

# Chairperson's introduction

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Cancer affects not only the afflicted individual, but the individual's family as well. Depending on the age of the cancer patient at diagnosis and treatment the effect the disease has on the family will vary. Cancer in children and adolescents has during the last 40 years gone from being a disease with largely a dismal prognosis to a disease where almost 80% become long-term survivors. The treatment has evolved from "treatment at all costs" to "treatment at a reasonable cost", but it still contains therapy elements that may cause long-term complications. One issue of concern for the survivors is fertility and whether a possible pregnancy will lead to a healthy baby. This is the topic of the article by Falck Winther and Olsen [1] where they look at adverse reproductive effects of treatment for cancer in childhood and adolescence. With the exception of girls having had radiotherapy to the uterus that may cause preterm birth among other things, the message to survivors having children is mostly reassuring with no increased risk of cancer in the offspring.

When the cancer patient is a pregnant woman the issue is very different. Here the patient is an autonomous being with the capacity and right to make decisions, which is not the case for the majority of childhood cancer patients. Whether or not to receive any treatment at all due to the risks that poses for the foetus, or when the treatment can eventually begin, is totally in the hands of the individual woman. The article by Nulman and Edell [2] looks at paediatric outcomes following in utero exposure to the diagnosis and treatment of maternal malignancy. The challenge of giving the pregnant woman the best possible care, while at the same time looking after the well-being of the foetus, is a difficult one. Diagnostic procedures

pose little risk, while chemotherapy given during the first trimester may lead to grave problems owing to the teratogenic nature of the treatment. Radiotherapy to the mother should always be weighed against the risks it poses for the foetus.

The children of cancer patients may have problems of their own, much of which depends on the age of the child when the parent was ill. A small child will react very differently to a teenager who is on the way to becoming an independent individual. These issues are dealt with in the article by Huizinga and colleagues [3] where the psychological impact of having a parent with cancer is presented. One group of children possibly at greater risk of psychological problems if a parent has cancer is teenage girls. To provide the best possible care for these children and their families, a family-oriented and child-centred approach in health care is recommended.

## Conflict of interest statement

The author has no conflict of interest to declare.

## References

- 1 Falck Winther J, Olsen JH. Adverse reproductive effects of treatment for cancer in childhood and adolescence. *Eur J Cancer* 2011;**47**(Suppl 3):S230–8.
- 2 Nulman I, Edell H. Paediatric outcomes following in utero exposure to the diagnosis and treatment of maternal malignancy. *Eur J Cancer* 2011;**47**(Suppl 3):S217–29.
- 3 Huizinga GA, Visser A, Zelders-Steyn YE, Teule JA, Reijneveld SA, Roodbol PF. Psychological impact of having a parent with cancer. *Eur J Cancer* 2011;**47**(Suppl 3):S239–46.