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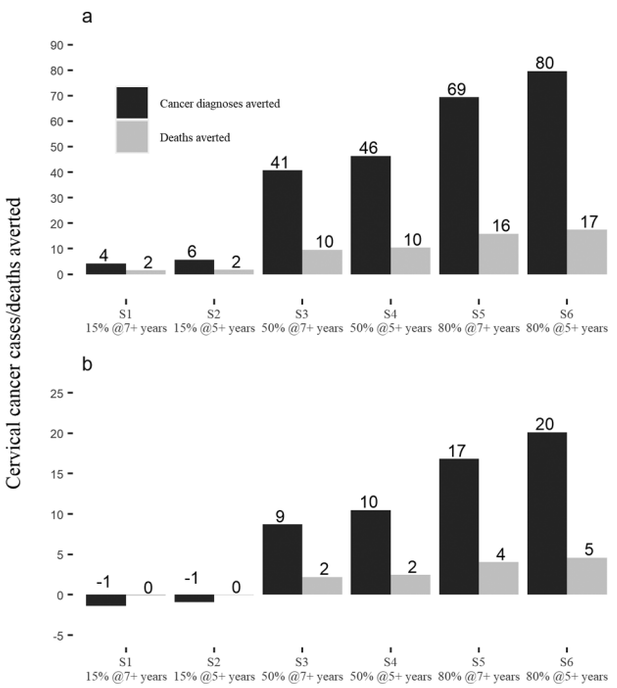
CANCER EPIDEMIOLOGY, BIOMARKERS & PREVENTION

# HIGHLIGHTS

Selected Articles from This Issue




## Could HPV Testing on Self-collected Samples be Routinely Used in an Organized Cervical Screening Program?

**Smith *et al.* | Page 268**

Successful cervical cancer prevention depends on screening participation, which can be sub-optimal and inequitable. Giving women the option to self-collect their screening sample could address this, but there have been concerns about its accuracy. Using a well-established simulation model, this study by Smith and colleagues found that any potential loss in test sensitivity from self-collection is likely outweighed by the benefits resulting from increased screening participation. This study provides reassurance that self-collection could be offered as an equal choice, centring screening around women's preferences. This would likely make cervical screening more accessible for all women, improve equity, and expedite cervical cancer elimination.

## Obstructive Sleep Apnea and Incident Cancer

**Kendzerska *et al.* | Page 295**

Despite compelling potential pathogenetic mechanisms, epidemiological evidence of link between obstructive sleep apnea (OSA) and cancer has been inconsistent. Kendzerska and colleagues conducted a multicenter cohort study using linked clinical and health administrative data from over 30,000 adults with suspected OSA free of cancer at baseline who underwent a diagnostic sleep study between 1994 and 2017. After controlling for confounders, the authors found severe OSA and nocturnal hypoxemia to be associated with a 15% and 30% increased hazard of developing cancer, respectively. These findings support an association between OSA and cancer–likely through intermittent hypoxemia and/or sleep fragmentation. They suggest that greater cancer risk awareness could benefit individuals with OSA. Future research should clarify how OSA causes cancer and if OSA treatment can reduce its risk.

## Racial/ethnic Disparities in Survival after Breast Cancer Diagnosis by ER/PR Status

**John *et al.* | Page 351**

Racial/ethnic mortality disparities after breast cancer diagnosis persist. John and colleagues investigated mortality disparities for breast cancer defined by tumor estrogen receptor (ER) and progesterone receptor (PR) expression. Among women with ER/PR positive breast cancer, breast cancer-specific mortality was higher in African-American women than non-Hispanic White (NHW) women, but did not differ in Hispanic and Asian-American women. Treatment in non-accredited hospitals, lower education, and residence in lower socioeconomic neighborhoods were associated with higher mortality in African-American women compared to NHWs. Quality of care and social determinants likely contribute to survival disparities in women with ER/PR positive breast cancer.

## Composite Score of Healthy Lifestyle Factors and Risk of Hepatocellular Carcinoma

**Luu *et al.* | Page 380**

While the associations between individual lifestyle factors and risk of hepatocellular carcinoma (HCC) have been described previously, their combined impact on hepatocellular carcinoma (HCC) risk is unknown. Luu and colleagues used data from the Singapore Chinese Health Study to evaluate the association between the composite score of healthy lifestyle factors, including BMI, alcohol consumption, cigarette smoking, alternative Mediterranean diet, and sleep duration, and HCC. Those in the highest score had 0.67 times the hazard of HCC compared to the lowest score, and this association remained among HBsAg negative and anti-hepatitis C virus negative individuals. This highlights the importance of a comprehensive lifestyle modification strategy for HCC primary prevention.