

# PEDIATRIC & ADOLESCENT CANCER SURVIVORSHIP

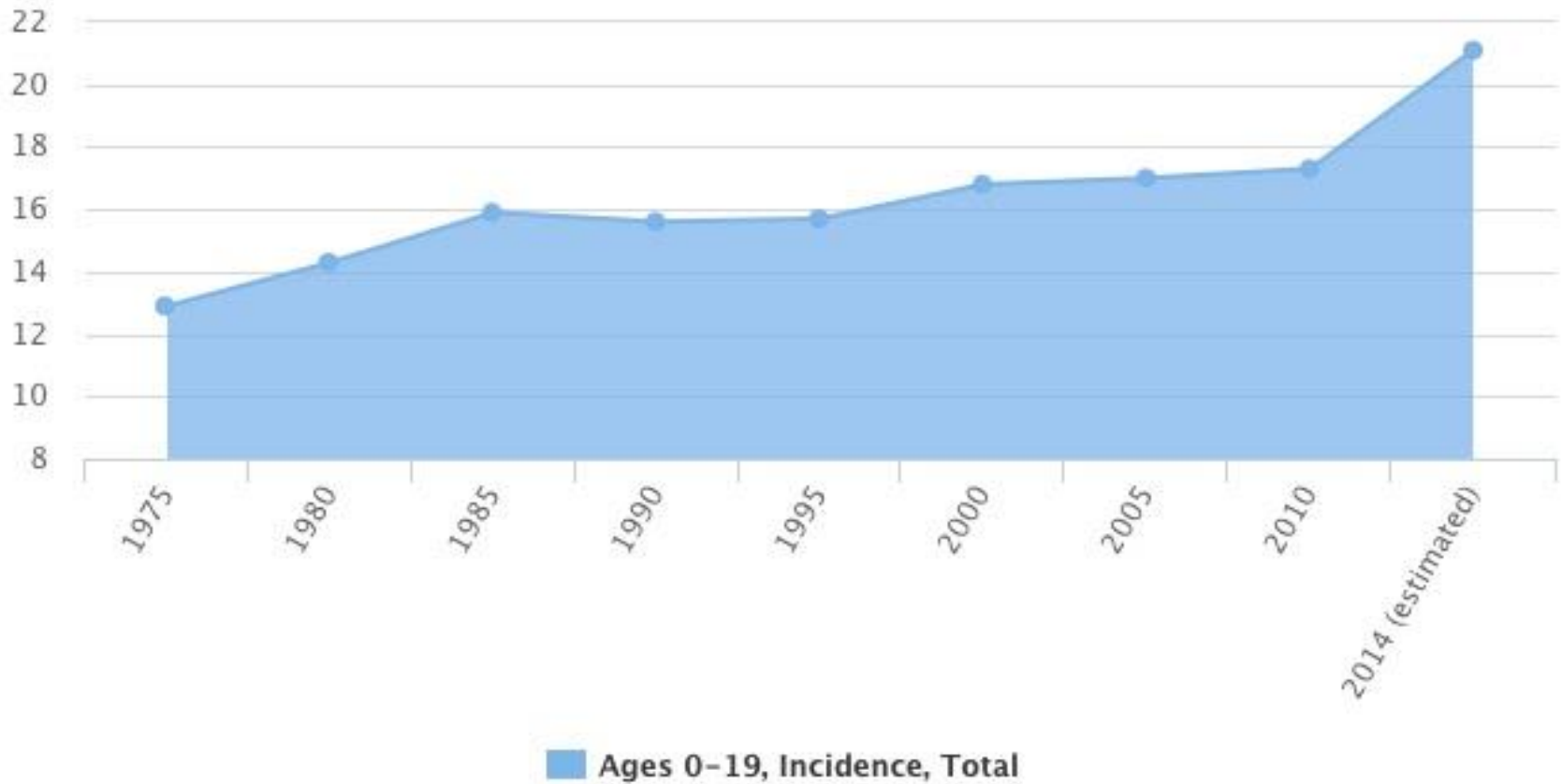
Denise Rokitka, MD, MPH

# Objectives

- Describe incidence of childhood cancer and survival rates and causes of early mortality.
- Understand the late effects of cancer treatment and the variables involved.
- Understand the benefits of screening and early detection as a means of prevention of late complications of cancer therapy.

# Childhood Cancer Incidence

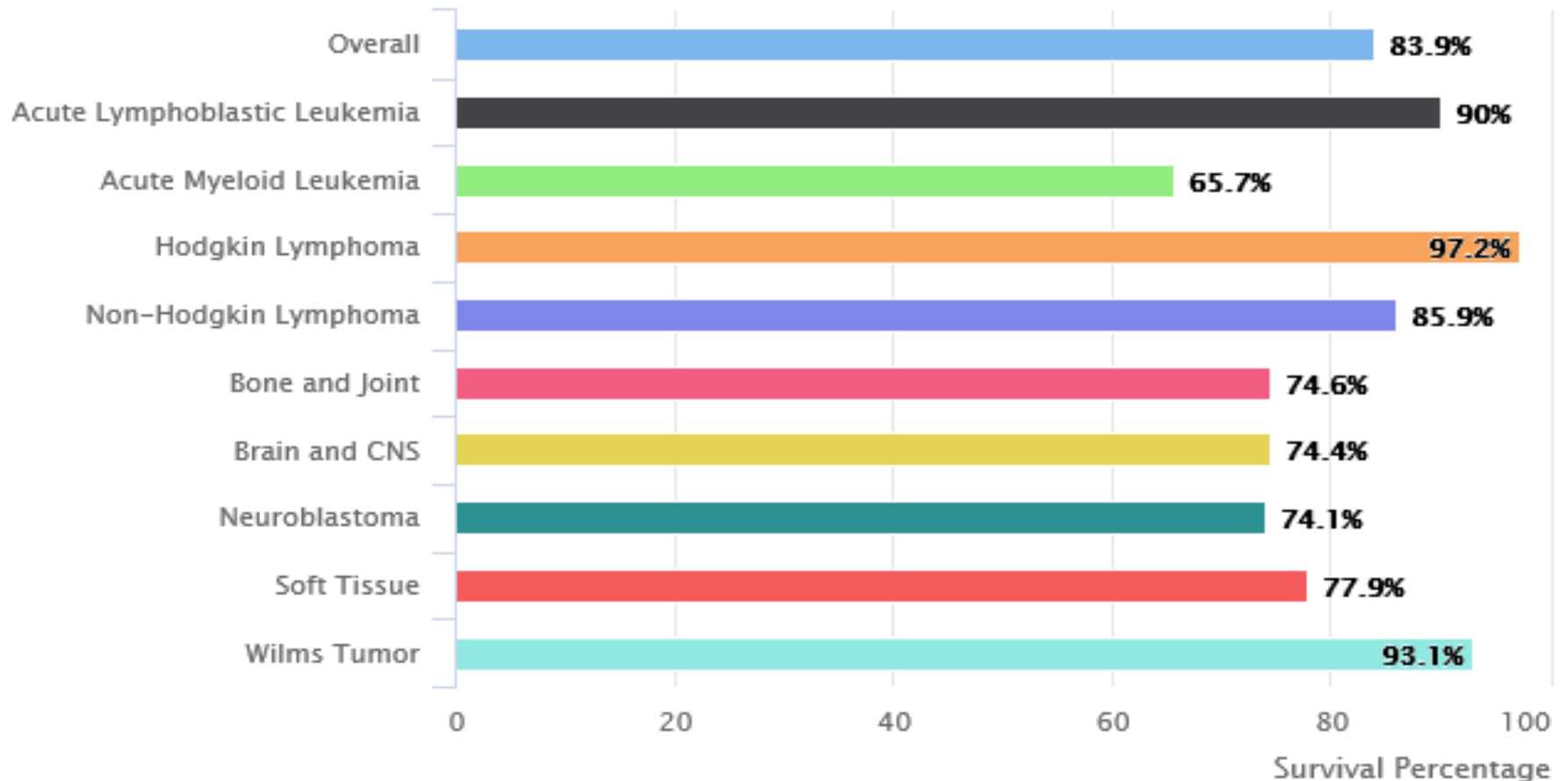
Childhood Cancer Incidence Over Time  
(per 100,000)



