

# Long-term health and social outcomes for neuroblastoma survivors

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Survivors of the childhood cancer neuroblastoma are eight times more likely to have chronic health conditions, less likely to be married, and more likely to have lower incomes than their siblings, according to a study published online July 31 in the *Journal of the National Cancer Institute*.

This study was undertaken because minimal information exists on the long-term outcomes for neuroblastoma survivors.

Caroline Laverdiere, M.D., of the Sainte-Justine Hospital in Montreal, and colleagues looked at data for 954 5-year neuroblastoma survivors who were diagnosed from 1970-1986 and enrolled in the [Childhood Cancer Survivor Study \(CCSS\)](#). Late mortality, second malignant tumors, and chronic [health conditions](#) were analyzed. The researchers also compared participants with a cohort of 3,899 siblings of children with cancer for risk of chronic health conditions and sociodemographic outcomes.

Neuroblastoma survivors were less likely to be married or employed with high income than the controls from the sibling cohort, and after 20 years follow-up, were more than eight times more likely to have chronic health conditions, such as neurological, endocrine, sensory, and musculoskeletal complications.

"...[R]esults of the current study are quite relevant and underscore the need for close surveillance and life-long follow-up to ameliorate

potential medical and psychosocial late effects," the authors write. "Future research should build on these data and investigate risk factors for long-term complications of neuroblastoma treatment and second malignant neoplasms..."

In an accompanying editorial, Elizabeth Fox, M.D., of the Pediatric Oncology Branch at the Center for Cancer Research, National Cancer Institute, in Bethesda, Md., Deborah Citron, M.D., of the [Radiation Oncology](#) Branch at NCI, and Frank M. Balis, M.D, of the Children's Hospital of Philadelphia, point out that survivors who were treated with multimodal therapy in this time frame had twice as much risk of late effects as survivors who had localized neuroblastomas that could be treated with surgery alone. Because surviving neuroblastoma patients from the 1970s were less likely than both current [neuroblastoma](#) patients and survivors of other childhood cancers from the 1970s to have been treated with intensive therapies, this population probably has fewer late-arising complications than might be expected for either of the latter two groups.

"The introduction of more selective and less toxic molecularly-targeted drugs holds the promise of substantially altering the acute and long-term toxic effects of cancer therapy," the editorialists write. "The potential requirement for extended treatment with these drugs may have a substantial impact on a child's development and will require careful study of late effects, similar to the ongoing efforts of the CCSS."

Source: Journal of the National [Cancer](#) Institute ([news](#) : [web](#))

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