

SOCIÉTÉ INTERNATIONALE  
D'ONCOLOGIE PÉDIATRIQUE



INTERNATIONAL SOCIETY  
OF PAEDIATRIC ONCOLOGY

A photograph of a young child with a shaved head, smiling and sitting up in a hospital bed. The child is wearing a white hospital gown. In the background, medical equipment is visible. A large, light blue curved graphic element is at the bottom of the page.

# SIOP STRATEGY

2021-2025

January, 2021

Established in 1969, the International Society for Paediatric Oncology (SIOP) is the only global multidisciplinary society entirely devoted to paediatric and adolescent cancers. With a steadily growing membership, SIOP currently unites over 2,600 healthcare professionals and researchers working with paediatric patients worldwide. The community shares a strong common purpose: to increase survival rates, to improve quality of survival and to ensure care for all.

## Acknowledgements

Our sincere thanks go to the current and former SIOP Board members, partners, colleagues and consultants who contributed to the development of the Strategy (in alphabetical order): Christophe Bergeron, Eric Bouffet, Gemma Bryan, Gabriele Calaminus, Guillermo Luis Chantada, Julia Challinor, Carrie Christian, Sarah Cohen-Gogo, Rashmi Dalvi, Alan Davidson, Bob Empson, Lindsay Frazier, Richard Grundy, Leila Hessissen, Mary van den Heuvel-Eibrink, Scott Howard, Stephen Hunger, Donna Johnston, Pamela Kearns, Olga Kozhaeva, Wade Kyono, Tessie Laub, Pablo Lobos, Sandra Luna-Fineman, Arturo Moreno, Jess Morgan, Lisa Morrissey, Erin Peckham-Gregory, Pernilla Pergert, Giorgio Perilongo, Kathy Pritchard-Jones, Gregory Reaman, Stephen Sands, Khan Muhammad Saghir, Michael Sullivan, Lillian Sung, and Susanne Wollaert.

We also thank the leaders of the following organisations for helpful comments during the development of this Strategy: Childhood Cancer International, Children's Oncology Group, International Society of Paediatric Surgical Oncology, Paediatric Radiation Oncology Society, Sanofi Espoir Foundation's My Child Matters Program, St. Jude Global, Union for International Cancer Control, and World Child Cancer.

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January 2021

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## LETTER FROM SIOP PRESIDENT AND SIOP PATRON

Dear SIOP Members and Partners,

We are pleased to introduce the new SIOP Strategy covering the next five-year period, 2021-2025. Our Strategy describes the practical steps that SIOP and its members can take towards achieving our vision that **No Child should die of cancer – Cure for more, Care for all.**

We have framed our strategic plans around five main themes – Advocacy; Research; Education & Training; Membership; Strategic Partnerships – but these are, of course, interdependent.

Advocacy for childhood cancers must be amplified. On the one hand we need to call for more research funding for new drugs and new technologies focused on childhood and adolescent cancers to move the needle on more cures. On the other hand, we need to continuously call for equitable access to qualitative affordable care for all children around the globe by raising awareness with the global cancer community, the public and governments to improve early diagnosis and access to expert care.

Improving survival rates and quality of survival needs advances in new therapies that are more effective and safer. As survival improves, the size of the clinical research networks required to introduce new approaches increases. SIOP has always been a catalyst for our members to collaborate in this way to improve the whole pathway of care. Through our global multi-disciplinary membership and philanthropic partnerships, we aim to stimulate and support greater involvement of low- and middle-income countries in research and improvement work. This will increase access to 'best practice' for all children and adolescents with cancer worldwide.

The start of this decade has highlighted the fragility of childhood cancer services around the world to the direct and indirect consequences of the COVID-19 pandemic. In responding to the urgent need for guidance to support those caring for children with cancer, SIOP has embraced new ways of providing education on-line, including our Annual Congress. We will build on this highly accessible format to expand our educational offerings globally and to innovate in their content and multi-disciplinarity.

SIOP strives every day to achieve its vision that **No Child should die of cancer** aiming to find **Cures for more** and continually calling for **Care for all**. In that regard, SIOP has stepped up its efforts to support the World Health Organisation's Global Initiative for Childhood Cancer that aims to save an extra One Million lives of young cancer patients by 2030. By convening the expertise and passion of our members for working together, SIOP can bring in many important partners to help achieve this common and urgent goal.

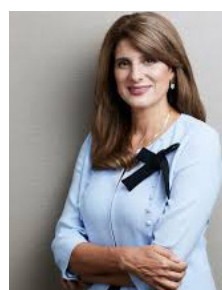
The cancer cure divide in childhood cancers is totally unacceptable. It is only by working together that we can address this injustice, make a difference and save precious lives. This Strategy is our blueprint for the next five years. We sincerely hope that it will stimulate all those reading it to get involved!

Sincerely,



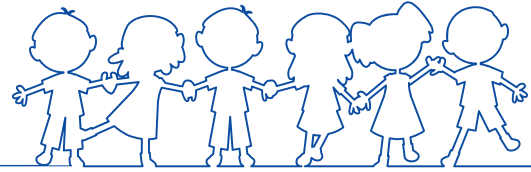
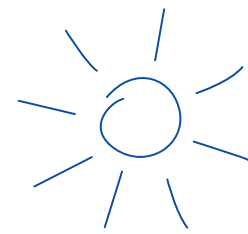
A handwritten signature in black ink that reads "Kathy Pritchard-Jones".

