SOCIÉTÉ INTERNATIONALE D'ONCOLOGIE PÉDIATRIQUE

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ABSTRACT BOOK

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

SOCIÉTÉ INTERNATIONALE D'ONCOLOGIE PÉDIATRIQUE
INTERNATIONAL SOCIETY OF PAEDIATRIC ONCOLOGY

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01. ORAL PRESENTATIONS

Abstract 101

Retrospective Study On The Treatment Outcomes In Children With Retinoblastoma In a Tertiary Hospital In Ghana

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Introduction: Retinoblastoma is the most common intraocular malignancy of childhood, with an estimated global incidence of 1 in 18,000–30,000 live births. While survival exceeds 95% in high-income countries, outcomes in low- and middle-income countries remain substantially poorer because of factors including late presentation, treatment abandonment and limited resources. Evidence on treatment outcomes in Ghana is scarce, particularly in the northern regions. This study retrospectively assessed treatment outcomes and associated factors among children with retinoblastoma at Tamale Teaching Hospital, Ghana.

Methods: A retrospective review was conducted of 46 patient records from the paediatric oncology unit of Tamale Teaching Hospital between 2016 and 2022. Demographic characteristics, clinical presentation, treatment modalities and outcomes were extracted and analysed descriptively. Associations between sociodemographic factors and treatment outcomes were examined using chi-squared tests.

Results: Of the 46 patients, 78.3% presented with unilateral disease, and leukocoria was the most common presenting feature (41.3%). Treatment abandonment occurred in 32.6%, while a further 10.9% refused treatment. Only 13 patients (28.3%) completed treatment, and reported overall survival was 21.7%. Financial hardship, lower parental educational attainment and delayed presentation were significantly associated with poor outcomes ($p<0.05$). Nearly three-quarters (73.7%) of patients experienced disease recurrence during or after chemotherapy.

Conclusion: Treatment outcomes for children with retinoblastoma in northern Ghana were poor, with high rates of treatment abandonment and low reported survival. Addressing financial barriers, strengthening early detection and referral, and improving access to comprehensive care may contribute to improved outcomes.

Abstract 102

A Continental Perspective On Managing Antibiotics: Lessons Derived From Children's Cancer Units In Africa

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Background: Antimicrobial stewardship (AMS) in paediatric oncology units (POUs) aims to optimise antimicrobial use and limit antimicrobial resistance. However, published information on AMS implementation in African POUs remains limited. This study assessed AMS implementation and identified facilities providing paediatric cancer and AMS services.

Methods: A web-based cross-sectional survey conducted from September to October 2025 examined AMS practices in POUs across Africa. Quantitative and qualitative data were analysed using Microsoft Excel.

Results: The survey received 94 responses from 32 African countries; 80 responses (85%) were included after duplicate institutional responses were removed. Sixty-five (81%) responding facilities provided paediatric oncology services, of which 42 (65%) reported an AMS programme. Among these 42 facilities, 37 (88%) reported leadership support, 30 (71%) integrated AMS activities into reporting to national AMS committees, 29 (69%) had designated AMS champions and 36 (86%) had an AMS committee. Twenty-four (57%) provided antimicrobial susceptibility testing and 19 (45%) had antibiograms specific to paediatric oncology. Across the 80 included facilities, 58 respondents (73%) expressed willingness to participate in AMS training focused on immunocompromised paediatric patients.

Conclusion: Access to structured AMS programmes and paediatric oncology-specific antibiograms was variable across responding African facilities. The findings support further development of context-appropriate AMS training, microbiology capacity and institutional stewardship structures.

Abstract 103

Development Of An African Paediatric Oncology Pharmacy (AfriPOP) Curriculum: A SIOP Africa 2024 Pharmacy Workshop Output

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Introduction: Paediatric oncology pharmacy (POP) has been practised in Africa for several decades; however, many practitioners lack formal education and training. A region-specific curriculum may help standardise training and respond to local needs. The African POP Technical Working Group (TWG) of the International Society of Paediatric Oncology (SIOP) therefore initiated development of a POP curriculum to strengthen safe and effective pharmacy services across the continent.

Methods: Curriculum development followed a modified Delphi approach comprising formalisation of the TWG, initial curriculum development, community and stakeholder review and scoring, and finalisation during the pharmacy workshop at the SIOP Africa Congress in South Africa.

Results: A TWG of 23 members with diverse experience was established. The initial curriculum comprised 36 theoretical and five clinical content areas. Following the modified Delphi process, these were restructured into 27 theoretical content areas, nine clinical content areas and six research modules. The theoretical and clinical components were assigned 86 and 240 credit hours, respectively. The research component required at least one manuscript. Twenty-eight participants from 13 countries attended the workshop and unanimously approved the curriculum.

Conclusion: The SIOP Africa Pharmacy TWG developed a POP curriculum tailored to the African context. Implementation through African universities and specialist colleges may help address education and training gaps in paediatric oncology pharmacy.

Abstract 104

Assessing Nurses' Knowledge And Attitudes Towards Childhood Cancer Care In Ghana: A Cross-Sectional Study

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Background: Childhood cancer remains a major health challenge in Ghana, where delayed diagnosis contributes to poor outcomes. Nurses are often an early point of contact in paediatric care and may therefore contribute to early recognition and referral. This study assessed nurses' knowledge, attitudes and training needs regarding childhood cancer care in Ghana.

Methods: A cross-sectional study was conducted among 40 nurses working in paediatric units at Upper East Regional Hospital, Bolgatanga, Ghana. A structured questionnaire collected data on demographic characteristics, childhood cancer knowledge, attitudes towards care and barriers to acquiring knowledge. Data were analysed using SPSS with descriptive and inferential statistics.

Results: Among respondents, 67.5% were women, 77.5% had more than three years of experience and 42.5% held a bachelor's degree as their highest nursing qualification. Although 90% were aware of childhood cancer, misconceptions were common; 47.5% believed that childhood cancer could have a spiritual cause. Overall, 47.5% correctly identified common childhood cancers and 62.5% understood the role of chemotherapy. Only 37.5% felt confident and emotionally comfortable caring for children with cancer. Eighty per cent attributed knowledge gaps to limited training opportunities, while 42.5% were willing to attend childhood cancer training. Formal training was not significantly associated with awareness (p=1.0) or confidence (p=0.77), and years of experience were not significantly associated with knowledge (p=0.27).

Conclusion: The findings identify important knowledge and confidence gaps among nurses in this single-centre sample and support targeted educational interventions and continuing professional development in paediatric oncology nursing.

Abstract 105

Paediatric Early Warning System (PEWS) Chart Audit – Paediatric Oncology Unit, Greater Accra Regional Hospital

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Background: The Paediatric Early Warning Score (PEWS) chart was introduced in the Paediatric Oncology Unit of Greater Accra Regional Hospital to improve recognition of and response to clinical deterioration. This audit assessed compliance with PEWS documentation, the appropriateness of documented clinical actions and staff performance in recording and responding to abnormal findings.

Methods: After 18 months of implementation, a 24-hour audit of 60 patient charts assessed staff category, completeness of documentation and responses to abnormal findings.

Results: Of 298 expected entries, 297 were completed by rotation nurses (175; 58.7%), student nurses (100; 33.6%) or staff nurses (23; 7.7%). Appropriate action was documented in 90 entries (30.2%), while 195 (65.4%) lacked evidence of a response. Staff identification was absent in 274 entries (91.9%), and the incorrect PEWS chart was used seven times (2.3%). Temperature and pulse were each missing in five entries (1.7%). Respiratory distress was recorded in 32 patients (53.3%), but appropriate action was undocumented in 12 (37.5%) of these cases. Pain and level of consciousness were under-documented in 265 (88.9%) and 263 (88.3%) entries, respectively. Only 27 entries (9.1%) had a completed PEWS score.

Conclusion: The audit identified substantial gaps in PEWS scoring, documentation and recorded responses to abnormal findings. Strengthened supervision, training, accountability, regular audit and feedback are warranted to support consistent use of the PEWS system and patient safety.

Abstract 106

Development Of Tailored SMS Education Content For Caregivers Of Children With Cancer In Tanzania

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Background: Most childhood cancer cases occur in low- and middle-income countries, where survival remains substantially lower than in high-income countries. At Bugando Medical Centre, treatment incompletion is a major challenge. Limited caregiver knowledge, stigma and low health literacy may contribute to poor adherence. This study aimed to develop, translate and validate culturally appropriate SMS-based educational content for caregivers across the childhood cancer care continuum.

Methods: A participatory Delphi process identified core educational priorities through stakeholder workshops involving caregivers, clinicians and community representatives. Knowledge domains were mapped across diagnosis, treatment, remission and palliative care. Draft English messages were translated into Swahili, shortened to meet the 160-character SMS limit and refined through three iterative rounds of caregiver testing (n=25). Comprehension testing and linguistic review informed revisions, followed by advisory-board approval before integration into the mNavigator digital case-management platform.

Results: Eighty-three topics were identified across seven domains: understanding cancer, treatment, side effects, infection prevention, nutrition, palliative care and post-treatment support. Two hundred validated SMS messages were created. Comprehension scores improved from 74% to more than 90% after iterative testing. Caregivers described the content as clear, supportive and motivating, while healthcare workers considered automated dissemination through clinic workflows feasible.

Conclusion: The co-developed and linguistically validated SMS curriculum provides a potentially scalable, low-cost approach to caregiver education in paediatric oncology. Integration into mNavigator enables automated, diagnosis-specific communication; prospective evaluation is needed to determine its effect on treatment adherence, abandonment and clinical outcomes.

Abstract 107

Determining The Risk And Prevalence Of Malnutrition Among Children With Cancer In Uganda

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Background: Malnutrition is a major concern among children with cancer and can adversely affect treatment tolerance, outcomes and quality of life. This quality-improvement project aimed to implement a nutritional assessment tool and determine the prevalence of malnutrition and the proportion of children at risk of malnutrition in the Paediatric Oncology Unit at Mulago National Referral Hospital, Uganda.

Methods: Using the Model for Improvement, the Paediatric Yorkhill Malnutrition Score (PYMS) was implemented to assess nutritional status and malnutrition risk among children aged 0–18 years with cancer who were receiving chemotherapy. Assessment included anthropometric measures, recent weight loss, reduced dietary intake, anticipated nutritional impact of the clinical condition or admission, and clinical evaluation. Newly admitted patients were assessed from January to November 2024.

Results: PYMS assessment was completed for 100% of newly admitted children. Among 252 children assessed, 206 (81.6%) were classified as being at risk of malnutrition (score ≥3), while 110 (43.7%) were malnourished. Of the 110 malnourished children, 21 (19.1%) had moderate acute malnutrition, 42 (38.2%) had oedematous severe acute malnutrition and 47 (42.7%) had non-oedematous severe acute malnutrition. Children with Burkitt lymphoma had the highest reported risk and prevalence of malnutrition, at 33% and 35%, respectively.

Conclusion: Implementation of the PYMS tool was feasible within this setting and identified a high burden of malnutrition and malnutrition risk. The findings support systematic nutritional screening and targeted nutrition interventions for children receiving cancer treatment.

Abstract 108

From Confusion To Confidence: How Patient Navigator Services Transform Paediatric Cancer Caregiver Experiences

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Introduction: Families of children with cancer in Ghana face barriers including complex hospital systems, difficult medical information, emotional stress and financial constraints. World Child Cancer introduced patient navigator services at Korle Bu Teaching Hospital and Komfo Anokye Teaching Hospital in 2024. This study assessed caregiver experiences one year after implementation.

Methods: Structured interviews were conducted with 49 caregivers of children receiving oncology care across the two hospitals. The questionnaire explored demographics, awareness, utilisation, perceived service impact, satisfaction and suggestions for improvement. Data were analysed using descriptive statistics and thematic analysis.

Results: Among respondents, 73.5% were aware of navigator services. Of those aware, 84.5% had used the service, most commonly for emotional support (36.1%), hospital navigation (23.6%) and assistance with medical information (16.7%). Emotional support was the most valued component, cited by 50% of users. Among respondents, 94.4% reported improved confidence and 94.4% reported reduced stress; 97.2% reported a positive overall impact. Reported challenges included limited navigator availability during peak clinic days and insufficient staffing.

Conclusion: Caregivers reported high utilisation, satisfaction and perceived benefit from patient navigator services. Addressing staffing and accessibility constraints may strengthen the service. Further prospective evaluation should assess objective care-process and clinical outcomes.

Abstract 109

Reflective Analysis Of Recruitment Experiences Involving Children With Cancer In Research Studies

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Introduction: Recruiting children with cancer into research in low-income settings such as Uganda presents ethical, logistical, emotional, cultural and practical challenges. Nevertheless, participation is important for generating evidence relevant to local care. This reflective analysis aimed to identify challenges encountered during paediatric oncology research recruitment.

Methods: A reflective practice analysis explored the author's experiences while conducting qualitative research and recruiting approximately 40 families in paediatric oncology at the Uganda Cancer

Institute over a two-year period.

Results: Recruitment and enrolment were influenced by interrelated sociocultural and structural factors. Decision-making was often collective and relied on extended family networks, while caregivers frequently acted as gatekeepers regarding participation and disclosure. Children's participation in communication was constrained by literacy, cultural norms and unfamiliarity with researchers. Linguistic diversity created additional barriers to communication and understanding. Misconceptions about cancer and research contributed to fear and mistrust, while the direct and indirect costs of participation competed with families' immediate needs.

Conclusion: Paediatric research recruitment processes should incorporate developmentally appropriate communication that enables children's voices to be heard while respecting local family and cultural contexts. Strategies should also address language, trust and participation-related costs.

Abstract 110

Virtual Reality As A Novel Method To Reduce Stress, Pain And Anxiety In Paediatric Oncology Patients In Kenya

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Introduction: Children with cancer in low- and middle-income countries frequently undergo painful procedures such as intravenous cannulation, sometimes with limited access to topical anaesthesia or other pain-control measures. Virtual reality (VR) provides an immersive, non-pharmacological distraction strategy. This study aimed to assess the feasibility and potential effectiveness of VR in reducing procedural pain, fear and distress among paediatric oncology patients in Kenya.

Methods: Between September and November 2025, a pilot cohort study with a historical comparison design was conducted at Moi Teaching and Referral Hospital, Eldoret, Kenya. Children aged ≥5 years undergoing intravenous cannulation were eligible. The planned sample comprised 40 children: 20 receiving standard care followed by 20 receiving VR distraction. Each child participated once. Outcomes included pain measured using the Wong–Baker FACES Pain Rating Scale and FLACC scale, fear measured using the Children's Fear Scale, and feasibility and acceptability assessed through surveys and interviews.

Results: Preliminary observations suggested that VR was feasible and acceptable to patients, parents and staff. Children using VR appeared calmer and less distressed during intravenous cannulation than those receiving standard care. Reported implementation challenges included equipment maintenance, digital literacy and workflow integration.

Conclusion: Preliminary observations suggest that VR is feasible in this setting. Quantitative comparative outcome data are required before conclusions can be drawn regarding effectiveness in reducing procedural pain, fear or distress. Larger randomised studies are warranted.

Abstract 111

Translating And Validating A Caregiver Stress Tool To Address Family Stressors And Prevent Treatment Abandonment In Malawi

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Introduction: Stress impacts the well-being of caregivers, therapeutic outcomes, and treatment abandonment in paediatric oncology. In sub-Saharan Africa, no standardised tool exists to assess caregiver stress. This study adapted and validated an existing tool to evaluate caregiver stress and coping capacity, enabling context-specific interventions. It also provides a framework for resource-limited cancer centres to adapt questionnaires for local use. The adapted tool was used to measure caregiver stress before and during a conditional cash transfer programme in Malawi aimed at reducing treatment abandonment.

