As a result of treatment advances, almost 80% of children diagnosed with cancer become long-term survivors. In Japan, there are over 50,000 childhood cancer survivors (CCSs), or approximately one in 700 adults between the ages of 20 and 39 years has cancer experience. Treatment-related late effects are often clinically insidious for years or decades after the completion of cancer treatment. However many CCSs do not receive adequate risk-based medical care.

To achieve effective follow-up for CCSs, truth-telling is an indispensable process for CCSs. Recently our study demonstrated that most pediatric oncologists conduct truth-telling of cancer diagnosis at least to adult CCSs now. One remaining well-described barrier is that CCSs themselves are not well informed regarding their potential risks for late effects. We need adequate risk-communications with CCSs. In our previous report the previous treatment hospitals were the most common visited medical facilities for even the adult CCSs (74% for female and 64% for male). However pediatric oncologists in Japan were increasingly uncomfortable with caring for adult CCSs as they age. One of the most important key words for successful transition is "sympathy". There were a lot of voices to list "sympathetic ability" as an indispensable nature to succeed transition though the pediatricians’ interviews. Most CCSs had a sense of hesitation in consulting the adult-based physician and many CCSs who were once introduced to an adult department returned to the pediatric department again. Transition to adult-based medicine is an urgent important issue as the Japan Pediatric Society made a statement. We need more discussions with medical oncologists to facilitate an effective bonding between CCSs and adult-based physicians. Promotion of healthy lifestyle behaviors and provision of regular risk-based medical care and surveillance may modify development of their late effects.