



Research today for a cancer-free tomorrow

CANCER PREVENTION STUDY-3



Winter 2020

In this issue

Page 2

- Data Security and Participant Privacy: A Priority in CPS-3
- Study Updates

Page 3

- Infections and the Risk of Blood Cancers
- Breast Cancer Subtypes May Have Different Risk Factors

Page 4

- CPS-3 Contact Information



A Note from the Principal Investigator

With the start of this new decade comes new excitement about the progress we are making in saving lives from cancer. Cancer death rates continue to decline with the largest single-year decline ever reported by the American Cancer Society in January 2020. Since 1991, the cancer death rate has declined by 29%, which translates to more than 2.9 million fewer cancer deaths. This progress reflects the significant advances made in the prevention, detection, and treatment of cancer through lifesaving research made possible by dedicated research participants like you.



2020 is already shaping up to be a busy one for Cancer Prevention Study-3 (CPS-3). In this newsletter we share a number of study updates and feature some of the latest CPS-3 research. Of the many CPS-3 study enhancements underway, a highlight is the progress we've made in designing a CPS-3 participant portal. At this secure website, participants will be able to complete surveys, update contact information, report a new cancer diagnosis, and more. The portal will make providing study information to you – and obtaining health and lifestyle data from you – easier, so that we can get to important scientific answers faster.

I hope you enjoy this newsletter and remember to look out for our quarterly e-newsletters. Thank you for your continued participation and commitment to CPS-3 and for helping pave the way for even more progress in our fight for a world without cancer.

Sincerely,

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

Data Security and Participant Privacy: A Priority in CPS-3



In today's world of constant notifications about new data security breaches, prompts to regularly change passwords, and fears of hacking and spamming, we are reminded that our data are valuable and

can be at risk. Researchers here at the American Cancer Society understand this sentiment and the reality that we need to work diligently to secure all data in order to ensure the long-term success of our study and to maintain the privacy, support, and confidence of our participants. Since CPS-3 began, we have made data security and privacy two of our top priorities. Below is an outline of the steps we take to ensure data security and participant privacy:

- Data are stored on secure servers.
- Physical study materials are stored in locked facilities.
- Personal identifying information (like name, date of birth, address, etc.) is stored separately from health and survey data and is only accessible to a limited number of CPS-3 staff.
- Biospecimen samples (blood, tumor tissue, etc.) are stored in secure facilities and are labeled with a unique identifying number.
- We do not share personal contact information with anyone without your consent.
- CPS-3 staff complete regular biomedical research ethics training and have signed confidentiality forms.
- We require online data collection accounts to be protected with strong passwords and use multi-factor authentication methods.
- Online data collection tools are hosted on secure sites and use servers that are compliant with the strictest industry standards.
- Study results are presented in aggregate form. In other words, results will be presented as a group so individuals cannot be recognized.
- Data collection and storage processes, as well as study activities, are reviewed annually by the Emory University Institution Review Board.

We will continue to update our data security and privacy policies as we implement more novel technologies that can accelerate our ability to generate relevant and life-saving research. We greatly value and respect all the information you share with us. Because of your generous contributions, we can continue our innovative cancer prevention and survivorship research.

Study Updates



2018 Survey: The 2018 follow-up survey cycle began in April 2018 and will end on March 31, 2020. Over 162,000 participants have completed their 2018 survey, many of whom completed it online when the survey first launched in 2018. More than 105,000 of the surveys were completed online, which saved us \$163,000 in costs. We hope you will complete future surveys online whenever possible.



CPS-3 Participant Portal: We are excited to announce that we are in the final stages of launching the CPS-3 participant portal to a small number of randomly selected study participants. During this pilot phase we will rely on these participants to provide feedback on basic portal features, such as login, content, and layout. Additionally, our research team will test novel data collection methods that are made possible through the portal's tech advancements. The hope is that the final portal platform will offer participants a broad array of study-related information arranged in a way that is secure, appealing, and convenient to access while simultaneously providing enhanced data collection tools to our team of researchers.



