

COMPARISON OF LONG-TERM OUTCOMES, HEALTH CARE UTILIZATION, AND HEALTH BEHAVIORS IN YOUNG ADULT AFRICAN AMERICAN (AA) SURVIVORS OF CHILDHOOD CANCER WITH WHITE, NON-HISPANIC (WNH) SURVIVORS: A CHILDHOOD CANCER SURVIVOR STUDY (CCSS)

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Background: Childhood cancer survivors are at increased risk for late morbidity
Objective: This study compares outcomes for adult AA survivors of childhood cancer WNH survivors.

Methods: The CCSS cohort was diagnosed between 1970 and 1986. Of CCSS adult survivors living in the U.S., 432 (4.9%) were AA and 7675 (87%) were WNH. Mean age at study was 26.3 yrs. (18-44 yrs.); mean follow-up is 17.2 yrs. (8.7-28.4 yrs). AA survivors were more likely to have lower socioeconomic indicators, thus all analyses are adjusted for income, education and health insurance*.

Results: Overall late mortality rate (6.5%) and 15 yr cumulative incidence of second malignancy (3.5%) were equivalent for AA and WNH. Although overall health status was similar, AA survivors reported fewer mental health problems. Differences in health care utilization and risk behaviors were found: AA females were more likely to have had a recent pap smear, but less likely to have dental care; AA survivors were less likely to report smoking, and problem drinking.

Odd Ratios (OR) and 95% Confidence Intervals (CI) of the likelihood of the following outcomes in AA adult survivors compared with WNH*

Outcome	Males		Females	
	OR	(CI)	OR	(CI)
Late mortality	1.25	(0.80-1.86)	0.44	(0.20-0.83)
Moderate to Severe Adverse Health Status				
Any Domain	0.80	(0.58 - 1.10)	0.86	(0.64 - 1.16)
Mental health	0.52	(0.32 - 0.86)	0.56	(0.36 - 0.86)
Pap smear within three yrs (females)	-	-	1.54	(1.03 - 2.31)
Dental examination within 1 yr	0.75	(0.56 - 1.00)	0.64	(0.48 - 0.85)
Current smoker	0.52	(0.35 - 0.77)	0.40	(0.25 - 0.63)
Binge drinking, yes	0.38	(0.24 - 0.60)	0.20	(0.11 - 0.36)
Heavy drinking	0.44	(0.19 - 1.00)	0.13	(0.03 - 0.53)

Conclusions: AA survivors in this cohort study are not at increased risk for late mortality or adverse health status. They are less likely to report mental health symptoms, or practice behaviors that further compromise health.