HPM/HBEH 765, EPID 772

Cancer Prevention and Control Seminar – Spring 2019

Class Location: 2305 McGavran-Greenberg

Meeting Times: Tuesdays/Thursdays: 9:30 – 10:45 PM

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Sarah Mills (sarahmills@unc.edu) – TA

Objectives

This seminar is an introduction to the science and practice of cancer prevention and control. The course emphasizes current controversies and events, with a focus on the interdisciplinary nature of the field. Because cancer prevention and control encompasses a multitude of topics, the course is not comprehensive. Instead, our objective will be to gain content expertise in selected topics. We will also seek to develop our ability to critique journal articles, engage in scientific discussion and debate, and learn about cancer-related topics through one-on-one interviews.

Assignments and Grading - Summary

This course is a seminar. We assume participants to constitute a "community of learners" with each individual bringing valuable professional perspectives and experiences to the group. Public health research and practice are inherently social endeavors. Thus, we will read journal articles not as facts on a page, but instead as socially-constructed arguments to be critically evaluated. Most sessions will feature short student presentations and class discussions, which will focus on the assigned readings. In addition, several experts in cancer prevention and control will be guest speakers.

The course has three graded assignments.

1. **Seminar Presentations and Participation (40%)**
   The purpose of the seminar presentations is to gain knowledge and to stimulate discussion of issues in cancer prevention and control. For most seminar sessions, we will read three articles, with each article assigned to one of the class's reading groups for closer study. A representative from each group will present and critique the assigned article. Over the course of the semester, students are expected to make an equal (or a nearly equal) number of seminar presentations. Students are also expected to contribute to each class discussion.

2. **Debates (30%)**
   Each student will participate in one of two in-class debates as part of a team. The topic for each debate will be a current controversy in cancer prevention and control that the NC Advisory Committee on Cancer Coordination and Control must confront. Each group will constitute a team of experts representing the 'pro' or 'con' side of the issue. Groups will try to convince the Committee to adopt their position on the issue.

3. Informational interviews (30%)

Each student will conduct an informational interview to explore a cancer-related topic of his or her choice. The assignment will include the development of an interview guide (10%) and a brief (~3 page) report, summarizing and reflecting on themes from the interview (20%).

Assignments and Grading – Detail

Readings and Presentations

Students are expected to read all articles prior to class (unless marked "optional"). Please pay special attention to articles that are assigned to your reading group, as you may be asked to comment on methods, findings, or key discussion points in class.

A representative from each group will take **5 minutes** to present the main ideas and offer a brief review of the paper's/study's strengths and weaknesses. Each group will decide who should make the presentation on a given date, with each member presenting about the same number of times during the semester. It's up to the group to determine the extent to which you will collaborate or work independently to prepare. Some groups may choose to meet outside of class, while others may prefer to share notes a day or two before class for feedback. Your group will find the model that suits your styles and schedules. You do not need PowerPoint slides for your presentations. If you use visuals, please keep them simple and limited to handouts. Following all the presentations, the class as a whole will discuss the general themes of the articles, and address questions, comments, etc.

- Grading will be for the individual, not for the group as a whole. The grade will be based 80% on quality of content (how well you described and critiqued the article) and 20% on quality of presentation (clarity, organization, style).

We will use Michael O'Malley's Seminar Presentation Guidelines:

#1 Relax.

#2 Do the impossible. Briefly tell us what we should know about the article. You will have 5 minutes to present. Focus on the most important issues, including:

- ***Basic Facts.*** Who did the study, when, where? What kind of a study was it -- case/control, randomized controlled trial, etc? How big was it? Who paid for it?
- ***Purpose.*** What is/are the main point(s) of the study? What is the main hypothesis?
- ***Results.*** What are the most important findings?
- ***Good, Bad, Ugly.*** What are the study's major strengths and weaknesses?
- ***Punch Line.*** Given the above, what is the study's conclusion and do you buy it?
- ***Why Should We Care?*** What is the study's relevance for cancer prevention and control? Or, why did we have you read this?
- ***What else?*** *Please conclude with a good discussion question.*

Most articles will lend themselves to the above outline, but a few will more closely

resemble review or data summary articles. Do your best. And, whenever possible, resist the temptation to conclude with "more research is needed."

#3 Re-read Rule #1.

