

Pitfalls in Management of Childhood Tumours

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Opinion

Childhood cancer is broadly defined as the malignancy arising in pediatric patients upto 14 years of age. The common cancers in this group include acute lymphoblastic leukemia (ALL), lymphomas, CNS tumors, neuroblastoma, Wilms tumor, retinoblastoma, rhabdomyosarcoma, Ewing Sarcoma, Osteosarcoma etc. Today many of these patients are surviving more and more, not only due to early and correct diagnosis, but also due to availability of better chemotherapy drugs, radiation delivery facilities and supportive care, thereby allowing better survival and cure rates for most of these cancers. An increased number of patients and survivors of childhood malignancies are posing unique problems for the Oncologists, family members and the society. There is a growing concern about the therapy-induced harmful side effects that survivors of childhood cancer often face later in life mainly the growth effects, neuro-cognitive and neuro-endocrine complications and the risk of increased second malignancies. This clinical scenario demands increasing efforts to address these toxicity-related issues which adversely affect the quality of life of these survivors. Unfortunately, most of these physical, emotional and financial issues remain ignored and unaddressed by the doctors, parents and other care-givers.

The management of a childhood cancer often poses a financial burden on the parents, who have to miss work and to look after the sick child. The scene is more alarming in developing countries like India where there majority of people don't have mandatory health insurance and the parents have to spend huge amount of money from their pockets on investigations and treatment of cancer of their children. So on one hand the distressed family is coping up with the trauma of cancer in their child, on the other hand the financial loss can be at times devastating.

The diagnosis of cancer and the management can potentially have an adverse effect on psychosocial development of children and adolescents. These include loss of independence, isolation from peers, concerns for future fertility, impact on academic performance, fear of recurrent disease or second malignancy, and risk of anxiety and post-traumatic stress disorders. These psychosocial issues may continue well into adulthood in the form of deprivation of job opportunities, difficulty in getting married, social awkwardness, inability to sustain relationships, difficulty in buying medical insurance and therapy-induced cosmetic effects. The primary care givers for these patients must be familiarized with these ailments to enable an early diagnosis and subsequent treatments.

Sometimes the paediatric cancer patient may present with non-specific symptoms like fever, weight loss, malaise etc.; thereby making the diagnosis difficult and delayed. It is very difficult to expose these patients to clinical examination, imaging modalities, interventions and other diagnostic and therapeutic procedures. While on radiation, a cancer child may warrant general anaesthesia, thereby putting an

additional demand on the treating oncologist. Many of the childhood cancer patients tolerate radiotherapy and chemotherapy poorly and warrant breaks in definitive oncological management to treat acute toxicities. It may prolong the overall duration of treatment and may increase the cost implications too. There is often shortage of dedicated paediatric cancer beds and critical care beds in most oncology institutes and at times these therapy-related acute complications may have to be managed in outdoor settings which can be detrimental. The nutrition, weight maintenance and general hygiene of these patients must be meticulously monitored.

Apart from the patient, it is the helpless family that also suffers to a great extent emotionally and psychologically. The diagnosis of cancer in a child comes like a bolt from the blue for the patients. The fear of having a malignancy in remaining children can be quite devastating. The treating clinician must be compassionate and gentle with the parents and must address their needs with a healing touch, including genetic counselling and reassurance. Bereaved siblings also have a high period of vulnerability, especially in the year following the child's death. Taken together, childhood cancer impacts the patient, the immediate family and even the larger community to a very high degree.

There is an unmet need to make organizations to improve care and treatment of these patients through interdisciplinary research, education, communication and collaboration among health professionals worldwide. It is high time that strong and multi-pronged steps are undertaken in the field of paediatric oncology research to focus on the unique biological, clinical, psychosocial, and survivorship issues of these age groups. Though paediatric oncology drugs may not be very profitable for the pharma industry, new drug discovery must be promoted. More paediatric oncology clinical trials should be encouraged.

To overcome these pitfalls, we make the following recommendations:

Every oncological team should have a dedicated paediatric oncologist and intensivist for early diagnosis and management of these cases and to provide critical care whenever required.

The concept of paediatric oncology should be incorporated in curriculum all super-specialties and subspecialties related to oncology. The family physicians and community care-givers must be sensitized to these needs.

The government should take discreet measures to ensure health insurance and financial aid to the needy families.

Medical fraternity and pharmacological industry should stress more on paediatric research, discovery of newer molecules and carry out more clinical trials tailored to the specific needs of each community.

Emotional and psycho-social aspects of the paediatric patients as well as the families must be looked after at all levels. Every oncology centre should have a counsellor and paediatric psychiatrist to diagnose and manage these ailments.

There is a need to change the mind set up of society as a whole for better acceptance, rehabilitation and well-being of childhood cancer survivors.

Patients should be kept on regular surveillance in multidisciplinary clinics specially those who had had radiotherapy, dose intense chemotherapy or endocrinopathies. This long term follow-up may be continued into adulthood too if clinically indicated.