurs, and with a participant's consent, we can obtain a medical record and tissue sample for further study. Analyzing these samples allows us to measure molecular tissue markers to gain deeper insight into how different factors affect the development of cancer.

At a meeting in summer 2018, postdoctoral fellow Samantha Puvanesarajah, PhD, MPH, presented about some of the ongoing work to analyze breast tumor tissue in CPS-3. During the Q&A session, a self-disclosed CPS-3 participant shared that shortly before the meeting, she was diagnosed with breast cancer and received the packet requesting her consent to obtain a breast tumor tissue sample. The participant, Stacy Strickland, said, "I felt excited that because of this research, my cancer journey may prevent other cancers from happening." She first enrolled in CPS-3 in memory of her dad, a lifelong nonsmoker who lost his life to lung cancer less than two months after diagnosis. "I felt that becoming part of CPS-3 was the right thing to do for future generations," Strickland said. "And it takes all of us participating to help make these scientific breakthroughs."

## Physical Activity Sub-study

The benefits of regular physical activity are extensive, including a lower risk of early death, heart disease, type II diabetes, and various types of cancer. The newest federal guidelines recommend that adults get 150 to 300 minutes of moderate-intensity or 75 to 150 minutes of vigorous-intensity activity each week, and that adults limit time spent sitting whenever possible. Most studies measure "usual" amounts of activity, leaving many unanswered questions such as how long, how hard (especially understanding light activities), or when during the day may be more beneficial, or whether patterns of time spent sitting (e.g., sitting for one long bout versus breaking up sitting time) affect health differently.

In the past decade, technology has made it more feasible to collect objective physical activity data in large studies like CPS-3 using a device called an accelerometer. We used accelerometers in an earlier sub-study of 750 CPS-3 participants to assess the validity of our physical activity and sitting time survey questions. Now, we are launching



a new sub-study to collect accelerometer data from 20,000 randomly selected CPS-3 participants between 2019-2021. Collecting objectively measured and more quantifiable data on physical activity and sedentary behavior will allow CPS-3 to play a significant role in improving our understanding of patterns of activity in relation to cancer risk, as well as advancing public health recommendations for physical activity. In order to minimize cost, all invitations will be sent via email over a two-year period beginning in March 2019. We hope you will choose to participate if you are selected!

# Focus Groups to Learn about Expanding E-data Collection

In late 2018, a subgroup of CPS-3 participants were randomly selected to take part in focus groups to help us understand how best to collect electronic data or e-data. The preliminary results suggest that participants are interested in receiving more

frequent study updates. We plan to launch our first e-newsletter this summer so please stay tuned for more on our e-data collection plans at that time.



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To date, 57% of you have completed the 2018 follow-up survey. You can maximize the impact of CPS-3 by completing and returning your survey today!

#### **Contact Us:**

For any questions related to CPS-3, including change of address or other contact information, please call **1-888-604-5888** or email **cps3@cancer.org.** Both of these forms of communication are monitored daily, and all inquiries are answered promptly.

We're also available at cancer.org/cps3 and facebook.com/supportCPS3.

For the latest cancer information, day-to-day help, and emotional support 24 hours a day, seven days a week, visit our website at **cancer.org** or call us at **1-800-227-2345**.