

Table 1
Multivariable analysis comparing quality of life scores

	Isolated oral vs. oral and extra-oral		Isolated oral vs. only extra-oral	
	Difference in QOL scores between groups	p-value	Difference in QOL scores between groups	p-value
FACT-BMT				
total	3.14	0.03	1.58	0.32
physical well-being	1.09	0.009	1.09	0.02
social/family well-being	0.17	0.63	-0.13	0.75
emotional well-being	0.45	0.14	0.07	0.85
functional well-being	0.88	0.05	0.29	0.56
BMT well-being	1.10	0.01	0.81	0.10
SF-36				
PCS	1.20	0.14	1.08	0.23
MCS	0.17	0.85	-0.67	0.50
physical functioning	0.96	0.25	0.79	0.39
physical role functioning	-0.29	0.76	-0.52	0.62
bodily pain	2.26	0.01	2.43	0.02
general health perceptions	1.62	0.05	0.22	0.81
vitality	0.07	0.94	-0.50	0.60
social role functioning	1.29	0.21	0.81	0.47
emotional role functioning	0.46	0.67	-0.72	0.54
mental health	0.27	0.75	-0.43	0.64

BMT= bone marrow transplant, PCS= physical component score, MCS= mental component score.

Conclusions: Isolated oral cGVHD is associated with better QOL compared to extra-oral cGVHD across multiple domains, in particular physical well-being and bodily pain.

69

Preventive Care Adherence and Associated Factors in a National Sample of Hematopoietic Cell Transplantation (HCT) Survivors Recruited for an Online Randomized Controlled Trial (RCT)

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Introduction: HCT survivors require long-term surveillance and preventive care to reduce the late effects of treatment. We examined demographic, treatment and psychosocial factors associated with preventive care adherence (PCA) in a national sample of survivors recruited for an online RCT.

Method: Four email invitations to participate were sent to HCT survivors on the BMT InfoNet listserv, a patient resource and advocacy site. Eligibility criteria included ≥18 years old, more than two years post-HCT, without a recurrence or second cancer in the prior two years, able to communicate in English, and with internet and email access. Measures were the Short Form-36 physical component scale (PCS), Symptom Checklist-90-R depression, Cancer and Treatment Distress, Katz Comorbidity Index, Confidence in Survivorship Information (CSI) about recommended PCA tests for HCT survivors, and Barriers to PCA. Multivariate logistic regression was used to analyze factors associated with not meeting PCA criteria for at least 75% of 15 exams.

Results: Of 493 registered survivors, 395 (80%) were eligible for analysis. Participants were from the U.S. (93%, N=368) and 12 other countries, treated at 142 centers, largely

Table 1
Predictors of Preventive Care Adherence (N=387 in Logistic Regression)

	OR (95%CI)	P value
Gender		<.001
Male	referent	
Female	4.64 (2.78-7.76)	
cGVHD History		.002
None-mild	referent	
Moderate-severe	2.29 (1.37-3.85)	
Financial Barriers		.03
No	referent	
Yes	2.30 (1.08-4.90)	
Side Effects Barriers		.02
No	referent	
Yes	2.28 (1.15-4.52)	
Time Constraints Barriers		.02
No	referent	
Yes	2.25 (1.12-4.52)	
SF-36 Physical Component T score	1.03 (1.01-1.06)	.01
Confidence in Survivorship Information	0.36 (.21-.60)	<.001

Caucasian and non-Hispanic (94%), on average 9 years post-HCT (SD=6, range 2-33); 67% received allogeneic HCT, 38% reported a history of moderate to severe chronic graft versus host disease (cGVHD). The percentage of survivors who did not meet recommended criteria on 75% of the 15 potential PCA tests was 37% (N=147). Age, race and ethnicity, years post-transplant, comorbidities, depression and distress were not associated with PCA (P's >.05). **Table 1** indicates the odds ratios and confidence intervals for factors associated with PCA in the final model including: gender, cGVHD history, SF-36 PCS T scores, CSI, and 3 types of barriers: financial, concerns about side effects, and time constraints.

Discussion: Over a third of HCT long-term survivors interested in an online RCT did not meet PCA recommendations, indicating need for improved dissemination of preventive guidelines. Those needing targeted approaches to improve PCA include males, those doing better in physical function and lack of cGVHD history, and those with definable barriers to health care.