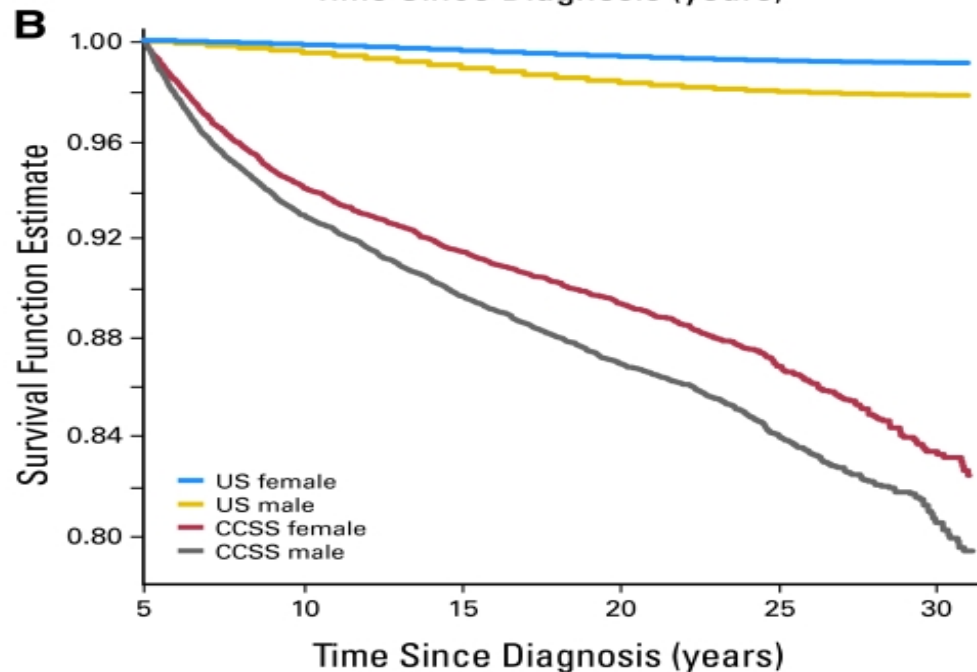
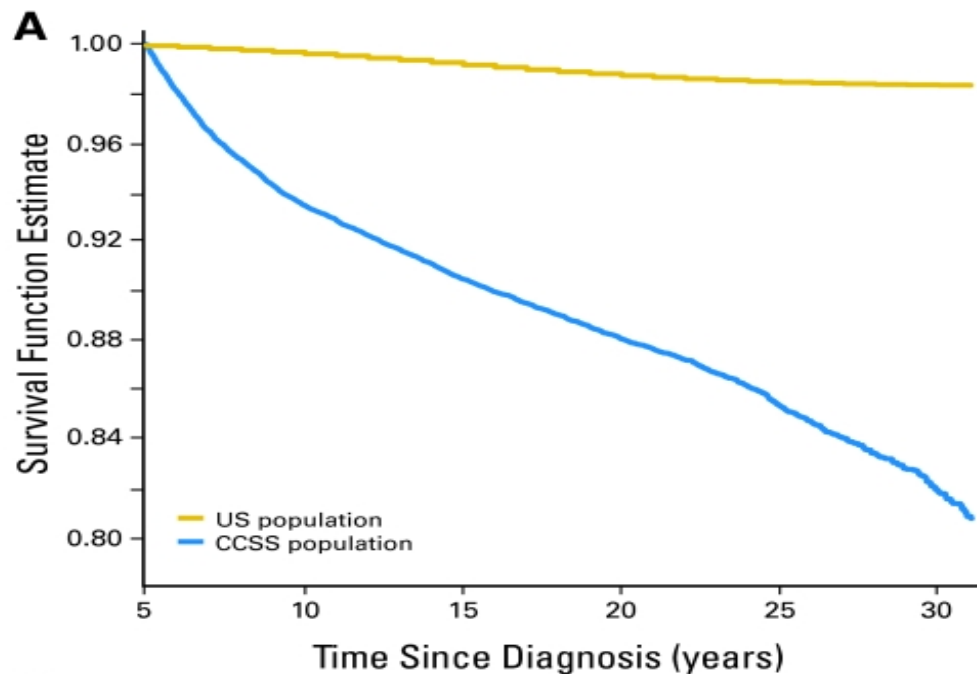
Source: Surveillance, Epidemiology, and End Results (SEER) Program ([www.seer.cancer.gov](http://www.seer.cancer.gov)) SEER 9 area. Age 0-19.

