Cancer Control Course

Spring 2006

Hermine Maes

What is Cancer?

• Cancer is a group of diseases characterized by uncontrolled growth and spread of abnormal cells.
• Cancer is caused by external factors and internal factors which may act together to initiate or promote carcinogenesis.
What is Cancer Control?

• the reduction of cancer incidence, morbidity, and mortality through an orderly sequence from research on interventions and their impact in defined populations to the broad systematic application of the research results. (old)

• the conduct of basic and applied research in the behavioral, social, health and population sciences to create or enhance interventions that, independently or in combination with biomedical approaches, reduce cancer risk, incidence, morbidity and mortality, and improve quality of life (Cancer Control Review Group, 1998 - modified).

What is Cancer Control Research?

• Research that aims to reduce risk, incidence, and deaths from cancer as well as enhance the quality of life for cancer survivors.

  – The DCCPS conducts and supports an integrated program of the highest quality genetic, epidemiologic, behavioral, social, applied, and surveillance cancer research. Cancer control research aims to understand the causes and distribution of cancer in populations, support the development and implementation of effective interventions, and monitor and explain cancer trends in all segments of the population. Central to these activities is the process of synthesis and decision-making that aids in evaluating what has been learned, identifying new priorities and strategies, and effectively applying research discoveries to reduce the cancer burden.
History of Cancer Control Research

• 1900-1950
  – Concept of cancer control emerged as control over communicable diseases was being achieved and more people were living to an age where cancer became a greater threat
  – Cancer mortality rose from 9th to 2nd most frequent cause of death in the US
  – Cancer mortality rate for certain cancers increased in absolute and relative terms because of changing lifestyle factors

Cancer Control Timeline 1

• 1913: group of American Gynecological Society formed two organizations:
  – American Society for the Control of Cancer, later became American Cancer Society (1945)
  – American College of Surgeons

• 1937: National Cancer Institute (NCI) established by Congress to
  – conduct intramural research, support extramural research and promote the useful application of methods of cancer prevention, diagnosis and treatment
Cancer Control Timeline 2

• 1971: Congress reaffirmed its intent in cancer control with National Cancer Act: control activities formalized as part of National Cancer Program planning process
• 1974: Division of Cancer Control and Rehabilitation
• 1983: Division of Cancer Prevention and Control
• 1980’s: Diet, Nutrition and Cancer Program and Chemoprevention Program
• Surveillance Program: national population-based tumor registry (since 1973), maintained by Surveillance, Epidemiology and end Results (SEER) program
• Division of Cancer Control and Population Sciences
## Behavioral Research

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<td>A Behavioral Approach to Cancer Prevention</td>
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<td>Four models of Behavior Change</td>
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<td>Applications to Cancer Behavior, Tailoring Intervention Messages</td>
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<td>Social Support/Unsupportive Responses and Cancer, Impact on Quality of Life</td>
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<td>Examples of Behavioral Cancer Prevention:</td>
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<td>Cancer Prevention in Rural Youth (Goals for Health)</td>
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<td>A Bridge to Better Health: Developing Adolescent Health</td>
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<td>Families in Behavioral Education for Risk Reduction (FIBERR)?</td>
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<td>Obesity Intervention with Adolescents and Parents</td>
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<td>Reaching Rural Residents with Nutrition Strategies</td>
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<td>Rural Physician Cancer Prevention Project</td>
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<td>Dietary Change in Families of Colon Cancer Patients</td>
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<td>Diet/Exercise in Cancer Risk Reduction</td>
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<td>Fiber, Fat, Antioxidants</td>
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<td>Community based Exercise Intervention for Cancer Survivors</td>
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<td>Recruitment in Underserved Populations</td>
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## Tobacco Research

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<td>Youth Tobacco Research, Community &amp; Policy</td>
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<td>Tobacco and Community</td>
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<td>Tobacco Interventions and Youth</td>
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<td>Tobacco Policy and Advocacy in Virginia</td>
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<td>Feb 20</td>
<td>Harm Reduction for Tobacco Users: Fact or Fiction?</td>
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<td>Women and Tobacco</td>
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<td>Clinical Interventions for Tobacco Use</td>
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### Methods/ Genetic Epidemiology