Method: The 10-item University of Washington Caregiver Stress Scale (UW-CSS) was translated into Chichewa using the FACIT forward–backward translation method. Expert review and pilot testing ensured clarity and cultural relevance. The tool was administered to 137 purposively selected caregiver–child pairs at diagnosis and mid-therapy. Reliability and validity were assessed using Cronbach's alpha and principal component analysis, while analysis of covariance compared mid-therapy stress scores between pre- implementation and implementation phases.

Results: The translated UW-CSS showed good reliability (Cronbach's $\alpha = 0.78$) and unidimensionality on PCA, supporting its construct validity for assessing caregiver stress. High stress levels (UW-CSS >55) were reported by 86% of caregivers at diagnosis, decreasing to 80% at mid-therapy and 33% at end of therapy. Financial strain, missed work, limited personal activities, and disturbed sleep were the most common stressors. After controlling for baseline stress, caregivers in the implementation phase recorded significantly lower mid-therapy stress scores ($\beta = -3.73$, $p = 0.04$).

Conclusion: The adapted UW-CSS is a reliable and valid tool for assessing caregiver stress in sub- Saharan Africa. High stress levels, particularly financial strain, underscore the need for targeted interventions to support caregivers and prevent treatment abandonment. Preliminary findings from the conditional cash transfer programme suggest that such interventions can reduce caregiver stress and that the UW-CSS is suitable for monitoring similar initiatives.

Abstract 112

The AMCC Programme To Enhance Retinoblastoma Management And Survival In Sub-Saharan Africa

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Introduction: Retinoblastoma (Rb) management and outcomes remain highly variable worldwide. Survival exceeds 98% in high-income countries but remains below 30% in many African settings. The Alliance Mondiale Contre le Cancer (AMCC), a French non-governmental organisation, launched a programme dedicated to improving Rb outcomes in sub-Saharan Africa.

Method: Launched in Mali in 2011, the programme progressively expanded to other sub-Saharan countries. Collaboration began with

situation analyses and needs assessments by each multidisciplinary team. Management guidelines were defined within existing paediatric oncology frameworks (e.g., the French-speaking paediatric oncology group, GFAOP). The programme focused on training and equipping teams, promoting early intraocular-stage diagnosis, and increasing public awareness through targeted campaigns.

Results: In Mali, initial findings showed that adequate management of intraocular Rb increased survival to 80%. However, less than half of patients were diagnosed at an early stage. Since 2019, the programme expanded its support to reach a total of 30 teams across 23 countries by 2025. Most of them have been trained and equipped, allowing 12 new teams to now routinely perform conservative eye treatments. Action plans for early diagnosis have been developed in 80% of participating countries. Case registration systems are active in all participating countries, and complex cases are discussed in online multidisciplinary meetings. Approximately 1,400 new Rb cases are expected annually in these countries, and about 50% were managed within AMCC-supported teams in 2022.

Conclusion: The AMCC programme illustrates the growing impact of coordinated, capacity-building initiatives on cancer care in resource-limited settings. In sub-Saharan Africa, sustained collaboration between all stakeholders remains essential to improve early diagnosis and RB outcomes. Future efforts should focus on consolidating secondary-level centres, enhancing training programmes and early diagnosis, supporting data collection and publication, and reinforcing advocacy to ensure long-term improvements in retinoblastoma outcomes.

Abstract 113

Implementing Paediatric Early Warning Systems (PEWS) In Resource-Varied Paediatric Oncology Settings In Sub-Saharan Africa: Lessons And Opportunities

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Background: Paediatric Early Warning Systems (PEWS) have been adopted. Project PASHA (PEWS Adaptation to Support Hospitals in the Alliance) is a quality improvement initiative led by St. Jude Children's Research Hospital to enhance early identification of clinical deterioration in paediatric hemato-oncology wards in low- and middle-income countries. Our goal is to highlight the lessons and opportunities observed during three years of PEWS implementation in the sub- Saharan Region.

Method: Since 2022, 12 hospitals from the sub-Saharan region have participated in the PEWS initiative. Sites are recruited yearly to join Project PASHA, which has three phases. Multidisciplinary teams are trained using the train-the-trainer model in the planning phase and coached throughout the implementation and sustainability phases. Sites pilot the project asynchronously, collecting quality metrics to track progress. Consolidated data from PASHA team check-ins were used to assess challenges and opportunities for improvement.

Results: After three years of training and implementation, one site in the sub-Saharan African region has successfully implemented, and two sites are on track to meet the implementation threshold by December 2025. Seven sites are currently piloting, while two centres have paused implementation. Factors including multidisciplinary team cohesiveness, hospital and team leadership, team confidence, prioritisation of quality improvement in paediatric oncology departments, team readiness, and human resources influence the time and success of PEWS implementation and sustainability.

Conclusion: The lessons learned from PEWS implementation in SSA highlight numerous ways that sites with varied resources can leverage facilitators for successful implementation. In addition, St. Jude - Confiden.al strong team dynamics and structure were the core determinants to adhering to the programme timeline and successful implementation. This adds new knowledge impacting paediatric oncology teams.

Abstract 114

Incidence, Predictors And Management Of Chemotherapy-Induced Oral Mucositis At The Paediatric Haematology-Oncology Unit Of Mulago National Referral Hospital

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Background: Oral mucositis (CIOM) is a common and painful side effect in children undergoing cancer treatment, leading to impaired nutrition, treatment disruptions, and reduced quality of life. In 2021, the risk of CIOM per treatment cycle among paediatric patients was reported as high as 63.57%. However, despite its significance, predictors and management of CIOM among paediatric cancer patients in Uganda had not been documented. Objective: To estimate the CIOM incidence, identify key predictors, and describe current management practices among paediatric patients at the MNRH Haematology-Oncology Department.

Method: A quantitative retrospective cohort study was conducted, involving 163 participants selected through census sampling. Participants received chemotherapy at the department from 1 June 2022 to 31st August 2023. Data were abstracted from hospital records. Incidence rates were calculated, and predictors were identified using multivariate modified Poisson regression analysis. Management strategies were classified according to treatment modalities recorded in patient files and their prescription frequencies were determined.

Results: The CIOM incidence rate was 0.00959 cases per person per day, equivalent to 3.5 cases per person-year. The median age was 5 years (IQR, 6). Predictors included age, sex, weight-for-age z-score category, weight-for-height z-score category, cancer diagnosis, cycle chronological order, cycle duration, and blood urea nitrogen levels. Only 52% of CIOM patients received specific management. Oracure gel was most frequently used (17; 28%), followed by benzocaine spray (11; 18%) and paracetamol (11; 18%).

Conclusion: CIOM was linked to demographic and clinical factors, including nutritional status. Management strategies generally adhered to international guidelines but were infrequently prescribed. Optimizing good patients' nutritional status and targeted interventions for those at higher risk are recommended.

Abstract 115

Leveraging Cultural Spaces For Early Detection In Ghana: A 2025 CCAM Initiative

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Introduction: In Ghana, low awareness and myths about childhood cancers contribute to delayed diagnosis. During CCAM 2025, World Child Cancer and the Early Detection of Childhood Cancer Club implemented an information booth initiative in high-traffic cultural spaces. The initiative aimed to evaluate the effectiveness of using information booths to promote early detection and encourage timely health-seeking behaviour.

Method: Two information booths were mounted at the Kwame Nkrumah Museum and Arts Centre for ten days. Volunteers (healthcare professionals in training) were trained to man the booths. They engaged visitors on childhood cancer signs, myths, referral information and distributed leaflets. Using structured tally sheets, they documented interactions and collected data on demographics, reach, perceived effectiveness and challenges.

Results: The booths reached 2,777 people across various age groups. 1,196 reported an increased understanding of the early signs and their willingness to share the information with others, indicating an overall higher potential reach. Although 188 more males expressed interest, more females reported having prior knowledge about childhood cancers than the males indicating a general gap in awareness among males. 36% of people engaged were aged 6-19 years, indicating a strong potential for peer-to-peer education and emotional support for affected peers. Language remained a recurring barrier throughout the period. 2

Conclusion: The high level of engagement demonstrates that community-based information booths are cost- effective tools for increasing childhood cancer awareness and promoting early detection. Future initiatives should adopt translation devices to break the language barrier and digitize the content into a multi-sensory experience to enhance retention.

Abstract 116

Cryotherapy For Chemotherapy-Induced Oral Mucositis In Paediatric Oncology Patients At Mulago National Referral Hospital In Uganda

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Introduction: Oral mucositis is a common side effect experienced by children with cancer receiving chemotherapy. Severity can range from mild tissue changes to ulcerations that require pain medication. Cryotherapy is an evidence-based intervention to prevent and reduce the severity of oral mucositis. This quality improvement (QI) project implemented cryotherapy in hospitalised paediatric oncology patients older than 3 years receiving short chemotherapy infusions (< 1 hour).

Method: Using a Plan-Do-Study-Act approach, staff were trained in cryotherapy administration and completed a post-test. A cryotherapy checklist was also developed for caregivers. Cryotherapy consisted of patients choosing ice cubes or popsicles started 30 minutes before the infusion and continued until the end of the infusion. Patients who received cryotherapy were assessed for oral mucositis and pain on days 0, 3, and 5 following chemotherapy. Grade of mucositis severity was compared to historical data on 80 hospitalised children with cancer from three African countries; 64% of whom had moderate to severe mucositis.

Results: Training was completed by 29 staff and 19 (66%) scored higher than 80% on the posttest. Twenty children who received cryotherapy were monitored for mucositis. When mucositis was assessed on day 5 of cryotherapy, 12/20 (60%) had none, seven (35%) had grade 1-2, and only one (5%) had grade 3. Children tolerated the cryotherapy with older children choosing the ice cubes. Results demonstrate decreased severity of mucositis when compared to historical data.

Conclusion: Implementation of cryotherapy was associated with reduced severity for reducing the severity of chemotherapy-induced mucositis in children with cancer. This QI project highlights the importance of staff training in improving patient outcomes and potential benefits of cryotherapy in paediatric oncology care. Further work is recommended to sustain and improve upon the assessment and treatment of oral mucositis in low-resource countries.

Abstract 117

Time From Symptom Recognition To Cancer Diagnosis And Factors Linked To Delayed Diagnosis Of Haematological Childhood Cancers At A Tertiary Hospital In Uganda: A Mixed-Methods Study

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Background: Late presentation and delayed diagnosis confirmation are prevalent among children with cancer in sub-Saharan Africa (SSA), and this is associated with poor clinical outcomes. However, data on diagnostic timelines and the underlying factors contributing to delays in presentation and diagnosis remain limited in Uganda. This study aimed to estimate the median duration from initial symptom recognition to confirmed diagnosis and to explore the determinants of diagnostic delays among paediatric cancer patients at Mulago National Referral Hospital in Uganda.

Method: This mixed-methods study combined quantitative and qualitative data collection approaches. The quantitative component involved reviewing records of children diagnosed with leukaemia or lymphoma at the hospital's Paediatric Haematology Oncology department between February 2019 and June 2023. In the qualitative component, six key informant interviews and four focus group discussions were conducted with health workers and caregivers of children diagnosed with cancer. Quantitative data were analysed using descriptive statistics. Qualitative data were analysed through thematic analysis.

Results: We analysed records of 387 paediatric cancer patients, and 65.4% (253/387) were male. The overall median duration from symptom onset to diagnosis was 47 (IQR: 21.0–107.0) days. The median time to diagnosis was 31 (IQR: 16–85) and 68 (IQR: 32.3–175.8) days for leukaemia and lymphoma respectively. Qualitative data identified caregiver-related challenges, such as limited knowledge, financial constraints, suboptimal health-seeking behaviors, and cultural beliefs, and health-system barriers, including insufficient provider expertise, misdiagnoses, limited diagnostic infrastructure, and weak referral pathways as contributing factors to diagnostic delays.

Conclusion: The median time to diagnosis among paediatric cancer patients was prolonged, largely attributable to suboptimal caregiver health-seeking behaviors, limited awareness among both caregivers and healthcare providers, inadequate diagnostic capacity, and inefficient referral systems. To improve outcomes for children with cancer in low-resource settings, locally appropriate capacity-building interventions addressing these barriers should be implemented and strengthened.

Abstract 118

Nutritional Status, Feeding Problems, And Nutritional Support Among Paediatric Cancer Patients At Muhimbili National Hospital, Tanzania: A Prospective Cohort Study

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Introduction: Malnutrition is a common comorbidity in paediatric cancer, affecting up to 80% of patients globally and contributing to poor outcomes. Evidence on nutrition-related challenges among children with cancer in Tanzania is limited. This study assessed nutritional status, feeding difficulties, and nutritional support among paediatric cancer patients admitted to Muhimbili National Hospital (MNH).

Method: A prospective cohort study was conducted among patients aged 0–19 years diagnosed with cancer and receiving treatment at the MNH Paediatric Oncology Unit between January 2022 and December 2023. Nutritional status was evaluated at admission, 4 weeks, 8 weeks, and 6 months using WHO criteria and Mid-Upper Arm Circumference (MUAC). Feeding difficulties and nutritional support practices were assessed through interviewer-administered questionnaires.

Results: Among 246 enrolled participants, 55.7% were male. At admission, 11.8% had severe acute malnutrition (SAM), 28.5% had moderate acute malnutrition (MAM), and 59.3% were well- nourished. Malnutrition was most prevalent in children aged 0–5 years (19%). Feeding difficulties were reported by 87.3% at admission and increased to 97% during the first four weeks of treatment. Common problems included poor appetite, nausea, vomiting, abdominal distension, mucositis, and diarrhoea. Nutritional status improved progressively: 65.8% of participants were well-nourished at four weeks, 76.8% at eight weeks, and 95.2% at six months, with corresponding declines in SAM and MAM. Nutritional support largely comprised hospital meals (85%), smoothies (80%), special porridge (75%), and peanuts (25%), while therapeutic feeds (F75/F100) were rarely provided (5%). Over 90% of patients received nutritional counselling and education during treatment.

Conclusion: Feeding difficulties were common and worsened during early cancer therapy. Although malnutrition was frequent at admission, nutritional status improved over treatment, underscoring the value of continuous nutritional support. These findings support systematic, targeted nutrition interventions as a core component of paediatric oncology care in Tanzania.

Abstract 119

Evaluating The Impact Of A Training Of Trainers Programme On Paediatric Oncology Nursing Capacity Across Sub-Saharan Africa

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Background: The Sub-Saharan African Nursing Network, affiliated with SIOP Africa, has developed a 'Foundation' training programme and learning package aligned with the SIOP Baseline Standards for paediatric oncology nursing. The programme consists of 12 modules, each with core slide decks. There is an aligned competence framework, and facilitator guide for trainers. Within this framework, the Training of Trainer (ToT) course was established to support delivery of the programme and strengthen education, mentorship, and knowledge dissemination across participating countries. Four courses were delivered with 54 participants from 13 African countries. An evaluation was undertaken to assess programme outcomes, trainer performance, and areas for improvement.

Method: A cross-sectional outcome evaluation was conducted among trainers who had attended the course. Quantitative and qualitative data were collected through structured questionnaires addressing trainer background, post-training activities, material utilisation, and perceived programme impact. Descriptive statistics summarized trainer demographics, experience, training sessions, and participants trained.

