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Training Grant in Epidemiology and Prevention of Breast Cancer

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We propose a training grant to recruit and train two postdoctoral students and three physicians. These trainees will acquire skills in the epidemiology and prevention of breast cancer. They will work closely with mentors who have a long track record of training epidemiologists. The funding will allow our research group to focus specific training opportunities on breast cancer. The ongoing epidemiologic studies and prevention trials offer a unique resource in which trainees can participate in cutting edge research and acquire skills that will establish them as future leaders.
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Introduction

We have proposed a training grant to recruit and train two doctoral students and three physicians. These trainees will acquire skills in the epidemiology and prevention of breast cancer. They will work closely with mentors who have a long track record of training epidemiologists. The funding will allow our research group to focus specific training opportunities on breast cancer. The ongoing epidemiologic studies and prevention trials offer a unique resource in which trainees can participate in cutting edge research and acquire skills that will establish them as future leaders.
Approved Statement of Work (italicized)

We will advertise and recruit one predoctoral candidate for the first year of this proposed training program. We did not recruit in the first year (year one was expected to begin 7/1/00) due to funding not being received until September 2000 we were delayed in starting the recruitment process.

We will advertise and recruit one physician for a 2-year training opportunity that includes course work in the first year and research on one of the ongoing studies in the second year. We have recruited Dr. Ann Partridge, MD whose research focuses on the assessment, perception and communication of breast cancer risk as well as other aspects of provider-patient communication in oncology. Other projects she is involved in include breast cancer prevention and adherence with oral antineoplastic agents. This year she was involved in starting a breast cancer chemoprevention study in conjunction with the Cancer Risk and Prevention Clinic at Dana-Farber and the Nurses' Health Study. This study, a randomized placebo controlled trial, will assess the safety and feasibility of utilizing an aromatase inhibitor for breast cancer prevention in women who are at high risk for breast cancer based on an elevated estradiol level. See the reportable outcomes section for other recent accomplishments.

We will recruit a second predoctoral candidate to begin training in the second year. During the second year we will advertise for two physicians to begin training in the third year. We have recruited two predoctoral students, Heather Baer and Heather Eliassen, to make up for the first year. We have not begun to recruit the two physicians for the third year.

During the first year we will develop and implement an advanced seminar in breast cancer. This will bring new depth to course work not previously available at the Harvard School of Public Health. This seminar will cover topics in detail and will span from basic biology of the breast, to early lesions, epidemiologic risk factors, statistical models of breast cancer incidence and issues in risk stratification and counseling for prevention. The Breast Cancer Program of Dana Faber/Harvard Cancer Center has run a monthly seminar in unsolved research issues for Breast Cancer. This has been attended by the physician-trainee.
Key Research Accomplishments

• We have successfully recruited two pre-doctoral fellows.
• We have successfully recruited a post-doctoral, physician trainee.
• We have our physician trainee attending an advanced seminar in breast cancer.
Reportable Outcomes

• Abstract with Dr. Ann Partidge as first author (1)(Appendix A).

• Oral Presentation of this abstract (1) by Dr. Partridge at the American Society of Clinical Oncology (ASCO) which resulted in a Merit Scholarship from ASCO.

• Dr. Partridge also received an ASCO Young Investigator's Award for another project entitled "Oncologists' practices, preferences, and attitudes regarding providing clinical trial participants feedback on the results of trials". She hopes to begin this trial in the coming weeks.
Conclusions

Training that is focused on breast cancer epidemiology and prevention is essential to establish the next generation of leaders is translational research that will speed the prevention of breast cancer through application of our growing knowledge base. A training program that builds on the strong epidemiological research already ongoing at Brigham and Womens' Hospital and bridges to the clinical setting will provide trainees with both quantitative skills and a detailed understanding of issues in translation form research to clinical practice. We are recruiting on schedule now and our trainees are proving to be very worthy of being selected for this program as is exemplified by Dr. Partridge's research.
References

1. Non-Adherence with Adjuvant Tamoxifen Therapy in Women with Early Stage Breast Cancer. A. H. Partridge, P. S. Wang, E. P. Winer, J. L. Avorn, Dana-Farber Cancer Institute, Boston, MA; Brigham and Women's Hospital, Boston, MA
Disclosures: This abstract was presented at the 2015 ASCO Annual Meeting.

Title:  The Effect of Hospital Volume and Socioeconomic Status on Colorectal Anatomy: Recanalization Rates in Rectal Cancer

Authors:  D. C. Hooper, W. Zhang, C. C. Fuch, A. M. Zaslansky, Y. B. Caob, J. Z. Aydinian, Princess Margaret Hospital, Toronto, ON, Canada; Department of Health Care Policy, Harvard Medical School, Boston, MA; Geisinger Cancer Institute, Geisinger Medical School, Boston, MA; California Cancer Registry, Sacramento, CA

Background: Rectal cancer patients, colectomy is associated with significant impairment of quality of life. There is little evidence about the impact of surgical case-volume or patient demographics on the risk of underestimation.

Methods: From the California Cancer Registry, we identified 7,047 patients with stage I-III rectal cancer undergoing surgery from 1994-1997. Surgical procedures were identified from hospital discharge abstracts. The outcome measure was the performance of colectomy within 4 months of diagnosis and in receipt of one year. We stratified by patient age, sex, race, comorbidity, socioeconomic status (SES), tumor stage by location using multiple logistic regression. SES was measured using the proportion of adults with a college degree in a patient's zip code. Patients undergoing surgery in hospitals with greater case-volume, or living in higher SES areas were significantly less likely to undergo permanent colectomy in unadjusted (P=0.001). Adjusted analyses with specific independent predictors were male gender, non-African American race, advanced tumor stage, distal tumor location and greater comorbidity. Conclusion: Greater hospital case-volume and higher SES are associated with a lower risk of undergoing permanent colectomy. The practice patterns underlying these findings should be investigated to ensure that sphincter preservation can be achieved for all eligible patients.