

# SIOP-ASIA NEWS



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***“Childhood Cancer is Curable”, Let’s build on our past***

**Feb 2007**

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## **From the Editor**

The recent SIOP Annual General Meeting held in Geneva in September 2006 has made a very important step forward in opening the membership to doctors taking care of children cancer all over the world, especially to resource poor countries. In the past, SIOP has already taken into consideration of high annual subscription fee and offered a lowed subscription rate to doctors working in countries with lower income. However one of the most prohibitive criteria is the requirement of attending two SIOP annual meetings. Even with the amendment of accepting one continental SIOP meeting or SIOP sponsored meeting equivalent to one of the SIOP annual meeting, the strict regulation still makes the application difficult for doctors from less developed countries. Take the case for Asia, quite a number of countries are still not well developed, and the continent is also of huge area spreading from far east to middle east. To attend a continental SIOP meeting, say the recent Shanghai meeting, the traveling expense, accommodation cost and registration fee adding up may be equivalent to many months if not years of salary of some doctors and nurses. With the latest amendment in the constitution of SIOP, the requirement of attending SIOP meeting of any kind is now waived. The reasonably low membership fee for doctors in less developed countries is most attractive, especially with the monthly issues of Pediatric Blood Cancer. To further facilitates some countries without existing SIOP members, the continental SIOP president can now serve as proposer. A second proposer from another country is also waived. I can foresee the amendment would encourage many more colleagues working in the field to join in this biggest family of pediatric oncology in the world. The greater circulation of Pediatric Blood Cancer would certainly enhance the knowledge of this specialty to a much greater extent. In a recent regional meeting in China, I discussed with colleagues who were not SIOP members yet and they showed great interest of joining the Society. Actually I have singed some application forms supporting their membership. Joining SIOP as a member may not change the practice of pediatric oncology in a country immediately, however the greater number of SIOP members in a country will help the members getting more cohesive and may start some collaborative studies. For more details and download of application forms, please go to SIOP website: [www.siop.nl](http://www.siop.nl). I would strongly encourage all members receiving the Newsletter to spread this piece of information to your colleagues in your countries and supporting their application.

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# Annual General Meeting of Asian SIOP

## Report from the Asian SIOP President Prof. Yao-ping Wang



*Asian SIOP members attended the annual meeting.*



*The President Prof. Yao-ping Wang addressed the members in the meeting.*



*The Secretary General of SIOP, Dr. Bharat Agarwal addressed the members.*



*Prof. Daniel Green represented the SIOP Board to attend the continental meeting*

The SIOP-Asia Annual General Meeting was held in Geneva on 22 September 2006. Members from various countries attended the meeting, including China, India, Indonesia, Japan, Oman ..etc. The following issues had been discussed in the meeting:

- 1) The current term for SIOP-Asia President will be due by the end of 2007. SIOP would organize voting for potential candidates in the year 2007 before the next SIOP annual meeting in India. The presidency is opened to all Asian SIOP members interested in serving the board. (some members already expressed their wish to run for the president including Prof. Jing-yan Tang of China who is now serving as Honorary Secretary of the Asian SIOP)
- 2) Prof. Kurkure from India as the coordinator of South-Asia Continent Collaboration Committee SAARC reported the recent year's work.
- 3) Prof. Zakia from Oman reported on the preparation for holding the 2008 SIOP-Asia meeting in Oman and expressed warm welcome to all SIOP-Asia members joining the coming meeting.
- 4) Prof. Yao-ping Wang reported the recent 2 years SIOP-Asia's work especially for the preparation for holding SIOP-Asia on April 6-8, 2006 in Shanghai, China. Prof. Wang also represented Dr. CK Li in his absence to report the recent two year's SIOP-Asia Newsletter report.
- 5) Prof. Jing-yan Tang as the General Secretary of SIOP-Asia reported the work on preparing the SIOP-Asia 2006 Shanghai, China meeting on April 6-8, 2006.
- 6) Prof. Bharati Agwal, as the General-Secretary of the SIOP addressed the continental meeting.
- 7) The Board members and SIOP-Asia members made some suggestions on how to run the SIOP-Asia Newsletter and wish to set further collaboration between the SIOP-Asia countries.

# Introduction of Cancer Center for Children in Asia

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Pediatric oncology units can be in many forms. It may be a children cancer center in a children's hospital or a general hospital, or just a ward or part of a ward allocated for pediatric hematology/oncology diseases in a pediatric department. Cancer is much more common in adults thus many cities have Cancer centers established mainly for adults. In some of these adult-based cancer centers, there may also be a division of children unit. The advantage of a children unit in a mainly adult cancer center is the comprehensive set up for diagnosis and treatment of cancers already available, there is also close collaboration with surgical oncology and radiation oncology. However the pediatric unit is always just a small division as compared to the high patient load in a mixed cancer center, thus the support for the pediatric division may not be adequate. There may be difficulty in getting pediatric subspecialty support such as nephrology for dialysis, intensive care unit cater for young kids, pediatric surgeons specializing in pediatric oncology. However the model of pediatric cancer unit must take into consideration of the local settings. There is no one single model being an ideal model for all countries. Below is an example of a pediatric oncology unit in a general Cancer Center but with a neighboring general hospital of same medical university providing strong pediatric medical and surgical support.

