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UNMET SOCIAL SUPPORT NEEDS AMONG OLDER ADULTS WITH CANCER

G. R. Williams^{1,*}, M. Pisu¹, G. Rocque¹, C. Williams¹, R. Taylor¹, E. Kvale¹, E. Patridge¹, S. Bhatia¹, K. Kenzik¹

¹UNIVERSITY OF ALABAMA AT BIRMINGHAM, BIRMINGHAM, United States

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I submit my abstract to be considered for the following award: SIOG Young Investigator Award

Introduction: Cancer is a disease of aging, disproportionately affecting older adults. Adequate social support for older adults is necessary across the cancer continuum to maintain quality of life and reduce mortality and morbidity. However, little is known about the social support needs of older adults with cancer.

Objectives: Our objective was to examine the social support needs, specifically the unmet needs, of older adults with cancer in order to better target support interventions.

Methods: Medicare beneficiaries (age ≥ 65) with cancer were identified from the University of Alabama at Birmingham Health System Cancer Community Network (CCN) from 12 cancer centers across 5 states in the southeastern United States. Participants underwent a telephone-based survey assessing social support needs using a modified version of the Medical Outcomes Study Social Support Survey. Twenty-three social support items were assessed across five sub-domains including physical (5 items), informational (3 items), emotional (5 items), practical (6 items), and medical support (4 items). Participants were asked if they had support available for each item (all, most, some, a little, or none of the time) and whether they required support for that support item (yes/no). We defined an “unmet need” if participants reported some/a little/none availability to the first question, and yes to the second question. If there was any unmet need within a domain, then the domain was counted as having “unmet needs”. We assessed the frequencies of unmet needs across domains, examined the association with patient characteristics as well self-reported symptoms using chi-square statistic and estimated relative risk (RR) and 95% confidence intervals (CI) using modified Poisson regression.

Results: Of the 1,460 respondents, the average age was 74 (IQR 70-78) and 40% female. The most common cancers included breast (24%), prostate (13%), gastrointestinal (12%), and lung cancers (12%) and predominately consisted of early stage malignancies (stage 0/I [41%], stage II/III [41%]). Respondents ranged from within 12 months from diagnosis (32%), 12-36 months (29%), and more than 36 months (39%) with 28% on active treatment. The majority of patients had at least one unmet need (92%) with the greatest proportion of unmet needs in the medical (39%) and informational (36%) sub-domains. Multivariable analyses showed minority patients were at greater risk for unmet emotional (RR 1.3, 95% CI 1.1, 1.7), informational (RR 1.5, 95% CI 1.1, 1.9), medical (RR 1.4, 95% CI 1.1, 1.8), and practical (RR 1.9, 95% CI 1.3, 2.7) needs (all $p < .05$). Patients who were divorced/never married had greater unmet physical (RR 1.5, 95% CI 1.2, 1.8), emotional (RR 1.4, 95% CI 1.1, 1.8), and practical (RR 2.2, 95% CI 1.5, 3.3) needs (all $p < .01$). Patients reporting more symptoms had greater risk of unmet physical needs (RR 1.1, 95% CI 1.0, 1.1) and those with lower income were also at risk of reporting unmet informational needs (RR 1.5, 95% CI 1.1, 1.9) (all $p < .01$). No significant differences were identified by age at diagnosis, gender, comorbidity score, education, time since diagnosis, or active treatment status.

Conclusion: In this population of older adults with cancer we found high levels of unmet social support needs, particularly in the physical and emotional support sub-domains with minority and divorced/never married respondents at greatest risk for unmet needs. Social support interventions are needed across the cancer continuum in older adults that target minority patients and those without a spouse or partner.

Disclosure of Interest: None Declared

Keywords: aging, geriatric oncology, social support