



Data from the EORTC Cancer Survivorship Task Force

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Clinique des Grangettes
Genève

Developments over time

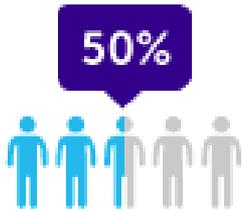
- Early diagnosis – screening
- Better imaging
- Improved local treatment, improved systemic treatment: new treatment modalities
- More personalised multi-modality treatment





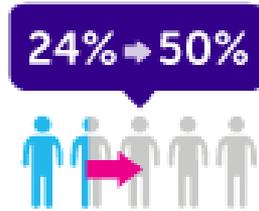
Cancer survival

Survival



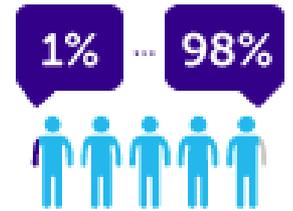
Survive cancer for 10 or more years, 2010-11, England and Wales

Improvement



Cancer survival in the UK has doubled in the last 40 years

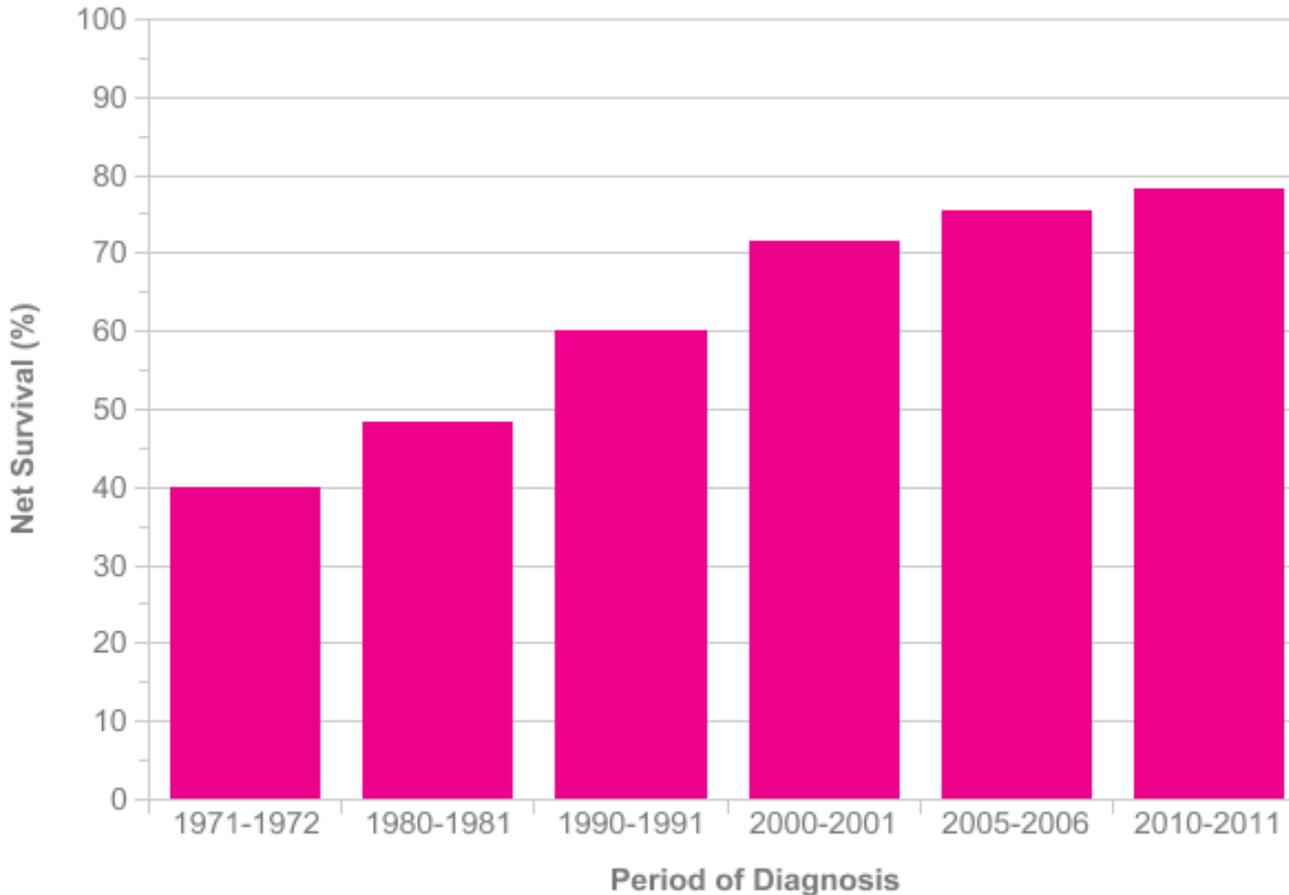
Variation



There is huge variation in survival between cancer types



Breast cancer survival



Ten-year survival for breast cancer has increased from 40% during 1971-1972 to 78% during 2010-2011 in England and Wales



