

SIOP-ASIA NEWS



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From the Editor

Except the few developed countries in Asia, on the whole most of the countries in Asia are relatively deficient in resources for care of cancer children. The major obstacle is the insufficient funding from the government and the lack of an affordable insurance coverage system. In the 1980s, the four little dragons (Korea, Taiwan, Hong Kong, Singapore) had rapid economic development and there was great improvement in the medical care provided for the citizens, including care for cancer children. For the recent one decade, there is also good economic development in many countries in Asia such as China, India and Indonesia. However these countries are facing the challenge of huge population, and the universal health insurance coverage by the government has not yet achieved. In this issue of Newsletter, we report on a survey conducted among the members of the SIOP Asia on the health care system related to children cancer. Hoping that through sharing of experience among different countries, this may provide some valuable information for colleagues planning the work in their countries. Survey is just one form of experience sharing, and I would encourage colleagues to send in articles describing the development of pediatric oncology in their countries. The Newsletter will be a platform for sharing experience and bring up bright ideas helping our colleagues and cancer children in the continent.

In this issue, we have a message from the President of SIOP, Prof. Tim Eden. Prof. Eden is very enthusiastic to help the developing countries to improve the health care system for cancer children. A forum on Twinning between developed and developing countries will be held in the coming SIOP meeting in Vancouver, I would encourage members to attend this forum. We can certainly learn new advances and technology in the SIOP annual meeting, but we should also learn how to serve the underprivileged children better.

We would also like to have our warmest congratulation to Dr. Bharat Agarwal, the immediate past president of our SIOP-Asia. Dr. Agarwal has been newly elected as the Secretary General of SIOP and is the first Asia member elected into the council of SIOP Board. The views of Asian countries can be better reflected in the Board.

Lastly, I would strongly encourage members to submit articles, national meeting reports, or photos on your countries. Pictures of activities from long term survivors are most welcome.

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From the President of Asian SIOP

Prof. Yao-ping Wang, June 2005

President of SIOP Asia

Dear members, doctors, nurses and other friends:?

SIOP-Asia 2006 conference will be held on April 6-8, 2006 in Shanghai, China. This will be the first time for SIOP and SIOP-Asia to hold SIOP meeting in China. Since the open-door policy has been practiced, there are great changes over the past 10 years in China. No matter where you go, you can see lots of construction work ongoing and many foreign friends described China as a 'huge construction site'. Skyscrapers, 5-star hotels, shopping centers, international banks etc can be found in many big and medium cities. At night when you make sightseeing along the Huangpu River, you will see how beautiful Shanghai is! As the Shanghai government has paid much attention to improve the health care of children, most children in the city can now be covered by medical insurance system for severe illness such as leukemia, aplastic anemia, congenital heart diseases, renal failure and severe infection. There are now three children's hospitals in Shanghai and they are equipped with advanced devices for diagnosis and treatment of childhood cancers.

In the coming SIOP-Asia conference in Shanghai, we will have good opportunities to exchange views and experience on combating childhood cancers with doctors, nurses from all over the world. We can learn from each others! In addition, China is famous for her long history and there are lots of splendid sightseeing spots for you to visit. At the same time, you can enjoy life during your stay in Shanghai. In this meeting, we not only invite some top experts from western countries to make presentation on recent advance in diagnosis and treatment of childhood cancers, we will also provide platform for doctors and nurses from our region to exchange their views and experience. Of course, we also understand that the economic development of Asian countries varies a lot. Though we haven't got enough funding for our meeting, we will still try our best to help some young doctors from underdeveloped countries and provide a limited number of scholarship. We will seek financial support for free accommodation so they can get chance to join our meeting! Dear members and friends, please mark your calendar and join this meeting. We are full of confidence with you great support, this meeting will be valuable for every individual participant and give you good memory! We are looking forward to seeing you in Shanghai in next April!



The Shanghai Museum with the background of modern buildings at the back.



Other than the modern buildings, there are also many historical places for visitors in Shanghai.

Greetings from the SIOP President

Prof. Tim Eden, May 2005

SIOP President

Plans are almost complete now for the Annual Meeting to be held in Vancouver (21st-24th September 2005) - we hope it will give all who can attend the chance to hear about the best of basic and translational science, clinical trials and supportive care, nursing and parental issues and above all how we can join together worldwide in the battle against childhood cancer.