# Survival Rates

## 5-Year Survival Rate, Age 0-19

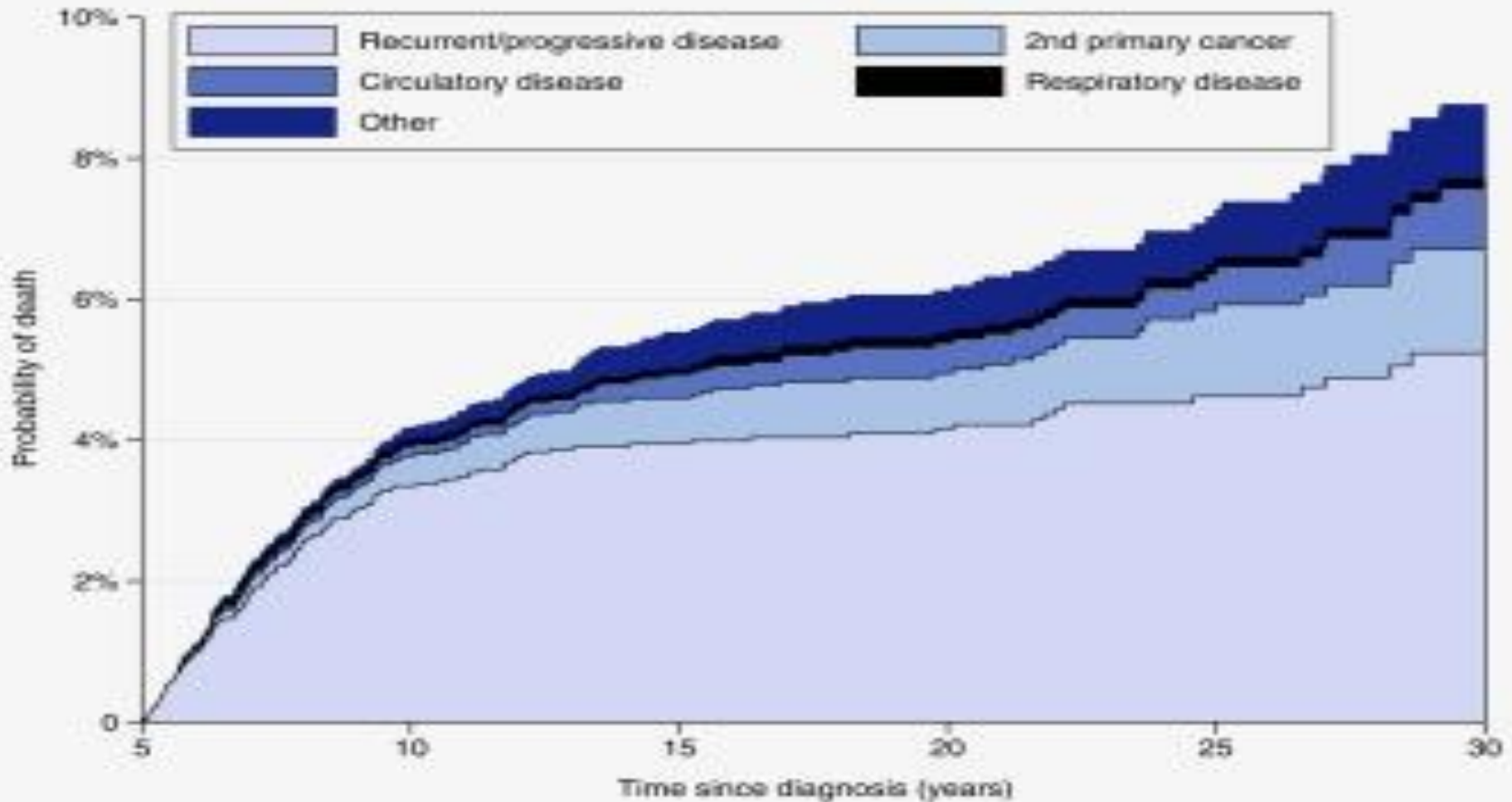


# Mortality Data



[J Clin Oncol.](#) 2009 May 10;27(14):2328-38. doi: 10.1200/JCO.2008.21.1425. Epub 2009 Mar 30.

# Causes of death



# About Survivors

- Survivors do not have complete knowledge of their diagnosis and treatment.
  - ▣ Approximately 30% of survivors can not accurately report their diagnosis.
  - ▣ Approximately 10% of patients do not recall receiving chemotherapy.
  - ▣ Only 30-50% recall receiving anthracyclines.
  - ▣ Approx. 30% are unaware of their risk for late effects.
  - ▣ Approximately 10% of patients do not recall receiving radiotherapy.

# Late Effects

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- Adverse long term health related outcomes that are dependent upon the therapeutic regimen a patient received as part of cancer therapy.
- Adverse events can occur months or years after cancer treatment.



# Late Effects

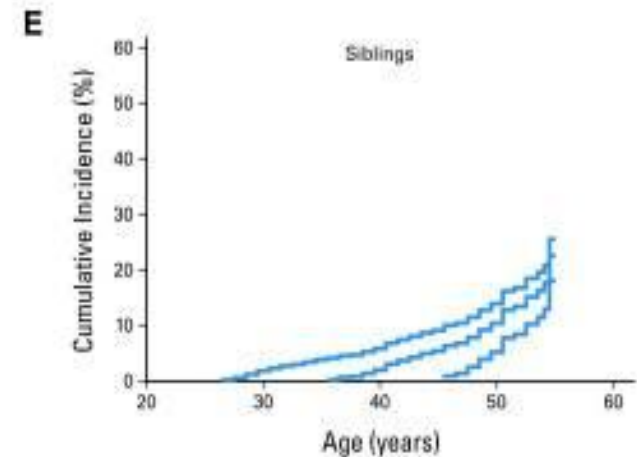
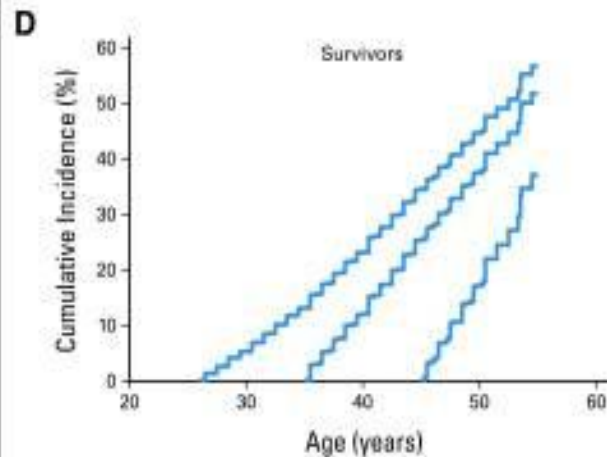
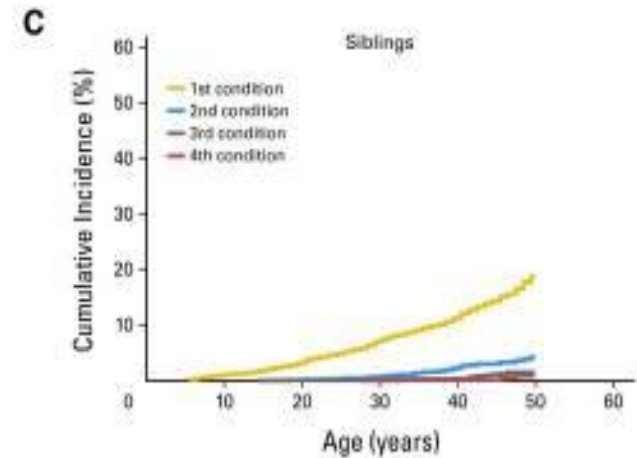
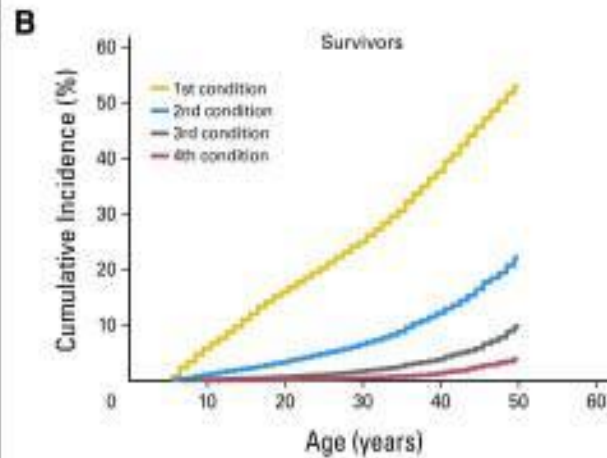
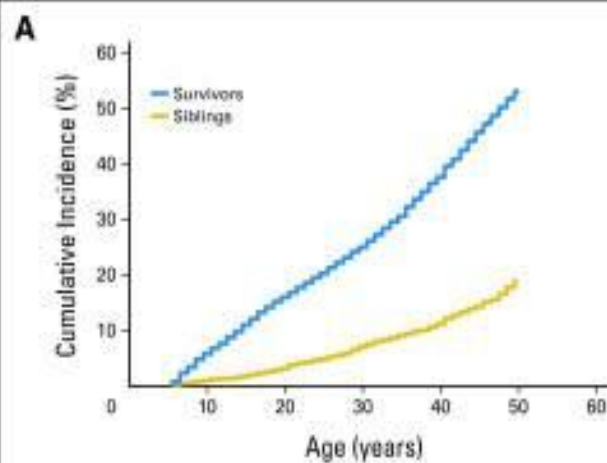
- Causes
  - ▣ Location and extent of primary disease
  - ▣ Type and dose of cancer therapy
  - ▣ Genetic predisposition
- Host factors
  - ▣ Gender
  - ▣ Health habits
  - ▣ Age at time of treatment
  - ▣ Era of treatment

