



Chronic Disease Working Group* 2012

Williamsburg

June, 2012

* Includes Neurology and Reproductive WGs

Chronic Disease Working Group

Core Members

- Chuck Sklar (Chair)
 - Lisa Diller
 - Eric Chow
 - Dan Green
 - Kevin Oeffinger
 - Roger Packer

Chronic Disease Working Group 2012 Publications 2010-2012 (17)

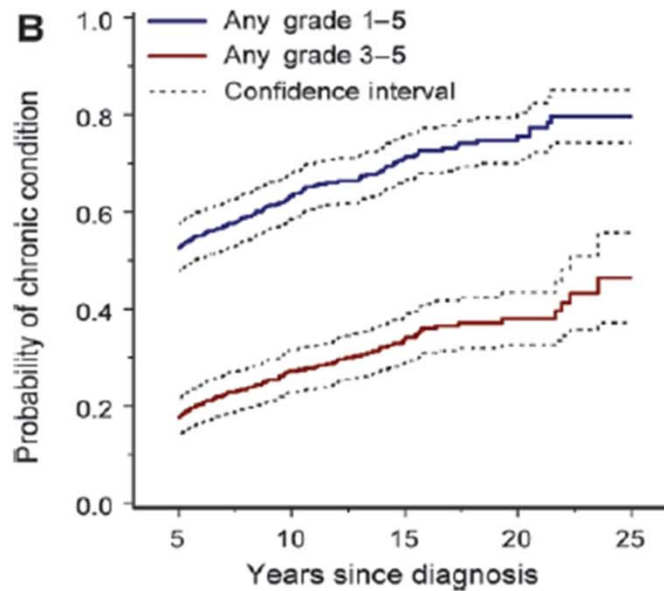
- *Ocular late effects*, **Whelan (Pediatr Blood Cancer)**
- *Fertility of male survivors*, **Green (JCO)**
- *CVRF in adult survivors*, **Meacham (Cancer Epi Biomarker Prev)**
- *Late neurological sequelae in leukemia survivors*, **Goldsby (JCO)**
- *Outcomes in survivors of osteosarcoma*, **Nagarajan et al (Cancer)**
- *Outcomes in Ewing's*, **Ginsberg (JNCI)**
- *Stillbirth and neonatal death in relation to RT*, **Signorello et al (Lancet)**
- *Long-term survivors of CNS malignancies*, **Armstrong (Eur J Neurol)**
- *Long-term health related outcomes HSCT vs standard*, **Armenian (Blood)**

Chronic Disease Working Group 2012

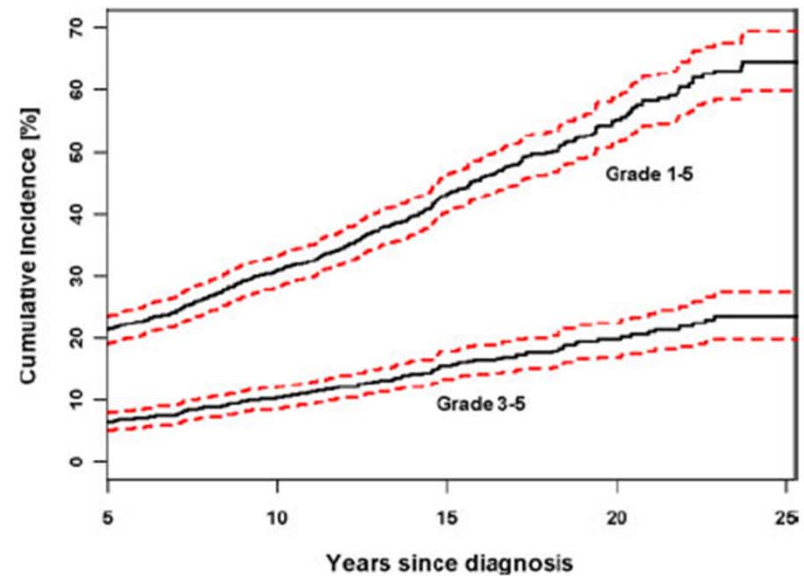
Publications 2010-2012 (17)

- *Gastrointestinal complications*, **Goldsby (Gastroenterology)**
- *Decreased fertility among females after 22 to 27 Gy CRT*, **Green (Fertility Sterility)**
- *Auditory complications*, **Whelan (Pediatr Blood Cancer)**
- *Twenty-five year follow-up Wilms*, **Termuhlen (Pediatr Blood Cancer)**
- *Congenital anomalies in offspring*, **Signorello (JCO)**
- *Risk factors for obesity*, **Green (JCO)**
- *Fracture risk*, **Wilson (Cancer)**
- *Radiation and risk of growth/endocrine problems in leukemia*, **Chow (Pediatr Blood Cancer)**


Chronic medical conditions



Ewing's



Wilms

 **Stillbirth and neonatal death in relation to radiation exposure before conception: a retrospective cohort study**

Lisa B Signorello, John J Mulvihill, Daniel M Green, Heather M Munro, Marilyn Stovall, Rita E Weathers, Ann C Mertens, John A Whitton, Leslie L Robison, John D Boice Jr

Lancet 2010;376:624

Stillbirth and neonatal death

	Treatment before menarche		Treatment after menarche	
	Risk of stillbirth or neonatal death	Relative risk*† (95% CI)	Risk of stillbirth or neonatal death	Relative risk*‡ (95% CI)
No radiation	5/494 (1%)	Reference	13/447 (3%)	Reference
0.01–0.99 Gy	11/636 (2%)	1.3 (0.5–3.9)	7/599 (1%)	0.3 (0.1–1.0)
1.00–2.49 Gy	3/69 (4%)	4.7 (1.2–19.0)	2/70 (3%)	1.2 (0.2–6.4)
≥2.50 Gy	11/82 (13%)	12.3 (4.2–36.0)	1/85 (1%)	0.2 (0.0–1.4)

Data are n/N (%), unless otherwise indicated. Data are for the offspring of only 1481 (89%) of 1657 female survivors for whom timing of treatment in relation to menarche could be established. For the 160 women in whom age at menarche was missing and needed to be estimated, we assumed they were treated before menarche if they were treated at age 9 years or younger, and after menarche if they were treated at age 18 years or older. *Adjusted for calendar year of birth and maternal age. †p value for trend was 0.006. ‡p value for trend was 0.32.