Accelerometry Sub-Study: The goal of the CPS-3 Accelerometry Sub-Study is to collect objectively measured activity data on 20,000 CPS-3 participants, making this the largest study of its kind in the United States. The first study invitations were emailed in April 2019. To date, over 3,600 participants have registered. Enrollment for this sub-study will continue through 2021.

Infections and the Risk of Blood Cancers



Blood cancers, including leukemia and non-Hodgkin lymphoma (NHL), are among the most commonly diagnosed cancers worldwide. Although there have been recent improvements in treatment of blood cancers, long-term survival is less than 30% for some types such as acute myeloid leukemia. Blood cancers are also the most expensive cancers to treat.

Furthermore, very little is known about what causes most blood cancers. Infections cause some very rare subtypes, but it is unknown if they contribute to the risk of more common types of leukemia and lymphoma.

To address this question, American Cancer Society researchers are leading a large study to investigate associations of infections with risk of more common subtypes of leukemia and NHL. This research will be conducted by bringing together data from some of the

largest cohort studies in the United States, including CPS-3. Our collaborators come from the National Cancer Institute, Harvard University, the University of California Los Angeles, and the German Cancer Research Center. The laboratory where the analyses will be conducted is internationally recognized for their method to cost-effectively characterize exposure to a large number of infections at one time.

We will be testing samples from CPS-3 and CPS-II participants who have already developed NHL or leukemia, as well as a random sample of participants who have not developed one of these cancers. We will compare the likelihood that these two groups of participants had evidence of past exposure to these infections at the time they gave blood. Some infections we will be studying are the viruses that cause mononucleosis (mono) and shingles. We are currently preparing CPS blood samples for shipment to the laboratory. Once samples from all collaborating institutions are received, analyses will begin. We look forward to sharing results with you when they are available.

Breast Cancer Subtypes May Have Different Risk Factors

Breast cancer is the most commonly diagnosed cancer (after skin cancer) and the second-leading cause of cancer death among women in the United States and worldwide. The breast cancer death rate has dropped by 40% from 1989 (at its highest), but more work remains. An important strategy to further reduce breast cancer deaths is to identify women who are at highest risk and better guide them in their prevention, detection, and treatment decisions. Current “risk prediction” models to identify high-risk women were built on known risk factors for overall breast cancer. However, we now know that breast cancer is far more complex, consisting of multiple subtypes defined by patterns of tumor molecular markers: These are abnormal genes turned on or off in the tumor. Some molecular subtypes of breast cancer are particularly aggressive and more likely to be fatal, such as triple negative breast cancers.

A team of American Cancer Society CPS researchers led by Mia M. Gaudet, PhD, is investigating risk factors for molecular subtypes of breast cancer. Applying new technologies, the team is characterizing patterns of these molecular markers on more than 1,500 breast cancer tissue samples collected from women diagnosed with breast cancer in the CPS-3 Cohort. Powerful analytic methods are

then used to identify risk factors for each subtype of breast cancer using the molecular subtype data and years of lifestyle, medical, and genetic factor information collected from our CPS-3 participants. These results are expected to improve risk prediction models, allowing scientists and clinicians to develop personalized prevention plans for women at risk of breast cancer subtypes, including triple negative disease, and expand similar strategies of personalized approaches to other cancer sites.





250 WILLIAMS STREET NW
ATLANTA GA 30303-1002

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The next CPS-3 follow-up survey will be in March 2021. The survey will first be available online, and we will inform study participants by email when they can access the online survey. Please don't hesitate to contact us if you have never received

email communications from us and would like for your email address to be added to your study record. We also use email addresses to send out quarterly e-newsletters, which are emailed every March, June, September, and December.



Winter 2020

Contact Us:

For any questions related to CPS-3, including change of address or other contact information, please call us at **1-888-604-5888** between 9 a.m. and 5 p.m. ET Monday through Friday or email us at **cps3@cancer.org**. All inquiries will be 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**.