# Late Effects- Genetics

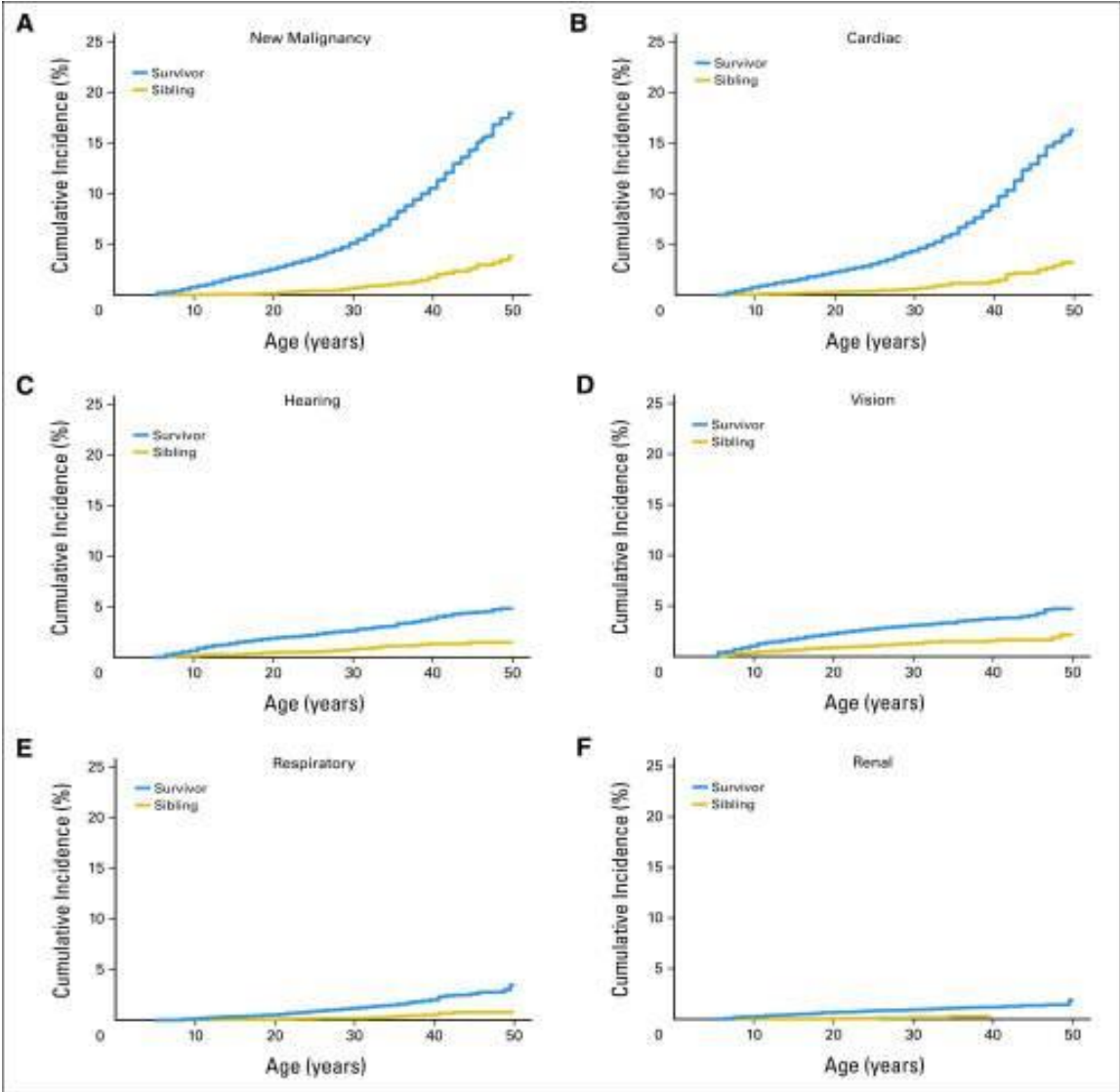
Gene	Primary malignancy(s)	SMN type(s)
RB1 <sup>43,44</sup>	Retinoblastoma (RB)	Soft tissues sarcomas, osteosarcoma, melanoma, CNS malignancies
BRCA1/2 <sup>45</sup>	Primary Breast	Contralateral breast cancer, GI malignancies, ovarian tumors
NF1 <sup>46,47</sup>	Optic pathway gliomas	Malignant peripheral nerve-sheath tumors, gliomas, t-AML
TP53 <sup>48,49</sup>	Li-Fraumeni Syndrome: tumors of the breast, CNS, adrenocortical carcinomas, soft tissues sarcomas, leukemias (rare)	
MLH1 <sup>45</sup> , MSH2, MSH6	Hereditary Nonpolyposis Colorectal Cancer Syndrome (HNPCC or Lynch Syndrome): colon cancer, female reproductive cancers, other GI cancers	
VHL <sup>47,50</sup>	Von-Hippel Landau Syndrome: hemangioblastoma, renal cell carcinoma, pheochromocytoma	
DICER1 <sup>51,52</sup>	DICER1 Syndrome: pleuropulmonary blastoma, cystic nephroma, ovarian tumors, soft tissue sarcomas	

