

# SIOP

# NEWS

December 2009

Issue No. 40



Merry  
Christmas  
&  
Happy 2010



Website: [www.siop.nl](http://www.siop.nl)

SOCIÉTÉ INTERNATIONALE  
D'ONCOLOGIE PÉDIATRIQUE  
**SIOP**  
INTERNATIONAL SOCIETY  
OF PEDIATRIC ONCOLOGY



# SIOP 2009, Sao Paulo, Brazil

Welcome to SIOP-2009-BRAZIL, Beatriz,  
Chair of LOC at the opening Ceremony ▶



▲ Opening ceremony at Sala São Paulo- Estação Julio Prestes, Beatriz, Gabriela Maarten & Dr. Santini, President of the National Cancer Institute, Brazil

...alt Brazilian since the opening ceremony.  
The Brazilians appreciated !!! ▶



▲ J. Finlay & Hans Peter Wagner, Chair PODC Committee

Eric Bouffet, Giulio D'Angio, Audrey Evans ▶



▲ During the Advocacy committee meeting : Marcelo Scopinaro

Very active poster session discussion ▶



▲ Launching of the Book " SIOP Guidelines of Psycho-oncology" in honour of Tom Voute and G. Maserà. The Brazilian version was elaborated by Claudia Epelman & Arli Pedrosa

Closing ceremony:  
Brazil (2009) to Boston (2010) ▶



▲ FASANELLI PRIZE: H. Jurgens, Lisa Diller, Gabriela Caiaminus



## SIOP NEWS

Issue No. 40  
December 2009

## SIOP Board

### Maarten Egeler

President

### Gabriele Calaminus

President Elect,  
Chair Scientific Committee

### Bharat Agarwal

Secretary General

### Max Coppes

Treasurer

### Lisa Diller

Chair LOC, SIOP 2010

### Rob Pieters

Chair Elect, Scientific Comm.

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### Rachel Hollis

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### Stephen Shochat

### Rolf Kortmann

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### Paul Rogers

### Mike Murphy

### Arthur Zimmermann

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### Janet Poole

Africa

### Purna Kurkure

Asia

### Ruth Ladenstein

Europe

### Scott MacFarlane

Oceania/Australasia

### Marcelo Scopinaro

South America

### Kate Matthay

North America

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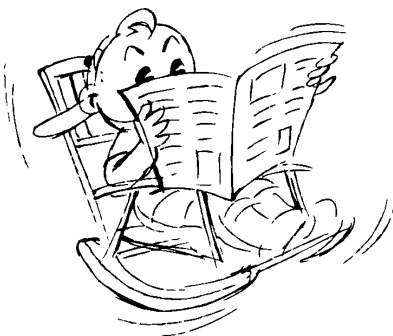


## **News and Views from the President.....!**

Obrigado Beatriz!

The days after the annual meeting in Sao Paulo I had to recuperate for a few days on the beautiful Ilha Comandatuba, having lived through hard work, organizational issues, clinical and translational science and lots of social activities! Besides the high scientific impact of the meeting which we might expect of SIOP, the day after the Annual Diner / Party at the Jockey Club of Sao Paulo it was good resting. The South American flavour at that last evening was floating out of everybody's pores. And as some of you have noticed, the President of the International Society of Paediatric Oncology was enjoying this evening on flip-flops. When one of my colleagues saw me in this ridiculous status he said: "Maarten, what more do you want in life?" And indeed, looking at our Secretary General as a hippy, or seeing

the Chair of the Local Organizing Committee 2010 dancing on South-American music with the Chair of the Local Organizing Committee 2011, indeed life could not be much better!



Every year, when I return from the annual meeting of the International Society of Paediatric Oncology I am happy and exhausted. Together with friends and colleagues from all around the world devoting their time and probably part of their life to paediatric oncology is a highlight of the year. The Local Organizing Committee chaired by Dr. Beatriz de Camargo in conjunction with the Scientific Committee chaired by the present elect of SIOP Dr. Gaby Galaminus, together with the incoming Chair of the Scientific Committee Dr. Rob Pieters, have provided a template and a content of wonderful information of paediatric oncology. Whether this is providing us the input on new genes involved in the etiology and pathophysiology of paediatric oncology, or the current state of the art treatment for leukaemias or sarcomas, it is really up to speed. The interactions of colleagues from developing countries and colleagues of less developed countries is probably showing the fruits that we are looking for.

Finally, the state of the art lectures and the key note lectures of which some can be found in the Educational Book are indeed "state of the art!". What more do we want.

I just have to go back and mention some of the social activities. How about that beautiful opening with the concert and of course the joy of Caipirinhas. Or what to say about a soccer game in Sao Paulo and a soccer game between colleagues from South America against colleagues from the rest of the world with an excellent result (1 - 1). Although the spectators were not in the thousands, the wave went round the little soccer field many, many times. And what to think of the fun-and-run? Sometimes I am looking forward in giving over the baton to the next President of SIOP, so I do not have to get up at 05.30 am to do the fun-and-run, but on the other hand it is again wonderful to be with a 100 to 150 participants from SIOP to run through a park in Sao Paulo early in the morning. The big bottles of champagne at the finish were well deserved by the winners. My former professor, Tom Voûte, would have been delighted to see so many people up and running early in the morning.

So what's up for the next year?

As you know we have tried with the SIOP Council first making a clear Vision and Mission statement followed by the next steps in the establishment of SIOP: "Education and Training", and the decisions for a more transparent "bidding process" for future annual SIOP meetings. The next steps will be to get also a more professional structure of SIOP. I know most of you enjoy the annual meetings,

but for people of the Board by doing this besides their normal job at their local university can be a stressful endeavour. We have to sign contracts for hundreds of thousands of euros, there are legal issues and we have to look at the differences whether the Annual Meeting will be held in Africa or in Asia or in South America. We look at the costs of a meeting, and most of us feel that the fee for the meeting is high, and some of us think it's too high. So, the balance of good science, get the best scientists, and keep a meeting financially at a reasonable budget; challenges in this time of financial crises. The next goal of the Council is developing a more professional structure of SIOP and to incorporate all of the problems which are written above.

So, getting at the end of 2009, I am still delighted about what you together with the Board are doing in the world of paediatric oncology. Like last year, I will say 'we are growing in numbers and we are particularly growing in participants from less developed counties. We are indeed the global society for all children with cancer'. Finally, I would like to thank you all for helping us and making SIOP such a success. For all of this I hope to keep on counting on you as much as you can count on

**M.E.**

**R.M. Egeler**

President, SIOP

R.M.Egeler@lumc.nl



## Your Secretary-General Reports.....

### Dear Friends,

If you were to design the perfect waterfall then **Igassu Falls** would have to be it. Straddling the border between Brazil and Argentina, where it is known as Saltos do Iguacu and Cataratas do Iguazu respectively, it comprises a range of cataracts. One such is the Devil's Throat (Garganta del Diablo), which has a classic horseshoe shape and drops into a deep chasm. The Santa Maria Cataract, which falls over the Brazilian side of the border, is dotted with moss-encrusted rocks and spanned by a walkway that provides views up and down the falls and is festooned with rainbows. The walkway provides an experience for all the senses: the endless rushing sound that grows to a roar as you approach, the sheets of cooling spray as you get closer, and the buffeting winds, caused by the great volume of water pushing the air out of the way. I had a chance to experience this as a side trip to the SIOB Congress organized by **Beatriz at Sao Paulo**. Thank you Beatriz for all your efforts ! The Congress was fabulous too in many ways : 1649 participants from 86 countries; 765 abstracts : 174 oral presentations and 535 posters; high quality of science with state of the art keynote lectures; dedicated PODC sessions spread over 3 days; and wonderful social evenings with lots of "surprises" as promised by Beatriz. Let me also acknowledge the contributions of the award winners listed on pages 36-38. The Schweiguth prize this year was won by D.Stumpel for her paper on MLL – rearranged infant ALL. Congratulations to all the winners ! A special commemorative volume of the "Psychosocial Guidelines" consisting of 13 SIOB guidelines published by the Psychosocial Committee was

released during the Congress in English & Portuguese.

We meet next year at **Boston** in October, 2010. **Lisa** Diller with her dedicated team of LOC is all set to welcome us to North America after a long gap. Her special invitation on the next pages should entice you to plan your trip well in advance. Do not miss out on the important dates and deadlines ([www.siofboston2010.com](http://www.siofboston2010.com) ). Please note that the Scientific Committee has changed the guidelines for applications for the Schweiguth prize. Submissions from authors (less than 41 years age) whose manuscripts have been already published would be allowed henceforth.

### Elections

In 2010, the 3 year term of the Continental Presidents of **Asia** (Purna Kurkure), **Africa** (Janet Poole) and **Oceania** (Scott Macfarlane) will end. Nominations are invited for these 3 positions **before 1<sup>st</sup> April 2010**. Please send your nominations to the SIOB Secretariat before this deadline. An election will be held before the next AGM if required.



Gaby with Stumpel the Schweiguth Prize winner

The 3 year term of our Treasurer, Max Coppes will also end in 2010. He has expressed interest to continue as the SIOP Treasurer for one more term. However nominations from members, to be sent to the Secretariat, are welcome **before 1<sup>st</sup> April 2010**. An election will be held before the next AGM if necessary.

### Future SIOP Annual Congress



SIOP 2012 will be at London

The 43<sup>rd</sup> annual congress of SIOP will be held in **2011** at **Auckland**, New Zealand (Scott Macfarlane, Chair LOC). The Council had received 3 bids from **Europe** for the **SIOP 2012**, the 44<sup>th</sup> congress : London, Lyon and Istanbul. After an intense contest, the Council chose the bid of **London** for hosting the 44<sup>th</sup> SIOP congress in 2012. Congratulations London !! The Council thanks



all the bidders for their preparing extensively for the bid and acknowledges their efforts. The Board now invites bids from **Asia** for the **SIOP 2013** congress ( letters of intent to be submitted before **1<sup>st</sup> February 2010**. Check out the details on page 39).



### Regional Meetings

Two Continental SIOP meetings (**SIOP Asia 2010 and SIOP Africa 2010**) will take place next year. The first one i.e. SIOP Asia 2010 will be held at **Kisch Island, Iran** ([www.siop-asia2010.com](http://www.siop-asia2010.com)) from 2<sup>nd</sup>-5<sup>th</sup> March and the second i.e. SIOP Africa 2010 at **Accra, Ghana** ([www.pedsg.org](http://www.pedsg.org)) from 10<sup>th</sup>-12<sup>th</sup> March. You can access the Scientific programs for both the meetings at the respective websites. Please encourage your postgraduates and fellows to avail of the many travel scholarships offered by them.

### Membership

The AGA approved the enrolment of **140** new members to SIOP – with these additions, we have now a membership strength of **1583** members from 96 countries.

Let me end by wishing you a 'Merry Christmas' and a great 'New Year' in 2010 !

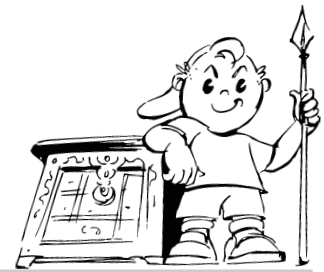
**Bharat Agarwal**

Secretary General  
parulbrat@gmail.com

<b>SIOP 2010 : Important Deadlines</b> (Please confirm at <a href="http://www.siopboston2010.com">www.siopboston2010.com</a> or <a href="http://www.siop.nl">www.siop.nl</a> )	
November 15, 2009	Opening of Abstract Submission
February 28, 2010	Very Early Registration Deadline for Members only
March 20, 2010	Deadline for Abstract Submission
May 1, 2010	Notification of Acceptance of Abstracts
May 31, 2010	Early Registration Deadline
August 31, 2010	Regular Registration Deadline
September 24, 2010	Deadline for Hotel Registration (Please book early)



## From the Treasurer



Dear colleagues and friends,

The markets are slowly stabilizing, but the economic conditions in many countries all over the world remain fragile. Some countries are experiencing growth; others still have to worry about the impact of the economic downturn that we now know started in 2007, but was only recognized in 2008. As a society, we too have felt the impact of the economic downturn. Nevertheless, I am grateful to many of our members for their continued support of SIOP, through ongoing membership and attending our meetings.

In term of cash flow, SIOP had a very small positive flow of € 7,507 in FY09. We had budgeted in an income of € 278,000, but received € 298,594. This resulted in a positive cash flow of € 20,594. However, our actual expenses (€ 286,587) were € 13,087 higher than what we had budgeted for (€ 273,500), subtracting € 13,087 from the positive cash flow resulting from higher than expected income. So overall, we actually did very well.

Let's look at our FY09 Balance Sheet :

The Balance sheet shows, as can be expected from the positive cash flow mentioned earlier that our net worth increased by € 7,507 in FY09. Given the economic challenges worldwide, I am very pleased with our FY09 balance sheet. However, I am concerned that next year we will see a decline as SIOP may have to use some of its surplus to cover the costs of the recent Sao Paolo meeting. Your Board has alerted you to this on various occasions. We are a true international society and will therefore host the annual meeting in places that can expect to see close to 2,000 registrants (and result in income for SIOP), alternating with places that need our support to host the event. I am very proud to support this global vision, despite the occasional anxiety I experience as your Treasurer.

<sup>1</sup> Our Fiscal Year (FY) runs from August 1 to July 31. I reported on FY 2009, which ended on July 31, 2009.

<sup>2</sup> This is a snapshot of our finances. Traditionally this is done on the last day of the fiscal year, so I am reporting here all the moneys that we had, owed, or were owed on July 31st of 2007, 2008, and 2009.

