

Key Adverse Events Following Childhood Cancer (ALTE03N1)

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Principal Investigator: Carla Golden, MD

Synopsis:

Progress has been made in curing childhood cancers. With this success has come the awareness that childhood cancer treatment may lead to complications in some patients. These late-occurring complications include heart attack, congestive heart failure (a damaged heart that is unable to circulate blood efficiently), avascular necrosis (poor blood supply to an area of the bone that may cause permanent bone damage), stroke (blood flow to the brain is interrupted), or a second cancer.

Certain individuals may be at higher risk for developing these late-occurring complications because of:

- genetic factors;
- cancer treatment;
- a combination of genetics and treatment, or;
- a cause not understood at this time.

This study is for patients who have been diagnosed with a late-occurring complication or patient who are part of a control group. For this study, the control group is a group of patients who do not have complications but who have had the same type of cancer, length of time since diagnosis, and race/ethnicity, as a patient who has been diagnosed with a late-occurring complication. The overall goal of this study is to identify patients who are more likely to develop a late-occurring complication. If we know who is at greater risk of developing complication, then we can observe those patients more closely, in order to prevent the complications from occurring or to find the complication early.

The specific goals are:

- to look at how late-occurring complications develop among patients going through treatment for childhood cancer;
- to see how late-occurring complication relate to the type of cancer, stage of cancer and treatment; and
- to compare cancer patients who have a late-occurring complication to cancer patients who do not have a late-occurring complication but have the same diagnosis in order to see if certain individuals, treatments or genes are related to an increased risk of getting a late-occurring complication.

Blood will be obtained from each patient. Patient will be asked to complete a questionnaire detailing family history and health history. Medical records will be reviewed.