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Friend, AJ orcid.org/0000-0001-9864-5605, Feltbower, RG, Newton, HL et al. (2 more authors) (2018) Late effects of childhood cancer. The Lancet, 391 (10132). p. 1772. ISSN 0140-6736

https://doi.org/10.1016/s0140-6736(18)30572-5

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Dear Professor Horton,

Bhakta et al report a large case-control study of survivors of childhood cancer from a single institution in North America [the St Jude Lifetime Cohort Study] (September 8, online)¹. The study defines the prevalence of many of the late effects of children's and young people's cancer. However, we were disappointed to note the omission of two key areas, mental health and female fertility, that limits the ability to describe the report as a comprehensive description of the late morbidity burden associated with survival from childhood cancer.

There is a growing body of evidence (interestingly much of it coming from St Jude's) showing psychiatric and psychological morbidity in survivors of children's and young people's cancer, including but not limited to post-traumatic stress disorder², depression³ and suicidal ideation⁴. Suicidal ideation has been linked to greater mortality from causes other than suicide in this vulnerable cohort, reminding us of the important interplay between physical and mental health.

Female fertility after cancer treatment remains a poorly understood area, but females treated for cancer under the age of 21 have been shown to be at increased risk of subfertility⁵, with the strongest effect seen in younger women.

Any efforts to quantify the total costs of cancer survivorship are to be applauded, however we feel that reports cannot be truly comprehensive if they exclude these important areas.

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