

Associations between sociodemographic factors and cancer worry:

Differences by cancer type





Andrea Dunlavy, BS,1 Paul Han, MD, MA, MPH,1 Richard Moser, PhD,1 & William Klein, PhD 2

¹ Division of Cancer Control and Population Sciences, National Cancer Institute; ² Department of Psychology, University of Pittsburgh

Background

Cancer worry, an emotional reaction to the threat of cancer (Hav et al., 2005), is an important behavioral determinant that has received a great deal of attention in health behavior theory and research. However, relatively little research has examined the potential influence of sociodemographic factors on cancer worry, and how the influence of these factors might differ based on the type of cancer being considered. The few studies that have analyzed the association between sociodemographic factors and cancer worry have largely focused on breast cancer, and the data have been mixed. Older age has been shown to be associated with lower breast cancer worry (Hay et al., 2005), while race and ethnicity have shown variable associations with breast cancer worry in different studies (Consedine et al., 2004; Miller and Champion, 1997; Hughes et al., 1996). Gender differences in levels of cancer worry have not been found in at least two studies of colon cancer (Wardle et al., Zaiac et al., 2006).

Understanding how sociodemographic factors influence worry about different types of cancer has important implications for determining how cancer worry may impact screening behaviors and contribute to health disparities.

The aim of this study was to examine the association between sociodemographic factors and worry specific to three different cancers—colon, skin, and lung—to determine if the influence of these factors differed by type of cancer.

Methods

Participants (N=5586) in the 2005 Health Information National Trends Survey (HINTS) were randomly assigned to answer the cancer worry survey item for one of three cancers: colon, skin, or lung. Participants were excluded if they had a personal history of these cancers.

Cancer worry was assessed by respondents' level of agreement with a single item, "How often do you worry about getting (colon, skin, lung) cancer?"

Participants rated their level of agreement with this question using a four point scale, ranging from "rarely or never" to "all the time".

Descriptive and multivariate logistic regression analyses were conducted using SUDAAN®.

Results

Demographic Characteristics

	N¹	(%²)		N	(%)
Age			Gender		
18-29	670	(23)	Female	3657	(52)
30-49	1857	(38)	Male	1929	(48)
50-69	1929	(28)			(-/
70-96	1112	(11)			
Education			Ethnicity		
<hs< td=""><td>687</td><td>(23)</td><td>Non-Hispanic</td><td>4874</td><td>(87)</td></hs<>	687	(23)	Non-Hispanic	4874	(87)
HS graduate	1643	(34)	Hispanic	496	(13)
Some college	1349	(28)			(-/
College graduate	1696	(23)			
Race			Cancer History		
White	4378	(80)	No	4657	(11)
Black	462	(11)	Yes	873	(87)
Other	339	(7)	Yes, but misdiagnosed	50	(0.7)
			1 sample size; total N=55	86; ² wei	ghted percentaç

Multivariate Analyses

Cancer worry by cancer type*									
	Colon can N=1788		Skin cancer N=1584		Lung cancer N=1777				
	OR 95% CI	PV	OR 95% CI	PV	OR 95% CI	PV			
Age		.05		<.001		<.001			
18-29	1.00		1.00		1.00				
30-49	2.04 1.19-3.51		1.44 0.85-2.45		1.23 0.72-2.11				
50-69	2.01 1.14-3.56		1.05 0.69-1.60		0.99 0.56-1.73				
70-96	2.07 1.13-3.79		0.38 0.23-0.63		0.38 0.18-0.79				
Education		.02		.17		<.001			
< HS	1.00		1.00		1.00				
HS graduate	0.53 0.29-0.95		1.27 0.64-2.55		0.57 0.29-1.14				
Some college	0.42 0.23-0.76		1.67 0.77-3.64		0.43 0.21-0.90				
College graduate	0.40 0.21-0.75		1.76 0.92-3.39		0.26 0.13-0.53				
Race		.08		.009		.84			
White	1.00		1.00		1.00				
Black	1.95 1.00-3.80		0.27 0.12-0.64		0.91 0.49-1.70				
Other	1.50 0.79-2.84		0.87 0.44-1.73		1.16 0.60-2.26				
Gender		.17		<.001		.21			
Female	1.00		1.00		1.00				
Male	1.25 0.90-1.72		0.59 0.43-0.79		0.78 0.53-1.16				
Ethnicity		<.001		.80		.51			
Non-Hispanic	1.00		1.00		1.00				
Hispanic	2.26 1.40-3.65		1.09 0.55-2.17		0.79 0.38-1.64				
Cancer History		.74		.25		<.001			
No	1.00		1.00		1.00				
Yes	0.93 0.61-1.40		1.27 0.87-1.84		0.93 0.55-1.60				
Yes, but misdiagnosed	0.48 0.07-3.47		0.56 0.20-1.60		0.05 0.02-0.15				
*unequal N by cancer type due to missing data									

Main Findings

Age: Older age was associated with lower levels of skin and lung cancer worry, but higher levels of colon cancer worry

<u>Education</u>: Higher education level was associated with lower levels of colon and lung cancer worry

Race: Non-white race was associated with lower levels of skin cancer worry

<u>Gender:</u> Male gender was associated with lower levels of skin cancer worry

Ethnicity: Hispanic ethnicity was associated with higher colon cancer worry

<u>Cancer History</u>: False positive diagnosis for lung cancer was associated with lower levels of lung cancer worry

Conclusions

These findings show that cancer worry differs according to several sociodemographic factors, and the strength of these associations varies by type of cancer. Future research in this area is warranted to elucidate the mechanisms that give rise to these relationships.

Potential limitations of this study include:

- Cross sectional data- limits causal inferences
- Potentially important variables that could influence cancer worry not assessed (e.g., lifestyle factors, family history of cancer)
- · Cancer worry measured using a single item of unknown validity

References

- Consedine NS, Magai C, Neugut AI. The contribution of emotional characteristics to breast cancer screening among women from six ethnic groups. Preventive Medicine 2004;38(1):64-77
- Hay JL, Buckley TR, Ostroff JS. The role of cancer worry in cancer screening: A theoretical and empirical review of the literature. Psycho-Oncology 2005;14(7):517-534.
- Honda K, Neugut AI. Associations between perceived cancer risk and established risk factors in a national community sample. Cancer Detection and Prevention 2004;28(1):1-7.
- Hughes C, Lerman C, Lustbader E. Ethnic differences in risk perception among women at increased risk for breast cancer. Breast Cancer Research and Treatment 1996;40(1):25-35.
- Miller AM, Champion VL. Attitudes about breast cancer and mammography: racial, income, and educational differences. Women & Health 1997;26(1):41-63.
- Wardle J, Sutton S, Williamson S, Taylor T, McCaffery K, Cuzick J, Hart A, Atkin W. Psychosocial influences on older adults' interest in participating in bowel cancer screening. Preventive Medicine 2000;31(4):323-34.
- Zajac LE, Klein WMP, McCaul KD. Absolute and comparative risk perceptions as predictors
 of cancer worry: Moderating effects of gender and psychological distress. Journal of Health
 Communication 2006;1:137-49.