

The cancer screening practices of long-term childhood cancer survivors

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This study characterizes the self-reported cancer screening practices of adult survivors of childhood cancer. This analysis used data from the Childhood Cancer Survivor Study, a 25 site multi-institutional study that follows a cohort of 14,054 survivors of childhood cancer who were diagnosed between 1970 and 1986 and survived 5 or more years, and a comparison group of 3,858 siblings. Subjects (median age 26) completed a 289-item survey that included items about several cancer screening practices: breast self-exam (BSE), clinical breast exam (CBE), mammography, papanicolaou screening, and testicular self-exam (TSE). Analyses were performed to assess whether SES or cancer-related variables affect screening practices, whether the breast cancer screening practices of women exposed to chest/mantle radiation differed from those who were not, and whether the cancer screening practices of survivors differed from a comparison group of siblings. Results: Overall, 27.3% of female reported performing BSE regularly, 78.2% had a pap smear within three years, 62.4% had a CBE within the last year, and 20.9% had a mammogram at least once in their lifetime. 17.4% of males reported performing regular TSE. Survivors who were older at the time of the original cancer diagnosis report higher rates of cancer screening practices than those diagnosed at younger ages. Subjects who perceived their health as excellent reported the highest rate of clinical breast exam and the lowest rates of mammography, while those whose perceived health was poor reported the lowest rates of clinical breast exam and the highest rates of mammography. In general, a subject with higher levels of future health concerns reported higher levels of performance of all cancer screening behaviors. Women age 30 and older who had been exposed to chest or mantle radiation were more likely to report CBE (OR 1.59, 95% CI 1.32-1.92) and mammography (OR 1.92, 95% CI 1.47-2.56). They were not significantly more likely to perform BSE (OR 1.16, 95% CI 0.97-1.41). In comparisons with a sibling control group adjusting for age, ethnicity, education, income and health insurance, female survivors showed only a modest increase in likelihood of performing BSE after (OR =1.30, 95% CI= 1.10-1.52), of having CBE within the last year (OR=1.18, 95% CI= 1.02-1.35), or of ever having a mammogram (OR=1.82, 95% CI= 1.52-2.17). No significant difference in likelihood of pap smear was seen between survivors and siblings (OR=0.83, 95% CI= 0.69-1.01). Male survivors showed a modestly increased likelihood of performing testicular self-exam after adjustment (OR=1.52, 95% CI= 1.22-1.85). Conclusions: This data provide evidence that cancer screening practices among survivors of childhood cancer are below optimal levels. Methods to improve their cancer screening behaviors are needed. Survivors of childhood cancer need information about their future cancer risks and appropriate screening guidelines.