	July 31		
	2007	2008	2009
Banks	€ 674,494	€ 390,372	€ 298,148
Stocks	€ 0	€ 422,966	€ 393,599
To be received	€ 335,478	€ 57,727	€ 197,974
<b>Total Assets</b>	<b>€ 1,009,972</b>	<b>€ 871,065</b>	<b>€ 889,721</b>
Money to be paid	€ 94,857	€ 98,073	€ 105,327
Stichting (reserve)	€ 47,539	€ 47,539	€ 47,539
<b>Total Liabilities</b>	<b>€ 142,396</b>	<b>€ 145,612</b>	<b>€ 152,866</b>
<b>EQUITY (net worth)</b>	<b>€ 867,576</b>	<b>€ 725,453</b>	<b>€ 736,855</b>

The FY10 budget approved by the membership on October 8th 2009 during our annual general assembly, looks as follows.

<b>Income</b>		<b>Expenses</b>	
Membership fees	€ 165,000	Secretariat	€ 125,000
Interest income	€ 6,000	Bank costs	€ 7,000
Wiley	€ 60,000	Web site	€ 15,000
Sao Paolo LOC	€ (50,000)	Official SIOP materials	€ 2,000
Stock dividends	€ 2,000	Board & Sci Com Meetings	€ 50,000
		PBC / Wiley	€ 55,000
		Educational committee	€ 20,000
		Regional meetings/projects	€ 10,000
		Prizes	€ 10,000
	<b>€ 183,000</b>		<b>€ 294,000</b>

The FY09 budget shows that income is expected to be much lower than in FY09, mostly I anticipate that the Sao Paolo meeting will result in a loss. We are not sure this will indeed be the case, so let's all hope that the anticipated FY10 cash flow loss will be limited.

Lastly, this biannual report gives me the opportunity to thank some people that are critical for the work I do on your behalf. Your

current Board consists of some remarkable people and it is a true delight to work with them. I also am indebted to Rosalinde Kennis, Cynthia van Iersel, and Petra-Ida Thünste, who help the society and your Treasurer in so many ways. They truly deserve our appreciation and gratitude.

**Max J Coppes, MD, PhD, MBA**  
Treasurer, SIOP  
mccoppes@cnmcc.org

## ***Help us to enrol new members to SIOP***

It is the endeavour of the board to enhance the numbers of the SIOP members by encouraging every professional working for childhood cancer all across the world to join SIOP. We have modified and simplified the membership process :

- Only one sponsor is now necessary to sign the membership application
- Sponsor from outside the applicant's country is not required
- The continental president can sponsor the application
- The requirement to have attended a previous SIOP meeting is eliminated

We would like to appeal to each one of you to help us bring at least one additional young member to SIOP with your influence. If we achieve this we can hope to cross the 'magic' number of 2000 members by 2010 !



## **From the Scientific Committee**

Dear Colleagues and Friends,

What a wonderful congress we had in Sao Paolo. Thank you Beatriz, Sidney, Sergio and your teams as representatives of all active people for all the efforts, for your enthusiasm and the great hospitality all of us got to know. At our annual dinner I have never seen so many people dancing than this year.... Aside of the joy with the music it was such a joy to experience the science....

The preconference meetings also implementing psychooncology had a great audience and this gives a strong argument to continue on the local basis with these efforts. Nearly 1200 people from many countries came to this top event of the year. The educational day dedicated to soft tissue sarcoma was very well attended and the idea to make it as a joint event with SLAOP (South-American Society of Pediatric Oncology) was a success. All sessions and symposia were excellent and very well attended and I would like to thank all organizers for their efforts to offer a high science program with world experts in the field.

Let me highlight a few things: Our joint meeting with IPSO was again a tremendous success. It is so exciting to see how fruitful this joint venture is and I am looking forward very much to the Boston meeting for that and for the PROS joint meeting. The PODC sessions have been this

year extraordinary and I would like to thank Hans Peter Wagner representing the PODC committee for all the work. I also would like to thank the IBFM group and the LCH Group for their excellent contribution to the SIOP Sao Paolo congress and I hope that this engagement will become an integral part of our SIOP meetings. This year we have changed the format of the Poster session and how we did it seemed to work. The session was very well attended and the presenters could discuss their work in detail with the participants and jurors on site.

Last I would like to thank all the participants who contributed with their attendance, their presentations and their networking to make this again a personal, scientific, enthusiastic and unique meeting.

With excitement I am looking now forward to the Boston meeting, which will offer the great opportunity to meet and communicate and exchange with our colleagues from North America, scientifically and personally. It will be fun, so mark in your calendar the 21-24<sup>th</sup> of October 2010 ([www.siopboston2010.com](http://www.siopboston2010.com)).

I wish you a good season, a Happy Christmas and hope to see you all again in Boston, it is fun working with and for you.

Best wishes

**Gabriele Calaminus**

Chair, SIOP Scientific Committee  
[Gabriele.Calaminus@ukmuenster.de](mailto:Gabriele.Calaminus@ukmuenster.de)

## **From the Local Organising Committee of SIOP 2009, Sao Paulo, Brazil**



We would like to thank every participant that "made" the meeting one of the most enjoyable events !!!!

A very short report:

There were 1649 participants categorized as 1175 registrations, 162 exhibitors and 312 accompanying persons from 86 countries. Among the registrations there were 159 nurses, 52 parents and 180 residents and fellows. The median of participation in each session was always more than the room occupancy.

The meeting was a scientific success and the

social events covered a wonderful exposure to Brazilian culture, music, cuisine and football.

We have received enormous positive feedback and thank all of you for the nice words!

We would like to share some photos that say more than words.....

Thanks and wishing you all a wonderful New Year!!!!

**Beatriz de Camargo**

Chair Local Committee

bdecamar@terra.com.br



*Maarten at the opening ceremony*



*The Surgeon Pre meeting-Giulio D Angio participation*



*Fun and Run - Finish line*



*Tom Voute FUN & RUN First prize MEN Henrik Hasle*



*Tom Voute FUN & RUN First prize Women - Trijn Israels*



*SOCCER Morumbi stadium- game Coritiba vs Sao Paulo*



*SOCCER Morumbi stadium-game Coritiba vs Sao Paulo-The Dutch group*



*More excitement at the stadium!*



*Sonja at the Presidents dinner*



*Lisa Diller dancing with the Group Meninos do Morumbi*



*Patti with the group Meninos do morumbi*



*After the closing ceremony-Gabi dancing with group*



*Beatriz with Bharat-SIOP 2009*



*Education Course-Soft tissue Sarcoma 'state of the Art'- K. Ribeiro, Tim Triche & other faculty...*



*HansPeter Wagner, Peter Hesseling with Bharat & Parul*



*The couple of the evening... at the Gala dinner!*



*Revelry at the Gala dinner-Jockey club*



*Getting Hippie at the Gala dinner*



*Gabi on cloud 9*



*Fabulous show of dance, music & tradition at the Gala dinner*



*Maarten getting ready for the Samba!*

**Welcome....**  
**SIOP BOSTON,**  
**21-24 October 2010**



Dear Colleagues,

As Chair of the Local Organizing Committee, I am honored to invite you to join me in Boston, Massachusetts in October for the SIOP 2010 Congress. Please mark your calendars now; the dates for the Congress are **October 21 through 24**, and they coincide with the most beautiful time of year here in New England. Registration is open now **[www.siopboston2010.com](http://www.siopboston2010.com)**.

I recently attended the 2009 SIOP Congress in Sao Paulo, where I interacted with colleagues from six continents and more than 80 countries. The pediatric oncologists, surgeons, radiation oncologists, nurses, psychologists, nutritionists, other cancer-professionals, parents and survivors who attended this meeting shared their ideas, findings, and concerns, and the science presented was cutting-edge. SIOP 2010 will uphold the Congress's tradition of keeping you apprised of the latest and most advanced pediatric programs, services and research. Our scientific agenda is almost complete, and will cover important topics such as angiogenesis, gene therapy, bone marrow transplant, radiotherapy and ethics, among others. We have invited several members of the Harvard and MIT faculty who will be sharing their world-renowned work with us, having been asked to reflect on the interaction of their respective fields – biology, nutrition, infectious disease, genomics, for example – with issues in pediatric cancer research. Our State-of-the-Art

Symposium will focus on **Acute Lymphoblastic Leukemia State-of-the-Art Symposium** on October 21 (Day –1), hosted by Dr. Lewis Silverman and Dr. Martin Schrappe.

In addition to an engaging scientific agenda, we are also planning several social events to provide opportunities for you to network, relax and have fun. The Tom Voûte's Run and Fun will circle the Charles River, which will be lined with colorful fall trees. And the Gala Dinner will take place October 23, at the John F. Kennedy Presidential Library and Museum.

If you register soon at **[www.siopboston2010.com](http://www.siopboston2010.com)**, you are eligible for a low early bird registration fee. Please also note that there is an international rowing event the same weekend called The Head of the Charles Regatta®. This event brings thousands of visitors to Boston, so book your hotel room early! We have a large block of rooms reserved for you, which you can access when you register online.

Again, I am very excited to welcome each and every one of you to Boston, and I look forward to seeing you next fall.

Sincerely,

**Lissa Diller**  
**Chair, Boston Local Organizing Committee**

Clinical Director of Pediatric Oncology,  
Dana-Farber Cancer Institute/Children's  
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## **From The Nurses Group**

### **Report of Sao Paulo Congress 2009**

A very successful nursing program was held during SIOP congress in Sao Paulo with 159 nursing delegates representing 17 countries. We all took away some new knowledge and were left generating ideas for our nursing practice and research activities and hopefully thinking about continuing contributions to future SIOP nursing programs. The SIOP Nurses Committee - Patti Byron, Faith Gibson, Rachel Hollis and Margaretha Nolbris, on behalf of all the nursing delegates were extremely grateful to the warm hospitality and outstanding organization of our Brazilian colleagues led by Andrea Kurashima and Debora Bassi. There were many highlights of the Nursing Program the Nurses Joint Session with ICCPO on Palliative Care with very thought provoking presentations by Dr. Javier Kane, Dr. Joanne Wolfe, Janet Duncan and Marie-Jose Pulles; the Nursing Roundtable sessions were once again extremely popular with lively discussions, collaboration and feedback presentations; and the poster session held in the exhibit hall was very well received with the opportunity for guided discussions with the authors allowing all participants to get an integral sense of nursing work and projects being done around the world. Special thanks also to the Nursing Keynote Lecture given by Dr. Nancy Kline on 'Building Evidence Based Practice in Pediatric Oncology'.

In amongst the education there were many opportunities for networking and socializing, all accompanied by the wonderful food, music and hospitality of the SIOP 2009 Sao Paulo local committee.



We are very excited to already be well into the planning for SIOP 2010 in Boston (October 21 -24) with the local leadership of Barbara Cuccovia and Kathleen Houlihan and we will look forward to seeing you all there next October.

In the coming months you can expect to hear the call for abstracts for SIOP 2010 as well as more information on two SIOP Groups - the SIOP Advocacy Council and the Education and Training Task Force. Both these groups, with nursing representation, are busy formulating their goals and activities for the coming years.

Warm wishes to you all for peace and joy this coming holiday season.

**Patti Byron**

Chair SIOP Nurses Group  
On behalf of the entire Nurses Group  
pbyron@cw.bc.ca

# From the Continental Branches of SIOP

## □ OCEANIA

This report is written exactly 2 years from opening day of the 43<sup>rd</sup> SIOP Congress in Auckland. The day started with gusty winds and I'm afraid, some rain. However it's now brilliantly sunny and the Waitemata harbour looks glorious. Our anaesthetic clinical director took his family 4 hours south to Mt Ruapehu over the long holiday weekend for some spring skiing and reports good snow but icy conditions better for experienced skiers. Simultaneously, the newspapers showed large crowds 45 minutes away at our west coast beaches, but few braving the surf yet as the water is just beginning to warm up. The cherry blossoms are out and there are lambs in the paddocks (even just across the fence from where I live in central Auckland). We hope you are reserving late October/early November 2011 to conference with SIOP and holiday with us afterwards so you can be part of the same scene!



Our local group, ANZCHOG, met in Adelaide in June for a successful meeting of nearly 200 of the region's paediatric haematology/oncology health care professionals. Highlights of the conference included a session on managing the personal aspects of working in paediatric oncology. This practical discussion provided great balance for some exciting science featuring local and overseas speakers. Next year's meeting is being organised by Luciano Dalla Pozza and the Children's Hospital at Westmead team, based in Sydney.

The New Zealand Paediatric Oncology group unfortunately has to report that a further application to the New Zealand government foreign aid program for funding to continue the Pacific Island project has been unsuccessful. Following the sinking of the interisland ferry in Tonga, and the recent tsunami which caused such tragic loss of life especially in Samoa, this is a blow for the region. The working group is however, undaunted and will continue to support our Pacific colleagues to grow their capacity to recognise, triage and treat or refer their children with cancer according to the guidelines and protocols we have developed together. While the Pacific is vast, the island populations are relatively small and everyone has been touched by these 2 events.

The 3 year term for the Oceania continental president ends at next year's SIOP AGM and expressions of interest or nominations for the position should be sent to me. I can report that the ability to participate in Council business and to be a part of the planning team for our Society is a very rewarding experience!

