

CLINICAL PRACTICE IN PEDIATRICS 2019  
"IMPROVE YOUR PRACTICE: KEEP IT SIMPLE"  
16-18 OCTOBER, 2019

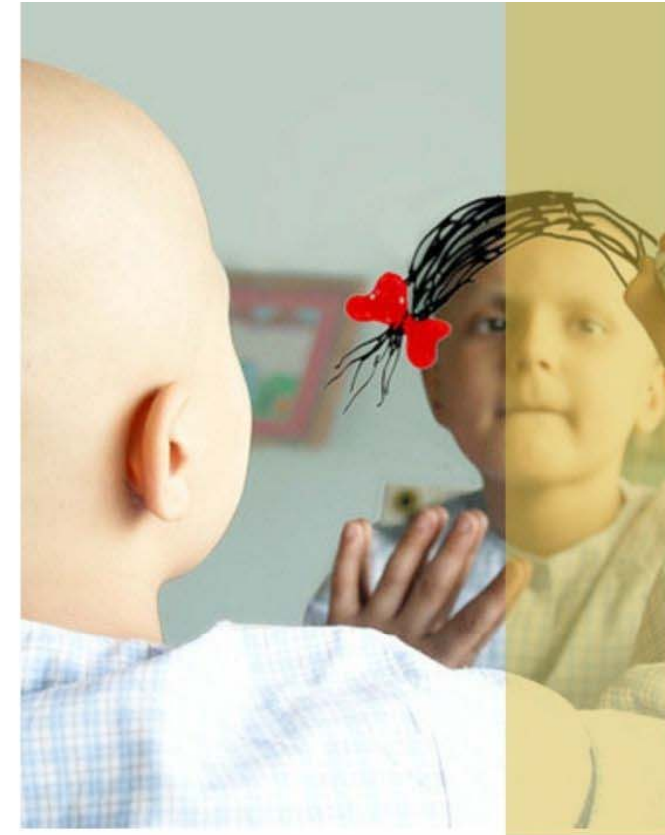
# *Cancer Survivor:*

## *What pediatricians should know?*

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**CANCER  
SURVIVOR  
CLINIC**



Pediatric Cancer & Hematologic Disor  
**PedHemOnc-PMI**



# Outlines



- ▶ Introduction
- ▶ Transition off therapy
- ▶ Multidisciplinary care team
- ▶ Late /long term side effects
  - ▶ Risk factors
  - ▶ Recognition of late effects
- ▶ Follow-up care



# Cancer Control Continuum

## Prevention

- Diet/Exercise
- Sun Exposure
- Alcohol
- Tobacco Control
- Chemo-prevention

## Early Detection

- Cancer screening
  - ✓ Pap test
  - ✓ Mammogram
  - ✓ PSA/DRE
  - ✓ Fecal occult blood test
  - ✓ Colonoscopy
- Awareness of cancer risk, signs, symptoms

## Diagnosis

- Oncology/ surgery consultation
- Tumor staging
- Patient counseling & decision making
- Clinical trials
- Informed Decision Making

## Treatment

- Chemotherapy
- Surgery
- Radiation
- Symptom management
- Psychosocial
- Maintenance therapy

## Survivorship

- Long-term follow-up/ surveillance
- Manage late-effects
- Rehabilitation
- Coping
- Health promotion
- Prevention
- Palliative Care

