

# Childhood cancer survivors at higher risk for future GI complications

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(Medical Xpress) -- Individuals who are treated for cancer during childhood have a significantly higher risk of developing gastrointestinal (GI) complications — from mild to severe — later in life, according to a study led by the University of California, San Francisco. The findings underscore the need for childhood cancer survivors and their physicians to be aware of these risk factors to ensure patients' ongoing health care needs are met.

“We have, in a relatively short period of time, made remarkable progress in treating pediatric [cancer](#), which has resulted in a growing population of childhood [cancer survivors](#),” said lead author Robert Goldsby, MD, a [pediatric cancer](#) specialist at UCSF Benioff Children's Hospital and director of the UCSF Survivors of Childhood Cancer Program. “While we know that many cancer therapies can cause gastrointestinal problems in patients at the time of treatment, this is the first major study to examine long-term GI complications in childhood cancer survivors.”

The study appears in the May 2011 issue of [Gastroenterology](#), the official journal of the American Gastroenterological Association Institute. It is currently [available online](#).

About one in 500 young adults in the United States is a survivor of childhood cancer. Using data from the multicenter [Childhood Cancer Survivor Study](#), the researchers evaluated the frequency of self-reported GI problems in 14,358 patients who had been treated for different types of cancer — leukemia, brain tumors, lymphoma, Wilms tumor,

neuroblastoma, sarcomas or bone tumors — and survived at least five years following treatment.

Study participants were diagnosed and treated between 1970 and 1986 at one of 26 collaborating institutions in the United States and Canada, with most patients younger than 10 years old at the time of diagnosis.

Overall, more than 40 percent of the cancer survivors reported experiencing some type of GI complication within 20 years after treatment. Additionally, the study indicated that patients who were diagnosed at an older age and who had undergone more intensive therapy, including radiation, chemotherapy and surgery, were more likely to develop long-term GI problems.

The researchers also compared the prevalence of GI disorders in the cancer survivors to a randomly selected group of the patients' siblings and found that the survivors had a significantly higher risk of developing upper GI complications such as ulcers, esophageal disease, and indigestion; lower GI issues such as intestinal polyps, chronic diarrhea and colitis; and liver conditions such as cirrhosis, gallstones, and jaundice.

“While physicians continue to learn about the long-term consequences of pediatric cancer and its therapy, it is essential that we provide comprehensive follow-up care that appropriately addresses the complications cancer survivors may experience,” Goldsby said. “These are serious issues that can have a real impact on a person’s quality of life.”

Goldsby added that because the risks of late GI complications may change as therapy for childhood and adolescent cancer continues to evolve, studies of more recently treated patients will be needed.

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Provided by University of California, San Francisco

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