Guest Speaker Days

Guest speakers will present then answer questions or lead discussion, staying with the class for 40-50 minutes. Readings are assigned for most guest speaker days, but we will *not* have student presentations. In addition to readings, please look over our guests' bios in advance and prepare 1-2 discussion questions based on what you learn about their work.

Debate Process

We will devote two class sessions to debates. The NC Advisory Committee on Cancer Coordination and Control is meeting with us to consider adopting a policy position on two issues.

In a semi-formal point/counterpoint discussion, the Committee has given each expert group 12 minutes to present a case using PowerPoint (or other visual aids) for or against the position. The first group to present will be decided by a random process (coin flip).

Following the initial presentations, each group will have 3 minutes to collect thoughts and then 5 minutes for rebuttal of the opposing viewpoint. Following the rebuttals, each group will have 3 minutes to collect thoughts and then present a 2 minute concluding summary.

Following the presentations, rebuttals, and summaries, the moderator will allow questions from the Committee. Questions will be directed to one group or the other; however, both groups will be allowed to respond. Finally, the Committee will vote whether to adopt the policy position. We'll *really* have to stick precisely to the time guidelines. Please arrive with enough time to load PowerPoint presentations before class. Be prepared to start right away at 9:30.

Steps in debate process	**Time**
Committee votes on issue. Tallies kept secret.	3
First debate group presents its case.	12
Second group presents opposing position.	12
Debators collect their thoughts.	3
Second group rebuttal	5
First group rebuttal	5
Debators collect their thoughts.	3
First group presents concluding summary.	2
Second group presents concluding summary.	2
Committee asks questions.	10
Committee votes.	3
Class compares, discusses pre/post debate tallies.	7
Total time	67 minutes

- *The debate vote is **not** related to students' grades!* Debate grades will be individual, and will be based upon quality/accuracy of the content, rhetorical quality of the position (logic, etc), and quality of the presentation (clarity of slides, timing, etc). The ability to think on one's feet, as demonstrated in rebuttal and summary, will also be considered. Preparation, including research into the opposing position, helps considerably.

Informational Interviews

Each student will conduct one informational interview on a cancer-related topic of his or her choice. Students may select a topic from the syllabus to explore in more depth or investigate an entirely new topic. After identifying a topic, students will develop a semi-structured discussion guide with input from the teaching team. Next, students will use their guides to conduct an interview, summarizing their findings in a 3-page report. Reports will include a brief statement of the public health problem (~0.5 pages, excluding references), a summary of key interview themes (1-1.5 pages), and a reflection on the implications of those themes for public health research and/or practice (1-1.5 pages).

The purpose of this assignment is to give students an opportunity to personalize the course content to their own interests and career goals. In selecting an interviewee, you may wish to think about the assignment as a networking opportunity. What cancer-related organizations or research groups have you always wanted to learn more about? What's the next "big idea" in the cancer prevention and control topic that intersect most meaningfully with your own professional interests?

- Students will receive individual grades for discussion guides and reports. The teaching team will provide guidance on how to develop a discussion guide and thematically analyze discussion content. No prior experience in qualitative methods is required.

School-wide positions and policies

Recognizing, Valuing, and Encouraging Diversity & Inclusion

We share the School's commitment to diversity. We are committed to ensuring that the School is a diverse, inclusive, civil and welcoming community. Diversity and inclusion are central to our mission — to improve public health, promote individual well-being and eliminate health inequities across North Carolina and around the world. Diversity and inclusion are assets that contribute to our strength, excellence and individual and institutional success. We welcome, value, and learn from individual differences and perspectives. These include but are not limited to: cultural and racial/ethnic background; country of origin; gender; age; socioeconomic status; physical and learning abilities; physical appearance; religion; political perspective; sexual identity and veteran status. Diversity, inclusiveness and civility are core values we hold, as well as characteristics of the School that we intend to strengthen.

We are committed to expanding diversity and inclusiveness across the School — among faculty, staff, students, on advisory groups, and in our curricula, leadership, policies and practices. We measure diversity and inclusion not only in numbers, but also by the extent to which students, alumni, faculty and staff members perceive the School's environment as welcoming, valuing all individuals and supporting their development.

In this class, we practice these commitments in the following ways:

- Develop classroom participation approaches that acknowledge the diversity of ways of contributing in the classroom and foster participation and engagement of *all* students.
- Structure assessment approaches that acknowledge different methods for acquiring knowledge and demonstrating proficiency.
- Encourage and solicit feedback from students to continually improve inclusive practices.

