

Is Hispanic ethnicity associated with acceptance of not having more children in adolescent and young adult cancer survivors?

A. Vasilieva¹, S. Stark², H.I. Su³.
¹Sd State, ²UCSD Moores Cancer Center

BACKGROUND

- Adolescent Young Adult (AYA) women diagnosed with cancer undergo treatments such as radiation, surgery, or chemotherapy that can impart reproductive consequences (infertility, pregnancy complications, etc.)
- After treatment, AYA survivors experience a number of reproductive health concerns.
- Reproductive behavior of Hispanic women differ from non-Hispanic women. Example: Hispanic women have children earlier in life and larger families than non-Hispanic women
- There are no data that examine if reproductive health concerns vary by Hispanic ethnicity.
- Reproductive health concerns can be measured by the Reproductive Concerns After Cancer (RCAC) scale, which includes six domains:
 - Acceptance of not having more children
 - Partner disclosure
 - Child's health
 - Personal Health
 - Fertility potential
 - Becoming Pregnant
- Post Traumatic Growth Inventory (PTGI) has two questions that measure the degree to which participants reported 1) a better understanding spiritual matters or 2) stronger religious faith as a result of cancer
- Brief COPE Scale has two questions that measure if participants deal with their cancer experience by:
 - Finding comfort in religion or spiritual beliefs
 - Through praying or meditating.

SPECIFIC AIMS

- Aim 1:** To test the association between Hispanic ethnicity and acceptance of not having more children after cancer
Hypothesis 1: As compared to non-Hispanic participants, Hispanic participants will report being more accepting of not having additional children after cancer.
- Aim 2:** To test the association between religiosity and/or spirituality after cancer and acceptance of not having more children after cancer
Hypothesis 2: Participants who report greater religiosity and/or spirituality after cancer will report being more accepting of not having additional children after cancer.

METHODS

Study design: Retrospective cohort
Participants: Female cancer survivors who are 18-40 years old and participating in the Window Study on ovarian function
Exposure: Hispanic ethnicity
Outcome: Acceptance of not having more children after cancer (RCAC Scale, Acceptance subscale, range 1-5).
 Subscale questions:
 1. I will feel content if I do not have (more) children.
 2. I will be happy with life whether or not I have (more) children someday.
 3. I can accept it if I'm unable to have (more) children.
Analysis:
 1. Descriptive data
 2. Dichotomize Acceptance score into ≤ 3 and >3
 3. Bivariable analysis to estimate the association between the exposures and outcome (Student's t-test, Chi-square)

