

# ASSESSMENT OF TRANSITION READINESS AMONG ADOLESCENT PATIENTS AND THEIR CAREGIVERS AT A TERTIARY REFERRAL CENTER FOR PEDIATRIC CANCER AND BLOOD DISEASES

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### INTRODUCTION

Transitioning from pediatric to adult care has become vital in health care as more children and adolescents with special health care needs survive into adulthood. Adolescents, their families, and health care providers must prepare to ensure a smooth transition

The objective of the study was to evaluate the readiness for the transition of adolescent patients with the following conditions: a) thalassemia, b) hemophilia, c) those who have completed anti-neoplastic therapy and those who are childhood cancer survivors, and that of their caregivers.

### **METHODS**

This was a cross-sectional study in the Philippine Children's Medical Center -Cancer and Hematology Division, wherein 77 adolescent-caregiver dyads answered a self-administered questionnaire on transition readiness from March to September 2022.

The questionnaire was adapted from the transition readiness assessment tools of the American Society of Hematology and Got Transition<sup>™</sup>, and was translated into Filipino.

RESULTS

Most of the respondents were in middle adolescence (40.3%), and who were in remission after anti-neoplastic therapy (66.2%). The adolescents gave a low average rating on the importance of transitioning to adult health care, their confidence in managing their health care, and their confidence in preparing for the transition. The caregivers also gave a low average rating in the importance of and their confidence in their child being able to manage his/her health care and in preparing for the transition. Across the domains of health management skills, most adolescents were still beginning their involvement in their care.

#### Table 2. Demographic Data of Adolescent Patients and their Caregivers (N=77)

	Mean ± SD; Frequency (%)	
Adolescents		
Age	14.71 ± 2.176	
Early adolescence (12-13 y/o)	26 (33.8%)	
Middle adolescence (14-16 y/o)	31(40.3%)	
Late adolescence (17-18 y/o)	20 (25.9%)	
Sex		
Male	53 (68.8%)	
Female	24 (31.2%)	
Educational attainment	dia	
Elementary	22 (28.6%)	
High school	51 (66.2%)	
College	4 (5.2%)	
Primary diagnosis		
Hemophilia	19 (24.7%)	
Thalassemia	7 (9.1%)	
Off Chemotherapy/	51 (66.2%)	
Childhood Cancer Survivor	And the second	
	Mean ± SD; Frequency (%)	
Parents/caregivers	······································	
Age (years)	43.84 ± 7.464	
30 - 39	23 (29.9%)	
40 - 49	37 (48.0%)	
50 - 59	15 (19.5%)	
≥60	2 (2.6%)	
Sex		
Male	6 (7.8%)	
Female	71 (92.2%)	
Educational attainment		
Elementary	3 (3.9%)	
High school	36 (46.8%)	
College	30 (38.9%)	
Post-graduate	8 (10.4%)	
Monthly household income (pesos)		
<10,000	46 (59.7%)	
10,000-25,000	17 (22.1%)	
25,000-50,000	5 (6.5%)	
50,000-75,000	0	
75,000-100,000 >100,000	3 (3.9%) 6 (7.8%)	
~100,000	0 (1.0%)	

Table 3. Transition and Self-Care Importance and Confidence Mean Scores Adolescents and Caregivers (N=77)

	Q1	Q2	Q3	Q4
	How important is it to you to manage your own health care?	How important is it to you to prepare for/change to an adult doctor?	How confident do you feel about your ability to manage your own health care	How confident do you feel about preparing for/changing to an adult doctor?
Non-Hemophilia Group				
Adolescents	6.62	5.81	5.93	5.52
Caregivers	6.68	6.81	5.83	5.79
Hemophilia Group				
Adolescents	8.0	6.74	6.95	6.68
Caregivers	6.95	6.63	5.42	5.68

## **CONCLUSION AND RECOMMENDATIONS**

In our study, the adolescent patients and their caregivers were still not ready for transition based on their responses in the survey tool. Although middle and late adolescents were moderately concerned about eventual transition, the majority of them were still uncertain in their preparation.

The Cancer and Hematology Division transition program should emphasize in helping adolescent patients develop their skills in managing their health. Assessment of transition readiness should also be done within each stage of adolescence to obtain a clearer picture of how ready a pediatric patient with special health care needs is for transition to adult care.

Keywords: transition readiness, thalassemia, hemophilia, childhood cancer survivor