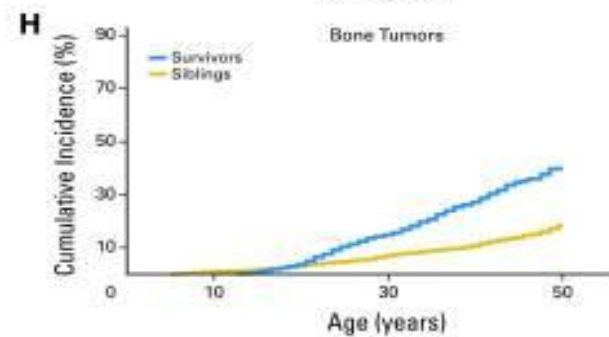
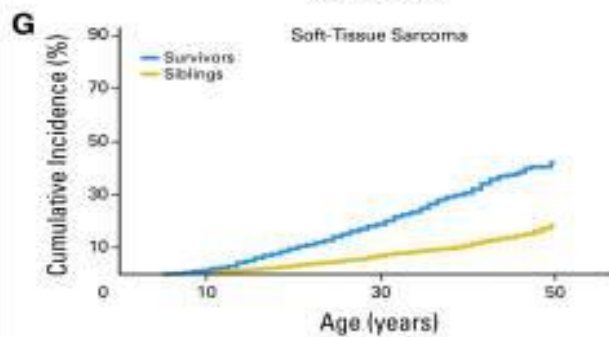
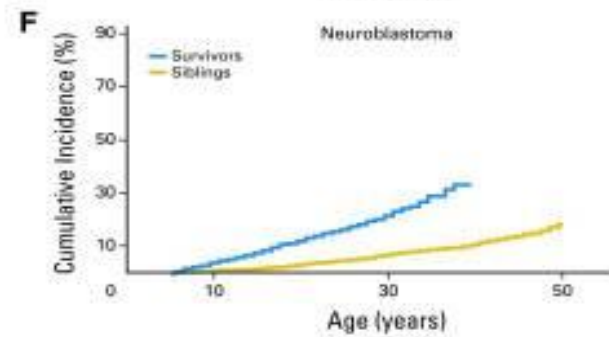
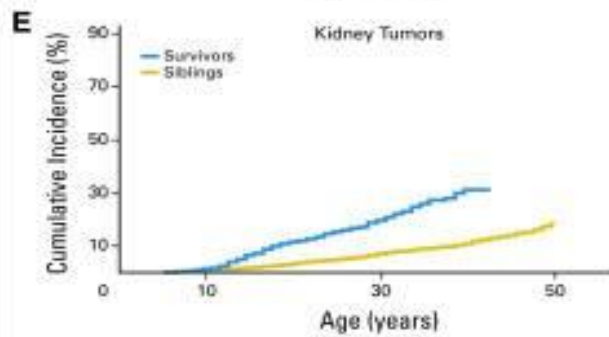
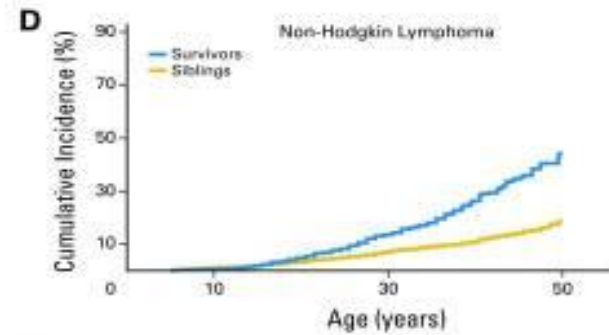
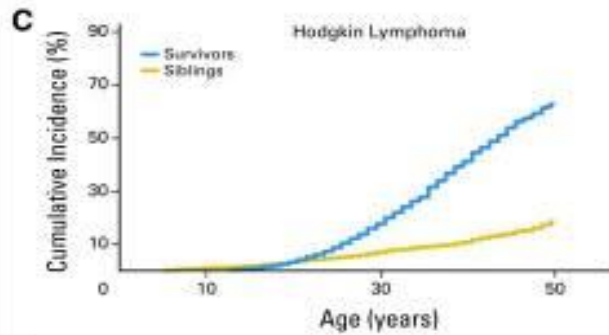
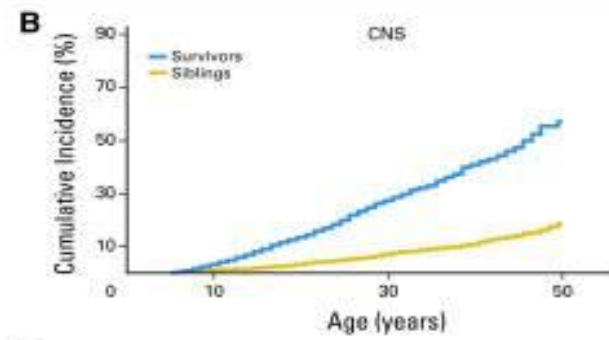
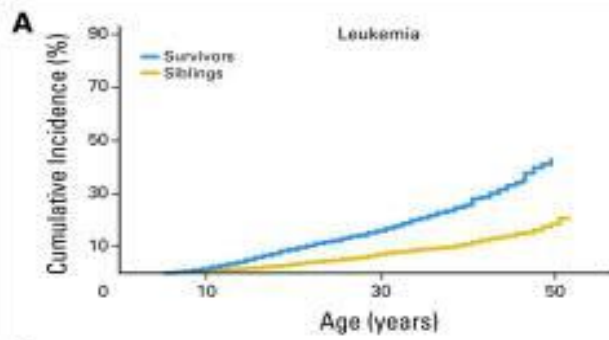
# Late Effects

- 24 yo survivor has the same cumulative incidence of a grade 3-5 health condition as a 50 sibling.
- By age 50, 23% of survivors had 2 or more severe, disabling, life-threatening, or fatal health condition compared with only 4.3% of sibs.
- 25% of 'healthy' survivors had a new grade 3-5 health condition within 10 years.



# Late Effects





# Any Cancer Experience- Psychosocial Issues

- Increased risk for smoking, drinking, and other risky behaviors
- Increased risk for not completing school
- Poor body image and self-esteem
- Social Withdrawal
- Increased risk of mental health disorders
  - ▣ Depression and anxiety
  - ▣ Post-traumatic stress
  - ▣ Chronic Fatigue

# Any Cancer Experience- Psychosocial Issues

- Risk Factors
  - Female gender
  - Adolescents and Young Adults
  - Prior Trauma
  - Previous mental health history
  - Poor support system
  - Family History of Mental Health disorders
  - CNS cancer or Bone Marrow Transplantation
  - Low Socioeconomic status

# Chemotherapy

- Anthracyclines- Doxorubicin, Daunorubicin
- Epipodophyllotoxins- Etoposide
- Alkylating agents- Cytosan
- Radiation- Cranial or Craniospinal
- Bone Marrow Transplant