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<td>Methods, Design and Biostatistics in Cancer Control Research</td>
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<td>Clinical Trials Research Methods</td>
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<td>Data Management - the Basics</td>
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<td>How and When to Use the Help of a Biostatistician</td>
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<td>Specialized Statistical Techniques</td>
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<td>Analyzing Categorical Data using Logistic Regression</td>
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<td>Genetic Epidemiology of Cancer Outcomes/ Risk Factors</td>
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<td>Finding Genes for Nicotine Dependence</td>
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### Health Services Research

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<td>Methods/Tools for Cancer-related Health Services and Surveillance</td>
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# Palliative Care

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<td>Quality and Outcomes in Family Practice</td>
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<td>Ambulatory Care Outcomes Research Network</td>
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Maximizing worksite survey response rates through community organization strategies and multiple contacts.

Thompson B, Bowen DJ, Croyle RT, Hopp HP, Fries E.

School of Public Health and Community Medicine, University of Washington

BACKGROUND. Worksites are natural settings for health promotion. In many cases, the effectiveness of such interventions is appraised by surveying employees to assess worksite-wide changes in the targeted behavior. Little attention has been paid to increasing worksite survey response rates. One way is to utilize community organization strategies, which involve enlisting the individuals within a group to work together with researchers to affect the social environment.

METHODS. Community organization strategies and multiple contacts were used to obtain responses from employees in five worksites involved in a smoking cessation project. Employee Advisory Board members in each worksite reviewed, adapted, and revised the survey distribution method, the messages that accompanied the survey, and the survey content. Three major survey waves were undertaken: a worksite effort, a home mailing (in the pilot worksite only), and a telephone call to nonrespondents. RESULTS. Response rates to a worksite-wide survey in one worksite the first year and four additional worksites the next year yielded 99.3% and 98.4% response rates, respectively. In the pilot worksite, 273 employees were eligible for the survey with 366 eligible employees in the four other worksites. Chi-square or analysis of variance computations were used, as appropriate, to test for differences in characteristics of respondents in the various data collection waves. DISCUSSION. These results suggest that there may be merit in adapting such community organization intervention methods for research applications.

Racial misclassification of Native Americans in a surveillance, epidemiology, and end results cancer registry.

Frost F, Taylor V, Fries E.

Center for Health and Population Research, Lovelace Medical Foundation

BACKGROUND: The cancer incidence for all sites has been reported to be lower in Native Americans than in White Americans. Concerns have been expressed, however, that the observed low incidence may be a result of inaccurate reporting of race. PURPOSE: The objective of this study was to investigate the extent to which racial misclassification may contribute to the observed low cancer incidence among Native Americans. METHODS: A registry of individuals eligible to receive medical services funded by the Indian Health Service was linked by computer to the Puget Sound Surveillance, Epidemiology, and End Results (SEER) cancer registry. RESULTS: Only 137 (60%) of the patients with invasive cancer registered with the Indian Health Service and for whom race was recorded were identified as Native Americans in the SEER registry. Similarly, 55 (69%) of 80 in situ cervical cancer case patients were classified as Native American. A strong association was observed between Native-American blood quantum level and racial misclassification. CONCLUSION: The results of this study indicate that the observed low cancer incidence in Native Americans relative to Whites in the northwest United States is at least partially attributable to racial misclassification in the SEER cancer registry.
Biobehavioral Research – Energy Balance

- Stereotypes associated with a low-fat diet and their relevance to nutrition education.
- Fries E, Croyle RT.
- Department of Psychology, University of Utah
- Two experiments and one correlational study were conducted to examine the nature and consequences of stereotypes of persons who eat either low-fat or high-fat diets. In Study 1, 132 college students were asked to describe the personal characteristics of a typical male or female peer who was associated with one of three diet characteristics (high-fat diet, low-fat diet, or no diet description). For Study 2, personal characteristics attributed to persons who eat either a low-fat or a high-fat diet that were obtained in Study 1 were converted into rating scales. In the second study, 164 participants were asked to rate one of six target personalities that were created by combining the three diet and two gender conditions (eg, a man who eats high-fat foods). These two studies revealed that both desirable and undesirable personal characteristics are attributed to individuals who eat high-fat diets and to those who eat low-fat diets. Persons eating low-fat diets were described and rated as being self-centered and fastidious students, whereas persons eating high-fat diets were described as being more easy going and more likely to attend parties. However, persons who eat low-fat foods were also described more favorably as being physically fit and attractive. In Study 3, we examined the relationship between stereotypes of persons who eat low-fat diets and reactions to a widely used cancer prevention booklet in a group of 177 undergraduates.....

