

Webinar #2:

ORGAN HEALTH AFTER CHILDHOOD CANCER PART 1

21st Jan 2022 | 20:00-21:30 (UTC +8 | Singapore Time)

Program Name:	St. Jude-VIVA Survivorship #2
Event Date:	Friday 21st Jan 2022
Event Time:	8:00pm – 9:30pm (Singapore Time)

Programme Synopsis

Lecturer 1:

Cardiac Late Effects (Dr Daniel Mulrooney)

Most children and adolescents diagnosed with cancer will become long-term survivors with many productive years ahead of them. However, these young people are at increased risk for late medical and psychosocial complications ("late effects") that can adversely affect the quality of their lives and predispose them to early mortality. Aging survivors experience a wide variety of late chronic health conditions following pediatric cancer therapy. The prevalence of late-effects increases with longer time from initial cancer diagnosis and may be complicated by health behaviors, life-style factors, as well as age-related organ dysfunction. Premature cardiovascular disease is the leading non-cancer cause of death among childhood cancer survivors and can be subclinical for many years prior to becoming clinically evident.

The most frequent presentation is a dilated cardiomyopathy, but it may also manifest as premature coronary artery disease, heart valve dysfunction, and/or rhythm and conduction abnormalities. Screening and early recognition provide opportunities to intervene with preventive measures to ameliorate disease and, hopefully, reduce morbidity and mortality in this population. This presentation will discuss the spectrum of and risk factors for cardiovascular complications among survivors of childhood cancer and review guidelines and challenges associated with long-term surveillance and health maintenance.

Lecturer 2:
Pulmonary Late Effects (Dr Neel Bhatt)

Late pulmonary dysfunction is one of the major contributors to the total cumulative burden of morbidity and late mortality among childhood cancer survivors. Prior studies have identified exposure to radiation therapy exposing lungs, mediastinum, or chest wall, chemotherapeutic agents such as alkylating agents and bleomycin, and surgical procedures involving lung as risk factors for developing pulmonary dysfunction. Survivors with a history of hematopoietic cell transplant and especially graft vs. host disease are also at a higher risk. Moreover, lifestyle factors such as smoking and illicit drug use can also lead to pulmonary function impairment. Pulmonary function testing, which is the recommended surveillance modality for those exposed to pulmonary toxic therapies, has a very high yield of detecting pulmonary dysfunction. In this presentation, I summarize the extant literature on epidemiology, risk-factors, and consequences of late pulmonary complications among childhood cancer survivors and current screening recommendations after completion of therapy in this population. Additionally, I discuss gaps in current knowledge and potential directions for future research.