

HEALTH CARE UTILIZATION OF ADULT SURVIVORS OF CHILDHOOD CANCER: A REPORT FROM THE CHILDHOOD CANCER SURVIVOR STUDY

K. Oeffinger, A. Mertens, M. Hudson, J. Castillo, J. Gurney, M. Yeazel, H. Chen, L. Robison. University of Texas Southwestern Medical Center at Dallas, TX; University of Minnesota, Minneapolis, MN; St. Jude Children's Research Hospital, Memphis, TN; and University of California, Los Angeles, CA.

Purpose: To determine the prevalence of general and cancer-related health care utilization of adult survivors of childhood cancer and to determine factors associated with lack of medical care.

Methods: Adult survivors (≥ 18 years of age) of childhood cancer (N=9,434) who were participants of the Childhood Cancer Survivor Study, a large, retrospective cohort of 12,433 long-term survivors of childhood cancer who were diagnosed from 1970-1986, were included in this analysis. Of the sample, 47% were female, 12% racial/ethnic minorities, 16% uninsured, and 23% had a household income $< \$20,000$. Four outcomes of health care utilization in the previous two years, self-reported by participants, were measured: (1) general medical follow-up with any type of health care provider, by telephone contact or as a medical visit; (2) general physical examination; (3) medical visit related to the previous cancer or treatment; and (4) medical visit at a cancer center.

Results: Eighty-seven percent reported general medical contact, 63% a general physical examination, 46% a visit related to the previous cancer or treatment, and 19% a medical visit at a cancer center. Lack of general physical examination, a cancer-related visit, or a cancer center visit was associated with increasing age of the survivor or interval from cancer diagnosis ($P < 0.01$). Sixty-four percent of survivors 5-9 years from diagnosis reported a cancer-related visit, decreasing to 28% in those who were 25-29 years from diagnosis. By multivariate modeling, older age (or interval from cancer diagnosis), male gender, lack of medical insurance, and a college degree were associated with lack of all four types of health care utilization. While ethnic/racial minority survivors were less likely to have general medical contact in comparison to white, non-Hispanic survivors, they were more likely to have had a visit at a cancer center. Lack of concern for future health was associated with lack of a cancer-related or cancer center visit.

Conclusion: The National Cancer Policy Board recommends lifetime follow-up for all survivors, addressing the potential for late effects of treatment. Though most adult survivors reported some contact with the medical system, less than half had a visit they thought was related to their previous cancer treatment. Barriers to cancer-related follow-up of survivors should be addressed.