**Scott Macfarlane**

scottm@adhb.govt.nz

## □ NORTH AMERICA

We have concentrated this year on increasing communication among the North American pediatric oncology community of activities to aid pediatric cancer care in low income countries. Many North American Centers are involved in twinning activities, and an increasing number of universities have formed Global Health departments and are receiving pediatric oncologists from low income countries for intensive training. In order to improve communication about these activities and

stimulate interest in the upcoming SIOP meeting in Boston as well, I have organized a symposium co-sponsored by SIOP and ASPHO at the annual ASPHO meeting, which will be held in Montreal, Canada, April 7-10, 2010. The preliminary outline is below.

### **Pediatric Oncology In Developing Countries: How Can We Collaborate? A SIOP/ASPHO Symposium**

Moderator: **Katherine Matthay, MD**

ASPHO and SIOP are complementary organizations, with a common mission to ensure that each child and young adult with cancer has access to state of the art treatment, by advancing research, education, care and professional practice. Children in economically disadvantaged countries often do not have sufficient access to care for malignancies, due to geographic, political, cultural and economic barriers. In addition, co-morbidities contribute to the poor survival. Although there is increasing interest in twinning and in exposure of residents and faculty to work in low-income countries, there is lack of systematic coordination of these efforts. ASPHO and SIOP provide an opportunity to form new international collaborations in research and education, to aid in the development of sustainable appropriate treatment protocols, education of physicians and medical staff, and supportive care. These global studies facilitate new insight into cancer epidemiology and biology and improve outcome for all through collaborative clinical trials.

### **Introduction of the Problem and SIOP Effort, Foundation and Academic Resources**

*Katherine Matthay, MD*

### **Obstacles and Solutions to Access to Care in Oceania**

*Scott MacFarlane, MB ChB FRACP*

### **Tools for Collaboration at a Distance**

*Scott Howard, MD*

### **Establishing Support for Pediatric Oncology in Columbia: Dana Farber**

*Martha Vizcaino,*

### **Improving Outcome for Burkitt lymphoma and AML in Morocco: GFAOP and St. Jude**

*Mhamed Harif, Pr*

Discussion

**Kate Matthay**

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## **ASIA**

### **Dear Colleagues**

On behalf of the Scientific Committee of SIOP-ASIA 2010, we would like to declare our preliminary program for the upcoming SIOP Asia 2010 meeting (Kish Island, March 3-5). We hope that the program will have the best keynote speakers of the SIOP Scientific Committee. Most of the keynote speakers have confirmed their invitation.

Unfortunately, so far we have received only few feedback from our colleagues from Asian countries. Please be informed that we have set a fund to support travel expenses for those colleagues coming from less privileged countries. So we are looking forward to receive valuable contributions in the following weeks.

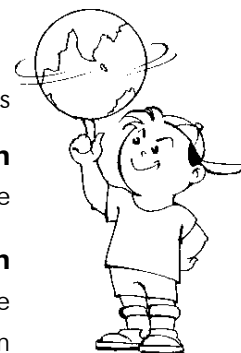
You can find the program in the congress site: [www.siop-asia2010.com](http://www.siop-asia2010.com) .

Would you please send us your abstract or full paper for publication in the supplement of IJBC (Iranian Journal of Blood and Cancer) as a congress book and State of the Art. We are looking forward to having a successful meeting.

With kind regards

**Prof. Dr. Paravaneh Vossough**  
President, Scientific Committee

**Prof. Dr. Mohammad Faranoush**  
Head, Executive Committee  
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## From the PODC Committee

This report does not review all but only a fraction of the PODC activities going on within SIOOP. This is due to the fact that several Committee members have their own PODC groups and/or activities, e.g. Jean Lemerle with GFAOP, Giuseppe Masera with MISPHO and Raul Ribeiro with the outreach program of the St. Jude Children Research Hospital..



To **create and report on PODC fora** belongs to the core activities of the Committee. A **report on the PODC platform in Berlin** was published in SIOOP NEWS 38, December 2008, p25-30. With the enthusiastic support of Beatriz de Camargo, organizer of SIOOP 41, the **PODC SAO PAULO**

**program**, the largest up to now, was established. As usual, PODC **abstracts** were scored and **scholarship** applications evaluated. For the next SIOOP Asia Coingress, March 3-5 2010, on the island of Kish (Iran), proposals for a PODC forum were submitted.

**Promotion of twinning** is another core activity of the Committee. Efforts were made to establish cooperations between lusophone **African countries** and Brazil (Symposium I of the PODC Premeeting of SIOOP 41 on October 5, 2009). Other efforts started in Berlin 2008 to establish contacts between **Central Asian Republics including Afghanistan** and SIOOP. It is hard to promote pediatric oncology if children with cancer are treated by medical oncologists and hematologists, or surgeons and radiooncologists who rarely see childhood cancers.

A further core topic is the **development of guidelines adapted to a resource poor environment**. The **Cameroon 2008 BL treatment guidelines** are the product of 12 years of research under Peter Hesseling to transcribe goals set by a SIOOP sponsored meeting on the role of PODC in the developing world. Jan de Kraker contributes steadily to find an optimum treatment for **Wilms' tumors** in emerging countries

Recognizing how important the nurses are for the outcome, the Committee has started, in 2000, the **SIOOP nurses project**. This project has been continued up to now. Nurses also play a pivotal role in the long-term follow-up of survivors.

**Contacts with other institutions** is another central issue for the Committee. Tim Eden and Raul Ribeiro played an important role as advisors of Sanofi-Aventis, UICC-mediated **"My child matters"** (33 projects in 22 countries) and the **World Child Cancer** organization. (two+ 5-years-projects) (SIOOP NEWS39, July 2009, p26). There are many contacts with the **St. Jude** Childhood Cancer Research Hospital. In addition, Aziza Shad from **INCTR** and Faris Madanat from Jordan, are lending support to adjust SIOOP's recommendations for pediatric cancer units as well as palliative care.

Finally, with the blessings of the Board, **the Committee** is working on the realization of a **new structure** apt to cope better with the increasing workload.

## **Minutes of the SIOP PODC Committee Business Meeting**

Friday, October 9, 2009, 08.00 – 08.30,  
Transamerica Hotel, Sao Paulo

### **Agenda**

- 1) Opening and apologies
- 2) Minutes of the last business meeting (SIOP NEWS 38 (January 2009) p26)
- 3) PODC Committee Annual Report 2008/2009
- 4) News from the President and the Board
- 5) News from the Continental Presidents
- 6) Proposals for PODC activities at the 42nd SIOP International Congress in Boston 2010
- 7) Draft re. the reorganization of the PODC Committee
- 8) Simple data base for ongoing twinning projects?
- 9) Any other business

**Apologies:** T. Eden, E Khalek, J Lemerle, P McCormick

**Present:** P Abad Calvo, M Adde, YJ Aguirre, Y Agvilar, F Albuquerque, N Al Mulla, F Amod, A Aranja Gomes, R Arora, B Asim, B Baldinia, A Becker Kossen, V Bhonadwaj, E Bolderini, H Cafervi, E Carvalho, J Challinor, G Chantada, LC Chinganda, A Davidson, S Dumitras, S Epelman, Y Ernst, L Espin, A Feliz, H Ferreira, M Greenberg, A Gabary, S Howard, T Israels, A Ivanov, T Katayi, R Kebudi, N Khawya, G Klymnyuk, N Kuhn, S Laskar, C-K Li, VG Linga, I Magrath, G Masera, R McNally, A Medina-Sanson, J Montibeller Furrado e Silvia, H Montserrat, F Moschella, C Moreira, V Paes Tanaka, C Paris, N Pimentel, D Pollano, J Poole, A Poulsen, M Ramadwar, Y Ravindranath, L Renner, C Rodriguez-Galindo, D Samuel, S Santos Aranja, W Santos Pereira, P Sivapratham, E Soares de Albuquerque, J Srirambhatta, C Stefan, JY Tang, M van den

Akker, M van de Wetering, P Voussough, HP Wagner, J Wolff, J Wiernikowski.

### **Minutes:**

- Ad 1) Opening by the chairman;
- Ad 2) The minutes of the last business meeting were accepted;
- Ad 3) There were no questions regarding the Annual Report 2007/2008
- Ad 4&5) None
- Ad 6) The PODC program for SIOP 42 is in preparation:
- IPSO (L Hadley) and the PODC Committee will organize a symposium on the role of surgery in truly resource-restraint environment;
  - J Kane from the St. Jude Cancer Research Hospital and the PODC Committee will organize a symposium on palliative care in less privileged countries;
  - M.Murphy (UK), A Davidson (South Africa) and the PODC Committee will organize a symposium on "The Impact of HIV on the incidence and treatment of cancer";
  - J Finlay and the PODC Committee will organize another symposium on neurooncology in emerging countries;
  - The PODC Committee chairman will prepare a special lecture on the Globalisation of SIOP;
  - Negotiations are under way to invite Paul Farmer, Chairman of Global Health at Harvard, or Julio Frank, Dean of Harvard School of Public Health and former minister of Health in Mexico, for a PODC tinted SIOP Keynote Lecture.
- Ad 7) There was a lively discussion on the implementation of the new PODC committee structures. Proposals were made for different working groups and

the cooperation between the continental branches and the PODC Committee. It was recommended to involve the Council of SIOP as rapidly as possible;

Ad 8) Those present welcomed the establishment of a simple data base for twinning projects at the SIOP website. In essence only the title of the project and the coordinates of an informant should be listed.

Ad 9) There was no special business.

### **New PODC Projects/Progress Reports**

#### **Chairman: HP Wagner**

**E. Ebeid** reported on ALL treatment at the Menia Oncology Center (MOC), 300 km south of Cairo (**Childhood ALL in rural Egypt: facts/Cchallenges**). MOC serves a rural population of 4, 3 millions (Egypt 2007: 75, 5 millions, 57% rural, 29, 5 millions below age 18). In the Menia area the average daily income is 2-3 US\$, the illitracy rate (15 years +) 45%. Since most of the parents cannot afford to bring a child with cancer to the capital, MOC started to treat these children, despite the lack of specialized PO residents (peditric oncologists from Cairo attend twice weekly), nurses, lab and support facilities. Between 2000 and 2007 patients with ALL were treated according to St. Jude's total therapy protocols, mainly total 13A. Diagnosis was based on morphology and cytochemistry only. Patients were considered low risk, if the WBC was  $< 50 \times 10^9/l$ , if no mediastinal mass, CNS disease or other leukemic infiltration was present, and if the BM was in remission at day 15. No monitoring of MTX levels. Therapy was often delayed or abandoned for financial reasons, repeated traumatic punctures or ignorance. Of 100 newly diagnosed and treated patients, 46.5% survived eventfree at 5 years (5 year EFS at NCI in Cairo: 62, 5%). The 5 year OS was 48, 5%. (low risk 60%, high risk  $< 40\%$ ). The cause of death in 40 patients who died for known

reasons was relapse or disease progression in 47, 5%, abandonment of treatment in 30% and treatment related death in 22, 5%. This is **an example of a level I PCU!**

**M. S. Pombo-de-Oliveira** reported on **Cancer incidence among children and adolescents in Brazil: first report of 14 population-based cancer registries** (Int J Cancer 2009: in press). The 14 registries cover approximately 15% of the child and adolescent population. During a time period varying from 3-5 years a total of 8222 cases were registered. The number of registered cases varied from 29 to 3667, with a median of 426 per registry. Considering only the 8 registries with 400 or more cases, the age-adjusted cancer incidence rates (AAIR) per 1 million children 0-14 years old varied from 95 (Salvador) to 226 (Goiânia) with a median of 178; for patients 1-4 years of age from 137 (Salvador) to 274 (Goiânia) with a median of 227; and for 15-19 years old from 84 (Salvador) to 264 (Sao Paulo) with a median of 202. For different types of cancer the AAIR (ages 0-19) of registries with  $> 400$  cases were as follows: median (range): leukemia 48 (21-68), lymphoma 26 (14-34), CNS tumors 26 (11-32), retinoblastoma 5 (2-7), neuroblastoma 9 (2-11), Wilms 9 (5-15) and bone tumors 10 (8-18). The male/female ratio (age 0-19, registries with  $> 400$  cases) varied from 0.88 (Fortaleza) to 1.37 (Porto Alegre) with a median of 1.17.

**G. Chantada** summarized **Preliminary results of a multicenter BFM-based study for Bcell malignancies in Central America**. The use of NHL protocols from developed countries in resource poor countries is associated with a high treatment-related morbidity and mortality. AHOPCA adapted therefore the treatment intensity of a BFM-based regimen according to the risk of relapse using BFM risk groups by i) reducing the MTX dose in blocks A and B to 1 or 3 g/m<sup>2</sup> in 3 h infusions,

according to the patient's risk; ii) reducing the ifosfamide dose by half in block A; and iii) omitting block CC. All data were collected prospectively in [www.POND4kids.org](http://www.POND4kids.org). and all cases were presented weekly on [www.Cure4kids.org](http://www.Cure4kids.org) for peer discussions among Central American colleagues and external experts. From September 2004 to February 2009, 114 evaluable patients (108 with Burkitt or Burkitt-like and 6 with large Bcell lymphoma; 13 stage I-II, 86 stage III and 15 stage IV=mature B-ALL; median age 5.5 years) were treated. With a median follow-up of 24 months, the 2-year OS is 83% (SE 4%): 100% for stage I and II, 85% for stage III and 64% for stage IV. Seven patients died of treatment-induced toxicity, 10 relapsed (5 died of disease, 1 abandoned and 4 are still alive) and 8 abandoned therapy after 3-24 weeks. In conclusion survival has considerably improved, but the toxic death and abandonment rates require further focused efforts.