# Chemotherapy

- Anthracyclines

- Dilated cardiomyopathy and arrhythmias

- Doxorubicin

- Daunorubicin

- Idarubicin

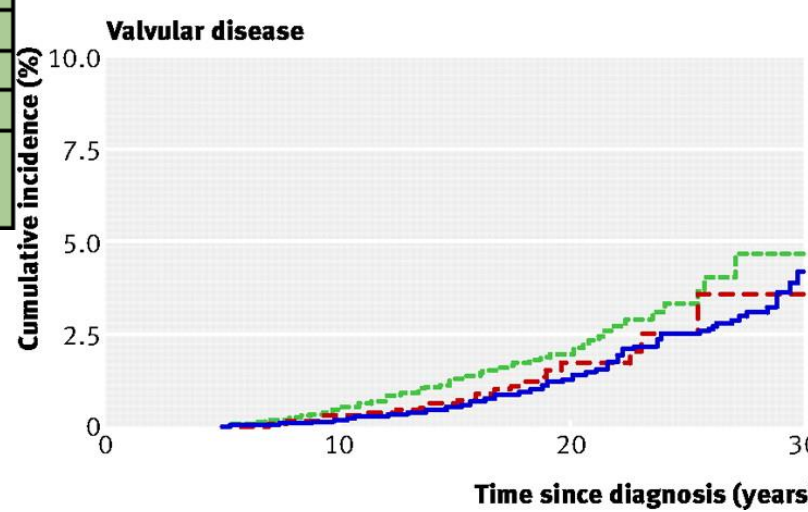
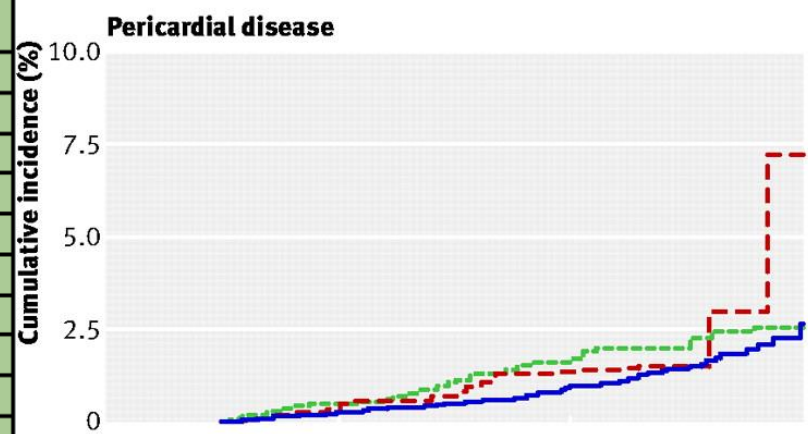
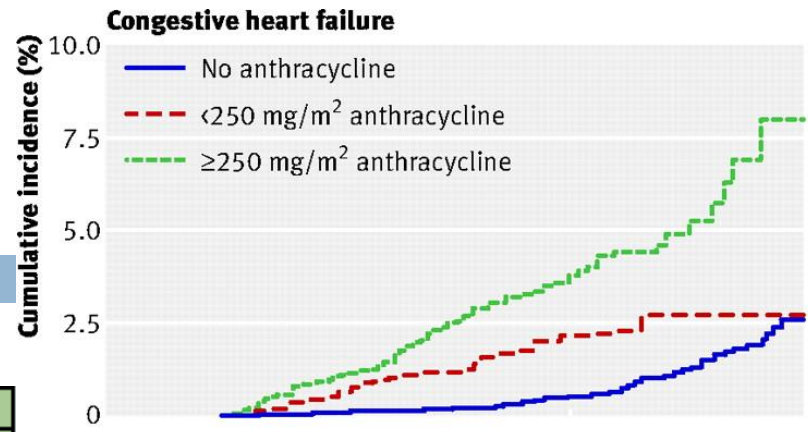
- Mitoxantrone

# Cardiac Toxicity



RECOMMENDED FREQUENCY OF ECHOCARDIOGRAM (or comparable cardiac imaging)			
Age at Treatment*	Radiation with Potential Impact to the Heart <sup>§</sup>	Anthracycline Dose <sup>†</sup>	Recommended Frequency
<1 year old	Yes	Any	Every year
	No	< 200 mg/m <sup>2</sup>	Every 2 years
≥ 200 mg/m <sup>2</sup>		Every year	
1-4 years old	Yes	Any	Every year
	No	<100 mg/m <sup>2</sup>	Every 5 years
		≥100 to <300 mg/m <sup>2</sup>	Every 2 years
≥300 mg/m <sup>2</sup>	Every year		
≥5 years old	Yes	<300 mg/m <sup>2</sup>	Every 2 years
		≥300 mg/m <sup>2</sup>	Every year
	No	<200 mg/m <sup>2</sup>	Every 5 years
		≥200 to <300 mg/m <sup>2</sup>	Every 2 years
≥300 mg/m <sup>2</sup>	Every year		
Any age with decrease in serial function			Every year

\*Age at time of first cardiotoxic therapy (anthracycline or radiation [see Section 81], whichever was given first)  
<sup>§</sup>See Section 81  
<sup>†</sup>Based on doxorubicin isotoxic equivalent dose [see conversion factors on previous page, "Info Link (Dose Conversion)"]

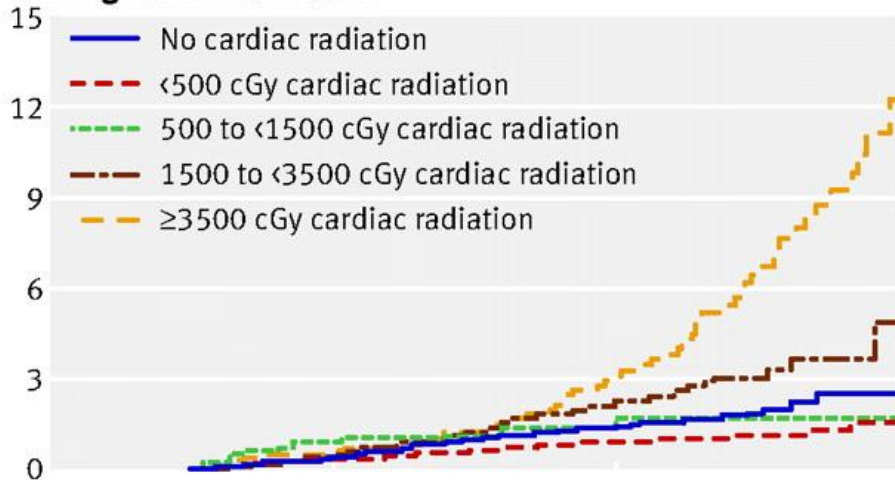


[http://www.survivorshipguidelines.org/pdf/LTFUGuidelines\\_40.pdf](http://www.survivorshipguidelines.org/pdf/LTFUGuidelines_40.pdf)

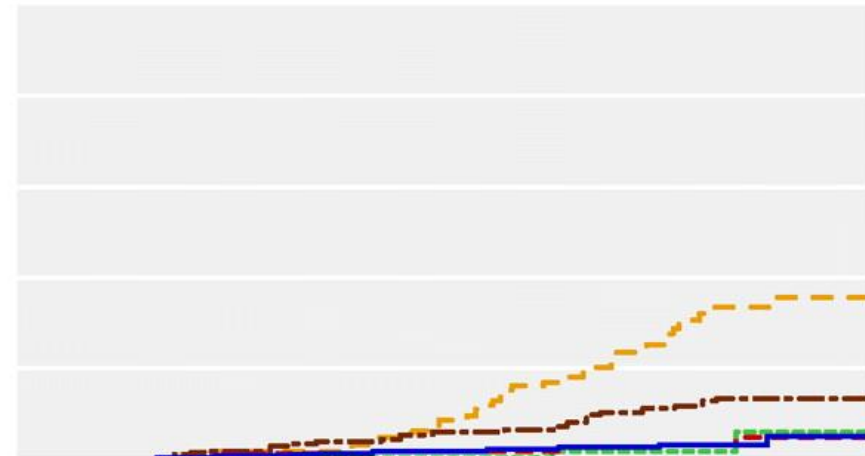
<https://doi.org/10.1136/bmj.b4606> (Published 09 December 2009)