Kathy Pritchard-Jones,  
SIOP President



A handwritten signature in black ink that reads "Dina Mired".

HRH Princess Dina Mired of Jordan,  
SIOP Patron



## INTRODUCTION

Established in 1969, the International Society for Paediatric Oncology (SIOP) is the only global multidisciplinary society entirely devoted to paediatric and adolescent cancers. With a steadily growing membership, SIOP currently unites over 2,600 healthcare professionals and researchers working with paediatric patients worldwide. The community shares a strong common purpose: to increase survival rates, to improve quality of survival and to ensure care for all.

In the evolving global landscape, SIOP is committed to a regular and participative strategic review process. The 2014-2016 strategic cycle generated a series of impactful work streams and collaborations and in 2018, SIOP was recognised as an official non-state actor by the World Health Organisation (WHO). By formulating a renewed strategy for 2021-2025, we aim to maximise coordinated actions to build on these achievements in the coming years.

The current strategic review process was initiated in 2019 with input from the full SIOP Board of Directors. Inputs were sought from members, key partners and other stakeholders throughout 2019 through multiple channels. At the SIOP Congress in October 2019, members approved the principal building blocks of the new strategy including vision, mission and 5 strategic goals. This strategy is elaborated and stems from this endorsement.

Our aim is that the SIOP Strategy 2021-2025 will provide a comprehensive framework to support targeted action in line with the joint vision of our community, while enabling full adaptation in local contexts across the globe. The Board of Directors extends our gratitude to all those who contributed to shaping this renewed commitment to a world where no child should die from cancer.



## ACHIEVEMENTS AND CHALLENGES

SIOP has consolidated its truly global presence and serves members across a variety of settings with the ultimate goal to improve the treatment and care available to young cancer patients. Paediatric cancer research is one area where SIOP has been a true catalyst of global progress. By definition, research in paediatric cancers as a collection of rare diseases requires pooling of data from multiple sites and across borders. By uniting childhood cancer professionals from different countries, SIOP played a pivotal role in the formation of disease-specific international research networks. Predominantly active in North America and Europe, these have established the efficacy and safety of medicines used in children and adolescents with cancer and improved survival rates substantially to over 80% in high-income countries (HIC). SIOP members have been instrumental in pushing the personalised medicine agenda and need for specific drug development aimed at molecular targets unique to paediatric cancers.



The SIOP Congress has increased its status as the sole international scientific and policy exchange platform on paediatric cancer involving all stakeholders. It regularly presents cutting-edge research and has a high attendance from HICs, with low-and-middle-income country (LMIC) participants also increasingly well represented.

By constituting the SIOP Young Investigator NETwork (SIOP-YINET), SIOP recognised the urgent need to empower and support the new generation of paediatric cancer professionals. SIOP-YINET complements the diversity and dynamism of SIOP's overall membership and ensures that members' expertise is sustained and amplified in the years to come. Thus, SIOP remains at the forefront by fostering excellence in international paediatric cancer research and clinical practice for the future.

Dedicated work streams within SIOP address the realities in both HICs and LMICs. The needs may converge – such as ensuring continuous equal access to quality standard diagnosis, treatment and care – but also have specificities evolving over time, such as securing availability of infrastructures, appropriate training of professionals in LMICs and addressing the pricing of new expensive targeted medicines and immunotherapy entering the market in HIC settings.

In the most recent years (since the conclusion of the previous strategic cycle), SIOP has made considerable strides and further consolidated its role as the primary collective voice of childhood cancer professionals in the global advocacy agenda, while also strengthening partnerships with key stakeholders and further expanding activities into newly identified priority areas.

In January 2018, SIOP was accepted as a non-state actor (NSA) in official relations with the WHO. This milestone has amplified the society's role and ability to influence health policy and programmes towards meeting the needs of childhood cancer patients worldwide. Governed by a multi-annual action plan, currently





in its third year of implementation, the collaboration with the WHO enables SIOP to deliver targeted action as an integral part of the international health agenda.

In September 2018, SIOP became a natural partner in an unprecedented global effort - the WHO's Global Initiative for Childhood Cancer (GICC). The aim is to reach at least a 60% survival rate for children with cancer worldwide by 2030. The GICC puts childhood cancer in the global spotlight and provides a coordinated implementation platform for national health services to follow to improve outcomes. SIOP has mobilised the expertise of its members to contribute to all of the GICC work streams. Maintaining momentum towards the realization of the GICC objective is a key strategic orientation for the years to come.

Our 2021-2023 WHO NSA workplan has three objectives: 1) assist WHO to implement the activities of the GICC in selected countries under the leadership of government agencies (including capacity building and advocacy); 2) support WHO in the development of technical products related to the GICC (including assisting in situational analyses and workforce training and retention); and 3) improve access to essential health products in childhood cancer control (including essential medicines and technologies). To achieve these objectives, SIOP has worked with other NGOs in official relations with WHO, including Childhood Cancer International (CCI), the Union for International Cancer Control (UICC), the European Society of Medical Oncology (ESMO), and with St. Jude Children's Research Hospital.

