

Cancer Survivorship And Subjective Cognitive Decline In Delaware: A Closer Look

Sangeeta Gupta
Delaware State University

1. Discuss the potential role of targeted cognitive interventions—including screening, psychoeducation, and cognitive rehabilitation—in improving cognitive outcomes and quality of life for individuals.
2. Identify the association between cancer treatment status and the prevalence of subjective cognitive decline (SCD) among middle-aged and older adults in Delaware, using population-based BRFSS data
3. Evaluate how demographic and treatment-related factors (e.g., age, education, income, and treatment completion) influence the risk of SCD, to inform tailored survivorship care strategies.

INTRODUCTION	METHODS	RESULTS	CONCLUSIONS	REFERENCES
Cognitive difficulties are frequently reported among cancer survivors, yet the association between cancer survivorship and subjective cognitive decline (SCD) remains insufficiently explored. SCD—self-perceived worsening in memory or concentration—may result from neurobiological effects of treatment, psychological distress, or broader survivorship factors. This study aimed to examine the relationship between cancer survivorship and SCD among a representative sample of middle-aged and older adults in Delaware, providing localized evidence on an underexamined dimension of survivorship and cognitive health.	Data were drawn from the 2024 Behavioral Risk Factor Surveillance System (BRFSS), a population-based survey of U.S. adults. The analytic sample included Delaware residents aged 45 years and older. Cancer survivorship status served as the main exposure, while subjective cognitive decline—defined as self-reported worsening memory or confusion in the past year—was the primary outcome. Associations between survivorship characteristics and SCD were assessed using binary logistic regression models. Both unadjusted and adjusted models were estimated, controlling for age, gender, race/ethnicity, education, income, and employment status. Adjusted odds ratios (aORs) and 95% confidence intervals (CIs) were calculated. Analyses applied sampling weights to ensure state-level representativeness of Delaware’s adult population.	After adjusting for covariates, respondents currently undergoing cancer treatment had significantly higher odds of reporting SCD compared with those who had completed treatment (aOR = 1.86; 95% CI: 1.06–3.27), representing a 76% greater likelihood of perceived cognitive decline. In contrast, respondents who refused treatment were substantially less likely to report SCD (aOR = 0.006; 95% CI: < 0.001–0.059).	After adjusting for covariates, respondents currently undergoing cancer treatment had significantly higher odds of reporting SCD compared with those who had completed treatment (aOR = 1.86; 95% CI: 1.06–3.27), representing a 76% greater likelihood of perceived cognitive decline. In contrast, respondents who refused treatment were substantially less likely to report SCD (aOR = 0.006; 95% CI: < 0.001–0.059).	Gupta S. Racial and ethnic disparities in subjective cognitive decline: a closer look, United States, 2015-2018. BMC Public Health. 2021 Jun 24;21(1):1173. doi: 10.1186/s12889-021-11068-1. PMID: 34162356; PMCID: PMC8223389. Brown MJ, Patterson R. Subjective Cognitive Decline Among Sexual and Gender Minorities: Results from a U.S. Population-Based Sample. J Alzheimers Dis. 2020;73(2):477-487. doi: 10.3233/JAD-190869. PMID: 31796675; PMCID: PMC7299090. CONTACT sgupta@desu.edu ALZHEIMER'S ASSOCIATION 