



Cancer survivors' follow-up care falls short

By Liz Szabo, USA TODAY

Most childhood cancer survivors aren't getting important follow-up care to prevent serious long-term side effects of their treatment, a new study shows.

Experts note that progress against pediatric cancers has come at a high price. Although about 80% of children with cancer are cured of their disease, nearly two-thirds later develop a chronic health problem related to their tumors or therapy, says Paul Nathan, an oncologist at the Hospital for Sick Children in Toronto and the study's lead author.

Certain patients face especially high risks. Up to 20% of girls and young women treated with chest radiation — a common treatment for Hodgkin's disease — will develop breast cancer as a result, says Nathan, who presented his research Sunday at the American Society of Clinical Oncology meeting in Chicago. And up to half of children treated with high doses of anthracycline-based chemotherapy will develop heart problems, Nathan says.

For these reasons, experts recommend all cancer survivors at risk of heart disease have a test called an echocardiogram every one to two years, Nathan says. Those at risk of breast cancer should have yearly mammograms beginning at age 25, which is 15 to 25 years earlier than typically recommended.

In Nathan's study, however, 28% of those at risk of heart disease got recommended echocardiograms. Only 49% of women at risk of breast cancer received recommended mammograms.

Men were less likely than women to get cancer-related screenings; uninsured patients were three times as likely to miss suggested tests, according to his analysis of the 8,522 patients in the Childhood Cancer Survivor Study, which tracks adults who were treated for pediatric cancer between 1970 and 1986. Patients in the study had a median age of 7 when they were diagnosed with cancer. Their median age today is 31.

Nathan says he was disappointed in the findings. And he notes that his study actually may present an overly optimistic picture. Because study participants are more aware than others of long-term effects of cancer, they may be more likely than the average survivor to seek follow-up care.

Nathan says the country needs to better educate patients and doctors, many of whom see too few pediatric cancer survivors to be familiar with the latest guidelines for follow-up care. It also would help if insurers paid for crucial follow-up tests for cancer survivors, who need exams more frequently and at younger ages, he says.

Second cancers are a serious problem in the USA; they account for about 15% of the 1.4 million cancers diagnosed each year, says Patricia Ganz, a professor at the Jonsson Comprehensive Cancer Center at the University of California-Los Angeles.

Oncology society president Nancy Davidson, a professor at the Johns Hopkins University School of Medicine in Baltimore, expects the health problems of childhood cancer survivors to increase as patients age. "We're happy with our success, but we have a lot to do to improve our care," Davidson says.

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