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

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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.