



Breast and Thyroid Cancer Screening for At-risk Survivors



Survival of childhood, adolescent and young adult (CAYA) cancers has increased with progress in the management of the treatments and has reached more than 80% at 5 years. Nevertheless, these survivors are at great risk of second cancers and non-malignant co-morbidities in later life. In France, a new study (DeNaCaPST trial) aims to organise a national screening programme for thyroid cancer and breast cancer in survivors of CAYA cancers.

Radiation therapy during childhood or young adulthood is an established risk factor for second breast cancer (SBC). Cohort studies have shown the cumulative risk of breast cancer to be approximately 10–33%, depending on the dose received by the breast, compared with a lifetime risk in the general population of 11–12%. The second most frequent cancer described in this population is thyroid cancer. Irradiation in childhood or young adulthood increases the risk of nodules and papillary cancers.

International guidelines have been put in place because of the evidence for increased lifetime risk of breast and thyroid cancer. Authors say DeNaCaPST, a non-interventional study, will examine compliance with international recommendations, with the aim, regarding a breast screening programme, of offering for every woman living in France, at equal risk, an equal screening.

"DeNaCaPST is based on these international recommendations but it is important to recognise that they are based on expert consensus opinion and are supported by neither nonrandomised observational studies nor prospective randomised trials in this specific population," the authors note. "Over-diagnosis is a phenomenon inherent in any screening programme and therefore such programmes must be evaluated."

The DeNaCaPST trial is coordinated by the INSERM 1018 unit in cooperation with the LEA (French Childhood Cancer Survivor Study for Leukaemia) study's coordinators, the long-term follow-up committee and the paediatric radiation committee of the SFCE (French Society for Childhood Cancers). A total of 35 centres spread across metropolitan France and la Reunion will participate. FCCSS (French Childhood Cancer Survivor Study), LEA and central registry will be interrogated to identify eligible patients. To participate, centres agreed to perform a complete "long-term follow-up consultations" according to good clinical practice and the SFCE guidelines.

As survival has greatly improved in childhood cancers, detection of therapy-related malignancies has become a priority even if new radiation techniques will lead to better protection for organs at risk. DeNaCaPST's goal is to prove that a screening for thyroid and breast cancers is possible at a national level for at-risk survivors.

"We hope that it [the trial] will result in a similar follow-up for those at equal risk across the country. It will also provide additional data on secondary thyroid and breast cancers, and reinforce multidisciplinary cooperation," the authors add.

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