## Sun Yat-sen University Cancer Center at Gaungzhou, China

by **Dr. Xiao-fei Sun**

Sun Yat-Sen University Cancer Center was founded in 1964. It is the largest specialized cancer center integrated with cancer treatment, training, research and cancer prevention in southern China. Currently there are 1051 hospital beds. It accepts patients from all over China and also the Southeast Asia. The annual newly diagnosed cancer patient is more than 10,000 cases that account for 20% of newly diagnosed cancer patients in Guangdong province.

*The Cancer Center of  
Sun Yat-sen University  
in Gaungzhou*





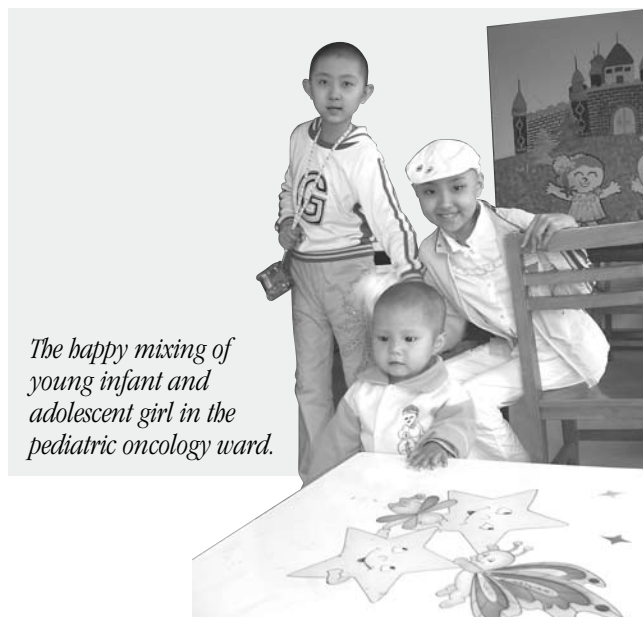
*The nurses, doctors and patients joined a birthday party in the children oncology ward.*

The annual number of outpatients attending the clinic is 260,000. The number of in-patients and out-patients rank first in all cancer centers in China.

Sun Yat-Sen University Cancer Center is a national new anticancer drug clinical trial and research center (GCP center). It also houses the South China State Key Laboratory for Cancer Research. It is the WHO Collaborative Center in Cancer Research, the sister hospital of the M. D. Anderson Cancer Center of the United States. It also collaborates and communicates with the cancer centers from Japan, France, England and Sweden etc..

### **Division of Pediatric Oncology**

Division of pediatric oncology is one of six divisions in the department of medical oncology in the Center. Department of Medical Oncology



*The happy mixing of young infant and adolescent girl in the pediatric oncology ward.*

is a recognized leading unit in the field of cancer chemotherapy in China and has six divisions and 205 beds. It provides chemotherapy for solid tumor, haematological oncology, pediatric oncology and hematopoietic stem cell transplantation and anticancer new drugs clinical trial.

Pediatric oncology unit is the first chemotherapy unit in pediatric oncology for children and adolescents in the cancer centers of China. It has 17 beds and provides diagnosis and treatment to all kinds of childhood cancers including leukemia, lymphoma, neuroblastoma, brain tumor, Wilms tumor, rhabdomyosarcoma, Ewing's sarcoma and osteosarcoma and retinoblastoma, etc. The annual number of newly diagnosed children cancer is more than 300 cases. The pediatric unit has close communication and cooperation with the two





*Dr. Xio-fei Sun (the lady doctor) and her team seeing a patient in a morning round.*



*The paintings of the patients shown in the children oncology ward*

children cancer centers in Hong Kong, the Chinese University of Hong Kong and the University of Hong Kong.

In recent years the pediatric patients in the Cancer Center with ALL and NHL are treated by modified ALL-BFM and NHL-BFM protocols. The Center is also a member of the Gaungzhou Childhood Leukemia Study Group and participates in the collaborative study of ALL and AML, and the Center is also the leading center for NHL in the Study Group. The survival rate has greatly been improved and achieved more than 75% cure rate. The solid tumors are treated by combination therapy including surgery, chemotherapy and radiotherapy. The treatment strategy and protocols follow the international standards. For example, high risk neuroblastoma patients receive chemotherapy,

surgery, radiotherapy and autologus haematopoietic stem cell transplantation and 13-cis-retinoic acid maintenance therapy. The survival rate has improved. The other solid tumors also adopt more advanced therapeutic methods with better efficacy. There is a trend of better survival results obtained in Chinese children.