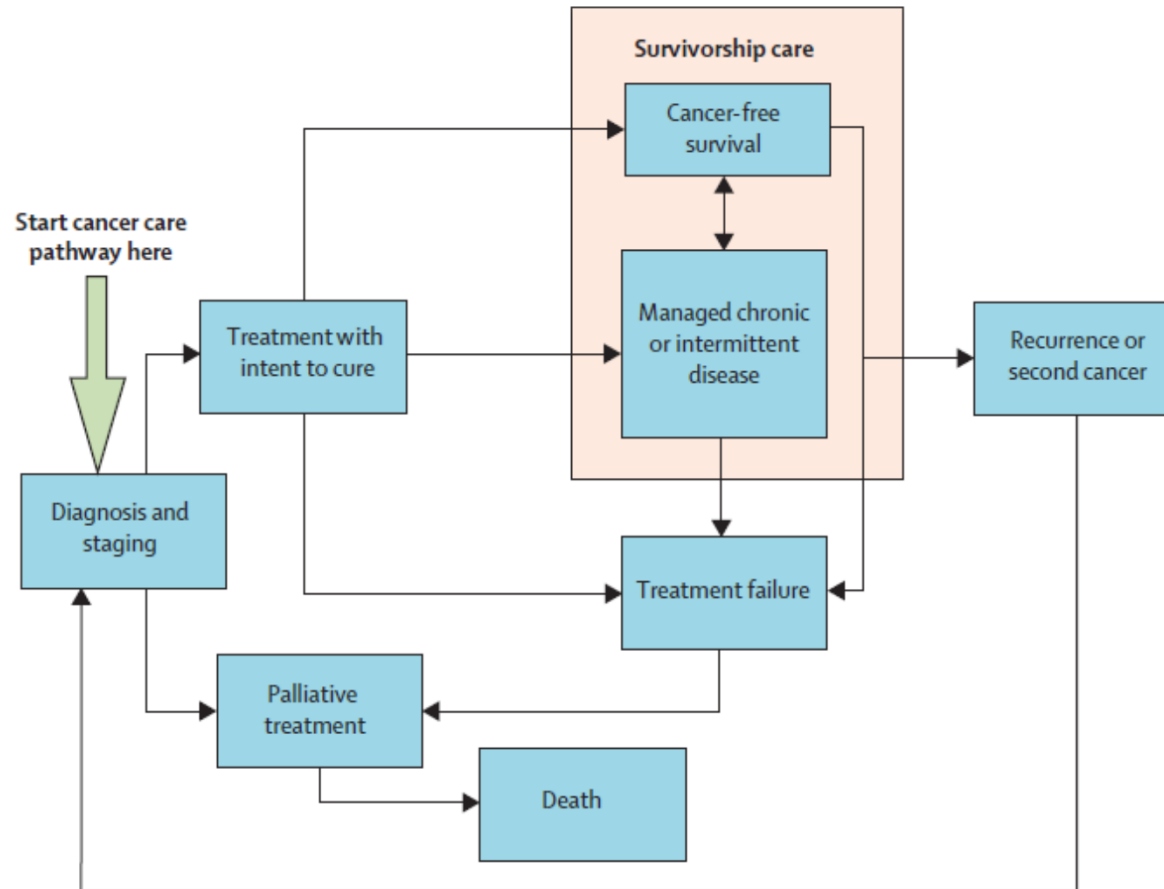
## End of Life

- Support patient & family
- Hospice
- Informed decision making



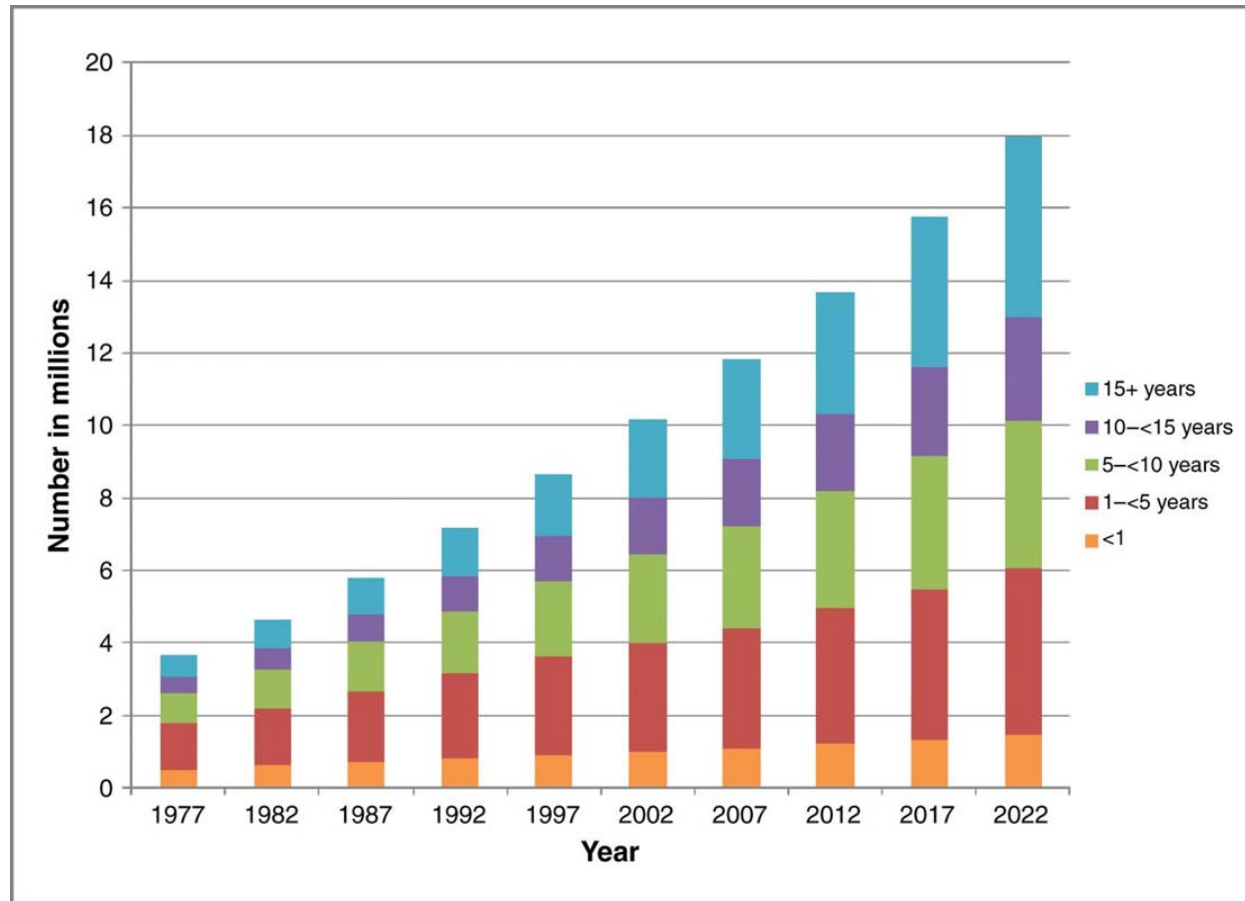


# Cancer Care Trajectory



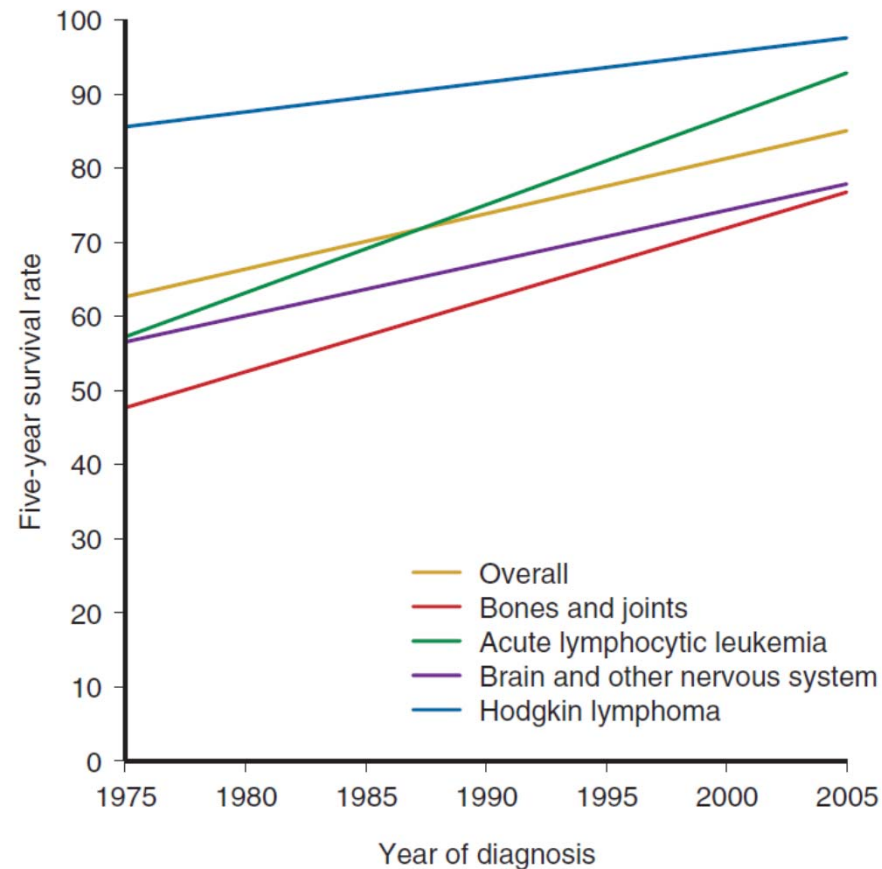


# Estimated and projected number of cancer survivors in the United States from 1977 to 2022 by years since diagnosis.



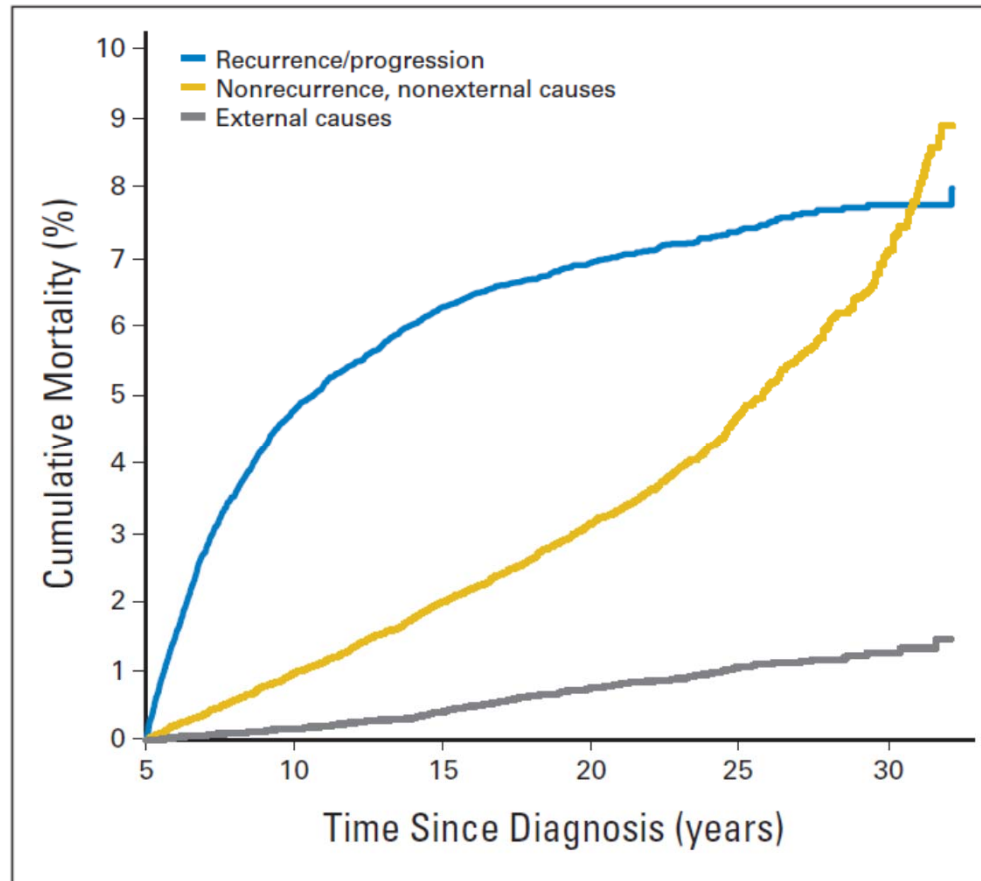


# 5-year Cancer Survival, Age < 20 years



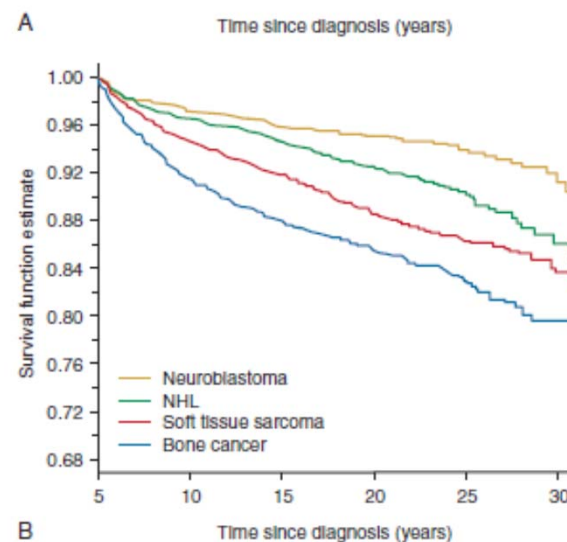
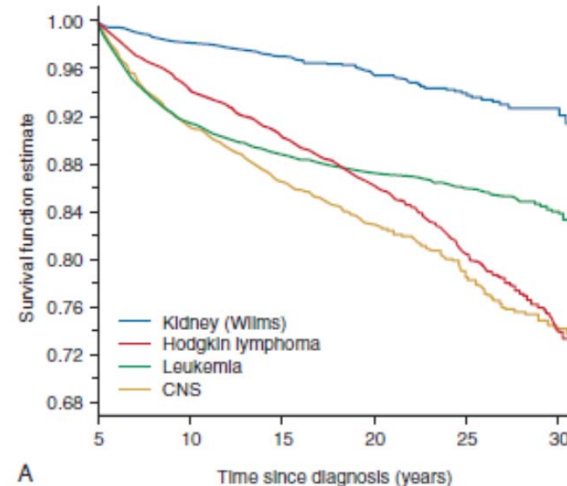
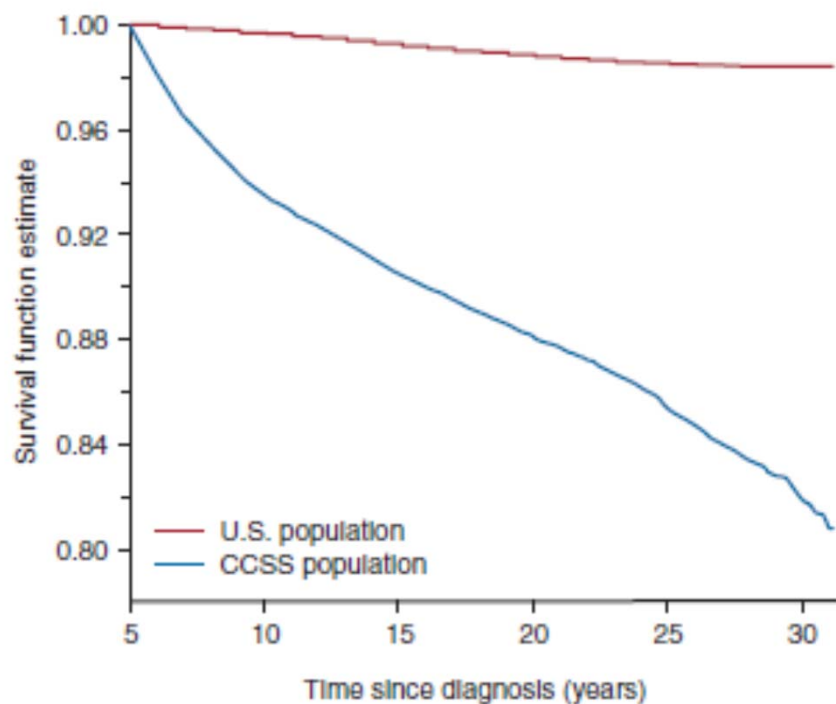