# Cardiac Toxicity

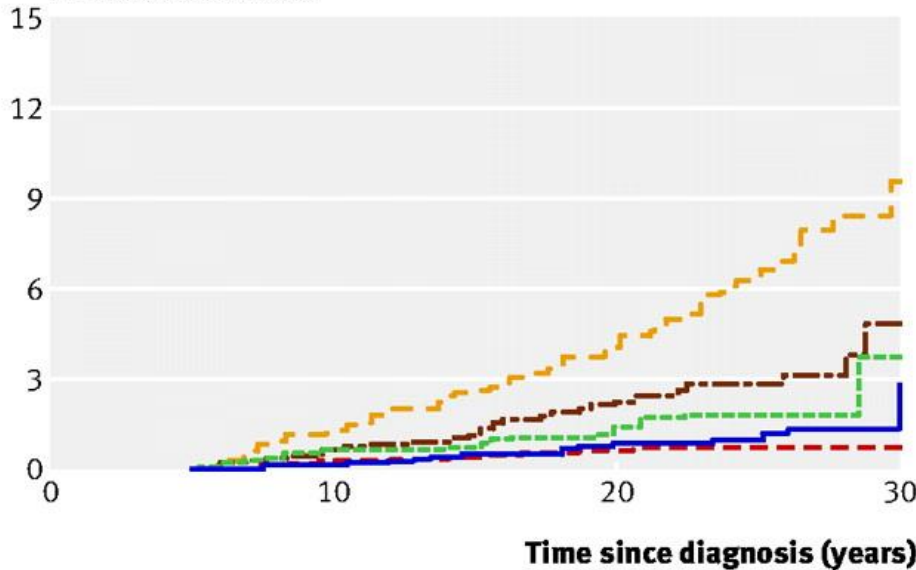
## Congestive heart failure



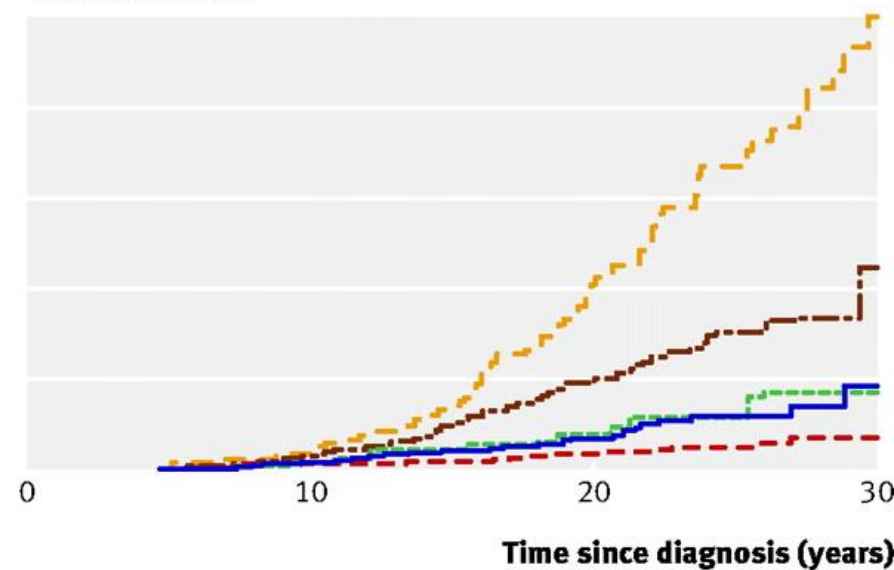
## Myocardial infarction



## Pericardial disease



## Valvular disease



# Chemotherapy

- Secondary Malignancies
  - Epipodophyllotoxins- Etoposide
  - Anthracyclines
  - Alkylating agents
    - Nitrogen Mustard
    - Cytosan
  - Stem Cell Transplant
  - Radiation

# Second Malignant Neoplasms

Primary Diagnosis	N	Breast	Thyroid Cancer	CNS Tumors	Sarcoma	Bone	Leukemia	Melanoma	Lymphoma	GI Carcinomas	NMSC
<b>HL</b>	247	<b>94</b>	<b>36</b>	7	19	6	14	11	14	14	<b>163</b>
<b>Leukemia</b>	152	16	<b>23</b>	<b>45</b>	4	4	9	11	10	2	<b>138</b>
Soft tissue sarcoma	80	10	7	3	<b>18</b>	<b>12</b>	3	6	2	2	<b>23</b>
Bone cancer	74	<b>21</b>	9	3	5	9	6	5	1	7	<b>20</b>
CNS tumor	68	3	12	<b>18</b>	6	5	3	4	4	2	<b>40</b>
NHL	43	<b>6</b>	<b>7</b>	4	2	5	2	2	4	2	<b>27</b>
Neuroblastoma	33	2	<b>8</b>	1	4	0	4	0	1	0	<b>6</b>
Wilms tumor	33	<b>5</b>	2	0	<b>7</b>	<b>5</b>	2	3	0	4	<b>13</b>
Total	1,160	157	104	81	65	46	43	42	36	33	<b>430</b>

# Chemotherapy

- Infertility or Premature Ovarian Failure
  - Nitrogen Mustard
  - Dacarbazine
  - Procarbazine
  - Cytosan
- Avascular Necrosis/ Osteopenia/ Osteoporosis- Steroids
- Pulmonary Fibrosis- Bleomycin

# Radiation

- Cranial
  - Growth hormone deficiency
  - Metabolic Syndrome
  - Endocrine Dysfunction
  - Hearing loss
  - Visual disturbance/ Cataracts
  - Dental caries
  - Neurocognitive Deficits
    - Executive Functioning, Learning issues
- Secondary Malignancies
  - Thyroid dysfunction
  - Breast Cancer
  - Thyroid Cancer

