Re: Induced Abortions in Danish Cancer Survivors: A Population-Based Cohort Study

Winther et al. (1) reported that the occurrence of induced abortions among adult female childhood cancer survivors and that among two healthy control groups was similar. Survivors younger than 20 years at diagnosis, between 1950 and 1996, were compared with both population-based control subjects and a sister comparison group. The proportion of pregnancies that resulted in induced abortion in the first two trimesters was similar among the three groups: 20% in survivors, 20% in population-based controls, and 19% in healthy siblings (1).

We cannot confirm these findings after analyzing data from the “Fertility after Chemotherapy and Radiotherapy in Childhood and Adolescence” study, a nationwide survey in Germany performed in 2008. Questionnaire data on pregnancies, own children, desire and fear of having children, fertility test results, and further clinical information were collected from 1461 female childhood cancer survivors, younger than 19 years at diagnosis, between 1980 and 2004. At the time of our survey, the survivors had a median age of 25 years (range = 19–43 years). They were evaluated at a median of 17 years after their cancer diagnosis (range = 4–29 years).

A total of 317 of 1448 female survivors (22%) reported 534 pregnancies. Female survivors terminated 37 of 534 pregnancies (6.9%) by induced abortions. Although siblings of survivors were not studied, we found a considerably higher proportion of induced abortions in the general German population when data from the German Federal Statistical Office were analyzed. In the general German female population aged 18–45 years, the yearly proportion of abortions was 17% from 2000 to 2006. It decreased slightly to 16% in 2007 and 2008.

There is some evidence that survivors seem to reach milestones in their social development later, are less frequently married, and have fewer children than peers of the same age with no history of cancer (2,3). If they were pregnant, the survivors of our sample used their chance to have a child more often than the general German population and the female survivors in the Danish sample. The Danish survivors were diagnosed and treated between 1950 and 1996, whereas the German survivors were diagnosed and treated between 1980 and 2004. This may partly explain the difference between the report by Winther et al. (1) and our study, as childhood cancer treatment and patient counseling improved substantially during the last decades. These improvements may have led to a decreased fear among survivors that their children could suffer from late effects from their cancer and/or treatment or that offspring may get cancer as well because of inherited genetic traits.

Substantial differences among German and Danish childhood cancer survivors emphasize the limited generalizability of induced abortions in different settings and time periods.

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References

Notes
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