Table 4: Association between radiotherapy doses to uterus and ovaries and risk of stillbirth or neonatal death in offspring of survivors of childhood cancer

Stillbirth and neonatal death

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Survivors of Childhood Cancer Have Increased Risk of Gastrointestinal Complications Later in Life

ROBERT GOLDSBY,* YAN CHEN,[†] SHANNON RABER,* LINDA LI,* KAREN DIEFENBACH,[§]
MARGARETT SHNORHAVORIAN,^{||} NINA KADAN-LOTTICK,[§] FAY KASTRINOS,[¶] YUTAKA YASUI,[‡] MARILYN STOVALL,[#]
KEVIN OEFFINGER,** CHARLES SKLAR,** GREGORY T. ARMSTRONG,^{‡‡} LESLIE L. ROBISON,^{‡‡} and LISA DILLER^{§§}

**Pediatric Hematology/Oncology, UCSF Benioff Children's Hospital, San Francisco, California; †Public Health Sciences, University of Alberta, Edmonton, Alberta, Canada; ‡Pediatric Surgery, Yale University School of Medicine, New Haven, Connecticut; ††Urology, Seattle Children's Hospital, Seattle, Washington; †††Division of Digestive and Liver Diseases, Columbia University Medical Center, New York, New York; ††††Radiation Physics, M.D. Anderson Cancer Center, Houston, Texas; **Pediatrics, Memorial Sloan-Kettering Cancer Center, New York, New York; ††††Epidemiology and Cancer Control, St Jude Children's Research Hospital, Memphis, Tennessee; and †††††Pediatric Oncology, Dana-Farber Cancer Institute/Children's Hospital, Boston, Massachusetts*

Gastrointestinal complications

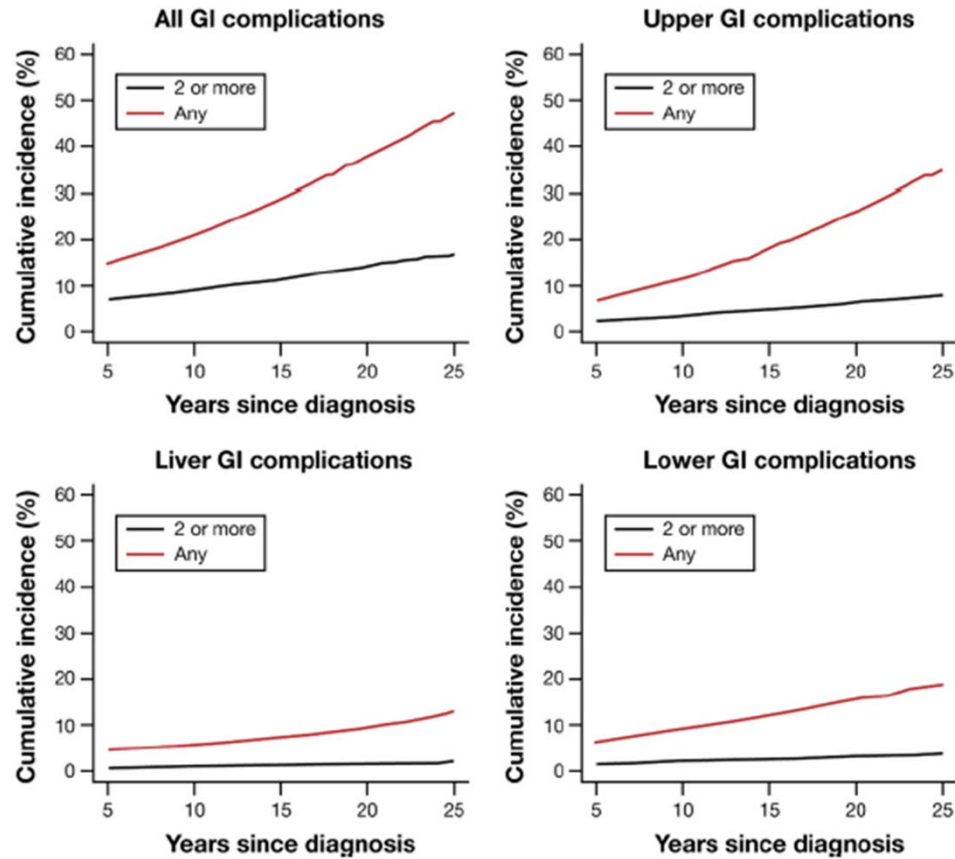


Figure 1. Cumulative incidence of GI conditions (any, red; 2 or more, black) among 5-year survivors.

Gastrointestinal complications

Table 4. Multivariable Poisson Regression Analysis of Late-Onset GI outcomes

	Upper GI complications		Liver complications		Lower GI complications	
	RR (95% CI)	P value	RR (95% CI)	P value	RR (95% CI)	P value
Age at diagnosis (y)						
<3 (ref)						
3-9	1.3 (1.1-1.5)	<.001	2.2 (1.5-3.2)	<.001	1.2 (1.0-1.5)	.09
10+	1.5 (1.3-1.7)	<.001	2.6 (1.8-3.8)	<.001	1.3 (1.0-1.6)	.03
Abdominal radiation						
No (ref)						
Yes	1.3 (1.2-1.4)	<.001			1.3 (1.1-1.5)	.005
Alkylating agents score						
None (ref) (score = 0)						
Low dose (score = 1)			1.0 (0.7-1.4)	.95	1.2 (0.9-1.4)	.17
Medium dose (score = 2)			1.2 (0.9-1.6)	.32	1.2 (0.9-1.4)	.22
High dose (score = 3)			1.8 (1.3-2.4)	<.001	1.5 (1.1-1.8)	.002
Anthracycline (mg/m ²)						
None (ref)						
≤100	1.1 (0.9-1.5)	.38	1.4 (0.7-2.6)	.30		
101-200	1.3 (1.1-1.6)	.002	1.1 (0.6-1.8)	.80		
201-300	1.1 (0.9-1.4)	.25	2.1 (1.5-3.0)	<.001		
>300	1.2 (1.1-1.4)	.007	1.3 (1.0-1.8)	.05		
Abdominal surgery						
No (ref)						
Yes			1.3 (1.1-1.7)	.02		
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Pediatr Blood Cancer 2011;57:126–134

