Abstract

Background: In the U.S., over 40% of young adults enroll in college. Many have predetermined career goals, but plans may change following a cancer diagnosis. Depletion of financial resources by medical and travel expenses often prompts a search for funding. However, there are limited patient-reported data regarding the purpose for requests of financial support, and how this might relate to career goals of young adults following a cancer diagnosis.

Methods: Demographic data, personal statements, and physician letters were obtained from young (15-30 yr) adults with cancer, applying for unrestricted grant support to a non-profit organization (The Nicki Leach Foundation). Demographic data included: age, sex, histologic subtype; treating location (West (W); South (S); Midwest (MW); Northeast (NE)); type of facility (University (U); academic medical center (AMC); community medical center (CMC)); independence for activities of daily living (ADL); and time from diagnosis. Patients were asked to specify the primary purpose for use of funding. Descriptive statistical methods were performed. All patients provided written consent for use of data.

Results: 247 pts were studied. Mean age was 20 yrs (S.D.-2.97, range, 15-29); 63% were female, and 37% males. Mean time from diagnosis was 20.5 mos. (S.D.-2.97, range 1-245). Patients were from 40 different states (Midwest-30%; South-29%; Northeast-24%; West-17%), and 161 different treatment facilities (CMC-39%; U-36%; AMC-25%). The most frequent cancers included: leukemia (30%); CNS tumors (17%); lymphoma (13%); sarcoma (12%) or other (28%). Most (85%) declared independence for ADL. The most common patient-reported purposes for requesting funding included: college expenses (70%); living expenses (16%); medical expenses (7%); computers (6%); automobiles (2%); or other educational expenses (2%).

Conclusions: In our analysis, 70% of young adults with cancer request financial support for college. We postulate that young patients are not dissuaded from pursuing educational and career goals, despite the uncertainty introduced by a cancer diagnosis.

Materials & Methods

Eligibility:

• Young adults (age 15-29) with an active cancer diagnosis
• Ability to self-complete the application
• Demographics, narrative regarding impact of cancer diagnosis, and intended use of unrestricted grant funding
• Letter of support from their oncologist at the treating institution
• Provision of informed consent

Biostatistics: Descriptive analysis

Demographics

| Age (N=247) | 20 - 2.97, (15-29) |
| Gender | Female 63% Male 37% |
| Time from Cancer Diagnosis | 20.5 ± 2.97, (1-245) |

Cancer Histologic Subtype

| Subtype | Leukemia 30% CNS neoplasm 17% Lymphoma 13% Sarcoma 12% Other 28% |

Patient Geographic Location

| Region | Midwest 30% South 29% Northeast 20% West 17% |

Treat Institution Type

| Type | Community MC 39% University MC 26% Other Academic MC 25% |

Intended Use of Grant Funding

| Expenses | College 70% Medical 7% Living 16% Automotive 2% Computers 6% Other educational 2% |

Patient Location

Results

247 pts were included in the analysis. The mean age of applicants was 20 yrs (S.D.-2.97, range 15-29). 63% were female, and 37% males. The average time (mean) from initial tumor diagnosis to application was 20.5 mos. (S.D.-2.97, range 1-245). Patients were located in 40 different states (Midwest-30%; South-29%; Northeast-24%; West-17%), and receiving treatment at 161 different centers, which were equally divided between community centers (39%) and academic centers (Universities, 36%; other academic-affiliated centers, 25%). The most frequent cancers included: leukemia (30%), CNS tumors (17%), lymphoma (13%); sarcoma (12%) or other (28%). Most (85%) individuals declared independence for activities of daily living (ADLs). The most common patient-reported intended purpose for use of the unrestricted grants were college expenses (70%); living expenses (16%); medical expenses (7%); computers (6%); automobiles (2%); or other educational expenses (2%).

Conclusions

• 70% of young adult cancer patients that remain independent for ADLs plan to use unrestricted grant funding for college and educational expenses.
• The percentages of histologic subtypes in these patients was similar to that in the general cancer registry (SEER), with the exception of a higher proportion with CNS tumors
• These individuals do not appear to change their focus on goals and career plans despite receiving a potentially terminal cancer diagnosis
• We postulate that these young adults prioritize funding to continue with life as normal as possible, maintaining prior goals despite their uncertain future.