Cancer Prevention and Intervention

- Effects of dietary fat feedback on behavioral and psychological variables.
- Bowen DJ, Fries E, Hopp HP.
- Cancer Prevention Research Program, Fred Hutchinson Cancer Research Center
- This paper reports on the immediate and delayed reactions to dietary fat consumption feedback. Subjects in our study received (1) personalized dietary fat feedback and (2) information about how to alter their fat consumption. Fat consumption was measured using a brief fat assessment instrument. Subjects were categorized into three risk groups: at or below, above, and significantly above the recommended level. Emotional, cognitive, and behavioral reactions were measured immediately after receiving feedback and at 1 month postfeedback. Subjects who received high fat feedback showed greater negative emotional distress in response to the feedback and stated that they knew less about high-fat foods than subjects receiving lower feedback. By the 1-month follow-up, subjects in the highest feedback condition were least likely to report intentions to lower their dietary fat. Interventions designed to alter dietary fat consumption should take into account the emotional and cognitive consequences of risk factor feedback.
Smoking Research

- The feasibility of a proactive stepped care model for worksite smoking cessation.
- Thompson B, Fries E, Hopp HP, Bowen DJ, Croyle RT.
- Cancer Prevention Research Program, Fred Hutchinson Cancer Research Center
- Worksite smoking cessation interventions have achieved some success, but until recently have only intervened on those smokers at a stage of readiness to volunteer to participate in cessation programs. The present study assesses whether a sustained, proactive smoking cessation program based on a stepped care model that targets all smoking employees in the worksite can actually be delivered. In one worksite in Seattle (N = 273), a worksite-wide survey with a 99.3% response rate identified 53 smokers; subsequent new hires added an additional 14 smokers to the worksite. This study delivered increasingly intensive intervention to those smoking employees who failed to quit smoking during the study period of 1.5 years. Telephone contacts (every 3 months) provided motivational messages tailored to the smokers’ stage of cessation. Subsequent more intensive steps included self-help manuals and referrals to formal programs. The intervention also used community organization strategies, such as employee guided worksite activities to complement the individual and stepped strategies. In the study period, 18% of the smokers quit smoking. Participation rates in activities were good and on average worksite smokers moved over one stage of change from baseline toward quitting smoking.

Behavioral Medicine – Health Care Delivery

- Physician recommendations for dietary change: their prevalence and impact in a population-based sample.
- Hunt JR, Kristal AR, White E, Lynch JC, Fries E.
- Cancer Prevention Research Program, Fred Hutchinson Cancer Research Center
- A random-digit-dialing survey to examine the prevalence, content, and impact of physician dietary recommendations in a representative population-based sample of Washington State residents was administered to 1972 persons aged 18 years and older. Twenty percent of those surveyed received a physician’s recommendation for dietary change in the previous year. The most common recommendations were to decrease intake of cholesterol, calories, and red meat and to increase intake of vegetables and fiber. Respondents receiving recommendations were more likely to report decreased use of high-fat foods and increased use of high-fiber foods and to be in the maintenance stage of dietary change. Results suggest that physicians can play a limited role in promoting dietary change.
Behavioral Research – Behavior Change

- Psychological effects of dietary fat analysis and feedback: a randomized feedback design.
- Fries EA, Bowen DJ, Hopp HP, White KS.
- Department of Psychology, Virginia Commonwealth University
- Excess consumption of dietary fat promotes chronic disease such as heart disease and cancer. Dietary analysis and feedback are often used to motivate dietary change; however, little is known about how people process, react to, and use this feedback to change behavior. This study used a randomized feedback design to examine psychological reactions to dietary fat feedback. Subjects were assessed for fat consumption and then randomly assigned to a high, moderate, or low percentage of calories from fat feedback group. Findings indicate that there are strong emotional, cognitive, and behavioral reactions to providing high-fat dietary feedback. Subjects that were told their diets were high in fat reported stronger negative emotional reactions and also reported they had stronger intentions to change than the other two feedback categories. These results are compared with studies providing nonrandomly assigned risk factor feedback.