# Cumulative Cause-Specific Mortality





# 5-year Survivors of Childhood Cancer Diagnosed from 1970 to 1986, Age <21 years







Advances in cancer therapy



Increased survival



Long-term sequelae





# “Who” is a Cancer Survivor?



- ▶ A cancer survivor is anyone who has been diagnosed with cancer – from the time of diagnosis and for the balance of his or her life.
- ▶ Mostly 2 years off therapy







# Transition to Survival Care

## Summary cancer treatment

- ▶ Demographic data
- ▶ Cancer diagnosis
- ▶ Treatment
  - ▶ Chemotherapy
  - ▶ Radiation
  - ▶ HSCT
  - ▶ Surgery

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Cancer Survivor Clinic Data Entry  
Neuroblastoma

Sticker

Stage  I  II  III  IV

Risk  Low risk  Intermediate risk  High risk

Protocol \_\_\_\_\_

Chemotherapy	Cumulative dose (mg/m <sup>2</sup> )
1. Cisplatin/Carboplatin	
2. Cyclophosphamide	
3. Topotecan	
4. Etoposide	
5. Doxorubicin	
6.	

Surgery  No  Yes Location \_\_\_\_\_

HSCT  No  Yes Protocol \_\_\_\_\_

Radiation  
 No  
 Yes Location \_\_\_\_\_ Dose \_\_\_\_\_ Gy Date \_\_\_\_-\_\_-\_\_ (dd-mm-yy)

MIBG treatment  No  Yes

Plan  
 PCP prophylaxis off Date \_\_\_\_-\_\_-\_\_ (dd-mm-yy)  
 Vaccination start Date \_\_\_\_-\_\_-\_\_ (dd-mm-yy)





# Survivorship Care Team

NURSE

ENDOCRINOLOGIST

PHYSICIAN

PSYCHIATRIST/  
PSYCHOLOGIST

SURGEON

Pediatric oncologist



Pediatric Cancer & Hematologic Disorder  
**PedHemOnc-PMK**



# Risk Factors for Late Effects in Childhood Cancer Survivors



## TREATMENT FACTORS

- ▶ Time since treatment
- ▶ Dose and intensity of treatment
- ▶ Types of diagnosis
- ▶ Types of therapy
  - ▶ Surgery
  - ▶ Radiation
  - ▶ chemotherapy
- ▶ Prior treatment toxicities

