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PERCEPTIONS OF BREAST CANCER RISK, PSYCHOLOGICAL ADJUSTMENT AND BEHAVIORS IN ADOLESCENT GIRLS AT HIGH-RISK AND POPULATION-RISK FOR BREAST CANCERAngela R. Bradbury, MD¹, Linda Patrick-Miller, PhD², Brian Egleston, PhD³, Lisa Schwartz, PhD⁴, Lisa Tuchman, MD⁵, Cynthia Wilson Moore, PhD⁶, Paula Rauch, MD⁶, Mary Daly, MD, PhD³.¹University of Pennsylvania; ²University of Chicago; ³Fox Chase Cancer Center; ⁴Children's Hospital of Philadelphia; ⁵Children's National Medical Center; ⁶Massachusetts General Hospital.

Purpose: The majority of adolescent girls in breast cancer (BC) families learn of familial and genetic risks for BC at a young age. Additionally, research suggests early-life events (e.g. exposures, biologic changes) might modify risks for adult breast cancer and many health and risk behaviors begin in, or become established in adolescence 12-15, 16. Yet, how an awareness of breast cancer risk impacts adolescent girls' psychosocial adjustment and health behaviors remains unknown. The purpose of this study is to evaluate how perceptions of breast cancer risk, psychosocial function and preventive health and risk behaviors differ among girls from high-risk and population-risk families and factors that mediate and moderate these outcomes.

Methods: 11-19 YO girls at high-risk (HR) or population-risk (PR) for breast cancer completed self-administered surveys informed by the Self-Regulation Theory of Health Behavior. Surveys evaluated knowledge and perceptions of breast cancer risk, general psychosocial functioning, breast cancer specific stress-response and performance of health and risk behaviors. For hypothesis testing, we used simple linear and logistic regressions. To account for correlation of responses within families, we used robust (cluster-corrected) standard errors or Generalized Estimating Equations.

Results: The mean age of girls ($n = 136$) was 15.6 (SD 2.4) years old and did not differ significantly by risk group. 47 PR and 89 HR girls completed surveys. 30% of HR girls have a mother with BC. 67% of HR girls reported self-perceived risk for adult breast cancer to be higher than other girls their age, which was significantly higher than PR girls ($p < 0.01$). Perceived risk was associated with older age ($p = 0.01$) and an increasing number of first and second-degree relatives with BC ($p = 0.002$), but there was not evidence that the relationship of perceived risk with age varied by risk status ($p = 0.740$ for interaction terms). The majority of girls (both HR and PR) reported that there are things women (84%) and girls their age (83%) can do to prevent BC. Perceived controllability did not differ significantly by age or risk. HR girls had greater general anxiety ($p = 0.07$), but not depression than PR girls. HR girls more frequently reported tobacco use than PR girls ($p = 0.05$). HR girls also reported greater alcohol use, more frequent performance of self-breast exams and less frequent physical activity than PR girls, although these differences were not significant.

Conclusions: Girls from breast cancer families are more likely to perceive themselves to be at increased risk, may experience more general anxiety, and engage more frequently in risk behaviors. The majority of girls perceive breast cancer to be preventable for adult women and themselves, suggesting a "teachable moment" among adolescents that might be sustainable across the lifespan. Further research evaluating knowledge and perceptions of breast cancer risk throughout adolescent development and differences among subgroups could inform strategies to optimize adolescent psychosocial responses to hereditary cancer risk and health promoting behaviors among adolescent girls.

Sources of Support: The Basser Research Center for BRCA, in the Abramson Cancer Center at the University of Pennsylvania; The Fox Chase Cancer Center Keystone Program in Personalized Risk and Prevention.

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INTIMATE PIERCINGS AMONG MINORITY LATE ADOLESCENTS AND YOUNG ADULTSRosa Gomez De Jesus, MD¹, Michelle M. Hospital, PhD², Lorena Siqueira, MD, FSAHM¹.¹Miami Children's Hospital; ²Florida International University.