As a student, you are also expected to understand and uphold the following UNC policies:

Diversity and Inclusion at the Gillings School of Global Public Health: http://sph.unc.edu/resource-pages/diversity/
UNC Non-Discrimination Policies: http://policy.sites.unc.edu/files/2013/04/nondiscrim.pdf
Prohibited Discrimination, Harassment, and Related Misconduct at UNC: https://deanofstudents.unc.edu/incident-reporting/prohibited-harassmentsexual-misconduct

These resources are also of relevance:

Resources for Equity in Public Health
https://docs.google.com/spreadsheets/d/1ni3gMokYtxXP1l6bjjhTSHqGITNwPBSsUuogavlXXJY/edit#gid=679802843

UNC Honor Code

As a student at UNC-Chapel Hill, you are bound by the university's Honor Code, through which UNC maintains standards of academic excellence and community values. It is your responsibility to learn about and abide by the code. All written assignments or presentations (including team projects) should be completed in a manner that demonstrates academic integrity and excellence. Work should be completed in your own words, but your ideas should be supported with well-cited evidence and theory.

To ensure effective functioning of the Honor System at UNC, students are expected to:

a. Conduct all academic work within the letter and spirit of the Honor Code, which prohibits the giving or receiving of unauthorized aid in all academic processes.
b. Learn the recognized techniques of proper attribution of sources used in written work; and to identify allowable resource materials or aids to be used during completion of any graded work.
c. Sign a pledge on all graded academic work certifying that no unauthorized assistance has been received or given in the completion of the work.
d. Report any instance in which reasonable grounds exist to believe that a fellow student has violated the Honor Code.

Instructors are required to report suspected violations of the Honor Code, including inappropriate collaborative work or problematic use of secondary materials, to the Honor Court. Honor Court sanctions can include receiving a zero for the assignment, failing the course and/or suspension from the university. If you have any questions about your rights and responsibilities, please consult the Honor Code at: http://honor.unc.edu/, or consult these other resources:

- *Honor system* tutorial:
- *UNC library's* plagiarism tutorial
- *UNC Writing Center* handout on plagiarism

Accessibility

UNC-CH supports all reasonable accommodations, including resources and services, for students with disabilities, chronic medical conditions, a temporary disability, or a pregnancy complication resulting in difficulties with accessing learning opportunities.

All accommodations are coordinated through the UNC Office of Accessibility Resources & Services (ARS), http://accessibility.unc.edu; phone 919-962-8300, email accessibility@unc.edu. Students must document/register their need for accommodations with ARS before accommodations can be implemented.

Cancer Prevention and Control Seminar Reading List

The reading assignments are numbered 1-3 corresponding to each group number. The order in which the articles are listed is the preferred order of presentations. Readings have been posted to Sakai.

Class 1. Thursday, 1/9. Introduction

No reading.

Class 2. Tuesday, 1/15. Cancer Prevention and Control Overview/Trends

Everyone
Progress in the War Against Cancer. *Am J Public Health Nations Health*. 1950 Oct;40(10):1313-4.

NCI Cancer Trends Progress Report. Trends at a glance. https://progressreport.cancer.gov/trends

1
Islami F, Goding Sauer A, Miller KD, et al. Proportion and number of cancer cases and deaths attributable to potentially modifiable risk factors in the United States. CA Cancer J Clin. 2018 Jan;68(1):31-54. *(This is one of the more challenging papers for today. Look for the main messages, and don't get too, too bogged down in the tables.)*

2
Mariotto AB, Yabroff KR, Shao Y, Feuer EJ, Brown ML. Projections of the cost of cancer care in the United States: 2010-2020. *J Natl Cancer Inst*. 2011 Jan 19;103(2):117-28.

3
Vineis P, Wild CP. Global cancer patterns: causes and prevention. *Lancet*. 2014 Feb 8;383(9916):549-57.

Class 3. Thursday, 1/17. Cancer disparities in the US

2
Temkin SM, Rimel BJ, Bruegl AS, Gunderson CC, Beavis AL, Doll KM. A contemporary framework of health equity applied to gynecologic cancer care: A Society of Gynecologic Oncology evidenced-based review. *Gynecologic Oncology*. 2018;149(1), pp.70-77.

