Early endocrine complications in survivors of childhood malignant tumors

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OBJECTIVES

To investigate the prevalence of endocrine disorders in survivors of a childhood tumor within the first years after diagnosis

PATIENTS AND METHODS

Retrospective medical record review of survivors of malignant tumors treated with chemo and radiotherapy followed at the endocrine clinic of a tertiary pediatric center.

Outcome measures were frequency and types of endocrine dysfunction.

Study period 2000-2014

Quantitative variables are expressed as mean standard deviation and qualitative variables as proporctions

Statistical tests: Fisher and chi².

TABLE 1. Types of tumors and oncological treatments. Frequency of endocrine disorders at the end of follow up period.

	All tumors	Central nervous system	Hematologic	Other solid
N	56	17	17	22
Chemotherapy	54	15	17	22
Radiotherapy	43	17	10	16
-total body	10	0	9	1
-cranial	24	17	0	7
-spinal	4	2	0	2
-abdominal / pelvical	13	1	2	10
Endocrine disorders	27	7	10	10

TABLE 2. Frequency of endocrine disorders at the end of follow up period and it relation to treatment of the tumor.

	Endocrine disorders	Primary hypogonadism	Pituitary disorders
	27 / 56	11 / 43	13 / 56
Abdominal / pelvical Radiotherapy (RT):	P=0.27	P<0.001	P=0.13
-no	18/43	3/33	12/43
-yes	8/13	8/10	1/13
Cranial RT: -no	P=0.39	P=0.10	P=0.04
	17/32	10/27	3/32
	10/24	1/16	10/24
-yes Total body RT: -no	P=0.41	P=0.55	P=0.79
	21/46	8/34	11/46
-yes		3/9	2/10
Chemotherapy alone:		P=0.19	P=0.99
-no	22/43	10/33	10/43
-yes	5/13	1/10	3/13

RESULTS

56 patients (27 women)

Age at tumor diagnosis 6.0 4.3 years

Follow up time 7.6 3.5 years.

Primary treatment for the neoplasm: chemotherapy in 54 cases and radiotherapy in 43 (table 1).

Children with permanent endocrine disorders diagnosed during the follow up period:

- -2 obesity
- 11 primary hypogonadism
- 4 primary hypothyroidism
- 13 pituitary dysfunction
 - 1 precocious puberty
 - 4 GH deficiency
 - 4 LH/FSH deficiency

6 TSH deficiency

CONCLUSIONS

Endocrine disorders are frequently seen within the first years after diagnosis of a childhood cancer.

Inconsistent endocrine follow up leads unnecessary delay diagnosis and treatment.







