

SIOP AFRICA/PODC COLLABORATIVE WILMS TUMOUR NEWSLETTER

May 2018

The Collaborative Wilms Tumour Africa Project started actively treating and including patients in 2014. Four years later, we are happy to see that the group is still very active and positive and that end of treatment survival has increased from 52% to 68% and abandonment of treatment decreased from 23% to 13%.

We had a successful USS regional training in May in Blantyre, Malawi which we hope to repeat every two years. We are also planning to organise a pathology regional training, hopefully in 2019.

Later this year we hope to further analyse and publish outcome of the first 4 years of the project. These results will help us to see how to modify interventions to hopefully further improve care and survival.

Regional Ultrasound Training

In May we organised a regional ultrasound training in Blantyre, Malawi. Sonographers and other radiological professionals from centres participating in the Collab WT Africa joined, coming from Harare, Cameroon, Kumasi, Ghana and Blantyre, Malawi. Trainers were senior radiologists from Blantyre and Lilongwe, Malawi and from Kumasi, Ghana.

It was a successful three day training which we are planning to repeat every two years. We hope this training will improve Wilms tumour diagnosis, benefit diagnostic ultrasound service for general paediatrics and will also strengthen the multidisciplinary team spirit.



Mr Boniface Chinene is the principal radiographer at Harare Central Hospital in Zimbabwe and Mrs Glory Wamei is the X-ray / ultrasound technician at Mbingo Baptist Hospital in Cameroon. They both participated in the USS training course which they found extremely useful.

“It was an interesting course, with a good combination of lectures and hands on training. It improved my general skills in abdominal ultrasonography and especially to characterize abdominal tumours.”

“The course demonstrated the importance of good multi-disciplinary team work – I will help set up weekly meeting in our own centre.”

“It was good to meet with colleagues from other centres in sub-Saharan Africa who experience similar challenges. We will keep in touch with the group to support each other and when relevant to discuss difficult cases.”

Princess Máxima Centre – World Child Cancer Netherlands

The Princess Máxima Centre for Paediatric Oncology is opening this year and will treat all children with cancer diagnosed in the Netherlands. Outreach activities for children with cancer in low income countries will be supported by World Child Cancer NL. Trijn Israels, coordinator of the Collaborative Wilms Tumour Africa Project, has joined this centre and outreach programme.

Joining of forces of all partners involved will create more opportunities to make progress with the Collaborative Wilms Tumour Africa Project and all associated activities to advance childhood cancer care in low income countries, especially sub-Saharan Africa.

Traditional Healing and A Patient's Story

The patient was 3 years old when he was admitted to Mbingo Baptist Hospital in 2015. Before reaching Mbingo, he had been at a traditional healer's clinic for one month. When his mother saw that he was not getting better she brought him to a village health centre, where she was advised to bring him to Mbingo Baptist Hospital where he was diagnosed with Wilms tumour.

The patient was treated with a protocol for localized disease with prolongation to improve resectability but unfortunately his surgery was incomplete. He had 14 weeks of postoperative chemotherapy and did not receive radiotherapy which is not available in Cameroon.

The patient was initially in good remission but he unfortunately relapsed and returned to the hospital where the palliative care team took over. On a palliative care outreach visit to the patient's home, the family were found back at a traditional healer's clinic in search of hope. The palliative care nurse provided symptom relief and further counselling to him and his mother, with the traditional healer granting access to his clinic.

Traditional medicine usually delays presentation to the hospital and in cases of treatment failure or relapse the family goes back to the traditional doctors out of desperation. Identifying preventable causes of delays, refusals, and abandonment is important in reducing the overall rate of childhood cancer mortality in low income countries. A collaborative African study to estimate the prevalence, reasons and effects of traditional medicine use amongst childhood cancer patients in Africa is being done. The survey began in Cameroon in 2017, and is planned to spread to other childhood cancer centres in Africa later.

All childhood cancer centres are invited to participate in this survey, which will be customised to meet local requirements. Interested centres are invited to contact Glenn Mbah at mbahlos@yahoo.com.



As always, we would like to thank sponsors World Child Cancer and the International Society of Pediatric Oncology for ongoing support and the healthcare professionals working in collaboration in the project for their hard work and dedication. Centres in sub-Saharan Africa that would like to join the collaborative project are most welcome to do so. Please contact Trijn Israels (T.Israels-3@prinsesmaximacentrum.nl) or one of the local leaders for more details.

