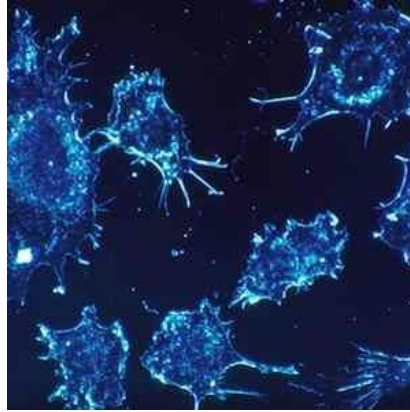




Cardiovascular Disease in Adult Cancer Survivors



According to a study published in *Annals of Internal Medicine*, adult survivors of childhood cancer are more likely to develop cardiovascular disease at an earlier age leading to substantial morbidity. The study researchers point out that the type and frequency of screening that would be most effective in such patients is still not clear.

It is estimated that adult survivors of childhood cancer will surpass 500,000 by 2020. While the leading cause of death in these patients is the recurrence of cancer, deaths are also frequently due to premature cardiovascular disease and the late effects of therapy.

During this study, the researchers assessed the cardiac outcomes among 1853 adult survivors of childhood cancer, aged 18 years of older, and who had received cancer-related cardiotoxic therapy at least ten years earlier. They found that a substantial number of adult survivors of childhood cancer exposed to cardiotoxic therapies suffered from cardiomyopathies, conduction or rhythm abnormalities and coronary artery and valvular diseases. Not only that, cardiovascular disease in this group of patients developed at a very young age.

Findings showed that cardiomyopathy was present in 7.4 percent of the survivors; coronary artery disease in 3.8 percent; valvular regurgitation or stenosis in 20.8 percent and conduction or rhythm abnormalities in 4.4 percent. Majority of the cancer survivors were asymptomatic.

See Also: [Cardio-Oncology: A Developing Specialty for Comprehensive Cardiac Care](#)

Study researchers talk about the fact that there is a lack of randomised, controlled trials to test screening practices and that is why the guidelines used to care for survivors of childhood cancer are based on best available evidence and expert clinical consensus. There is very limited evidence though whether these screening guidelines are effective.

The researchers are hopeful that these findings will help increase focus on the development of more effective screening guidelines for this particular patient group. "Clinically, these data may guide stratification of risk factors, screening practices, health counseling, and potential therapeutic measures aimed at changing the disease trajectory in this young adult population", the authors conclude.

Source: [Annals of Internal Medicine](#)

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