**Auditory Complications in Childhood Cancer Survivors:
A Report From the Childhood Cancer Survivor Study**

Kimberly Whelan, MD, MSPH,^{1*} Kayla Stratton, MS,² Toana Kawashima, MS,² Wendy Leisenring, PhD,²
Susan Hayashi,³ John Waterbor, MD, PhD,⁴ Julie Blatt, MD,⁵ Charles A. Sklar, MD,⁶ Roger Packer, MD,⁷
Pauline Mitby, MPH,⁸ Leslie L. Robison, PhD,⁹ and Ann C. Mertens, PhD¹⁰

Auditory complications

TABLE III. Summary of Treatment Factors and Relative Risk of Late Auditory Conditions 5+ Years Post-Diagnosis

Auditory condition	Treatment factor relative risk ^a (95% CI)	
	Any platinum drug use versus none	Any radiation to posterior fossa or temporal lobe versus none
Problems hearing sounds	2.1 (1.3–3.2)*	1.7 (1.3–2.2)*
Tinnitus	2.8 (1.9–4.2)*	1.2 (0.9–1.6)
Hearing loss	4.1 (2.5–6.7)*	2.2 (1.4–3.5)*
Deafness	1.7 (0.8–3.5)	2.3 (1.2–4.2)*

^aModels for posterior fossa/temporal lobe radiation adjusted for any platinum drug use, gender, age at diagnosis, and VP shunt. Models for platinum drug adjusted for age at diagnosis, gender, VP shunt, and maximum radiation dose levels. **P*-value <0.01.

Auditory complications

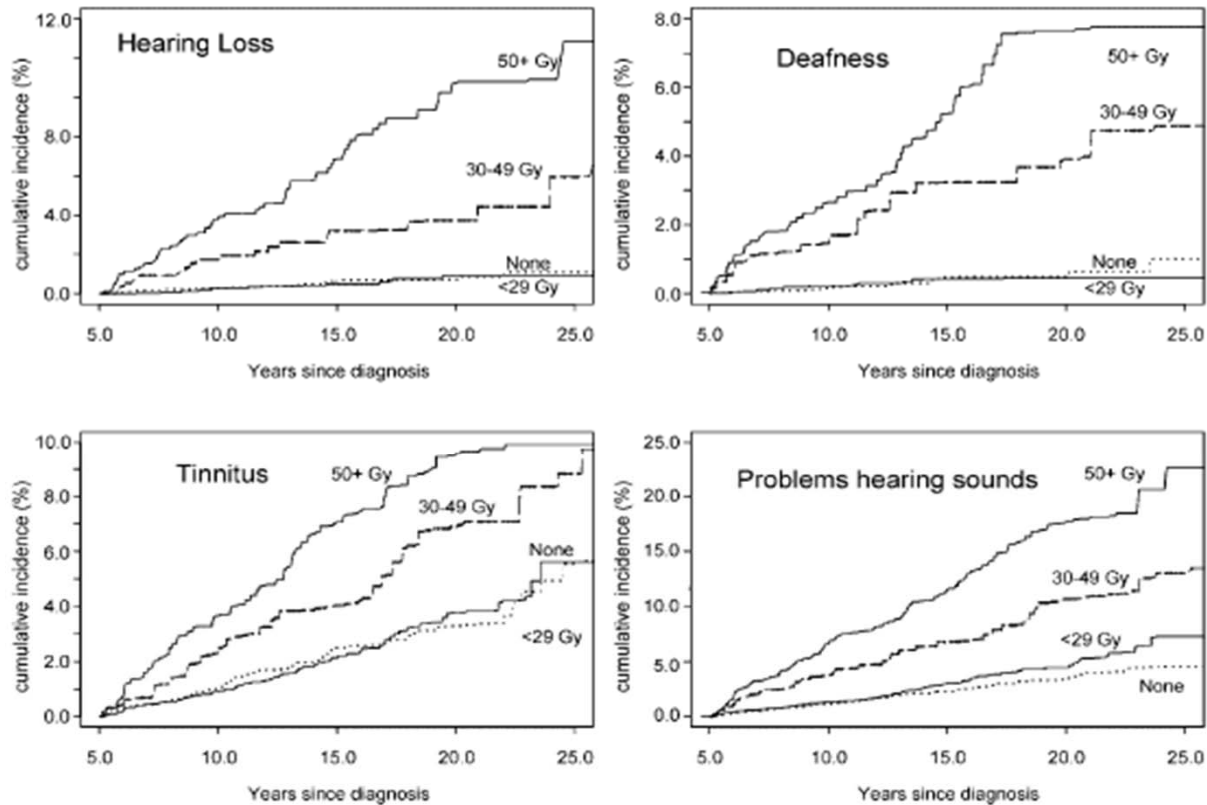
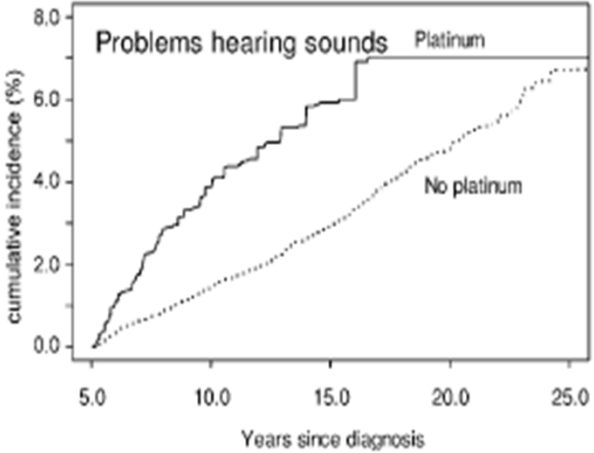
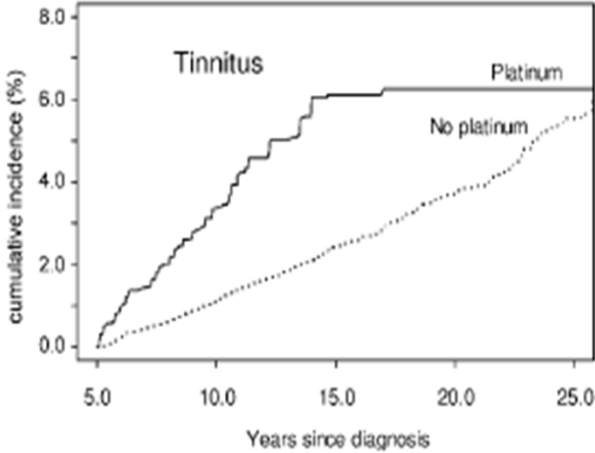
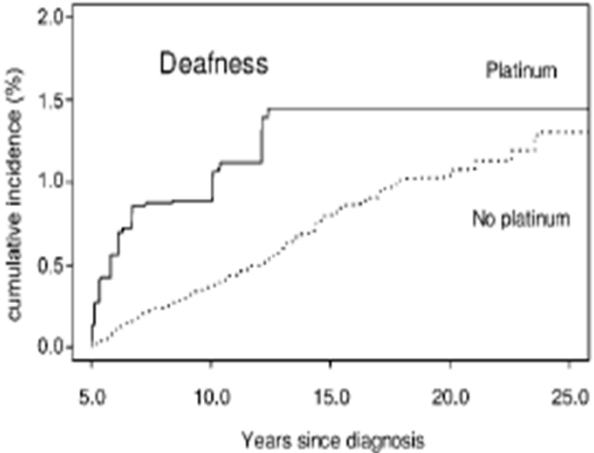
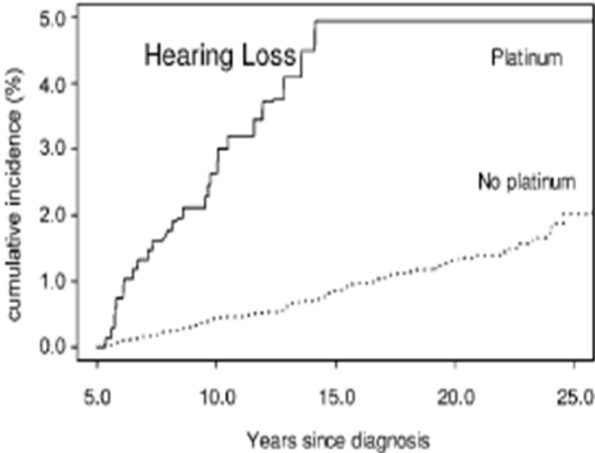


