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Predicting patterns of distress in adult survivors of childhood cancer: A latent profile analysis from the Childhood Cancer Survivor Study.

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Background: Although most survivors are emotionally healthy, subgroups report elevated or increasing distress over time. Distress often involves comorbid symptoms, which are difficult to treat. Predictors of comorbidity have not been examined in survivors. This study identifies patterns of distress and examines disease, treatment and demographic predictors in long-term survivors diagnosed between 1970-99. **Methods:** Latent profile analyses were used to identify clusters of survivors (N = 16079) and siblings (N = 3085) based on symptoms of somatization, anxiety, and depression from the Brief Symptom Inventory – 18. Bayesian information criterion & Lo-Mendell-Rubin adjusted likelihood ratio test were used to select cluster number. Multinomial logistic regression was used to identify predictors of cluster membership stratified by sex. **Results:** Four clusters were identified: low distress on all subscales (asymptomatic); high distress on all subscales (global distress); primary somatization (somatic distress); primary depression (affective distress). Compared to siblings, fewer survivors were asymptomatic (62% v. 74%) and more had global distress (11% v. 5%), p 's < 0.0001. More male (66%) than female (58%) survivors were asymptomatic, and more females reported somatic (17% vs 10%) and global (12% vs 9%) distress, all p 's < 0.0001. Among females, fair/poor perceived health (OR 30.9, 95% CI 19.4-49.1); pain (OR 3.4, 95% CI

2.4-4.8), divorced/separated (OR 2.3, 95% CI 1.7-3), less than college education (OR 1.9, 95% CI 1.5-2.3), and antimetabolite therapy (OR 1.3, 95% CI 1.1-1.6) were associated with global distress. Fair/poor perceived health (OR 26.2, 95% CI 17.6-38.9), pain (OR 5.1, 95% CI 3.8- 6.8), divorced/separated (OR 3.0, 95% CI 2.2-4), and anthracycline therapy (OR 1.2, 95% CI 1.0-1.4) were associated with global distress in males. Diagnosis, age at or time since diagnosis, and radiation were not significant predictors. **Conclusions:** Results support the conceptual distinction between somatic versus affective symptoms of distress and highlight sex differences and health-related predictors of distress, all which have implications for treatment approaches.

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