

# Facilitators for cancer-related follow-up care among adolescent and young adult survivors of childhood cancer: A cancer-registry based study

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## BACKGROUND

- Late effects of cancer and treatment are diverse and include both medical and psychosocial sequelae
- Cancer related follow-up care (CRFU) is recommended for all childhood cancer survivors (CCS) to mitigate and/or prevent late effects
- However, approximately half of CCS are not engaged in CRFU care, and this rate declines with age and time from diagnosis
- The purpose of this study was to identify facilitators for CRFU care among adolescent and young adult CCS

## RESULTS

- The total sample consisted of 1,106 survivors, of which 92.9% (N=1,027) reported any cancer-related follow up care (Tables 1 and 2)
- Participants endorsed an average of 5 facilitators (Mean [SD]=4.9 [+/- 2.7])

Table 1: Demographics of participants who reported cancer-related follow up

	N (%) or M (SD)
Sex	
Female	535 (51.2)
Age diagnosed	11.7 (5.4)
Age at survey	26.1 (4.9)

Table 2: Last cancer-related follow up care visit\*

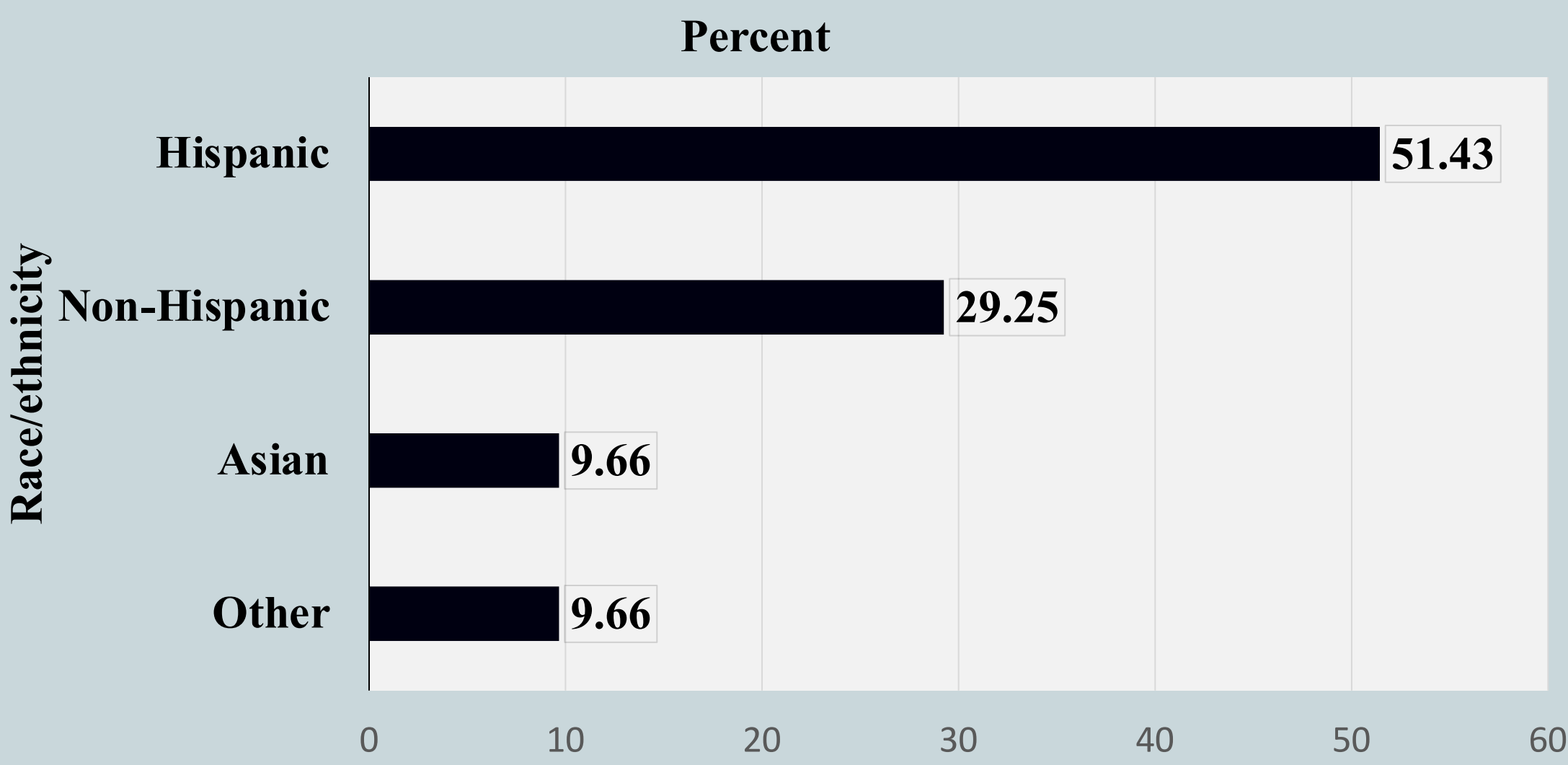
	N (%)
Never	60 (5.5)
Within the past year	441 (40.6)
1-2 years ago	191 (17.6)
2+ years ago	395 (36.3)