Better outcome

- Improved survival rates of cancer patients
- Leading to increasing number cancer survivors
- Being confronted with the long-term consequences of their cancer and their cancer treatment



Life after cancer

- Late adverse treatment effects
 - Cardiovascular disease
 - Second malignancies
 - Cognitive dysfunction
 - Fatigue
 - Infertility/impact on sexuality
 - Psycho-social problems
 - Chronic pain



Life after cancer

- Societal discrimination:
 - Work participation
 - Loss of jobs
 - Difficulties to obtain insurance or mortgage



im **possible**



EORTC Survivorship Task Force



European Organisation for Research and Treatment of Cancer

- The existing EORTC network and expertise, together with the database of clinical studies performed, will be of great value in increasing our understanding of needs of cancer survivors



Goals



EORTC Survivorship Task Force – 2012

To focus research efforts on

- late morbidity of cancer treatment
- its impact on the individual and on society
- improve follow-up and long-term care for cancer survivors
- in order to help future patients in trading off treatment efficacy and late side effects



Strategies

- Adoption of prospective long term follow-up in current and new clinical trials to allow systematic and comprehensive collection of treatment related late side-effects
- Retrospective collection and analyses of cancer survivor data in a variety of projects
- Establish collaboration with population-based data sources to obtain survival updates and assess external validity of trial findings



Different projects

- Lymphoma

- Clinical update for H1 – H9 trials
 - 6,658 patients
- External validation of survival in H1-H9 trials
(data linkage with the Netherlands Cancer Registry)
- Radiotherapy related CVD in long-term Hodgkin lymphoma survivors
- Relationships and its changes after cancer
- Work, insurance and mortgage after cancer
 - 2,037 patients



Different projects

- Leukemia
 - Long-term survival, late adverse effects, quality of life and socio-economic status
 - 5,000 patients
- Children's Leukemia
 - Long-term outcome in childhood ALL
 - 5,089 patients



Different projects

- Breast cancer
 - Outcome after local recurrence
 - Cardiovascular death and death due to secondary malignancy
 - Detailed analysis of dose and volume response relationships for radiotherapy
 - PROMs to obtain patient-related risk factors and quality of life data
 - 12,008 patients



2nd EORTC Cancer Survivorship Summit

31 March - 1st April 2016, Brussels, Belgium

This conference is organized under the High Patronage
of His Serene Highness Prince Albert II of Monaco



Survivorship Summit

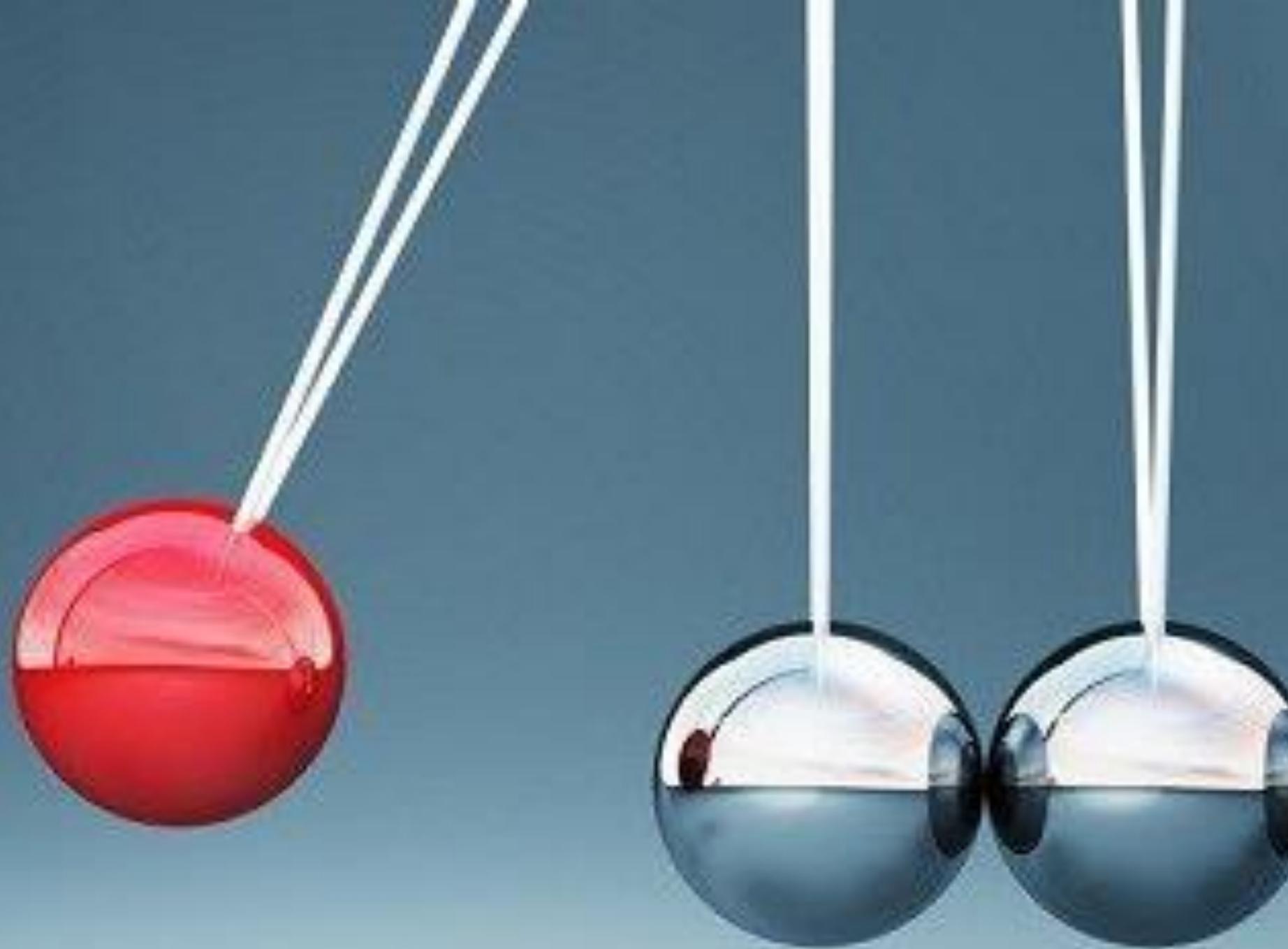
- Organised every 2 years
- Interaction between clinicians, researchers, patients, social workers, insurers, bankers and policy makers