3
Adamson AS, Smith A. Machine Learning and Health Care Disparities in Dermatology. *JAMA Dermatol.* 2018;154(11):1247–1248. doi:10.1001/jamadermatol.2018.2348

1
Emerson MA, Banegas MP, Chawla N, et al. Disparities in Prostate, Lung, Breast, and Colorectal Cancer Survival and Comorbidity Status among Urban American Indians and Alaskan Natives. *Cancer Res.* 2017 Dec 1;77(23):6770-6776.

Class 4. Tuesday, 1/22. Cancer disparities: Global snapshot

Everyone
American Cancer Society. Global Cancer Facts & Figures 4th Edition. Atlanta: American Cancer Society; 2018. ***OK to skim. Focus on the big picture, figures, and tables.***

International Agency for Research on Cancer. Global. Cancer Observatory. http://gco.iarc.fr/ ***Browse to become familiar with what this website provides.***

3
Gelband H, Sankaranarayanan R, Gauvreau CL, et al. Costs, affordability, and feasibility of an essential package of cancer control interventions in low-income and middle-income countries: key messages from Disease Control Priorities, 3rd edition. *Lancet.* 2016;387(10033):2133-2144

1
Bray F, Jemal A, Torre LA, Forman D, Vineis P. Long-term realism and cost-effectiveness: Primary prevention in combatting cancer and associated inequalities worldwide. *J Natl Cancer Instit*. 2015;107(12):djv273.

2
Shulman LN, Mpunga T, Tapela N, et al. Bringing cancer care to the poor: experiences from Rwanda. Nature Reviews. *Cancer.* 2014; 14: 815-21.

Class 5. Thursday, 1/24. Early detection and screening, part 1
Everyone (skim)
Smith RA, Andrews KS, Brooks D, et al. Cancer screening in the United States, 2018: A review of current American Cancer Society guidelines and current issues in cancer screening. *CA Cancer J Clin.* 2018 Jul;68(4):297-316.

Schwartz LM1, Woloshin S, Fowler FJ Jr, Welch HG. Enthusiasm for cancer screening in the United States. *JAMA.* 2004;291(1):71-8.

1
Harris RP, Sheridan SL, Lewis CL, Barclay C, Vu MB, Kistler CE, Golin CE, DeFrank JT, Brewer NT. The harms of screening: a proposed taxonomy and application to lung cancer screening. *JAMA Intern Med*. 2014;174(2):281-5

2
Wegwarth O, Schwartz LM, Woloshin S, Gaissmaier W, Gigerenzer G. Do physicians understand cancer screening statistics? A national survey of primary care physicians in the United States. *Ann Intern Med*. 2012;156(5):340-9.

3
Barry MJ, Wexler RM, Brackett CD, Sepucha KR, Simmons LH, Gerstein BS, Stringfellow VL, Fowler FJ Jr. Responses to a Decision Aid on Prostate Cancer Screening in Primary Care Practices. *Am J Prev Med*. 2015;49(4):520-5.

Class 6. Tuesday, 1/29. Early detection and screening, part 2

2
Miller AB, Wall C, Baines CJ, Sun P, To T, Narod SA. Twenty five year follow-up for breast cancer incidence and mortality of the Canadian National Breast Screening Study: randomised screening trial. *BMJ*. 2014 Feb 11;348:g366.

"Annual mammography in women aged 40-59 does not reduce mortality from breast cancer beyond that of physical examination or usual care when adjuvant therapy for breast cancer is freely available."

3
Weedon-Fekjær H, Romundstad PR, Vatten LJ. Modern mammography screening and breast cancer mortality: population study. *BMJ*. 2014 Jun 17;348:g3701. *Length: 8 pages*

"Invitation to modern mammography screening may reduce deaths from breast cancer by about 28%."

1
Andriole GL, Crawford ED, Grubb RL, Buys SS, Chia D, Church TR, et al. Prostate cancer screening in the randomized Prostate, Lung, Colorectal, and Ovarian Cancer Screening Trial: mortality results after 13 years of follow-up. *J Natl Cancer Inst.* 2012 Jan 18;104(2):125-32.

Class 7. Thursday, 1/31. Guest: Chrissy Kistler (CRC screening decisions)

Everyone
Review Dr. Kistler's faculty page: https://www.med.unc.edu/aging/directory/christine-kistler-md/

Kistler CE, Kirby KA, Lee D, Casadei MA, Walter LC. Long-term outcomes following positive fecal occult blood test results in older adults: benefits and burdens. *Arch Intern Med.* 2011;171(15):1344-51.