In November 2018, the SIOP Global Mapping of Paediatric Oncology Services Programme was launched. The aim is to describe and quantify the resources available for childhood cancer diagnosis, treatment, and care in each global region. Data collection and analysis is ongoing as of 2020. The findings will provide an important

evidence-base for childhood cancer advocacy at hospital, government, national, and regional levels and support the WHO GICC international effort.



In 2020, the Covid-19 pandemic placed an overwhelming burden on healthcare services, threatening timely diagnosis and continuity of childhood cancer care. SIOP was swift to act by convening a multi-disciplinary group of clinical experts from around the world to publish clinical guidance to help those caring for children with cancer and their families in all resource settings<sup>1</sup>. SIOP and St. Jude Children's Research Hospital's Department of Global Pediatric Medicine worked together to launch a 'COVID-19 collaboration portal' that includes a clinical registry and hosts information and webinars to support clinical decision-making in this context of high uncertainty<sup>2</sup>. The Covid-19 experience invites a reflection on how to integrate emergency preparedness into the SIOP strategy. Relevant aspects include advocacy on health service delivery and resource planning and research funding allocation.

<sup>1</sup>Bouffet E, et al, *Pediatr Blood and Cancer*, July 2020; [Early advice on managing children with cancer during the COVID-19 pandemic and a call for sharing experiences](#). Sullivan M et al, *Pediatr Blood and Cancer*, July 2020, [The COVID-19 pandemic: A rapid global response for children with cancer from SIOP, COG, SIOP-E, SIOP-PODC, IPSO, PROS, CCI, and St Jude Global](#).

<sup>2</sup><https://global.stjude.org/en-us/global-covid-19-observatory-and-resource-center-for-childhood-cancer.html>





## SIOP'S ENVIRONMENT

Cancer in children and adolescents is viewed as a rare disease in the context of healthcare services. Globally, cancer across all ages is rising in importance in the non-communicable disease (NCD) agenda as a cause of premature mortality and morbidity in survivors. Cancer is the principal cause of death in children in HICs and many middle-income countries (MICs). However, there is a tendency to overlook the specificities of paediatric haemato-oncology in the global cancer agenda. Our challenge is to articulate these specific needs, support our members in their endeavours to meet these through improving care and research, and to promote recognition and prioritization by governments and research funders.

Individual types of paediatric cancer are rare but collectively, cancer in children and adolescents affect 1 in 430 children by their 15th birthday and 1 in 320 by their 19th birthday. Childhood cancer comprises between 0.5%-6% of all cancers in a population according to the age structure of that population and prevalence of certain predisposing infectious agents.<sup>3</sup> Childhood cancers have a very different biological basis from that of most adult cancers; their aetiological factors are largely genetic rather than environmental or life-style factors, hence opportunities for prevention are limited. Successful treatment requires a specialist workforce trained in the specificities of cancer in children and adolescents. However, there is a real shortage of capacity of both suitably trained workforce and appropriate facilities to treat all of the children and young people with cancer in the world, with particularly large gaps in LMICs.

Another factor that makes paediatric cancers distinct from adult cancer is the high curability with appropriate treatments. More specifically, the 5-year survival for children and adolescents with cancer in many HICs is greater than 80%. However, only 10% of the world's children live in HICs. In contrast, in LMICs where 90% of the world's children reside, the reported 5-year survival ranges from <10% to ~60% at a population level, with many countries having no national statistics available.

Childhood cancer outcomes are influenced by determinants that range from available expertise and resources, health services delivery and international policy. The SIOP community is uniquely positioned to foster enabling conditions for optimizing the rate and quality of cure across all settings. Through SIOP, members can speak with a single voice in global policy fora and exchange scientific and advocacy know-how for use in their own contexts. The multi-faceted global environment can support or constrain SIOP's potential to affect tangible change.

High levels of participation in national and international collaborative clinical trials have underpinned the advances seen in HICs over many decades. Indeed, such participation may prove lifesaving for some children and adolescents with relapsed malignancies or in treatment failure. Yet perceptions on clinical trial participation of the paediatric population differ on ethical grounds. There is scope for improving public understanding that participation in a clinical trial is considered 'standard of care' for many childhood cancers, building on previous research findings and evidence of success.

Global economic stability has come under threat due to the Covid-19 pandemic in 2020. National budgets have faced high demand to resource the health emergency response and sustain citizens' livelihoods. Recognising the importance of these immediate priorities, SIOP will make efforts to secure continued support for the childhood cancer sector to avoid stalling life-saving progress.

Public anxiety and distancing due to the

<sup>3</sup>Estimates derived from Steliarova-Foucher et al. International incidence of childhood cancer, 2001-2010. Lancet Oncol. 2017.



Covid-19 pandemic mean a surge in delayed diagnoses is widely anticipated. Treatment interruption and abandonment are other potential consequences. Building on its rapid response, collecting information and providing further guidance to members will be another key orientation for SIOP. From a business continuity perspective, the impact on international travel and large gatherings requires contingency planning and an exploration of alternative formats for educational events and governance meetings.

Concerns about climate change may further impact international travel. Orientations to address this aspect include prioritising low-carbon footprint transport whenever possible, adopting an environment-friendly label across communication channels and implement this approach where possible (eg. prioritize electronic documentation at meetings).

The advent of Artificial Intelligence and Big Data presents new horizons for the diagnosis and treatment of childhood cancers. Yet the capacity to access and utilize these tools is unequal among global regions and between countries. Appropriately resourced international research collaborations and the inclusion of these novel technologies in global advocacy initiatives can foster their gradual uptake.