**T. Israels** presented her **Practical manual for the management of children with cancer** developed at and for the nurses, physicians and visitors of the SOBO pediatric oncology ward of the Queen Elizabeth Central Hospital, College of Medicine, Blantyre, Malawi. One page is devoted to the general approach to management (diagnosis, staging, safety of treatment, treatment modalities and quality of life), 13 pages to the description of individual tumors (Burkitt lymphoma, Wilms tumor, Hodgkin disease, NHL, acute leukemia, neuroblastoma, rhabdomyosarcoma, retinoblastoma, hepatocellular carcinoma, osteosarcoma, germ cell tumor, Kaposi sarcoma), one page to side effects of chemotherapeutic drugs, one to routine investigations at admission and two to supportive care. The most interesting and helpful part of the booklet is the appendix with 13 pages of treatment flow sheets allowing an easy documentation of the treatment

administered. As stated in the introduction: "We hope this manual will help us to improve the treatment for children with cancer in Malawi. Clinicians caring for children with cancer in settings similar to Malawi may use this manual at their own responsibility and clinical discretion". A very helpful booklet indeed!

**D.C. Stefan** used a comparison of the childhood cancer incidence and outcome in Namibia during the periods 1983-1988 and 2003-2009 to discuss the topic **What is the way forward** in Africa? Based on 163 cases observed during the first period, a minimum overall incidence of 55.5/million children less than 15 years) was calculated. The incidence (per million) of leukemia (6.5), lymphoma (6.3) and CNS tumors (9.3) was considerably lower, the incidence of renal tumors (7, 4), malignant bone tumors (4.8) and soft tissue sarcomas (5.2) similar and the incidence of retinoblastoma (5, 8) higher than in Europe and North America (Wessels G, Hesseling P: South African med J 1997;87:885-9). The calculated survival rates were as follows: leukemia: 39%; lymphoma: 53%; CNS tumors: 25%; neuroblastoma: 13%; retinoblastoma: 46% and renal tumors: 73%, the projected 5 year survival rate of 150 evaluable cases was 37% (Wessels G, Hesseling P :Med Pediatr 1996; 27:160-4). During the second period 146 patients were recorded: 21% with leukemia, 18% with retinoblastoma, 14% renal tumors and 13% lymphomas. In 2005 only 27% of 29 patients survived for at least 1 year, but after reinstatement of a twinning program between Tygerberg Children's PO unit in Cape Town and the Katature Hospital in Windhoek, Namibia, the 1 year survival rate increased to 45%. Lessons learnt: Sustain twinning over long periods to improve survival and quality of life. Establish a cancer registry (e.g. using [www.POND4kids.org](http://www.POND4kids.org)) to continuously assess incidence and outcome. Recruit and train continuously PO personnel. Use regular

telecommunications to solve every-day problems. Develop palliative care.

**PODC 1, October 8, 2009, 10.30-12.30**

**ACHIEVING EARLY DIAGNOSIS IN CHILDHOOD CANCER: STANDARD, ADVANTAGES AND ROADBLOCKS**

Chairs: M. Greenberg, Canada, M. Scopinaro, Argentina, B. Agarwal, India

**A North American Perspective** M.L. Greenberg. The question discussed was "Is early diagnosis a cost-beneficial intervention?" Early diagnosis might make a difference in terms of i) tumor burden (metastatic potential, operability, avoidance of radiotherapy, metabolic impact (Burkitt lymphoma), WBC in ALL, CNS tumors); ii) drug resistance; and iii) malnutrition (reduced capacity to tolerate therapy, reduced albumin and fat reserves, reduced renal and hepatic function). Components of delay are the patient delay (cancer symptom detection to 1st health care contact) and the health care system delay (first health care contact, to assessment by oncologist, to cancer diagnosis and to treatment initiation). Patients delays are due to ignorance, the parents failure to recognize the seriousness of symptoms and/or the inability to reach help. Primary care physicians (PCP) delays are due to lack of time and/or unfamiliarity with children, the rarity of childhood cancer and the non-specificity of early cancer symptoms. In Canada the median overall lag (delay) time was 34 days (2896 patients 0-19 years old). Patient and referral delays were the most important factors and there was some interaction between age and diagnosis (patients <1 year: median 18 days, >15 years: median delay 50 days; renal and hepatic tumors: median delay 3 days, bone tumors and carcinomas: >30 days). In a detailed analysis of the burden of disease in relation to diagnosis delay, no impact from diagnostic, patient or

physician delay was observed in acute leukemia (n=846), while a significantly **decreased risk of high tumor burden** was observed **with longer diagnostic delay in lymphoma (n=324) and CNS tumors (n=284)**. In a MSKCC study the median delay between first symptoms and diagnosis was 1.5 months for unilateral and 2, 5 months for bilateral retinoblastoma. Parents who noted first sign in 75% of cases delayed diagnosis in 77%, as compared to delayed referral by PCP (30%). There was no impact of delay on the loss of eyes, but a trend to more choroidal invasion. Similar results were found in the UK. In conclusion the impact on mortality is unclear/not investigated, but the impact on morbidity is substantial. The efficacy of interventions to achieve early diagnosis (best targets: parents and PCP) remains unclear and it still remains to be shown that early diagnosis is a costbeneficial intervention.

**Latin American Perspectives.** S. Epelman In pediatric oncology (PO) early diagnosis is of great importance in order to keep the tumor burden small, to facilitate surgery, to avoid radiotherapy, to prevent metastases and to reduce side and late effects. The difference of 20-30% in cure rates between developed and developing countries is due to many factors, i.p. poverty and low education of parents, late recognition of symptoms, delayed search for help (=patient delay), and no or late referral to a pediatric cancer unit (PCU) for diagnosis and treatment (= health care system delay). As long as the parents have to cover the costs, children with cancer will either not be brought to a PCU or, if they are, abandon treatment rapidly for financial reasons. Essentially, there are two main reasons for the aforementioned difference in cure rates: the scarcity of PCUs and the poverty and ignorance of the parents. In order to improve PO in developing countries, first a sufficient number (e.g. one per 2-3 million children and adolescents 0-19 years of age) of

adequately staffed and equipped PCUs should be established, offering free care for children of parents who cannot pay and sufficient support to their families to survive. These are prerequisites for the translation and activation of programs like the American action plan for childhood cancer. To develop PO takes time and money, and is best done stepwise, using all resources available, e.g. twinning, parents organisations, governmental (e.g. early diagnostic program in Brazil) and non-governmental organizations (e.g. Ronald Macdonald institution). In areas where sufficient PCUs are available or where at least an efficient referral system from the periphery to competent facilities exists free of charge for the poor, national campaigns, such as the National Retinoblastoma Campaign in Brazil, can be developed. Of 400 new cases each year, approximately 30% still present with extraocular disease. The mean time elapsed between the appearance of the first symptoms and diagnosis is 8+ months (in Mexico 7.4 months for early and 13.1 months for advanced stages). Not better treatment, but better education of illiterate parents and unaware first line health officers, e.g. by video (translated in different languages), phone cards, information distributed via maternities etc. is needed. With the development of support for poor parents and their families, the problems of no or late diagnosis, and the high rates of abandonment of therapy will gradually disappear.

**Achieving early diagnosis in childhood cancer-African perspectives.** J. Poole, South Africa. By the year 2020, 200 000 cases of childhood cancer will be diagnosed per annum, of which 75% will be in under-resourced countries. Africa should have 30 000 cases per year. The continent is host to the majority of the Worlds' poorest countries where health problems such as malnutrition, malaria, HIV, tuberculosis take precedence on the already low health budgets. In addition, civil war and

political instability contribute to low interest and low priority of governments. Even if children were diagnosed with cancer there are vast areas of sub Saharan Africa which do not have treatment centres or facilities. There are well established units in Egypt, Morocco and Tunisia in the North and South Africa in the South, but poor salaries of doctors in the public sector of certain countries, eg Kenya, have forced paediatricians into private practice. In South Africa we estimate we are only diagnosing half the cases of childhood cancer we should be. In addition, the majority of solid tumours have a late presentation. In 2000 the St Silvan warning signs for childhood cancer were instituted. A campaign in 3 provinces in South Africa was carried out from July to December 2001 involving workshops, posters, pamphlets and media coverage. The number of new oncology patients at Chris Hani Baragwanath Hospital increased from 78 patients per year to 109 patients per year on average following the campaign. It was found subsequently that many people cannot read even if the posters are translated into the African languages. Therefore for a successful program of early diagnosis one needs to select the media that the target population understands, to get government "buy-in" and to educate primary health care workers. However if there are no treatment centres, then early diagnosis may be a waste of valuable resources. In most of Africa a Paediatric Cancer Unit needs to be set up first, then the early diagnosis program for treatable and curable cancers.

**Strategies developed in India.** B. Agarwal, India. India has almost 1, 03 billion people living on 3 million km<sup>2</sup>, in 29 states and 6 union territories, with a variety of languages, cultures and socioeconomic structures. The rural population accounts for >70%. More than a third earn less than US\$ 1/day. The status of women is characterized by an illiteracy rate (<15 years) of >50% and by the fact that 1/3

is married by 15, 2/3 by 18 years. Infant mortality rates are >40/1000 live births in most of the states. In over two thirds of the Indian subcontinent children 0-3 years of age are -2 SD weight for age, and every year approximately 2, 4 million children die, that is 25% of the global burden. There are about 700'000 registered M.Ds and 1, 2 million trained health care workers and about the same number of other medicos and untrained people providing informal, private health care in villages and slums. Primary health centers (>23'100: 700 without doctors) receive patients through subcenters (>140'000) from the approximately 600'000 villages in the 593 districts, and refer them to 3222 community health centers (CHC= first referral unit, most of them severely understaffed). From there patients may be sent to district and/or tertiary hospitals. In the cities (285 million people, 67/285 millions poor) large and small hospitals complemented by outreach services run by government, civic bodies, and private or nongovernmental organizations provide rather unstructured health care. Two thirds of all hospitals are in cities, >80% of registered doctors work in private practice. Of the 30 US\$ health costs per capitem, only about one fifth (6 US\$) are paid by the government. Only 4, 4% of the total government expenditure go on health. Prepaid, private insurance accounts for <1%. To fight for early diagnosis of childhood cancers in this context is a formidable challenge, despite the existence of large, community based outreach programs for early child care (Integrated Child Development Services:ICDS), programs to improve access to quality health care in rural areas (NRHM), the Rashtriya Swasthya Bima Yojana (RSBY) program, a lifeline for India's poor with smart cards, and others. To improve PO in India, essentially 2 strategies are used: i) the development of a nationwide PCU network working in the shared care modus, i.e. referral of children with cancer

from the general practitioner via specialist to a PCU for diagnosis and initial treatment and back to the specialist for further treatment or, if cure is not possible, for palliative care. The term specialist can stand for a satellite institution/hospital with know-how in PO and in close cooperation with the PCU; and ii) educational programs, a) for community practitioners and pediatricians to improve their diagnostic capabilities and to enable their participation in follow-up care (the Indian National Training Program for Practical Pediatric Oncology: INTP-PPO), and b) for postdoctoral pediatricians to become pediatric hemato-oncologists (Post Doctoral Fellowship Training: PHO): a 2 year course under the auspices of the Indian Academy of Pediatrics (IAP), with a final exam and a fellowship certificate. Both of the educational programs have been carefully planned and are very successful: INTP-PPO has organized 39 workshops throughout the country 1998-2009, and PHO is turning out an increasing number of certified PHO specialists. The task to tackle is enormous: approximately 80% of the children with cancer in India do not reach a PCU, 10% reach one but opt out, 5% get treatment but drop out, and only 5% benefit.

### **Are risk-based treatment strategies for ALL feasible in developing countries? Y.**

Ravindranath, USA. Risk-based treatment strategies are used to avoid overtreatment of low and undertreatment of high risk leukemias and solid tumors. Parameters easy to assess, such as clinical status (tissue infiltrations), age, WBC, morphology, spinal fluid, and presence or absence of a thymic mass (chest X rays obtained prior to steroid therapy) have long been used to differentiate low, intermediate and high risk B precursor ALL, as well as T- and B-cell ALL/NHL. For children aged 3-7, with a WBC <10'000/ul and no mediastinal mass on chest x-ray (a surrogate for Tcell phenotype), the 5 year survival, with a first generation CNA prophylaxis protocol, was almost 90%. Thus

even in the absence of cytochemistry, immunophenotyping, flow cytometry, DNA index determinations, chromosomal studies, PCR and FISH techniques, risk-adapted treatment of ALL is feasible in resource poor countries under certain provisos. First of all no diagnosis of leukemia should be made without an adequate bone marrow evaluation (good smears, good stain) by an experienced technician and/or hematologist (aleukemic leukemia can be a problem or low stage neuroblastoma may be confounded with leukemia, or even an active erythropoiesis due to hemolytic anemia can be falsely diagnosed as leukemia!). Second, a collaboration with a well established pediatric cancer unit is mandatory a) for an external slide review and b) an evaluation of what risks can, respectively cannot be treated at a peripheral institution. During the last years the availability of advice for PCUs in resource poor countries has considerably increased, mainly due to the services offered by [www.CURE4kids.org](http://www.CURE4kids.org), but also at the national level by the establishment of pediatric oncology networks, even in resource poor countries. Since at least a third to a half (the exact proportion is not defined in certain Asian countries) of all precursor ALL are low risk, the hope is, that this fraction could be cured at peripheral institutions (level 1 PCU), provided an adequate supervision, as alluded to above, is guaranteed. . .