Health Communication – Quality of Care

- Breaking bad news to patients: physicians' perceptions of the process.
- Ptacek JT, Fries EA, Eberhardt TL, Ptacek JJ.
- Department of Psychology, Bucknell University
- The goal of this investigation was to gain a better understanding of the processes associated with communicating bad news to patients. A convenience sample of 38 physicians recalled a time when they delivered bad news and then answered a series of questions about what transpired. Data were also obtained about how well they thought the transaction had proceeded, how much stress they had experienced, and what they thought the experience was like from the patient's perspective. The majority of physicians reported following most of the published recommendations for delivering bad news. However, the number of recommendations followed was not correlated with self-reported stress and effectiveness in news delivery or with physicians' estimates of patients' distress. The number of recommendations followed could not be accounted for by the closeness of the relationship between physician and patient or by the gender composition of the bad news encounter. Overall, physicians reported that the transaction was moderately stressful for themselves, that the stress lasted beyond the recalled transaction, and that they were effective in delivering the news in a way that reduced patient distress. These findings suggest that the sampled physicians are generally following a substantial number of published recommendations when delivering very stressful news to patients. The primary weaknesses in the delivery process occur while preparing for the encounter. The fact that many of the physicians reported that their stress lasted beyond the transaction itself suggests that training in the delivery of bad news should include guidance on cognitive and behavioral coping strategies to help physicians deal with their own discomfort.
Biobehavioral Research in Health Disparities

- Can community organization strategies be used to implement smoking and dietary changes in a rural manufacturing work site?
- Fries EA, Ripley JS, Figueiredo MI, Thompson B.
- Massey Cancer Center, Virginia Commonwealth University
- A one-year intervention project was developed and implemented to demonstrate the utility of using community organization methods to mobilize a rural, predominantly minority work site community toward smoking and dietary change. This intervention for smoking and dietary change was conducted in a rural work site (n = 235 at baseline) and guided by employees. It involved activities to change the work site environment and the behaviors of individuals. A community advisory board (n = 15) made up of members of the work site was established, and it met monthly with members from the research team to design and implement nine cancer prevention activities that were targeted to the needs of this community. Activities and information were disseminated to the employees during a nine-month period. Surveys were administered prior to and following the delivery of the intervention. This project was successful in engaging a rural manufacturing work site community in thinking about cancer prevention strategies. Results of this intervention demonstrated significant increases in numbers of smoking cessation attempts, reported fruit and vegetable consumption, self-efficacy for dietary change and perceived risk for cancer. Work site social norms changed as evidenced by employee perceptions of co-worker support of dietary and smoking change (all ts > 1.95, all Ps < 0.05). Other results with marginal statistical significance (P < .015) but potentially useful for future studies include increased intentions to reduce the fat in the diet. In light of the low-intensity and time-limited nature of this community organization intervention, the observed changes in dietary and smoking behaviors are encouraging and support the use of these strategies in rural, culturally diverse work sites.

Biobehavioral Research – Attitudes and Beliefs

- The effect of accuracy of perceptions of dietary-fat intake on perceived risk and intentions to change.
- O'Brien A, Fries E, Bowen D.
- Virginia Commonwealth University
- Consumption of excess fat increases risk for many health problems and diseases. In the present study, 188 undergraduate students were studied to understand self-perceptions of dietary-fat intake and the impact of those perceptions. Findings indicated that the majority of participants had inaccurate perceptions about the amount of fat in their diets. Further, compared to people who overestimated dietary-fat intake, people who underestimated fat intake had lower perceived risk of cancer, had lower intentions to change, and demonstrated less knowledge about the dietary-fat content of many foods. Findings suggest that this unrealistic underestimation of fat intake is a cognitive barrier to dietary change and people who underestimate dietary fat intake may require more intensive intervention to change their diets.
J Cancer Educ. 2001 Summer;16(2):99-104.
Health Promotion Goals for Health

