

CANCER PREVENTION RESEARCH

TABLE OF CONTENTS

SPOTLIGHTS

- 557 Can a Banana a Day Keep the Cancer Away in Patients with Lynch Syndrome?**
Ajay Bansal, Robert Montgomery, and Eduardo Vilar
See related article, p. 623
- 561 What Are the Factors Underlying Colorectal Cancer Health Disparities?**
Jessica L. Petrick, Lauren E. Barber, and Lynn Rosenberg
See related article, p. 595
- 565 Aspirin for Colorectal Cancer Prevention: Age Matters**
Imad Shureiqi
See Cancer Prev Res 15(7):447–53

REVIEW

- 569 Urgent Need for Novel Investigations of Treatments to Quit E-cigarettes: Findings from a Systematic Review**
Amanda M. Palmer, Sarah N. Price, Madeline G. Foster, Brandon T. Sanford, Lisa M. Fucito, and Benjamin A. Toll

RESEARCH ARTICLES

- 581 Reversing the Genomic, Epigenetic, and Triple-Negative Breast Cancer-Enhancing Effects of Obesity**
Laura W. Bowers, Steven S. Doerstling, Meghana G. Shamsunder, Claire G. Lineberger, Emily L. Rossi, Stephanie A. Montgomery, Michael F. Coleman, Weida Gong, Joel S. Parker, Anthony Howell, Michelle Harvie, and Stephen D. Hursting
Obesity is an established risk and progression factor for triple-negative breast cancer (TNBC). Given rising global rates of obesity and TNBC, strategies to reduce the burden of obesity-driven TNBC are urgently needed. We report the genomic, epigenetic, and procancer effects of obesity are reversible by various calorie restriction regimens.

595 Sociocultural Factors, Access to Healthcare, and Lifestyle: Multifactorial Indicators in Association with Colorectal Cancer Risk

Shaneda Warren Andersen, Wei Zheng, Mark Steinwandel, Harvey J. Murff, Loren Lipworth, and William J. Blot

Colorectal cancer risk may be reduced through screening, higher educational attainment and performing more health behaviors. Importantly, our data show that colorectal cancer screening is an important colorectal cancer prevention strategy to eliminate the racial disparity in colorectal cancer risk.

See related Spotlight, p. 561

605 Quantifying the Effect of Physical Activity on Endometrial Cancer Risk

Sarah J. Kitson, Olivia Aurangzeb, Jawaria Parvaiz, Artitaya Lophatananon, Kenneth R. Muir, and Emma J. Crosbie

Effective, low-cost primary prevention strategies are urgently needed to tackle the rapid global increase in endometrial cancer. We sought to quantify the effect of physical activity on endometrial cancer risk, noting a linear inverse relationship influenced by body mass index. The most beneficial type and amount of activity remain unclear.

623 Cancer Prevention with Resistant Starch in Lynch Syndrome Patients in the CAPP2-Randomized Placebo Controlled Trial: Planned 10-Year Follow-up

John C. Mathers, Faye Elliott, Finlay Macrae, Jukka-Pekka Mecklin, Gabriela Möslin, Fiona E. McRonal, Lucio Bertario, D. Gareth Evans, Anne-Marie Gerdes, Judy W.C. Ho, Annika Lindblom, Patrick J. Morrison, Jem Rashbass, Raj S. Ramesar, Toni T. Seppälä, Huw J.W. Thomas, Harsh J. Sheth, Kirsi Pylvänäinen, Lynn Reed, Gillian M. Borthwick, D. Timothy Bishop, and John Burn; on behalf of the CAPP2 Investigators

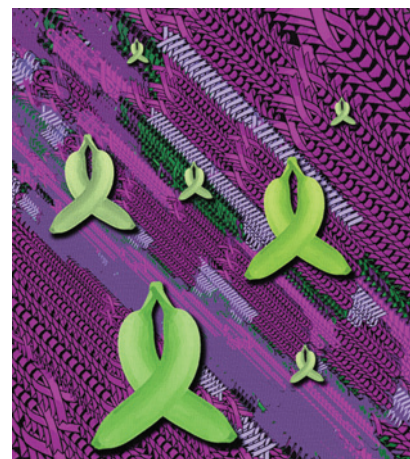
Regular bowel screening and aspirin reduce colorectal cancer among patients with LS but extracolonic cancers are difficult to detect and manage. This study suggests that RS reduces morbidity associated with extracolonic cancers.

See related Spotlight, p. 557

TABLE OF CONTENTS

ABOUT THE COVER

People with Lynch syndrome (LS) are at higher risk of cancer at multiple sites because of an inherited defect in a gene encoding one of proteins responsible for DNA mismatch repair. In this long-term follow-up of nearly 1000 people with LS who had been randomised to a supplement of resistant starch (RS; a form of dietary fibre) for mean 29 months, those given RS had fewer non-colorectal LS cancers than those randomised to placebo as shown by Mathers and colleagues starting on page 623. The reduced risk appeared to be particularly pronounced for cancers of the upper gastrointestinal (GI) tract (pancreas, bile duct, stomach and duodenum). This finding has important potential implications for the management of patients with LS because surveillance for such upper GI cancers is challenging and survival after upper GI cancer diagnosis is much lower than for other LS cancers, including colorectal cancer. Since LS appears to be a useful model for cancer in the general population, the findings from this study should stimulate research on RS (and, by analogy, dietary fibre) and risk of non-colorectal cancers. The cover background symbolises the inherited DNA damage that causes LS and depicts slightly under-ripe bananas as an example of a food that is rich in RS.



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