

**Work Package 1:**

Data collection and harmonization.  
Leader: Desiree Grabow, Mainz, Germany

**Work Package 2:**

Radiation dosimetry.

Leader: Florent de Vathaire, Paris, France

**Work Package 3:**

Cardiac disease: cohort and nested case control study.  
Leader: Leontien Kremer, Amsterdam, Netherlands

**Work Package 4:**

Subsequent primary neoplasms: cohort and nested case-control studies, Mike Hawkins, Birmingham, UK

**Work Package 5:**

Late mortality.  
Leader: Stanislaw Garwicz, Lund, Sweden

**Work Package 6:**

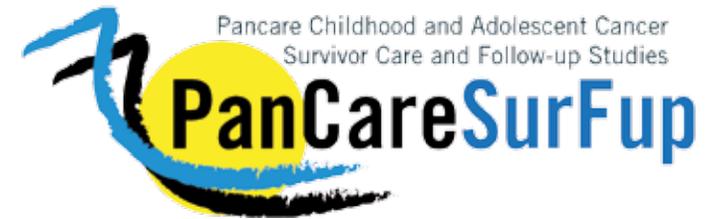
Guidelines, long-term follow-up and transition.  
Leader: Rod Skinner, Newcastle, UK

**Work Package 7:**

Dissemination and training.  
Leader: Momcilo Jankovic, Monza, Italy

**Work Package 8:**

Management and coordination.  
Leader: Lars Hjorth, Lund, Sweden



## PanCareSurFup PanCare Childhood & Adolescent Cancer Survivor Care & Follow-Up Studies

Medium-sized collaborative project addressing Work Programme: HEALTH.2010.2.4.1-7, Predicting long-term side effects to cancer therapy

Coordinator: Lars Hjorth, Lund University., Sweden

Funded by the 7th Framework Programme (FP7) of the European Commission for five years, February 2011 to January 2016

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[www.pancaresurfup.eu](http://www.pancaresurfup.eu)



## What is PanCareSurFup?

It is a 5-year research project (2011-2016) funded by the European Union to carry out studies to determine the risks of 1) cardiac disease, 2) subsequent cancers, and 3) causes of late deaths among long-term survivors of cancer during childhood and adolescence ([www.pancaresurfup.eu](http://www.pancaresurfup.eu)). The results will be used to 4) construct evidence-based guidelines for the delivery of optimal long-term follow-up care. Results of 1-4 will be 5) disseminated widely through various media.

## What will PanCareSurFup do?

- ✓ Construct a large European database from data supplied by a number of European childhood cancer registries.
- ✓ Add to the database specially reconstructed estimates of radiation doses to each organ.
- ✓ Calculate risks (cohort analyses) for specific outcomes.
- ✓ Design a series of case-control studies, adding information about lifestyle factors and employment to the data already collected.
- ✓ Some survivors will also be asked to provide a biological sample from which DNA will be extracted for later analysis. No genetic tests will be done under this project.
- ✓ The case-control studies will help to further define the size of risks according to treatment and other factors.

With this information PanCareSurFup will develop guidelines for the long-term care of survivors. These will help survivors and their doctors identify and treat important side-effects at an early stage, and assist with transition from paediatric to adult care.

Increased knowledge gained from the studies in PCSF will help us to design future treatments that are just as effective against cancer but are less likely to cause complications that are severe and disabling.

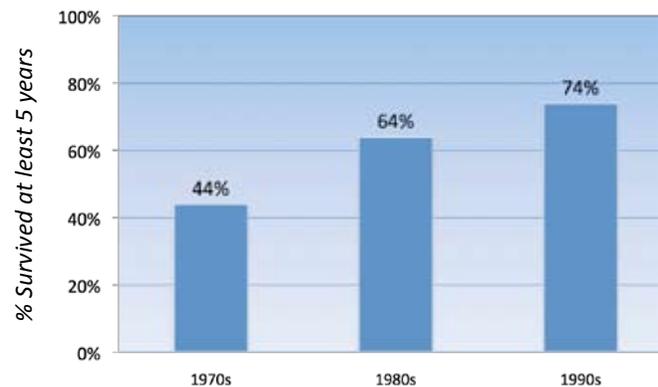
## Why are we doing this project?

In 2012 most children diagnosed with cancer will be cured from their disease. As treatments continue to improve five-year survival in European children is steadily growing.

At present there are approximately 300,000 to 500,000 survivors of childhood cancer in Europe. Each year the numbers go up. Adult cancers occur mostly at older ages, while cancer in childhood strikes when people have their whole lives ahead of them.

The long-term risk of complications for survivors of childhood and adult cancers varies. Some survivors will lead lives unaffected by the cancer and its successful therapy. For others there is some or little long term risk. However, for a third group, the complications that occur after all treatment has ended are of major concern, requiring life-long medical surveillance and care. Deciding who is most at risk, and how to design follow-up are important outcomes of PanCareSurFup.

Improved Survival after Cancer During Childhood and Adolescence in Europe



Source: Steliarova-Foucher et al, ACCIS, 2004

## What sort of late complications can be expected?

PanCareSurFup focuses on three of the most serious late effects – heart disease, subsequent cancers and causes of death after 5 years from treatment. However, there are a variety of other equally serious late complications that may affect every organ system. The type and severity of late effects depends mainly on the original cancer, the age at treatment and the type and dose of treatment, among other factors.

## How will PanCareSurFup report results?

Results will be reported in the scientific literature and at scientific meetings. In addition, reports for a general audience will be disseminated via print, TV and online media throughout Europe. Results are intended to be available to all participants and to the general public.

## What happens next?

PanCareSurFup, although limited to five years, is based within PanCare, the pan-European network for long-term care of survivors of childhood and adolescent cancer ([www.pancare.eu](http://www.pancare.eu)). Our work will continue and expand into other areas, such as fertility, hearing impairment and quality of survivorship. The networks of associations built up through PanCareSurFup will be essential components of future studies into the well-being of survivors. This will guarantee that the medical and scientific results from PanCareSurFup will be validated and enhanced, and that the best follow-up procedures can be developed for children and adolescents cured of cancer.