Lewis CL, Kistler CE, Dalton AF, Morris C, Ferrari R, Barclay C, Brewer NT, Dolor R, Harris R, Vu M, Golin CE. A Decision Aid to Promote Appropriate Colorectal Cancer Screening among Older Adults: A Randomized Controlled Trial. *Med Decis Making.* 2018;38(5):614-

624.

Kistler CE, Vu M, Sutkowi-Hemstreet A, Gizlice Z, Harris RP, Brewer NT, Lewis CL, Dolor RJ, Barclay C, Sheridan SL. Exploring factors that might influence primary-care provider discussion of and recommendation for prostate and colon cancer screening. *Int J Gen Med*. 2018;11:179-190.

Class 8. Tuesday, 2/5. Reproductive factors in cancer prevention and control

3
Nichols HB, Schoemaker MJ, Cai J, Xu J, Wright LB, Brook MN, et al. Breast Cancer Risk After Recent Childbirth: A Pooled Analysis of 15 Prospective Studies. Ann Intern Med. [Epub ahead of print] doi: 10.7326/M18-1323

1
Iversen L, Sivasubramaniam S, Le, AJ, Fielding S, Hannaford PC. (2017). Lifetime cancer risk and combined oral contraceptives: the Royal College of General Practitioners' Oral Contraception Study. *American journal of obstetrics and gynecology*, *216*(6), 580-e1.

2
Chlebowski RT, Schottinger J, Shi J, Chung J, Haque R. (2015). Aromatase inhibitors, tamoxifen, and endometrial cancer in breast cancer survivors. *Cancer*, *121*(13), 2147-2155.

Class 9. Thursday, 2/7. Physical activity, diet, and weight

Everyone
Ligibel JA, Alfano CM, Courneya KS, Demark-Wahnefried W, Burger RA, Chlebowski RT, et al. American Society of Clinical Oncology position statement on obesity and cancer. *J Clin Oncol*. 2014 Nov 1;32(31):3568-74. *********Skim***

1
Song M, Giovannucci E. Preventable Incidence and Mortality of Carcinoma Associated With Lifestyle Factors Among White Adults in the United States. *JAMA Oncol*. 2016 May 19.

2
Moore SC, Lee IM, Weiderpass E, Campbell PT, Sampson JN, Kitahara CM, et al. Association of Leisure-Time Physical Activity With Risk of 26 Types of Cancer in 1.44 Million Adults. *JAMA Int Med*. 2016 Jun 1;176(6):816-25.

3
Wang X, Ouyang Y, Liu J, Zhu M, Zhao G, Bao W, Hu FB. Fruit and vegetable consumption and mortality from all causes, cardiovascular disease, and cancer: systematic review and dose-response meta-analysis of prospective cohort studies. *BMJ*. 2014 Jul 29;349:g4490.

Class 10. Tuesday 2/12. Guest: Deb Tate (Weight-related interventions)

Everyone
Review Dr. Tate's faculty page: https://sph.unc.edu/adv_profile/deborah-tate-phd/

Phelan S, Hagobian T, Brannen A, Hatley KE, Schaffner A, Muñoz-Christian K, Tate DF. Effect of an Internet-Based Program on Weight Loss for Low-Income Postpartum Women: A Randomized Clinical Trial. *JAMA.* 2017;317(23):2381-2391.

Class 11. Thursday 2/14. UV exposure and melanoma
*****INTERVIEW GUIDES DUE**

Everyone
Watch "Dear 16 year old me video": https://www.youtube.com/watch?v=_4jgUcxMezM

Watch "How the sun sees you": https://www.youtube.com/watch?v=o9BqrSAHbTc

Watch "Mollie's Fund – Mr. Sun": https://www.youtube.com/watch?v=heQOFK_gaGg

US Preventive Services Task Force. Screening for skin cancer: US Preventive Services Task force Recommendation Statement. *JAMA.* 2016;316(4):429-35. *****SKIM**

> ***The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of visual skin examination by a clinician to screen for skin cancer in adults (I statement).***

2
Guy GP Jr, Machlin SR, Ekwueme DU, Yabroff KR. Prevalence and costs of skin cancer treatment in the U.S., 2002-2006 and 2007-2011. *Am J Prev Med.* 2015 Feb;48(2):183-187.

3
Makin JK, Warne CD, Dobbinson SJ, Wakefield MA, Hill DJ. Population and age-group trends in weekend sun protection and sunburn over two decades of the SunSmart programme in Melbourne, Australia. *Br J Dermatol.* 2013 Jan;168(1):154-61.