Of course not everyone can afford to attend a meeting far away from here, even if we try desperately to keep costs to a minimum. That is why the SIOP Board and Council of Continental Presidents have introduced the scheme to rotate the meetings around the different continents. We are already working with Bharat Agarwal and his committee for SIOP 2007 (November) to be held in Mumbai India, a little closer to at least some of you.

But your Asian Continent is vast geographically and contains within its borders well over one quarter of the world's population with a huge diversity from country to country regarding poverty, resources and indeed challenges. That is why on the SIOP Board we are so proud of you for the efforts you are making to organize regular and excellent regional meetings, setting up links country to country to assist in training/sharing of expertise and planning for the better care of children throughout the region. SIOP Asia has been a success story despite the immense challenges facing you all, but we can do

more.

SIOP, until now, had depended for its income solely on membership fees and profit from the Annual Meeting. This means that we are not a very rich organisation - we have not nearly enough money to do all we want to. In particular we would like to do so much more to assist developing countries to establish pediatric cancer units, produce locally affordable protocols, provide good patient and parental support and to train and retain doctors and nurses with special expertise. We have produced an open letter about drug availability/costs and are following up with a campaign to convince the World Health Organisation of our case ⁽¹⁾. A preliminary paper on essential drugs has been published in our Journal, *Pediatric Blood and Cancer* ⁽²⁾. I need to hear from you with any thoughts as to how we can progress from here (tim.eden@manchester.ac.uk). We are working with the International Union for Cancer Control (UICC) as part of their Global War on Cancer and have a rolling programme to allocate some pump priming monies to help countries who are really needy to start to develop local awareness of cancer in children and to promote their cause.

I know that plans for the SIOP Asia meeting in Shanghai 2006 are well advanced - the Board and Scientific Committee will be well represented by Anjo Veerman,

Dan Green and Pat Thomas. I am sure you will also be delighted to know that recently Bharat Agarwal previous SIOP President has been elected to the post of SIOP Secretary General. With his help the Board will try to focus on your needs. We are currently looking at what is and should be SIOP's vision for the next decade, to set some goals and push hard to achieve them.

SIOP is only able to achieve what its members want it to do. So we need to hear from you with feedback on meetings - what you want from them; on what is your vision of SIOP's role and what you want us all to achieve and what goals you think we should set for achievement. I hope that the members of SIOP Asia will respond and let me know your thoughts - I look forward to your emails.

Good luck to all of you in providing the best care you can for children in your hospital, town and country. Together I hope we can do even more.

(1) *PUI C.H, SCRAPPE M, MASERA G, NACHMAN J, GADNER H, EDEN O.B, EVANS W.E, GAYNON P, Ponti di Legno working group: Statement on the Right of Children with Leukaemia to have full access to Essential Treatment, A report on the Sixth International Childhood Acute Lymphoblastic Leukaemia Workshop, Leukaemia 2004 18, 1043 - 1053.*

(2) *Barr RD, Sala A, Masera G, Mato G, Antillon F, Castillo Luis, Petrilli S, Quintana J, Ribeiro R, Agarwal B. A formulary for Pediatric Oncology in developing Countries. Pediatric Blood and Cancer 2005; 44: 433 - 435.*

	Country (Centre/Country)	HKPHOSG, Hong Kong China
1.	Availability of Children Cancer Unit	Yes (5 CCU)
2.	Availability of full-time: - paediatric oncologist - paediatric surgeon - radiation oncologist - oncology nurse	Yes Yes Yes Yes
3.	No. of new oncology patients diagnosed per year Percentage of newly diagnosed patients received proper treatment	150 100%
4.	Medical Expense: (a) National health insurance or equivalent (b) Self medical insurance (c) Self pay (d) No treatment provided	100% No No No
5.	Cost of treatment (USDS): (a) Acute lymphoblastic leukaemia standard risk (whole course) (b) Allogeneic BMT (siblings) (c) Wilms Tumour (Stage 1-3)	- 100,000 -
6.	Availability of Parents' organization or other support group	Yes (Little Life Warrior's Society, Camp Quality)
7.	Availability of Fund Raising Organization to help children cancer	Yes (Children's Cancer Foundation)

Acknowledgement:

