FOLLOW-UP CLINIC FOR LONG-TERM SURVIVORS OF CHILDHOOD CANCER


Department of Pediatrics*, Pediatric Surgery**, and Social Work***,
Juntendo University School of Medicine

Purpose: The great advances in treatment of childhood cancer have created a large and growing population of young people who are successfully off treatment for this disease. However, some of them are still suffering from late effects and psychosocial problems resulting from the disease. We started comprehensive follow-up clinic that targeted such group of people, with supports of physicians from other departments and of social workers.

Methods: Patients who were off-treatment and reached 15-years old (or high school students) are followed. They were seen mainly by pediatric oncologists at the clinic of department of general medicine, with supports of hematologists, gynecologists, neurosurgeons and social workers. The main purposes of the clinic are to give care for late effects and to support psychosocial problems at various events in their life. They are followed until the birth of their offspring in order to evaluate fertility and the effects of treatment on the second generation.

Results: Forty-six patients have been followed; acute lymphoblastic leukemia (16), acute non-lymphoblastic leukemia (5), non-Hodgkin’s lymphoma (6), retinoblastoma (8), brain tumor (2), rhabdomyosarcoma (2), neuroblastoma (1), Wilms’ tumor (2), germ cell tumor (2), and others (2). The age ranged from 15 to 37 years (median 21). They have been seen for 5 to 28 years (median 14.5). Seven female patients are married and 2 of them have a healthy child, respectively. Twenty-two (48%) of them have suffered from late effects. Patients suffering from serious late effects have various psychosocial problems and require comprehensive supports. Seven patients who had treated at other institutions even visited our clinic. Two of them had Wilms’ tumor and suffering from infertility and premature ovarian failure, respectively.

Conclusions: Almost half of the long-term survivors of childhood cancer have late effects and psychosocial problems. Pediatric oncologist who has a good understanding of their clinical course should be a key-person in the practice until the new supporting system is established.