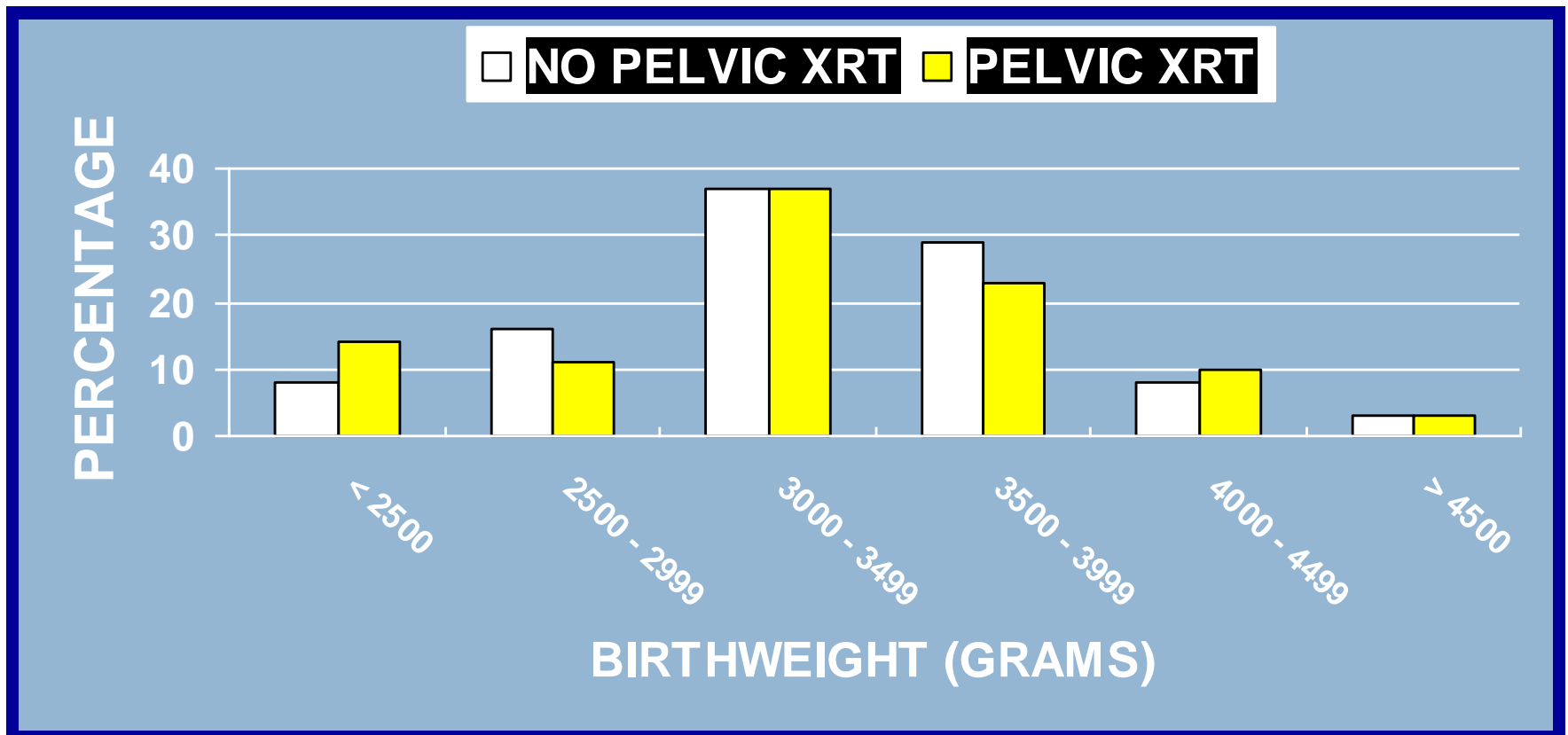
# Radiation

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- Liver/Spleen dysfunction
- Premature births/ Low Birth weight/ Small for gestational age



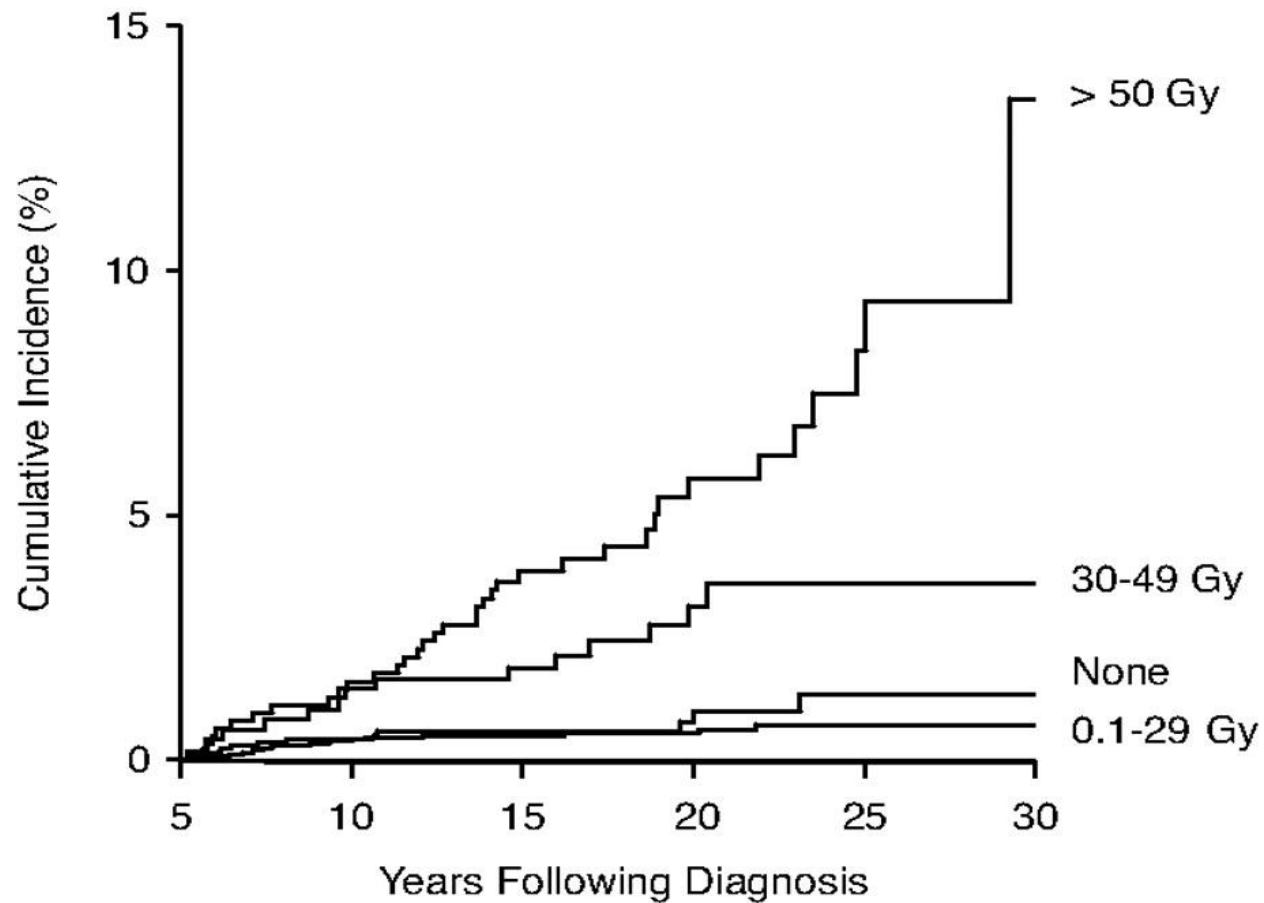
# Radiation-Abdominal Tumors



# Skin Cancer

- Non-melanoma skin cancer is the most frequently diagnosed secondary malignant neoplasm.
  - ▣ Locations include head and neck (43%), back (24%), chest (22%), abdomen and pelvis (5%), extremity (3%) and unknown (4%).
  - ▣ Ninety percent of non-melanoma skin cancers occur in prior areas of radiation.

# Brain Tumor- Stroke Risk



# Surgery

- Abdominal Tumors
  - Bowel obstruction
  - Chronic abdominal pain
  - Poor GI motility
- Musculoskeletal problems
  - Leg length discrepancies
  - Pain
  - Disability from limb sparing surgery

# Pregnancy Outcomes- Offspring

	Offspring of Survivors (N = 2198)	Offspring of Siblings (N = 4544)
Chromosomal Syndrome	0.2% (4)	0.1% (6)
Single Gene Disorder	0.6% (14)	0.2% (10)
Major Congenital Malformation	2.7% (59)	2.8% (127)

# Prevention

- Health maintenance – age appropriate monitoring, age appropriate general health screening including cancer screening, eye exams, dental exams
- Exposure related screening – cardiac, second malignant neoplasms, pulmonary disease, neuropsychological screening, psychosocial screening
- Patient education – risk reduction (alcohol, tobacco, exercise, sun exposure), anticipatory guidance (e.g. fertility and pregnancy)

<https://childrensoncologygroup.org/index.php/survivorship-guidelines>

# The Good News!!!