1
Stang A, Jöckel KH. Does skin cancer screening save lives? A detailed analysis of mortality time trends in Schleswig-Holstein and Germany. *Cancer.* 2016 Feb 1;122(3):432-7.

Class 12. Tuesday, 2/19. Guest: Matt Varga (H pylori)

Everyone
Please review Dr. Varga's webpage: http://unclineberger.org/education/cancer-control-education-program/people/matthew-varga-phd

Marhsall BJ. Nobel lecture: Helicobacter connections. 2005. Available at: https://www.nobelprize.org/nobel_prizes/medicine/laureates/2005/marshall-lecture.pdf

O'Connor A, O'Morain CA, Ford AC. Population screening and treatment of *Helicobacter pylori* infection. *Nature.* 2017;14:230-240.

Class 13. Thursday, 2/21. HPV vaccination

3
Dunn AG, Surian D, Leask J, Dey A, Mandl KD, Coiera E. Mapping information exposure on social media to explain differences in HPV vaccine coverage in the United States. *Vaccine.* 2017 May 25;35(23):3033-3040

1
Gilkey MB, Malo TL, Shah PD, Hall ME, Brewer NT. Quality of physician communication about human papillomavirus vaccine: findings from a national survey. *Cancer Epidemiol Biomarkers Prev.* 2015 Nov 1;24(11):1673-9.

2
Brewer NT, Hall ME, Malo TL, Gilkey MB, Quinn B, Lathren C. Announcements versus conversations to improve HPV vaccination coverage: A randomized trial. *Pediatrics.* 2017 Jan;139(1). pii: e20161764.

Class 14. Tuesday, 2/26. Environmental exposures

1
Winn DM. Science and society: the Long Island Breast Cancer Study Project. *Nat Rev Cancer.* 2005 Dec;5(12):986-94.

Rodgers KM, Udesky JO, Rudel RA, Brody JG. Environmental chemicals and breast cancer: An updated review of epidemiological literature informed by biological mechanisms. *Environ Res.* 2018 Jan;160:152-182. *****Abstract only**

2
Hosgoodiii HD, Chapman RS, He X, Hu W, Tian L, Liu LZ, Lai H, Chen W, Rothman N, Lan Q. History of lung disease and risk of lung cancer in a population with high household fuel combustion exposures in rural China. *Lung Cancer*. 2013 Sep;81(3):343-6.

3
Kassotis CD, Tillitt DE, Davis JW, Hormann AM, Nagel SC. Estrogen and androgen receptor activities of hydraulic fracturing chemicals and surface and ground water in a drilling-dense region. *Endocrinology.* 2014 Mar;155(3):897-907. *****Abstract and Discussion only**

Mitka M. Rigorous evidence slim for determining health risks from natural gas fracking. *JAMA.* 2012 May 23;307(20):2135-6.

Class 15. Thursday, 2/28. Tobacco, Part 1

Everyone
Wang TW, Gentzke A, Sharapova S, Cullen KA, Ambrose BK, Jamal A. Tobacco Product Use Among Middle and High School Students - United States, 2011-2017. *MMWR Morb Mortal Wkly Rep*. 2018 Jun 8;67(22):629-633. doi: 10.15585/mmwr.mm6722a3.

2
Hackshaw A, Morris JK, Boniface S, Tang JL, Milenković D. Low cigarette consumption and risk of coronary heart disease and stroke: meta-analysis of 141 cohort studies in 55 study reports. *BMJ*. 2018 Jan 24;360:j5855.

3
Montazeri Z, Nyiraneza C, El-Katerji H, Little J. Waterpipe smoking and cancer: systematic review and meta-analysis. *Tob Control.* 2017;26(1):92-97.

1
Oberg M, Jaakkola MS, Woodward A, et al. Worldwide burden of disease from exposure to second-hand smoke: a retrospective analysis of data from 192 countries. *Lancet*. 2011;377(9760):139-46.

Class 16. Tuesday, 3/5. Tobacco, Part 2: Policy Interventions

3
Golden SD, Smith MH, Feighery EC, Roeseler A, Rogers T, Ribisl KM. Beyond excise taxes: a systematic review of literature on non-tax policy approaches to raising tobacco product prices. Tobacco control. *Tob Control*. 2016 Jul;25(4):377-85.

