

The Cancer Survivor Population

Parry *et al.* _____ Page 1996

In this article, featured in the *CEBP* Focus on Cancer Survivorship Research, Parry and colleagues report on the confluence of the increased size and higher age of the cancer survivor population. The authors collected cancer incidence and prevalence data from 9 registries through the Surveillance, Epidemiology, and End Results Program. They report that, as of January 2008, the number of cancer survivors is estimated at 11.9 million. In addition, approximately 60% of these survivors are age 65 or older, and by the year 2020, an estimated 63% of cancer survivors will be 65 or older. This important study shows the convergence of improved cancer survival and population aging, resulting in a growing population of older adult cancer survivors with unique survivorship needs.

Genetic Susceptibility in Cancer Treatment-Related Adverse Outcomes

Bhatia _____ Page 2048

Considerable interindividual variability exists with regard to the risk of developing an adverse outcome for a given cancer therapeutic. Bhatia presents an overview of the role of genomic variation in the risk of therapy-related complications. The article discusses common outcomes associated with therapeutic exposures, including cardiomyopathy, obesity, osteonecrosis, ototoxicity, and subsequent malignancies. Issues such as study design, definition of endpoints, and a reliable plan for collecting and maintaining high-quality DNA samples are important factors for determining how genetic variation contributes to cancer therapy-related complications.

Fatalism and Cancer Screening Behaviors

Beeken *et al.* _____ Page 2127

Fatalistic beliefs about cancer have been implicated in low uptake of screening and delays in presentation, particularly in individuals with low socioeconomic status (SES). To explore the interrelationship among SES, fatalism, and early cancer detection behaviors, Beeken and colleagues interviewed adults in the United Kingdom. They report that fatalism was associated with being less positive about early cancer detection and more fearful about seeking help for a suspicious symptom. The authors also found that lower SES groups were more fatalistic. This study promotes addressing fatalistic beliefs about cancer, which might be particularly important for lower SES groups.

Breast Cancer Survival Disparities in Canada

Sheppard *et al.* _____ Page 2160

Indigenous populations in Canada and abroad have poorer survival after a breast cancer diagnosis compared with their geographical counterparts. To explore the reasons for this disparity, Sheppard and colleagues used the Ontario Cancer Registry to compare survival after diagnosis in First Nations (FN) women with that of Non-FN women. Although the authors found that survival was more than 3 times poorer for FN women diagnosed at stage I, compared with non-FN women, the risk of death after a breast cancer diagnosis was nearly 5 times higher among FN women with a comorbidity. These findings suggest that having a preexisting comorbidity was the most important factor in explaining the breast cancer survival disparity among FN women.