New Cigarette Warning Labels

The U.S. Food and Drug Administration recently unveiled the nine graphic health warnings required to appear on every pack of cigarettes sold in the United States and in every cigarette advertisement. This measure will help prevent children from smoking, encourage adults who do to quit and ensure every American understands the dangers of smoking.

The warnings represent the most significant changes to cigarette labels in more than 25 years and will affect everything from packaging to advertisements. The new warnings are required to be placed on all cigarette packs, cartons and ads no later than September 2012.

These warnings, proposed in November 2010, were required under the Family Smoking Prevention and Tobacco Control Act, which was passed with broad bipartisan support in Congress and signed into law by President Obama on June 22, 2009.

The FDA selected 9 images from the originally proposed 36 after reviewing the relevant scientific literature, analyzing the results from an 18,000-person study and considering more than 1,700 comments from a variety of groups, including the tobacco industry, retailers, health professionals, public health and other advocacy groups, academics, state and local public health agencies, medical organizations and individual consumers.

Each warning is accompanied by a smoking cessation phone number, 1-800-QUIT-NOW, which will allow it to be seen at the time it is most relevant to smokers, increasing the likelihood that smokers who want to quit will be successful.

Tobacco use is the leading cause of premature and preventable death in the United States, responsible for 443,000 deaths each year, according to the Centers for Disease Control and Prevention. Furthermore, tobacco use costs our economy nearly $200 billion every year in medical costs and lost productivity. Requiring larger, more prominent warnings on cigarette packaging and advertisements is part of a broader strategy to help tobacco users quit and prevent young people from starting. The new warnings serve as reminder of the negative health consequences of smoking every time someone picks up a pack of cigarettes or views a cigarette advertisement.

For more information, visit: www.fda.gov/cigarettewarnings

Welcome to Closing the Gap, the official newsletter of the Minnesota Center for Cancer Collaborations (MC3). MC3 houses one full research project on tobacco use in the Latino population and one pilot research project on cervical cancer screening in the Somali population. In this edition of our newsletter, we will provide more details on both of these projects and set the stage to provide more details as the projects progress over time. We are very excited at the potential of these two efforts to contribute to the reduction of cancer-related disparities in Minnesota and beyond.

Since our last edition of Closing the Gap, we held a special panel discussion on: ‘Colorectal Cancer: Screening Recommendations in the Clinic and Community.’ This discussion was part of a new annual symposium titled “Accelerating the Future: The Changing Face of Health in America.” I would like to thank our guest speakers (continued on page 4)
MC3 Research Projects

Minnesota Center for Cancer Collaborations (MC3) supports one full research project on tobacco use and one pilot research project on cervical cancer screening in the Somali population. These projects are housed within MC3’s research group led by Jean Forster, Ph.D., M.P.H., and Anne Joseph, M.D., M.P.H. In this edition of Closing the Gap, we detail these two research projects.

Full research project: Family Skills Training to Prevent Tobacco and Other Substance Use in Latino Youth: A Community-Based Participatory Research Randomized Controlled Trial
Michele Allen, M.D., M.S., and Jean Forster, Ph.D.

Our full research study aims to initiate an intervention to prevent tobacco and other substance use amongst Latino youth by engaging families in culturally appropriate family skills training. Latinos are the largest minority group in the United States and a rapidly growing population in Minnesota. Latino children are known to face challenges such as high rates of poverty and low levels of health insurance, which may increase their risk for tobacco and other substance use. Therefore, preventing tobacco use in this at-risk population is of vital public health importance. Though family skills training has proven to be an effective means to prevent substance use in adolescents, few evidence-based interventions have specifically targeted Latino families. Further, few of these studies have been developed using a community-based participatory research process that may increase the local relevance, appropriateness and likelihood of sustainability of such a project.

The objective of the current project is to examine the degree to which a community agency delivered family skills training, focused on basic parenting skills targeting immigrant Latino parents with adolescent children, prevents intentions to begin tobacco and other substance use in Latino middle-school-aged youth.