The impact of the media for raising awareness on the burden of childhood cancer among the public and policy makers is potentially far reaching. Collaboration with parents, patients, survivors and their communities is an important

lever that can drive media attention, from personal stories to the underlying issues.

The WHO GICC is proving to be a game-changer by focusing worldwide community attention and resources on childhood cancer but requires sustained commitment and support from national governments. SIOP and its members can play a key role in promoting the GICC in their respective settings. SIOP will need to ensure that the commitment to improving the lives of children and young people with cancer goes beyond survival rates to encompass a more holistic ambition and improve the quality of survival by optimizing early diagnosis and first-line therapy delivery, and support for survivors and families after treatment has ended. The ultimate hope is that paediatric cancer is included in national health strategies and international development programmes, which can pave the way for dedicated budget allocation, implementation, and improved outcomes. SIOP can leverage governments' political will to prioritize childhood cancer care in National Cancer Care Plans and include diagnosis and treatment of children and adolescents with cancer in universal health coverage (UHC) worldwide.

Other partnerships that enable our work include those with Childhood Cancer International (CCI), the Union for International Cancer Control, our discipline-specific sister societies (Paediatric Radiation Oncology Society (PROS) and International Society of Paediatric Surgical Oncology (IPSO)).

## SIOP'S STRATEGIC POSITION RELATIVE TO THE ENVIRONMENT

Strengths	Weaknesses
<ul style="list-style-type: none"> <li>• Only global multi-disciplinary society for paediatric oncology professionals</li> <li>• Recognised as a non-state actor in official relations with WHO</li> <li>• Strong brand and highly committed membership base with members in 130 countries</li> <li>• Strong global network of senior experts and mentors who actively support SIOP projects; dedicated advocacy structure</li> <li>• International academic credibility for production and dissemination of publications, clinical guidance and online educational resources</li> <li>• Strong Young Investigators (YI) Committee</li> <li>• Good social media presence</li> <li>• High quality science presented at Annual Congresses; Continuing Medical Education opportunities</li> <li>• Ability to respond to emerging issues and trends (e.g. Covid-19 guidance)</li> <li>• Productive partnerships with like-minded organisations</li> <li>• Well-recognised society journal (PBC) with high quality editorial team</li> </ul>	<ul style="list-style-type: none"> <li>• Limited financial resources and streams</li> <li>• Highly dependent on volunteer work</li> <li>• Fragmentation of SIOP and duplication of efforts across groups/committees and other societies</li> <li>• Our past Strategic Plan did not come with a measurable, time-bound action plan and resources</li> <li>• Some disconnect with Continental Branches</li> <li>• Insufficient communication and awareness among members about activities, apart from the Congress</li> <li>• Slow year-to-year membership growth</li> <li>• Information only in English language</li> <li>• Difficult-to-navigate website</li> <li>• Insufficient embracing of new technologies for communication, interactions &amp; learning</li> <li>• Lack of easily available educational information and modules</li> <li>• Lack of consistent support and nurturing of the YI and Trainee members</li> <li>• Somewhat limited diversity of professional disciplines in membership (i.e. mostly physicians)</li> </ul>
Opportunities	Threats
<ul style="list-style-type: none"> <li>• Support governments through WHO GCCI</li> <li>• Potential to foster more commitments on childhood cancer as a WHO NSA</li> <li>• Demand amongst the the global community for online education: webinars, virtual meetings and SIOP-certified examinations (paid CME tests)</li> <li>• Increasing focus of governments on cancer control should help SIOP gain traction to highlight inclusion of childhood cancer in national cancer plans</li> <li>• Virtual opportunities for engaging with members are attractive to sponsors</li> <li>• Proliferation of country-specific or region-specific cancer groups offers new opportunities for engagement and influence.</li> <li>• Maximizing collaborations with partner networks, groups and potential Ambassadors</li> <li>• Links to parents, patients, survivors and their communities can be rethought and reinvigorated</li> <li>• More media visibility of paediatric cancer</li> <li>• Harnessing positive aspects of COVID-19 adaptations on childhood cancer care, communication and education to align with climate change agenda</li> <li>• Political focus on vulnerable refugee populations putting the spotlight on children's health</li> </ul>	<ul style="list-style-type: none"> <li>• Number and strength of other organisations, blurring of roles and division of labour</li> <li>• Ability to travel, travel costs &amp; low disposable income in post-Covid-19 world</li> <li>• Competition with other medical meetings</li> <li>• Balancing the paediatric oncology needs in LICs and HICs; insufficient investment in paediatric oncology in LICs</li> <li>• Other NCD health priorities that compete for advocacy and funding</li> <li>• Global focus on Covid-19 potentially diverting political attention and funding opportunities from paediatric cancer</li> <li>• Global economic downturn decreasing available research funding</li> <li>• Limited awareness of the burden of and the specific research and care needs in the paediatric cancer sector among stakeholders not directly involved in the field</li> <li>• Challenge of leveraging international support for childhood cancer care in LICs/LMICs in a manner that creates long-term sustainable capacity building and improved outcomes</li> <li>• Political instability and serious conflict in many LICs/LMICs make long-term sustained progress in childhood cancer care difficult</li> </ul>



This Strategy will be reviewed annually by the Board. An in-depth stocktake of progress with implementation and priorities will be undertaken at the midpoint in 2023, allowing adjustment according to delivery and any changes in SIOP's environment.