Thanks to the following doctors to provide information

Dr Li Chi-Kong (HKPOHSG, Hong Kong, China)
 Dr Fang Jianpei (2nd Affiliated Hospital of Sun Yat Sen University, Guangzhou, China)
 Dr Tang Jingyan (Shanghai Children's Medical Center, Shanghai, China)
 Dr Mardawig Alebouyeh (Tehran, Iran)
 Dr Isaac Yaniv MD (Schneider Children's Medical Center of Israel, Petach Tikva, Israel)
 Dr Lin Hai Peng (Kuala Lumpur, Malaysia)
 Dr Hideo Mugishima (Nihon University Medical School, Tokyo, Japan)
 Dr Makimbetov Emil (Hematology Centre, Byshkek, Kyrgyzstan)

Survey of pediatric oncology service in Asia

2nd Affiliated Hospital of Sun Yat Sen University, Guangzhou China	Shanghai Children's Medical Center, Shanghai China	Tehran Iran	Schneider Children's Medical Center of Israel, Petach Tikva Israel	Nihon University School of Medicine, Tokyo Japan	Hematology Center, Byshekk Kyrgyzstan	Kuala Lumpur Malaysia
Yes	Yes	Yes (7 PHO Depts)	Yes	No	Yes	Yes
Yes Yes Yes Yes	Yes Yes Yes Yes	Yes Yes Yes Yes	Yes Yes Yes Yes	Yes Yes No No	Yes Yes Yes Yes	Yes Yes Yes -
40-50 30-35%	200 85%	- -	130 100%	30 90%	90 50%	- -
10-20% <10% 60-70% 15-20%	30% 5% 50% 15%	100% - - -	100% No No No	100% No No No	10% 0% 90% Yes	No - Yes
6,250 ~ 8,750 18750 ~ 22,500 2,500~3,750	20,000 30,000 2,500	- - -	- 65,000 -	53,000 30,000 14,000	10,000 No 3,000~4,000	- - -
No	No	Yes (MAHAK)	Yes (HAYIM)	Yes (Ganno Kodomowo Mamorukai)	No	No
No	No	Yes (MAHAK)	Yes (HAYIM)	-	Yes (Charitable Foundation from Germany)	Yes (Childhood cancer/ Leukaemia)

Pediatric Oncology Development in South China

Dr. Chi Kong LI,

Advisor of Guangzhou Childhood Leukemia Study Group and
The Guangdong Province Pediatric Oncology Society.

China is a huge country of 1.3 billion populations. Some provinces and cities are rapidly developing with skyscrapers spreading over the cities. Traffic jam is commonly seen as result of marked increase in number of cars. With the improvement in hardware, the software on health care system lags behind in most parts of the countries. Hong Kong is at the southern tip of China and has close historical link with South China especially Guangdong province. Majority of Hong Kong people are of Guangdong origin or immigrants from Guangdong Province in the past few decades, we share the same culture and speak in the same language. For the past 10 years through the close collaboration with colleagues in Guangdong Province, I have got better understanding on the development of pediatric oncology in this region.

Guangdong Province has the population of 70 million and childhood population of 15 million. This geographical size and population is comparable to a medium sized western country. Guangzhou is the capital of the province with 6 million populations. However with the rapid influx of immigrant workers to Guangdong province, the number of inhabitants in Guangzhou city is estimated to be 10 million, and the population in the Pearl River Delta is over 20-30 millions. Guangzhou city is the most developed city in the province and is also the leader of the medical system. There are five universities with medical schools. In each university, there are several affiliated general hospitals. In addition, there are many government-funded

general hospitals including one children hospital, either by the city or by the province. There are now over 10 hospitals providing pediatric service and mostly are in general hospitals. Pediatric oncology is managed by two streams of medical personnel. The hematologists of pediatric departments take care of hematological malignancies, leukemia and lymphoma, and also some cases of advanced neuroblastoma. This is mainly due to the chemotherapy based treatment required for the above diseases. Whereas pediatric solid tumors such as Wilms tumor, rhabdomyosarcoma ..etc are managed by pediatric surgeons. The surgeons also provide chemotherapy treatment to these patients and the intensity of chemotherapy is general less than the usual recommended dosage. There is only one cancer hospital that has a comprehensive oncology service for pediatric solid tumors,



The Guangzhou Childhood Leukemia Study Group is holding the 6 monthly group meeting to discuss the progress of the leukemia study.

where solid tumor cases are referred to pediatric oncologists for post-operative chemotherapy. Brain tumors are also less commonly provided with chemotherapy after surgery and radiotherapy. Radiotherapy is provided by at least 6 hospitals but is mainly tailored for adult cancers.