**PODC PRE-MEETING, October 5,  
09.00-17.15**

**This Pre-meeting consisted of 4 Minisymposia.**

The 1st, **Bridging the Atlantic: New cooperations between LAC (Lusophone African Countries) and Brazil**, was chaired by F.Pedrosa, Brazil, S.Epelman, Brazil, and R.Ribeiro, USA. The idea behind this symposium was to create a platform reflecting the actual

status of pediatric oncology in LAC and, at the same time, to facilitate contacts and possibly the planning of twinning projects between representatives of LAC and Brazilian institutes of excellence. This idea was brought up by Raul Ribeiro and supported by Tim Eden, Francisco Pedrosa, Sidnei Epelman as well as by Ian Magrath. It was suggested that representatives from LAC submit an abstract describing PO in their country and ask for a SIOP scholarship to attend the symposium and the SIOP Congress in Sao Paulo. Assistance for the establishment of an abstract was offered and considerable efforts were made to reach and encourage representatives of LAC to participate. Dr. Faizana Amod from Maputo, Mozambique was the only person who submitted an abstract and presented her report on "The Status of Pediatric Oncology at the Hospital Central in Maputo, Mozambique" at the symposium. Of an estimated population of 9 million children below the age of 15 years approximately 1000 develop cancer each year. The only institution offering pediatric cancer care is the Hospital Central in Maputo. Adults and children with cancer are treated by the same team. Of 2377 patients found to have a solid malignancy between January 2005 and December 2006 there were 213 (9%) children. The most common malignancies included Burkitt lymphoma (43% of all children) and Kaposi sarcoma (19%), 85% of the former completing therapy (6 monthly cycles of VCR, Prednisone, MTX and Cyclophosphamide) and being alive after 6 months. In a 10 year period there were only 79 cases of leukemia, two thirds with ALL, but practically no survivors. Frequently childhood cancers are confounded with malaria. Sidnei Epelman referred to the INCTR programs in different Sub-Saharan countries and drew the attention to the fact that different Brazilian institutions were offering training in patient care and data management, videos for the early detection and treatment of

retinoblastoma and know-how for fund raising and to provide drugs. Francisco Pedrosa presented in more detail how the association with the St. Jude Children's Research Hospital, since 1994, changed dramatically the PO service at IMIP in Recife. By providing adequate professional training and developing a program supported by a strong parents' group helping poor families with transport facilities, housing, visiting nurses and palliative care, the percentage of ALL survivors increased from 30 to 80%. Also, between 2000 and 2009, a 36 bed pediatric cancer unit (PCU) with 12 pediatric oncologists and 17 pediatric oncology nurses and all the necessary laboratory services could be developed. This PCU is now actively involved in training, not only of Brazilian, but also of LAC PO specialists. Raul Ribeiro underscored the need for sustainability of PODC projects and referred briefly to the newly founded World Child Cancer institution which provides 5-years grants to selected PCU that are about to acquire a critical mass and, by strong parents' groups and lobbying the Health minister/ry, have a chance to become self-supporting. In summary, the fact that despite considerable efforts only one representative of LAC participated, demonstrates that SIOB has no lines to LAC and is unknown there, but also, that there are probably no or very few people devoted specifically to PO in LAC. A glimmer of hope is, that according to the list of presence, besides Dr. Amod, two Angolan doctors attended the symposium and left their e-mails!

The 2nd **“Minimum requirements for pediatric cancer units in developing countries”** was chaired by A. Shad, USA In continuation of the symposium “Bases for PODC of tomorrow” held at the 40th SIOB Congress in Berlin (SIOB NEWS 38, December 2008, 29-31) Aziza Shad reviewed the SIOB 1991 Recommendations, summarized the Berlin symposium and presented the INCTR PCU model. On the one hand the SIOB

Recommendations represent a standard that is still difficult to achieve in many African countries and some parts of Asia, on the other hand significant progress has been made in other parts of the world, e.g. India, Brazil and several Middle East countries, necessitating the addition of other elements for the „State of the Art“ PCU. In Berlin the consensus was that i) the inability to reach the standards of care recommended in 1991 should not discourage pediatric oncologists in developing countries from developing PCUs; ii) there should be several levels of PCUs and they should be clearly defined, iii) funding is critical for the development of medical infrastructure and iv) there were general guidelines for all PCU levels such as the age range of patients served at a PCU (infancy to 21 years); incorporation of basic infection control practices; and all physicians having a working knowledge of palliative care including pain management. At an INCTR PO Strategy Group Meeting in October 2008 level I-III PCUs, in particular the level I PCU, was defined more precisely in terms of types of cancers to be treated or referred, facility and infrastructure, staff, diagnostic facilities, support services and academic activities. Level II PCUs could do all level I activities plus some level III, i.p. participate, under the direction of level III PCUs, in clinical trials and research and, to a lesser extent, training. Level III PCUs (Centers of excellence) should be part of a large general hospital, cancer center, pediatric department or children's hospital, should be capable to treat all forms of pediatric cancer and see a minimum of new cases per year. For level I-III PCUs needs assessment and certification at regular intervals might help soliciting ministries of Health and governmental and non-governmental organisations. Peter Hesseling reported on minimum requirements for a level 1 PCU in central Africa for selected, basic cancer treatment. He discussed i) willing, committed partners (relations with hospital management

and problem of sustainability); ii) the accessibility of the location (be where the people are); iii) basic infrastructure in terms of human resources (the local critical, functional team consists of the doctor, project nurse and senior ward sister), treatment facilities, relations with the hospital administrator, national and/or international expert collaborators, essential supportive activities (need for a dedicated nurse); iv) definition of diseases to be treated with curative intent; v) training, records, audits, research = extra work to be rewarded: e.g. essential administrative components or training (pregnancy, promotions, resignations, HIV deaths disrupt the team and require continuous recruitment and training); and vi) sponsors. Ian Magrath (Belgium) reported on "Shortage of Human Resources for PCUs and solutions". It is not only the lack of facilities and drugs that complicate PODC, it is very often the lack of adequate human resources. Poor primary education precludes access to higher education and leads to suboptimal management with a constant loss of trained people and the need for continuous recruitment and training at all levels and with a variety of methods. Without twinning and/or governmental support the identification of sufficient funding and human resources may be impossible, and it might take long before uniform treatment guidelines can be applied or before participation in simple clinical trials is possible. Very important for the PODC is the encouragement of local support organizations and the continuous recognition and accreditation of dedication and involvement. During the discussion the consensus was that teaching and training should occur where people are, at all levels, although centers of excellence would have a greater responsibility for teaching and training and diffusing know-how. In Turkey media and compulsory 1 day courses for practitioners and health care nurses are used to sensitize the population and accelerate referral of children

with cancer. The status of level I PCUs arouse a lot of questions: do we need 3 levels or only one? Are level 1 independent or part of a local network (satellites)? Are they also shared care units? Does the status of level I PCUs vary in different parts of the world? Where is the expertise for diagnosis, how is the quality of diagnoses assured? Already at level 1? Is level 1 accountable to level 2 or 3? It was felt that accurate diagnosis was essential for level 1, on the other hand not all patients treated at a level 1 PCU might have a lege artis established diagnosis. Finally modalities for regulations and certification were intensively discussed: what should be certified? The facility? The local staff: doctors, nurses, etc? the teaching? Certification by whom? It was postulated that a level 1 PCU certification should be universal, and, in addition an accreditation as incentive for the general knowledge available. It was decided to work out a common SIOP-INCTR proposal for minimum requirements for a level 1 pediatric cancer unit.

The 3rd **"Publishing Pathway Analysis: Targeting how to write, publish and review scientific articles"** was chaired by R.J. Arceci, USA. The objectives of this minisymposium were to i) understand the components of manuscript writing and follow-through to publication, and ii) provide advice on how to effectively peerreview manuscripts. Discussed were the preparation and planning of a manuscript, how to approach each section of a manuscript, and the process of submitting, revising and negotiating publication. In a similar manner the mechanics of manuscript review were explained. Real life examples of the good, the bad and the ugly were examined. Extracts from the session and Arceci RJ, *Pediatr Blood Cancer* 2004;43:207-210: Always read the Instructions to Authors carefully for the journal to which you are submitting your manuscript and comply with all of those instructions. Writing should be clear and as concise as possible.

Remember that when writing for an English journal, be sure to use correct English rhetoric, syntax, spelling and punctuation. A manuscript needs a good idea/question/hypothesis, a rigorous and honest testing, and a report with a concise, specific and informative title. All authors should have made an important contribution and must agree to the contents of the manuscript before submission; breathing is not a criterion for authorship. The abstract should summarize background information and study objectives, design and methods, the primary results and the principal conclusions. The inclusion of outcome measures with statistical levels of significance should be included. The background section (introduction) should convince experts as well as fill in knowledge gaps for interested, but less expert readers. In the Methods section, sufficient information should be presented so that any investigator could replicate the results of the study and readers can clearly understand what has been done. One should present only those results that are relevant to the hypothesis being queried. The significance of results should be considered in terms of the hypothesis presented in the introduction. It might be worth thinking about who might be reviewing the manuscript. References should be inclusive and include both papers that agree and that might disagree with the results you are presenting. Unlike good wine, data and manuscripts do not necessarily improve with time so do not procrastinate on writing up significant findings. And remember not to call patients diseases!

The 4th, **“Health care disparities in the management of childhood brain tumors in emerging countries”** was chaired by J Finlay, USA and HP Wagner, Switzerland. As the problems of malnutrition, infections in general and HIV/AIDS in particular, are increasingly addressed and resolved in developing countries and the treatment of childhood leukemias and

lymphomas improves even in poor countries, the problem of children, adolescents and young adults with primary brain cancer will emerge as a major cause of both mortality and chronic morbidity in these countries (see also SIOPEX NEWS 38, December 2008, 27-28). This symposium, hopefully the first of many to be held both at SIOPEX and international pediatric neuro-oncology conferences, was conceived to serve as a stimulus to recognize the enormity of the problem and to focus on efforts to surmount the problem on loco-regional, national and international fronts. The minisymposium opened with a keynote address by Eric Bouffet, Canada, who provided an overview on the problems specific to developing strategies for the management of children and adolescents with brain cancer in low income countries. This was followed by several speakers addressing the problems of management and overcoming disparities in availability of care in individual countries: Reijn Kebudi, Turkey, Sidnei Epelman, Sao Paulo and Ivanna Botelho, Recife, Brazil, Danuta Perek, Poland, Eva Lezcano, Paraguay and Purna Kurkure, India. In addition Florencia Moreno, Argentina, presented on the development of a highly successful national pediatric tumor registry, while Ibrahim Qaddoumi, USA, demonstrated the impact of telemedicine on pediatric neuro-oncology in the Jordanian – Canadian project. In 17 months 64 patients were discussed: 36 with a newly discovered tumor, 20 at a follow-up examination and 8 with a relapse. In 23/64 major changes in the management of the patient were recommended and in 21/23 a positive impact on the patient’s care was noted (I Qaddoumi, A Mansur, A Musharbash et al. *Pediatr Blood Cancer* 2007; 48:39-43).

**HansPeter Wagner**  
Chairman, PODC Committee,  
hpwagner@bluewin.ch



## **From ICCPO**

### **Another Collaboration between SIOF & ICCCCPO in Asia**

A very successful ICCCCPO Asia Regional Meeting was held in Beirut, Lebanon between 2<sup>nd</sup> & 3<sup>rd</sup> April 2009 with great support from SIOF members in Lebanon. The theme was "Challenges Facing Parents of Children with Cancer".

There were about 120 participants attending the meeting. They were mainly parents, medical professionals, volunteers and other supporting NGOs from Lebanon. Also foreign parent group participants came from the Arab region, including Egypt, Iran, Jordan, Kuwait, Morocco and Syria.

The opening ceremony was officiated by welcome notes from Dr Mohamad Jawad Khalifeh (Lebanese Minister of Public Health), Dr Peter Noun (President of The Lebanese Hematology Oncology Club) and Mr Benson Pau (Chair of ICCCCPO).

The meeting covered the recent works in palliative care, pain management, stress management and volunteering shared by different groups in Lebanon. They included

Children Cancer Center of Lebanon (CCCL), Kids First Association, Children Against Cancer (CHANCE), Oumnia and Tamanna. It was evident that Lebanon is a true model of "therapeutic alliance" between medical staff, parent groups and supporting NGOs in the Middle East.

All foreign groups shared their excellent works done in their own countries. Highlights, just to name a few, were *Iran*: where the MAHAK Pediatric Hospital & Research Center in Tehran was built from ground zero; and *Syria*: BASMA only started a few years ago and now they supported to build a children's cancer unit in Alberuni since May this year providing 16 in-patient beds for treatment of childhood cancer.

Last but not least, thanks to the local organizing committee led by Dr Peter Noun, Dr Miguel Abboud, Dr Roula Farah, Ms Haifaa Khalifeh and Mr Mohamed Ezzedine – representing parents in Lebanon. They did an excellent job in organizing this meeting.

**Benson Pau**

Chair of ICCCCPO

[Benson.pau@pkwfoundation.org](mailto:Benson.pau@pkwfoundation.org)

# Report from the **SIOP-PPO (Pediatric Psycho-Oncology) subcommittee**



In January 2007 the Scientific Board approved the establishment of a committee dedicated to Pediatric Psycho-Oncology: SIOP PPO, an area of research which had not previously been represented. The Board gave us the opportunity to demonstrate over three conferences (2008-2010-2112) what Psycho-Oncology has to offer for all disciplines in SIOP.