## Vision

No child should die of cancer: cure for more, care for all

## Mission

Improve the lives of children and adolescents with cancer through global collaboration, education, training, research and advocacy.

## SIOP in 2025: What Success Will Look Like

For the children and young people with cancer whom we serve, success means that more are diagnosed early and accurately, with better access to appropriate treatment and care so that survival rates and quality of survival both improve. This can only be achieved by expanding the professional workforce capable of delivering this care and supporting their education, training and collaborative research efforts.

### Success for SIOP means that:

SIOP is recognised globally as a strong network of respected multidisciplinary expertise in cancer in children and young people.

SIOP is viewed as a reliable source of timely information on the current state of childhood cancer services and research and an important advocate for standards of care, improvement strategies and resources.

SIOP is widely and strongly valued as an active facilitator of collaborative clinical and translational research among its members, to address unmet clinical needs in both HICs and LMICs.

SIOP in 2025 is a vibrant society of strongly committed members, representing healthcare practitioners in more than 130 countries, with increased multi-disciplinarity and our Board reflects this diversity. Our members will believe

that: a) SIOP membership is valuable to them personally, and b) SIOP delivers on its Mission and Strategic goals.

In collaboration with partners, SIOP members work across a number of spheres including advocacy, research, education and training, and come together for special programs concerning childhood cancer issues in both HICs and LMICs. SIOP supports the meaningful involvement of parents and patients in research.

SIOP plays an increasingly active part in raising public and general healthcare system awareness of the importance of early diagnosis in childhood cancer and that it is curable in all resource settings providing care is well organised and universally accessible.

SIOP empowers its members to conduct local and regional advocacy seeking to achieve the inclusion of childhood cancer in government cancer plans, including by contributing to WHO GICC delivery in several countries.

Having embraced new ways of providing year-round, distance education, SIOP creates more opportunities for continued medical and nursing education, including providing content in languages other than English. Harnessing innovations in technology and member engagement, the Annual Congress continuously increases the level of its scientific content.

SIOP has clear and aligned partnerships, operating under Memoranda of Understanding (MOUs), with several childhood cancer centres or societies who have major outreach or twinning programmes, to help us achieve our goals. There is wide adoption of the SIOP Standards for twinning and partnership programmes with LMICs. SIOP also works in strong partnerships with parents and survivors.

In order to deliver on this strategy, SIOP has increased and diversified its income streams and created a fully staffed SIOP Secretariat, including sufficient project management capabilities. In addition, the SIOP Volunteer Strategy provides clear information, enables members to identify and recruit and support volunteers to specific projects and/or continental regions. Volunteers are now able to come forward and feel appreciated and well supported.

# VISION

No child should die of cancer: cure for more, care for all

# MISSION

Improve the lives of children and adolescents with cancer through global collaboration, education, training, research and advocacy.



## Goal 1

Advocating Globally  
for Children and  
Adolescents with  
Cancer

## Goal 2

Promoting  
Research to  
Improve Outcomes  
for Patients

## Goal 3

Education  
and Training

## Goal 4

Increasing  
Membership and  
Engagement

## Goal 5

Strengthen and  
Expand Strategic  
Partnerships

## STRATEGIC GOALS

These five strategic goals were developed by the SIOP board during a two-day strategic retreat in June 2019. Each goal has been further elaborated into a more detailed list of projects required to make progress in the area. The goals are summarised below and each is underpinned by a more detailed workplan and approach for obtaining the necessary resources to deliver each project.

### Goal 1: Advocating Globally for Children and Adolescents with Cancer

Decision-makers are faced with multiple priorities for resource allocation in health and research, and even a focus on cancer in general may fail to appropriately recognise and address the distinct needs of children and adolescents. It is thus crucial that authorities and stakeholders influencing them are aware of childhood cancer and its specificities, the associated health loss and socio-economic burden, the potential to improve outcomes, and the means to do so. SIOP advocacy will foster the recognition of childhood cancer as an urgent priority, encourage universal healthcare, strive to translate increased awareness into specific initiatives and the inclusion of childhood cancer in health/cancer and research strategies, and emphasise the importance of concertation with childhood cancer professionals and patient, survivor and parents groups across the policy cycle from the local to the international level. To achieve this, SIOP will seek to consolidate its position as an important global stakeholder of reference for all issues pertaining to childhood cancer.

To meet this goal, SIOP will:

- **Develop and share advocacy and technical expertise to improve childhood cancer services**
- **Promote enabling policies and arguments for resource allocation to childhood cancer**
- **Foster international commitments and build SIOP's visibility**



### Goal 2: Promoting Research to Improve Outcomes for Patients

Research drives the progress towards achieving our aims to improve cure rates and decrease short- and long-term toxicities of childhood cancer worldwide. To this end, SIOP aims to support research efforts throughout the society, recognising excellence through awards and prize lectures, catalysing international networking and collaboration and advocating for meaningful involvement of patients and their families in the design and conduct of research projects globally.