Results: The questionnaire was sent to 54 participants, with 26 respondents (48%) from 10 countries. Following the ToT programme, 96% of respondents conducted at least one 'downstream' training session, delivering 135 sessions and reaching 862 participants across nine countries. Most trainers (84%) played multiple roles, including planning, facilitation, and evaluation. 96% used the St. Jude - Confidential provided training materials, with 92% rating the slides and 83% the facilitator manual as very useful. Over 90% rated their sessions as successful or very successful. Trainers identified key challenges for downstream including limited funding and institutional support, and emphasized the need for refresher training, mentorship, and logistical assistance.

Conclusion: The ToT programme was associated with enhanced paediatric oncology nursing training capacity, knowledge transfer, and early cancer awareness across sub-Saharan Africa. Sustaining its impact requires continued mentorship, periodic refresher courses, financial and institutional support, and regional exchange or advanced study opportunities.

Abstract 120

Impact Of Health Insurance Coverage On Treatment Outcomes Among Children With Cancer At Bugando Medical Centre, Mwanza, Tanzania

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Background: The rising incidence of paediatric cancers in low- and middle-income countries (LMICs) presents major challenges to health systems, contributing to poor survival outcomes. Limited health-insurance coverage may exacerbate these disparities, as financial barriers often delay diagnosis and treatment. This study examined the association between health-insurance status and childhood cancer treatment outcomes at Bugando Medical Centre, a tertiary referral hospital in northwestern Tanzania.

Methods: A retrospective review of medical records was conducted for all children aged 0–18 years diagnosed with cancer and treated at Bugando Medical Centre in 2022. Patients were categorized according to insurance status—insured (national or private insurance) or uninsured—and compared across sociodemographic and clinical variables. Chi-squared tests were used to evaluate associations between insurance status and patient characteristics, as well as one-year overall survival (OS).

Results: A total of 236 children diagnosed with cancer in 2022 were included in the analysis. Of these, 43% (n=101) had health-insurance coverage. There were no statistically significant differences in age, sex, or diagnosis between insured and uninsured groups. The overall one-year survival (OS) rate for the cohort was 51.6%. When stratified by insurance status, insured children had a one-year OS of 63%, compared with 34% among uninsured children.

Conclusion: Children with access to health insurance have a higher overall survival rate. The findings advocate for policy reforms aimed at re-expanding access to health insurance coverage to ensure equitable access to childhood cancer care, thereby reducing mortality rates.

Abstract 121

Enhancing Paediatric Oncology Patients' Safety And Health Outcomes In Ethiopia Through Synthesis Of Digital Health Innovations From LMICs: A Rapid Narrative Literature Review And Qualitative Evidence Synthesis

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Introduction: There is limited empirical evidence on the application and implementation of digital health innovations to improve the paediatric oncology care delivery in Ethiopia. This rapid literature review and qualitative evidence synthesis are aimed to analyze and synthesize (describe) the effect of digital health innovations and provide an overview of the existing evidence and illustrative insights on enhancing paediatric oncology patients' safety and health outcomes focusing on LMICs.

Methods: Searches were performed in PubMed (Medline), Google scholar, Cochrane Library and Embase databases using

Keywords: such as "Digital health or Technologies", "mHealth", Child cancer, "Paediatric Oncology", Middle-income country (LMICs), "quality life", and "adherence" in October 2025. Data were systematically reviewed and synthesized for relevant studies published in English from 2020 to 2025 in LMICs. The extracted descriptive and analytical data were analysed by thematic and framework synthesis.

Results: Twenty-three articles met the inclusion criteria. Seven main analytical and descriptive themes arose from the analysis: 1). "AI and digital health technologies enable effective diagnosis, analysis of patient data, access to paediatric medical service";2.)" Digital technologies help access to reliable information, facilitating communication and promote medication adherence"; 3.) "Digital health technologies help provide new insights and education; 4.)"Digital health application is associated with the improvement of clinical performance"; 5)."Digital health innovations provide remote monitoring solutions"; 6.)"Digital health technologies/AI tools provide cost-effective care"; and7.) "Digital health innovations improve the quality of life."

Conclusion: This review supports the value of digital health interventions and innovations as an acceptable and convenient approach for delivering quality and safety paediatric oncology care ad treatments. The review findings may help tailor and catalyze the discussions and collaborations (regarding digital health investment in paediatric oncology care, ethical and safety regulation and policy) that paediatric oncologists, public health professionals' and researchers' ought to have with public health policy leaders and governance in Ethiopia and LMICs.

Abstract 122

Implementing A Chemotherapy-Induced Nausea And Vomiting Guideline At Mulago National Referral Hospital In Uganda

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Introduction: Chemotherapy induced nausea and vomiting (CINV) is a distressing side effect for children receiving cancer treatment. At the Mulago National Referral Hospital Paediatric Haematology Oncology Unit, an assessment of current practices revealed inconsistencies in CINV management and the absence of standardised guidelines. As part of the SIOP quality improvement nurse scholars' programme, this project's aim was to develop a standardised approach to the assessment and management of CINV in children with cancer.

Methods: The Plan-Do-Study-Act (PDSA) cycle was used to guide the practice change. The plan was developed based on evidence from standardised CINV guidelines. A multidisciplinary team collaborated to define project goals, develop standardised education on daily CINV assessment and ensure the appropriate prescribing and administration schedule of antiemetics was followed. Implementation included clinical staff training, integration of standardised CINV assessment tools and antiemetic monitoring for adherence and effectiveness. Data were collected on 20 children receiving highly emetogenic chemotherapy during two time periods: before guideline implementation and three months later.

Results: Daily patient assessment of nausea and vomiting increased from 25% before guideline implementation to 55% post-implementation. Antiemetics that should be administered 30 minutes before the start of chemotherapy increased from 10% to 100% after guideline implementation. Antiemetic administration for 24 hours after chemotherapy completion increased from 5% to 100% after guideline implementation. Correct antiemetics given based on the guideline increased from 30% to 100% following guideline implementation.

Conclusion: This guideline implementation QI project improved nausea and vomiting treatment in patients receiving highly emetogenic chemotherapy. Assessments and appropriate antiemetic administration improved following guideline implementation. A standardised guideline is an effective tool to use in improving treatment consistency, optimizing patient outcomes and enhancing the assessment and management of CINV among children with cancer.

Abstract 123

Second Malignancies In Childhood Cancer Survivors: Experience From Mulago National Referral Hospital, Uganda

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Introduction: Improved treatment of childhood cancers has increased long-term survival, but late effects—including therapy-related (TR) malignancies—are also rising. TR malignancy risk is linked to chemotherapy, radiotherapy, and possible genetic predisposition. In low-income countries like Uganda, access to care is improving, yet data on second malignancies remain scarce. This case series describes the occurrence, clinical patterns, and outcomes of second malignancies among childhood cancer survivors at Mulago National Referral Hospital over six years.

Methods: We retrospectively reviewed records of paediatric oncology patients (<18 years) treated between 1st January, 2019 and 1st May,

2025. Cases with morphologically and immunophenotypically confirmed second malignancies were included. Extracted data covered demographics, primary cancer type and treatment, latency to second malignancy, treatment, and outcomes.

Results: Seven patients (6 male) who had completed treatment for a primary cancer developed a second malignancy during the study period. The median age at first diagnosis was 7 years (interquartile range (IQR) = 3–10). The median latency between first and second malignancy was 25 months (IQR = 15–38). Primary cancers included T-Cell acute lymphoblastic leukemia/lymphoma (n=2), Wilms tumour (n=2), acute myeloid leukemia (AML) (n=2) and non-rhabdoid soft tissue sarcoma (NRSTS) (n=1). The most frequent second malignancy was AML (n=3). The other second malignancies were Burkitt Lymphoma, T-Cell Acute Lymphoblastic leukemia, Myeloid Sarcoma and NRSTS. Four patients (67%) had prior exposure to both alkylating agents and radiotherapy. At last follow-up, one patient was alive in clinical remission, and the other six were deceased (one from treatment toxicity and the other five from progressive disease).

Conclusion: Second malignancies, though rare, are an emerging devastating complication of cancer treatment in Uganda. Management is hindered by cumulative toxicities and poor response to conventional therapy. Strengthening survivorship care and optimizing treatment intensity are crucial to reducing the burden of late effects in low-resource settings.

Abstract 124

Beyond Borders: Challenges For Refugee Children With Cancer At Mulago National Referral Hospital, Uganda

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Introduction: Uganda hosts a large refugee population due to regional conflicts, where refugee children face unique health challenges. Limited cancer care access and poor living conditions worsen treatment disparities. However, data on their cancer burden and outcomes are not documented. This study examines the characteristics, treatment outcomes, and challenges of refugee children with cancer at Mulago National Referral Hospital in Kampala.

Methods: A retrospective review of refugee children diagnosed with cancer at Mulago Hospital between January 2021 and February 2025 was conducted. Data on demographics, diagnoses, socio-economic, background, treatment adherence, and follow-up outcomes were extracted from medical records. Descriptive statistics were used to summarize the findings.

Results: During this period, our facility treated 1,242 paediatric cancer patients, including 77 refugees (6%). Of these, 65% were male, with a median age at diagnosis of 7 years (range: 5–11 years). Most refugees originated from South Sudan (52%) and the Democratic Republic of Congo (42%), with 35% possessing proper refugee documentation. Additionally, 63% required interpreters. More than half (53%) of the refugees were diagnosed with advanced-stage cancer (Stage III or IV). The most common cancers were Burkitt Lymphoma (29%) and Acute Myeloid Leukaemia (22%). The median time from symptom onset to diagnosis was 2 months (range: 1– 4 months). Treatment completion was 39%, and 44% died after initiating treatment. Treatment interruptions occurred in 61% of the refugees, and 26% were lost to follow-up. Reasons for loss to follow-up included transportation costs (67%) and long travel distances (24%). The median duration of hospital admission was 3 days (range: 1–5 days).

Conclusion: Refugee children with cancer at Mulago Hospital face late-stage diagnosis, treatment interruptions, and loss to follow-up, leading to poor outcomes. Strengthening collaboration between government, civil society and United Nations High Commissioner for Refugees (UNHCR), increasing healthcare

Abstract 125

Preliminary Results Of A Comparative Study On Implementing Procedural Standardisation Of Data Collection From The Paediatric Oncology Registry In Antananarivo: A Study Supported By The Groupe Franco-Africain D'Oncologie Pédiatrique (GFAOP)

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Introduction: The scientific and clinical utility of cancer registries relies on data quality and completeness. Achieving this rigor is paramount, particularly in paediatric oncology due to case rarity, but is often difficult in Low- and Middle-Income Countries (LMICs). This study addresses this challenge by implementing and analysing a data collection standardization procedure in Madagascar's sole Paediatric Oncology Unit (POU).

Methods: This comparative observational study analysed the data collection quality at the Joseph Ravoahangy Andrianavalona University Hospital. The standardization procedure included obligatory patient report filing, labelling of all files, simplified computer filing, and archiving by pathology/year with designated storage. Data were analysed across two periods: pre-procedural (January 2019 – July 2024) and post-procedural (August 2024 – July 2025). The indicators assessed were the rates of missing mandatory variables, data consistency/compliance, and file completion time. Data extracted from REDCap were analysed using Epi-info 7, employing the chi- square test for association.

Results: In the pre-procedure period, 485 patients were registered, compared to 74 in the post-procedure period. Completion of identification information (identity, gender, date of birth, date of first arrival) improved from 95% to 98%. Clinical data (diagnosis, staging, therapeutic choice, start of treatment, diagnostic confirmation) saw a highly significant improvement, with the completion rate rising from 60% to 90% (p=0.00000034). For the evolution section (date and status at the latest news), completion moderately improved from 75% to 85% (p=0.057). Implementing standardised procedures also reduced administrative data processing and internal query response time from over 12 months to 6 months.

Conclusion: The preliminary analysis shows a clear improvement in the completeness of key variables and the time required obtaining complete data after August 2024. These procedures could provide a framework for other GFAOP POUs and are a crucial step to optimise the scientific and clinical value of the registry to support local and national research in paediatric oncology.

Abstract 126

Outcomes Of Paediatric Acute Promyelocytic Leukaemia In A Sub-Saharan African Centre: A Ugandan Experience

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Background: Paediatric acute promyelocytic leukaemia (APL) has among the highest cure rates of acute myeloid leukaemia subtypes. Overall survival exceeds 90% in many high-income settings; however, outcome data from sub-Saharan Africa are limited. We describe outcomes among children treated for APL at Mulago National Referral Hospital, Kampala, Uganda.

Methods: A retrospective cohort analysis was conducted of children aged 0–18 years diagnosed with APL between February 2019 and October 2025. Demographic, clinical and outcome data were extracted

from medical records. Overall survival was estimated using the Kaplan–Meier method.

Results: During the study period, 42 patients were diagnosed with APL. The median age was 9.85 years (IQR 6.96–12.43), with equal numbers of males and females. The median white blood cell count was 22.85 × 10^9/L (IQR 7.16–44.53), haemoglobin was 5.3 g/dL (IQR 4.0–7.8), and platelet count was 16.5 × 10^9/L (IQR 9.5–57). Most patients (n=28; 66.6%) had high-risk disease according to the Sanz risk score. One-year overall survival was 61.2% (95% CI 44.6–74.2%), and 5-year overall survival was 58.3% (95% CI 41.6–71.7%). Early mortality at days 7 and 30 was 30.9% and 33.3%, respectively. Among patients who died, 94.7% had high-risk disease, and 89.5% of deaths were attributed to pulmonary or intracranial haemorrhage.

Conclusion: Outcomes for APL at Mulago National Referral Hospital remain poorer than those reported in high-income settings. Early haemorrhagic mortality was prominent, supporting strengthened early monitoring and management of coagulopathy and haemostatic abnormalities.

Abstract 127

From PrOFILE To PrOTECT: Exposing System Barriers To Survival And End-Of-Life Care, And Strengthening Nurse Advocacy For Children With Cancer

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Background: Improving childhood cancer outcomes in low-resource settings requires advocacy for health-system strengthening by frontline professionals, including nurses. This study synthesised findings from the St Jude Paediatric Oncology Facility Integrated Local Evaluation (PrOFILE) and Paediatric Oncology Tool for End-of-Life Care Treatment (PrOTECT) assessments at Federal Teaching Hospital Lokoja to identify barriers across the care continuum and opportunities to strengthen nurse advocacy.

Methods: The PrOFILE assessment evaluated paediatric oncology services across 12 modules, with domains scored from 0% to 100% and graded A–C. PrOTECT assessed seven domains of paediatric end-of-life care. Three paediatric oncology professionals independently scored institutional performance, and domain scores were averaged.

Results: PrOFILE showed strong performance in surgery (85%, grade A) and moderate functionality in diagnostics (61%, B), service integration (59%, B), supportive care (50%, B) and patient outcomes (56%, B). Gaps were identified in radiotherapy (0%, C), financing (11%, C), personnel (47%, C), chemotherapy (44%, C) and facility context (43%, C). PrOTECT demonstrated moderate strengths in communication (60%) and physical symptom management (57%), but low scores in psychosocial support (4%), spiritual care (14%), care nearing end of life (14%) and ethical/legal support (25%). Interdisciplinary teamwork scored 50%.

Conclusion: Together, PrOFILE and PrOTECT identified system barriers affecting treatment delivery and end-of-life care. The findings indicate areas in which nurse-led advocacy may support resource mobilisation, training, integrated supportive care and multidisciplinary collaboration.

