

Study calls for revisiting cardiac screening guidelines for survivors of childhood cancer

May 19 2014

One of the first studies to analyze the effectiveness of screening survivors of childhood cancer for early signs of impending congestive heart failure (CHF) finds improved health outcomes but suggests that less frequent screening than currently recommended may yield similar clinical benefit. The researchers, in a study published in the *Annals of Internal Medicine*, utilized a simulation-based model to estimate the long-term benefits associated with routine screening.

The study's findings suggest that the current CHF screening guidelines for [survivors](#) of pediatric cancer should be re-examined. The current guidelines recommend that survivors treated with chemotherapy agents known to affect long-term heart health be screened as often as every year, with a schedule dependent on their level of CHF risk. The new study suggests that screening survivors less often may be nearly as effective in detecting heart disease early. Some survivors might be better served by a different method of screening than the one currently used.

"It is important to monitor survivors so we can reduce the late effects of treatment whenever possible, but we may be asking them to be tested too often, which burdens both individuals and the health care system," says senior author Lisa Diller, MD, chief medical officer of Dana-Farber/Boston Children's Cancer and Blood Disorders Center. "We think it is worthwhile to review the current CHF screening guidelines."

"Our findings suggest that there is a long-term benefit in screening survivors at elevated risk for CHF," says lead author Jennifer Yeh, PhD,

of the Center for Health Decision Science at Harvard School of Public Health. "Yet less frequent screening than currently recommended may be reasonable when other factors are considered. We hope these results can help inform the ongoing discussion about screening [childhood cancer survivors](#)."

As cure rates of pediatric cancers have risen, increasing numbers of survivors are at a substantially higher risk of heart disease, including [congestive heart failure](#), compared to the general population. The increase in risk varies depending on several factors, including whether a patient was treated with anthracyclines, a class of drugs known to cause [heart disease](#), and/or radiation to the heart. For instance, those who received no or low (

Citation: Study calls for revisiting cardiac screening guidelines for survivors of childhood cancer (2014, May 19) retrieved 6 May 2024 from <https://medicalxpress.com/news/2014-05-revisiting-cardiac-screening-guidelines-survivors.html>

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