

## Diet Influences Breast Cancer Survival

George *et al.* \_\_\_\_\_ Page 575

To evaluate whether adherence to dietary recommendations is associated with mortality, George and colleagues examined diets in breast cancer survivors and their association with all-cause and cause-specific mortality. This Women's Health Initiative study included women diagnosed with invasive breast cancer who completed food frequency questionnaires. Women consuming better-quality diets had a 26% lower risk of death from any cause and a 42% lower risk of death from non-breast-cancer causes. Better diet quality was also associated with a reduced risk of all-cause mortality among women with ER+ tumors.

## Fertility Drugs and Breast Cancer Risk

Brinton *et al.* \_\_\_\_\_ Page 584

Some fertility drugs stimulate ovulation and raise estradiol levels, but their effect on breast cancer risk is unclear. Brinton and colleagues examined the association of ovulation-stimulating drugs and breast cancer. Ever use of clomiphene citrate was not associated with elevated breast cancer risk. However, higher risks were seen for patients who received multiple fertility drug cycles. Since these drugs are primarily used by relatively young women, these findings warrant additional studies.

## Prostate Cancer Genetics Predict Response to Therapy

Fontugne *et al.* \_\_\_\_\_ Page 594

*ERG* gene rearrangements and *PTEN* gene deletions occur frequently in prostate cancer. In this study, Fontugne and colleagues evaluated the association of *ERG* rearrangements and *PTEN* deletions with oncologic outcomes in prostate cancer patients treated with brachytherapy. Patients with concurrent *ERG* rearrangement and *PTEN* deletions demonstrated significantly worse relapse-free survival rates compared to those with wild-type *ERG* or *PTEN*. In addition, combined *ERG* rearrangements and *PTEN* deletions was independently associated with biochemical recurrence.

## Colonoscopy Screening in High-Risk Families

Lowery *et al.* \_\_\_\_\_ Page 601

Although individuals with a strong family history of colorectal cancer (CRC) have a significant risk for CRC, adherence to colonoscopy screening in these groups is low. Lowery and colleagues assessed whether a tailored, telephone counseling intervention can increase adherence to colonoscopy in high-risk families. The authors report that colonoscopy adherence increased 11 percentage points in the tailored, telephone intervention group, compared to no change in a group that received a mailed intervention. In addition, the telephone intervention was associated with a 32% increase in screening adherence compared to the mailed intervention.