One of the major problems of evaluating the efficacy of treatment for pediatric cancer is the distribution of cases among many hospitals, and the case number in each hospital is relatively small. More important is the diversity of treatment protocols for the oncological diseases among the various hospitals. There was a National acute lymphoblastic leukemia protocol drawn up in the national pediatric hematology conference. However the participation in the study is voluntary and not too many hospitals joined in. The follow-up of patients were also unsatisfactory as the default rate is rather high. Some patients cannot receive treatment or complete the scheduled treatment due to financial reason. Some patients may also change from one hospital to another during certain phase of treatment.

Since 1997, doctors and nurses from five hospitals in Guangzhou had come to Hong Kong for training in pediatric oncology. Many hospitals started to adopt similar treatment protocols as the Hong Kong group. As more hospitals are using the same protocols, it develops common ground for doctors in various hospitals to work together. In 2002, the Guangzhou Childhood Leukemia Study Group was formed with six hospitals participated. With the support from a charity organization in Hong Kong, 'Camp Quality', a data manager was employed for collection of patients data at diagnosis and follow-up. This is the first multi-centre study for childhood cancer in Guangdong province, and probably the first in China as well. All the cases diagnosed in these hospitals were



The Inaugural meeting of the Guangdong Province Pediatric Oncology Society was held in January 2005.

included in the registry, and patients agreed for treatment according to the common protocol were recruited in the GZ2002 ALL study. So far 275 cases were registered, and 144 patients are now monitored for the response and outcome. There is one more hospital joining the Study Group in the recent two years. The Study Group is now holding 6 monthly group meeting to discuss the progress of the joint studies.

With the success in running multi-center study among the hospitals, the studied disease then extended from acute lymphoblastic leukemia to acute myeloid leukemia and lymphoma. The doctors joining the Study Group felt that there was a need to establish a provincial pediatric oncology group with multidisciplinary approach. Other parties involved in the care of childhood cancer should be involved in this group, including surgeons, radiation oncologist and pathologists. In the end of 2004, the Guangdong Province Pediatric Oncology Society was formally established. The objective is to develop a multi-disciplinary group to improve the cancer service for children for the whole province. At the initial phase, regular education symposium will be held to improve the standard of care. It is targeted to have multi-center study to cover most of

childhood cancers based on the model of ALL. However there are certainly many hurdles to overcome to achieve the target. Financial funding for treatment of childhood cancer is the most difficult issue. At the moment, the families have to pay for the high cost of medical treatment. Though the rapid economic development in Guangdong province allows more and more families to be able to afford the expensive treatment, there are still many families especially in the rural areas and less developed towns cannot afford the high treatment cost. The establishment of insurance system for severe illnesses including cancer for children, as set up in Shanghai city, is urgently needed. The Society has submitted a proposal to the Provincial People's Assembly asking for inclusion of the insurance issue in this year's agenda for discussion and possibly legislation. Unfortunately the response appears unfavorable as the issue is not on the top priority of the government. At the same time, protocols of lesser intensity and less costly should be developed for families who may only afford for less expensive treatment. The closer collaboration of pediatricians and surgeons is required so as to work out a system for division of labor according to their expertise.

The training of doctors and nurses in less developed areas is necessary to allow share care model between the more developed hospitals in Guangzhou and those outside Guangzhou. It will be a long way to develop into a system as other western countries, however the enthusiasm of the dedicated teams of doctors and nurses will make this to happen.



The Dr. Sun Yat-Sen Memorial Hall in Guangzhou: Dr. Sun is highly respectable in China and was named the founder of modern China. Dr. Sun Studied Medicine in Hong Kong Medical College in 19th century. He had practiced medicine in Guangzhou after graduation. However he devoted to revolution to overthrow the Emperor of Qing Dynasty and build the republic. He was later made the President of Republic of China. This has demonstrated the close link between Hong Kong and Guangzhou from historical view point.