To meet this goal, SIOP will:

- **Facilitate childhood cancer research collaborations**
- **Disseminate knowledge of key childhood cancer research findings and recognise research excellence through scholarships, prize lectures and awards**
- **Identify gaps in current research and evidence base regarding childhood cancer incidence, biology and treatment in LMICs, and promote research to address these gaps**



### Goal 3: Providing Education and Training

SIOPI members value the society for its convening power as well as for its ability to create and disseminate information and knowledge that is important to the members' continued learning and professional growth. To that end, the society is committed to producing and disseminating information on 'state of the art' practice, key topics (e.g. early detection) and emerging issues (e.g. Covid-19 and its impact on paediatric cancer) and creating and promoting opportunities for training and education, including online courses.

To meet this goal, SIOPI will:

- **Improve early detection with creation and dissemination of relevant guidance**
- **Share educational and training opportunities**
- **Create online educational material and repositories**

### Goal 4: Increasing Membership and Engagement

SIOPI serves its members in multiple ways: through building a sense of community, convening diverse stakeholders and partners, knowledge management, advocating, facilitating and learning, and by providing members with the resources, linkages and information that they need to conduct their work on paediatric oncology. The membership is a key source of revenue and (volunteer) leadership for the Society. The achievements of the society are the collective achievements of its members.

To meet this goal, SIOPI will:

- **Understand trends in membership over time**
- **Broaden membership to include more members from other disciplines and from every continent**
- **Increase membership in the YI category**
- **Create more opportunities for member engagement in SIOPI's work**
- **Enhance communications, including in languages other than English**

### Goal 5: Strengthen and Expand Strategic Partnerships

SIOPI has international recognition as an expert global network of professionals knowledgeable about the needs of children and adolescents with cancer and the solutions for improving survival rates and quality of care. However, SIOPI has limited resources to deliver its strategic vision. SIOPI therefore needs to strengthen and expand its partnerships with organisations that share SIOPI's vision to add value to mutually aligned or joint projects and to avoid duplication or siloed efforts. SIOPI also needs partners who can either bring resources to joint projects or increase opportunities to obtain these through joint applications to funding bodies.

To meet this goal, SIOPI will:

- **Work in close partnership with WHO**
- **Develop and consolidate strategic partnerships with childhood cancer healthcare providers who have extensive outreach programmes**
- **Strengthen partnership working with parents and survivors**
- **Develop other strategic partnerships (e.g. donors, industry, academia)**



## CROSS-CUTTING THEMES

The five Goals will be supported by several cross-cutting activities, grouped under the following themes:

### Congress Development

To date, the Congress has taken a central role in the work of SIOP, serving as a global convening venue for networking, sharing knowledge and learning on the latest developments in paediatric oncology. The Congress is also an important revenue stream for SIOP. Recognizing the pivotal role that the Congress plays in the life and operations of SIOP and the pressure that the Covid-19 pandemic has imposed on large, in-person gatherings, the Board has decided to establish a Congress Development Committee (CDC). The CDC creation is also driven by the need to innovate and offer SIOP members new means of interactions, networking, learning and knowledge-sharing. Harnessing learning from the 2020 Virtual Congress, the CDC will set out the goals and the overall direction for the development of future Congresses and will work with both the Scientific Committee and the Congress Organizer Company to deliver a strong annual Congress. (Deadline to establish the CDC: November 2020)



### Brand & Communications

**Brand:** The SIOP brand is strong and synonymous with high-quality science and strong member collaboration on paediatric oncology and related fields. It is now a good time to develop a brand strategy that goes beyond the name and logo of the society to spell out how we want SIOP to be known by key audiences and “experienced” through the interactions with SIOP. (Deadline for Brand Strategy: April 2021)

**Communications:** In addition to brand strategy, the Board is committed to developing a communications strategy that harnesses all forms of communications, including social media and other innovative methods and language. This strategy will be designed to a) help the society communicate and engage effectively with and amongst its members, partners, committees, task teams etc., including delineating avenues for two-way communications, and b) help the society achieve the goals and objectives of the Strategic Plan. (Deadline for Communications Strategy: January 2021)

### Governance

At SIOP, we want our governance to be based on international best practice: this means systems and processes that assure the overall direction, integrity, effectiveness, efficiency, supervision, transparency and accountability of the society. To that end, the Board will review our current governance against an established framework to produce a governance “audit” and draft recommendations for improvements. The Board is committed to implementing any changes, including any changes to its committee structure, during the course of this Strategic Plan. (Deadline for the Governance Review and recommendations: October 2020; deadline for producing a plan for implementing of the recommendations: April 2021)

SIOP has six continental regions each with a president elected by its continental membership. Their geographies overlap with other continental societies with whom they have relationships of varying degrees of closeness. Hence,





each SIOP continental branch has a distinct level of infrastructure and autonomy. Their interrelationships with each other and with SIOP as the parent society will be included in the governance review.

