

The UICC *My Child Matters* initiative awards: combating cancer in children in the developing world



On Nov 21, 2005, the International Union Against Cancer (UICC) announced the first recipients of its yearly *My Child Matters* Initiative Awards: 14 projects that aim to improve the early diagnosis, treatment, care, and support of children with cancer in the developing world (panel). The projects will receive funding of up to €50 000.

Tackling cancer in the developing world is often left on the back burner. With the burden of HIV/AIDS, malaria, and other infectious diseases—even the simple lack of clean drinking water—cancer is often regarded as something to be addressed later on. Governments in the developing world cannot afford the luxury of an all-out war against the disease, and external donations and aid programmes are rarely earmarked for this purpose. “And yet 80% of all children with cancer live in the developing world”, says Isabel Mortara, Executive Director, UICC, Geneva, Switzerland. “In the developed world, overall childhood cancer survival rates are around 75%, but in the developing world, almost two-thirds of children with cancer die. Many children are never diagnosed at all, many are diagnosed too late, and when a diagnosis is made the treatment options may be limited. Relatively little money could, however, make important inroads into this situation.”

This year’s awards (funded by sanofi-aventis and the US National Cancer Institute) targeted Bangladesh, Egypt, Honduras, Morocco, the Philippines, Senegal, Tanzania, Ukraine, Venezuela, and Vietnam. The call for projects focused on: the dissemination of information about cancer in children to health professionals, children’s organisations, and the general public; improving early diagnosis and access to care; and strengthening support for children with cancer and their families. Of the 58 projects received from the above nations, the UICC Childhood Cancer Campaign advisory committee,

chaired by Franco Cavalli, Oncology Institute of Southern Switzerland, Bellinzona, Switzerland, selected 14 that would receive funding.

“The standard of the proposals was extremely high; it is indeed a pity that we cannot fund them all”, notes Cavalli. “These 14 projects, however, were chosen for their feasibility, their potential benefits, their accountability and sustainability, and the possibility of them serving as models for other countries.” The priorities of these projects vary greatly between countries, and their needs span the technological spectrum.

In Honduras, Ligia Fu’s idea is to use the internet to link her hospital with new satellite clinics around the country to combat the abandonment of treatment. After initial treatment in the capital Tegucigalpa, many children do not continue treatment because of the logistic and economic issues of staying in the city or of returning time and again from their often distant villages. Furthermore, many of these children (about 60% of whom have leukaemia) are not well enough to make such demanding journeys. “[This project aims to open] satellite clinics in different parts of the country where our children can receive chemotherapy after an examination by qualified personnel while in direct contact with our central cancer treatment unit via the internet”, explains Fu. The project will build on the success of a pilot programme, in which a satellite clinic was opened in San Pedro Sula in northern Honduras with great success. “We are so happy to see that [our patients] in the north of the country are now attending their appointments punctually without having to travel long hours to get to Tegucigalpa”, says Fu. Hopefully, the same success will be enjoyed elsewhere.

Working from Cairo, Egypt, Salah Abdel Hadi will direct an education project targeting patients, their families, health-care teams, and society in

general, with the message that children with cancer can be treated and often cured. The success Egypt has enjoyed in controlling gastroenteritis and pneumonia (once associated with high death rates), the eradication of polio, and a reduction in the burden of diseases in childhood, has left room for its health authorities to give higher priority to childhood cancer. Advances in management of paediatric cancer, diagnostic facilities, and the development of specialised tertiary centres around the country have led to an increase in the number of children undergoing treatment, but Egyptian oncologists have to labour against a widespread misconception: “cancer is traditionally hailed as an unequivocal killer in societies [like that of Egypt] with high rates of illiteracy”, explains Hadi. “This project will combat that problem by attempting to improve awareness regarding the curability of cancer [in children] and the importance of compliance to treatment.”

Hadi’s team will produce educational material and information directed towards different groups, monitor the response in pilot programmes, and use this information to develop a format for use nationwide.

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Children in Honduras will benefit from internet clinics

In the Philippines, where retinoblastoma and lymphocytic leukaemia account for up to 60% of cancers in

children, Julius Lecciones aims to improve the oncology training of medical personnel outside the major cities, to introduce disciplined use of standard treatment protocols, and to develop a nationwide data-collection system to help pinpoint where further improvements in cancer care are needed. "About 50–80% of children [with the above cancers] are potentially curable", explains Lecciones, "but two-thirds present either in the late clinical stages when cure is no longer possible, or in advanced stages when long-term survival is possible only with intensive and expensive treatment regimens that are available only in hospitals in Manila. In addition, for the 20–30% who do present in the early stages, delays in instituting definitive treatment either allow the disease to progress, or render patients effectively moribund".

To improve 5-year survival, Lecciones' project aims first to train and educate medical staff to detect and treat cancer better, and then to inform the public about the need to seek help early. With an improved referral system, Lecciones thinks that the results could be spectacular: "We aim to expand treatment to at least 50% of children that develop retinoblastoma and leukaemia in the Philippines, and catch them in the early stages", he explains.