Office bearers of the Guangdong Province Pediatric Oncology Society:

- President: Prof. Shao-Ling Huang, Sun Yat-Sen University 2nd Affiliated Hospital
- Vice-President: Prof. Xiao-fei Sun, Sun Yat-Sen University Tumor Hospital
 Prof. Tang-bin Liu, Sun Yat-Sen University 1st Affiliated Hospital
 Prof. Chun-fu Li, Nang Fang Medical University
- Secretary General: Prof. Jian-pei Fang, Sun Yat-Sen University 2nd Affiliated Hospital
 Prof. Xue-qun Lo, Sun Yat-Sen University 1st Affiliated Hospital
- Council members: Dr. Li-min To, Guangdong Provincial People Hospital
 Dr. Li-ling Dong, Guangzhou Children's Hospital
 Dr. Chang-gung Li, Shenzhen Children's Hospital
 Dr. Fu-hong Chen, Guangzhou Medical College 1st Teaching Hospital

Paediatric Oncology Services in Malaysia

Dr. LIN Hai Peng

Pediatric Oncologist in Malaysia

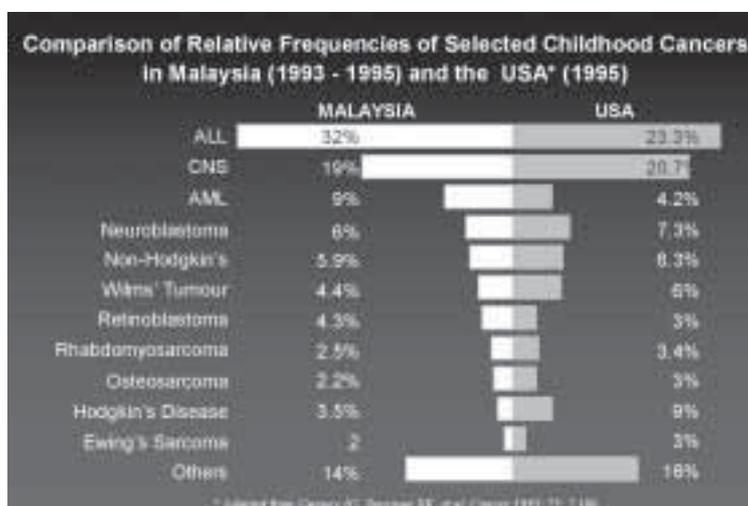
Centres of Treatment:

Paediatric oncology services in Malaysia began in the early seventies and up to now, they remain concentrated in Kuala Lumpur (KL), the capital. The vast majority of children with cancer are referred to the three main centres in KL - the University of Malaya Medical Centre (UMMC), Hospital Kuala Lumpur (Ministry of Health) and Hospital Universiti Kebangsaan Malaysia (HUKM) [the National University Hospital, Malaysia]. A minority undergoes treatment in three smaller provincial hospitals, including one in Sarawak. There is no paediatric oncology center in Sabah. The 3 main centers in KL have an important role to play in confirming the diagnosis of cancer, start the initial treatment, plan the long-term management and then refer the child back to the provincial hospital for continuation of treatment. This arrangement requires close cooperation and communication between the paediatric oncology center, the provincial hospital, the patient and the family. Many find this arrangement too difficult and taxing on the family and subsequently drop out. The stress to the family of having a child undergo treatment away from home is very great indeed and is not helped by a lack of 'half-way houses' between the home and the hospital. The difficulties in providing such houses are compounded by the problems of catering to families of very diverse religious and cultural backgrounds in multi-ethnic Malaysia.

Facilities and Manpower:

Modern treatment facilities that are available in the country include: MRI and CT scans, radiotherapy, paediatric surgery, pathology and other laboratory support services. The first bone marrow transplant (BMT) in the country was done in a child in 1987 and now haemopoietic stem cell transplants are done in six hospitals in the country.

There are a total of only 15 paediatric oncologists in the country, too few a number for a population of 23 million of whom 36% are below the age of 15 years. The patient load is large. In the Childhood Cancer Incidence Study, 1993-1995, there were 1633 new cases of cancer registered in the whole country among children <15 years of age. The relative frequencies of the various types of cancer are broadly similar to that seen in developed countries with some minor differences (see Table enclosed).



Collaboration:

The chemotherapy protocols used in treatment are mostly individualized by hospitals. However, through the auspices of the Malaysian Society of Paediatric Oncology (MASPO), common national protocols are followed with respect to Wilms Tumour, Malignant Germ Cell Tumour and Retinoblastoma. In addition, there is collaboration between the UMMC, the Subang Jaya Medical Centre and the National University of Singapore on the use of a common protocol for the treatment of childhood acute lymphoblastic leukaemia (ALL) since 2003.

