

# Children who survive cancer more likely to suffer from heart disease

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Children and adolescents who survive cancer have a significantly higher risk of developing heart disease as young adults, according to the largest study on this issue published on [bmj.com](http://bmj.com) today.

The findings show that young adult survivors of childhood [cancer](#) are at risk for a variety of cardiovascular complications related to their [cancer therapy](#), such as heart failure, heart attacks, inflammation of the heart and heart valve abnormalities - as late as 30 years after therapy.

They also show that this risk is apparent at lower exposures to anthracyclines (drugs used in chemotherapy) and [radiation therapy](#) than previously thought.

Given these results, the authors, led by Professor Daniel Mulrooney from the University of Minnesota, are calling on health providers to be aware of the increased risks when caring for individuals who have survived childhood cancer.

The authors compared data from 14,358 five year cancer survivors taking part in the [Childhood Cancer Survivor Study](#) with 3,899 siblings of cancer survivors.

The cancer survivors were diagnosed between 1970 and 1986, before the age of 21. They had one of the following cancers: leukaemia, brain cancer, Hodgkin's lymphoma, [non-Hodgkin's lymphoma](#), kidney cancer, neuroblastoma, [soft tissue sarcoma](#), or bone cancer.

The participants or their parents completed questionnaires about their health, medical conditions, and surgical procedures since diagnosis.

Dr Mulrooney concludes that: "Young adults who survive childhood or adolescent cancer are clearly at risk for early cardiac morbidity and mortality not typically recognised within this age group. Such individuals require ongoing clinical monitoring, particularly as they approach ages in which cardiovascular disease becomes more prevalent."

In an accompanying editorial, two experts discuss what long term care should be offered to children who survive cancer.

UK guidelines recommend routine cardiac screening every five years, but many survivors currently receive no follow-up, they say. With the number of adult survivors steadily rising, they suggest a network of specialists that collaborate across age boundaries is needed to optimise the care pathways for patients with complex problems.

Source: British Medical Journal ([news](#) : [web](#))

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