Fig. 1. Cumulative incidence (%) of conditions based on maximum radiation to temporal lobe or posterior fossa.

J Clin Oncol 2004;22:1002-1008

RT DOSE (temporal lobe or posterior fossa)

Auditory complications



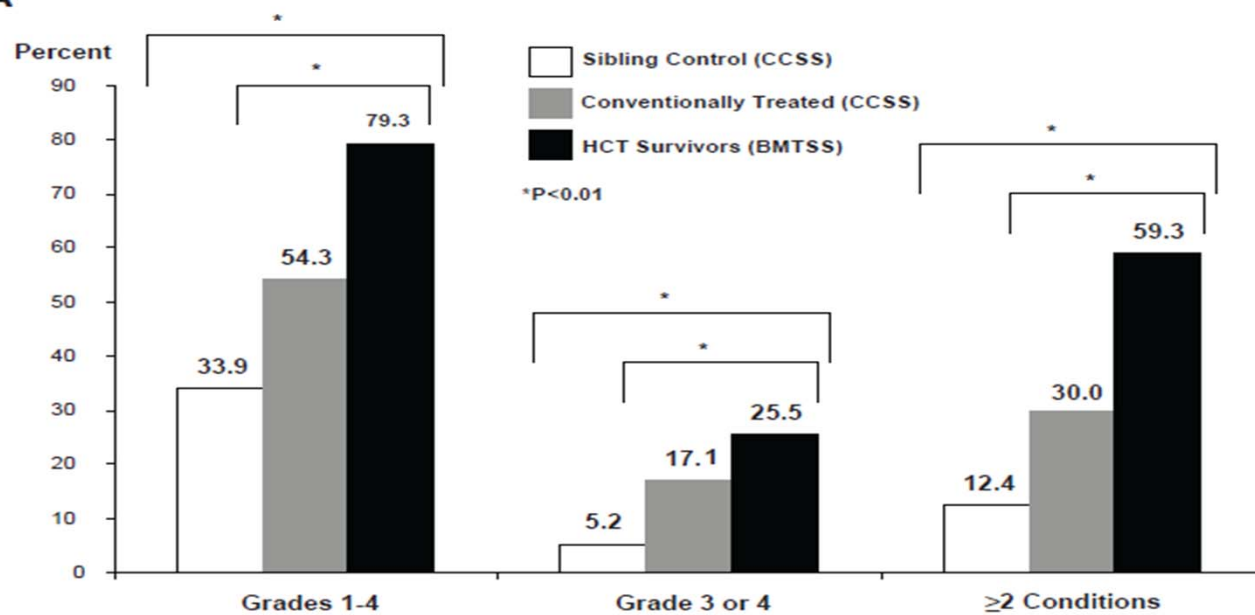
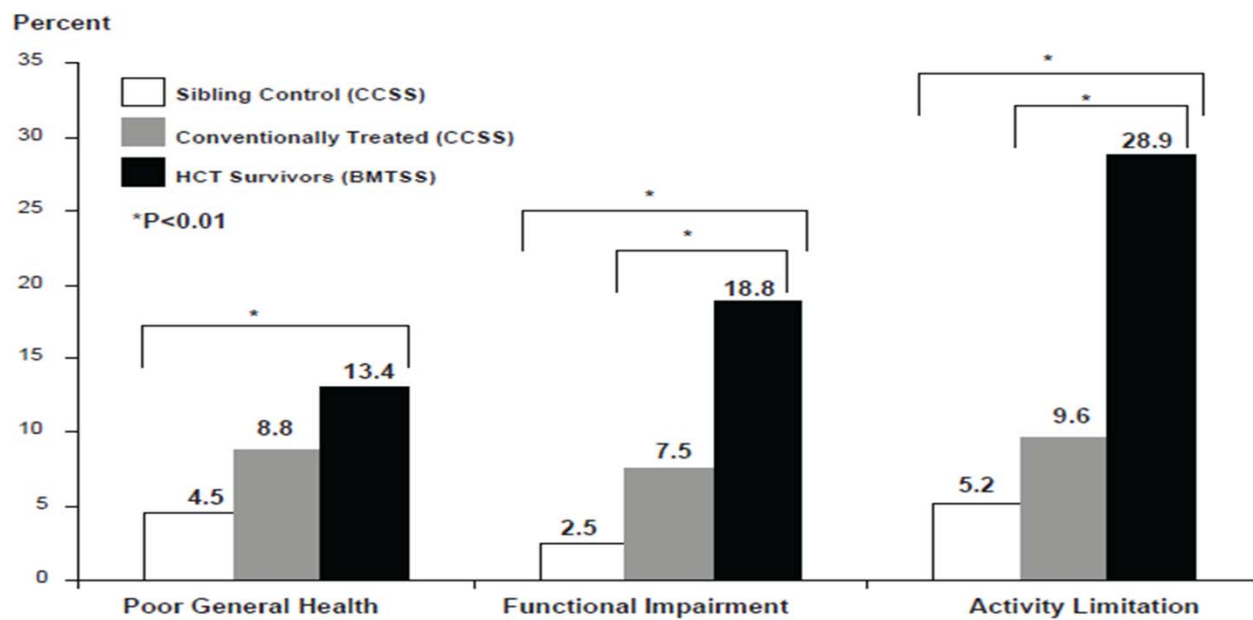
PLATINUM Y/N