Purpose: Intimate piercings (nipple and genital piercings) have gained popularity among the late adolescent and young adult populations. Several studies suggest that, intimate piercings have a greater association with high-risk behavior, than that reported in adolescents with general body piercings. Despite this, factors associated with intimate piercings specifically have not been studied. There has been a tendency to generalize information from body piercing studies to those individuals with intimate piercings. Some studies suggest that data collected in body piercing and tattoo parlors could provide more accurate information than are currently available. To date, no studies have been conducted in a piercing studio setting specifically for the adolescent and young adult population. This study aims to remedy this gap in knowledge by examining the distinctive characteristics of youth with intimate piercings.

Methods: A sample of 19 female (58% Hispanic, 26% Black) participants, ages 17-24 years, completed an anonymous survey at two piercing studios in the South Eastern United States. Questions included demographic characteristics, decision and motivation factors, and high-risk behavior questions (sexual behavior and drug use). The data analysis was conducted using SPSS 16.

Results: Descriptive statistics revealed that 74% of the sample reported being at the studio for a nipple piercing, 11% genital and 16% other type of piercing. 47% reported taking 3 days or less to make the decision to be pierced. 94% reported having other piercings (Mean 2.53 # of piercings). 68% reported having tattoos (3.88 Mean # of tattoos). Of the motivation choices, 79% selected "fashion or art" followed by "daring or thrilling" (47%) and "as a personal statement" (42%). Only five of 19 subjects (26%) listed 'sexual enhancement' and 3 (16%) listed "increase in sexual desirability" as their reason for the piercing. With regard to risk behaviors, of participants who reported being sexually active (90%), (a) 82% reported having been with 5 or more sexual partners; (b) 61% reported not using condoms on a regular basis and (c) 15% have tested positive for sexually transmitted infections (STI). Furthermore, 42% reported having engaged in binge drinking at some point in their lives. 47% of the sample reported smoking marijuana during their lifetime (66% on a weekly and/or daily basis). Additionally, 10% reported using cocaine and 15% club drugs during their lifetime as well.

Conclusions: Given the recent increase in popularity with intimate piercings, this study provides important information for gaining a better understanding of factors associated with individuals who obtain this type of piercing. The findings reveal that the main motivations for this sample were "as fashion or art" and "daring or thrilling", as compared to the most common motivations typically reported by adults which are "to enhance sexual pleasure" and "to express themselves." Additionally, the findings also identify

a preponderance of high-risk behaviors (elevated number of sexual partners and the absence of barrier protection during intercourse). This study highlights the critical need for targeted intervention programs aimed at reducing sexual risk behavior, as well as, illicit drug use with this high-risk population.

Sources of Support: No outside support.

SUBSTANCE USE

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SUBSTANCE ABUSE VISITS TO THE EMERGENCY DEPARTMENT: S.A.V.E.D.

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Purpose: Adolescent alcohol and substance use, and its morbidities and mortalities, is a significant public health problem. Youth Risk Behavior Survey (NYC, 2009) data revealed that Staten Island youth had the highest percentage (37%) of alcohol use among the five boroughs of NYC. In an effort to determine factors leading to the initiation of alcohol/substance abuse, the objectives of this study were to quantify the prevalence of alcohol-/substance-related visits among 13-20 year olds to Staten Island University Hospital Emergency Department (ED), and to identify variables associated with these visits.

Methods: Retrospective data from patients 13-20 y/o was collected from ED visits between 1/1/2012 and 12/31/2012 (n = 7680). 149 ED visits contained diagnosis codes for the initial review criteria. 42 visits were excluded due to no evidence of alcohol or substance use (SA) by ICD-9 codes. The remaining 107 visits revealed ICD-9 codes consistent with SA and were eligible for the study. Variables reviewed included age, gender, ethnicity, month of ED visit, type of SA, injuries as a result of SA, chronic illness history, pre-existing mental health condition history, medications, tobacco use, zip code, and insurance status. The proportion of SA-related visits to the ED during the study period was calculated. To aid variable analysis, a control group of patients, 13-20 y/o, who visited the ED during the same time period with a non-SA-related diagnosis was randomly selected (n = 214). The primary objective of the statistical analysis was to determine whether any significant differences exist between SA-related visits and non-SA-related visits on certain demographic and clinical factors. Summary statistics (i.e. percentages and frequencies) were calculated. Either the Chi-Square or the Fisher's Exact test were used to determine if any significant differences exist between cases and controls. Statistically significant results had a p value of < 0.05.