## INDIVIDUAL FACTORS

- ▶ Age
- ▶ Developmental stage
- ▶ Gender
- ▶ Genetic predisposition
- ▶ Health behaviors
- ▶ Comorbidities

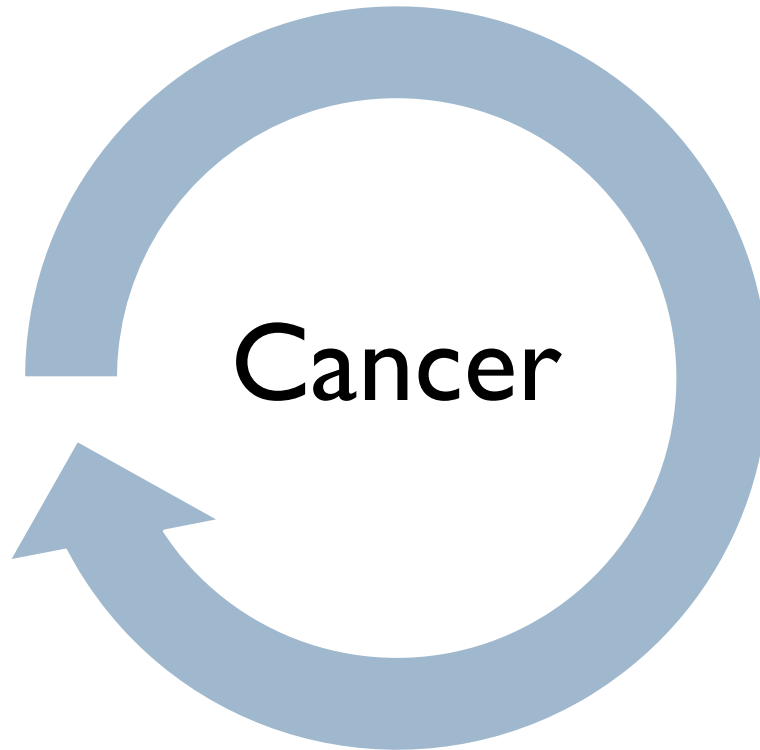


# Late Effects of Childhood Cancers





# Late Effects of Childhood Cancers



- Secondary neoplasm
- Relapse





# Secondary Cancers

## ► Radiation associated

Malignancies	Risk factors	Surveillances
Breast cancer	<ul style="list-style-type: none"><li>• Female</li><li>• Any chest radiation (<math>\geq 20\text{Gy}</math> highest risk)</li><li>• Spinal radiation</li><li>• Total body radiation (TBI)</li></ul>	<ul style="list-style-type: none"><li>• Breast exam</li><li>• Mammogram</li><li>• Breast MRI</li></ul>
Thyroid cancer	<ul style="list-style-type: none"><li>• Neck radiation</li><li>• Chest radiation</li><li>• Total body radiation (TBI)</li><li>• MIBG treatment</li></ul>	Ultrasound thyroid
CNS tumor <ul style="list-style-type: none"><li>• Meningioma</li><li>• Glioma</li></ul>	CNS radiation	MRI brain







# Secondary Cancers

## ► Radiation associated

Malignancies	Risk factors	Surveillances
Colorectal cancer	<ul style="list-style-type: none"><li>• Abdomen radiation</li><li>• Pelvic radiation</li><li>• Spinal radiation</li><li>• <math>\geq 30</math> Gy</li><li>• Total body irradiation (TBI)</li></ul>	<ul style="list-style-type: none"><li>• Colonoscope</li></ul>
Skin cancer	<ul style="list-style-type: none"><li>• Any sites</li></ul>	Exam and consult dermatologist
Cardiovascular disease <ul style="list-style-type: none"><li>• Moyamoya disease</li><li>• Aneurysm</li><li>• Stroke</li><li>• Seizure</li></ul>	<ul style="list-style-type: none"><li>• Head and neck radiation</li><li>• <math>\geq 40</math> Gy</li></ul>	Ultrasound Doppler of carotid vessels at 10 years after radiation