## **Research**

In the context of research the purpose of the SIOP PPO is:

1. To facilitate the exchange of research data on pediatric psycho-oncology issues.
2. To support the integration of these data with current psychological research, theory, and practice.
3. To encourage the active incorporation of this psychological knowledge into clinical pediatric oncology practice.

Our first pre-meeting in Berlin in 2008 was very successful. Several presentations were given about family functioning, neuropsychology and treatment-related issues. Furthermore a symposium about interventions was held with keynote speakers from the field, Anne Kazak and Bob Butler. Going through the program from 2007-2009 we can see a spectacular increase of oral presentations and posters on a wide variety of psychosocial issues (e.g. quality of life, neuropsychological, and psycho-social). It is important to note that Psycho-Oncology related abstracts were also placed in free paper sessions in the Late Effects, Palliative Care and Brain Tumor sections, as well as in the ICCPPO Family symposia. Moreover, this year in São Paulo Brazil, two free paper sessions on Psycho-Oncology topics were recognized for the first time.

## **Clinical Practice**

Many of you know that in the context of clinical practice the Psychosocial Committee has been active for many years. Prof Tom Voute was one of the first to acknowledge the importance of a holistic view in pediatric oncology which has

resulted in a continuous effort to translate knowledge into clinical practice in particular by writing clinical guidelines by the Psycho-Social Committee. These guidelines have been published over the years and have proven to be helpful documents for many disciplines all over the world. The Board of SIOP has recently asked our two groups to join and continue working closely together. We therefore warmly welcome Dr. Momcilo Jankovic and colleagues to our committee.

## **Boston 2010**

We are excited to let you know that next year's SIOP Conference will take place October 21-24, 2010 in Boston-USA. This meeting will be an excellent opportunity to once again provide an update on the current state-of-the-art in Pediatric Psycho-Oncology. Please note that on Thursday October 21, the day before the SIOP meeting, the SIOP-PPO will organize a pre-meeting with the assistance of Andrea Farkas Patenaude, Anne Kazak and Christopher Recklitis (from the Local Organizing Committee).

Given this valuable opportunity to organize a pre-meeting and a symposium at the SIOP conference, we would like to encourage you to submit abstracts on your current research to be reviewed for the free-paper sessions. Please email your suggestions of relevant topics, and possible ideas for the presentation of current research from which we will be able to select speakers for the pre-meeting and make selections for the invitation of speakers to the symposium to [sioppo@amc.uva.nl](mailto:sioppo@amc.uva.nl)

Thank you in advance for your collaboration and we look forward to seeing you in Boston.

## **SIOP-PPO Committee**

Martha Grootenhuis (chair), Stephen Sands, John Spinetta, Gabi Calaminus, Esther Meijer- van den Bergh, Momcilo Jankovic, and Maria McCarthy  
[sioppo@amc.uva.nl](mailto:sioppo@amc.uva.nl)



## **"Education & Training" Task Force of SIOPT**

The SIOPT Annual Conferences for the past 40 years have been held regularly with a particular sub topic in Pediatric Oncology as the theme of the meeting. The annual meeting of SIOPT, which attracts about 1500 participants, aims at paediatric oncologists, and includes parallel sessions for paediatric surgeons, radiation oncologists and nurses, and sessions addressing issues of special significance to participants from less affluent countries. Educational activities directed towards fellows in training, nurses, etc. have also been incorporated intermittently at these meetings.

These educational events have been in general : spontaneous activities, popular with a sub group of SIOPT attendees, and held in various 'not so uniform' formats. Hence it was decided at the SIOPT scientific committee meeting in January 2005 to reconsider and revamp the entire gamut of educational events held at SIOPT annual meetings. Bharat Agarwal, Giorgio Perilongo & Tim Eden worked on an interim SIOPT Education Committee with the scientific committee to streamline the educational events at SIOPT meetings and brought in several features : structured Meet the Expert (MTE) sessions; pregress education sessions on focussed issues; hands on workshops; publication of the SIOPT Education Book; webcast of keynote lecture on cure4kids website etc. At the SIOPT council retreat held in February 2008 it was recognised that a further emphasis was necessary to boost the SIOPT activities in this important area of 'Education and Training'. Hence, the constitution of a "Education and Training" Task Force (ETTF) of SIOPT.

### **Providing educational Opportunities: Is there a need ?**

Continuous medical education (CME) is a major challenge. The challenge is life long, and he who believes that he is adequately educated is probably neither educated nor adequate. So there is no doubt about the need for CME. This fulfils one of the mission statement of SIOPT and particularly goals Nos.5 and 10 as delineated in the new SIOPT "Vision & Mission" document.

### **Education onsite at the annual SIOPT congress**

#### **Pregress:**

The SIOPT ESO courses held prior to SIOPT annual meetings have been very popular amongst fellows in training, budding pediatric hematologists oncologists especially from the less affluent countries. There is a certain need for a well formatted and standardised pregress educational course in pediatric oncology for this subset of attendees at the SIOPT annual meeting.

Another subset who would avail of focussed educational exercises are the practising pediatric hematologists oncologists - the 'not so junior' colleagues from our fraternity. These colleagues could benefit from short educational sessions or hands-on-workshops on focussed aspects, such as : basic science, molecular approaches, epidemiological issues, psychooncology, GCP guidelines, statistical analysis, evidence based medicine and many other innovative topics. Such workshops have been successful at the 3 annual conferences.

Another target group for educational sessions are the increasing number of nurses attending the SIOPT annual conference. Their needs and

requirements are different. A separate educational program directed towards the nurses is already in place.

### **During the congress:**

Further educational opportunities during the conference can be exploited for providing CME in the form of :

- Meet the experts
- State-of-art lectures
- Interactive sessions: Case scenarios

These sessions can be arranged as breakfast sessions. Publication of the SIOE Education Book and/or CD consisting of the articles on the educational and keynote lectures comprises an additional educational tool to augment these efforts. Webcast of keynote lectures on the SIOE / cure4kids website has proven to be very useful to those who were unable to participate as delegates during the congress. Both these have been downloaded throughout the world from the website.

All the above educational components of the SIOE congress are now managed by the SIOE scientific committee. The 'ETTF' Task Force will provide inputs and feedback to strengthen these components.

### **Educational Opportunities: through the year, outside the annual congress**

SIOE has not attempted to do this in the past. SIOE Council recognized this as a valuable role for SIOE. The Council considered that general educational features for continuing professional development, not related to the SIOE congress, can be put into place by the education task force. This will facilitate transfer of knowledge to happen throughout the year and provide an interactive platform especially for the young people in the field.

Various activities for consideration by the task force to be introduced in a phased manner are:

- creating web based tools for professional development
- development of clinical practice guidelines

- fellowship offers from SIOE to clinicians and researchers for pursuit of special projects in institutes of excellence
- producing accreditation standards for pediatric cancer units
- facilitating twinning programmes in an organised manner
- promoting continental educational activities
- managing the SIOE scholarships programme

The first meeting of the ETTF was held at Sao Paulo on 8<sup>th</sup> October. The response was very enthusiastic. The meeting discussed options for some of the above activities to be undertaken in the coming year. It was decided to arrange a brainstorming session of the task force in April / May 2010. The members of the ETTF are :

- Bharat R. Agarwal, India
- Gabriele Calaminus, Germany
- Patti Byron, Canada
- Mark Winstanley, New Zealand
- Riccardo Riccardi, Italy
- Luis A Castillo, Uruguay
- Robert J. Arceci, USA
- Victor Blanchette, Canada
- Chi Kong Li, Hong Kong
- Beatriz de Camargo, Brazil
- Prof. Dr. Ursula Creutzig, Germany

In conclusion the **Education and Training Task Force (ETTF)** : will work towards facilitating professional development, developing 'Best Practice Guidelines', instituting fellowships and scholarships, setting accreditation criteria for PCU's, promoting twinning programs & especially creating a platform for young people within SIOE in the coming years. Your ideas & suggestions are most welcome. You can either write to me or convey them to any of the ETTF members. We thank the SIOE Board & the Council for supporting the ETTF enthusiastically.

**Bharat Agarwal**  
Chair ETTF  
parulbrat@gmail.com

# Meeting of SIOP CNS GCT group Genova –Nervi, 9/10.11.09



moderation of James Nicholson as new chair of the group. This place is special for the group and the protocol as the main work of discussing and writing it has been done there in the passing years. Thanks to the support of Maria Luisa Garre the group could meet again in this frame. Up to now 10 European countries are joining the protocol and Brazil will also participate.

To address the last administrative issues of the forth-coming opening of the new SIOP CNS GCT II protocol the National coordinators of the so far allocated participating European countries met in Genova-Nervi under the

Lets give it a good start!!!!

For further information please contact us.  
**Gabriele Calaminus MD**  
 International Chair SIOP CNS GCT II  
 gabriele.calaminus@ukmuenster.de

**We invite you to Enroll on the SIOP Forum for interaction with other members.....**

FORUM	TOPICS	POSTS	LAST POST
General topics	1	1	by <b>siopadmin</b> Mon 22 Jun 2009, 10:40
Annual Congress & Scientific Committee	2	3	by <b>Bharat Agarwal</b> Wed 05 Aug 2009, 07:25

SIOP SUB-COMMITTEES	TOPICS	POSTS	LAST POST
PODC	2	2	by <b>siopadmin</b> Thu 03 Dec 2009, 14:13
Advocacy	1	1	by <b>siopadmin</b> Mon 22 Jun 2009, 10:45
Psycho-oncology	1	1	by <b>siopadmin</b> Mon 22 Jun 2009, 10:45
Education & Training	1	1	by <b>siopadmin</b> Mon 22 Jun 2009, 10:47

# **Choroid Plexus Tumor Study Committee Meeting 2009**

The annual meeting of the CPT-SIOP-Study group was held on Tuesday October 6<sup>th</sup>, 2009 between 1:00 pm and 4:00 pm in the Montevideo Room in the Transamerica Hotel Convention Center, Sao Paolo, Brazil as a part of the 41<sup>st</sup> Congress of the International Society of Paediatric Oncology (SIOP). Twenty-nine participants from 20 nations attended, following the invitation from the Committee Chairs, Drs. Kutluk and Wolff.

**CPT-SIOP-2000 interim report:** The ongoing protocol and registry have as of July 2009 registered 176 patients. The last 3 years (2007, 2008, and projected for 2009) have seen the highest enrollments.

The risk factor analyses have been repeated, but none of the previous findings have changed despite the increased patient numbers. The most significant predictive factor remains WHO grade, with outcome for choroid plexus carcinoma (CPC grade III) inferior to atypical choroid plexus papilloma (APP, grade II) and choroid plexus papilloma (grade I). Radiation therapy appears important for improved prognosis, but the analysis is complicated by potential impact of age, due to the older age of irradiated patients. Chemotherapy produces objective responses; however, the difference between the two chemotherapy arms remains small to non-existent; the randomized data concerning which patients were randomized to which treatment arm will remain blinded until the final study analysis has been performed.

A few surprising details in the analysis were discussed in more detail. In the subgroup of APP patients, younger age appears to confer a

better prognosis. In the subgroup of CPC patients, the prognostic importance of complete resection is no longer present; the survival curve for patients with residual tumor at initiation of treatment presently runs higher than for those patients following initial complete resection. Further follow up will demonstrate if these preliminary findings persist.. At present these are to be discussed but not published.

With great regret, the group was informed that Dr Brigitte Wrede has moved on. She has provided us with such superb information for every single request of clinical advice. We thank her again for her many years of work. The new person in her position is Gertrud Pawlik, who works in the same office supervised by Dr Ove Peters. Data managers and others are encourage to contact her under Gertrud.Pawlik@barmherzige-regensburg.de.

**CPT-SIOP-2009 development report:** The follow up protocol was modified for the final time in the meeting in February 2009 in Houston (See SIOP NEWS 2009). The open questions then were (a) how to perform the germ line p53 analyses, and (b) if use of intrathecal etoposide would pass regulatory review. The answers are: (a) Dr David Malkin (Toronto, Canada) will perform the p53 analyses, and (b) the institutional review board of the MD Anderson Cancer Center (MDACC) in the USA has decided, within the USA rules and regulations, an IND will not be necessary. The protocol has been recently approved by the IRB in MDACC. A further discussion occurred concerning a few minor details, and the committee then decided to activate the protocol. The next step will be to submit the protocol to

local IRBs. The required documents such as the MDACC approval letter will be made available through e-mail: [jwolff@mdanderson.org](mailto:jwolff@mdanderson.org). For institutions which were previously required to split the prior protocol into two separate registration and treatment protocols, please leave the current registration protocol open, as it there are no changes in the registration mechanism within the new protocol. For all institutions, during the overlap period, both protocols will remain open, including the randomization in both. Please close the CPT-SIOP-2000 protocol only after you have the new protocol approved at your institution.