- Cancer prevention in rural youth: teaching goals for health: the pilot.
- Department of Psychology and the Massey Cancer Center, Virginia Commonwealth University
- **BACKGROUND:** The Goals for Health project is designed to change the cancer-related behaviors of tobacco use and dietary fat and fiber consumption. The intervention teaches health and life skills to rural, minority sixth and seventh graders in rural Virginia and New York. This article presents the results of the pilot. **METHODS:** Participants were 129 sixth graders at one rural middle school who were surveyed prior to and following delivery of the pilot sixth-grade intervention. **RESULTS:** Results include significant changes from pre- to post-intervention in several diet and smoking attitude and self-efficacy variables, dietary fat and fiber knowledge, high-fat snack consumption, and dietary fat scores. Multivariate analyses reveal important contributions of personal control over food choices and family and friend influence on change in dietary fat score from pre- to post-intervention. **CONCLUSIONS:** These pilot program results suggest avenues for dietary and cancer prevention interventions in high-risk, rural adolescents.

Nutritional Science in Cancer Prevention

- Development and reproducibility of a brief food frequency questionnaire for assessing the fat, fiber, fruit & vegetable intakes of rural adolescents.
- Department of Preventive Medicine and Community Health, VCU
- **OBJECTIVE:** To describe the systematic development and reproducibility of a food frequency questionnaire (FFQ) designed to meet the specific research requirements of the Goals for Health cancer prevention intervention program for rural middle school children. **DESIGN:** A 4-step process was used to develop a brief FFQ for scoring intakes of total fat, fiber, and fruits and vegetables. The resulting questionnaire consisted of 25 food frequency items and 10 supplemental questions. Reproducibility of the questionnaire was determined by comparing responses at the beginning and end of a 4-month interval. **SUBJECTS:** Study subjects were sixth- and seventh-grade students attending middle schools in rural areas of Virginia and upstate New York. Seventh-grade students participated in the pilot study, and sixth-grade students participated in the reproducibility study. The final version of the FFQ was completed twice by 539 sixth graders. After exclusions for missing and unreliable data, the usable sample size was 415. Boys were somewhat more likely than girls to be excluded for missing data. African-American students comprised 32% of the population. **STATISTICAL ANALYSES PERFORMED:** Each food frequency item was associated with 3 scores—a fat score, a fiber score, and a combined score for the number of servings of fruits and vegetables. Means and standard deviations were determined for nutrient variables, differences between repeat administrations were tested for significance by paired t test, and Pearson correlation coefficients were calculated for nutrients and for individual food items. **RESULTS:** Correlation coefficients for nutrient scores were 0.59 for fat, 0.49 for fiber, and 0.51 for fruits and vegetables. For individual food items, correlations ranged from 0.24 to 0.59 (mean=0.41). **APPLICATIONS/CONCLUSIONS:** Using a systematic approach to developing a study-specific FFQ for rural adolescents is feasible. Further, the reproducibility of the Goals for Health questionnaire was demonstrated for the 3 nutrient scores it was designed to measure. This developmental approach may be readily adapted to other populations, study designs, and nutrients of interest. The validity of the questionnaire remains to be tested.

- **Racial and gender differences in the diets of rural youth and their mothers.**
- **Stanton CA, Fries EA, Danish SJ.**
- Centers for Behavioral and Preventive Medicine, Brown Medical School, The Miriam Hospital
- **OBJECTIVE:** To examine mother-child dietary concordance that may contribute to healthy eating practices critical to cancer prevention in underserved rural families. **METHODS:** A brief food frequency questionnaire was administered to 404 sixth-graders and their mothers in rural Virginia and New York. **RESULTS:** Significant dietary fat concordance rates were indicated for mother-daughter dyads only. A 3-way interaction revealed that African American girls with mothers who report high fat intake are at highest risk for health-compromising dietary behaviors. **CONCLUSIONS:** Interventions may need to differentially motivate male and female adolescents and incorporate familial and cultural influences to promote healthy eating in rural youth.