blood

2011 118: 1413-1420
Prepublished online June 7, 2011;
doi:10.1182/blood-2011-01-331835

Long-term health-related outcomes in survivors of childhood cancer treated with HSCT versus conventional therapy: a report from the Bone Marrow Transplant Survivor Study (BMTSS) and Childhood Cancer Survivor Study (CCSS)

Saro H. Armenian, Can-Lan Sun, Toana Kawashima, Mukta Arora, Wendy Leisenring, Charles A. Sklar, K. Scott Baker, Liton Francisco, Jennifer Berano Teh, George Mills, F. Lennie Wong, Joseph Rosenthal, Lisa R. Diller, Melissa M. Hudson, Kevin C. Oeffinger, Stephen J. Forman, Leslie L. Robison and Smita Bhatia

A**B**

BMT vs conventional

Table 4. Relative risk of chronic health conditions and adverse health status among HSCT survivors (BMTSS), as compared with conventionally treated cancer survivors (CCSS)

	Grades 1-5 (95% CI)	Grade 3-5 (95% CI)	≥ 2 conditions (95% CI)	Poor general health (95% CI)	Functional impairment (95% CI)	Activity limitation (95% CI)
Conventionally treated (CCSS)	1.0	1.0	1.0	1.0	1.0	1.0
BMTSS	1.5 (1.1-2.2)	3.9 (2.4-6.4)	2.6 (1.7-3.8)	2.8 (1.8-6.8)	3.5 (1.8-6.8)	5.8 (3.2-10.5)
<i>P</i>	< .01	< .01	< .01	< .01	< .01	< .01
Donor source, BMTSS*						
Autologous	1.3 (1.0-1.8)	3.0 (1.6-5.6)	1.8 (1.1-2.8)	3.3 (1.2-9.6)	2.7 (0.8-9.1)	3.1 (1.2-8.2)
Allogeneic, related	1.6 (1.4-1.9)	4.1 (2.7-6.3)	2.8 (2.1-3.7)	2.7 (1.3-5.6)	3.7 (1.9-7.0)	6.9 (3.7-12.8)
Allogeneic, unrelated	1.7 (1.2-2.4)	6.8 (3.1-14.9)	3.4 (2.1-5.6)	1.7 (0.2-20.2)	4.1 (0.7-24.6)	9.5 (3.5-25.5)
<i>P</i> value (trend)	< .01	< .01	< .01	.05	< .01	< .01

Model adjusted for: age at the time of the study, sex, race or ethnicity, health insurance, treatment era, time from diagnosis, underlying diagnosis, radiation (brain, chest), and chemotherapy (anthracycline, alkylating agent, platinum agent, epidophyllotoxin).

BMTSS indicates Bone Marrow Transplant Survivor Study; CCSS, Childhood Cancer Survivor Study; and CI, confidence interval.

*Referent group: conventionally treated cancer survivors (CCSS).

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<i>P</i>	< .01	< .01	< .01	< .01	< .01	< .01
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Autologous	1.3 (1.0-1.8)	3.0 (1.6-5.6)	1.8 (1.1-2.8)	3.3 (1.2-9.6)	2.7 (0.8-9.1)	3.1 (1.2-8.2)
Allogeneic, related	1.6 (1.4-1.9)	4.1 (2.7-6.3)	2.8 (2.1-3.7)	2.7 (1.3-5.6)	3.7 (1.9-7.0)	6.9 (3.7-12.8)
Allogeneic, unrelated	1.7 (1.2-2.4)	6.8 (3.1-14.9)	3.4 (2.1-5.6)	1.7 (0.2-20.2)	4.1 (0.7-24.6)	9.5 (3.5-25.5)
<i>P</i> value (trend)	< .01	< .01	< .01	.05	< .01	< .01

Model adjusted for: age at the time of the study, sex, race or ethnicity, health insurance, treatment era, time from diagnosis, underlying diagnosis, radiation (brain, chest), and chemotherapy (anthracycline, alkylating agent, platinum agent, epidophyllotoxin).

BMTSS indicates Bone Marrow Transplant Survivor Study; CCSS, Childhood Cancer Survivor Study; and CI, confidence interval.

*Referent group: conventionally treated cancer survivors (CCSS).

