

## Correlates of Follow-Up Among Young Adult Survivors of Childhood Cancer: A Retrospective Quality Improvement Analysis

**Claire Woodrow, BS** (Keck School of Medicine of USC); Jennifer Soliman, MSN AOCNP and Jennifer Parga, MSW LCSW (LIFE Clinic for Cancer Survivors at the USC Norris Comprehensive Cancer Center); Kimberly A. Miller, PhD MPH (Department of Population and Public Health Sciences, Keck School of Medicine of USC); David R. Freyer, DO MS (Departments of Pediatrics, Medicine, and Population and Public Health Sciences, Keck School of Medicine of USC)

**Background:** Young adult survivors of childhood cancer (YASCC) are at risk for developing significant late effects of treatment. Guidelines indicate the need for lifelong follow-up (FU) for survivorship-focused monitoring and health promotion. Recommended yearly visits to Survivorship Clinic are an important touchpoint for providing high quality patient care.

**Objective:** Determine prevalence and correlates of FU in YASCC patients.

**Methods:** This retrospective quality improvement analysis included YASCC seen at least once in LIFE Clinic for Cancer Survivors at the USC Norris Comprehensive Cancer Center from 2014–2024. Descriptive statistics and logistic regression were used to analyze demographic and care utilization data. FU was defined as >1 visit (Y/N, where N=0). Adjusted odds ratios (AOR) and 95% confidence intervals (95%CI) were calculated with age, sex, race, ethnicity, cancer diagnosis, and insurance-type as correlates.

**Results:** Cohort (n=319) characteristics were median age 23 years (range 19–63); sex (57% male); race (White 34%, Asian 7%, Other 50%, Declined 9%); ethnicity (Non-Hispanic 49%, Hispanic 36%, Declined 15%); cancer diagnosis (CNS 27%, leukemia/MDS 23%, other solid tumor 17%, lymphoma 13%, bone 9%, retinoblastoma 8%, non-malignant BMT 3%); and insurance-type (PPO 48%, HMO 39%, fee-for-service Medicaid/Medicare 9%, TRICARE/self 4%). Overall, 194 patients (61%) had FU beyond 1 visit and 125 (39%) did not. Correlates of FU (AOR, 95%CI) were HMO (2.15, 1.25-3.72) and Medicaid/Medicare (2.62, 1.04-6.61) compared with PPO, whereas non-malignant BMT compared with leukemia/MDS was correlated with non-FU (0.21, 0.05-0.88).

**Conclusion:** Over one-third of YASCC do not engage in longitudinal survivorship care, with potential adverse long-term health impacts. In this analysis, non-FU was most correlated with non-malignant BMT patients. Somewhat surprisingly, HMO and Medicaid/Medicare-insured patients had greater tendency to engage in FU (i.e., complete multiple visits) compared with PPO-insured patients. Formal research is needed to validate and explain these findings.

**Reference:** Landier, W., Bhatia, S., Eshelman, D. A., Forte, K. J., Sweeney, T., Hester, A. L., Darling, J., ... Hudson, M. M. (2004). Development of risk-based guidelines for pediatric cancer survivors: The Children's Oncology Group Long-Term Follow-Up Guidelines from the Children's Oncology Group Late Effects Committee and Nursing Discipline. *Journal of Clinical Oncology*, 22(24), 4979–4990. <https://doi.org/10.1200/JCO.2004.11.032>



Claire Woodrow, BS is a MD-MPH candidate at Keck School of Medicine of USC. She hopes to pursue a career in medicine as both a physician provider and health advocate on behalf of her patients. She is involved in quality improvement initiatives focused on follow-up care for young adult survivors of childhood cancer, with aims to improve patient retention and long-term health outcomes.

Email: [cwoodrow@usc.edu](mailto:cwoodrow@usc.edu)