Results: Alcohol-related visits were the most common (42.0%). Opioid-related visits were second (17.7%); marijuana-related visits third (12.1%). Tobacco use and diagnosis of depression or anxiety were significantly more prevalent among SA-related visits compared to non-SA-related visits (p < 0.0001). Among SA-related visits, 9.4% were 13-14 y/o, 31.8% were 15-17 y/o, and 58.9% were 18-20 y/o. Among non-SA-related visits, 25% were 13-14 y/o, 32.1% were 15-17 y/o, and 42.9% were 18-20 y/o. These age group differences were significant (p = 0.002). The majority of SA-related visits were male (58.9%) compared with non-SA-related visits where the majority were female (52.8%). This difference was marginally significant (p = 0.048). Chronic illness was not more

prevalent among SA-related visits (p > 0.05). Month of ED visit also did not appear to be associated with type of ED visit (p > 0.05).

Conclusions: Our data, consistent with national data, revealed more than 40% of substance-related ED visits involved alcohol. This data also confirms the growing opioid abuse problem seen globally, nationally and, significantly, on Staten Island. Our findings suggest that there are identifiable, at-risk populations to whom support should be provided during the emergency room visit. The results of this study support the use of early identification and prevention strategies targeting these high-risk groups.

Sources of Support: None.

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USE OF A MEDICALLY SUPERVISED INJECTION FACILITY AMONG DRUG-INJECTING STREET YOUTH

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Purpose: Medically supervised injecting facilities (SIFs) provide a sanctioned space for drug users to inject pre-obtained illicit substances and are associated with reductions in overdose mortality and human immunodeficiency virus (HIV) risk behavior among adults. However, little is known about SIF use among youth. We therefore aimed to identify factors associated with use of the Vancouver SIF, the first and only such facility in North America, among actively injecting street youth.

Methods: From September 2005 to May 2012, longitudinal data were collected from the At-Risk Youth Study (ARYS), a prospective cohort of street youth in Vancouver, Canada. Youth were recruited through street-based outreach and snowball sampling, and provided informed consent. Inclusion criteria were age 14-26 years and illicit drug use (other than marijuana) in the preceding 30 days. At baseline and semiannually, participants completed an interviewer-administered questionnaire. The sample was limited to youth who reported injection drug use at baseline or during follow-up. The primary outcome was self-reported use of the Vancouver SIF in the preceding 6 months at any visit. Analyses employed generalized estimating equation (GEE) logistic regression to identify sociodemographic and drug-related predictor variables associated with SIF use, adjusting for potential confounders through multivariate modeling.

Results: Of 414 actively drug-injecting youth, 33.8% were female and 22.9% were Aboriginal. Mean age was 22.8 years (standard deviation, 2.7 years). During the study period, 42.3% of youth used the Vancouver SIF at least once. SIF use was reported at 37.5% of the 1,018 study observations at which youth reported injecting. Of all SIF-using youth, 51.4% went to the facility at least once weekly, 44.5% used it for at least one-quarter of all injections, and 22.4% reported receiving information about safe injection practices they did not already know. Only 2.9% of SIF users reported feeling the facility was not youth-friendly. When not using the SIF, 37.1% reported primarily injecting on the street, in a public bathroom, or in a park. In adjusted analyses, youth using the SIF were significantly more likely to have lived or spent time weekly in the Downtown Eastside neighborhood surrounding the SIF (adjusted odds ratio [AOR], 3.29; 95% confidence interval [CI], 2.38-4.54), to have injected in public (AOR, 2.08; 95% CI, 1.53-2.84), or to have engaged