1
Wackowski OA, Manderski MT, Delnevo CD. Young adults' behavioral intentions surrounding a potential menthol cigarette ban. *Nicotine Tob Res*. 2014;16(6):876-80.

2
Mader EM, Lapin B, Cameron BJ, Carr TA, Morley CP. Update on Performance in Tobacco Control: A Longitudinal Analysis of the Impact of Tobacco Control Policy and the US Adult Smoking Rate, 2011-2013. *J Public Health Manag Pract*. 2016;22(5):E29-35.

Class 17. Thursday, 3/7. Guests: Stephanie Wheeler & Katie Reeder-Hayes (Breast Cancer Treatment Disparities)

Everyone
Please review faculty pages for Dr. Wheeler (http://sph.unc.edu/adv_profile/stephanie-b-wheeler-phd/) and Dr. Reeder-Hayes (https://unclineberger.org/people/profiles/katie-reeder-hayes)

Wheeler SB, Reeder-Hayes KE, Carey LA. Disparities in breast cancer treatment and outcomes: biological, social, and health system determinants and opportunities for research. *Oncologist*. 2013;18(9):986-93.

Wheeler SB, Spencer JC, Pinheiro LC, Carey LA, Olshan AF, Reeder-Hayes KE. Financial Impact of Breast Cancer in Black Versus White Women. *J Clin Oncol.* 2018;36(17):1695-1701.

Wheeler SB, Spencer J, Pinheiro LC, Murphy CC, Earp JA, Carey L, Olshan A, Tse CK, Bell ME, Weinberger M, Reeder-Hayes KE. Endocrine Therapy Nonadherence and Discontinuation in Black and White Women. *J Natl Cancer Inst.* 2018 Sep 20.

*****March 12 and 14. SPRING BREAK*****
No reading.

Class 18. Tuesday, 3/19. Debate 1
No reading.

Class 19. Thursday, 3/21. Debate 2
No reading.

Class 20. Tuesday, 3/26. Guest: Royce (Prostate cancer)

Everyone
Read Dr. Royce's faculty profile: https://findadoc.unchealthcare.org/details/44882/trevor-royce-cancer-radiation_oncology-chapel_hill-clayton

Royce TJ, Hendrix LH, Stokes W, Allen IM, Chen RC. Cancer screening rates in individuals with different life expectancies. *JAMA Intern Med.* 2014;174(10):1558-65.

Hamdy FC, et al. The PROTECT trial. 10-Year Outcomes after Monitoring, Surgery, or Radiotherapy for Localized Prostate Cancer. *New England Journal of Medicine*. 2016; 375(15):1415-24.

Class 21. Thursday, 3/28. Guest: Foreman (Genomics)

Everyone
Read Ms. Foreman's faculty profile: https://www.med.unc.edu/genetics/berglab/lab-members-2/faculty-co-investigators/genetic-counselors/kate-foreman-ms-cgc/

Evans JP, Powell BC, Berg JS. Finding the rare pathogenic variants in a human genome. *JAMA.* 2017;317(18),1904-5.

Evans JP, Berg JS, Olshan AF, Magnuson T, Rimer BK. We screen newborns, don't we? Realizing the promise of public health genomics. *Genetics in Medicine.* 2013;15(5):332-4.

22. Tuesday, 4/2. Precision medicine
***Student presentations should focus on describing each of the three initiatives: NC-MATCH, ALCHEMIST, and All of Us. Avoid getting bogged down in the alphabet soup! Okay to stay "big picture," describing the overarching goals, study designs, and strengths and challenges.*

1
Barroilhet L, Matulonis U. The NCI-MATCH trial and precision medicine in gynecologic cancers. *Gynecol Oncol.* 2018 Mar;148(3):585-590.

2
Govindan R, Mandrekar SJ, Gerber DE, Oxnard GR, Dahlberg SE, Chaft J, Malik S, Mooney M, Abrams JS, Jänne PA, Gandara DR, Ramalingam SS, Vokes EE. ALCHEMIST Trials: A Golden Opportunity to Transform Outcomes in Early-Stage Non-Small Cell Lung Cancer. *Clin Cancer Res.* 2015 Dec 15;21(24):5439-44.

3
Sankar PL, Parker LS. The Precision Medicine Initiative's All of Us Research Program: an agenda for research on its ethical, legal, and social issues. *Genet Med.* 2017 Jul;19(7):743-750.