RESULTS

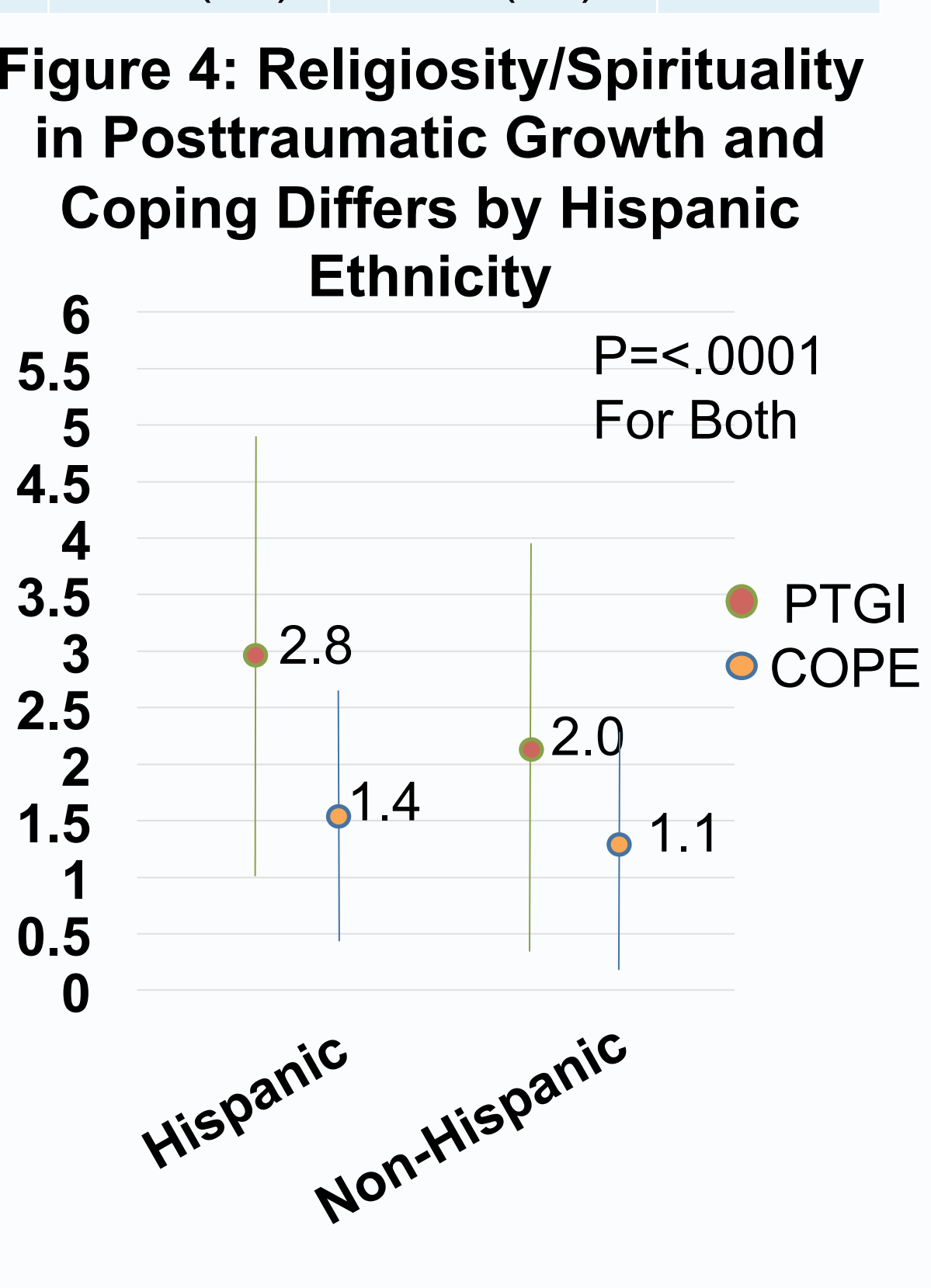
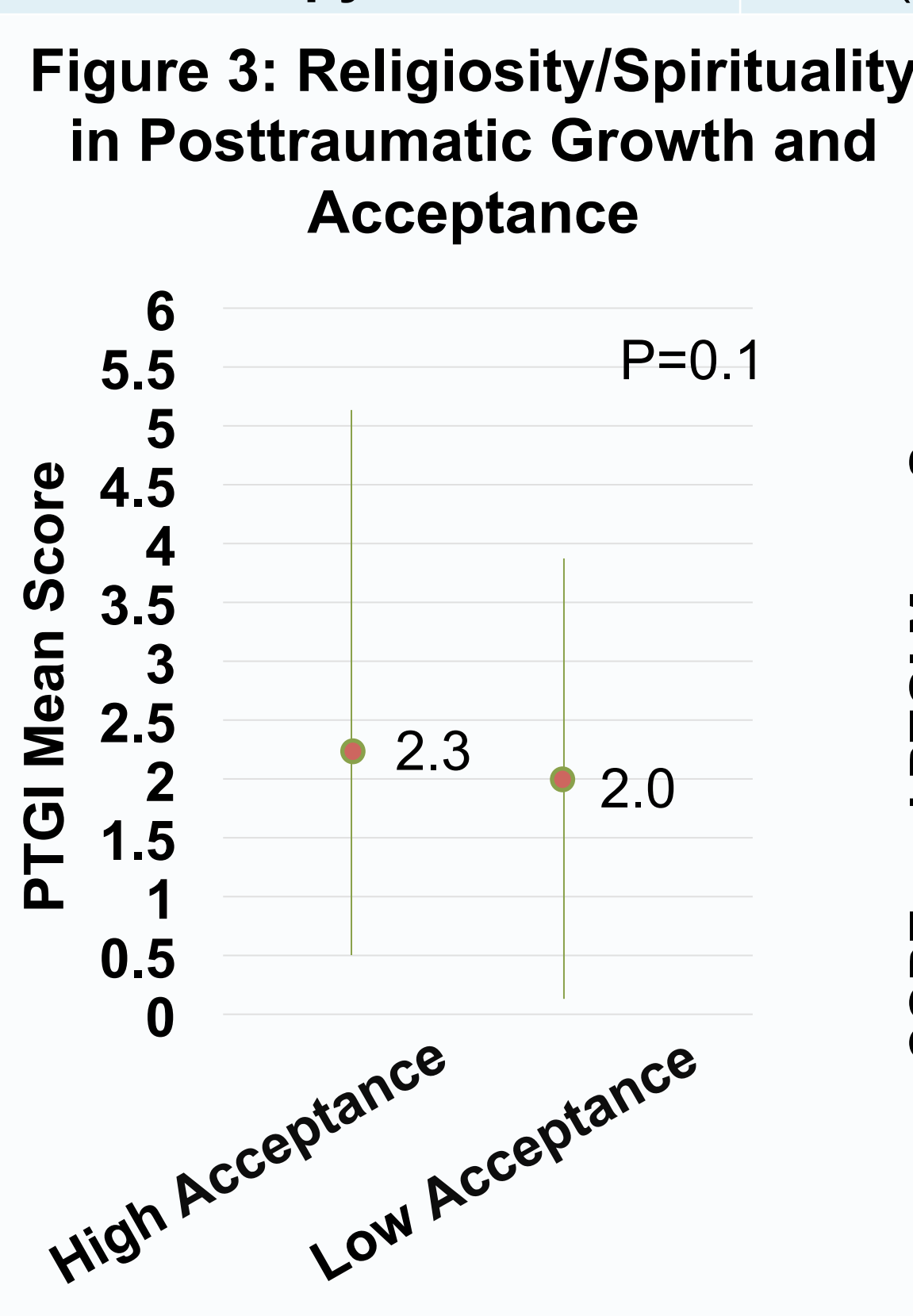
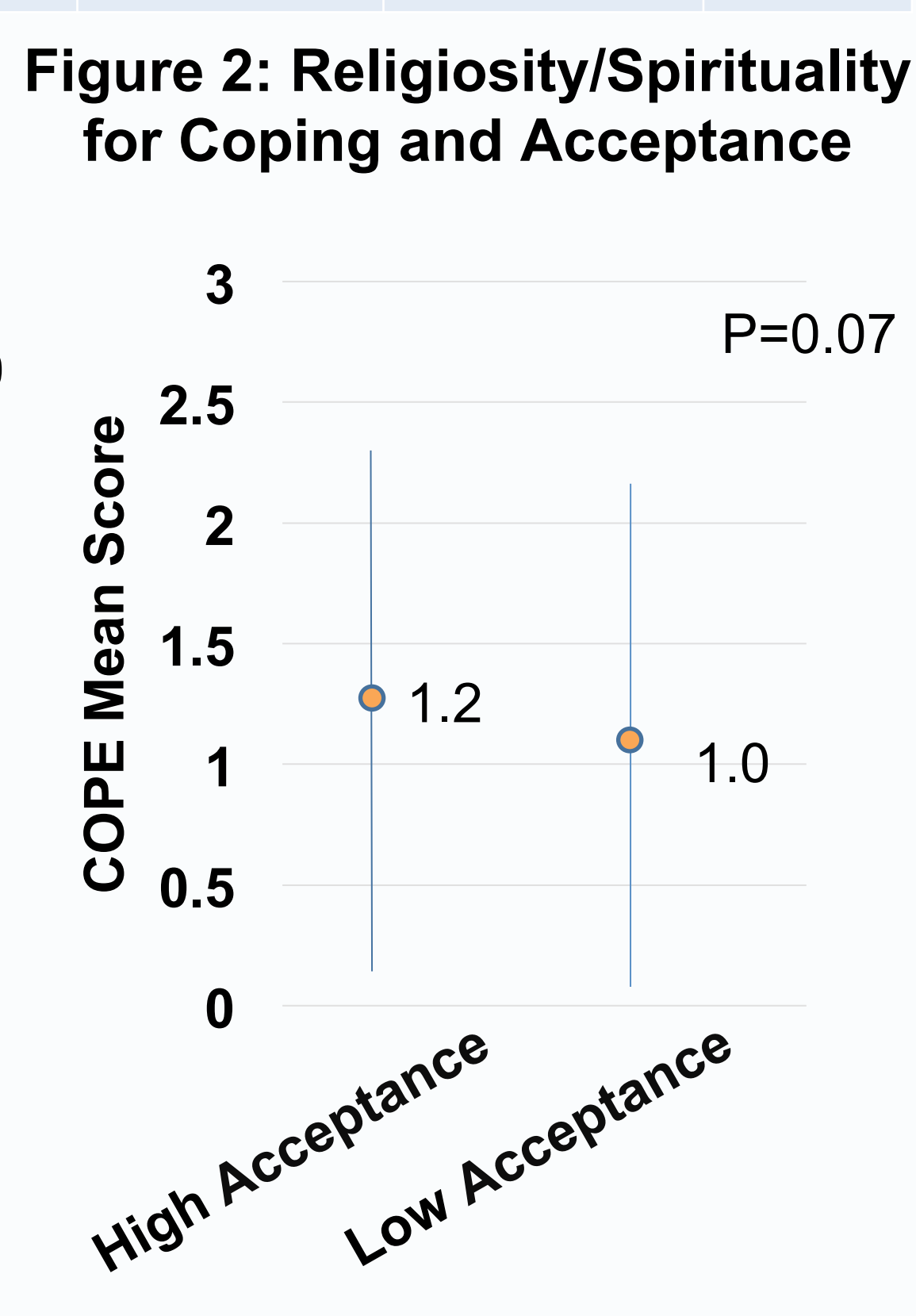
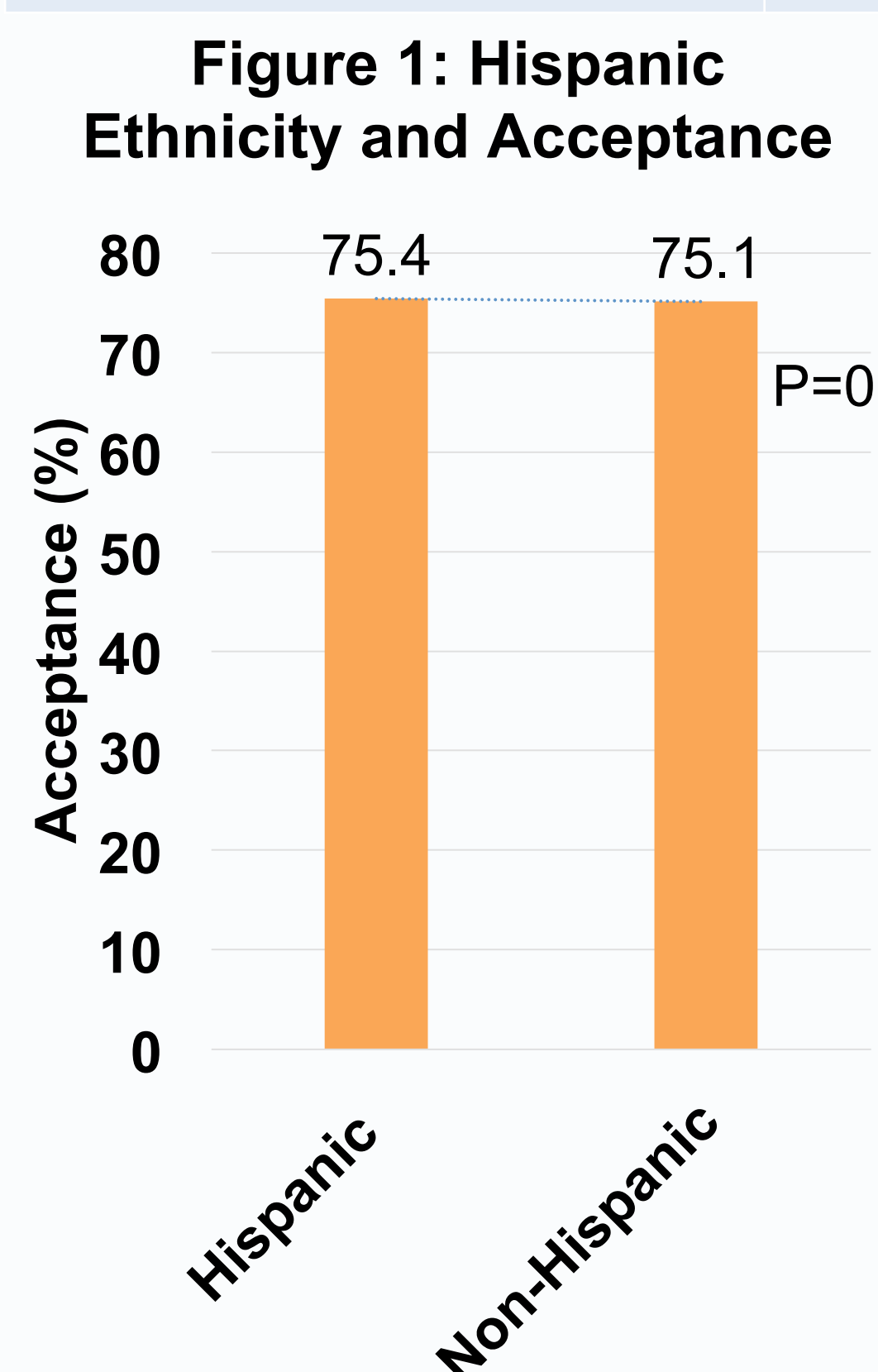
- Key Findings**
- In our cohort of 747 participants, 25% reported that they cannot accept if they are unable to have more children.
 - Compared with non-Hispanic participants, Hispanic women were not more likely to report acceptance (Figure 1).
 - Spirituality and religiosity were not associated with acceptance (Figure 2).
 - Compared with non-Hispanic participants, Hispanic women reported greater religiosity/spirituality in coping.

