

HEALTH AND WELL-BEING IN ADOLESCENT SURVIVORS OF CHILDHOOD CANCER: A REPORT FROM THE CHILDHOOD CANCER SURVIVOR STUDY (CCSS). [A Mertens](#), A Riley, A Patenaude, B Bursch, L Robison, L Zeltzer. University of Minnesota, Johns Hopkins University, Dana-Farber Cancer Institute, University of California-LA, University of MN, University of CA-LA. With the growing number of childhood cancer survivors in the United States, it is important to assess the well-being of these individuals, particularly during adolescence. The (CCSS) is a resource designed to investigate long-term effects among five-year survivors of childhood and adolescent cancer. This current study contacted 664 parent(s) who participated in CCSS, to request permission to contact their teen survivor who was diagnosed with cancer before the age of 4; 427 parents consented, 144 parents refused, and 93 are pending. The Child Health and Illness Profile-Adolescent Edition, a self-report questionnaire designed to comprehensively assess adolescent physical and emotional development, was sent to 427 teens. Of these, 290 adolescents returned the questionnaire to date. The mean age of participants is 17.4 years, with a median time of follow-up of 16 years (range 15-18). Original cancer diagnoses are leukemia (31%), neuroblastoma (28%), Wilms tumor (18%) CNS tumor (13%), and other (10%). Cancer treatment included surgery only (13%), radiation only (4%) chemotherapy only (33%), and both (49%). Four domains and 12 subdomains are shown below. Using 863 teens from North Baltimore as the reference population, scores were standardized, by setting the mean for each subdomain at 20 with a standard deviation (SD) of 5. In this study, both males and females showed higher Satisfaction, particularly within higher self-esteem. Higher Resilience did not come from physical activity, but from increased home safety/health and problem solving. Discomfort was elevated in all subdomains, except for physical discomfort which was lower than the reference population. Within the Risk subdomains, teen survivors were less likely to undertake individual risk-taking, even with peers who undertake this behavior. Identification of vulnerable adolescent populations provides leads toward the development of intervention strategies that may lead to a reduction of future morbidity.

Domain	Females Mean (SD)		Males Mean (SD)	
	Age 15-17 (n=76)	Age 18-19 (n=99)	Age 15-17 (n=45)	Age 18-19 (n=70)
Satisfaction	23.9 (5.2)*	23.8 (5.9)*	25.3 (5.7)*	25.3 (5.5)*
Overall satisfaction	17.1 (4.6)	17.6 (5.0)	19.2 (5.0)	19.6 (4.6)
Self-esteem	28.9 (6.2)*	28.3 (6.9)*	29.2 (6.3)*	28.9 (6.2)*
Resilience	22.3 (4.7)	21.1 (4.0)	22.0 (4.0)	21.6 (4.0)
Family involvement	20.8 (4.0)	20.4 (4.2)	21.4 (4.2)	20.4 (4.1)
Problem solving	22.9 (3.0)*	23.3 (3.3)*	21.1 (4.0)	21.8 (3.6)
Physical activity	17.3 (4.5)	15.9 (3.9)	18.0 (4.7)	17.5 (4.1)
Home safety/Health	27.5 (5.3)*	25.7 (5.2)*	26.4 (4.1)*	26.5 (4.7)*
Discomfort	23.7 (5.6)*	24.3 (7.4)*	27.2 (7.1)*	27.6 (5.1)*
Physical discomfort	15.7 (6.3)	17.1 (6.9)	19.5 (6.3)	20.6 (4.4)
Emotional discomfort	29.7 (8.4)*	30.4 (9.4)*	33.9 (10.8)*	34.4 (7.2)*
Limitation of activity	21.6 (3.4)	21.2 (4.5)	22.3 (2.7)	22.3 (3.6)
Risks	25.0 (5.5)*	23.8 (5.9)*	23.9 (7.0)*	24.2 (6.1)*
Individual risk-taking	26.6 (7.2)*	23.7 (8.2)*	25.3 (7.7)*	25.3 (8.1)*
Threats to achievement	27.1 (3.6)*	27.6 (3.1)*	25.6 (5.5)*	26.5 (4.1)*
Peer influences	17.5 (5.7)	16.4 (6.3)	18.0 (6.9)	17.8 (6.4)

* statistically significant better health than the reference population, $p < 0.05$

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