PUBLIC SUBMISSION

As of: 9/16/22, 7:12 PM
Received: August 22, 2022
Status: Pending_Post
Tracking No. l75-dfsm-za00
Comments Due: October 24, 2022
Submission Type: Web

Docket: CDC-2022-0093
WISEWOMAN National Program Evaluation

Comment On: CDC-2022-0093-0001
WISEWOMAN National Program Evaluation

Document: CDC-2022-0093-DRAFT-0002
Comment from publee, jean

Submitter Information

Name: jean publee
Address:
flemington, NJ, 08822
Email: jeanpublic1@gmail.com
Phone: 800-000-0000

General Comment

why is this program onlyh to age 64. what about womento age l04? why are you promoting limited help. women live longer than 64 and are still poor. dont understand this strang eage cut off at all.

PUBLIC SUBMISSION

As of: 10/26/22, 11:46 AM
Received: September 25, 2022
Status: Pending_Post
Tracking No. l8i-0kww-uolq
Comments Due: October 24, 2022
Submission Type: Web

Docket: CDC-2022-0093
WISEWOMAN National Program Evaluation

Comment On: CDC-2022-0093-0001
WISEWOMAN National Program Evaluation

Document: CDC-2022-0093-DRAFT-0003
Comment from Anonymous

Submitter Information

Name: Anonymous Anonymous
Email: vfinamor@buffalo.edu

General Comment

Hello,

Per the proposed project document, the WISEWOMAN study proposes data collection from low-income women ages 40–64 with increased cardiovascular disease (CVD) risk factors, lack health insurance, or are under-insured for health services.

1. As this is a vulnerable and low-income population, what efforts will be done to ethically protect the participants from harm or manipulation while simultaneously promoting recruitment?
2. Cardiovascular research studies have a history of neglecting ethnic/racial minorities (Michos et al., 2021). What recruitment strategies will you utilize to increase ethnic/racial diversity of participants?

It is also noted in the WISEWOMAN proposal that participants must be enrolled in the National Breast and Cervical Cancer Early Detection Programs. This is justified

considering participant age criteria and studies indicating shared physiological pathways between CVD and cancer (Handy et al., 2018). Women diagnosed and treated for cancer have an elevated risk of developing acute and/or chronic CVD. It is the primary non-cancer cause of death in breast cancer survivors and accounts for 35% of mortality in survivors >50 years old (Handy et al., 2018). While shared risk factors, inflammation, and oxidative stress may play a part, cancer therapies can cause acute, chronic, and late onset heart failure, "…hypertension, arrhythmias, myocardial ischemia, valvular disease, thromboembolic disease, pulmonary hypertension, and pericarditis," in breast cancer populations (Mehta et al., 2018).

1. Considering the high prevalence of CVD and CVD-related mortality, and breast cancer being the most diagnosed in U.S. women (apart from skin cancer), will you extend recruitment efforts to patients diagnosed with breast cancer and survivors (ACS, 2022)?

Kindly,

Victoria

References

American Cancer Society [ACS], 2022. Key Statistics for Breast Cancer. https://www.cancer.org/cancer/breast-cancer/about/how-common-is-breast-cancer.html

Handy, C. E., Quispe, R., Pinto, X., Blaha, M. J., Blumenthal, R. S., Michos, E. D., ... & Cainzos-Achirica, M. (2018). Synergistic opportunities in the interplay between cancer screening and cardiovascular disease risk assessment: together we are stronger. Circulation, 138(7), 727-734. https://doi.org/10.1161/CIRCULATIONAHA.118.035516

Mehta, L. S., Watson, K. E., Barac, A., Beckie, T. M., Bittner, V., Cruz-Flores, S., ... & Volgman, A. S. (2018). Cardiovascular disease and breast cancer: where these entities intersect: a scientific statement from the American Heart Association. Circulation, 137(8), e30-e66. https://doi.org/10.1161/CIR.0000000000000556

Michos, E. D., Reddy, T. K., Gulati, M., Brewer, L. C., Bond, R. M., Velarde, G. P., ... & Ferdinand, K. C. (2021). Improving the enrollment of women and racially/ethnically diverse populations in cardiovascular clinical trials: an ASPC

practice statement. American Journal of Preventive Cardiology, 8, 100250. https://doi.org/10.1016/j.ajpc.2021.100250