BMT vs conventional

Table 4. Relative risk of chronic health conditions and adverse health status among HSCT survivors (BMTSS), as compared with conventionally treated cancer survivors (CCSS)

	Grades 1-5 (95% CI)	Grade 3-5 (95% CI)	≥ 2 conditions (95% CI)	Poor general health (95% CI)	Functional impairment (95% CI)	Activity limitation (95% CI)
Conventionally treated (CCSS)	1.0	1.0	1.0	1.0	1.0	1.0
BMTSS	1.5 (1.1-2.2)	3.9 (2.4-6.4)	2.6 (1.7-3.8)	2.8 (1.8-6.8)	3.5 (1.8-6.8)	5.8 (3.2-10.5)
<i>P</i>	< .01	< .01	< .01	< .01	< .01	< .01
Donor source, BMTSS*						
Autologous	1.3 (1.0-1.8)	3.0 (1.6-5.6)	1.8 (1.1-2.8)	3.3 (1.2-9.6)	2.7 (0.8-9.1)	3.1 (1.2-8.2)
Allogeneic, related	1.6 (1.4-1.9)	4.1 (2.7-6.3)	2.8 (2.1-3.7)	2.7 (1.3-5.6)	3.7 (1.9-7.0)	6.9 (3.7-12.8)
Allogeneic, unrelated	1.7 (1.2-2.4)	6.8 (3.1-14.9)	3.4 (2.1-5.6)	1.7 (0.2-20.2)	4.1 (0.7-24.6)	9.5 (3.5-25.5)
<i>P</i> value (trend)	< .01	< .01	< .01	.05	< .01	< .01

Model adjusted for: age at the time of the study, sex, race or ethnicity, health insurance, treatment era, time from diagnosis, underlying diagnosis, radiation (brain, chest), and chemotherapy (anthracycline, alkylating agent, platinum agent, epidophyllotoxin).

BMTSS indicates Bone Marrow Transplant Survivor Study; CCSS, Childhood Cancer Survivor Study; and CI, confidence interval.

*Referent group: conventionally treated cancer survivors (CCSS).

BMT vs conventional

Table 5. Prevalence and relative risk of common chronic health conditions among HSCT survivors (BMTSS), as compared with conventionally treated cancer survivors (CCSS) and sibling controls (CCSS)

	Relative risk grade 3-5 conditions			Relative risk grade 3-4 conditions	
	BMTSS (N = 145), %	Conventionally treated, CCSS (N = 7207), %	RR (95% CI)*	Sibling control, CCSS (N = 4020), %	RR (95% CI)†
Second malignant neoplasm‡	6.9	3.1	8.6 (2.9-25.3)	0.6	14.5 (7.1-29.8)
Endocrine	29.7	4.9	7.7 (4.2-14.3)	1.3	29.6 (21.0-41.8)
Musculoskeletal	2.1	0.5	7.4 (2.4-23.1)	0.05	76.5 (11.0-531.3)
Gastrointestinal	2.8	2.0	4.8 (1.0-21.7)	0.4	10.4 (3.5-31.1)
Neurosensory impairment	9.0	3.9	3.8 (1.4-10.3)	1.4	6.6 (3.6-12.1)
Genitourinary	1.4	0.3	2.9 (1.1-7.8)	0.05	26.4 (3.5-196.2)
Cardiovascular	4.8	3.2	0.5 (0.1-2.5)	0.5	12.7 (5.4-30.0)

BMT vs conventional

Table 5. Prevalence and relative risk of common chronic health conditions among HSCT survivors (BMTSS), as compared with conventionally treated cancer survivors (CCSS) and sibling controls (CCSS)

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ORIGINAL REPORT

Congenital Anomalies in the Children of Cancer Survivors: A Report From the Childhood Cancer Survivor Study

Lisa B. Signorello, John J. Mulvihill, Daniel M. Green, Heather M. Munro, Marilyn Stovall, Rita E. Weathers, Ann C. Mertens, John A. Whitton, Leslie L. Robison, and John D. Boice Jr

Congenital anomalies

Table 3. Distribution of Congenital Anomalies Among 4,699 Offspring of 1,627 Female and 1,128 Male Cancer Survivors, Stratified by the Parent's Exposure to Radiotherapy

Congenital Anomaly	Offspring of Female Survivors				Offspring of Male Survivors			
	Mother Irradiated (n = 1,753)		Mother Not Irradiated (n = 1,021)		Father Irradiated (n = 1,218)		Father Not Irradiated (n = 707)	
	No.	%	No.	%	No.	%	No.	%
Congenital malformations, total*	50	2.9	27	2.6	16	1.3	14	2.0
Nervous system	3	0.2	3	0.3	1	0.1	2	0.3
Eye, ear, face, and neck	7	0.4	7	0.7	1	0.1	1	0.1
Heart and blood vessels	13	0.7	6	0.6	3	0.2	2	0.3
Respiratory organs					0	0	0	0
Lip and palate					0	0.2	3	0.4
Digestive system					0	0	2	0.3
Genitalia					0	0.2	0	0
Urinary organs					0	0	1	0.1
Extremities					0	0.2	0	0
Musculoskeletal system					0	0.2	0	0
Skin, hair, nails					0	0.2	2	0.3
Endocrine disorder					0	0	1	0.1
Multiple simple malformations†					0	0.1	0	0
Single-gene defects, total					0	0.2	0	0
Polydactyly/syndactyly/hypodactyly					0	0.2	0	0
Neurofibromatosis					0	0	0	0
Tourette syndrome					0	0	0	0
Goldenhar syndrome					0	0	0	0
Wolfe-Parkinson-White syndrome	0	0	1	0.1	0	0	0	0
Achondroplasia	0	0	1	0.1	0	0	0	0
Deafness	0	0	1	0.1	0	0	0	0
Congenital megacolon	1	0.1	0	0	0	0	0	0
Cytogenetic abnormalities, total	0	0	4	0.4	3	0.2	1	0.1
Down syndrome (trisomy 21)	0	0	3	0.3	1	0.1	0	0
Shone syndrome	0	0	1	0.1	0	0	0	0
Angelman syndrome	0	0	0	0	1	0.1	0	0
13q deletion syndrome	0	0	0	0	0	0	1	0.1
Edwards syndrome (trisomy 18)	0	0	0	0	1	0.1	0	0

Prevalence
2.7%

NOTE. One offspring with reported mental retardation, although included in the analyses of total anomalies, is not included in Table 3, because the lack of detail on the child's condition prevented definitive classification in one of the three categories.