\*Total values do not sum to N=1,106 due to item missingness

## METHODS

- Data for Project Forward were obtained from the Los Angeles Cancer Surveillance Program (LA CSP) cancer registry and from a self-report survey
- Participants were diagnosed <20 years with any cancer type (stage 2+, except brain which included stage 1+) in LA County, at least five years from diagnosis, and 18-39 years old at study launch in 2015
- Participants reported when they last saw a doctor for CRFU care (*past year, 1-2 years ago, 2+ years, never*)
- Those who indicated any CRFU visit indicated which, if any, facilitators helped them schedule and complete this visit, including “*I trust this doctor/nurse,*” among others (12 options, one open text)
- Chi-square tests were used to evaluate differences in sex and race/ethnicity for each facilitator

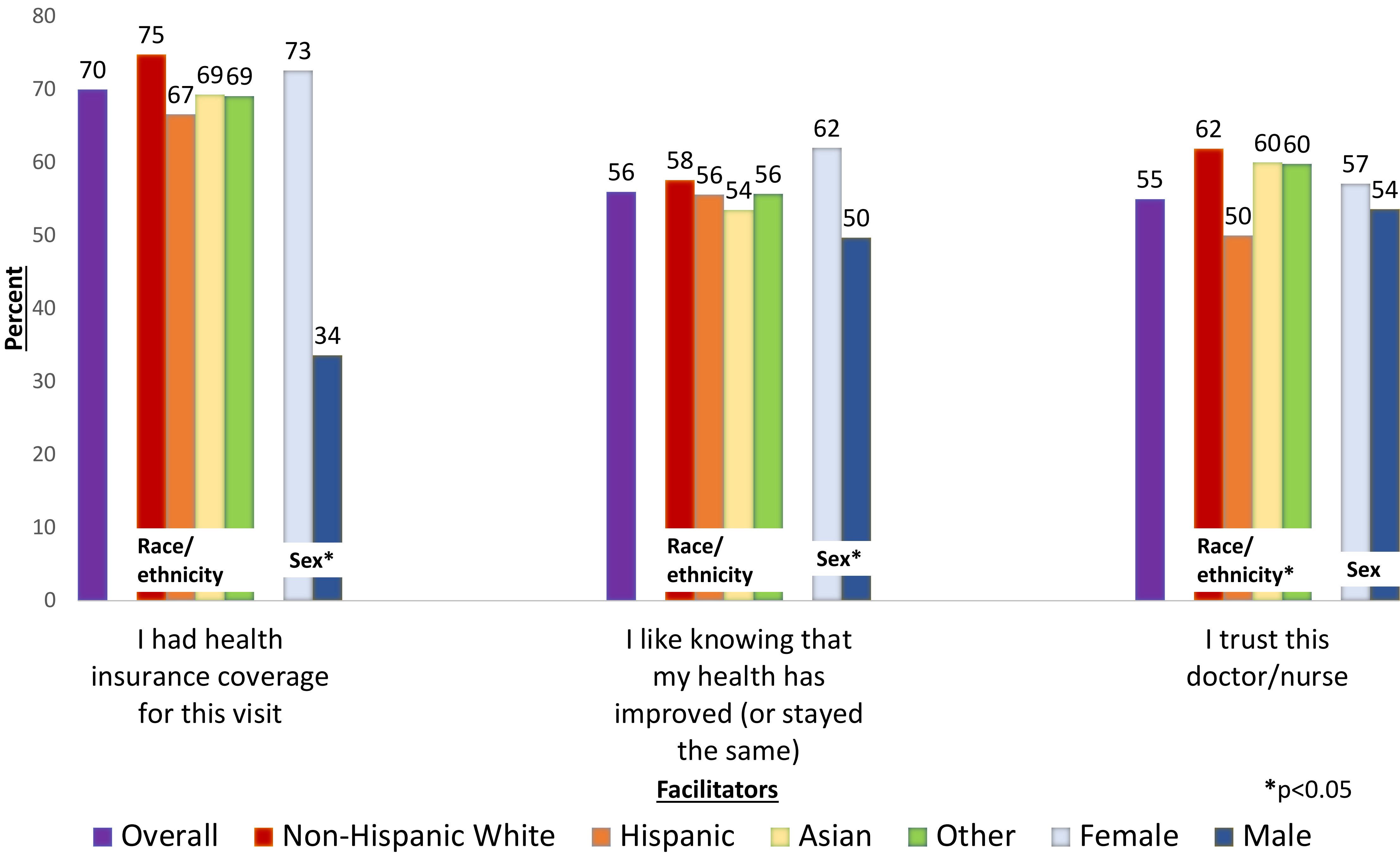
Figure 1: Participant race/ethnicity



Most frequent facilitators and observed differences were (Figure 2):

- “*I had health insurance coverage for this visit*” (sex:  $X^2=4.57$ ,  $p<.05$ ; no race/ethnicity differences)
- “*I like knowing that my health has improved (or stayed the same)*” (sex:  $X^2=15.44$ ,  $p<.01$ ; no race/ethnicity differences)
- “*I trust this doctor/nurse*” (race/ethnicity:  $X^2=12.65$ ,  $p<.01$ ; no sex differences)

FIGURE 2: TOP THREE MOST ENDORSED FACILITATORS



## DISCUSSION

- Health insurance was the most frequent facilitator across groups, followed by knowing improvements to health, with higher endorsement among females (vs. males) for both
- Notably, females endorsed having health insurance as a facilitator at over twice the rates of males. This difference may be accounted for by greater healthcare engagement at this age range among females.
- Hispanic patients endorsed trust in their doctor/nurse least frequently among racial/ethnic groups, thus, efforts to increase patient-provider relations among this population may increase uptake of CRFU
- Future studies are needed to identify factors to mitigate financial hurdles, increase trust for minoritized patients, and better engage male CCS in their healthcare and CRFU