Cost of Treatment:

In Malaysia, most patients and their families cannot afford the high cost of cancer treatment especially that of cytotoxic drugs and antibiotics. There is no National Medical Insurance Scheme in the country. In Government and university hospitals, most of the cost of cancer treatment including BMT are borne by the Government with the patient paying only a nominal sum. When it is essential for a patient to obtain an expensive drug that is not available on the Government hospital formulary, the patient would need to go through a laborious process of applying for special permission from the Government to get it. Alternatively, application may be made to a Childhood Cancer/ Leukaemia Fund managed by a private non-Government Organisation (NGO). However, private childhood cancer care including BMT is available in one private hospital in KL.

Conclusion:

It can therefore be said that, in Malaysia, childhood cancer care including BMT is available at a very low cost to even the poor. No patient is denied the opportunity for cure because of cost. Unfortunately, although childhood cancer is now mostly curable, many are still not cured. There remain many obstacles to cure - cultural, religious, financial and ignorance. Many do not avail themselves to the opportunities for cure.



SIOP Asia : SAARC Initiative - A review of Activities

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Twenty years ago, the South Asian elite decided to reinvent the region by establishing the South Asian Association for Regional Co-operation (SAARC). It was formally launched at the first regional summit held in Dhaka in Dec 1985. The heads of state of Government of Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan and Sri Lanka set their hands and seals on the charter of the SAARC on 8th Dec 1985 and described the association as "Tangible manifestation of their determination to co-operate regionally to work together towards their common problems in a spirit of friendship, trust and mutual understanding". This was a message of hope and optimism. SAARC countries gained their first freedom between 1947 & 1971. The second freedom is the real freedom SAARC countries need from authoritarianism repression, corruption, communalism, poverty, illiteracy, disease & conflict. The achievement of second freedom is more difficult than the first freedom. It is a much greater challenge to mobilise against internal malaise than against foreign rule. Once second freedom is attained development will follow. The SAARC has moved ahead since then but on a bumpy road. The region, ostensibly is talking about co-operation. A free trade area agreement has been signed and there are talks of common currency. The area of co-operation covers more than 13 fields including health.

Children on the SAARC Agenda

Traditionally, in South Asia the health and education of the child have been the concern of the family with some assistance from local community. Children have been excluded from the public domain. Children became a focus of an inter-country approach in development soon after SAARC was launched in 1985. First

SAARC conference on children was held in October 1986 in New Delhi placing children on the Political Agenda of Development.

Many health professional societies have taken initiatives and established SAARC associations which remain affiliated to main organisations and function in South Asia with Sensitivity to local issues.

Given the heterogeneity of the Asian Continent, it was proposed to bring together Paediatric Oncologist from SAARC member countries which share a platform built on cultural, socio economical and geo-political commonality, within the framework of SIOP Asia and under the umbrella of SIOP. I was nominated as SAARC co-ordinator of SIOP Asia during SIOP Asia General Assembly at Brisbane, Australia, during SIOP 2001 with a mandate to initiate the process (SIOP Asia News. June, 2002). My tenure was extended for another term during SIOP Asia General Assembly at Oslo Norway during SIOP 2004 (SIOP Asia News 2005).

The success of Indian National Training Project in Practical Paediatric Oncology backed by International Society of Paediatrics Oncology (SIOP) had generated an enthusiasm & eagerness to expand this project to SAARC member countries, which share the problems of delay in diagnosis, only 15-20% children with cancer having an access to network of paediatric oncologist and treatment dropouts. As a pilot project, the training programme in Practical Paediatric Oncology was conducted at Kanti Children Hospital Kathmandu, Nepal in June, 2004 in collaboration with Nepal Paediatric Society, using human and financial resources of Indian National Training Project. The training programme was well received and appreciated. Based on this experience, Bangladesh colleagues (Prof. Mannan) have shown keen interest to conduct this programme in Bangladesh. However, We will have to strive hard and generate finance and human resource support for such an activity to be viable in SAARC region on ongoing basis. Process to generate such support from International agencies such as UICC, American Cancer Society has been initiated. We are hopeful that this much needed support will soon come forward for expansion of training programme in SAARC region.

Twining of Pediatric Cancer Units in Hong Kong and Mainland, China

Dr. Chi-Kong Li, Chief, Lady Pao Children's Cancer Center,

Prince of Wales Hospital, The Chinese University of Hong Kong, Hong Kong.