#### **CPT-SIOP-REZ-Temozolomide Protocol:**

The recurrence protocol with temozolomide (TMZ) was again discussed. The discussion was controversial with respect to a few points. In particular, the decision to permit enrollment of patients without measurable disease (ie. after gross total resection of recurrent tumor) raised much debate. It was clarified that the evaluation of such patients would be performed by comparing the EFS of such patients following TMZ to the historical control group of such patients. Toxicity and duration of EFS (in comparison to the historical controls) will be studied. As a result of the previous work and the discussion, the protocol will now be opened. The Ministry of Health in Turkey has approved the protocol. Institutions are now requested to open it locally. If anybody needs the protocol or a copy of that approval letter, please contact the PI, Dr. Tezer Kutluk [tkutluk@tr.net](mailto:tkutluk@tr.net)

#### **New CPT-SIOP-REZ transplant protocol:**

Dr. Jonathan Finlay and his group have begun to collect data on choroid plexus tumor patients (both CPC and APP) who have undergone treatment with marrow-ablative chemotherapy and hematopoietic cell rescue, both at recurrence and as part of initial treatment (eg. on 'baby' chemotherapy protocols such as 'Head Start' or the US CCG-99703). We

assume, there are more patients than those officially registered, and ask everybody, who has ever transplanted a patients with choroid plexus tumor to contact Dr. Finlay at: [Jfinlay@chla.usc.edu](mailto:Jfinlay@chla.usc.edu). If these data are found to be encouraging, Dr Finlay has offered to write the next choroid plexus recurrence protocol, aiming to evaluate the benefit of marrow-ablative chemotherapy and hematopoietic cell rescue as a consolidation regimen following a suitable re-induction regimen or surgical complete resection of recurrent tumor.

**Case Presentation 1:** Dr. Blanca Diez asked for our opinion on a patient with choroid plexus carcinoma who had first been treated according to the 'Head Start' chemotherapy regimen without irradiation, and had done well clinically over several years. However she now has experienced two local recurrences both treated only with supposed gross total resections. There was agreement in the committee to recommend local irradiation for this patient. The controversial question was discussed as to whether the patient should also receive chemotherapy; some recommended no chemotherapy, others metronomic multi-drug prolonged chemotherapy, and others more conventional cytotoxic chemotherapy. She is eligible for the temozolomide protocol. The consensus was that there was indeed no absolute correct answer in this unusual situation. However, the case highlights the unusual but recognized late recurrences that can occur in CPC.

**Case presentation 2:** Dr Finlay reported upon a patient treated with intensive including marrow-ablative chemotherapy for widely metastatic choroid plexus carcinoma in the context of Li-Fraumeni Syndrome. By the end of the treatment the radiology report suggested the patient to have had persistent widespread leptomeningeal tumor. The leptomeninges were biopsied and no viable tumor was found. The

patient was not treated further, and follow-up imaging studies over the last 5 years indicate stable 'persistent disease'. The question was: what would the group have done at the time of completion of chemotherapy 5 years ago?. The case illustrates how important it is to confirm recurrence or tumor persistence if suggested by imaging. The ways to confirm include evaluation of CSF cytology, tumor biopsy, serial MRI scans and Sestamibi nuclear scans.

**CPT-SIOP-2014:** CPT-SIOP-2009 is projected to close accrual after five years (ie. 2014). Given the amount of work necessary to put the past protocol together and the time line of our decision making procedures, we should start thinking about the next protocol now. Among the projects presently not included in the new protocol that should be considered for the next one are: more detailed quality of life measures, a radiodiagnostic review process and remote data entry. Also there is an obvious need to collect information comparing different treatment concepts in preclinical models. Finally, the family registration website as described earlier might bring more information upon which to base the next protocol. Those projects were discussed; the family registration website found most enthusiasm. The validity of this new type of data will be assessed by comparing the data of the same patients as they are entered in the prospective traditional IRB approved registry or in the family self registration registry. Dr Ahlku (Panama), Dr Chitalkar (India) and Dr Wolff (USA) will form a committee to move this project forward. The retrospective chart (also discussed in previous meetings) review will focus on Dr Finlay's effort to obtain the marrow-ablative chemotherapy data together. A recommendation to confine focus on the quality of life measures to those patients receiving intrathecal etoposide was discussed with opinions both for and against stated and unresolved..

### **Discussions after the Committee Meeting:**

Dr David Malkin (Canada) provided insights in the process as to the p53 germ line mutation analyses will be performed. As part of our new collaboration, he offered the detection without financial reimbursement. His laboratory has approval as a clinical lab (not just research). Additional paperwork will be necessary. As the first step, we will submit his consent form in Houston to the IRB. Once it has passed there, and we have the first letter of approval, we will provide this approval letter and ask the other members to finalize the institutional paperwork there also. Dr Berrak (Turkey) offered help in preparing the required documents. Dr Dembowska (Poland) will help us develop more detailed quality of life measures. Dr Sterba (Czech Republic) is interested in the preclinical drug testing, and Dr Malkin recommended we have a mini-meeting, bringing the possible participants in this effort together as first step. Dr Marteen Egeler (Netherlands) president of SIOP, informed that there are no further formal steps within SIOP necessary to open the protocol but asks us to inform Dr Agarwal (Secretary of SIOP) formally of the study opening and offer a report to the SIOP NEWS. Drs Fleischhack (Germany) and Slavic (Austria) reinforced the need for following the S.O.P. in the protocol and for close toxicity monitoring when giving etoposide as intraventricular treatment. Such treatment requires an Ommaya reservoir for most patients and the substitution of normal shunts to on/off valve shunts for those that have a shunt already. An unpublished case of spinal toxicity was mentioned after etoposide was given via LP, stressing the need for the Ommaya. Dr Grill (France) offered the help of the French group of the recurrence protocol and the registry. Dr Finlay edited this report

We thank everybody for their support.

**Johannes Wolff and Tezer Kutluk**  
jwolff@mdanderson.org



## Obituary Dr. Olivier Hartmann

Monsieur Daniel CANEPA, Préfet de la région Ile de France, Préfet de Paris, Président du Conseil d'administration de l'Institut Gustave Roussy,

Le Professeur Thomas TURSZ, Directeur Général de l'Institut Gustave Roussy,

Le Docteur VALTEAU-COUANET, Chef du Département de Pédiatrie de l'Institut et

Le Professeur Jean LEMERLE, ancien Chef du Département de Pédiatrie de l'Institut

Le Conseil d'Administration de l'Institut Gustave Roussy

Le Conseil de Direction de l'Institut Gustave Roussy

Le Département de Pédiatrie de l'Institut Gustave Roussy

L'ensemble du personnel de l'Institut Gustave Roussy,

Ont l'immense douleur de vous faire part du décès du Docteur Olivier HARTMANN Survenu le 27 juin 2009 Ils adressent à sa famille et à

ses proches leurs condoléances émues

Le Docteur Olivier HARTMANN, ancien interne des hôpitaux de Paris, a rejoint en 1975 l'Institut. Il est alors le pionnier du développement de la chimiothérapie à haute dose et de l'autogreffe en traitement des

tumeurs solides graves de l'enfant. Il devient Chef du Département de Pédiatrie en 1996, qu'il quitte pour prendre sa retraite en novembre 2008. Il a consacré sa vie à soigner les enfants avec toute sa passion et son humanité. Sa générosité, sa rigueur, son engagement, son absence totale de vanité et ses exceptionnelles qualités d'enseignant ont profondément marqué tous

ceux qui l'ont rencontré. Ce qu'il a construit continue de vivre à travers ce qu'il nous a transmis et les progrès de la connaissance auxquels il a contribué. Nos pensées vont vers sa famille. Il est et restera, pour nous, un grand Monsieur.

Le département de pédiatrie de l'Institut Gustave Roussy.



### RECTIFICATION

On page 40 of SIOP News July 2009, it was noted that the 1977 meeting in Philadelphia was organized by Dr. G. D'Angio. However, he informed us that full credit is to go to Dr. A. Evans, who organized and ran the meeting completely on her own.



## Announcements from the secretariat



### Leaving of officers and welcome to new officers SIOP International

#### Chair of the Local Organising Committee SIOP 2009

The Board and Scientific Committee want to thank Dr. Beatriz de Camargo for having been a great and very multi-tasking Chair of the Local Organising Committee of SIOP 2009. Beatriz and her Local Organising Committee did an excellent job as host of the SIOP 2009 Sao Paulo Meeting! Thank you for all your work in making SIOP Sao Paulo a success!



At the AGM in Sao Paulo, Dr. Lisa Diller succeeded Dr. de Camargo and was welcomed as the Chair of the Local Organising Committee SIOP 2010. We wish Lisa Diller good luck with the organisation of the coming SIOP 2010 congress!

#### Treasurer

Please be informed that in Boston, 2010, Dr. M. Coppes will end his term as Treasurer of SIOP. He has indicated that he is willing to do a second term, however, as per the Constitution, if any other SIOP member is willing to stand as a candidate for this post, this is possible. A ballot will then be held by the membership for this position. So if you feel that you or a colleague SIOP member would be a good Society treasurer, you can inform the SIOP secretariat at: [secretariat@siop.nl](mailto:secretariat@siop.nl), on your intention of being a candidate for this position **before 1<sup>st</sup> April 2010.**

### SIOP PRIZES 2009

#### SIOP Awards

##### Translational Science:

S. Hunger and colleagues from the United

States with their presentation on: The spectrum of mutations in childhood ALL

##### Clinical Trials:

H.-H. Chang and colleagues from Taiwan with their presentation on: Notch signalling pathway is prognostic relevant and as a therapeutic target in neuroblastoma

##### PODC:

M. Tukenova and colleagues from France with their presentation on: Long-term overall and cardiovascular mortality following childhood cancer: The role of cancer treatment

##### Fasanelli Prize 2009

H. Jürgens and colleagues from Germany with their presentation on: TNM Staging in Ewing sarcomas

### SIOP 2009 Poster Prizes

The following posters were awarded the 2009 SIOP Best Poster Prize in the following categories:

#### Leukaemia I

PA.016

INVESTIGATING THE ROLE OF VIRAL INFECTIONS IN THE ETIOLOGY OF COMMON ACUTE LYMPHOBLASTIC LEUKEMIA THROUGH EPIGENOMIC APPROACH

Maria S Pombo-de-Oliveira, Gisele M Vasconcelos, Brock C Christensen, Sheng Zhong, Ru-Fang Yeh, Synara Nô Seara Cordeiro, Patricia Buffler, Maria S Pombo-de-Oliveira, Joseph L Wiemels Brazil, United States

#### Leukaemia II

PA.043

CRANIAL RADIOTHERAPY DOES NOT RESULT IN PITUITARY-GONADAL AXIS DYSFUNCTION IN VERY LONG-TERM MALE SURVIVORS OF CHILDHOOD ACUTE LYMPHOBLASTIC LEUKEMIA.



Niels van Casteren, Rob Pieters, Gert Dohle,  
Marry Van den Heuvel-Eibrink  
Netherlands

### **Leukaemia III**

PA.057

NOTCH1 EARLY DETECTION IN INFANT T-CELL LYMPHOBLASTIC LEUKEMIA

Marcela Braga Mansur, Maria S Pombo-de-Oliveira, Mariana Emerenciano, Alessandra Splendore, Lilian Brewer, Rocio Hassan  
Brazil

### **Lymphomas**

PC.002

THE IL10 PROMOTER POLYMORPHISMS COULD INFLUENCE THE HISTOLOGICAL VARIABILITY OF PEDIATRIC HODGKIN LYMPHOMA

Mário Barros, Carolina Minnicelli, Valeria Hakim, Yuri Tirelli, Tarssyo Capdeville, Fernando Soares, Ilana Zalberg, Rocio Hassan  
Brazil

### **Bone Tumours**

PD.002

ANALYSIS OF ANGIOGENIC BIOMAKERS IN OSTEOSARCOMA

Patrícia Pavoni-Ferreira, Antonio Sérgio Petrilli, Maria Tereza Seixas Alves, Reynaldo Jesus Garcia Filho, Silvia Regina Caminada Toledo  
Brazil

### **Embryonal Tumours**

PH.016

LONG TERM FOLLOW UP ON PATIENTS IN THE RANDOMIZED PHASE II PARALLEL STUDY

Ruth Ladenstein, Dimitris Siabalis, Ulrike Poetschger, Bruno De Bernardi, Christoph Bergeron, Ian Lewis, Jerry Stein, Janice Kohler, Peter Shaw, Wolfgang Holter, Jean Michon  
Austria, Italy, France, United kingdom, Israel, Australia, Germany

### **Germ Cell, Renal, Liver tumours & Retinoblastoma**

PI.020

GLOBAL SYSTEMATIC REVIEW AND META-ANALYSIS OF SURVIVAL OF RETINOBLASTOMA

IN LESS-DEVELOPED COUNTRIES.

