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Studies examine long-term outcomes in childhood, young adult cancer survivors

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[Jama Oncology](#) published two studies and a related editorial focused on long-term outcomes in survivors of childhood or young adult cancer.

In the first study, Kathrine Rugbjerg, Ph.D., and Jørgen H. Olsen, M.D., D.M.Sc., of the Danish Cancer Society Research Center, Copenhagen, Denmark, examined the risk for hospitalisation up to 34 years after a diagnosis of adolescent and young adult cancer.

The study included 33,555 five-year cancer survivors diagnosed from 1943 through 2004 with a comparison group from the general population.

The authors identified 53,032 hospitalizations in cancer survivors for one or more of 97 disease categories.

Cancer survivors had an overall increased relative risk for hospitalisation compared with those in the general population.

Cancer survivors at highest risk for hospitalisations were leukaemia, brain cancer and hodgkin lymphoma survivors.

"Survivors of adolescent and young adult cancers face persistent risks for a broad range of somatic diseases requiring hospitalisation. The morbidity pattern which - as described herein - is highly dependent on the type of cancer being treated, underscores the need for further implementation of strict evidence-based sex-, age- and cancer-specific follow-up plans for survivors, thereby increasing the likelihood for early detection and ultimately prevention of treatment-induced morbidities," the study includes.

In the second study, Kevin R. Krull, Ph.D., of St. Jude Children's Research Hospital, Memphis, Tenn., and coauthors examined neurocognitive and patient-reported outcomes in adult survivors of childhood osteosarcoma, a type of bone cancer.

The study included 80 survivors of osteosarcoma who were an average age of nearly 39 years and almost 25 years past diagnosis.

The cancer survivors were compared with 39 community members unrelated to the cancer survivors.

Long-term survivors had lower average scores in reading skills, attention, memory and processing speed.

However, plasma concentration of methotrexate following high-dose intravenous administration during chemotherapy was not associated with neurocognitive outcomes at nearly 25 years after diagnosis, the study reports.

"Long-term survivors of osteosarcoma are at risk for neurocognitive impairment, which is related



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to current chronic health conditions and not to original treatment with high-dose methotrexate. ... Our results demonstrate the need for increased attention in this diagnosis, with prospective studies to delineate the evolution of impairment over the course of therapy and long-term survival," the authors conclude.

In a related editorial, Karen E. Effinger, M.D., M.S., and Michael P. Link, M.D., of the Stanford University School of Medicine, California, write: "Advances in cancer therapy have led to increased survival; there are more than 9 million 5-year survivors of cancer in the United States. As this number continues to grow, focus on improved health and quality of life becomes a priority. ... Going forward, we must apply our knowledge of late effects to improve monitoring and interventions for patients. While the progress made in the management of cancer in children and young adults has been gratifying, we must remember the words of Giulio D'Angio, who reminds us that 'cure is not enough.'"

Source: [The Jama Network Journals](#)

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