



Fred Hutchinson Cancer Research Center  
CORE Family Studies  
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## BLUEBERRY OATMEAL MUFFINS

Oatmeal gives these blueberry muffins a hearty and wholesome texture. The secret is soaking rolled oats in milk for 20 minutes which adds both moisture and height. They are sweetened with honey and sprinkled with course sugar for a sweet crunch.

### Ingredients:

1 cup milk (any dairy or non-dairy milk works here)	½ tsp salt
1 cup old fashioned rolled oats	½ cup honey
1 and ¼ cups all purpose flour	½ cup butter, melted and slightly cooled
1 tsp. baking powder	1 large egg
½ tsp baking soda	1 tsp. pure vanilla
½ tsp ground cinnamon	1 cup fresh or frozen blueberries (see note)

### Instructions:

Combine oats and milk and set aside for 20 minutes until the oats have soaked up some of the milk. (Melt the butter at this point so it has a few minutes to cool down).

Preheat the oven to 425 and spray a cupcake pan with non-stick spray or use cupcake liners.

Whisk the flour, baking powder, baking soda, cinnamon, and salt together in a large bowl until combined. Set aside.

Whisk the melted butter, honey, egg, and vanilla extract together in a medium bowl until combined and pour into the dry ingredients, stir a few times. Add the soaked oats (milk included, do not drain) and blueberries. (Note: if using frozen blueberries, reduce milk to ¾

cup or the muffins will be too moist.)

Spoon the batter into the liners, filling them all the way to the top.

Top with a sprinkling of oats and turbinado, coconut sugar, or other course sugar.

Bake for 5 minutes at 425 degrees and then reduce the heat to 350 and continue baking for another 16 or 17 minutes (for a total of about 22-23 minutes). Let the muffins sit in the tin for about 5 minutes and then transfer to a cooling rack. Muffins will stay fresh at room temperature for a few days, then need to be refrigerated.

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# CORE news

Colorectal Research in Epidemiology  
Colon Cancer Family Registry Cohort

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We are grateful for another year and edition of CORE News! We hope 2022 finds you happy and healthy. Thank you to all the CORE Studies participants who continue to volunteer their time and effort so our important work of preventing colorectal cancer can continue and expand. We have accomplished so much together over the past 24 years – learning about Lynch Syndrome and other inherited cancer syndromes, studying early onset disease, exploring the role of microbes and the immune system in cancer, and identifying risk factors for cancer for better risk prediction – to name a few. It has been my great honor to have been the Primary Investigator of the Seattle Familial Colorectal Cancer Registry for so long. After a fruitful and enriching cancer prevention research career of over 30 years, I am now embarking on my next chapter – retirement!

With that announcement, I (and the rest of the CORE Studies team) are excited to pass the torch to a talented cancer epidemiological researcher and wonderful colleague, Dr. Amanda Phipps. Dr. Phipps is no stranger to working with our team, the CORE Studies data, or being featured in the CORE newsletters! She has been a longstanding collaborator and is taking over at an important time as we are in the process of submitting another 5-year NIH renewal grant to continue following up with our dedicated study participants and expanding this study to investigate new and innovative ideas. We are hopeful to continue this work for many more years to come.

In this CORE News edition, first you can read more about our new study investigator, Dr. Phipps. We also discuss an emerging area of study in cancer epidemiology and survivorship – cannabis. Another article is about the disparities in colorectal cancer screening, diagnosis, and treatment and our commitment to diversity and equity in our work. And of course, we will conclude with another nutritious and healthy recipe for your enjoyment!

I am grateful to have helped lead this impactful colorectal cancer prevention study, and I personally know that this research would not have lasted so successfully for over 20 years without our devoted CORE Studies participants. I am confident that this study will continue to advance colorectal cancer science under Dr. Phipps's new direction! Thank you again for your continued time and dedication to this significant study.

Best regards,

*Polly A. Newcomb, PhD, MPH*  
Principal Investigator



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## HEALTH DISPARITIES AND COLORECTAL CANCER; OUR COMMITMENT TO DIVERSITY, EQUITY, AND INCLUSION

For men and women combined, colorectal cancer (CRC) is the second leading cause of death. If you look at this statistic more closely you will find that the frequency of developing or dying from CRC varies by race and ethnicity. The American Cancer Society has discovered that racial and ethnic minorities are more likely to be diagnosed and die from cancer compared to the general U.S. population. For instance, Black Americans are 20 percent more likely to be diagnosed with colorectal cancer and 40 percent more likely to die from that disease. Also, Black patients are more likely to be diagnosed with cancer at an advanced stage, meaning the disease will be harder to treat.

Why are there disparities in colorectal cancer? Probably for lots of reasons - a complex mixture of access to care, genetic factors, social and cultural factors, and issues related to systemic racism. The CORE Studies cares about this issue and is committed to studying it! Our goal is to continue to measure and understand the disparities of colorectal cancer prevention, diagnosis, treatment, and outcomes within our CORE Studies population. This is one of the reasons we collect important demographic information during our surveys. Over the years, we've also expanded our cohort

in strategic ways, including more families in racial and ethnic minority groups. We also partner with expert collaborators who are interested in CRC health disparities. Moving forward, we are committed to making sure our science is not only the best it can be, but also leads to advances and better health for all groups of people.

