

Abstracts

CANCER

P001

ATTITUDES TOWARDS PARTICIPATION IN A POPULATION-BASED EPIDEMIOLOGIC STUDY: RESULTS FROM FOCUS GROUPS

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PURPOSE: To identify attitudes towards participation in a federally-funded, population-based epidemiologic study of kidney cancer.

METHODS: Four 90-minute focus groups were conducted with Caucasians and African-Americans aged 50 years or older, residing in the metropolitan areas of Detroit, Michigan and Chicago, Illinois. Moderators followed an interview guide developed by the principal investigators. Each focus group was videotaped and audio-taped. Written transcripts were analyzed for thematic content.

RESULTS: A total of 41 subjects (22 white, 19 black) participated in the focus groups. While the majority of participants felt that medical research was helpful, financial incentives provided the greatest motivation to participate in a study in absence of direct medical benefit. A major concern about providing biologic specimens and access to medical records was loss of privacy, extending to job security and health insurance discrimination. Participants also had negative reactions to both telephone and mail contact, which would be perceived as telemarketing calls or "junk" mail. Many expressed concern that their personal information would be sold to market research companies. It was also suggested that when marketing the study, it would help to be affiliated with a local hospital or university. A local entity was perceived as more credible, and more likely to result in local health benefits. The general attitude toward the federal government was one of skepticism. Few objected to providing blood or buccal cells for the study, but the majority stated they would not want biologic specimens to be collected in their homes.

CONCLUSION: Future recruitment efforts should place greater emphasis on explaining to potential participants issues related to confidentiality and access to demographic, health or other information. Employing multiple methods of contact may be necessary to increase response rates.

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P002S

BREAST CANCER ETIOLOGY BY ESTROGEN AND PROGESTERONE RECEPTORS STATUS: A REVIEW

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PURPOSE: The clinical behavior of breast cancers that express estrogen (ER) and progesterone receptors (PR) differ, but it is uncertain whether these tumors are etiologically distinct.

METHODS: We systematically reviewed 22 published cohort and case-control studies that examined breast cancer risk factors by ER and PR status.

RESULTS: Published data suggest that risk factor profiles for receptor positive and negative breast cancers differ modestly, although small sample sizes have resulted in many imprecise risk estimates. Compared to nulliparous women, parous women were at reduced risk of ER(+) but not ER(-) breast cancers in 6 of 8 studies reviewed. Risk estimates ranged from 0.5-0.8, with the greatest reductions noted for multiparous women. Older age at first birth (30+ vs. <20 or <25 years) was associated with an elevated risk of ER(+) but not ER(-) breast cancers in 5 of 7 studies reviewed, with risk estimates ranging from 1.6-2.6. The highest risks were observed for those with late ages at first birth. Breast cancers that were classified as positive for both ER and PR were particularly affected by postmenopausal obesity (3 of 3 studies showed risk estimates of 1.5-2.5 for high vs. low body mass index), and younger ages at menarche (3 of 4 studies showed risk estimates of 1.3-1.4 compared to older ages). Limited data suggest that ever use of oral contraceptives among young women was associated with an increased risk of ER(-) breast cancers, with less of an effect on ER(+) breast cancers. Risks associated with breastfeeding, hormone replacement therapy, alcohol consumption, cigarette smoking, family history of breast cancer, or premenopausal obesity did not differ by receptor status.

CONCLUSION: Hormone receptor-defined breast cancers may be etiologically heterogeneous. Large studies using standardized methods for receptor analysis are needed to clarify these findings.

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P003S

QUALITY-OF-LIFE AND SURGICAL TREATMENTS FOR RECTAL CANCER—AN ANALYSIS USING THE CALIFORNIA CANCER REGISTRY

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PURPOSE: Surgery is the primary method of treatment for rectal cancer. The most common surgical treatments for stage II and III rectal cancer are a sphincter-ablating procedure, abdominoperineal resection (APR) and a sphincter-sparing surgery, low anterior resection (LAR). Recently, curative treatment options have improved with increasing sophistication and more surgeons are using the sphincter-sparing surgery at lower levels in the rectum. Evolving treatments provide an important opportunity for evaluating health related quality-of-life (HRQOL). The purpose of this study is to investigate the effect of type of surgery for rectal cancer patients in Northern California on their HRQOL by location of tumor.

METHODS: Through the case-finding mechanisms of the California Cancer Registry (CCR), all persons aged 40-84 diagnosed with invasive rectal cancer between April 1999 and June 2000 in Northern California were identified. Patients who agreed to be interviewed were administered a survey to assess HRQOL, the Functional Assessment of Cancer Therapy—colorectal subscale instrument (FACT-C). HRQOL score consists of physical, social, emotional, functional and colorectal domains and a total score (the sum of domains). To take into account the correlated HRQOL domains simultaneously, we conducted a multivariate analysis.

RESULTS: One-hundred and fifty-nine rectal cancer patients undergoing surgery participated in the survey. Sixty-nine percent underwent LAR and 31% underwent APR. Although there was no difference in the total HRQOL score between the two surgery types ($p = 0.24$), there are indications that type of surgery and