Abstract 128

A Reflective Journey Through The Train-Of-Trainer Programme And The Advancement Of Paediatric Oncology Nursing Education In Uganda

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Background: The Sub-Saharan Africa Nursing Network, affiliated with the International Society of Paediatric Oncology (SIOP) Africa, aims to strengthen paediatric oncology nursing education through a tiered curriculum aligned with SIOP baseline standards for low- and middle-income countries. Central to this initiative are the Foundation Programme and Train-of-Trainer (ToT) model, designed to build local training capacity and support sustainable knowledge dissemination. This abstract reflects on progression from participation in the second ToT cohort in Malawi to serving as a trainer in the third cohort in Tanzania and subsequently contributing as a trainer in Uganda.

Methods: A reflective narrative approach was used to document experiences as a participant in the second ToT cohort in Malawi, a trainer in the third cohort in Tanzania, and subsequently a nurse educator at the Uganda Cancer Institute (UCI). The reflection focused on professional competence, educational innovation, and institutional and national capacity building in paediatric oncology nursing.

Results: Participation in Foundation Training enhanced competence in evidence-based paediatric oncology nursing and adult-learning facilitation. Using the Foundation Programme as a resource, additional cohorts of paediatric oncology nurses were trained at UCI. Regional workshops also supported knowledge transfer to nurses from other sub-Saharan African countries. Drawing on the Foundation curriculum, a national 12-week UCI Paediatric Oncology Nursing Training Curriculum was developed to align international standards with local needs.

Conclusions: This reflective account describes how participation in the ToT programme supported leadership and teaching capacity and contributed to institutional educational development. It illustrates the potential role of regional collaboration in strengthening paediatric oncology nursing education and practice.

Abstract 129

Creating Safe And Engaging Hospital Spaces: The Impact Of Play Therapy Activities On The Wellbeing Of Children With Cancer In Tanzania

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Introduction: Children undergoing cancer treatment may experience prolonged hospitalisation, fear, isolation and emotional distress, particularly where psychosocial support is limited. Tumaini La Maisha (TLM) integrated structured play activities within paediatric oncology services to create safe, engaging spaces intended to support coping, resilience and emotional wellbeing.

Methods: From 2021 to 2025, TLM implemented daily structured play activities, including clown shows, storytelling, guided play, music and outdoor activities facilitated by trained play therapists and clown doctors. Child-friendly spaces were established within paediatric oncology wards and the patient hostel. Data were collected through observational assessments, caregiver interviews, staff feedback and activity reports. Reported indicators included mood, anxiety, social interaction and participation.

Results: More than 7,500 structured play sessions were conducted, reaching approximately 3,800 children. Caregivers and clinical staff reported improved emotional expression, reduced anxiety and greater social engagement among participating children. They also reported increased willingness to attend clinic appointments and better coping during procedures when play sessions were available. Play activities

were perceived to strengthen peer interaction and provide routine during prolonged hospital stays.

Conclusions: Structured play activities were associated with favourable caregiver- and staff-reported psychosocial experiences. Because the data were observational and lacked a comparator, the findings support feasibility and perceived benefit rather than establishing a causal effect. Further prospective evaluation using validated outcome measures would strengthen evidence for integration into paediatric oncology services.

Abstract 130

Audit Of Paediatric Solid Tumours At The Uganda Cancer Institute: Tumour Distribution, Biopsy Timelines, And Immunohistochemistry Use

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Introduction: The Uganda Cancer Institute (UCI) is the national referral centre for paediatric cancer care in Uganda and manages solid tumours requiring histopathology and immunohistochemistry (IHC) for definitive diagnosis. This audit assessed patient characteristics, diagnostic timelines and IHC use to identify opportunities to improve pathology processes and resource allocation.

Methods: Paper records of paediatric patients aged <18 years who first presented to UCI between January and December 2023 with solid tumours or lymphomas were retrospectively reviewed. Tumour type, biopsy turnaround times and IHC use were recorded. For turnaround-time analyses, first and subsequent biopsies were analysed separately; patients presenting with externally obtained biopsies or pathology reports were excluded. Descriptive statistics summarised patient characteristics, diagnostic intervals and IHC patterns.

Results: A total of 118 samples from 99 unique patients were analysed (50 female, 49 male; mean age 8.17 years). The most common malignant diagnoses were sarcoma, nephroblastoma and lymphoma. Biopsy changed the clinical diagnosis in 46% of cases, while additional IHC revised the final diagnosis in 13%. Pathology was inconclusive in 7.6% because of insufficient tissue, poor differentiation or incorrect biopsy site. Mean time from presentation to first biopsy request was 16 days and to repeat biopsy request was 117 days; the interval from biopsy request to procedure was similar for first and repeat biopsies (30 vs 28 days). Among 53 IHC stains used, Ki-67, vimentin and CD45 were most frequent; 10 stains were used only once and 21 ordered stains were not used.

Conclusions: The audit identified substantial diagnostic delays, particularly before repeat biopsy requests, and variation in IHC utilisation. The findings support review of biopsy pathways and consideration of standardised, diagnosis-oriented IHC panels to improve efficiency and diagnostic timeliness.

Abstract 131

Factors Affecting Access To Childhood Cancer Diagnostic, Treatment, And Support Services In Zimbabwe: A Caregiver's Perspective

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Introduction: This study investigated caregivers' perceptions of access to childhood cancer diagnostic, treatment and support services in Zimbabwe.

Methods: Parents and/or guardians of children aged 0–19 years treated at the paediatric oncology unit at Parirenyatwa Hospital, Zimbabwe, were recruited. Semi-structured interviews were conducted between February and March 2023. Data were analysed using ATLAS.ti within a qualitative phenomenological approach. Interim themes were broadly categorised according to the abilities to perceive, seek, reach, pay for and engage with cancer care.

Results: Thirty-seven caregivers were interviewed. Most were unemployed (reported as 83.8%; n=31) and 64.9% (n=24) lived in rural areas. Most cared for children aged 0–9 years (86.5%; n=32). The three most common diagnoses were leukaemia (24.3%; n=9), lymphoma (13.5%; n=5) and nephroblastoma (10.8%; n=4). Reported challenges included financial insecurity, medication shortages, delayed referral, transport difficulties and responsibilities for siblings or other children. Most patients had no medical insurance (92%; n=34) and relied on social welfare and KidzCan for assistance. Caregivers often reported little or no prior knowledge of childhood cancer (59.5%; n=22); 54% (n=20) associated childhood cancer with spiritual causes and sought help from churches or traditional healers.

Conclusion: Caregivers described financial, informational, health-system and belief-related barriers to accessing childhood cancer care. These findings support incorporating caregiver experiences into service planning and strengthening public education on childhood cancer warning signs.

Abstract 132

Clinical Characteristics, Outcomes And Survival Of Paediatric Hodgkin Lymphoma In A Tertiary Hospital In Tanzania

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Introduction: Combined-modality and chemotherapy-based treatment can achieve excellent outcomes in children and adolescents with Hodgkin lymphoma (HL), but outcome data from sub-Saharan Africa remain limited. This study aimed to describe the clinical characteristics, outcomes and survival of paediatric HL at Muhimbili National Hospital, Tanzania.

Methods: Medical records of children aged 0–18 years diagnosed with HL between January 2012 and December 2019 were retrospectively analysed. Patients received 4–8 cycles of ABVD (doxorubicin, bleomycin, vinblastine and dacarbazine) according to risk stratification. Patients with advanced disease (Ann Arbor stage III/IV) and suboptimal interim response (<80% disease reduction) received three cycles of EPIC (etoposide, prednisolone, ifosfamide and cisplatin) plus radiotherapy. One- and five-year overall survival (OS) and event-free survival (EFS) were estimated using Kaplan–Meier methods. Cox regression was used for univariable and multivariable analyses, with $p<0.05$ considered statistically significant.

Results: Seventy-nine patients were included; 56 (70%) were male and median age at diagnosis was 9 years (IQR 5–12). The source reports 44/59 (55%) as aged <10 years, an internal inconsistency requiring verification. B symptoms were present in 81%, and 68.4% had stage III/IV disease. Combined chemoradiotherapy was received by 27.9%. One-year EFS and OS were both 95%; five-year EFS and OS were 73% and 85%, respectively. Stage IV disease was associated with a higher hazard of death (HR 14.28; 95% CI 1.66–122.54; p=0.015), although the wide confidence interval indicates substantial imprecision.

Conclusions: Risk-stratified treatment was associated with favourable five-year survival in this cohort. Earlier diagnosis and timely treatment initiation remain important targets for service improvement.

02. POSTER PRESENTATIONS

Abstract 133

Retrospective Cross-Sectional Study Of Drug Utilisation And Expenditure Of Anticancer Drugs At a Zonal Referral Hospital In Central Tanzania

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Introduction: Ensuring the availability and accessibility of anticancer medicines is essential for effective cancer care. This study aimed to analyse anticancer medicine procurement data to describe utilisation and expenditure patterns and to inform future planning and investment in oncology pharmacy services.

Methods: A retrospective cross-sectional descriptive study examined procurement, prescribing and dispensing records at Benjamin Mkapa Hospital (BMH).

Results: Expenditure on anticancer medicines increased over the study period, with reported annual increases of 5.74%, 16.12%, 24.10% and 17.73% in 2020, 2021, 2022 and 2023, respectively. Bevacizumab, rituximab, trastuzumab, docetaxel, paclitaxel and goserelin were the most frequently utilised anticancer medicines and accounted for more than 64% of total dispensing from 2020 to 2023. Availability of essential anticancer medicines increased from 54% in 2020 to 84% in 2022 and 2023. Across 2020–2023, anticancer medicines accounted for 580 of 20,542 prescriptions (2.8%); most were for patients aged 46 years or older, and 85% were covered by health insurance. Breast, prostate and stomach cancers accounted for more than 40%, 30% and 5% of reported cases, respectively.

Conclusion: Anticancer medicine availability at BMH increased from 54% to 84% during the study period. The findings may inform procurement, resource allocation and further development of oncology pharmacy services.

Abstract 134

Clinical Pharmacy Service Interventions In Haematopoietic Stem Cell Transplantation For Children With Sickle Cell Disease: A Case Study At Benjamin Mkapa Zonal Referral Hospital In Dodoma, Tanzania

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Introduction: Clinical pharmacy services at Benjamin Mkapa Hospital aim to support individualised medication therapy, patient counselling and multidisciplinary therapeutic planning for children undergoing allogeneic matched-sibling donor haematopoietic stem cell transplantation (HSCT).

Methods: A descriptive case-study design was used to examine the involvement of pharmacy personnel in delivering HSCT pharmacy services at Benjamin Mkapa Hospital.

Results: Since 2023, eight children aged 4–11 years, including two girls and six boys, underwent allogeneic HSCT at the hospital for Sickle cell disease. Twenty-two standard operating procedures were developed, covering oral immunosuppressants and the reconstitution and storage of conditioning and other transplant-related medicines. Approximately 34 essential medicines were procured and stocked, including medicines for conditioning, post-transplant therapy and supportive care. Therapeutic drug monitoring of ciclosporin was undertaken three times weekly, targeting a plasma concentration of 150–250 ng/mL. Antimicrobial susceptibility testing supported antimicrobial selection for febrile neutropenia and sepsis.

Conclusion: The case study highlights the potential contribution of pharmacy personnel to comprehensive HSCT services and supports specialised training in transplant clinical pharmacy.

Abstract 135

Cross-Cultural Translation And Adaptation Of The EVAT Scale In Brazil: Strengthening Paediatric Early Warning Systems

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Introduction: Early recognition of clinical deterioration in hospitalised children is essential to prevent critical events and reduce mortality. Paediatric Early Warning Scores are used to identify patients at risk and guide timely intervention. The EVAT scale was originally developed in Spanish and has been implemented in several settings. Implementation in Brazil required translation and cross-cultural adaptation to ensure linguistic, semantic and cultural equivalence.

Methods: The adaptation process followed the approach described by Beaton et al. and was undertaken with formal authorisation from the original author. It included two independent translations, synthesis, two back-translations, synthesis of the back-translations, review by a multidisciplinary expert committee (n=12), and pre-testing with 20 nursing technicians who routinely use the scale. Clarity and comprehension were assessed before finalisation of the Portuguese version.

Results: The expert committee refined wording and adapted technical terminology to the Brazilian clinical context. The pre-test achieved 98% approval for comprehension and acceptability. The adapted version was subsequently implemented in a paediatric oncology referral centre.

Conclusion: Cross-cultural translation and adaptation produced a clear and clinically appropriate Brazilian Portuguese version of EVAT. Further evaluation of measurement properties and clinical impact would strengthen evidence for its use in Brazilian practice.

Abstract 136

Understanding Parental Distress And Coping Strategies During Childhood Cancer Treatment: A Mixed-Methods Study From Ghana

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Introduction: Parental distress during a child's cancer treatment is multidimensional and may be shaped by emotional, financial, social and spiritual factors. This mixed-methods study examined the extent and nature of distress among Ghanaian parents of children receiving cancer treatment and explored coping within a resource-limited health system.

Methods: A convergent mixed-methods design was used. Twenty parents of children receiving cancer treatment at Korle Bu Teaching Hospital, Accra, completed structured questionnaires incorporating adapted versions of the Parenting Stress Index and Brief COPE Scale. Quantitative data were analysed descriptively, and qualitative responses underwent thematic analysis.

Results: Eighty per cent of parents reported moderate-to-severe distress. Emotional exhaustion (85%), helplessness (75%), financial strain (90%) and employment disruption (60%) were common. Reported coping strategies included prayer (95%), social support (80%) and positive reframing (75%). Qualitative narratives emphasised emotional pain, uncertainty and faith-based coping. Parents frequently described prayer as a primary source of support, while hope fluctuated with the child's clinical progress. Integration of the datasets suggested that spiritual coping was associated with perceived relief from distress, whereas financial hardship intensified distress.

Conclusion: Substantial parental distress was reported in this small single-centre sample. The findings support consideration of routine distress assessment and culturally appropriate psychosocial support, including nurse-led counselling and peer-support approaches, within family-centred paediatric oncology care.

Abstract 137

Implementation Of Gene Fusion Testing For Paediatric Leukaemia In Malawi: A Step Towards Improved Diagnosis

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Introduction: In low- and middle-income countries, limited access to pathology services can impede accurate leukaemia diagnosis and risk stratification. This study integrated immunophenotyping and molecular characterisation of acute leukaemias to improve understanding of childhood acute leukaemia subtypes in Malawi.

Methods: Retrospective molecular testing was performed on samples from children with suspected leukaemia at Kamuzu Central Hospital, Lilongwe, Malawi, using a custom NanoString nCounter assay designed to detect gene fusions relevant to leukaemia in sub-Saharan Africa. Fusion results were analysed blinded to, and subsequently compared with, morphology and flow-cytometry findings. Immunophenotyping used a 10-colour Beckman Coulter DxFLEX flow cytometer available on site.

Results: Sixty-eight RNA samples were obtained from children with suspected leukaemia. Gene fusions were detected in 27 cases (40%); 19 (28%) were negative for the tested fusions, 17 (25%) failed RNA quality metrics or were uninterpretable, and five (7%) were non-leukaemic samples in which no fusion was detected. Among the 46 interpretable leukaemia samples, detected abnormalities included RUNX1::RUNX1T1, TCF3::PBX1, PML::RARA, EBF1::PDGFRB, ETV6::RUNX1, MEF2D rearrangement, PAX5::ZCCHC7, KMT2A::MLLT1, RB1::MKL1, PAX5::CBFA2T2/3, NUP98::PHF23 and NUP98::KDM5A. After unblinding, 25/27 (93%) fusion-positive results were concordant with the corresponding immunophenotype.