Guillermo Chantada, Serife Canturk, Ibrahim Qaddoumi, Vikas Khetan, Zhigui Ma, Anna Furmanchuk, Celia BG Antoneli, Iyad Sultan, Rejin Kebudi, Tarun Sharma, Carlos Rodriguez-Galindo, David Abramson  
Argentina, Turkey, United states, India, China, Belarus, Brazil, Jordan

### **Rare Tumours and LCH**

PL.018

NASOPHARYNGEAL CARCINOMA IN ADOLESCENCE: C-ERBB2 AS A PROGNOSTIC FACTOR

Ethel F Gorender, Priscilla Lucia Meirelles Batiston Junqueira, Renato Melaragno, Alejandro Arancibia, Sidnei Epelman  
Brazil

### **Brain Tumours**

PM.001

GAMMA SECRETASE INHIBITORS REDUCE PROLIFERATION IN

PAEDIATRIC EPENDYMOMAS  
Carmela Barbosa, Carmela Dantas-Barbosa, Birgit Georger, Stephanie Puget, Ludovic Lacroix, Felipe Andreiuolo, Alexander Valent, Pascale Varlet, Christian

Sainte-Rose, Gilles Vassal, Jacques Grill  
France

### **Stem cell transplantation**

PN.009

PHARMACOKINETICS OF FLUDARABINE IN PAEDIATRIC PATIENTS UNDERGOING BONE MARROW TRANSPLANTATION(BMT)

Ruchira Misra, Christa Nath, Peter J Shaw  
Australia

### **Epidemiology**

PR.020

A PEDIATRIC CANCER REGISTRY AS A TOOL FOR CANCER DIAGNOSIS AND CARE OF CHILDREN IN ARGENTINA

Florencia Moreno, Marcelo Scopinaro, Enrique Schwartzman, Blanca Diez, Mercedes Garcia Lombardi, Maria Teresa G. De Davila, Lucia Richard, Maria Angelica Fernandez Barbieri,



Angelika Eggert with a poster prize winner

Dora Loria  
Argentina

**Late effects**

PQ.019

QUALITY OF LIFE INCLUDING  
PRETREATMENT VARIABLES AND OUTCOME  
FOR PEDIATRIC RECIPIENTS OF  
HEMATOPOIETIC STEM CELL  
TRANSPLANTATION (HSCT)

Stephen Sands, Ying Wei, Brad Tallamy, Prakash  
Satwani, Mitchell Cairo, Lisa Brice

United states

**Supportive care**

PR.020

THE CARDIAC EFFECTS OF GRANTSETRON  
IN A PROSPECTIVE CROSSOVER  
RANDOMIZED DOSE COMPARISON TRIAL

Su G Berrak, Okan Yapar, Cengiz Canpolat,  
Figen Akalin

Turkey

**Psychosocial**

PS.020

RECREATIONAL-THERAPEUTIC JOURNEYS  
FOR PEDIATRIC CANCER PATIENTS

Aída Cruz, German Piraquive

Colombia

**New drugs, experimental therapeutics  
& others**

PT.012

CHILEAN NATIONAL PEDIATRIC CANCER  
PROGRAM (PINDA): 20 YEARS

Myriam Campbell, Carmen Salgado, Milena  
Villarroel, Ana Becker, Monica Varas, Pamela  
Silva, Laura Neira, Nuri Moline, Eduardo  
Fernandez, Carolina Gajardo, Monica  
Arriagada, Gustavo Cea, Yolanda Rayo

Chile

**IPSO/Surgery**

PSUR.014

WAIT AND SEE STRATEGY IN CONGENITAL  
ADRENAL NEUROBLASTOMA: AN INTERIM  
REPORT.

Dennis A. Cozzi, Amalia Schiavetti, Ermelinda Mele,  
Silvia Ceccanti, Simone Frediani, Carlo Dominici  
Italy &

PSUR.022

EVALUATION OF FACTORS INVOLVED IN THE  
LONG TERM CENTRAL VENOUS CATHETERS  
BREAKAGE IN PADIATRIC PATIENTS

Francisca Norma Gutierrez, Simone Coelho,  
Alberto Ribeiro Gonçalves, Ricardo Vianna  
Carvalho, Luiz Carlos, Rosangela Finoquio,  
Gabriela Nascimento

Brazil

**Nursing**

PU.012

REDUCING THE RISK OF WRONG ROUTE  
ERRORS BY USING ORAL LIQUID DISPENSERS

Tiene Bauters, Johan de Porre, Nicky Janssens,  
Veronique van de Velde, Joris Verlooy, Catherine  
Dhooge, Hugo Robays

Belgium

**SIOP Annual General Assembly  
Minutes**

Please be informed that the 2009 SIOP Annual  
General Assembly minutes are presented on the  
SIOP website.

**Application for ordinary membership**

Please find within the newsletter information on  
membership and the application form for  
ordinary membership for 2009. A completed  
application form can be returned via fax +31-  
40-2697545 or via e-mail [secretariat@siop.nl](mailto:secretariat@siop.nl).

Please distribute the form and information to  
as many colleagues as you can!

**Sponsoring a member from an OECD  
developing country for Euro 70,-.**

You can sponsor a SIOP member of a PODC  
country by adding to your membership fees the  
amount of Euro 70,-. The PODC Committee  
together with the secretariat will select the  
members who are eligible for this sponsorship.

**Free access to medical journals**

Free access to over 1.000 of the world's leading  
medical journals, including Pediatric Blood and  
Cancer (PBC), for those in developing countries.  
Information can be found on:  
[www.healthinternetwork.net](http://www.healthinternetwork.net)

## **Invitation to Members of Asia**

We are encouraging colleagues from Asia to come forward with venues. The procedure for bidding has been modified and highly simplified for the initial stages.

The Council has decided that effective for bids for the 2013 congress and beyond, the bid process will be as follows:

1. Candidate host cities need to provide the Board with a letter of intent 3½ years in advance (that is by 1<sup>st</sup> February 2010 for the 2013 host city). This letter of intent should provide summary information as specified in the guidelines for hosting a SIOp congress (to be requested at the secretariat).
2. During the February Council meeting, all letters of intent will be reviewed and the Council will invite two applicants to develop a full proposal including budget proposals as specified in guidelines to follow.
3. Full proposals ( Electronic files only ) will be submitted to the Board by **September 1<sup>st</sup>** 3 years in advance (that is by September 2010 for the 2013 host city).
4. The two candidate host cities will give a 20 minute oral presentation with 10 mins for questions, during the annual SIOp conference Council meeting, 3 years in advance (that is during the Boston meeting in October 2010 for the 2013 host city).
5. Following both presentations, the Council will discuss the bids for ½ hour and by vote decide on which city will be selected to host the annual SIOp meeting.
6. The decision will be disclosed to both host bidders before being announced to the membership.

Please do not hesitate to contact Bharat Agarwal (parulbrat@gmail.com) or the secretariat for any clarifications.

## **ANNOUNCEMENT/OFFER BY SIOp MEMBER DR. S. ABLETT**

I have a complete set of Med Paed Onc/Paed Blood and Cancer, dating back to January 1999. I wonder if any SIOp members might be interested in acquiring them. We will happily arrange shipment. The plan is to dispose of them all early in 2010. If you are interested in this offer, please email Dr. Sue Ablett, CCLG Leicester UK to: sea4@leicester.ac.uk

## **ADVERTISEMENT BY IECSCYL**

### **JOB VACANCIES FOR PAEDIATRICIANS IN CASTILLA Y LEON (SPAIN)**

IECSCYL is the organization created by the Castilla y Leon's government (SPAIN) whose objective is to search specialized doctors in order to cover some currently available job vacancies in our Public Hospitals.

#### **OFFER**

- Long-term contract.
- HIGH WAGES
- Schedule from Monday to Friday, from 8h a.m. to 15h p.m.
- It might be possible to attend duties (guardias).

#### **REQUIREMENTS**

To talk Spanish, basic level (or English, High level) Bachelor's and Specialist's Certificated degrees by the Spanish "Education Ministry and Health Ministry":

- RECOGNITION for EU Countries
- HOMOLOGACION for Non -EU Countries

We could inform about Certification process to any interested doctor who still haven't got it.

We are interested also in last year residents.

#### **CONTACT DETAILS**

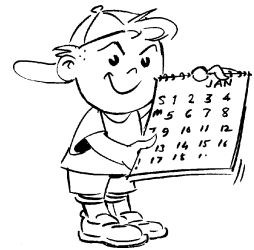
Interested persons, please, send your CV and scanned Certifications to:

#### **David García**

dgarcia@iecscyl.com

Tlf.: 0034 983 457591

Fax.: 0034 983 457688



## Future Courses, Congresses And Meetings

### World Congress of Neonatology

Date: 6-9 January 2010

Venue: Luxor, Egypt

Website/Contact: [www.neonatalaevent.org](http://www.neonatalaevent.org)

### 31ème Journée d'Oncologie Pédiatrique : Tumeurs des Tissus Mous de l'Enfant et l'Adolescent

Date: 25 January 2010

Venue: Institut Gustave Roussy, Espace  
Maurice Tubiana, Villejuif, France

Website/Contact: Mme. A. Rivière:  
[ariviere@igr.fr](mailto:ariviere@igr.fr)

### International Update on Cancer and Blood Diseases in Children and Adolescents

Date: 6-7 February

Venue: New Delhi, India

Website/Contact: Dr. L.S. Arya:  
[lsarya@rediffmail.com](mailto:lsarya@rediffmail.com)

### 7th International Meeting on the Biology of Childhood Renal Tumors

Date: 1-3 March 2010

Venue: Banff, Canada

Website/Contact: <http://bcrconference.com>

### SIOP Asia 2010

Date: 3-5 March 2010

Venue: ERAM Kish

Hotel, Kish Island, Iran

Website/Contact: [www.siop-asia2010.com](http://www.siop-asia2010.com) or  
[info@siop-asia2010.com](mailto:info@siop-asia2010.com)



### SIOP Africa 2010

Date: 10-12 March 2010

Venue: La Palme, Royal Beach Hotel,  
Accra, Ghana

Website/ Contact: [www.pedsg.org](http://www.pedsg.org)

### Third Regional Congress of Cancer and Blood Disorders of Childhood

Date: 15-17 April 2010

Venue: Amman, Jordan

Website/Contact: [www.jspo.org/congress](http://www.jspo.org/congress)

### 1st International Interdisciplinary Postgraduate Course on Childhood

### Craniopharyngioma

Date: 15-18 April 2010

Venue: Hotel Seeschloesschen,  
Zwischenahner Meer, Bad  
Zwischenahn, Germany

Website/Contact: [www.kinderkrebsinfo.de](http://www.kinderkrebsinfo.de)

### 7th Bi-Annual I-BFM Leukemia Symposium in conjunction with the 21st Annual Meeting of the BFM Study Group

Date: 25-27 April 2010

Venue: Istanbul, Turkey

Website/Contact: [www.topkon.com](http://www.topkon.com)

### 11th Intenational Conference on the Long-Term Complications of Treatment of Children and Adolescents with Cancer

Date: 11-12 June 2010

Venue: Williamsburg, Virginia, United States

Website/Contact: Dr. Daniel Green:  
[daniel.green@stjude.org](mailto:daniel.green@stjude.org)

### 4th World Congress of International Federation of Head and Neck Oncologic Societies (IFHNOS)

Date: 15-19 June 2010

Venue: Seoul, Korea

Website/Contact: [www.ifhnos2010.org](http://www.ifhnos2010.org)

### ANR 2010

Date: 21-24 June 2010

Venue: Stockholm, Sweden

Website/Contact: [www.anr2010.com](http://www.anr2010.com)

### 26th International Pediatric Association Congress of Pediatrics

Date: 5-9 August 2010

Venue: Johannesburg, South Africa

Website/Contact: [www2.kenes.com/ipa/  
Pages/Home.aspx](http://www2.kenes.com/ipa/Pages/Home.aspx)

### 42nd Congress of the International Society of Paediatric Oncology, Boston, U.S.

Date: October 21-24, 2010

Venue: John B. Hynes Veterans  
Memorial Convention Center,  
Boston, Massachusetts, U.S.

Website/Contact:  
[www.siopboston2010.com](http://www.siopboston2010.com)





# SIOP 2009, Sao Paulo, Brazil

Closing ceremony: Meninos do Morumbi  
(a social program that teaches children  
from favela to sing, dance- a job !)



▲ Gala Dinner at the Jockey club

Gala Dinner at Jockey  
Club- nice view from Sao Paulo  
by night. Typical food from Bahia



▲ Beatriz, Patty & Carolia at the Gala Dinner

Brazilian group dancing-  
Elizabeth Nunes, Cecilia Costa,  
Beatriz de Camargo, Nasjia Saba Silva



▲ Gabi dancing with Daniel

Beatriz distributing sandals  
(SANDALIAS HAVAIANAS) to be more  
comfortable for dancing



▲ Samba School: Escola de Samba Rosas de Ouro at the Gala dinner

Live Soccer game ...!



▲ Excitement at the football stadium !



42ND CONGRESS OF  
THE INTERNATIONAL  
SOCIETY OF PAEDIATRIC  
ONCOLOGY

Dana-Farber/Children's Hospital  
Cancer Care is proud to host the  
**42nd SIOB Congress in  
Boston, Massachusetts.**

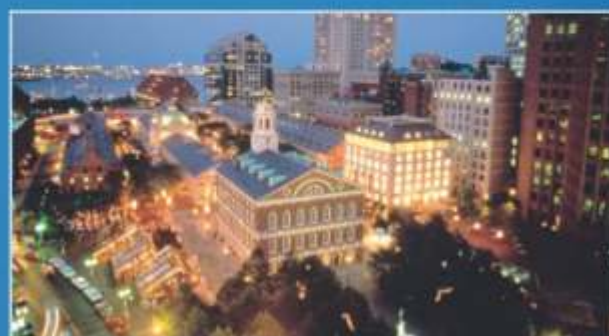
The SIOB Annual Congress is the most  
significant scientific and educational  
meeting for the worldwide paediatric  
oncology community. It hasn't been held  
in the United States for 15 years.

Take advantage of our  
Early Bird discount.  
**Register today!**

[www.siofboston2010.com/register](http://www.siofboston2010.com/register)

**October 21-24, 2010**

John B. Hynes Veterans  
Memorial Convention Center  
Boston, Massachusetts USA



**Ancillary meetings**

- International Confederation of Childhood Cancer Parent Organizations
- International Society of Paediatric Surgical Oncology
- Paediatric Oncology in Developing Countries Committee
- Paediatric Radiation Oncology Society
- SIOB Nurses Committee

*Images provided by Greater Boston Convention & Visitors Bureau.*

Join us in the birthplace of paediatric oncology!

[www.siofboston2010.com](http://www.siofboston2010.com)



Children's Hospital Boston

DANA-FARBER/CHILDREN'S HOSPITAL CANCER CARE