Survivorship Summit

- Addressing the needs of cancer survivors
- Creating new collaborations between academic groups, patient advocates, financial and political representatives





Initial results – non-hodgkin lymphoma

4 EORTC trials (1980-1999)

Doxorubicin-based chemotherapy

Analyses performed:

- Long term risk of cardiovascular disease
 - 476 patients
- Risk of second cancer
 - 748 patients
- Late non-neoplastic events
 - 757 patients



Initial results – hodgkin lymphoma

Impact of treatment on parenthood

Treated from 1964 to 2004 – EORTC-GELA

Median FU: 14 years

LSQ: 1,654 patients

- Survivors of HL had slightly but significantly fewer children after treatment than matched general population controls.
- The difference concerned only survivors who had children before treatment and appears to have more personal than biologic reasons.
- The chance of successful post-treatment parenthood was 76%.



Questionnaire on quality of life and recovery after Hodgkin's Disease

HEX-300X-3000X

Dear Madam, Sir,

This questionnaire contains questions about the consequences of Hodgkin's Disease for your life, and resulting problems of the disease you might be experiencing even now.

It contains questions in nine domains:

- General questions (questions 1-6)
- Questions about parenthood after Hodgkin's Disease (questions 7-12)
- Questions about education, work and insurance (questions 13-18)
- Questions about your health situation (questions 19-25)
- Questions about your social situation (questions 26-29)
- Questions about information and support received during treatment (questions 30-31)
- Questions about fatigue (MFI 20)
- Questions about quality of life (QLQ-C30)
- Questions about emotional well-being (FACIT)

Please take your time to answer the questions.

We would like to thank you very much for your cooperation.

Initial results – hodgkin lymphoma

Cardiovascular disease

Information on primary treatment: 6,039 patients

Treated from 1964 to 2004 – EORTC-LYSA

Median FU: 9 years

LSQ: 1,919 patients

1,238 first cardiovascular events in 703 patients

- 132 ischaemic heart disease
- 85 congestive heart failure
- 110 arrhythmia
- 77 valvular disease



Initial results – hodgkin lymphoma

Significant predictors of cardiovascular disease:

- mean heart radiation dose per 1 Gy increase
- dose of anthracyclines per 50 mg/m² increase in cumulative dose



Initial results – hodgkin lymphoma

Quantification of increased cardiovascular risk with specific doses of radiation and anthracycline exposure

will enable a quantitative assessment

of the optimum combination of systemic therapy and radiation

which will help to balance the risks and benefits of different regimens for individual patients



Initial results – breast project

Time trends show:

- clear increase in adjuvant therapy, however, worsening prognostic factors over trials
- improved local control
- very few regional recurrences
- an excellent OS in all trials despite the change in patient profile



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