*The medical team discussed the patients in the clinical round*

# Collaborative Studies among Asian Countries

**Dr. Chi-Kong LI**

Board Member of International BFM Study Group

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The excellent treatment results of childhood cancers such as acute leukemia is always admired by our adult oncology colleagues. The great improvement in management of childhood cancer is through numerous collaborative studies in the past decades. Entering a child with newly diagnosed cancer into a collaborative study at national levels is the norm in North America and Europe. The Children's Oncology Group (COG), United Kingdom Children Cancer Study Group (now the Children Cancer Leukaemia Group CCLG) and the German BFM Study Group are the well known examples of children oncology study groups, and these Groups have led the development of childhood cancer in many fields. However the above groups are all of large countries with sizable population of over 50 million, and the relatively large number of children cancer cases can support the formation of collaborative study group in these countries. In Asia, there are also many big countries with sizable population such as China, India, Japan and Indonesia. Japan has formed several children cancer groups within the country and also contributed important advances in many areas of children cancer, but Japan is having the economic standard of the top countries in the world.

Other than the big countries forming national groups, there are also many countries of small to medium size joined together to form regional or international study groups for childhood cancers. Some good examples are the European Organization for Research and Treatment of Cancer (EORTC) in some western European countries, the Scandinavian countries forming the NOPHO group. These countries have good set up for treatment of children cancer but the small number of cancer cases in each individual country lead to the formation of the larger regional collaborative groups. These groups share some common features, being geographically close and also of similar economic development. It appears that the above collaborative groups only locate in resource rich countries. However there are also national collaborative groups in less developed countries which are less known, such as the Argentina and Chile group in south America, the Polish and Czech groups in central Europe.

What can the Asian countries learn from the above groups? The benefits of establishing collaborative groups need no elaboration, but how can this happen in regions not having such organization

yet? The international collaborative study groups should firstly based on the formation of some national groups. For countries without government resources supporting medical treatment, it is usually quite difficult to start up a national program for cancer children. With the more rapid economic development in many countries in Asia, we do see better access of medical treatment to children with cancer, either through the establishment of insurance system or the families can afford for the relatively high cost treatment. It may be the right time to consider some form of collaborative studies in the region. One example for less developed countries is the International BFM Study Group. The original BFM Study Group led by Prof. Rhiem had successfully extended the collaborative spirit to many countries initially in south America. With time, some eastern European countries also joined the IBFM Study Group. At the beginning, it was just a forum for different countries adopting similar treatment approach (BFM backbone) to get together and shared experience. After years of meeting and knowing each others, some collaborative studies involving countries of different economic standards could then be initiated. The recently published report of pulse therapy in the maintenance phase of ALL is the effort of many countries in the IBFM group. (Lancet 2007;369:123-31) At the moment, the on-going

ALLIC-BFM 2002 Study has more than 10 countries participating and over 1000 patients recruited each year. All the countries or centers joining the study are outside western Europe and north America, and the study is now successfully continuing. Hong Kong is the only Asian city joining the IBFM Study Group studies. Can the similar model be applied to the Asian countries?

St. Jude Children's Research Hospital organized a 'St. Jude-Asia Forum in Pediatric Oncology 2007' in March in Singapore. The meeting has invited a number of world experts in the field to present their national study groups results. At the same time, Asian countries or collaborative groups in Asia are also invited to share their experience. Their results will be presented in a standard format similar to the IBFM Study Group meetings. This may be a starting point for Asian groups to know each others, and also learn from each others. In the future, hoping that there will be more national groups for children cancers formed in the continent, and then later extend to multi-national collaborative groups. Collaborative groups formed under the auspices of Asian SIOP may be considered but the funding issue to support multi-center trials may not be easily solved. Regional collaboration of neighboring countries or cities may be a starting point.

# Paediatric Oncology Conferences

## 1. St. Jude-Asia Forum in Pediatric Cancer

Date: March 9-11, 2007.

Venue: Singapore

Website: <http://www.viva.sg/stjude>

## 2. European Symposium on Long-Term Complications after Childhood Cancer

Date: April 19-20, 2007

Venue: Lund, Sweden

Website: [www.ESLCC2007.com](http://www.ESLCC2007.com)

## 3. ASPHO 20<sup>th</sup> Annual meeting

Date: May 3-6, 2007

Venue: Toronto, Canada

Website: [www.ASPHO.org](http://www.ASPHO.org)

## 4. 39<sup>th</sup> Annual SIOP Meeting

Date: October 30 – November 3, 2007

Venue: Mumbai, India

Contact: [siop2007@varriance.com](mailto:siop2007@varriance.com)

Website: [www.varriance.com](http://www.varriance.com)

## 5. 5<sup>th</sup> SIOP Asia Conference

Date: February 26-28, 2008

Venue: Muscat, Sultanate of Oman

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