Conclusion: These preliminary findings demonstrate the feasibility of gene-fusion testing in Malawi and show that molecular testing can refine diagnostic classification in a substantial proportion of children with suspected leukaemia. Identification of targetable fusions may also inform risk-adapted and molecularly directed treatment where therapies are available.

Abstract 138

The Impact Of A Nurse Navigator On Continuity And Coordination Of Care In Paediatric Brain Tumour Management: A Case Study Of The UCI–CURE Partnership

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Background: Uganda Cancer Institute (UCI) and CURE Children's Hospital of Uganda (CCHU) previously managed referrals for paediatric neurosurgical cases without a structured inter-institutional pathway. In November 2023, a formal collaboration and multidisciplinary team were established to improve patient tracking, navigation, timely referral and continuity of care. This study evaluated the impact of a nurse navigator and structured institutional coordination on care for children with brain tumours.

Methods: A retrospective review compared paediatric brain tumour admissions at UCI before the collaboration (2017–2021) with admissions during November 2023–November 2024. The intervention included structured referrals, real-time communication between designated contacts at both institutions and formalised sharing of patient contact information to support tracking and follow-up.

Results: Before the collaboration, mean annual paediatric brain tumour admissions at UCI were seven (range 3–14). During the year following implementation, 56 children were admitted. Eleven children received timely adjuvant treatment, four received transport support through social-work and childhood cancer organisations, and nine were referred for nutritional rehabilitation. The navigation system improved the structure of referral tracking and follow-up across institutions.

Conclusion: Implementation of a structured inter-institutional navigation pathway was associated with a marked increase in paediatric brain tumour admissions at UCI and improved coordination of referrals and supportive services. Further studies should evaluate effects on time to treatment, loss to follow-up, survival and other clinical outcomes.

Abstract 139

Nutrition Intervention For Paediatric Cancer Patients In Ghana: Implementation And Outcomes

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Introduction: Malnutrition adversely affects outcomes for children with cancer in resource-limited settings. Following documentation of a high prevalence of undernutrition in Ghana's largest paediatric oncology unit in 2019, World Child Cancer launched a multi-facility nutrition intervention in 2023. This study evaluated programme implementation and outcomes and documented lessons for improving nutritional care.

Methods: The intervention was implemented across nine childhood cancer facilities in Ghana from 2023 to 2026. A technical working group of facility dietitians, led by paediatric oncologists, standardised programme delivery through anthropometric assessment at diagnosis and follow-up, caregiver nutrition counselling and provision of ready-to-use therapeutic foods. Nutritional status was monitored every four weeks and at follow-up visits using mid-upper arm circumference and patient-tracking systems. Collaboration with Ghana Health Service supported development of standardised guidance emphasising locally available foods.

Results: The programme reached 695 children, of whom 76% demonstrated improved nutritional status; 695 caregivers received nutrition counselling. Reported facilitators included institutional coordination, standardised tracking and monitoring tools, culturally appropriate dietary support and locally sourced interventions. Challenges included the cost and stock-outs of imported therapeutic foods, insufficient local production capacity, competing dietitian responsibilities, coordination challenges and inconsistent data submission. Some caregivers also reported poor acceptability of the taste of Plumpy'Nut among children.

Conclusion: This multi-facility intervention demonstrates a structured approach to integrating nutrition into paediatric oncology care. Sustainability will require dedicated nutrition resources, reliable food budgets, locally appropriate procurement and production strategies, and strengthened integration of dietitians within oncology teams.

Abstract 140

Assessment And Detection Of Early Warning Signs Of Childhood Cancer: A Training Need For Health Education Assistants In Gantsi, Botswana

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Introduction: Primary healthcare services have an important role in recognising possible childhood cancer and facilitating timely referral. This educational initiative aimed to strengthen Health Education Assistants' knowledge of early warning signs of childhood cancer in Gantsi, Botswana.

Methods: An oral educational presentation was delivered across four facilities over one week, with each session lasting up to one hour. Participants completed a pre-test assessing baseline knowledge of childhood cancer warning signs and a post-test following the presentation.

Results: The target was 20 Health Education Assistants; 11 participated. Before the presentation, three of 11 participants could list at least three warning signs. After the presentation, the source reports that 10 knew approximately 10 warning signs, and all 11 participants passed the post-test.

Conclusion: This small educational initiative demonstrated improved immediate post-session knowledge among participating Health Education Assistants. Larger evaluations with predefined scoring criteria and longer-term assessment of knowledge retention and referral practice are needed.

Abstract 141

Bridging The Gap: A Social Worker's Role In Paediatric Palliative Care For A Rural Zambian Child With Retinoblastoma

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Case Summary: Palliative care aims to provide comfort, dignity, and support for patients facing life-limiting conditions. This case discusses the discharge of a paediatric patient into palliative care, highlighting the challenges and considerations involved. A 3-year-old child from a rural area of Mongu Province, Zambia, was diagnosed with stage IV retinoblastoma and transitioned from curative treatments to symptom management, ensuring quality of life in a home setting. The medical team and the medical social worker from the Zambian Childhood Cancer Foundation offered emotional, physical, spiritual and psychosocial support to the child's caregiver. Monitoring children discharged to palliative care across geographically dispersed areas of Zambia has been challenging. Community Health Assistants (CHAs) were therefore introduced to support follow-up in patients' home communities. Community Health Assistants play a crucial role as they provide supportive tasks and basic clinical functions, aftercare treatment, home-based care, community engagement, referral services, and medication adherence as well as improve healthcare access in rural areas. We have trained community health assistants in various communities Upon discharge of this child, she and her grandmother were assisted with transport money through the Zambian Childhood Cancer Foundation to travel back to their home village and were immediately linked to a community health assistant in their home village, who will monitor the child's condition, growth and well-being until her end of life. The CHA will assist and educate the family about home-based care, pain management and will also offer emotional, spiritual, physical and psychosocial support to the family at large.

Abstract 142

Barriers And Facilitators To Paediatric Early Warning System Implementation In Resource-Limited Paediatric Oncology: A Mixed-Methods Nurse Satisfaction Study From Uganda

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Introduction: Pediatric Early Warning Systems (PEWS) are vital tools for early detection of clinical deterioration in hospitalized children. While their effectiveness in improving outcomes is established in high-resource settings, implementation in resource-limited environments faces workforce shortages, equipment constraints, and contextual barriers. Frontline nurses are central to PEWS success, yet evidence on nurse satisfaction and barriers in low-resource pediatric oncology remains limited. This study aimed to assess nurse satisfaction, identify implementation barriers and facilitators, and generate context-specific recommendations for PEWS optimization in a Ugandan pediatric oncology setting.

Method: A cross-sectional mixed-methods nurse satisfaction survey was conducted at the Uganda Cancer Institute's Paediatric Oncology Department. The survey evaluated PEWS across four domains: (1) communication and patient safety, (2) usability and ease of use, (3) implementation barriers, and (4) recommendations for improvement. Data were collected through Likert-scale items, frequency measures, and open-ended responses. Quantitative data were analysed descriptively, and qualitative data underwent thematic analysis. Integration of findings followed a convergent parallel design.

Results: All 11 nurses involved in PEWS implementation participated (100% response rate). Overall, nurses expressed strong positive perceptions: 91% agreed that PEWS improved their workflow, 100% found it beneficial for patient care, and 91% believed it enhanced patient safety. PEWS was particularly valued for improving communication with physicians (91%). However, significant barriers emerged: 36% of nurses reported physician unavailability during night shifts, 57% identified inadequate equipment as a major constraint, and 73% highlighted workload as a significant obstacle. Additionally, 27% reported limited access to vital sign monitoring equipment. Thematic analysis emphasized the need for workflow integration, adequate staffing, reliable equipment, and stronger interdisciplinary collaboration.

Conclusion: Nurses strongly endorse PEWS as a valuable tool for enhancing communication and patient safety in resource-limited paediatric oncology care. Nonetheless, persistent implementation challenges—particularly equipment shortages, workflow inefficiencies, and delayed interdisciplinary response—threaten sustainability. Addressing these barriers through targeted interventions, improved resource allocation, and enhanced physician engagement is critical to optimizing PEWS implementation and strengthening paediatric care delivery in similar low-resource settings.

Abstract 143

Enhancing Paediatric Oncology Care Through Nursing-Led Documentation Innovation And Cancer Awareness In Northern Tanzania

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Introduction: Paediatric oncology care in low-resource settings faces significant challenges, including incomplete nursing documentation, limited childhood cancer awareness, and inadequate psychosocial support for caregivers. Existing programmes often focus on adult oncology or are limited to urban centres, creating gaps in paediatric care integration and

family-centred support.

Methods: This dual-focus project at Kilimanjaro Christian Medical Centre employed mixed-methods studies: one assessing nursing documentation quality and challenges in paediatric oncology, and another evaluating cancer awareness and psychosocial support among caregivers of children receiving chemotherapy. Documentation audits of 103 patient records and qualitative interviews with nurses identified workflow gaps. Surveys and interviews with 50 caregivers from rural and urban areas assessed knowledge gaps and support needs. Interventions included nurse-led documentation improvements and the development of age-appropriate educational and psychosocial support tools.

Results: Initial findings highlighted frequent documentation gaps linked to staffing and training deficiencies. Caregivers, particularly in rural settings, demonstrated limited cancer knowledge and a high psychosocial burden. Embedding documentation improvements within nursing workflows improved patient tracking and care coordination. Tailored awareness materials and nurse navigator support enhanced caregiver understanding and engagement.

Conclusion: Integrating nursing-led documentation improvements with paediatric cancer awareness and psychosocial support addresses important clinical and community gaps. This model may provide a scalable approach to strengthening clinical care and family education in northern Tanzania.

Abstract 144

A Programme To Improve Chemotherapy-Induced Anaphylaxis Awareness At Mulago National Referral Hospital In Uganda

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Introduction: Chemotherapy - induced anaphylaxis is a life-threatening hypersensitivity reaction that poses a significant risk to children undergoing cancer treatment. Gaps in provider knowledge delay prompt assessment and intervention, worsening patient outcomes. The purpose of this quality improvement project was to implement an evidence-based programme on chemotherapy- induced anaphylaxis to increase staff awareness and preparedness.

Method: Chemotherapy-induced anaphylaxis training was developed from existing evidence-based guidelines. Training included an interactive session to enhance understanding of the guideline and principles of assessment and management. Simulation exercises included case scenarios and how to use an anaphylaxis kit developed for this project. An online questionnaire consisting of five questions was used to assess baseline knowledge of anaphylaxis before the education programme and a score of 60% was set as passing. A month after the education programme, a more comprehensive post-test questionnaire with 10 questions was sent to the same group to evaluate knowledge improvement. For the post-test, a score of 70% was established as passing. The proportion of participants with competencies on the material pre- and post-education programme was compared.

Results: Training included 13 nurses, three medical officers, one pharmacist and one fellow. All 18 participants (100%) completed the education programme and pre- and post-assessments. A pre- assessment questionnaire revealed only 33% (6/18) of the participants demonstrated adequate chemotherapy-induced anaphylaxis knowledge. After training, a more comprehensive post- assessment tool was completed and showed 83% (15/18) met this target. Anaphylaxis kits were developed and strategically placed on the unit after training. This contributed to increased awareness and improved responses during training simulation.

Conclusion: With implementation of an evidence-based chemotherapy induced anaphylaxis education programme, there was enhanced knowledge and increased awareness of healthcare providers managing chemotherapy-induced anaphylaxis. The addition of anaphylaxis kits in designated response areas and simulation training further strengthened clinical practice, leading to more effective and safe management of anaphylaxis.

Abstract 145

Wilms Tumour: A Five-Year Review

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Introduction: Wilms tumour (Nephroblastoma) is the most common Paediatric renal tumour. It is an embryonic renal tumour derived from pluripotent embryonic renal precursor cells. This tumour is most commonly occurs ln children between the ages of 2 and 5 years. Histopathological examination is used to establish the diagnosis and histological subtype of Wilms tumour The purpose of this study is to determine the demographic, clinical, pathological patterns and outcome of Wilms tumour over the last 5 years

Method: A retrospective and prospective study of clinical records of Paediatric patients diagnosed with nephroblastoma between January 2021 and September 2025 at the University of Port Harcourt Teaching Hospital, Port Harcourt, Rivers State. Their clinical characteristics, pathology patterns and outcome were analysed

Results: Of the 25 patients, there was an almost equal distribution of male to female patients with a median age of 5 years (range 4 months- 10 years). Bilateral Wilms tumour was seen in 12% of the cases, 40% had left kidney involvement while 48% had right nephroblastoma. Seventy-six percent of cases had advanced disease at presentation (Stage 3 or stage 4). This was also a similar finding in a study conducted on Wilms in the hospital 10 years ago. The most common histology noted was triphasic: consisting of the epithelial, stromal and blastema components. Other histology types noted include: anaplastic and biphasic types. More than half of the patients seen were lost to follow-up, 16% are in remission and 20% had experienced a relapse in this period.

Conclusion: This study provides insights into the characteristics, pathology and outcomes of Wilms tumour. The large number of patients lost to follow-up and the late presentation are major contributors to poorer outcomes noted in Wilms tumour in developing countries.

Abstract 146

Factors Influencing The Health-Seeking Behaviour Of Childhood Cancer Caregivers In Kenya: A Preliminary Report Of The Quantitative Data

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Introduction: In Kenya, most children with cancer present late to the health system with advanced disease and have low survival rates of 19-30%. This study seeks to identify the factors that influence the health-seeking behaviour (HSB) of childhood cancer caregivers in Kenya as well as the patient time intervals from symptom recognition to the start of treatment.

Method: Cross-sectional surveys have been conducted across six health facilities in Kenya that treat children with cancer. This is a sub-analysis of data collected in the first 3 months of the study.

Results: A total of 99 surveys have been conducted. The average age of the caregivers was 36 years (SD 8.45) with 79% being female and 75% married. The families had a median of 3 children. Most (96%) caregivers had above primary level education but only 19% were in formal employment. 72% of the households had a monthly income of < USD153. Majority of the caregivers (63%) had no prior knowledge on childhood cancer. Social media (15%) was the most popular source of

information. Time intervals from symptom awareness to diagnosis was 40 days and from diagnosis to start of treatment 30 days. Barriers to early HSB included the high cost of health services, long physical distances to the health facilities, health service delays and cultural beliefs on the causation and outcome of cancer.

Conclusion: Community education, affordable decentralized services, and improved information access are interventions that can reduce the delays in HSB of childhood cancer caregivers in Kenya.

Abstract 147

Conditional Cash Transfers To Decrease Treatment Abandonment Of Childhood Cancer In Malawi: Preliminary Results From A Prospective Observational-Implementation Study

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Introduction: Treatment abandonment is a common barrier to curing childhood cancer in Africa. Centres have implemented many strategies to reduce abandonment, typically targeting transportation access and social support. Conditional cash transfers are a simple, evidence-based intervention to achieve social and health outcomes, but they have not been widely studied in paediatric oncology. This study evaluates a conditional cash transfer programme to prevent treatment abandonment in Malawi. Here we present results of an interim analysis of this ongoing study.

Method: This is a prospective observational-implementation study evaluating the implementation and effectiveness of the cash-transfer programme. Families receive 30 USD in monthly instalments conditional on continuing therapy. Abandonment rates in the pre-implementation and implementation phases are compared using Fine-Gray analysis accounting for competing risks and follow-up time. Secondary objectives include evaluating effects of transfers on caregiver stress and food insecurity.

