**SIOP OCEANIA REPORT**

**FALL 2020**

**COVID-19 in SIOP Oceania**

As we all know, the COVID-19 pandemic has resulted in great disruption to the services for children with cancer across the Globe especially in regions with a high prevalence of the virus in their community. In Oceania the main populations are in Australia (25m) and New Zealand (5m), with many small Pacific Island nations spread across the Pacific Ocean. While both Australian and New Zealand have been affected by COVID-19, the direct impact has been relatively limited (by comparison to Europe and the USA) due to the early closure of international borders and strict measures to control community spread by regional or national lockdowns. For now, there is no community transmission of COVID-19 in New Zealand and in many Australian States. However, the pandemic has led to significant disruption to child cancer services in our cancer centres, and we are now seeing the appearance of children with delayed or deferred diagnoses as a result of community lockdowns. While the response to COVID-19 has caused significant parental concern and distress, it has also led to some rapid and welcome innovation. We are all now very comfortable with Telehealth consultations, which are safe and effective for supporting patients and families; in turn our families, especially in our large metropolitan centres and in rural regions have welcomed the use of telehealth, where they can be seen in their own home without the need to travel into regional cancer centres. In Melbourne, we have stepped up our home hydration program for post chemotherapy supportive care (High dose methotrexate and post cisplatin hydration), and more recently commenced home administration of chemotherapy by our hospital-in-the-home service.

Fortunately, COVID-19 has had less of an impact in our Pacific Island countries many of which have been able to close their borders and prevent COVID-19 entering their country; community spread of COVID-19 in Pacific Island nations could have overwhelmed their small health services. COVID-19 has been more of a problem in Papua New Guinea (pop 9m) and Timor-Leste (pop 1.5m) but many communities in these countries are geographically isolated limiting community spread which could have also overwhelmed their health systems. The result of the measures to prevent the transmission of COVID-19 in the Pacific Islands has limited to impact of the pandemic on children with cancer in Oceania.

**SIOP OCEANIA and the WHO Global Initiative for Childhood Cancer**

The WHO Global Initiative for Childhood Cancer is an ambitious but exciting program to improve the outcome for children with cancer by 2030; “wherever they may live”. However, the great opportunity to work partnership with the WHO, St Jude and regional Governments has not been without its challenges especially during the COVD-19 pandemic. This year we have had to defer plans for national SIOP/WHO workshops and meetings with national organisations in Papua New Guinea and Timor-Leste. However, we hope to find ways to work together in 2021 to support the development of child cancer care across Oceania. While health services remain challenged with the pandemic, we plan, in partnership with the New Zealand National Cancer Network Pacific Islands Group, to commence a series of fortnightly seminars via Zoom to support workforce training of medical and nursing staff, and to develop clinical leadership. We also aim to support regional research initiatives and the commence data accrual into recently developed country specific child cancer registries.

**Recent Development in Paediatric Oncology in Australia and New Zealand**

Australia (pop 25m) and New Zealand (pop 5m) are both high income countries with advanced health care services and Universal health care coverage. The 11 dedicated Paediatric Oncology Units across the two countries – (9 in Australia and 2 in New Zealand) are all members of the Children’s Oncology Group but are also collaborate in many European collaborative clinical trials networks such as SIOPEN, SIOPEL, EuroNet, BFM, RTSG and EpSSG. The Australian and New Zealand Children’s Haematology Oncology Group (ANZCHOG) is our regional clinical trial organisation.

**ANZCHOG: President Professor Nick Gottardo (Perth), Past President Dr Chris Fraser (Brisbane)**

ANZCHOG was initially established in the early 1980s as the Australian and New Zealand Children’s Cancer Study Group. In the 1980s and 1990s, ANZCCSG developed and conducted a series of collaborative clinical trials in ALL, AML, Hodgkin Lymphoma, and Ewing sarcoma, and many Australasian centres collaborated with European/SIOP clinical trials groups particularly SIOPEN, SIOPEL, Wilms Tumour, BFM and STS. In the early 2000s, treatment centres in Australia and New Zealand joined the COG, so ANZCCS was rebranded as ANZCHOG to better represent the professional and multi-disciplinary groups involved in child cancer care. ANZCHOG also set up ACCT (Australasian Childhood Cancer Trials ACCT) which sought and was awarded core funding to support collaborative clinical trials and act as a regional clinical trial sponsor. Over the last 7 years, under the leadership of Dr Chris Frazer (President), Dr Geoff McCowage (Medical Director) and Robyn Strong (Chief Executive), ANZCHOG has initiated an impressive and broad portfolio of early and late phase clinical trials from many collaborative clinical trials groups, and many Pharma trial. For instance, all centres in Australia and New Zealand opened the EuroNet PHL-C2 clinical trial which was sponsored by ANZCHOG and led by the Royal Children’s Hospital. Similarly, all treatment centres plan to open the new FaRMS clinical trial for Rhabdomyosarcoma sponsored and supported by ANZCHOG with a grant from the Australian NH&MRC. New initiatives over the last 3 years include the Australian Brain Cancer mission and support for the Zero Child Cancer PRISM precision medicine program (to be the focus of a future bulletin).

ANZCHOG supports multiple working groups across tumour stream and professional specialties; Leukaemia/Lymphoma, Solid Tumours, BMT, Neuro-Oncology, Late Effects and Psychosocial and coordinates monthly national tumour board meetings. Collaborative support from these groups has contributed to the opening of national clinical trials such as the CAR-T cell program at the Royal Children’s Hospital in Melbourne. Similarly, the PRISM Program from Zero Child Cancer led by Children’s Cancer Institute of Australia (Sydney) and supported by ANZCHOG has rapidly advanced the development of precision cancer care for patients in Australia (PRISM will be the focus of a future SIOP Oceania report).

Our great challenge in Oceania over the next 3-5 years is supporting the improvement of child cancer care in our small Pacific Island nations and Papua New Guinea. We hope the WHO GICC, SIOP our collaborative partners will lead to workforce training and development for medical and nursing staff, improve access to essential cancer medicines and encourage research into the outcome of our resource adapted treatment regimens.

**Professor Michael Sullivan**

MB ChB DCH FRACP PhD

Professor of Paediatric Oncology, University of Melbourne

Continental President, International Society of Paediatric Oncology

WHO-SIOP liaison for the Global Initiative for childhood Cancer

Co-chair SIOP Paediatric Oncology in Developing Countries

**Children’s Cancer Centre, Royal Children’s Hospital**, 50 Flemington Road, Parkville Victoria 3052

DDI +61 (03) 9345 5820 , Mobile +61 4 3584 8129 Email [michael.sullivan@rch.org.au](mailto:michael.sullivan@rch.org.au)