

PF and ALEF and higher diet quality was associated with higher BLEF. Conclusion Symptom severity of older, overweight cancer survivors negatively affects physical function. However, greater weight loss and physical activity were associated with higher functioning scores, regardless of symptom severity. Findings build from the recent emphasis on the negative effects of obesity on survivor outcomes to highlight weight loss as an important factor in maintaining function in older cancer survivors.

Published online April 1, 2015.

doi: 10.1158/1055-9965.EPI-15-0112

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Racial Disparity in Receiving a Physician Recommendation for Human Papillomavirus Vaccine among US Adolescent Girls: Trend from 2008 to 2012

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To examine the trend of racial disparity in receiving a physician recommendation for human papillomavirus (HPV) vaccine among US adolescent girls. Methods: We analyzed National Immunization Survey of Teens (NIS-Teen) 2008–2012 data and examined the trend of racial disparity in receiving a physician recommendation for HPV vaccine among 13–17 year old US adolescent girls. Results: Overall, the weighted proportion of girls who received a physician recommendation was 49.2%, 57.0%, 54.9%, 58.8% and 65.3% in 2008, 2009, 2010, 2011 and 2012, respectively (p for trend < 0.001). The respective weighted proportion for non-Hispanic white, non-Hispanic black and Hispanic girls were: 53.6%, 60.7%, 59.0%, 63.4% and 70.2%; 42.7%, 50.0%, 46.3%, 52.5% and 62.8%; and 40.0%, 50.8%, 48.0%, 51.4% and 56.5% ($P < 0.001$ for all 5 years). After adjusting for demographic characteristics, separate weighted analysis for each year of data showed that non-Hispanic black and Hispanic girls were less likely to receive a physician recommendation than non-Hispanic white girls ($P < 0.01$ for all 5 years). However, there was no significant difference between Non-Hispanic black and Hispanic girls ($P > 0.05$ for all 5 years). Conclusions: Reasons for racial disparity in receiving a physician recommendation need to be identified and addressed to achieve the desired level of HPV vaccine uptake among US adolescent girls, irrespective of race/ethnicity.

Published online April 1, 2015.

doi: 10.1158/1055-9965.EPI-15-0113

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Charitable Food Distribution Sites Offer Novel Opportunities for Cancer Prevention Research and Intervention Among Vulnerable, Hard-to-reach, and Underserved Populations

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People who live in food-insecure households face significant unmet health needs. At the same time, this population may be under-represented in clinical research studies because of the population's limited and intermittent engagement with the

health care system. We describe preliminary results of a research partnership between UT Southwestern Medical Center (UTSW) and Crossroads Community Services (CCS), the largest charitable food distributor of the North Texas Food Bank. The goal of the study is to improve understanding of this population's health- and mammography-related needs, knowledge and service utilization. Eight structured focus groups were conducted in English ($n = 4$) and Spanish ($n = 4$) at CCS. Discussions focused on 13 open-ended questions designed to solicit group communication about members' health status, healthcare access, mammography awareness and utilization, and attitudes toward participation in future health research. Participants included 42 CCS clients, about 90% of whom were Hispanic or African-American women. Key findings include: (1) Participants reported multiple co-morbid conditions among themselves and household members, yet utilization of health services was cost-dependent and often limited to emergency triage. (2) Many participants did not know what a mammogram was and utilization was closely linked to having health insurance, which most did not. (3) Despite reporting numerous daily life challenges, the majority were interested in participating in future research-related focus groups as a means of communicating their health needs and obtaining information and emotional support from peers. Recruitment from charitable food distribution sites will target a high-need, underserved population. The community-academic partnership between CCS and UTSW has created a robust foundation for cancer prevention research that has already produced important insights about the population's needs and willingness to participate in research. Ongoing research is focused on implementing longitudinal health assessments of CCS clients. These data will be used to guide future interventions to increase awareness and utilization of cancer prevention services, e.g. mammography, in a population facing multiple barriers to care.

Published online April 1, 2015.

doi: 10.1158/1055-9965.EPI-15-0114

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Can the "Hispanic Paradox" Shed Light on Childhood Cancer Risk?

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The "Hispanic epidemiologic paradox" is the commonly observed phenomenon that foreign-born Hispanic mothers who emigrate to the United States have consistently good pregnancy outcomes, such as decreased rates of low birthweight, despite high levels of poverty. We examined whether this advantage extends to childhood cancer risk. Methods: The study included all children born in California from 1983–2007. Birthrolls were linked to California Cancer Registry records of children ages < 6 who were diagnosed with cancer 1988–2007 ($N = 8710$ cases, 9,519,438 controls). The mother's Hispanic origin, ethnic ancestry, and country of birth were ascertained from the birth certificate. We used Cox proportional hazard models to estimate the risk for cancer based upon maternal birthplace and ethnic ancestry. Models stratified by tumor subtype and adjusted for maternal and paternal age. Summary of results: The children of foreign-born Hispanic women had lower rates of several cancers [acute lymphoblastic leukemia (ALL; odds ratio (OR) = 1.05, 95% confidence interval (CI) = 0.96–1.14); glioma (OR = 0.51,