The development of pediatric oncology in China has been rather slow. Some hospitals started to treat childhood cancers, mainly leukemia, quite early since 1970s. Unfortunately due to the lack of communication with the outside world and the poor economic background, most children with cancers in China could not receive appropriate treatment. With the open-door policy since early 1980s, there is marked improvement in economic situation. More hospitals start to put greater emphasis on management of cancers including childhood cancers. However there is urgent need to train up the medical personnel with modern western medicine for the care of cancer. Hong Kong had been under the strong British influence for the past 100 years. The pediatric service adopted similar approach to UK in both the medical system and also treatment strategy. Hong Kong returned to the China sovereignty in 1997 and becomes part of China. There is much closer collaboration between Hong Kong and mainland China in all aspects. The two places share the same culture and language. Though the dialect Cantonese is different from the official Chinese, 'Putonghua', in speaking language, but the written language is the same. Not unexpected, a much closer

relationship between the two places in pediatric oncology is also established.

The Lady Pao Children's Cancer Centre (CCC) at Prince of Wales Hospital, The Chinese University of Hong Kong is the largest pediatric cancer center in Hong Kong. It has a purposely built physical setup for cancer children and their families. The support from various specialties and non-government organizations helps to build up a good multi-disciplinary team. The extensive link with overseas pediatric oncology centers and other national or international groups maintains a high standard for care of childhood cancer. The Center may serve as a model for care of childhood cancer in mainland China. Since 1997, the Lady Pao CCC becomes a training center for medical, nursing and laboratory staffs from different hospitals of mainland China. In the past 8 years, we have trained 30 doctors of 19 hospitals from 12 cities in mainland China, from Guangzhou in the south to Beijing in the north, and Shanghai in the east to Chengdu in the west. We have also trained 12 nurses of 8 hospitals from 6 cities. Five laboratory technicians from 5 hospitals of 3 cities also came to CCC for training. Among the various hospitals sending staffs to CCC, two hospitals have formally signed

agreement with the Chinese University of Hong Kong for the training program between the two institutions, namely Nang Fang Hospital of Guangzhou and Beijing Children's Hospital. Both hospitals have sent 4 doctors to CCC for training, and one also sent a nurse and a technician as well. The twinning program takes the following format:

1. **Hospital attachment:** Most of the staffs spend 3 months in CCC. The doctors will join in the clinical activities, including the daily ward rounds, out-patient clinics, the joint meetings with radiologists, radiotherapists, surgeons, and clinco-pathological conferences. The nurses observe the nursing practice and perform some procedures under supervision. The technicians have the chance to learn the procedures and then perform the tests under supervision.
2. **Lectures and workshops:** The visitors have the chance to attend the lectures and symposium delivered by the local experts and some overseas experts visiting Hong Kong, and this happens quite regularly in Hong Kong.
3. **Management protocols:** They have access to the medical, nursing and laboratory protocols adopted by the Centre, and can discuss with the attending physicians and nurse specialists and scientific officers about the details of these protocols. At the time of returning home, they will also bring the protocols back home for future references.
4. **Post-training collaboration:** The senior staffs of the Center serve as consultants to these hospitals. We will

provide advice on problematic cases they encounter at home. With the easy accessibility by email and telephone communication, the interaction becomes much easier. The senior staff of the Center also paid visits to these hospitals and gave on-site advice on some cases. The Director of the Center was appointed visiting professor in three of the university hospitals. We have also helped the hospitals in drawing up some treatment protocols based on the best evidence and the local situation. With this model, the Guangzhou Childhood Leukemia Study Group was successfully set up.

The Center arranges free hostel accommodation for the visitors, and no attachment fees are charged. In the recent few years, with the generous support from Hong Kong Children's Cancer Foundation, financial support for the traveling and living allowance is also provided to those in need. According to the trainee feedback, CCC is regarded as an excellent center for short duration of training. In western countries, language is usually a barrier for Chinese scholars receiving training and it takes some months for them to pick up the language and communicate efficiently with others. The medical documents in HK are all in English, including the case notes, protocols and reports. While this is not a major problem in Hong Kong, as most people including the staffs and parents in the CCC can communicate with our visitors from mainland China. Most of the visitors can also read English documents without problem.