### **SIOP Volunteers as the Driving Force and Engines of Excellence**

SIOP is an association of members and exists to serve its members in their endeavours to improve childhood cancer care and outcomes. Most SIOP initiatives depend almost exclusively on members' voluntary contributions of time and effort. Without support, commitment and hands-on participation of its members, SIOP cannot deliver against its ambitious Strategic Plan. The Board recognizes the important role that SIOP members' volunteer work plays in the daily work of the society. As such, the Board is committed to developing a Volunteer Engagement Plan. The Board will appoint a Focal Point on volunteer engagement who will work with the SIOP Secretariat to develop a Volunteer Engagement Plan, which addresses issues such as strategies for generating volunteer interest in SIOP initiatives, training and development, succession, evaluation, recognition etc. (Deadline for a Volunteer Engagement Plan: April 2021)

### **Secretariat Staffing & Organization**

The SIOP Secretariat, which is housed "virtually," is fundamental to the operations of SIOP. To that regard, the Board is committed to ensuring the proper staffing, management, supervision, professional development and retention of the SIOP Secretariat. The type and number of Secretariat roles will match the priorities identified in our Strategic Plan and the many projects SIOP implements each year. Proper staffing of and support to the Secretariat ensures the timely processing of the society's administration, logistical and financial work as well as support to the contracted Congress Organizer. (Deadline: April 2021)

### **Finances**

The Board is fully committed to ensuring the financial health and stability of the society. Furthermore, this Strategic Plan will only be achieved if it is backed up by sufficient financial resources. In this regard, the Board will establish a Finance Committee by October 2020, chaired by the Treasurer. The Finance Committee will be tasked with developing a) a reserves policy (Deadline: March 2021); b) an income generation plan (Deadline: May 2021); c) a financial strategy for the 2021-2025 period (Deadline: July 2021); and d) evaluate the financial aspects of proposed projects (Deadline: January 2021 and ongoing).



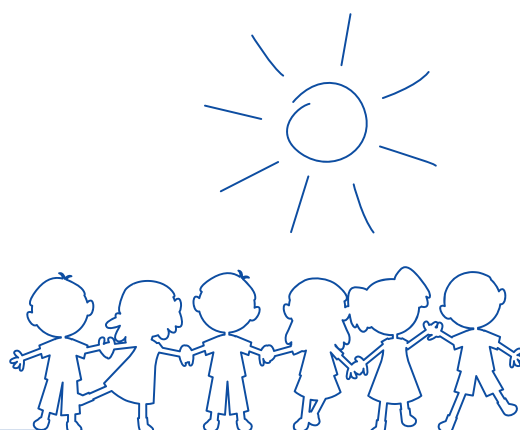
Continental branch	Overlapping society(s)	Relationship & infrastructure	Legal status
SIOPE Europe	Comprises all National Paediatric Haematology-Oncology Societies (NAPHOS) in Europe	<p>Close alignment. SIOPE members are enrolled through their NAPHOS, hence not all SIOPE members are SIOPE members. SIOPE has developed a European Cancer Plan for children and young people and has a well-developed office that supports advocacy, research collaborations and grants awarded at a European level, and parent/patient involvement. They convene the European Clinical Trials Committee that consists of the chairs of each of the European tumour-specific clinical trial groups.</p> <p>SIOPE has a MOU with CCI Europe and Pancare in order to strengthen the efforts and the needs of all 3 societies by one voice represented by SIOPE on various levels (EU Parliament, Commission and other).</p> <p>SIOPE Europe is one of the 2 founding members (SIOPE &amp; ITCC) of the ACCELERATE platform.</p> <p>Joint SIOPE-SIOPE policy officer role in place 2020-22.</p>	Independent legal entity in EU
SIOPE Africa	GFAOP (Franco-phone countries) AORTIC (Cancer all ages in Africa) POEM Group (Eastern and Mediterranean region)	<p>SIOPE Africa is chaired by a Board of nine members. A Secretary-General is nominated from within the Board and voted by Board members. Other members of the Board are elected as representative of North Africa, Southern Africa, West Africa, East Africa, Francophone Africa, Nursing and parent organizations. These members will be considered representatives of their regions. The SIOPE Africa Secretary is contacting actively by email all people that appear in the SIOPE Africa database as an active member in pediatric oncology in Africa and invite them to formalize their SIOPE Africa membership. As a SIOPE Africa member, you can enjoy the following benefits: 1. To be a member of a continental pediatric oncology network 2. Access to information and opportunities in the field (publications, training opportunities, meetings, scholarships.) 3. Sharing experience with African and international pediatric oncologists 4. Reduced registration fees at continental SIOPE meetings in Africa.</p> <p>SIOPE Africa members commit to being an active member: 1. Participate, whenever possible, in SIOPE Africa activities (ABM, continental meetings etc.) 2. Keep SIOPE Africa informed of activities related to pediatric oncology taking place in their country 3. Advocate for pediatric oncology nationally, continentally and internationally 4. Exchange useful information with members of the African Pediatric Oncology community. SIOPE Africa is endorsing the global mapping project and has been the first SIOPE continental branch to map the PO activity and facilities. SIOPE Africa is supporting two other collaborative projects:</p> <ol style="list-style-type: none"> <li>1. The WT group/ SUCCOUR project</li> <li>2. The African Nurses Group project in partnership with WCC</li> </ol> <p>SIOPE Africa Board members participated in the 2019 African union in Niger. They advocated for access to care and created a manifesto to support this initiative. The document has been translated to English and French <a href="https://siop-online.org/sp_cb/africa/">https://siop-online.org/sp_cb/africa/</a> SIOPE Africa participates in the current LANCET commission for the SSASIOPE Africa Email address: <a href="mailto:africa@siop-online.org">africa@siop-online.org</a>. SIOPE provides financial support for an administrator to the President as part of the Global Mapping Initiative.</p>	None