95% CI, 0.43–0.59); neuroblastoma (OR = 0.46, 95% CI, 0.39–0.55)] in comparison to the children of US-born Hispanic women [ALL (OR = 1.23, 95% CI, 1.11–1.37); glioma (OR = 0.75, 95% CI, 0.62–0.90); neuroblastoma (OR = 0.63, 95% CI, 0.51–0.78); referent group was the children of US-born Whites]. The odds for rhabdomyosarcoma and acute myeloid leukemia were equivalent between Hispanics regardless of maternal place of birth. Hepatoblastoma was higher among the children of foreign-born mothers (OR = 1.35, 95% CI, 0.87–2.10) than those of US-born Hispanic mothers (OR = 0.93, 95% CI, 0.56–1.55) while bone tumors were higher among the children of US-born mothers (OR = 2.08, 95% CI, 1.11–3.88) compared to the children of foreign-born mothers (OR = 0.73, 95% CI, 0.38–1.41). Conclusions: With notable exceptions, the children of foreign-born Hispanic mothers tended to have cancer rates lower than those of US-born Hispanic mothers. Risk factors identified as driving the Hispanic paradox may be fruitful for study among these childhood cancer types.

Published online April 1, 2015.

doi: 10.1158/1055-9965.EPI-15-0115

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Are Women Willing to Change Breast Cancer Screening Guidelines?

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This purpose of this study is to evaluate the willingness of women to change their breast cancer screening practices if given personalized recommendations based on risk factors such as breast density, family history and lifestyle. Methods: A random sample of 1,024 Virginia women between age 35–70 years and without breast cancer, reached by landline and cell phone, completed a 24-minute interview. Results: Just over half (54.6%) of women are definitely or probably willing to reduce their frequency of breast cancer screening if provided with personalized recommendations. This compares to 81.9% who are definitely or probably willing to increase screening. The most cited disadvantage for reduced screening was delayed detection of breast cancer (77%) while the most cited advantage for increased screening is earlier detection (82%). Women are willing to change their type of screening (92.3%). Women who were more likely to be willing to reduce screening are those with a lower perceived risk of breast cancer, less familiarity with risk factors and recommendations. When asked what they needed to know to make a change, women cited advice of a doctor (52.1%), research/evidence (38.9%) and comparison with old recommendations (22.5%) most frequently. Advice of a radiologist was only stated by 2.3% of the women. Conclusions: These results suggest that most women will be willing to change their breast cancer screening frequency especially if recommended by their primary care physician. Women do not view their radiologist as having a primary role in delivering screening recommendations; this underscores the need to educate primary healthcare providers regarding breast screening recommendations.

Published online April 1, 2015.

doi: 10.1158/1055-9965.EPI-15-0116

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Associations of Obesity with Prostate Cancer Risk Differ Between U.S. African-American and Non-Hispanic White Men: Results from the Selenium and Vitamin E Cancer Prevention Trial

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African-American (AA) men have the highest rates of prostate cancer incidence and mortality in the US. Understanding underlying reasons for this disparity could identify preventive interventions important to AA men. PURPOSE: To determine whether the association of obesity with prostate cancer risk differs between AA and non-Hispanic white (NHW) men and whether obesity modifies the excess risk associated with AA race. METHODS: This is a prospective study among 3398 AA and 22673 NHW men who participated in the Selenium and Vitamin E Cancer Prevention Trial (2001–2011). Using Cox regression, we estimated hazard ratios (HRs) and corresponding 95% confidence intervals (CIs) associated with AA and NHW race and body mass index (BMI) [kg/m²] on total, low- (Gleason score <7), and high-grade (Gleason score ≥7) prostate cancer incidence while adjusting for relevant covariates. RESULTS: There were 270, 148, and 88 cases of total, low-, and high-grade prostate cancers among AA men and a corresponding 1453, 898, and 441 cases in NHW men (median follow-up of 5.6 years). BMI was not associated with risk of total cancer among NHW men, but was positively associated with risk among AA men (BMI < 25 kg/m² vs. ≥35 kg/m², HR = 1.49; 95% CI, 0.95–2.34; Ptrend = 0.03). Consequently, the risk associated with AA race increased from 28% (HR = 1.28; 95% CI, 0.91–1.80) among men with BMI < 25 kg/m² to 103% (HR = 2.03; 95% CI, 1.38–2.98) among AA men with BMI ≥35 kg/m² (Ptrend = 0.03). BMI was inversely associated with low-grade prostate cancer risk among NHW men (BMI < 25 kg/m² vs. ≥35 kg/m², HR = 0.80; 95% CI, 0.58–1.09; Ptrend = 0.02), but positively associated with risk among AA men (BMI < 25 kg/m² vs. ≥35 kg/m², HR = 1.77; 95% CI, 1.14–2.76; Ptrend = 0.05). BMI was positively associated with risk of high-grade prostate cancer in both NHW (BMI < 25 kg/m² vs. ≥35 kg/m², HR = 1.33; 95% CI, 0.90–1.97; Ptrend = 0.01) and AA men (BMI < 25 kg/m² vs. ≥35 kg/m², HR = 1.81; 95% CI, 0.79–4.11; Ptrend = 0.02), but associations were not significantly different. CONCLUSION: Obesity is more strongly associated with increased prostate cancer risk among AA than NHW men and reducing obesity among AA men could reduce the racial disparity in cancer incidence. Research is needed to test mechanisms underpinning these associations.

Published online April 1, 2015.

doi: 10.1158/1055-9965.EPI-15-0117

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