The closest collaboration between HK and mainland China is with hospitals in Guangzhou city. Guangzhou is

just 150Km from HK and can be reached by train in 90 minutes. In the past 8 years, 8 doctors from 5 hospitals and 4 nurses from 3 hospitals and 2 technicians from two hospitals have received training in CCC. These hospitals have adopted the similar management approach as CCC after the trainees returned to original hospitals. This serves as a common background for different hospitals to establish collaborative work. With the effort by some leading experts in Guangzhou, a common ALL protocol was designed and accepted by 6 hospitals. This actually had gone through many meetings discussing and debating on the fine details of the protocol. A NGO called Camp Quality in Hong Kong has close collaboration with CCC in providing psycho-social support to cancer children and has organized many outdoor activities. Through the introduction by CCC, Camp Quality also extends the activity program to Guangzhou. In addition, a grant is

also provided for employing a data manager for the past 3 years.

The Center will continue the role of a training center for medical personnel from China on childhood cancer. We will accept colleagues from various parts of China for short duration of training. This will allow them to have a chance to expose to a system based on western model. However we will concentrate more on the collaborative work with the Guangdong group as we are geographically so close. We are also collaborating with Shanghai Children's Medical Center to conduct a training workshop this October in the Kunming, at the western part of China which is less developed. We will evaluate the program after this pilot workshop and assess the need for further training workshops in the less developed parts of China in future.



Dr. SW Shi (on the left) from Hangzhou received training at the CCC. Picture taken with Dr. CK Li, Prof. Ross Pinkerton and Prof. Janet Hardy from Brisbane while the two overseas experts visited Hong Kong. Picture was taken at the entrance of Ronald McDonald House next to CCC which is the first House in Asia for cancer children and their families.



The visiting doctors and nurses from Guangzhou (1st on the left) and Suzhou (1st and 3rd from the left) taking photo with the CCC Oncology Team at the entrance of the Cancer Center.

Upcoming Pediatric oncology conferences

1. The International Pediatric Oncology Conference and 5th Chinese National Pediatric Oncology conference:

Date: September 8-10, 2005.

Venue: Tianjin, China

Contact: Dr. Guang-Chao Zhang, 'zhanggc191@hotmail.com'
(Local organising committee)

Prof. Yao-ping Wang, 'ypwangscmc@online.sh.cn'
(President, Chinese Pediatric Oncology Society)

2. The First Annual International Scientific Conference on Pediatric Blood & Marrow Transplantation.

Organized by the Pediatric Blood and Marrow Transplantation Consortium

Date: September 19-21, 2005.

Venue: Vancouver, Canada

Contact: website <http://www.malachiteconferences.com>.

Dr. Kirk R. Schultz

3. The 37th annual Meeting of International Pediatric Oncology Society.

Date: September 21-24, 2005.

Venue: Vancouver, Canada.

Contact: www.siop.nl/siop2005.

4. The 4th Asia SIOP meeting

Date: April 4-6, 2006

Venue: Shanghai, China.

Contact: SIOP Asia 2006 Office,
Shanghai Children's Medical Center
1678 Dong Fang Rd. Shanghai 200127, China

Phone: 86-21-58732020x5402

Fax: 86-21-58393915

E-mail: siop_asia_2006@yahoo.com

5. 5th Biennial Symposium on Childhood Leukemia

Date: April 30- May 2, 2006.

Venue: Noordwijkerhout, The Netherlands.

Contact: Congress Care, POBox 440,
5201 AK's-Hertogenbosh,
The Netherlands.

www.congresscare.com

6. 2007 International SIOP Conference

Date: November 1 - 4, 2007

Venue: Mumbai, India

Contact: Dr Bharat R. Agarwal
(Chairman, Local Organising Committee,
PHO Chapter of Indian Academy of Pediatrics,
Kailash Darshan, Kennedy Bridge, Nana Chowk,
Mumbai - 400 007, India)

Phone: (+91 22) - 23889565

E-mail: iapcoff@bom5.vsnl.net.in, parulbharat@vsnl.com

7. 2008 5th SIOP-Asia Conference

Date: 2008

Venue: Al-Khod, Sultanate of Oman

Contact: Prof Zakia Al Lamki or Prof Mathew Zachariah
(Child Health Department, Sultan Qaboos University,
College of Medicine, P.O. Box 35, Al-Khod,
Sultanate of Oman, Postal Code 123)

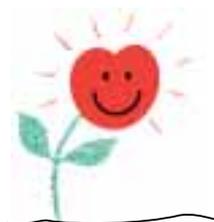
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