

Re: Childhood cancer survivors may develop suicidal symptoms

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Source: <http://sci.tech-archive.net/Archive/sci.med.diseases.cancer/2006-08/msg00119.html>

- *From:* J <macyinno@xxxxxxxxxxx>
 - *Date:* Sun, 20 Aug 2006 20:57:42 -0400
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Ilena Rose wrote:

Childhood cancer survivors may develop suicidal symptoms

http://www.dailyindia.com/show/52780.php/Childhood_cancer_survivors_may_develop_suicidal_symptoms

By Indo Asian News Service

New York, Aug 20 (IANS) More than one in eight adult survivors of childhood cancer may develop suicidal symptoms, says a new study.

Christopher Recklitis and colleagues at the Dana-Farber Cancer Institute in Boston studied 226 patients, averaging 28 years of age, seen at a clinic that cares for adult survivors of childhood cancer.

The above article is repeated here

<http://www.forbes.com/forbeslife/health/feeds/hscout/2006/08/18/hscout534466.html> and refers us to...

<http://www.cancer.gov/cancertopics/coping/childhood-cancer-survivor-study>

Background

More than 10 million cancer survivors are alive in the United States; at least 270,000 were originally diagnosed when they were under the age of 21. Advances in cancer treatment have meant that today, almost 80 percent of children diagnosed with cancer are alive at least five years after diagnosis. Many ultimately will be considered cured. As a consequence, interest in the long-term health of these survivors is growing. Problems that develop years later as a result of a survivor's original cancer treatment are known as late effects.

The Childhood Cancer Survivor Study (CCSS) was started in 1993 to better understand the magnitude and specifics of these late effects. More than 20,000 childhood cancer survivors who were originally diagnosed between 1970 and 1986 were identified for the study at one of 26 participating research centers in North America and Canada; over 14,000 were surveyed and followed for long-term health outcomes. Researchers also gathered information from their medical records. All had had at least one form of primary treatment ? surgery, radiotherapy, or chemotherapy ? or some combination of these. In addition, about 3,700 of their siblings were recruited as comparison (control) subjects.

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The analysis described here is one of many based upon the data gathered as part of the larger CCSS, and was reported at the 2005 annual meeting of the American Society of Clinical Oncology (ASCO).
The Study

For this analysis, researchers looked at the occurrence of chronic disease in 10,397 survivors and 3,034 comparison siblings participating in the CCSS. On average, survivors were about 10 years old when originally diagnosed with cancer; all were under 21 years of age. At the time they were evaluated for this late-effects analysis, survivors averaged 27 years of age, ranging from 18 to 48 years old. Those in the sibling group were, on average, a few years older.

Incidents of chronic disease were recorded and assigned a measure of severity according to a standard scale. Life-threatening or disabling events (grade 4) included second cancers (excluding non-melanoma skin and thyroid cancer); heart problems such as myocardial infarction, coronary artery bypass surgery, or heart transplant; dialysis or kidney transplant; paralysis of an arm or leg; and mental retardation requiring special education.

The lead author on the late-effects report is Kevin C. Oeffinger, M.D., formerly of the University of Texas Southwestern Medical Center in Dallas and now on faculty at Memorial Sloan-Kettering Cancer Center in New York City.

Results

Using statistical models, researchers were able to estimate the cumulative incidence of serious chronic disease by age 45 and found dramatically more grade 4 chronic disease in the childhood cancer survivors than in their siblings: 37.4 percent vs. 4.6 percent. The two groups differed in terms of severe (grade 3) chronic disease as well: 57.1 percent for the cancer survivors vs. 18.2 percent for the siblings. Eighty-five percent (8,828/10,397) of the childhood cancer survivors had at least one instance of serious chronic disease.

When adjusted for gender and for their age at the time of study, it turned out that survivors were five times more likely to develop a chronic disease by age 45 than were their siblings who had not undergone cancer treatment as children.

While it was not always possible to directly link each of these conditions to an earlier cancer treatment, the significantly greater incidence of these events among survivors compared to their siblings who had not had cancer provides strong evidence that chronic disease may be common after cancer and should be addressed.

Comments

"This study provides the first estimate of the frequency of physical health problems in childhood cancer survivors as they become adults," said Oeffinger, the lead author. "Most survivors will have future health problems related to their previous cancer therapy, which are likely to increase as they reach their 30s and 40s."

"The important message for the survivor is that the impact of some of these health problems can be reduced with regular medical follow-up," said Dr. Oeffinger. "Doctors should take into account a survivor's previous cancer and cancer therapy, the personal and family medical history, lifestyle habits, and other health conditions to develop a life plan to periodically screen for health problems, and educate survivors on ways they can reduce risk and maximize their health."

This study frames a clear and urgent priority, said Julia Rowland, Ph.D., director of the Office of Cancer Survivorship at the National Cancer Institute's Division of Cancer Control and Population

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Sciences. ?Now we need to support research that will enable us to reliably relate exposure to a particular treatment with a specific adverse health outcome and, critically, design trials to reduce that risk.?

Limitations

The CCSS was a retrospective cohort study, not a prospective clinical trial. (See [Which Study Results Are the Most Helpful in Making Cancer Care Decisions?](#) for an explanation of how observational and retrospective studies differ from other types of clinical studies.)

Also, commented Rowland, patients in this study were diagnosed between 1970 and 1986. Since that time, both chemotherapy and radiation treatments have changed markedly. Thus the results of this study apply strictly to the survivors of that earlier era, and in some cases may have more limited implications for young patients treated since 1986.

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