Results: One hundred forty-six patients have been recruited (76 implementation, 70 pre-implementation). Thirty-one percent are from Lilongwe, 10% from Mzimba (~300 km away), and 15% live over 300 km from the hospital. Sixteen patients (23%) abandoned therapy in the pre-implementation phase versus two (3%) in the implementation phase (Fine-Gray p=0.008). Median follow-up is six months. Event-free survival at six months is higher in the cash-transfer cohort, 71% (95% CI, 61–83%) versus 57% (95% CI, 47–70%), with the log-rank test trending toward significance (p=0.09). Caregiver stress decreased significantly during the implementation phase (ANCOVA p=0.02). At diagnosis, 85% of patients came from food-insecure homes. Insecurity decreased substantially over time (ordinal OR=0.03, p=0.02), with a moderate, non-significant trend toward faster improvement in the implementation cohort.

Conclusion: Conditional cash transfers likely reduce treatment abandonment substantially, possibly mediated by improvements in caregiver stress and food insecurity. If sustained and generalisable, they should be considered essential budget items for paediatric cancer care in low-resource settings.

Abstract 148

Enhancing The Role Of Quality Improvement In Care Service Delivery: Experience At The KCMC Cancer Care Unit, Tanzania

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Introduction: In low- and middle-income countries (LMICs), the quality of cancer care remains a challenge due to limited resources, workforce shortages, and late presentation of disease. Quality improvement (QI) initiatives have been integrated within the oncology unit to strengthen clinical outcomes and service delivery. This study aimed to assess how QI activities enhanced nursing care, patient safety, and overall service efficiency in cancer management.

Method: A descriptive cross-sectional design was employed, involving a review of QI interventions implemented between June and August 2025 at the oncology unit. Data were obtained through document reviews, staff interviews, and clinical observations focusing on adherence to treatment protocols, nursing documentation, infection prevention, and patient-centered care. Thematic analysis was applied to identify areas for improvement, challenges, and outcomes associated with the QI process.

Results: A quality improvement team was established, and regular meetings were introduced to review clinical practices, identify challenges, and propose innovative solutions. Together, the team developed Key Performance Indicators (KPIs) focused on patient safety, documentation quality, treatment adherence, and teamwork efficiency. The nurse-led QI initiatives resulted in significant improvements in nursing documentation accuracy, timely medication administration, and infection control compliance. Regular multidisciplinary meetings fostered collaborative decision-making, leading to better coordination and continuity of care. Despite these achievements, staffing shortages and limited resources remained persistent challenges.

Conclusion: Quality improvement has proven instrumental in enhancing oncological care. QI efforts have strengthened patient safety, improved care coordination, and promoted a culture of accountability and teamwork. Sustaining these gains requires continuous staff training, leadership support, and resource investment. Embedding QI practices within oncology nursing can serve as a model for other LMIC institutions striving to deliver equitable, safe, and high-quality cancer care.

Abstract 149

Strengthening Regional Collaboration To Implement PrOFILE In Francophone Africa

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Introduction: PrOFILE in Francophone Africa. Our objective is to describe early implementation progress.

Method: Through the GFAOP network, an expression of interest was circulated to identify sites willing to participate. The Ministries of Health were engaged to ensure commitment. A joint St. Jude-GFAOP steering committee oversaw contextual and linguistic adaptation of PrOFILE into French and its alignment with Francophone Africa. Participating sites identified local leads and completed the 12- module self-assessment. The St. Jude team provided support with REDCap data entry (in English), while meetings and discussions were conducted in French.

Results: Eleven paediatric oncology sites across six countries completed the PrOFILE assessment. These countries included Senegal (one site), Côte d'Ivoire (two), Guinea (one), Democratic Republic of Congo (three), Mali (one), and Burkina Faso (three), representing three low-income countries and three lower-middle–income countries. Twelve

online steering committee meetings and multiple step-specific webinars were held to guide implementation. All key milestones and deadlines were successfully met. Aggregated analysis to identify common strengths and system gaps will inform collaborative action planning to be finalised in a prioritisation workshop.

Conclusion: This is the first coordinated PrOFILE implementation in Francophone Africa. Early experience demonstrates feasibility and strong engagement. Success was enabled by complementary collaboration between St. Jude and GFAOP, a jointly led steering committee, contextual and linguistic adaptation, and PrOFILE's guided process. These findings will inform strategic action planning to strengthen and advance equitable paediatric cancer care in the region.

Abstract 150

Impact Of Multidisciplinary Tumour Board Implementation On Childhood Cancer Outcomes At Bugando Medical Centre, Tanzania: Enhanced Diagnostic Efficiency And Survival Rates

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Background: A dedicated paediatric haematology-oncology unit was established at Bugando Medical Centre (BMC) in 2014. Between 2014 and 2020, the unit identified fewer than 200 cancer cases annually, with survival rates <40%. These outcomes were attributed to high treatment abandonment, delays in obtaining imaging, interpretation delays in diagnostic pathology and surgery, limited number of paediatric oncology specialists (reliant on visiting specialists) and lack of multidisciplinary coordination in patient care. This assessment aimed to evaluate whether multidisciplinary tumour board practices improved paediatric oncology care and clinical outcomes at Bugando Medical Centre.

Method: This retrospective review examined cancer diagnoses from January 2021 to December 2024. Descriptive statistics were reported using proportions and frequencies, while survival outcomes were analysed using Kaplan-Meier estimates in STATA Corps Version 15.

Results: MDT at BMC led to notable reductions in delays: time to diagnosis decreased from 30 to 14 days, and time to elective surgery from 30 to 7 days. The total numbers of new diagnoses increased over time: 220 in 2021, 266 in 2022, 270 in 2023, and 350 in 2024. A total of 1,100 solid tumour cases were reviewed – in 30% of cases, the preliminary diagnosis changed following the MDT. The most common diagnoses were nephroblastoma, neuroblastoma, rhabdomyosarcoma, brain tumours, osteosarcoma, and germ cell tumours, with nephroblastoma and neuroblastoma accounting for 50% of cases. One-year overall survival rates improved over this period: 42% in 2021, 51% in 2022, and 68% in 2023.

Discussion: The implementation of the MDT at BMC was associated with increased numbers of solid tumour diagnoses, changes in preliminary diagnoses after multidisciplinary review, and improved observed overall survival. The paediatric unit at BMC reported survival estimates approaching the World Health Organization Global Initiative for Childhood Cancer (WHO GICC) target of 60% survival by 2030, through continued strengthening of her multidisciplinary care.

Abstract 151

Childhood Cancer Control In Resource-Poor Settings: A Narrative Review Of Challenges Using The Health Systems Plus Framework Specifically Adapted For Childhood Cancer Control

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Background: Childhood cancer control in resource-poor settings faces multiple barriers to early diagnosis, treatment, and survivorship. The adapted Health Systems Plus Framework (HS+) provides a holistic model tailored to paediatric oncology. This narrative review examines these challenges through HS+ domains: governance, workforce, service delivery, financing, information systems, access to medicines and diagnostics, and community engagement aiming to provide an insight into the challenges facing childhood cancer control in resource-poor settings, and to identify barriers and potential strategies for improved cancer care.

Method: This narrative review synthesizes existing literature on childhood cancer control barriers in low- resource environments, mapped onto the HS+ framework and included peer-reviewed articles, policy reports, and case studies published between 2010 and 2025. Themes were extracted and categorized across the framework domains.

Results: Of 750 documents screened, 40 met inclusion criteria for detailed analysis. These represented 35 countries across five WHO regions, with 19 LMICs included. Key challenges identified include inadequate health workforce training in paediatric oncology, limited availability of diagnostics and essential medicines, fragmented referral systems, financial toxicity leading to treatment abandonment, and weak health information systems and patient support mechanisms.

Conclusion: Improving childhood cancer survival in LMICs requires a health systems strengthening approach and the HS+ provides a valuable structure to identify opportunities for action. Future efforts must focus on integrated, evidence-informed strategies that address dynamic challenges across multiple HS+ building blocks/systems and dimensions.

Abstract 152

Linking Systems, Saving Time: The Role Of The Patient Navigator In Enhancing Paediatric Cancer Care Coordination In Botswana

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Background: Paediatric Haematology-oncology care in Botswana is delivered within a multidisciplinary framework that requires coordination across various service points, including diagnostics, hospital admissions, and specialised laboratory testing. Timely access to care can be influenced by multiple intersecting factors such as resource limitations, procedural requirements, and coordination challenges across institutions. While in high-resource settings patient navigation is often institutionalized through standardised protocols and digital systems, the role in Botswana has emerged more organically—shaped by context, relational trust, and real-time responsiveness. This programme

Description: explores how patient navigation, adapted to the local healthcare landscape, serves as a vital connector across systems and

compares its relational implementation in Botswana with more structured Western models. It highlights the value of culturally grounded navigation approaches in enhancing Paediatric cancer care coordination and outcomes.

Description: Functioning as the central link between clinicians, caregivers, and institutional systems, the patient navigator in the Paediatric Haematology-Oncology Unit has implemented a multi- tiered strategy to optimise patient flow and bridge communication gaps. These include mapping care trajectories, establishing focal liaison officers in administrative departments, fostering rapport with diagnostic and laboratory staff, and integrating stakeholders into Paediatric cancer awareness events hosted at Botswana-Baylor Children's Clinical Centre of Excellence. In contrast to Western navigation protocols—which often rely on integrated electronic medical records, automatic referral alerts, and standardised navigation pathways—the local model relies heavily on interpersonal relationships and proactive engagement. Through "meet and greet" sessions and embedded advocacy, the navigator ensures that critical cases receive prompt attention, builds accountability, and humanizes institutional processes.

Lessons learned: Delays are multifactorial—resulting from structural, procedural, and communication bottlenecks. Strong interpersonal rapport and sustained advocacy are instrumental in ensuring responsiveness within a fragmented system. Stakeholder inclusion in programmematic activities increases investment in Paediatric cancer care, improving communication between communities, ministries, clinicians, and diagnostic services. Real-time tracking and follow-up by a dedicated navigator prevents sample/result/report loss, missed referrals, and unmonitored patient progression.

Next steps: Develop a centralized digital referral-tracking tool to streamline guarantee applications, diagnostic scheduling, and lab coordination. Formalize the role of the Patient Navigator within national Paediatric oncology protocols to ensure institutional sustainability. Initiate regular interdisciplinary review meetings to flag delays and collectively strategize around solutions. Create a national Paediatric oncology fast-track protocol to reduce delays from diagnosis to treatment, especially for high-risk malignancies. This model demonstrates the transformational potential of patient navigation not as an auxiliary role but as a pivotal driver of quality, equity, and timely Paediatric cancer care in resource-constrained health systems, particularly when adapted to fit local operational realities.

Abstract 153

Bridging The Gap: Strengthening Diagnostic-To-Treatment Timelines In Paediatric Oncology Through Patient Navigation In Botswana

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Purpose: Patient navigation is critical in helping patients, families, and caregivers overcome barriers to healthcare access, ensuring timely and appropriate care. Delays in diagnostics and treatment coordination significantly impact paediatric cancer outcomes in resource-limited settings. In Botswana's paediatric haematology-oncology service, patient navigation emerged as a key strategy to address service fragmentation and inefficient transitions in care. This quality improvement (QI) project aimed to reduce turnaround times for key diagnostic and administrative processes by strengthening patient navigation systems and fostering stakeholder collaboration.

Methods: From January 2024 to December 2024, a QI framework guided the identification of bottlenecks in patient flow across four institutions: Botswana-Baylor Children's Clinical Centre of Excellence, Princess Marina Hospital, the National Health Laboratory, and private laboratories. Seventy-eight paediatric patients were enrolled, and from the tests that were done and tracked 71.8% were laboratory-based (histology, immunophenotyping- flow cytometry and IHC, tumour markers and 28.2% were imaging studies (MRI, CT scan, x-ray and Ultrasound). Baseline turnaround times were established using retrospective chart reviews and navigation logs. Interventions included assigning focal liaison officers within key departments, real-time tracking, and convening monthly inter-stakeholder "meet-and-greet" events. Outcome metrics included average test turnaround times, rate of successful follow- ups, and frequency of delays due to administrative or logistical gaps.

Results: At baseline, turnaround times ranged from 7 to 30 days, with notable delays linked to dual- layer financial approvals and the outsourcing of specialised tests. Navigation gaps also included lost samples, uncoordinated appointments, and unclear responsibility for follow-ups. Following QI interventions, a 20–30% reduction in average turnaround time was observed in key pathways, notably for endocrine panels, CT scans, and out-of-country molecular tests. "Meet-and-greet" stakeholder forums, designed to build cross-departmental relationships and clarify processes, resulted in faster escalation of pending approvals and reduced sample transfer delays. These improvements were tracked via pre- and post-intervention logs, which showed shorter resolution times and improved interdepartmental communication. The initiative also revealed increased staff satisfaction with coordination processes, as captured through brief post-meeting evaluations.

Conclusion: This QI initiative demonstrates that embedding patient navigation within a structured improvement model can meaningfully reduce delays in paediatric cancer care. Process improvements—particularly the institutionalization of liaison roles and regular stakeholder engagements enhanced communication, accountability, and care continuity. Sustainable change will require ongoing monitoring, integration of digital tracking tools, and policy support to formalize the navigator's role. The success of this model highlights the value of relational, systems-oriented QI in strengthening paediatric oncology services in Botswana.

Abstract 154

Nursing Advocacy For Paediatric Oncology Patients At Kenyatta National Hospital

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Background: Paediatric oncology nursing in low-income countries such as Kenya requires more than clinical competence. Strong nursing advocacy is very significant in ensuring equitable, compassionate, and holistic care for children living with cancer. At Kenyatta National Hospital (KNH), which is the National Referral and Teaching Hospital in Kenya, nurses pose a central role in advocating for the rights, well-being, and treatment outcomes of paediatric oncology patients.

Methods: This study explores the scope, strategies, and impact of nursing advocacy within the paediatric oncology unit at KNH. A descriptive qualitative approach was used, to draw insights from nursing experiences, departmental reports, and collaborative initiatives with all multidisciplinary teams. Key areas of focus included patient education, communication facilitation, psychosocial support, and resource mobilization. The analysis highlights in depth navigation of nurses' institutional and cultural barriers championing comprehensive paediatric cancer care.

Results: Nurses at KNH demonstrated strong advocacy through initiatives such as caregiver education on medication adherence and side-effect management, coordination of caregiver counselling sessions, and facilitation of communication between families and clinicians. Despite challenges like staff shortages, limited resources, and high patient volumes, nurse-led advocacy has improved treatment adherence, reduced treatment abandonment, and enhanced family coping mechanisms. Collaborative partnerships through international twinning programme and local paediatric cancer support groups have additionally

optimised resource acquisition and awareness creation on childhood cancer.

Conclusion: Nursing advocacy remains a cornerstone of paediatric oncology care at KNH that has significantly influenced both clinical and psychosocial outcomes. Strengthening advocacy through continuous professional training, psychosocial support structures, and policy recognition is essential to sustaining progress. The KNH experience has demonstrated that empowered nurses can bridge systemic gaps and transform paediatric oncology care in low-income countries.