Continental branch	Overlapping society(s)	Relationship & infrastructure	Legal status
SIOPI Asia	Interacts with Regional groups eg POEM, EURADO, MASPORE & NAPHOS for annual conferences and mailings but no formal relationship yet.	Asian Continental branch of SIOPI, evolved since 1992 through interactions and participation in main SIOPI meetings. The Board consists of the President, President-Elect/Past-President; plan to expand to add regional representatives. Official voting members are only those who are also current SIOPI members. Broader membership for mailing includes a cumulative database of previous years' members or conference attendees. There is no separate membership fee and SIOPI Asia has no financial or legal standing or liabilities. Receives an annual conference grant from SIOPI. Holds annual SIOPI Asia conference and provides a platform for local, regional and continental interactions. Publishes regular newsletters, has an informal relationship with CCI-Asia which holds their meeting jointly. Many SIOPI Asia members have actively contributed to SIOPI-PODC since 1993 as PODC consultants, through projects and as Working Group participants & leaders. An associated but autonomous arm, APHOG, is being developed for conduct of clinical trials across Asia. SIOPI Asia is a supportive partner for WHO-GICC in Asia & will soon embark upon SIOPI's Global Mapping Project.	None
SIOPI North America	ASPHO COG ASCO AACR	Developing specific mission and goals. No direct financial or administrative support from SIOPI.	None
SIOPI Latin America	SLAOP	SLAOP is now defined as the Latin American continental branch of SIOPI, but SLAOP retains its legal status as an organization and its identity as a professional society. The past president of SLAOP will serve as the SIOPI Continental President. SLAOP members will be considered pre-qualified for SIOPI membership, such that they need only register in the SIOPI web page and pay their membership fee to become members of SIOPI (without the need for review by the SIOPI Secretary General, since they are pre-qualified by their peers in SLAOP). SIOPI members who wish to join SLAOP will also be considered pre-qualified and need only register and pay membership fees (but do not need recommendations from peers or other paperwork to join SLAOP, since they will have been pre-qualified by SIOPI. There will be no need for a second qualification (request for membership, signature/recommendation) of other Society members.	None
SIOPI Oceania	ANZCHOG	Uses Secretariat of ANZCHOG who support Outreach activities. No financial support from SIOPI.	None

## ANNEX 2: GLOSSARY

AACR	American Association of Cancer Research
ANZCHOG	Australian and New Zealand Children's Haematology/Oncology Group
AORTIC	African Organisation for Research and Training in Cancer
ASCO	American Society of Clinical Oncology
ASPHO	American Society of Pediatric Haematology/Oncology
CCI	Childhood Cancer International
CDC	Congress Development Committee
COG	Children's Oncology Group
ESMO	European Society of Medical Oncology
EURADO	European Radiation Dosimetry Group
GFAOP	Groupe Franco-Africain d'Oncologie Pédiatrique
GICC	Global Initiative for Childhood Cancer
HIC	High-Income Country
IPSO	International Society of Paediatric Surgical Oncology
LIC	Low-Income Country
LMIC	Low- and Middle-Income Countries
MASPORE	Malaysia-Singapore Study Group
MOU	Memorandum of Understanding
NAPHOS	National Paediatric Haematology-Oncology Society
NCD	Non-Communicable Diseases
NSA	Non-State Actor
PODC	Paediatric Oncology in Developing Countries Group
POEM	Pediatric Oncology East and Mediterranean Group
PROS	Paediatric Radiation Oncology Society
SIOP	International Society of Paediatric Oncology
SLAOP	Sociedad Latinoamericana de Oncología Pediátrica
UHC	Universal Health Coverage
UICC	Union for International Cancer Control
WCC	World Child Cancer
WHO	World Health Organization
YI	Young Investigator
YI-Net	Young Investigator Network





## SIOP MEMBERSHIP

We have achieved many milestones and records in the past year and all of this would not be possible without our committed and loyal members. We encourage you to renew your membership. Members are the backbone of the society.

- Renew now:

<https://siop-online.org/renew-your-membership/>

- Review the membership categories:

<https://siop-online.org/become-a-member/>

- if you have any questions, please contact our Membership Coordinator at

[membership@siop-online.org](mailto:membership@siop-online.org).

## SIOP KNOWLEDGE CENTRE

The SIOP Knowledge Centre is designed for professionals committed to continuing their education and improving patient outcomes. Members need to create a login and password to access it (<https://casehippo.com/spa/courses/catalog/siop/home>).

You will find many e-learning opportunities of interest in the Knowledge Centre, including the following:

- Background of Difficult-to-treat Cancers in Children, by Scott Howard and Peter Adamson
- Genetic Testing Information: TRK Fusion Cancers, by Barbara Jones, David Jones and Scott Howard
- Management of Toxicities of High-dose Methotrexate, by Deepak Bansal, Scott Howard and Stephen Hunger
- The Consequences of COVID19 On Paediatric Oncology Care, by Kathy Pritchard-Jones



Established in 1969, the International Society for Paediatric Oncology (SIOp) is the only global multidisciplinary society entirely devoted to paediatric and adolescent cancers. With a steadily growing membership, SIOp currently unites over 2,600 healthcare professionals and researchers working with paediatric patients worldwide. The community shares a strong common purpose: to increase survival rates, to improve quality of survival and to ensure care for all.

**For more information:**

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