PsychoOncology. 2004 Feb;13(2):96-105. Biobehavioral Research – Patient Care

- **The role of disclosure patterns and unsupportive social interactions in the well-being of breast cancer patients.**
- **Figueiredo MI, Fries E, Ingram KM.**
- Department of Psychology, Virginia Commonwealth University
- **The purpose of this study was to examine the nature and potential effects of disclosure patterns and unsupportive social interactions in breast cancer patients. Disclosure, the thoughts and feelings people communicate to others, and unsupportive social interactions, the upsetting or unsupportive responses people receive from others, have been infrequently studied in breast cancer patients. Sixty-six early stage breast cancer patients diagnosed less than one year completed a written questionnaire. Results indicated that the women reported confiding in family and friends more than in mental health workers. Fears of recurrence and worries about the effects of the illness on family members were the most important concerns, whereas concerns about body image were the least troublesome. Failure to disclose concerns was associated with low social support, high unsupportive social interactions, and low emotional well-being. Most of the unsupportive responses received from other people were either behaviors of minimizing or distancing. Unsupportive reactions were significantly associated with greater role limitations due to emotional problems and decreased social functioning. Implications for interventions and future research are discussed.**
**Health Communication**

- Gail model risk assessment and risk perceptions.
- Quillin JM, Fries E, McClish D, Shaw de Paredes E, Bodurtha J.
- Massey Cancer Center, Virginia Commonwealth University

Patients can benefit from accessible breast cancer risk information. The Gail model is a well-known means of providing risk information to patients and for guiding clinical decisions. Risk presentation often includes 5-year and life-time percent chances for a woman to develop breast cancer. How do women perceive their risks after Gail model risk assessment? This exploratory study used a randomized clinical trial design to address this question among women not previously selected for breast cancer risk. Results suggest a brief risk assessment intervention changes quantitative and comparative risk perceptions and improves accuracy. This study improves our understanding of risk perceptions by evaluating an intervention in a population not previously selected for high-risk status and measuring perceptions in a variety of formats.

**Biobehavioral & Tobacco Research**

- Differences in food intake and exercise by smoking status in adolescents.
- Wilson DB, Smith BN, Speizer IS, Bean MK, Mitchell KS, Uguy LS, Fries EA.
- Department of Internal Medicine, and Massey Cancer Center, VCU

BACKGROUND: Smoking, diet, and lack of exercise are the top preventable causes of death in the United States. Some 23% of high school students currently smoke and many teens do not meet Healthy People 2010 standards for healthy eating or physical activity. This study examined the relationship between smoking and the consumption of fruit, vegetables, milk/dairy products and the frequency of exercise in 10,635 Virginia youth. METHODS: Survey data were collected from middle school (MS; n = 8022) and high school (HS; n = 2613) adolescents participating in youth tobacco prevention/cessation programs. Data were analyzed using chi-square bivariate tests and multivariate regression models. RESULTS: Smokers were significantly less likely than nonsmokers to exercise ≥ 3x week and to consume ≥ 1 serving/day of vegetables or milk/dairy products. This was more evident in high school than middle school students and in females compared to males. In both HS and MS, a dose-response relationship was detected with higher level smoking associated with lower frequency of eating specified food and exercise. CONCLUSIONS: Smoking is associated with compromised intake of healthy food and exercise. To decrease incident cases of chronic disease later in life, new tailored, innovative interventions are needed that address multiple health behaviors in youth.
Health Promotion Bridge to Better Health

- Cancer prevention among rural youth: building a "bridge" to better health with genealogy.
- Harmon AL, Westerberg AL, Bond DS, Hoy KN, Fries EA, Danish SJ.
- Department of Psychology, Virginia Commonwealth University

BACKGROUND: The Bridge to Better Health (BRIDGE) project is a program that focuses on providing rural high school youth with motivation, knowledge, and skills essential to cancer prevention. In this pilot intervention, we used instruction in personal health genealogy as a means of increasing awareness and knowledge of health risk and motivation to change several screening and cancer-related behaviors. METHODS: We administered a Bridge to Better Health survey to 173 ninth- and 10th-grade students from a rural Southeastern Virginia high school before and after delivery of the BRIDGE pilot intervention. RESULTS: Significant preintervention to postintervention changes were observed for general genealogy knowledge, personal health genealogy, self-efficacy, and intention to practice self-examinations (breast, testicular, and skin) and eating a high-fiber and low-fat diet. CONCLUSION: These project results demonstrate the importance of theory-driven interventions for increasing cancer knowledge and changing cancer-related dietary and screening behaviors.