*Total reflects the total number of offspring with malformations (n = 107), although the individual malformations sum to 116 because nine children had multiple malformations.

†Nine children had multiple malformations, and these children were counted only once each in the regression analyses.

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	No.	%	No.	%	No.	%	No.	%
Congenital malformations, total*	50	2.9	27	2.6	16	1.3	14	2.0
Nervous system	2	0.2	2	0.2	1	0.1	2	0.2
Eye, ear, face, and neck	7	0.4	7	0.7	1	0.1	1	0.1
Heart and blood vessels	13	0.7	6	0.6	3	0.2	2	0.3
Respiratory organs	0	0	0	0	0	0	0	0
Lip and palate	4	0.2	1	0.1	2	0.2	3	0.4
Digestive system	3	0.2	1	0.1	0	0	2	0.3
Genitalia	4	0.2	3	0.3	2	0.2	0	0
Urinary organs	2	0.1	0	0	0	0	1	0.1
Extremities	1	0.1	3	0.3	2	0.2	0	0
Musculoskeletal system	9	0.5	2	0.2	3	0.2	0	0
Skin, hair, nails	9	0.5	4	0.4	3	0.2	2	0.3
Endocrine disorder	0	0	0	0	0	0	1	0.1
Multiple simple malformations†	5	0.3	3	0.3	1	0.1	0	0
Single-gene defects, total	5	0.3	6	0.6	2	0.2	0	0
Polydactyly/syndactyly/hypodactyly	3	0.2	1	0.1	2	0.2	0	0
Neurofibromatosis	0	0	1	0.1	0	0	0	0
Tourette syndrome	1	0.1	0	0	0	0	0	0
Goldenhar syndrome	0	0	1	0.1	0	0	0	0
Wolfe-Parkinson-White syndrome	0	0	1	0.1	0	0	0	0
Achondroplasia	0	0	1	0.1	0	0	0	0
Deafness	0	0	1	0.1	0	0	0	0
Congenital megacolon	1	0.1	0	0	0	0	0	0
Cytogenetic abnormalities, total	0	0	4	0.4	3	0.2	1	0.1
Down syndrome (trisomy 21)	0	0	3	0.3	1	0.1	0	0
Shone syndrome	0	0	1	0.1	0	0	0	0
Angelman syndrome	0	0	0	0	1	0.1	0	0
13q deletion syndrome	0	0	0	0	0	0	1	0.1
Edwards syndrome (trisomy 18)	0	0	0	0	1	0.1	0	0

NOTE. One offspring with reported mental retardation, although included in the analyses of total anomalies, is not included in Table 3, because the lack of detail on the child's condition prevented definitive classification in one of the three categories.

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	No.	%	No.	%	No.	%	No.	%
Congenital malformations, total*	50	2.9	27	2.6	16	1.3	14	2.0
Nervous system	3	0.2	3	0.3	1	0.1	2	0.3
Eye, ear, face, and neck	7	0.4	7	0.7	1	0.1	1	0.1
Heart and blood vessels	13	0.7	6	0.6	3	0.2	2	0.3
Respiratory organs					0	0	0	0
Lip and palate					0	0.2	3	0.4
Digestive system					0	0	2	0.3
Genitalia					0	0.2	0	0
Urinary organs					0	0	1	0.1
Extremities					0	0.2	0	0
Musculoskeletal system					0	0.2	0	0
Skin, hair, nails					0	0.2	2	0.3
Endocrine disorder					0	0	1	0.1
Multiple simple malformations†					0	0.1	0	0
Single-gene defects, total					0	0.2	0	0
Polydactyly/syndactyly/hypodactyly					0	0.2	0	0
Neurofibromatosis					0	0	0	0
Tourette syndrome					0	0	0	0
Goldenhar syndrome					0	0	0	0
Wolfe-Parkinson-White syndrome	0	0	1	0.1	0	0	0	0
Achondroplasia	0	0	1	0.1	0	0	0	0
Deafness	0	0	1	0.1	0	0	0	0
Congenital megacolon	1	0.1	0	0	0	0	0	0
Cytogenetic abnormalities, total	0	0	4	0.4	3	0.2	1	0.1
Down syndrome (trisomy 21)	0	0	3	0.3	1	0.1	0	0
Shone syndrome	0	0	1	0.1	0	0	0	0
Angelman syndrome	0	0	0	0	1	0.1	0	0
13q deletion syndrome	0	0	0	0	0	0	1	0.1
Edwards syndrome (trisomy 18)	0	0	0	0	1	0.1	0	0

**Risk Not
Related to
Gonadal RT or
AA Exposure**

NOTE. One offspring with reported mental retardation, although included in the analyses of total anomalies, is not included in Table 3, because the lack of detail on the child's condition prevented definitive classification in one of the three categories.

*Total reflects the total number of offspring with malformations (n = 107), although the individual malformations sum to 116 because nine children had multiple malformations.

†Nine children had multiple malformations, and these children were counted only once each in the regression analyses.

Fractures Among Long-Term Survivors of Childhood Cancer

A Report From the Childhood Cancer Survivor Study

Carmen L. Wilson, PhD¹; Kimberley Dilley, MD, MPH²; Kirsten K. Ness, PhD, PT¹; Wendy L. Leisenring, ScD³;
Charles A. Sklar, MD⁴; Sue C. Kaste, DO⁵; Marilyn Stovall, PhD⁶; Daniel M. Green, MD¹; Gregory T. Armstrong, MD, MSCE¹;
Leslie L. Robison, PhD¹; and Nina S. Kadan-Lottick, MD⁷

Cancer 2012

Fracture risk

Table 2. The Absolute Number of Fractures Among Survivors and Siblings by Site

Site	Survivors		Siblings		<i>P</i> ^a
	No	%	No	%	
Other lower body	1371	30.1	447	29.7	
Unclassified ^c	73	1.6	12	0.8	
Total	4564		1565		

**Prevalence
35% (survivors) vs 39% (sibs)**

^a Chi-square statistic.

