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Project Information



This project has received funding from the European Union's Seventh Framework Programme for research, technological development and demonstration under grant agreement No. 602030.

The project commenced in November 2013 and has a duration of five years.

The total project value is €7.8 million, of which the EU is contributing €6 million.

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or visit

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PanCareLIFE

PanCare Studies in Fertility
and Ototoxicity to Improve Quality
of Life after Cancer during Childhood,
Adolescence and Young Adulthood

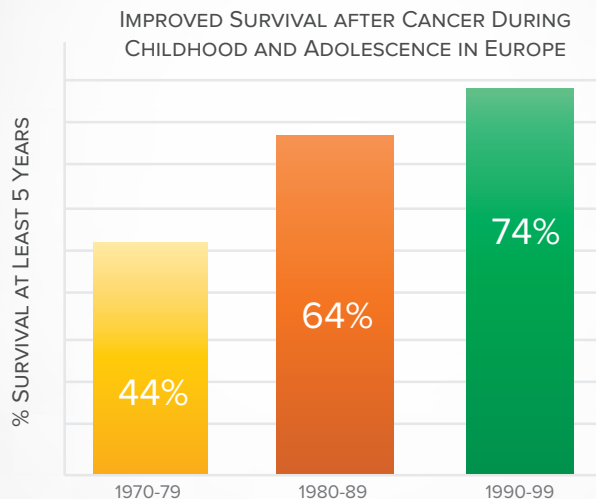
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What are Late Effects of Childhood Cancer?



The number of survivors of childhood cancer in Europe has steadily increased as therapies and supportive care have improved in recent years. Survival rates after childhood cancer now reach and exceed 80% in developed European countries. However, the treatments that have improved survival are harsh and cause serious late effects that can greatly reduce the long-term quality of life of survivors. Late effects are varied and can include impairments in quality of life, as well as infertility and inner ear problems¹ (ototoxicity). It is estimated that as many as 80% of survivors have experienced at least one serious late effect by their middle years.

Managing late effects is essential to providing the best possible long-term care, after the cancer is cured. As the number of survivors increases, the treatment of late effects will place an additional burden on health care systems. Research is needed to prevent or alleviate the impact and occurrence of late effects by developing models that match individual patients with effective treatments that will have the fewest late effects, and by providing adequate counselling and education over the longer term to survivors and their families about how they can minimise the occurrence and impact of late effects.

¹ Inner ear problems (ototoxicity) include temporary or permanent inner ear dysfunction with symptoms of cochlear damage (i.e. hearing loss and tinnitus) or symptoms of injury to the vestibular apparatus (e.g. dizziness and vertigo).

How will PanCareLIFE help cancer survivors?

The goal of PanCareLIFE is to help survivors of cancer to face fewer late effects such as fertility loss or inner ear problems, and enjoy the same quality of life and opportunities as their peers who have not had cancer. Drugs and radiotherapy currently used to treat cancer are toxic to healthy tissues. Little is known about whether the genetic make-up of the patient affects this toxicity. In order to prevent or reduce the impact of late effects on cancer survivors we will study:



Fertility



Ototoxicity



Quality of Life

FERTILITY

The effects of cancer treatments on fertility can be minimised by providing patients with counselling about their options for fertility preservation. At the moment, guidelines for such counselling do not exist. PanCareLIFE will improve fertility outcomes for survivors by identifying genetic and non-genetic risk factors for fertility impairment, and developing fertility preservation guidelines.

OTOTOXICITY (INNER EAR PROBLEMS)

In order to develop more effective ways of protecting hearing in survivors, PanCareLIFE will identify both genetic and non-genetic risk factors for inner ear problems. This will improve the outcomes for survivors by allowing doctors to choose treatments that will reduce the risk of inner ear problems for each individual patient.

QUALITY OF LIFE

As cancer survivors live longer, cancer researchers must focus on ensuring that survivors have the best quality of life possible. PanCareLIFE will determine the main predictors of impaired quality of life, monitoring quality of life continuously during treatment and follow-up care that can be used in clinics to improve long-term follow-up care for survivors.

How will PanCareLIFE advance cancer research?



Currently, there is little systematic information about late effects available at the European level due to the rarity of childhood cancer, and the differences in the way in which data from cancer studies is collected and managed. This makes it difficult for cancer researchers to study late effects. PanCareLIFE researchers will work with other childhood cancer initiatives to develop a harmonized approach to data management that ensures that the value of the data is maximized for future use. Participants in PanCareLIFE research studies can be sure that the data they provide (questionnaires and DNA) are vital for these pioneering studies.

PanCareLIFE will identify both genetic and non-genetic risk factors for late effects that can be used by researchers developing new clinical trials in order to promote cancer therapies with fewer late effects. Knowing an individual patient's risk factors will help to personalise treatments and reduce side effects.

PanCareLIFE will strengthen and expand the PanCare research community (www.pancare.eu) and encourage the translation of research results for survivors and their families, as well as professionals. The team will pursue new interactions with other cancer initiatives, such as PanCare-SurFup (www.pancaresurfup.eu), the European Network of Cancer Research in Children and Adolescents (ENCCA, www.encca.eu), and the European Network of Cancer Registries (ENCR, www.enccr.eu)