Abstract 155

Tumour Types, Two-Year Survival And Its Predictors In Children With Intra-Abdominal Tumours At A Tertiary Hospital In Northern Tanzania: A Retrospective Study

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Introduction: Intra-abdominal malignancies are a significant concern in Tanzanian oncology centres, especially in resource-limited settings where they contribute to high morbidity and mortality among children. This study aimed to identify the types of intra-abdominal tumours, estimate two-year survival rates, and determine predictors of poor survival among paediatric patients at Kilimanjaro Christian Medical Centre (KCMC).

Methods: A retrospective review was conducted of children under 18 years diagnosed with intra- abdominal tumours at KCMC between January 2016 and December 2020. Data were extracted from the Cancer Registry and analysed using STATA version 15. Survival rates were estimated using the Kaplan-Meier method, while Cox regression was calculated to identify predictors of survival. Statistical significance was set at $p<0.05$.

Results: 80 children with intra-abdominal tumours were included, with the majority aged 0–5 years. Nephroblastoma emerged as the most prevalent tumour type. The overall two-year survival rate was 47.3%, notably lower than the World Health Organization (WHO) target of 60% by 2030. Advanced disease stage, presence of distant metastasis, lack of chemotherapy, and absence of surgical intervention were all significantly associated with poor survival outcomes.

Conclusion: Intra-abdominal tumours constitute a major proportion of childhood cancers at KCMC, with nephroblastoma being the most common. The observed survival rate falls short of the WHO's 2030 target, highlighting the urgent need for strategies focused on early detection and timely intervention. Strengthening these efforts is essential to improve survival outcomes for children with intra-abdominal tumours in Tanzania and to meet the required WHO goal of 60% by the year 2030.

Abstract 156

Wilms Tumour In Africa – A Survey Of Current Diagnostics And Treatment Practices

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Introduction: Wilms tumour (WT) is the most common renal tumour in children globally, however survival outcomes in Africa remain significantly lower than high-income countries. Limited diagnostic capabilities, constrained treatment resources and inconsistent adherence to established treatment protocols contribute to this disparity. The aim of the study was to document baseline evidence of current management practices and resources for WT across Africa.

Methods: A descriptive cross-sectional survey was conducted between May 2024 and July 2025. A structured questionnaire was distributed electronically via the SIOP Africa platforms to clinicians involved in the management of WT. The survey captured information on diagnostic and staging resources, treatment and surgery availability, radiotherapy access, and multidisciplinary team (MDT) meetings. Data were analysed descriptively using Stata version 17.

Results: Responses were received from 83 participants representing 28 African countries, with the largest proportion (13.3%) from Ethiopia. The majority of respondents (65.1%) were paediatric oncologists and 37.3% had between five and ten years of professional experience. Equal proportions of respondents (34.9%) reported managing 1-10 and 11-20 new patients annually. A minority (13.4%) of respondents reported challenges in establishing a diagnosis, with about 30% of them citing difficulties in performing biopsies and obtaining pathology review. Only 34.9% had difficulties with access to chemotherapy and similar proportion faced challenges in accessing surgery. About 70% of respondents reported being able to treat bilateral WT in their units. Radiotherapy was available in 22/28 (78.6%) countries and the linear accelerator was most commonly used. The SIOP protocol was the preferred treatment protocol in 60.2% of respondents. The majority (83.3%) reported having MDT meetings, with 41% holding them weekly.

Conclusion: This survey highlights differences in WT management practices across Africa with considerable resource constraints and system-level gaps. Strengthening diagnostic capacity, ensuring consistent drug and radiotherapy access, and expanding multidisciplinary collaboration are critical to improving outcomes in Africa.

Abstract 157

A National Analysis Of Paediatric Oncology Service Gaps In Nigeria: Surgeons As Advocates In Failing Systems

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Introduction: Systemic inadequacies place significant burdens on surgeons and compromise their ability to deliver timely, safe, and effective care

Purpose: To presents findings from the national PrOFILE (Paediatric Oncology Facility Integrated Local Evaluation) survey, which assessed paediatric oncology service across 13 Nigerian institutions, offering a comprehensive look at the conditions under which paediatric surgeons operate and the urgent need for system strengthening.

Methods: Data were collected on 12 module forms in each institution and submitted on an electronic data collection platform. The St. Jude PrOFILE team generated an aggregate report with all cohort data.

Results: Paediatric surgeons are available in all 13 institutions; 4 had Paediatric hemato-oncologists, none had specialised paediatric haemato-oncology (PHO) nurses. X-rays and ultrasound are available in all locations; however, CT scans, MRIs, bone scans, MIBG scans, and PET scans show inconsistent availability, timeliness, and reliability. Ten institutions have operating rooms within their facilities, and 6 institutions report having most surgical subspecialties, with dedicated operating room time for PHO patients. Staffing for complex cases is adequately provided in 4; none have facilities for intraoperative frozen sections, and only 1 offers limb-sparing surgery. Post-operative ventilator support is available in three institutions. Three have PICU, timely access to clinical pathology is available in 11, and anatomical pathology in 12. Four facilities had laminar hoods for preparing chemotherapy; none had chemotherapy prepared by the pharmacy, nor were infusion pumps used for chemotherapy delivery. Supportive care protocols are in place at six institutions; however, timely access to blood bank services is reported in only three facilities, and only one facility has access to a linear accelerator.

Conclusion: System-wide deficiencies threaten surgical safety, underscoring the need for system strengthening, an effort that paediatric surgeons should lead through active advocacy, given their central role in cancer care delivery.

Abstract 158

Clinical Presentation And Outcomes Of Nasopharyngeal Carcinoma In Children And Adolescents Diagnosed At Mbingo Baptist Hospital, Cameroon: A Three-Year Retrospective Case Series

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Introduction: Nasopharyngeal carcinoma is a rare paediatric solid tumour. It originates from the epithelial cells lining the nasopharynx. It is more common in adolescents compared to infants. Its rarity poses a diagnostic challenge in Sub-Saharan Africa, where Burkitt's lymphoma and soft tissue sarcoma are more common.

Methods: This is a retrospective case series study of ten children aged below 18 years diagnosed with nasopharyngeal carcinoma at the Mbingo Baptist Hospital, Cameroon. All patients diagnosed with nasopharyngeal carcinoma from January 2022 to December 2025 were selected for this study from the medical records at the paediatric cancer unit.

Results: Out of the ten patients, 50% were females. The minimum age at diagnosis was 1.2 years, while the maximum was 17 years. The median age at diagnosis was 14 years, with a 95% CI (10.5 to 16.5). The minimum duration of symptoms before diagnosis was 2 months and a maximum of 24 months. The most common symptoms were nasal congestion, neck masses, nasal bleeding and difficulty in hearing. According to the AJCC 8TH edition of nasopharyngeal carcinoma staging, 60% had stage IV, 30% had stage III, and 10% had stage II disease. Twenty per cent of the patients were initially misdiagnosed and treated for lymphoma and cervical tuberculous adenitis. Also, 2 out of 10 patients had bilateral orbital invasion of the disease, leading to complete blindness. The treatment was sequential chemotherapy associated with concurrent chemo-radiotherapy. Three out of ten patients died secondary to disease progression and treatment toxicity. The complete response was 70% and 60% of the children were alive at 2 years of follow-up with no major toxicity.

Conclusion: The majority of children with nasopharyngeal carcinomas present with advanced disease. However, outcomes are favourable with multimodality treatment.

Abstract 159

Nurses' Perspective On Communication During Critical Patient Deterioration: Results From The St. Jude CritCom Survey At Federal Teaching Hospital, Lokoja

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Background: Timely, clear, and collaborative communication is essential in the management of critically deteriorating children with cancer. Nurses often represent the first point of recognition and escalation, making their communication experiences crucial to patient outcomes. The CritCom survey assesses six communication domains relevant to acute deterioration. The aim was to evaluate nurses' perceptions of communication during clinical deterioration in paediatric oncology and compare these findings with overall institutional

Methods: Fifty-five healthcare professionals at the Federal Teaching Hospital Lokoja, including nurses, paediatricians, paediatric oncologists, surgeons, intensivists, anesthetists, and residents, completed the CritCom survey. Twenty-eight respondents were nurses. Scores ranged from 1.0 ("almost never") to 5.0 ("almost always"). Domains assessed included Actionable Communication, Clarity, Tone, Empowerment, Collaboration and Teamwork, and Leadership.

Results: Nurses scored higher than the general participant group in all six domains. The overall CritCom score for nurses was 4.3 compared with the institutional score of 4.2. The largest difference was observed in the Leadership domain (4.6 for nurses vs. 4.4 overall), indicating strong perceived support for escalation and decision-making. Nurses also rated Actionable communication (4.5), Clarity (4.3), Collaboration (4.3), and Empowerment (4.2) highly. Tone remained the lowest domain for both groups, though nurses reported slightly more positive experiences (3.9 vs. 3.8). This suggests ongoing challenges with communication climate, emotional safety, and respect during high-stress scenarios.

Conclusion: Nurses viewed communication practices during critical deterioration more favourably than the broader team, particularly in terms of leadership and clarity. However, persistent challenges in communication tone and empowerment point to opportunities for targeted training and supportive team-based interventions. Strengthening

interdisciplinary communication and improving psychological safety are key priorities for enhancing outcomes in paediatric oncology.

Abstract 160

Olfactory Neuroblastoma In An 11-Year-Old Child: A Case Report From An Ethiopian Teaching Hospital

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Olfactory neuroblastoma (Esthesioneuroblastoma) is a rare malignancy of the sinonasal region, exceptionally uncommon in children. Paediatric cases share similar presentation and outcomes with adults but remain underreported. Here we report an 11-year-old boy admitted to Tikur Anbesa Specialised Hospital with a paranasal swelling with associated nasal congestion, and bilateral epistaxis. Diagnosis was confirmed after biopsy and subsequent immunohistochemistry staining suggested the diagnosis of ONB. The Modified Kadish staging classified the patient as stage C disease, which is the most frequent stage at presentation. Stage C is considered advanced and requires multimodal therapy. The patient received induction chemotherapy, achieving significant clinical and radiological response, and is awaiting surgical excision. This case underscores the importance of considering olfactory neuroblastoma in paediatric sinonasal masses and highlights the role of multimodal treatment in advanced disease.

Abstract 161

Clear Cell Sarcoma Of The Kidney Mimicking Wilms Tumour: A Case Report Of Two Children With Distinct Clinical Profiles From An Ethiopian Teaching Hospital

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Clear Cell Sarcoma of the Kidney (CCSK) is an uncommon renal neoplasm of childhood, having a less favorable prognosis with an aggressive clinical course, high relapse rates, and significant mortality compared to Wilms tumour. Here we have presented two confirmed cases of CCSK in children with contrasting age groups and clinical presentations, highlighting diagnostic and therapeutic challenges. The first case involved an 11year old female Adolescent who presented with an abdominal swelling of 2 weeks duration. Despite the imaging studies suggesting a likely diagnosis of Wilms tumour, the atypical age of presentation prompted further evaluation with a core needle biopsy being done and together with IHC staining both supported the diagnosis of CCSK. The second case was an 18-month-old male toddler who initially presented with an incidental abdominal swelling. He underwent Nephrectomy and was treated as Wilms tumour based on imaging and biopsy findings. However, two months after completion of therapy he developed a large non tender mass over the left side of the forehead extending to and obscuring the left eye vision. Biopsy and IHC established the diagnosis of metastatic CCSK. These cases underscore the importance of maintaining a high index of suspicion for CCSK with atypical presentations or unusual disease progression. It is imperative to diagnose early because of the need for a more intensive multimodal therapy.

Abstract 162

Implementing A Quality Improvement Project Package From A High-Resource Healthcare Setting Into A Low-Resource Healthcare Setting: Progress And Lessons Learned

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Introduction: Reactive change is not the answer to fixing problems identified in institutionalized systems. The solution however, lies in improving quality (QI) by adjusting existing protocols to produce consistent desired

Methods: Reviewed the stages of implementing the QI package. Documented MDT from the onset of the project and turnover rate mid implementation. Assessed the availability of implementation tools and specialists.

Results: Of 20 care providers in initial MDT, 4 remained so far. Remnant include 1 paediatric oncologist, 1 child life specialist and 2 oncology nurses. New hands were short term due to rotations and replacements. Outcome measures were lower in low-resource settings. This was due to a disparity in process measures. Also, causes of high healthcare provider turnover rate were traced to differences in healthcare systems, personnel allocation and available specializations. Adopting a proven QI package is feasible, however, there may be disparities in process and outcome measures when the package is from a high-resource setting and is being adopted into a low-resource setting. This paper is a commentary on progress and from adopting and implementing a QI package from a high-resource setting into a low-resource setting.

Conclusion: Based on the gap in knowledge and resources, disparities in outcomes are expected. As a bridge, long-term trainings and clinical placements should be prioritized. This way, members of MDTs in low-resource settings will be equipped to adapt and adopt proven QI packages from high- resource settings.

Abstract 163

Strategies For Optimising Tumour Board Meetings In Paediatric Oncology At The Uganda Cancer Institute

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Introduction: Paediatric oncology patients at the Uganda Cancer Institute (UCI) are discussed at three weekly multidisciplinary tumour board meetings (TBMs) covering Solid Tumour, Haematology, Neuro Oncology/Ocular Oncology cases. Given the high volume of cases, only a proportion of patient cases are discussed. Healthcare practitioners at the UCI have previously identified a need to improve their TBMs to make the best use of the multidisciplinary team (MDT) in attendance.

Methods: We conducted a survey focusing on the goals of the tumour board, documentation practices, decision-making processes, and overall meeting structure. We conducted semi-structured interviews, exploring issues identified in the survey, specifically regarding selection criteria, the role of education, and feedback mechanisms of the tumour board. We analysed the survey and interview data to determine TBM efficacy, their current strengths and weaknesses, and scope for improvements.

Results: 32 clinicians responded to our survey, which were followed by eight semi-structured interviews with clinicians from different departments. Clinicians were confident in the goals of the tumour boards, and agreed TBMs contributed positively to patient outcomes, were well organised, and had a positive impact on teamwork. They also identified weaknesses in terms of timeliness of decision making, overly academic discussions, a need for improvement in documentation, and increasing

patient involvement.

Conclusion: We made a number of recommendations to the UCI team including: standardising meeting protocols in order to discuss more patients in a time-efficient manner, and introducing a patient referral and reporting form template to improve documentation and follow-up of decisions made in TBMs. Future work aims to evaluate the impact of these changes on TBM efficacy and patient outcomes.

Abstract 164

National Childhood Cancer Network (NCCN) Tanzania

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Introduction: In Tanzania, children diagnosed with cancer often face long distances to reach specialised treatment centres, which can delay diagnosis and limit access to timely care. Many families travel hundreds of kilometers, facing financial, logistical and emotional challenges, all of which impact treatment outcomes. The National Childhood Cancer Network (NCCN) Tanzania is a collaborative initiative designed to strengthen coordination, referral systems and access to childhood cancer care across the country. The network seeks to bridge gaps in the referral pathway through structured partnerships, enhancing early diagnosis, timely referrals and equitable service delivery for children in need.

Methods: An assessment is conducted to identify hospitals and regions with the greatest potential impact for NCCN engagement. Selection and prioritization of facilities are based on key criteria: (1) the volume of active referrals to Level 3 and Level 2 centres, (2) the infrastructure and readiness of hospitals to deliver paediatric oncology services, and (3) geographical coverage to ensure equitable access, aiming for no child to be more than four hours away from care. Facilities meeting these criteria are subsequently engaged for capacity building, integration into referral networks, and strengthening of support systems to enhance early diagnosis, timely treatment, and overall survival outcomes for children with cancer across Tanzania.

