Abstract: PB3209

Title: EVALUATION OF FRENCH TRAQ IN PREDICTING TRANSFER SUCCESS OF YOUTHS WITH SICKLE CELL DISEASE IN QUEBEC

Abstract Type: Publication Only

Topic: Sickle cell disease

Background:

Adolescents and young adults (AYA) with Sickle Cell Disease (SCD) experience more medical complications, acute care utilization and hospitalizations between ages 18 and 25. Programs aiming to prepare, transfer and integrate emerging adults in healthcare need objective measures to identify AYA at higher risk of transition challenges. The French-version Transition Readiness Assessment Questionnaire (TRAQ-FR) is a validated disease neutral, self-administered questionnaire.

Aims:

This quantitative exploratory study aimed to describe TRAQ-FR results in a population of AYA with SCD. The secondary objectives were to explore the possible associations between transition readiness, measured by the TRAQ-FR, and outcomes of *transfer* and *transition* success.

Methods:

A retrospective chart review of AYA with SCD who were referred to an adult hematology clinic from a pediatric transition hematology clinic in tertiary care centers in Quebec, Canada, was conducted. Total and domain-specific scores for TRAQ-FR completed by AYA between ages 16 and 18 were calculated. *Transfer* success was defined by lesser than 6 months between pediatric discharge and first adult consultation. *Transition* success was defined by indicators of health care engagement and utilization (rates of communication with clinic nurse, hospitalizations, and emergency department visits).

Results:

Amongst 44 AYA seen at a transition clinic between 08/2020 and 08/2023, 32(73%) had at least one accessible TRAQ-FR between ages 16 and 18. 4/44(9%) never presented to an adult appointment. Median age at first adult appointment was 18.1 years [17.3-18.8]. The median overall TRAQ-FR score was 3.5 [2.1-4.6]. The domain *Tracking Health Issues* had the lowest median score (2.7[1.0-4.5]). 25/32(78%) AYA had a successful transfer, while 7/32 (22%) had a delayed transfer. Median TRAQ-FR scores did not differ between AYA with successful and delayed transfer ($p=0.58$). Rates of youth-initiated communications with clinic nurse, emergency department visits, and hospitalizations were not statistically significantly associated with TRAQ-FR scores ($p>0.5$).

Summary/Conclusion:

This pilot study of TRAQ-FR in AYA with SCD illustrates the feasibility of administrating the TRAQ-FR questionnaire in SCD transition clinics. Individualizing transition processes by using objective measures to identify gaps and guide interventions may improve successful transitions for AYA with SCD. Particularly, AYA at risk of loss to follow-up should be identified and targeted earlier.

Keywords: Quality of life, Sickle cell patient, Sickle cell disease, Pediatric