THE SIOP AFRICA WILMS TUMOUR COLLABORATION: HOW DO THE CHILDREN PRESENT?

Introduction



The SIOP Africa Wilms Tumour collaboration started in January 2014 with participating centres in Malawi, Cameroon, Ghana, Ethiopia and Uganda. We aim to improve outcomes for children with Wilms Tumour, using a SIOP approved protocol.

This is modified from the International SIOP protocol and takes into consideration the unique challenges faced by centres in African low-middle income countries. Establishing an active regional childhood cancer network is important for future success.

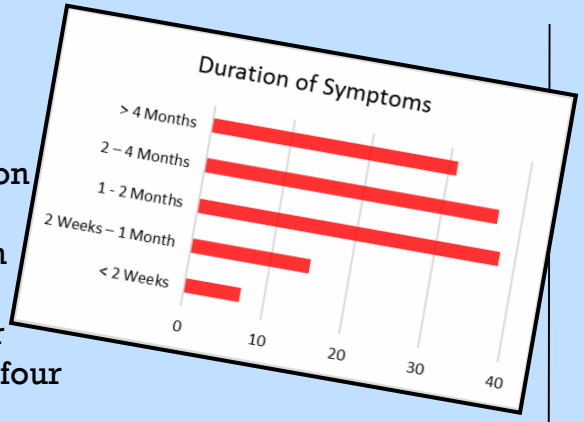
Methods

Participating centres obtained local ethical approval to join this collaboration. With guardian consent, all children suspected of having Wilms Tumour have their demographic, clinical, laboratory and treatment information entered into each unit's data base and subsequently copied to a central data base in Amsterdam for analysis. The presenting clinical features for the first cohort are presented here.

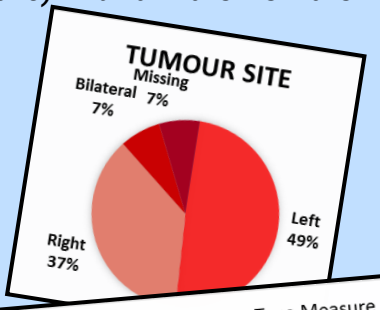
Results

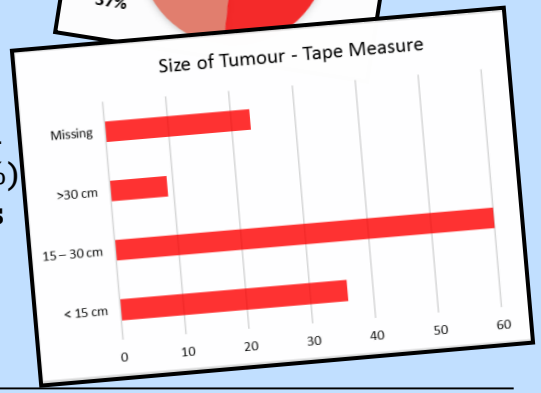
A total of 128 children, median age 3.4 years (range 0.5 – 12 years) with a male: female ratio of 1:1.43, were registered up until January 1st 2016.

82% had symptoms prior to presentation for over a month with nearly a quarter for more than four months.

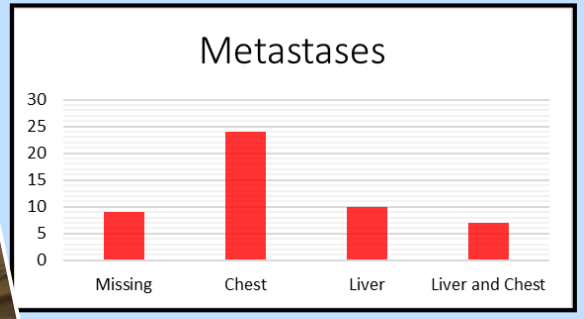


Most tumours were large with 69/105 (65.7%) over 15cm in diameter using a tape measure and 76/88 (86.4%) over 10cm as assessed by ultrasound scan.

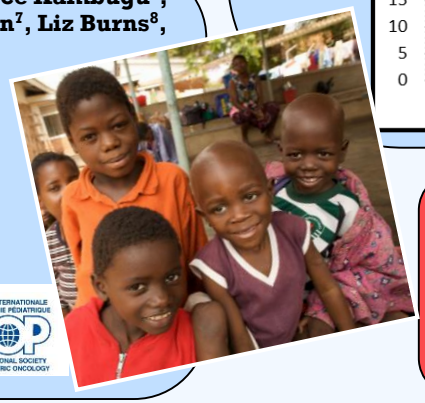




29% presented with metastases, 24/27 (88.9%) in the chest and 7/27 (25.9%) in chest and liver.



- Gross haematuria was evident in 27%.
- Weight loss was noted in 86%.
- Co-morbidities identified were, 3/99 (3%) with HIV infection, 4/100 (4%) with malarial parasitaemia and 9/40 (22%) tested sickle cell positive.



Authors: Lorna Renner[1], Liz Molyneux[2], Francine Kouya[3], Joyce Kambugu[4], Vivian Paintsil[5], Dalida Nyirenda[2], Peter Hesseling[6], Tim Eden[7], Liz Burns[8], Trijn Israels[9].

[1] University of Ghana School of Medicine and Dentistry, Accra, Ghana
[2] Paediatric Department, College of Medicine, Blantyre, Malawi
[3] Mbingo Baptist Hospital, Cameroon
[4] Uganda Cancer institute, Kampala, Uganda
[5] Komfo Anokye Teaching Hospital, Kumasi, Ghana
[6] Tygerberg Children's Hospital, University of Stellenbosch, South Africa
[7] University of Manchester, UK
[8] Head of Programmes, World Child Cancer
[9] VU University Medical Center, Amsterdam, the Netherlands

Conclusions

Children with Wilms tumour in these settings commonly present with metastases and weight loss and should be tested for co-morbidities including sickle cell disease. These may affect response and outcome.