# Secondary Cancers

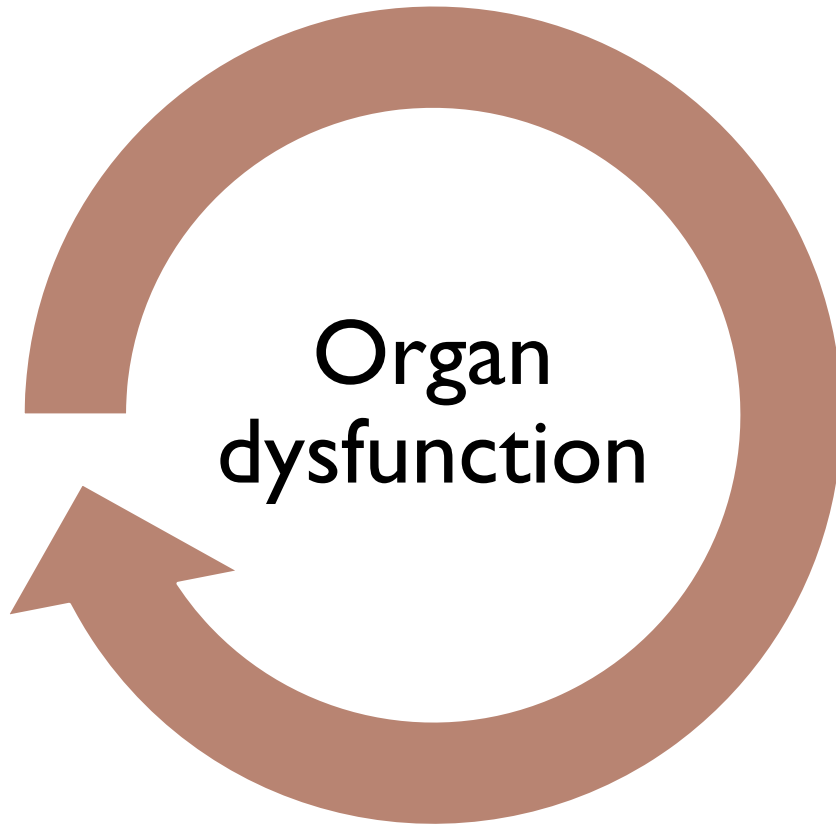
- ▶ Chemotherapy associated: secondary AML

Group of chemotherapy	Chemotherapy	Timing	Developed MDS	Genetic alteration
Topoisomerase II inhibitor	Etoposide Doxorubicin	2-3 years	No	MLL (11q23) rearrangement t(15;17)
Alkylating agents	Cyclophosphamide Ifosfamide	3-10 years	Yes	Monosomy 5, 7





# Late Effects of Childhood Cancers



- Cardiac
- Gastrointestinal and liver
- Renal
- Pulmonary
- Neuro
  - Neuropathy
  - Cognitive problem
  - Memory loss





# Cardiomyopathy Associated with Antracyclin



- ▶ Early: within 24 hours
- ▶ Late effect:  $\geq 5$  years
- ▶ Risk factors
  - ▶ Female
  - ▶ Age of starting antracyclin
  - ▶ How long for exposure
  - ▶ Dose
  - ▶ Genetic predisposition





# Late Effects of Childhood Cancers



- IQ
- Emotional and social maturation



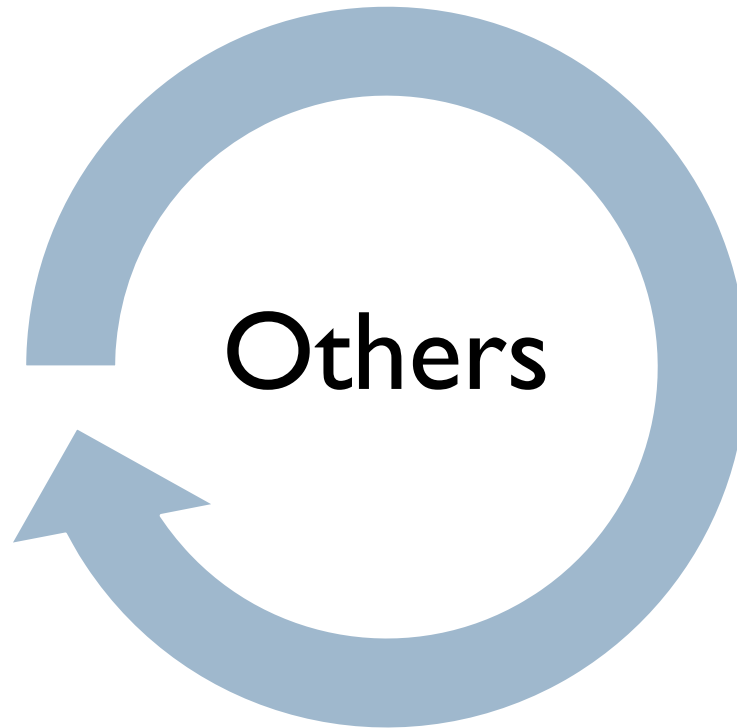
# Late Effects of Childhood Cancers



- Mentality
- Emotional
- Financial
- Physical/body image: obesity
- Fatigue
- Depression
- Anxiety