Results: Currently, TLM partners with 22 NCCN sites in 14 regions across Tanzania. Of these, 4 are Level 3 hospitals, which are fully specialised centres providing comprehensive paediatric oncology care, 5 are Level 2 hospitals, capable of treating certain types of cancer, stabilizing patients and transferring them when necessary and 13 are Level 1 hospitals, which primarily stabilize and transfer patients. To strengthen capacity, a total of 105 healthcare workers across these sites have been trained in paediatric oncology care. Chemotherapy medications are supplied free of charge to each site, ensuring that children can access lifesaving treatment without financial barriers. These efforts have significantly improved early diagnosis, referral efficiency and treatment outcomes for children with cancer across the country.

Conclusion: The NCCN has made significant strides in improving access to paediatric oncology care across the country. Through strategic engagement of hospitals, capacity building of healthcare workers and the provision of free chemotherapy, children now benefit from earlier diagnosis, timely referrals and more consistent treatment. The network's coordinated approach reduces barriers caused by distance, strengthens local health systems and promotes equitable care for all children, regardless of where they live. Looking ahead, NCCN aims to expand partnerships to at least 30 sites, ensuring that no child is more than 4 hours away from specialised care.

Abstract 165

Shaping Futures Workshop: Empowering Teenagers As Agents Of Change In Cervical And Breast Cancer Awareness

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Introduction: Shaping Futures Workshop: Empowering Teenagers as Agents of Change in Cervical and Breast Cancer Awareness. Betty Najjuuko1. Rachel Kansiime2, Nakato Angella Nakiganda3 1Musawo Betty care and Research Centre (MBCRC) –Nsangi-, Wakiso District, Kampala City. Intoduction Cervical and breast cancer are among the leading causes of cancer related morbidity and mortality in Uganda where we experience 27% teenage pregnancy, a justification of early sexual activity which is one of the predisposing factor to these cancers. While these cancers often manifest in adulthood, their prevention and early detection practices begin with knowledge and healthy habits established during teenage age. Misinformation, cultural silence, stigma and lack of age-appropriate education leave teenagers vulnerable. These Shaping Futures workshop series is designed to transform teenagers from passive audience into informed, proactive advocates for their own health and the health of their communities in a supportive and peer-based environment.

Methods: It is an immersive one-day experience built on interactivity and peer learning. We use models like myth-versus-fact challenges to explain HPV, cancer development and the power of prevention. Hands-on skills stations for demonstrations so that teenagers get hands on practice with respect. Ask the expert model also helps us to answer questions from teenagers. My health pledge model helps teenagers plan and learn how to share key messages with family and friends.

Results: Most of the teenagers (80%) demonstrated a significant increase in knowledge about cancer prevention in post-workshop assessments. A remarkable increase in the number of teenagers, schools and family members seeking the knowledge at MBCRC. We also expect to cultivate a more informed generation that practices early detection and reduces the future burden of cancer in the community.

Conclusion: Empowering teenagers with accurate knowledge about cervical and breast cancer is a critical step towards a healthier future for all.

Abstract 166

Symptom Appraisal And Health-Seeking Behaviours Among Parents And Caregivers Of Children And Adolescents Diagnosed With Leukaemia At The Uganda Cancer Institute, Uganda

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Background and aims: Paediatric leukaemia diagnosis and treatment may be delayed by symptom misappraisal and challenges in healthcare seeking. Limited understanding of symptom recognition and health-seeking behaviours among caregivers may contribute to these delays. This study aimed to explore symptom appraisal and health-seeking behaviours among parents and caregivers of children and adolescents diagnosed with leukaemia at the Uganda Cancer Institute (UCI).

Methods: Using a qualitative methodology, focus group discussions (FGDs) were conducted with parents or primary caregivers of children and adolescents diagnosed with leukaemia at UCI. Four FGDs (two with female and two with male participants), each using the same structured interview guide, were audio-recorded and transcribed verbatim. The

guide incorporated constructs from the COM-B model (Capability, Opportunity, Motivation–Behaviour) and the Health Belief Model. Data were analysed thematically, with themes coded using NVivo software.

Results: Caregivers reported symptoms including low-grade fever, fatigue, weight loss, epistaxis, joint pain and swelling. Concern increased when symptoms worsened or failed to resolve. Emotional distress was common, particularly when repeated clinic visits resulted in alternative diagnoses, often malaria or other infections. Health-seeking pathways varied: some caregivers pursued further care because of dissatisfaction with initial diagnoses, whereas others accessed treatment promptly after referral. Many nevertheless described substantial delays associated with diagnoses made at peripheral clinics. In some cases, school staff or other observers identified concerning symptoms and prompted caregivers to seek specialist care. Following referral to UCI, caregivers reported difficulties navigating the healthcare system, including limited guidance and long waiting times.

Conclusions: Improved caregiver education, better recognition of potential cancer symptoms and more streamlined referral pathways may reduce diagnostic delays for childhood leukaemia at UCI.

Abstract 167

Treatment-Related Toxicity And Early Treatment Outcomes Of Children And Young Adults With Acute Myeloid Leukaemia At Muhimbili National Hospital, Tanzania

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Introduction: Overall survival for children with acute myeloid leukaemia (AML) has reached approximately 70–75% in high-income countries but remains substantially lower in many low- and middle-income countries (LMICs). Treatment-related toxicity contributes to morbidity and mortality. Muhimbili National Hospital introduced an AML treatment protocol for children in March 2022. This study aimed to describe treatment-related toxicity and early treatment outcomes.

Methods: An ambidirectional cohort study included patients aged 0–19 years with AML treated at MNH from March 2022 to November 2024. Treatment comprised two induction cycles containing cytarabine (100 mg/m²/dose) and daunorubicin, followed by two high-dose cytarabine consolidation cycles (3,000 mg/m²/dose). Measurable residual disease (MRD) was assessed by flow cytometry after the first induction cycle; <0.01% was defined as MRD-negative. Descriptive statistics and Kaplan–Meier survival estimates were used.

Results: Forty-nine patients were identified; 55.1% were male and 59.2% were aged ≤12 years. Median follow-up was 30 months. All patients experienced at least one treatment-related toxicity. Infection (23.1%), anaemia (23.1%) and haemorrhage (20.8%) were the most frequently reported toxicities; chemical conjunctivitis was uncommon (3.3%). Ten treatment-related deaths occurred (20.4%), of which six (60%) were attributed to infection. Seven patients (14.2%) experienced induction failure. MRD was evaluable in 32 patients, of whom 16 (50.0%) were MRD-negative. Six-month overall survival and event-free survival were 67.3% and 53.1%, respectively. Reported median overall survival was 10.0 months (95% CI 9.68–10.6) and median event-free survival was 7.0 months (95% CI 6.66–7.62).

Conclusion: Curative-intent AML treatment is feasible in this setting, although treatment-related toxicity contributes substantially to mortality. Strengthening supportive care, particularly infection prevention and management, is important for improving outcomes.

Abstract 168

Hyperglycaemia And Hypertension In Children With Acute Lymphoblastic Leukaemia: Burden And Associated Factors At Muhimbili National Hospital, Tanzania

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Introduction: Children with acute lymphoblastic leukaemia (ALL) are at risk of hyperglycaemia and hypertension during induction chemotherapy, particularly during corticosteroid exposure. The burden and associated factors in Tanzania have not been well described.

Objective: To determine the frequency of, and factors associated with, hyperglycaemia and hypertension during ALL induction therapy at Muhimbili National Hospital (MNH), Tanzania.

Methods: A hospital-based cross-sectional study was conducted at MNH from April 2022 to April 2023. Data were obtained from questionnaires, medical records and chemotherapy charts. All patients received one week of prephase prednisolone (40 mg/m²), followed by dexamethasone (6 mg/m²) for four weeks. Hypertension and hyperglycaemia were defined according to American Academy of Pediatrics and American Diabetes Association criteria, respectively. Blood glucose was assessed once during week 2; blood pressure was assessed during weeks 2 and 4. Categorical data were summarised using frequencies and proportions and numerical data using medians and interquartile ranges.

Results: The study included 124 participants; 94 (75.8%) were male and the median age was 6.6 years (IQR 4.5–10.0). Hypertension occurred in 29/124 (23.4%) and hyperglycaemia in 18/124 (14.5%). Hypertension was more frequently recorded in week 4 (16.1%) than week 2 (7.3%). Factors associated with hyperglycaemia included male sex (adjusted OR 3.55; 95% CI 1.17–10.78; p=0.025) and age >10 years (adjusted OR 3.73; 95% CI 1.24–11.25; p=0.016). Cerebrospinal fluid positivity at diagnosis was associated with hypertension (adjusted OR 11.48; 95% CI 1.51–87.16; p=0.018).

Conclusions: During induction chemotherapy, hypertension and hyperglycaemia occurred in 23.4% and 14.5% of participants, respectively. Hypertension was associated with CNS involvement, whereas hyperglycaemia was associated with male sex and older age.

Abstract 169

Ideal Versus Actual Timing And Perceived Barriers Of Palliative Care Integration For Children With Cancer In Africa

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Introduction: Palliative care is an essential component of comprehensive cancer care, addressing pain, physical symptoms and emotional suffering throughout the illness trajectory. Early integration of paediatric palliative care (PPC) may improve patient- and family-centred outcomes, yet implementation across Africa remains limited. This study aimed to assess healthcare providers' perceptions of the ideal versus actual timing of PPC integration and identify perceived barriers to early integration.

Methods: A descriptive cross-sectional survey was conducted among 364 healthcare providers from 40 African countries, including doctors and nurses. A WHO-aligned adaptation of the Assessing Doctors' Attitudes on Palliative Treatment (ADAPT) tool assessed perceptions and practices regarding PPC timing and perceived barriers. Data were

analysed using descriptive statistics and chi-squared tests ($p<0.05$).

Results: Although 83.0% of respondents endorsed initiating PPC at diagnosis and 84.3% endorsed early integration for high-risk patients, only 29.0% reported early integration in practice ($p<0.001$). PPC was most often initiated at relapse (79.4%) or when curative options were exhausted (79.9%). Frequently reported barriers included limited professional knowledge (70.9%), lack of PPC specialists or services (70.6%), and absence of home-based care (61.5%). Nurses reported family resistance (84.4% vs 69.2%; $p=0.009$) and cultural barriers (86.9% vs 66.2%; $p=0.002$) more frequently than physicians. Regional variation was observed for prognostic uncertainty ($p=0.038$).

Statement of novelty: The study provides multi-country data on healthcare-provider perceptions of the timing of PPC integration and barriers across diverse African settings.

Conclusion: The findings demonstrate a gap between preferred and reported timing of PPC integration and identify workforce, service and home-care barriers that may inform efforts to strengthen earlier PPC integration.

Abstract 170

Follow-Up Of Childhood Cancer Survivors At An Outpatient Clinic In Western Kenya

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Background: Data on childhood cancer survivors in Africa remain limited. As survival improves, increasing numbers of children require surveillance for late effects. This study describes the childhood cancer survivor population attending an outpatient haematology-oncology clinic at a tertiary referral centre in Western Kenya.

Methods: Clinic attendance and demographic data were collected retrospectively from outpatient diaries for 2022–2024 and prospectively from late-effects documentation forms used in an ongoing pilot study initiated in November 2024.

Results: A total of 2,650 outpatient visits were recorded; 1,484 were follow-up visits involving 475 individual childhood cancer survivors. Seventy-eight per cent of survivors had diagnoses categorised as common and curable childhood cancers. The source reports that outpatient visits increased between 2022 and 2024 ($p<0.001$); this apparent date inconsistency requires confirmation against the original dataset. In the pilot programme, median survivor age was 9 years (IQR 5–13) and median follow-up was 13 months. Among 154 survivors, 74 reported late effects: 77% physical, 6% emotional, 6% social and 11% related to school functioning.

Conclusion: A substantial number of childhood cancer survivors attended this outpatient clinic, and reported late effects were common despite relatively short follow-up. These findings support strengthening structured surveillance for physical and psychosocial late effects in Kenya.

Abstract 171

Surgical Management Of Hepatoblastoma In A Tertiary Hospital In Nigeria: Report Of Two Cases

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Background: Hepatoblastoma is rare but is the most common primary malignant liver tumour in children. Surgical resection is central to curative treatment. Hepatobiliary surgical services may be limited in low- and middle-income countries because of constrained infrastructure and specialist expertise. We report two children with hepatoblastoma managed with multimodal therapy at a tertiary hospital in Nigeria.

Case 1: A 2-year-old boy presented with a 2-month history of right upper abdominal swelling. Examination demonstrated firm, non-tender hepatomegaly extending approximately 10 cm below the right costal margin. Abdominal MRI showed a hepatic mass involving the entire right lobe and left medial section, and serum alpha-fetoprotein was 247,933.9 ng/mL. He received nine cycles of cisplatin-based neoadjuvant chemotherapy followed by extended right hepatectomy. The postoperative course was uneventful and he was discharged on postoperative day 7. Histopathological examination of the resected specimen demonstrated areas of calcification without reported viable tumour.

Case 2: A 2-year-old girl presented with a 6-month history of right upper abdominal swelling. Examination demonstrated firm, non-tender hepatomegaly extending approximately 15 cm below the right costal margin. MRI showed a hepatic mass involving the entire right lobe, and serum alpha-fetoprotein was 6,345 ng/mL. She received six cycles of cisplatin-based neoadjuvant chemotherapy followed by resection of hepatic segments V and VI. Her postoperative course was uneventful and she was discharged on postoperative day 7. Histopathology confirmed hepatoblastoma. At three-year follow-up she remained tumour-free but had hearing impairment, which may have been related to cisplatin exposure.

Conclusion: These two cases demonstrate that complex multimodal hepatoblastoma treatment, including hepatic resection, can be delivered in a resource-constrained setting. Given the small case series, conclusions regarding cure rates, tolerability or general effectiveness should be interpreted cautiously.

Abstract 172

Leveraging Telepharmacy To Deliver Oral Metronomic Chemotherapy And Follow-Up Care For Children With Cancer: Experience From Kijabe Hospital, Kenya

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Background: Children with cancer in Kenya may face long travel distances, financial barriers and limited access to specialist oncology services. Kijabe Hospital implemented a telepharmacy model for children receiving oral metronomic chemotherapy, integrating virtual clinical review, remote laboratory monitoring and courier delivery of medicines.

Methods: This descriptive review covered January–June 2025 and included 10 paediatric oncology patients enrolled in the telepharmacy programme. All had completed one prior line of chemotherapy and commenced metronomic therapy as second-line treatment; all had stage IV disease at initiation. The regimen comprised alternating oral cyclophosphamide and etoposide with celecoxib. Laboratory testing was performed at accredited facilities near patients' homes, followed by virtual clinical review. Medicines were delivered to patients living >300 km from the hospital, with referral to nearby facilities for concerning symptoms and periodic in-person assessments at Kijabe Hospital.

Results: The cohort included four children with neuroblastoma, one with hepatoblastoma, three with osteosarcoma and two with rhabdomyosarcoma. Caregivers reported high satisfaction and reductions in travel time, transport costs and disruption to family life. Clinicians reported good adherence, timely dose modification and continuity of care. No major safety concerns were reported during the review period.

Conclusion: This small descriptive experience suggests that telepharmacy-supported delivery of oral metronomic chemotherapy is feasible in this setting. Claims regarding safety, cost-effectiveness or improved adherence require cautious interpretation because the cohort was small, follow-up was short and no comparator group was included.

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