DOES A COGNITIVE-BASED INTERVENTION INCREASE THE LIKELIHOOD OF SCREENING FOR SERIOUS LATE EFFECTS IN ADULT SURVIVORS OF CHILDHOOD CANCER? PROJECT VISION
A Report from the Childhood Cancer Survivor Study

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Background: Many cancer survivors are not aware of their personal risks for late effects and thus are not screened for modifiable diseases. Methods: Project VISION was a six-month one-arm pilot study designed to test a cognitive-based intervention intended to increase the rate of screening in a high risk population adult survivors of pediatric cancer. The intervention consisted of two components: a mailed one-page summary of the cancer, cancer therapy, potential late effects, and screening recommendations and an interactive web-site designed for the study population. Eligible subjects were survivors of Hodgkin disease who were: (1) > 27 years of age; (2) at risk for breast cancer (BC) or cardiac disease (CD); and (3) did not report previous screening for the respective disease in the previous two years. Results: 61/71 (86%) of subjects enrolled in the study: 27 females with BC risk, 12 females with BC and CD risk, and 22 males with CD risk. The median age at study completion was 37 years (range: 29-55). In preliminary analysis of 43 participants who have completed the six-month study, 82% reported reading the summary, of which 42% visited the web-site. Of those who read the summary, 27/31 (87%) shared or planned to share their summary with their primary care physician. Of the BC group, 52% were aware of the screening mammogram recommendation. After receiving the summary, 23/26 (88%) completed or planned to have a mammogram within the next twelve months. Of CD group, only 1/22 (5%) was aware of the screening echocardiogram. However, 16/22 (73%) had an echocardiogram after receiving the summary, or planned to have one in the next year. Conclusion: This pilot study suggests that a simple, inexpensive cognitive-based intervention may be effective in educating survivors and increasing the likelihood of risk-based care. The web-site did not appear to provide additional value to the intervention.