

Title: RISKY HEALTH BEHAVIOR IN ADOLESCENT SURVIVORS OF CHILDHOOD CANCER AND THEIR SIBLINGS: A REPORT FROM THE CHILDHOOD CANCER SURVIVOR STUDY

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Purpose: Establishing the prevalence and risk factors for unhealthy behavior is important among adolescents surviving childhood cancer who are at increased risk of relapse, second malignancy, and organ toxicity/compromise. The purpose of this study is to report the prevalence and comparison of cancer-linked behaviors, while identifying risk factors associated with unhealthy behavior among cancer survivors and their siblings.

Method: Childhood cancer survivors (n = 307) and their siblings (n = 97) between 14 - 20 years of age completed the Child Health and Illness Profile - Adolescent Edition (Starfield et al., 1994), a self-report survey of health-related quality of life and behavior. Regression models were used to compare survivors to siblings and to identify risk factors for unhealthy behavior.

Results: Risky behavior ranged from 0.7% - 35.8% for survivors and 1.0% - 41.2% for siblings. After controlling for age and gender, comparisons utilizing continuous data in the measurement of tobacco use, illicit drug use, alcohol use, and risky sexual behavior revealed no differences between survivors and siblings. When categories of "never," "past" and "current" use were employed, survivors were less likely to have engaged in past smokeless tobacco use (OR = .32, 95% CI: 0.11 - 0.92, $p = .03$) or to be currently engaged in the consumption of beer/wine (OR = .50, CI: .29 - .86, $p = .01$), hard liquor/mixed drinks (OR = .56, CI = .31 - 1.00, $p = .05$) or binge drinking (OR = .53, CI: .29 - .97, $p = .04$) compared to siblings. Poor mental health was associated with poor health behavior (OR = .24, CI: .13 - .43, $p < .0001$).

Conclusions: Despite their high risk status, adolescent survivors are engaging in risky health behaviors at rates generally equivalent to those of their siblings. Aggressive health education efforts should be directed toward this high-risk population.