Main areas of Cancer Control

- Surveillance
- Molecular epidemiology
- Quality of care
- Tobacco control
- Behavioral research
- Energy balance
- Survivorship
- Health disparities

- see researchportfolio.cancer.gov
www.aacr.org
CDC cancer

Comprehensive Cancer Control Program

Cancer Prevention and Control

National Comprehensive Cancer Control Program

Cancer Prevention and Control

CDC has assembled and evaluated a variety of resources that may be useful for those developing or implementing comprehensive cancer control (CCCP) programs.

On this page:
- Cancer Control Plan
- Integrated Cancer Control Plan Samples
- Resources for CCCP Programs
- CCCP Technical Assistance
- Contact CCCP Program
- CCCP Grantee News
- CCCP Progress Report
- CDC-Link

Comprehensive Cancer Control Resource Materials and Publications

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Cancer Control PLANET

This new online portal resource is designed to help health educators, program staff, researchers, and cancer control planners bridge the research and program delivery gap and increase the adoption of research findings in cancer control and prevention programs. In addition to the currently available resources on tobacco control and physical activity, in the near future PLANET will include resources on skin safety, breast, cervical, and colorectal cancer screening, informed decision-making interventions for screening where benefits are uncertain (e.g., prostate cancer), and the role of diet and physical activity.

PLANET is a collaborative effort of the National Cancer Institute (NCI), CDC, the Substance Abuse and Mental Health Services Administration, and the American Cancer Society.

www.sbm.org

27th Annual Meeting & Scientific Sessions

Behavioral Medicine Across the Lifespan

March 22-25, 2016 | San Francisco Marriott | San Francisco, CA

Abstract Acceptance Notification

Rapid Communications Submission Site (Closed)

Support Quotations & Exhibitor Presentations

Deanery | Learning Exercises | Schedule of Activities | Display and Exhibits | Housing and Travel

The 27th Annual Meeting & Scientific Sessions of the Society of Behavioral Medicine (SBM) is Behavioral Medicine Across the Lifespan. Each of the Annual Meeting programs tracks are designed to encourage interdisciplinary participation and new perspectives on issues between health and disease.

The SBM Annual Meeting represents the largest annual scientific conference devoted exclusively to behavioral medicine. The SBM Annual Meeting typically attracts close to 1,000 attendees and includes presentations from a variety of perspectives, including basic laboratory research, health promotion, disease prevention, and treatment, social and behavioral science, aging research, health behavior modification, health policy, and health care delivery.
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National Cancer Institute  cancergov
NIH Cancer Information Service  8004CANCER
Clinical Trials  www.cancer.gov/trialsearch
Cancer News  www.cancer.gov/newscenter
Cancer Science  www.oicr.on.ca
Cancer Progress Report  progressreport.cancer.gov
Cancer Care Map  www.cancer.gov/cancerrxmaps
Surveillance, Epidemiology, and End Results  seer.cancer.gov
NCI CancerNet  cancernet.cancer.gov
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Department of Health and Human Services  www.hhs.gov

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Cancer Imaging Program  imaging.cancer.gov
Cancer site  cancernet.cancer.gov
Developmental Therapeutics Program  dtp.cancer.gov
Nanotechnology  nanotechnology.cancer.gov
Office of Technology and Industrial Relations  oti.cancer.gov

NCI Clinical Trials Programs and Initiatives
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Community Clinical Oncology Program  ccop.cancer.gov
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Cancer Trials Support Unit  www.cts.org

Centers, Networks, and Consortia
NCI Cancer Centers  cancergov/cancercenters
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