# Late Effects of Childhood Cancers

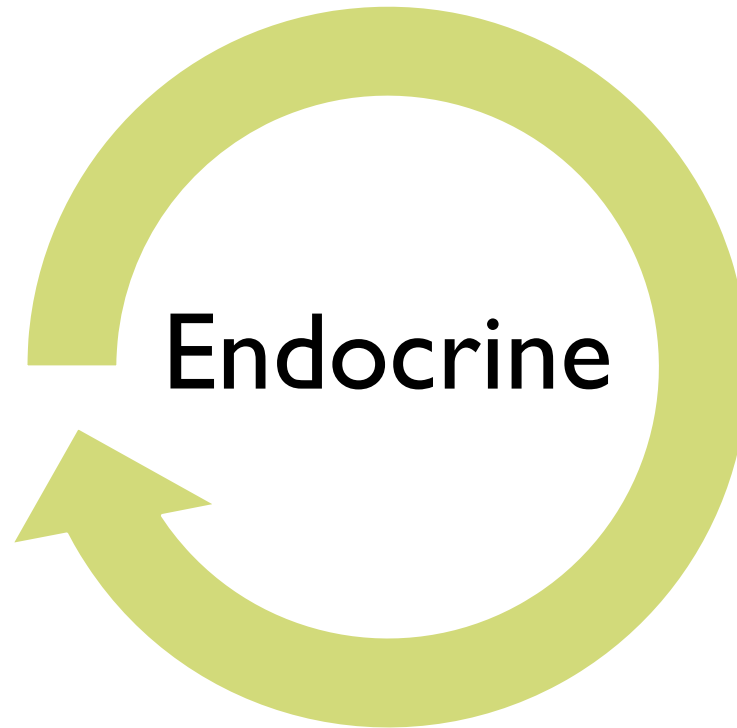


- Scar
- Chronic pain
- Skin sensitivity
- Dental





# Late Effects of Childhood Cancers



- Growth
- Infertility
- Bone problem: osteoporosis
- Delayed puberty
- Hypothyroidism
- Adrenal insufficiency





# “What”: Manage the Physical Consequences of Cancer Treatment



## Long-term Side Effects

- **Chemotherapy**  
Fatigue, endocrine symptoms, infertility, neuropathy, cognitive function, heart, kidney, and liver problems
- **Surgery**  
Scars, chronic pain
- **Radiation Therapy**  
Fatigue, skin sensitivity

## Late Side Effects

- ▶ **Chemotherapy**
  - ▶ 2<sup>nd</sup> primary cancers, cataracts, infertility, liver problems, lung disease, osteoporosis/endocrine issues, cognitive function, weight gain
- ▶ **Surgery**
  - ▶ Lymphedema, scar tissue
- ▶ **Radiation Therapy**
  - ▶ Cataracts, heart, lung, intestinal and thyroid problems, second primary cancers, memory problems, cavities and tooth decay



# “What”: Manage the Psychosocial Late and Long-Term Effects of Cancer Treatment

- ▶ **Psychological**
  - ▶ Depression, anxiety (fear of recurrence), uncertainty, isolation, altered body image
- ▶ **Social**
  - ▶ Changes in interpersonal relationships, concerns regarding health or life insurance, job loss, return to school, financial burden
- ▶ **Existential and spiritual issues**
  - ▶ Sense of purpose or meaning, appreciation of life





# Follow-up Care

- ▶ Tailored on
  - ▶ Patient Characteristics: age, gender
  - ▶ Disease
  - ▶ Disease severity
  - ▶ Therapy received
  - ▶ Family history



## Take Home Messages



- ▶ Increased survival, increased late effect, need closely monitor
- ▶ Cancer survivors have chance of late effects
- ▶ Holistic approach is mandatory



for  
children with cancer

[www.pedhemeoncpmk.com](http://www.pedhemeoncpmk.com)