

Childhood cancer survivors hospitalized frequently years after cancer treatment

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Survivors of childhood cancers were hospitalized more often and for longer durations because of blood disorders and other problems, many years after cancer treatment was completed, compared with the general population, according to a study published in *Cancer Epidemiology, Biomarkers & Prevention*, a journal of the American Association for Cancer Research.

"Our findings demonstrate that childhood cancer survivors face ongoing problems that can lead to hospitalization, even for those who are decades past their original cancer diagnosis. This can negatively impact their quality of life," said Anne C. Kirchhoff, PhD, MPH, assistant professor of pediatrics at the Huntsman Cancer Institute of the University of Utah in Salt Lake City.

"Regular cancer-focused health care is important for identifying health problems for survivors throughout their lives," Kirchhoff added. "Patients and families who have experienced childhood cancer should obtain a cancer treatment summary and recommendations for follow-up care from their oncologist, and coordinate their follow-up care with their oncology and primary care doctors to ensure their health care needs are being managed."

In this study, survivors were 52 percent more likely to be hospitalized, and their number of admissions was 67 percent higher, compared with age and sex-matched individuals who did not have cancer. Survivors were also 35 percent more likely to have stayed longer every time they were hospitalized, compared with controls.

"The Affordable Care Act has several provisions that will improve insurance for cancer survivors, including expanding coverage to dependents up to age 26, prohibiting insurance denials based on health status, and eliminating lifetime limits on coverage," noted Kirchhoff. "Better insurance coverage should hopefully help survivors identify and manage health problems at earlier, less costly

stages."

Kirchhoff and colleagues identified 1,499 childhood cancer survivors treated between 1975 and 2005 who were at least five years past their original cancer diagnosis from the Utah Population Database (UPDB) and the Utah Cancer Registry. They collected information including demographics, type of cancer, and type of treatment. Data on subsequent hospitalizations were obtained from the Utah Department of Health hospital discharge records. Using UPDB, they also identified 7,713 subjects who did not have cancer, who served as age and sex-matched controls in this study.

About 50 percent of the survivors included in this study were female, and 98 percent were non-Hispanic white. The researchers found that both female survivors and male survivors were more likely to have been hospitalized than their respective controls. Female survivors also had a longer average length of hospital stay than female controls.

More than 10 percent of survivors of central nervous system tumors, neuroblastoma, or malignant bone tumors were hospitalized five or more times during the follow-up period, and the hospital admission rates were approximately two times higher for survivors of neuroblastoma and bone tumors, respectively, compared with controls. "We saw higher rates of hospitalization across most cancer types, but not for all cancers, which gives us clues as to which groups of survivors may need better surveillance in the long term," said Kirchhoff.

Common reasons for hospitalizations for survivors compared with the controls included conditions like blood disorders (such as anemia) and cancer, although it is unclear if this was for their original cancer diagnosis or new cancers. Infections, nervous system problems, and respiratory problems were other leading reasons for hospitalization.

Kirchhoff and colleagues will conduct further analyses to better understand the reasons survivors are hospitalized and their hospital-related costs.

Provided by American Association for Cancer Research

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