In Ukraine, Daniil Gluzman aims to improve the diagnosis of cancer in children. Although Ukraine is better placed than many other countries to deliver standard treatment regimens, shortfalls in diagnostic laboratory facilities mean that many cancers remain undetected. "The morphological verification of the diagnosis of cancer in Ukraine is poor—only 63.5% of patients are diagnosed in this way compared with 95–98% in the West", explains Gluzman. "Moreover, the immunocytochemical techniques required are not part of routine practice at ordinary clinical facilities." Many children with cancer therefore do not receive the treatment they need because they are simply not diagnosed. With his award, Gluzman hopes to scale up and improve facilities at the

country's main diagnostic laboratory, the Reference Laboratory, National Academy of Sciences, Kiev, to provide a better service for more patients. "The Reference Laboratory works in close contact with specialised paediatric medical facilities in all regions of the Ukraine", says Gluzman, "and we expect that bringing modern techniques for diagnosing leukaemia and other cancers into regular practice will allow us to improve the results of treatment. We are hoping for a significant increase in 5-year survival, approaching that presently achieved in the West."

Nguyen Ba Duc hopes to develop registries to determine the burden of cancer in children in Vietnam—the first step in drawing-up an action plan to combat the disease. Hanoi and Ho Chi Minh City have registries, but: "80% of Vietnamese people are farmers [and live in rural areas]", says Nguyen. "So we simply lack the necessary data to be able to estimate the full cancer burden of the country—especially the childhood cancer burden. Even in Hanoi and Ho Chi Minh City there have been no data kept on cancer in children for the past 10 years." Nguyen wants to start registries in the north, centre, and south of Vietnam to get a better picture of the scale of the issue.

Worldwide, cancer kills more people than AIDS, malaria, and tuberculosis put together, and the burden of the disease is shifting rapidly towards developing countries. One of the goals of the *My Child Matters* awards is to focus attention on this issue. "40 years ago, childhood cancer in the USA and other developed countries was almost uniformly fatal", comments John R Seffrin, President of the UICC. "Vigorous action has changed that picture dramatically, so that today most children live. Across the globe, we need to make that the rule, not the exception. In funding these projects, the UICC is leading by example. We hope that others will now follow our lead. The time to act is now."

Adrian Burton

Panel: Projects to receive funding

Bangladesh

ASHIC Palliative Care Unit—Salma Choudhury, ASHIC Foundation, Dhaka

Childhood Cancer Campaign—M A Mannan, Department of Paediatrics, Bangabandhu Sheikh Mujib Medical University, Dhaka

Egypt

Education of patients, families, and society, and promoting awareness of paediatric oncology care and support in Egypt—Salah Abdel Hadi, National Cancer Institute, Fom El Khalig, Cairo

We are the children, we are the world—Ayman Omar, Medical Philanthropic Association, Fakkous Cancer Center, Fakkous

Honduras

Battling the abandonment of treatment by paediatric oncology patients through the establishment of satellite clinics in different regions of Honduras—Ligia Fu, Honduran Foundation for Children with Cancer, Paediatric Haemo-oncology Unit, Hospital Escuela Tegucigalpa

Morocco

National campaign to increase the early diagnosis of childhood cancer in Morocco—Fouzia Msefer Alaoui, La Maison de l'Avenir, Hay Nahda II, Rabat

Pain management in children with cancer—Mohamed Harif, Moroccan Society of Hematology and Paediatric Oncology, Casablanca

Phillipines

The Philippine CanServe Project: expanding access to treatment and improving care of retinoblastoma and childhood leukaemia in the Philippines—Julius Lecciones, Philippine Society of Pediatric Oncology, Philippine Children's Medical Center, Quezon City

Senegal

A paediatric oncology continuous care unit—Claude Moreira, Service Pédiatrie, Hôpital le Dantec, CHU de Dakar, Dakar

Tanzania

Expanding access to treatment of Burkitt's lymphoma in Tanzania—Twalib Ngoma, Ocean Road Cancer Institute, Dar es Salaam

Ukraine

Immunocytochemical diagnosis of leukaemias and malignant tumours in children of the Ukraine—Daniil Gluzman, RE Kavetsky Institute of Experimental Pathology, Oncology, and Radiobiology, National Academy of Sciences of the Ukraine, Kiev

Venezuela

Psychosocial and nutritional support for paediatric oncology patients and their families—Claudia Sánchez Machuca, Paediatric Oncology Unit, Instituto Oncológico Dr Luis Razetti, Caracas

Optimisation of the parental mixtures unit at the Hospital de Niños JM de los Rios—Clara Zappi, Parental Mixtures Unit of the Venezuelan Association of Parents of Children with Cancer, Hospital de Niños JM de los Rios, Caracas

Vietnam

Improving the competence of the National Cancer Institute and some pilot provinces in prevention, care, and support for children suffering from cancer—Nguyen Ba Duc National Cancer Institute, K Hospital, Hanoi