We are also fortunate to be housed at the Fred Hutchinson Cancer Research Center, where recent effort has been made to enhance the culture of our organization by improving the commitment to diversity, equity, and inclusion (DEI). Fred Hutch has established an Office of DEI which hosts regular seminars to increase education surrounding this topic, focuses on improving recruitment and hiring practices, creates policies to improve DEI in the workplace, and leads a Bias Mitigation Training which is now required for all employees. You can read more about our mission and vision here: <https://www.fredhutch.org/en/about/about-the-hutch/office-of-diversity-equity-inclusion.html> We realize this is only the first step in a very long journey, but it's a journey we're committed to taking.

## INTRODUCING DR. AMANDA PHIPPS, NEW PRINCIPAL INVESTIGATOR OF THE CORE STUDIES

We are delighted to announce that Dr. Amanda Phipps will be taking over for Dr. Newcomb in leading the CORE Studies! Dr. Phipps is an epidemiologist whose research has focused on identifying ways in which cancer survival differs according to aspects of a patient's lifestyle (e.g., smoking, physical activity) and aspects of tumor biology (e.g., mutation status, microsatellite instability, tumor microbiome). Through many previous collaborations with the Colon Cancer Family Registry (CCFR), she has identified genetic factors and tumor attributes that contribute to the prognosis of colorectal cancer patients. Her work has been featured in previous CORE newsletters, most recently back in 2017. We are thrilled to have Dr. Phipps lead our team and excited to facilitate her goals for the CCFR and promote colorectal cancer research.

### Message from Amanda Phipps, PhD, MPH:

*"After having worked closely with the Seattle CCFR (and with Dr. Polly Newcomb) for over a decade, I've come to deeply value the information our participants have entrusted to us and the great team who help turn that information into new knowledge. As a cancer epidemiologist focused on the study of colorectal cancer survival, I hope to honor the contributions of our participants by growing our understanding of the factors that influence patient outcomes and shape life after a colorectal cancer diagnosis."*



## CANNABIS AND CANCER: WHERE'S THE RESEARCH?

Cannabis (or marijuana) use is common. As of 2020, over two-thirds of US states have legalized medicinal and/or recreational marijuana (cannabis). In Washington State, medicinal cannabis use was legalized in 1998 and recreational use was legalized in 2012. Changes in laws, policies, and public perception have contributed to a growing prevalence of cannabis use in the US. This increase in use may include cancer patients, where cannabis is said to have medicinal benefits for symptoms related to cancer or cancer treatment, such as nausea, vomiting, pain, insomnia, and anxiety. So what is the latest research on this topic?

Recent work by our Fred Hutch collaborators suggests that approximately 16–24% of cancer patients are active cannabis users, which is approximately twice as high as in the general US population. Furthermore, these prior studies indicate that cannabis use is more common (medicinal, recreational, or both) in cancer patients with more advanced disease and those who have poor mental or physical quality of life. This suggests that cannabis is commonly used by the most vulnerable cancer patients.

We were curious if these trends also applied specifically to colorectal cancer (CRC) patients. CRC is common and has many types of treatments with different side effects. Recently, we examined the demographic, behavioral, and clinical factors that were associated with cannabis use among a population of 1,433 newly-diagnosed CRC patients in Washington State. We found that current cannabis use was reported by approximately 25% of CRC cases. Current cannabis use was associated with younger age, race, current cigarette smoking and alcohol consumption, lower body mass, lower quality of life, and advanced tumor stage at diagnosis.

Participants in this study used cannabis for a range of reasons, often for multiple reasons, as well as through a variety of modalities. Among current users, reasons for use included management of stress (54%), sleep (49%), and pain (46%), as well as recreation (41%). Among this group of CRC survivors, the most prevalent modality for cannabis was smoking. You can read more about this study, which was published in the journal *Cancer Causes and Control* here: <https://link.springer.com/article/10.1007/s10552-021-01468-4>

So why is this important? Despite the frequency of cannabis use reported by cancer survivors, discussions between cancer survivors and doctors regarding cannabis use occur only rarely, missing an opportunity to monitor patients for known side effects of cannabis use, including cannabis addiction, hypotension, tachycardia, constipation, and a serious fungal infection known as aspergillosis, which can be fatal in immunocompromised patients. By characterizing the demographic, behavioral, and clinical factors associated with cannabis use and assessing reasons for use among cancer survivors, physicians can better understand the types of patients who may be using cannabis for symptom management and may benefit from monitoring for potential cannabis side effects.

The research in this area is still really limited. Due to the fact that cannabis is still illegal at the federal level, there is not very much funding for research. Given the high level of cannabis use among cancer patients, more research is needed to determine the benefits and harms of cannabis use in order for patients and doctors to make informed, evidence-based decisions about the use of cannabis for symptom management. We hope to study this more in the future!

