SIOP ASIA : Challenges and Priorities

The Asian continent is a conglomerate of more than 50 countries and about 4 billion people. Amazing numbers! 60% of these are children: a staggering number of children to deal with. A marked heterogeneity in economic capabilities and health infrastructure, characterizes the countries of this continent. The per capita GNP of the richest nation in the continent is over USD 30,000 per annum, while the poorest nation has a meager USD 200 per annum. To put together all of those in one basket and achieve common cause is daunting. Nevertheless, SIOP Asia as the continental branch of SIOP continues to strive for betterment of children with cancer in this part of the world over the past decade. This article highlights the challenges and priorities for the coming decade. An earnest appeal goes to all members of SIOP Asia and even those who are not members but working for children with cancer in Asia, to strengthen the activities of SIOP Asia by participating in the various initiatives.

Challenges : Membership

We are currently having membership strength of SIOP Asia with 136 members spread over 20 countries of the Asian continent. Given the vastness of this continent the number of members on SIOP roll are extremely meager (12% of SIOP membership). A great deal of effort will be required in the coming years to encourage colleagues from Asian countries who are already working in pediatric oncology to become full members of SIOP Asia. Financial and communication hurdles need to be overcome to achieve this goal. The executive board of SIOP has already approved subsidised membership fees to the members of developing countries of Asia. The subsidised fees for SIOP membership are USD 60 per annum, which includes subscription to twelve issues of Medical and Pediatric Oncology Journal. This offer from the SIOP Board has tremendously helped members from the developing countries in Asia. We hope that this subsidy continues in the coming years too. Besides this, an effort is required from all of us existing members to enroll at least one colleague in the coming year as a members of SIOP from our own institution / country. Within one year we would be able to double the SIOP Asia strength!

Another issue concerning SIOP Asia membership is the ambiguity about status of some countries vis a vis Asia, e.g. Turkey, Russia and other countries belonging to the erstwhile Soviet Union. Though geographically these fall into the Asian continent, colleagues from these areas do not identify with the Asian continent or participate in the SIOP Asia programmes and activities. This is a trivial matter, but the SIOP board should provide directions in this matter.
This brings me to raise another important fact that remains a concern with SIOP-Asia membership. Let me focus on the last two SIOP meetings held at Brisbane (2001) and Amsterdam (2000). I have noticed that at both these meetings, more than 150 delegates from Asian countries have participated and presented papers. But SIOP Asia Annual General Assembly on both occasions held during the conference at the same venue, was not attended by more than 25 of these delegates: less than 20% of those attending the conference of SIOP. This I feel reflects a lack of enthusiasm and commitment towards the cause of SIOP Asia. We as members of SIOP Asia have a chance to meet only once in a year at the SIOP Asia Annual General Assembly. Why not make it a necessity for us to take part in our annual assembly? I am sure we can look forward to better-attended SIOP Annual General assembly in the coming year. Let us all make a commitment and make this happen.

SIOP Asia Conference

We also have another occasion to meet at the SIOP Asia conference. This was started last year at Singapore (2000) with the efforts of Prof. Y. Tushida, Prof. V. Joseph and Prof. V. Rajalingam. This first meeting was attended by 160 delegates from 30 countries of Asia. This was a massive effort to promote pediatric oncology in the region. The next meeting of SIOP Asia will be held at New Delhi from 22-24 November 2002. Dr. M. R. Lokeshwar Chairman and Prof. L. S. Arya – Organizing Secretary are making tremendous efforts to make this 2nd meeting of SIOP Asia very successful. The scientific programme and faculty will be finalised in the coming months. Suggestions from SIOP Asia members for inclusion of topics which they would like to discuss at this meeting are invited. This is a meeting of SIOP Asia members, by SIOP Asia, and for SIOP Asia. Let us all contribute towards its success. The details of registration charges and contacts of the organizers are annexed (Annexure 1).

SIOP Asia Newsletter

The lifeline of any organization is good communication. This we felt could be achieved by publication of short newsletter for SIOP Asia members. The newsletter can provide a forum for all communications regarding forthcoming events and meetings in Asia, important announcements from central office, brief reports from the membership, articles published by Asians in pediatric oncology, case reports, PG section and quiz etc. This issue was discussed thoroughly at the general body meeting held at the Brisbane. Dr. M. R. Lokeshwar from Mumbai (email: mrl@netkracker.com) was nominated as the Editor of SIOP Asia Newsletter. He plans to publish two issues in the year 2002: January and June. Articles, reports, announcements and other information from members are invited for inclusion in the first publication (deadline 15th January 2002). We need your utmost support to promote the success of this initiative. Let this be your mouthpiece and communication link with SIOP Asia.
SIOP Asia Network

A strong organizational structure with regional representations is the foundation of a successful association. The New Constitution of SIOP Asia, was approved by the members at the annual general body meeting recently. Accordingly, the following were elected: Dr Bharat Agarwal - President, Dr Rashmi Dalvi – Hon. Secretary, Board Members – Dr Anupam Sachdeva, India, Dr Fumio Bessho, Japan, Dr Jinhua Zhang, China, Dr Seo JJ, Korea, Dr Sutaryo, Indonesia, Dr Shamvil Asraf, Pakistan (proposed in proxy, to confirm), Dr Mannan, Bangla Desh. In addition, it was proposed to have a special special liaison member for Pediatric Oncology in SAARC region (South Asia): Dr. Purna Kurkure from Mumbai was nominated for this position as a SAARC coordinator. We wish to develop a network or federation of national organizations or national groups of pediatric oncology which are active in their respective countries e.g. The Pediatric Hematology-Oncology Chapter of Indian Academy of Pediatrics, Chinese Children’s Cancer Group, MECCA (Middle East Children Cancer Association) etc. We would appreciate to receive all information about national organizations of similar kind from your country with the contact details of the representative – President or Secretary. This we hope in the future will facilitate networking and communication between organizations and individuals in Asia, which is important for meaningful interactions, collaborative efforts and transfer of knowledge.

An important aspect, which is very much neglected in many countries of our continent is the establishment and encouragement for parent associations and groups. We would like to promote this at a much bigger scale in each and every country. Collaboration with the international childhood cancer parents’ organization will help us to achieve this. In fact, the SIOP Asia Conference at New Delhi has devoted one and half days to a programme for parents in close co-operation with ICCCPO. Hence, we ask you to recommend active parent groups from your country to participate in the 2nd SIOP Asia Conference at New Delhi. Networking of pediatric oncologists with the parent groups, the so called “therapeutic alliance”, is probably the most effective method of immediately improving pediatric oncology care in most of the developing countries in Asia. The SIOP Asia Board has set this as a priority issue.

Finally, I earnestly appeal to all SIOP Asia members to come forward and strengthen the activities and programmes of SIOP Asia, and contribute to the common goal of achieving cure for all children with the cancer in our part of the world.

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