



## **Bullet points from Late Effects, Sheffield**

### **Conference Venue**

- Cutlers Hall, Sheffield.
- Historic, grand, prestigious building.
- Victorian elegance.



### **Overall observations of the Conference.**

This was my first attendance at the Late Effects in Cancer Survivors conference. A clinical conference attended by clinicians and allied professions. Attendance formed part of their continuing development, and credits (accreditation) were awarded for attending. A sprinkling of patients/former patients/carers were in attendance.

### **ICPV on their stand**



*Pat, James and Jacqui*



*Jacqui and delegate*

The two days were completely covered by lectures/presentations by clinicians concentrating on side effects after cancer treatment (up to several years post treatment).

Included was osteoporosis, blood disorders, fragility fractures, pelvic radiation disease, malignancies after irradiation and more.

There was a balloon debate – if it were to sink who should survive ? (The patient was safe). This was debated around the participants being health professionals.

**Here follows highlights from some of the presentations.**

**Professor Peter Selby *Optimising health with vitamin D and cancer risk.***

- *His main interests, the effect of non-skeletal diseases on bone and the assessment and treatment of osteoporosis.*
- Vitamin D - 10% diet, 90% sunlight !
- Depleted Vitamin D = Bone loss, Falls, Vascular disease, diabetes, infection, inflammation.
- Higher rates of colorectal CA in low Vitamin D patients – study in USA
- Have been big studies of supplements of Vitamin D.
- If lower levels of Vitamin D when diagnosed with cancer, then there is a worse survival rate over 10 years than those who were efficient in Vit D.
- In practice, must address deficiency: Life style, diet, sunshine, pharm supplement, moderate exposure to sun, (avoid burning).
- 1000iu Calciferol daily
- Most patients need 1-2000 units daily, as it is not well absorbed.
- SurVitD3 – Internet
- Dekristol – unlicensed
- Fultium-D 800 units 1-4 caplets daily.

Vitamin D is important for bone health. Links to Ca are unproven. Vit D replacement remains controversial despite licenced preparation, but may get less controversial.

**Professor Robert Coleman: *Breast Cancer & Osteoporosis***

*Interests include: cancer-induced bone disease and developments in the management of breast cancer.*

Calcium supplements, GI effects

- “No dairy” - a fad – not helpful
- DEXA assessment
- Denosumab effective in preventing bone loss.

**Professor David Reid – University Aberdeen Lead for innovation and Head of Unit Diabetes, Endocrinology & Metabolism, University of Sheffield**  
***Screening and management of vertebral fractures.***

**Reduce incidents**

- 75-79 yrs women 29-per 1000 – high incidence compared to men
- 20% hip fractures die within six months
- Women with vertebrae fracture have a 5- fold risk new vertebrae fracture
- Double the risk for hip fracture

**Symptoms:**

- Spinal pain
- Height loss
- Increasing kyphosis
- Increasing abdominal protuberance

**Detection:**

- Lateral DEXA
- spinal X-ray
- Bone scan
- Technetium isotope, FBC

**Treatment of acute fracture:**

- Limited bed rest
- Analgesic
- Physio to mobilise
- Hydrotherapy
- TENS

**Values of Kyphoplasty and Vertebroplasty**

- Kyphoplasty – balloon
- Vertebroplasty – inject material into vertebrae
- Bisphosphonates – shown significant reduction in fracture rates.
- 1 year results - good
- Adverse effect – renal dysfunction, Ca oesophagus
- Acute phase response, flu-like symptoms with high dose infusion
- Mid shaft fracture possible on long-term bisphosphonates

**Conclusions**

Vertebrae fracture is common and can be detected by DEXA, exclude mets then should lead to specific treatment.

Benefits outweigh adverse effects.

**Professor Martin Hauer-Jensen – Professor of Pharmaceutical Sciences  
Arkansas, USA**

***An overview of the patho-physiology of radiation injury, how should we intervene to prevent and reverse injury ?***

- More than 3% of the US population are cancer survivors
- 2% increase each year

Long term effects

Focus not only on Ca patients but Ca survivors

70% Ca patients receive radiation at some point.

Intestinal radiation – acute toxicities

Delayed toxicity

Smoking can cause radiation damage

Radiation induced lung injury

**Overall Conclusions**

**All in all an important conference for gathering together health professionals who are experts in the management of late effects in cancer. In this environment they were able to share their knowledge of this rather vast and relatively new area of developments in cancer treatments, bearing in mind that cancer survivors are thankfully now living longer. Therefore there will be the need for more awareness of late effects of cancer treatments.**

For the future I personally would like to see more input from cancer survivors alongside the clinicians, to give real back up on this vast subject.

**Patricia Fairbrother  
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