Fracture risk

Table 2. The Absolute Number of Fractures Among Survivors and Siblings by Site

Site	Survivors		Siblings		<i>P</i> ^a
	No.	%	No.	%	
Skull	243	5.3	95	6.3	.031
Spine	89	2	45	3	
Rib	123	2.7	35	2.3	
Upper body ^b	2504	54.9	897	55.6	
Humerus	150	3.3	48	3.2	
Radius/ulna	105	2.3	39	2.6	
Other upper body	1906	49.3	810	49.8	
Lower body ^c	1532	33.6	481	32	
Femur/pelvis	161	3.5	34	2.3	
Other lower body	1371	30.1	447	29.7	
Unclassified ^d	73	1.6	12	0.8	
Total	4564		1565		

^a Chi-square statistic.

^b Includes fractures of the humerus, radius, ulna, scapula, clavicle, carpals, metacarpals, and phalanges of the hand.

^c Includes fractures of the pelvis, femur, tibia, fibula, patella, tarsals, metatarsals, and phalanges of the foot.

^d Insufficient information was provided by the study participant to determine the site of the fracture.

Fracture risk

Table 2. The Absolute Number of Fractures Among Survivors and Siblings by Site

Site	Survivors		Siblings		P ^a
	No	%	No	%	
Other lower body	1571	30.1	447	29.7	
Unclassified ^c	73	1.6	12	0.8	
Total	4564		1565		

Risk Factors ♂:
Smoking hx
White race

^a Chi-square statistic.

Fracture Risk

Table 2. The Absolute Number of Fractures Among Survivors and Siblings by Site

Site	Survivors		Siblings		<i>P</i> ^a
	No	%	No	%	
Other lower body	1571	30.1	447	29.7	
Unclassified ^c	73	1.6	12	0.8	
Total	4564		1565		

Risk Factors ♀:
Increasing age
White race
MTX exposure
Balance problems

^a Chi-square statistic.

Chronic Disease Working Group 2012

Manuscripts submitted/under review (2)

- Male infertility, **K Wasilewski-Masker**
- Stroke risk, **S Mueller**

Chronic Disease Working Group 2012

Manuscripts in prep (3)

- Infectious complications, **J Perkins**
- Psychosexual functioning females, **J Ford**
- Cyclophosphamide equivalent dose score, **D Green**

Chronic Disease Working Group 2012

Approved AOI/ Concepts Active:

Date Received	Title	Author/ Institution	Secondary Working Group(s)	Date Investigator Notified	AOI Outcome	Concept to Publication Committee
05.02.08	Genitourinary Complications in Survivors of Childhood Cancer	Shnohavorian/ FHRC		06.10.08	Approved	Approved
06.06.08	Solid Organ Transplantation in 5-year Survivors of Childhood Cancer.	Termuhlen / Nationwide Children's Hospital		07.11.08	Approved	Approved
06.12.08	A Comparison of Mortality and Morbidity in Hodgkin's Survivors of Contemporary Therapy	Castilenno / Wake Forest University	SMN Chronic Disease	07.11.08	Approved	Pending
03.11.09	Creation of a Risk Score Algorithm to Predict Individual Risk of Future Serious Cardiovascular Disease	Chow/FHRC	Cancer Control	04.03.09	Approved	Approved
06.11.09	Outcome of Pregnancies Exposed to Cancer Therapy	Mulvihill/U. of Oklahoma	Genetics	07.10.09	Approved	Approved
09.08.09	Pulmonary complications in Long-term Survivors of Childhood CNS Tumors with Craniospinal Irradiation	Tein/SJCRH	Psychology	10.06.09	Approved	Approved
01.29.10	Longitudinal Assessment of Chronic Health Conditions	Armstrong/SJCRH		02.12.10	Approved	Approved
02.26.10	Health and Functional Status of Long Term Adult Medulloblastoma Survivors	King/Wash. U.	Psychology SMN Chronic Disease	03.31.10	Approved	Pending
03.04.10	Health Status of Older Adult Survivors of Childhood Cancer	Kenney/DFCI	Psychology Epi/Biostats	03.31.10	Approved	Pending
05.12.10	Evaluation of Long-term Outcomes in Ewing Sarcoma Survivors	Marina/Stanford	SMN	6.17.10	Approved	Approved
06.10.10	Neurologic and Neurosensory Deficits in Long-term Survivors of Childhood Brain Tumors: Occurrence of New Deficits and Effects of Aging in Occurrence as Assessed in 2007 Survey	Wells/Children's National	SMN Psychology	6.25.10	Approved	Approved

Chronic Disease Working Group 2012

Approved AOI/ Concepts Active:

Date Received	Title	Author/ Institution	Secondary Working Group(s)	Date Investigator Notified	AOI Outcome	Concept to Publication Committee
06.24.10	Premature Menopause in Survivors of Childhood Cancer	Levine/Columbia		07.06.10	Approved	Approved
11.05.10	Infertility and Use of Fertility Treatments	Barton/Brigham & Women's		11.23.10	Approved	Approved
02.18.11	BMI and Diabetes Mellitus in Survivors of ALL	Tonorezos/MSKCC	Cancer Control	03.16.11	Approved	Pending
04.22.11	Changes in BMI Among Adult Survivors of Childhood CNS Tumors	Chang/MD Anderson	Psychology	05.03.11	Approved	Pending
05.23.11	Longitudinal Analysis of Outcomes for Acute Lymphoblastic Leukemia Survivors	Dilley/Northwestern	Cancer Control	05.30.11	On Hold	Pending
05.06.12	Chronic Medical Conditions Among Long-term Survivors of Pediatric Non-Hodgkin Lymphoma	Bluhm/Washington Hospital	Epi/Biostats	05.15.12		

Chronic Disease Working Group 2010

Ancillary studies

- **Active**
 - **Testicular and sexual dysfunction in male survivors, Meacham (LAF)**
 - Data collection complete, analysis underway

Chronic Disease Working Group 2012

Future Directions

Home/work visits

- Blood sampling
- Clinical/anthropomorphic measures
- Brief questionnaire

- Pilot/feasibility study
 - Fasting blood for glucose, lipids, insulin
 - Measure height, weight, BP waist circumference
 - Random sample of 200 survivors in cohort
 - » Select from among those with and without previously reported CVRF

Longitudinal outcomes using 2007 dataset

Expanded cohort specific exposures (eg, ifosfamide, cisplatin)

Risk model