

Cancer Prevention During Early Adulthood: Highlights From a Meeting of Experts



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Using a life course approach, the Centers for Disease Control and Prevention's Division of Cancer Prevention and Control and the National Association of Chronic Disease Directors co-hosted a 2-day meeting with 15 multidisciplinary experts to consider evidence linking factors in early adulthood to subsequent cancer risk and strategies for putting that evidence into practice to reduce cancer incidence. This paper provides an overview of key themes from those meeting discussions, drawing attention to the influence that early adulthood can have on lifetime cancer risk and potential strategies for intervention during this phase of life. A number of social, behavioral, and environmental factors during early adulthood influence cancer risk, including dietary patterns, physical inactivity, medical conditions (e.g., obesity, diabetes, viral infections), circadian rhythm disruption, chronic stress, and targeted marketing of cancer-causing products (e.g., tobacco, alcohol). Suggestions for translating research into practice are framed in the context of the four strategic directions of the National Prevention Strategy: building healthy and safe community environments; expanding quality preventive services in clinical and community settings; empowering people to make healthy choices; and eliminating health disparities. Promising strategies for prevention among young adults include collaborating with a variety of community sectors as well as mobilizing young adults to serve as advocates for change. Young adults are a heterogeneous demographic group, and targeted efforts are needed to address the unique needs of population subgroups that are often underserved and under-represented in research studies.

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INTRODUCTION

Cancer is a leading cause of suffering and premature death in the U.S.; the latest estimates suggest that, by 2020, more than 1.9 million Americans will be diagnosed with cancer each year.¹ The devastating impact cancer has on the health of Americans creates an imperative to identify missed opportunities to prevent or delay the development of cancer. The Centers for Disease Control and Prevention (CDC)'s Division of Cancer Prevention and Control established the Cancer Prevention Across the Lifespan workgroup to identify cancer prevention opportunities during each phase of life, from the prenatal period through older adulthood.² Using a life course approach, the workgroup examined prevention opportunities during early life,³ adolescence,⁴ and midlife.^{5,6} During 2015–2016, the workgroup collaborated with the National Association of Chronic Disease

Directors to examine opportunities specific to early adulthood, an emerging field encompassing roughly ages 18–44 years. Given the heterogeneity of life experiences among adults across this broad age range, most project activities focused on behaviors, social influences, exposures, and other challenges that affect young adults as they transition into adulthood.

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Activities included reviewing the literature on factors during early adulthood that influence cancer risk and convening a 2-day meeting in April 2016 with a group of 15 multidisciplinary experts to discuss the state of the evidence and ideas for putting that evidence into practice. This paper provides an overview of key themes from the meeting discussions, drawing attention to factors during early adulthood that may influence lifetime cancer risk and potential strategies for intervention during this phase of life.

Specific meeting goals were to:

1. explore the “state of the evidence” and identify cancer risk-related factors specific to young adults, including social drivers of health and inequalities;
2. identify actions, particularly policy, systems, and environmental changes that could be undertaken to intervene on cancer causes and risk factors among young adults; and
3. inform the planning of data collection, the design and implementation of interventions, or other actions by CDC, state health departments, and other partners to reduce lifetime cancer risk among young adults.

A professional meeting facilitator used a series of overarching questions to guide group discussions (Table 1). Meeting discussions on the first day focused on the cross-cutting theme of investing in the health and well-being of young adults, with an emphasis on the

overarching questions “What’s important?” and “What’s missing?” Discussions on the second day focused on the overarching questions “What can we do now, and how do we do it?” and were organized within the context of the four strategic directions of the National Prevention Strategy: building healthy and safe community environments; expanding quality preventive services in clinical and community settings; empowering people to make healthy choices; and eliminating health disparities.⁷ This paper uses the same framework to organize themes from the meeting.

INVESTING IN THE HEALTH AND WELL-BEING OF YOUNG ADULTS

Early adulthood is a window of opportunity for early cancer intervention, and there are many important contextual factors to consider when targeting this age group. For example, early adulthood is a time of many life transitions, such as leaving home, entering the workforce, and perhaps becoming a parent, each with potential challenges and stresses.⁸ Furthermore, young adults face health challenges such as high rates of certain chronic health conditions (e.g., obesity) but tend to have low use of preventive care services.⁹

Numerous social, behavioral, and environmental factors during early adulthood can influence cancer risk, and as the surveillance data presented in the paper by White et al.¹⁰ within this special issue illustrate, many of

Table 1. Overarching Questions Used to Guide Meeting Discussions

<p>What’s important? What’s missing?</p> <ul style="list-style-type: none"> ● The primary prevention work of CDC’s Division of Cancer Prevention and Control has focused on certain well-established cancer risk factors (e.g., ultraviolet radiation, tobacco use, human papillomavirus). In the context of a life span approach, what other exposures, personal behaviors, or life circumstances during early adulthood may influence subsequent cancer risk or the risk trajectory that a young person is on? ● Are there specific exposures or risk factors of concern that may disproportionately affect certain at-risk populations (e.g., racial or ethnic minorities, active duty military, LGBTQ, incarcerated populations, the homeless, those with mental illness, those with genetic predispositions)? ● Where is the evidence strongest, and what role might public health agencies play to translate the science into public health action? ● What additional data or evidence in the short term could have the greatest impact or create tipping points for action? How do we overcome the methodological challenges (e.g., design and measurement issues) we face when collecting data on young adults and subgroups within this population?
<p>What can we do now, and how can we do it?</p> <ul style="list-style-type: none"> ● What are effective or promising strategies to put scientific findings into public health practice or influence policy, systems, and environmental change? <ul style="list-style-type: none"> ○ What barriers do we face in trying to implement these approaches? ○ How might such approaches be modified to address the unique needs of populations at increased risk? ○ How can these strategies be scaled up and sustained over time? ● How can we develop the evidence base for prevention interventions? What are the lessons learned from other prevention efforts that target early adulthood? ● What are some effective or promising communication strategies when targeting young adults? ● How do we best coordinate with other health promotion and disease prevention efforts to be cost effective and improve health outcomes, and who might be some potential partners in this effort?

CDC, Centers for Disease Control and Prevention; LGBTQ, lesbian, gay, bisexual, transgender, and queer.

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