This project represents the next phase following a two-year community-university collaboration between the University of Minnesota Medical School’s Program in Health Disparities Research, a key community partner, Aqui Para Ti/Here for You, and other partners including Centro Cultural Latino and University of Minnesota Extension. This research is innovative because it addresses tobacco and other substance use prevention for a large and growing immigrant population in the United States, and we
Pilot research project: Cervical Cancer Knowledge and Attitude towards Home Vaginal Bio-Specimen Collection for HPV-Based Screening among Immigrant Somali Women in Minnesota
*Rachel Ghebre, M.D., Sirad Osman, Ph.D., and Anne Joseph, M.D., M.P.H.*

Cervical Cancer mortality is increased among immigrant U.S. women, despite decreasing rates among U.S. born women. Pap test utilization among immigrant women in the U.S. is approximately 61 percent, far below national goals, and over half of cervical cancer cases diagnosed today occur among women who are non-adherent to evidence-based guidelines for Papanicolaou (Pap) test. Further, cervical cancer screening behavior among Minnesota’s largest recent immigrant community, Somali women, is poorly documented. Multiple barriers exist to cervical cancer screening completion for women who emigrate from Somalia. Home vaginal bio-specimen collection for identification of human papillomavirus (HPV) provides a novel and alternative pathway to increase cervical cancer screening and thereby reduce cervical cancer mortality.

We will test the hypothesis that women who are offered home vaginal bio-specimen collection will have higher rates of cervical cancer screening completion than that of women referred for clinic-based Pap tests. We are currently conducting the interviews in collaboration with our community partner to inform the development of the focus group materials to be used during the pilot study. Our next steps will be to conduct the pilot study to test recruitment and estimate effect size that can be used to design a full randomized controlled study in the future.

By developing and pilot testing a protocol for home vaginal bio-specimen collection for the purposes of cervical cancer screening for immigrant women, cervical cancer screening rates can be increased among women currently not screened by standard Pap test.
**MC3 Update, continued**

Durado Brooks, M.D., M.P.H., director of Prostate and Colorectal Cancers at the American Cancer Society, and David Perdue, M.D., M.S.P.H., medical director of the American Indian Cancer Foundation. Additionally, we want to send thanks to the collaborating partners for this event – the University’s Center for Health Equity, Program in Health Disparities Research and School of Public Health.

We would also like to encourage you to read more about MC3 at our new website: www.mccc.umn.edu. In addition to updates on center activities and listserv subscriptions for cancer disparities-related news, you can find links to grant funding announcements on our home page under the “CBPR Grants” heading.

As always, we greatly appreciate the opportunity to listen to and get feedback from readers of this publication. If you have any questions or comments, please email us at: mc3@umn.edu.

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**Hidden Breast Cancer Disparities**

According to the American Cancer Society, breast cancer is the second leading cause of cancer death in women, exceeded only by lung cancer. Breast cancer is also the most common cancer diagnosed among women living in the U.S. Nevertheless, within the United States, incidence rates vary significantly by racial and ethnic categories. Asian Americans have the lowest reported rates, but within this group, breast cancer incidence rates vary considerably by specific ethnicity. New research aims to disaggregate incidence rates by ethnicity and migrant status to more specifically detail the hidden breast cancer disparities in Asian women living in the U.S.

In the April 2010 American Journal of Public Health, Gomez and colleagues estimated trends in breast cancer incidence rates for specific Asian populations in California to determine if health disparities exist by immigrant status and age. Using new cancer and population data estimates for women by immigrant status, Gomez and colleagues found breast cancer rates were higher among U.S.-born Chinese and Filipino women (80% and 30%, respectively), than among their foreign-born counterparts, but similar between U.S.- and foreign-born Japanese women. U.S.-born Chinese and Filipino women who were younger than 55 years had higher rates than did white women of the same age. U.S.-born Filipino and foreign-born Korean women had the largest increases in breast cancer incidence (4% annually) over time; and across all time periods, the highest incidence rate was observed for U.S.-born Filipino women diagnosed from 2000 to 2004, exceeding the rate for white women in the same time period.

Gomez and colleagues’ work benefits from earlier research that has shown immigrant status is associated with breast cancer risk through changes in both reproductive (higher age at first live birth, lower breast feeding rates, earlier onset on menstruation) and lifestyle factors (diet). These current findings offer greater detail on specific groups within defined populations and highlight a need for targeted cancer control and research within the Asian community.