23. Thursday, 4/4. Guest: Deb Mayer (Survivorship)
*****DRAFT THEMATIC SUMMARY DUE**

Please review Dr. Mayer's faculty page: https://nursing.unc.edu/people/deborah-mayer/

Mayer DK, Alfano CM. Personalized risk-stratified cancer follow-up care: Its potential for healthier survivors, happier clinicians, and lower costs. *JNCI,* in press.

Class 24. Tuesday, 4/9. Guest: Yousuf Zafar (Financial Toxicity)
*****BOOK DISCUSSION QUESTIONS DUE**

Everyone
Please review Dr. Zafar's faculty page: https://globalhealth.duke.edu/people/faculty/zafar-yousuf

Chino F, Peppercorn JM, Rushing C, Nicolla J, Kamal AH, Altomare I, Samsa G, Zafar SY. Going for Broke: A Longitudinal Study of Patient-Reported Financial Sacrifice in Cancer Care. *J Oncol Pract.* 2018 Sep;14(9):e533-e546.

Leopold C, Peppercorn JM, Zafar SY, Wagner AK. Defining Value of Cancer Therapeutics-A Health System Perspective. *J Natl Cancer Inst.* 2018 Jul 1;110(7):699-703.

Zafar SY. Financial Toxicity of Cancer Care: It's Time to Intervene. *J Natl Cancer Inst.* 2016 Dec 11;108(5).

Class 25. Thursday, 4/11. Book Discussion

Kalanithi, P. (2016). *When Breath Becomes Air*. New York: Random House.

Class 26. Tuesday, 4/16. Patient-Centered Care/PROs

3
Basch E, Deal AM, Kris MG, et al. Symptom Monitoring With Patient-Reported Outcomes During Routine Cancer Treatment: A Randomized Controlled Trial. *J Clin Oncol*. 2015;34(6):557-65.

1
Hoffman, Richard M. et al. Lack of Shared Decision Making in Cancer Screening Discussions. *Am J Prev Med.* 2014;47(3):251-259.

2
Zwingmann J, Baile WF, Schmier JW, Bernhard J, Keller M. Effects of patient-centered communication on anxiety, negative affect, and trust in the physician in delivering a cancer diagnosis: A randomized, experimental study. *Cancer.* 2017;123: 3167-3175.

Class 27. Thursday, 4/18. Health services interventions

1
Jena AB, Huang J, Fireman B, Fung V, Gazelle S, Landrum MB, Chernew M, Newhouse JP, Hsu J. Screening Mammography for Free: Impact of Eliminating Cost Sharing on Cancer Screening Rates. *Health Serv Res.* 2017 Feb;52(1):191-206.

2
Reuland DS, Brenner AT, Hoffman R, McWilliams A, Rhyne RL, Getrich C, Tapp H, Weaver MA, Callan D, Cubillos L, Urquieta de Hernandez B, Pignone MP. Effect of Combined Patient Decision Aid and Patient Navigation vs Usual Care for Colorectal Cancer Screening in a Vulnerable Patient Population: A Randomized Clinical Trial. *JAMA Intern Med.* 2017 Jul 1;177(7):967-974.

3
Choi, SK, Adams SA, Eberth JM, Brandt HM, Friedman DB, Tucker-Seeley RD, Yip MP, Hebert JR. Medicaid Coverage Expansion and Implications for Cancer Disparities. *AJPH*. 2015 Nov;105 Suppl 5:S706-12.

Class 28. Tuesday, 4/23. Patient advocacy

Everyone
Susan G Komen. Participate. https://ww5.komen.org/GetInvolved/Participate/Participate.html

National Breast Cancer Coalition. http://www.breastcancerdeadline2020.org/get-involved/

Breast Cancer Action. Think Before You Pink. http://thinkbeforeyoupink.org/past-campaigns/

1
Lerner BH. Breast cancer activism: past lessons, future directions. *Nat Rev Cancer.* 2002 Mar;2(3):225-30.

2
Klawiter M. Breast cancer in two regimes: the impact of social movements on illness experience. *Sociol Health Illn.* 2004 Sep;26(6):845-74.

3
Ehrenreich B. Welcome to Cancerland. *Harper's Magazine.* 2001 Nov: 43-53.

Class 29. Thursday, 4/25. Conclusions
*****INTERVIEW REPORT DUE**

Lowy DR, Collins FS. Aiming high–Changing the trajectory for cancer. *NEJM* 2016;374:1901-4.