Table 1: Association between demographics and acceptance of not having more children in female AYA cancer survivors (n=747)

	Overall n=747	Accept n=559	Don't Accept n=188	P-value
Age				<0.001
18-25	61 (8)	38 (7)	23 (12)	
25-30	178 (24)	114 (21)	64 (34)	
31-35	250 (34)	186 (34)	64 (34)	
36-41	247 (34)	212 (39)	35 (19)	
Race				0.45
Black or African American	16 (2)	9 (2)	7 (4)	
White	544 (73)	406 (73)	138 (73)	
Asian	45 (6)	35 (6)	10 (5)	
American Indian or Alaskan Native	2 (0.3)	2 (0.4)	0 (0)	
Native Hawaiian or other Pacific Islander	5 (.7)	3 (.5)	2 (1)	
Mixed race	58 (8)	43 (8)	15 (8)	
Some other race	58 (8)	46 (8)	12 (6)	
Income				0.82
< \$51,000	200 (27)	144 (26)	56 (30)	
\$51,000 to \$100,000	253 (34)	192 (34)	61 (33)	
\$101,000 to \$150,000	140 (18.7)	104 (18.6)	36 (19)	
>\$150,000	107 (14)	83 (15)	24 (13)	
Marital Status				0.10
Married or living together with a heterosexual partner	249 (33)	177 (32)	72 (38)	
Same sex partner, widow, divorced, never married	498 (67)	382 (68)	116 (62)	

Table 2: Association between health and acceptance of not having more children in female AYA cancer survivors (n=747)

	Overall n=747	Accept n=559	Don't Accept n=188	P-value
General health				0.78
Excellent	70 (9)	54 (10)	16 (9)	
Very good	288 (39)	215 (39)	73 (39)	
Good	301 (40)	228 (41)	73 (39)	
Fair	81 (11)	57 (10)	24 (13)	
Poor	5 (.7)	3 (.5)	2 (1)	
I have no medical problems	193 (26)	155 (28)	38 (20)	0.04
Hysterectomy	17 (2)	15 (3)	2 (1)	0.2
Unilateral oophorectomy	49 (7)	40 (7)	9 (5)	0.11
History of Live Birth	292 (39)	257 (46)	35 (19)	<.0001
Cancer type				0.97
Thyroid/skin/melanoma	216 (29)	161 (29)	55 (30)	
Breast	156 (21)	115 (21)	41 (22)	
Cervical/uterine/ovarian	57 (8)	43 (8)	14 (8)	
Bone/blood/lymphoma/soft tissue	296 (40)	224 (40)	72 (39)	
GI	20 (3)	16 (3)	4 (2)	
Surgery to remove tumor	500 (70)	379 (68)	121 (64)	0.39
Radiation	359 (48)	269 (48)	90 (48)	0.95
Chemotherapy	455 (61)	339 (61)	116 (62)	0.8



CONCLUSIONS

- Hispanic AYA survivors are not more likely to accept not having more children, compared with non-Hispanic AYA survivors
- Religiosity and spirituality after cancer is not related to accepting not having more children in AYA survivors.
- Hispanic AYA survivors are more likely to report religiosity and spirituality after cancer and in cancer.
- Reproductive health survivorship care interventions that address having children after cancer may not need to be tailored by Hispanic ethnicity.

REFERENCES

Hamilton BE, Mathews TJ. Continued declines in teen births in the United States 2015. NHS Data Brief. 2016;259:1-7.

McQuillan K. When does religion influence fertility? Population Council. 2004;30: 25-56.

Westoff CF, Marshall EA. Hispanic fertility, religion, and religiousness in the U.S. Population research and policy review. 2010;29(4):441-452.

ACKNOWLEDGEMENTS

We thank participants of the Window Study and members of the Window Study research team.

FOR MORE INFORMATION:

<http://www.youngcancersurvivor.com/>

Research reported in this poster was supported by the National Cancer Institute of the National Institutes of Health under award numbers:
 U54CA132384 & U54CA132379 & R01HD 058799-03