

Report from the president

This is my first newsletter since taking over as President of SIOP after the Annual meeting in Brisbane. Gunter Henze has served SIOP for many years as Treasurer and then President. He is an impossible act to follow. Not only is he an excellent chairman and a leading paediatric oncologist, but he is also a superb musician, able to perform in public on his own with the viola or with the "SIOP ensemble". My musical talents stretched as far as piano lessons to the age of 9 and being head boy of the church choir until nature took its course at the age of 13. Rest assured that you will not be afflicted by my musical expertise over the next 3 years.

When writing this I still have very vivid memories of our 33rd meeting in Brisbane. This is the most distant city that SIOP has ever visited and naturally we were apprehensive as to whether enough people would come. Then we had the tragic events of September 11th. Fortunately most of those planning to attend did so and, although we lost a few key speakers our two local organisers, Liane Lockwood and Helen Irving did a magnificent job in substituting excellent local speakers. Australia

may be at the other side of the world but it is right at the forefront in many areas of cancer research. I would like to once again formally thank Liane and Helen for calmly dealing with several major crises and hosting a most memorable meeting. Glenn Marshal and the ANZCCSG are also to be thanked for providing the "seed" money and a substantial donation which made Brisbane one of our best every meetings. It was wonderful to see so many old friends and to make new ones. The parents and nurses part of the meeting also continue to go from strength to strength.

One of the most important aspects to any SIOP meeting is the opportunity to network and the annual dinner is one of the highlights. This is where we really get the local flavour and Brisbane was no exception. As well as Australian Scottish country dancing we had the "bucking cow" – a mechanical beast on which you were invited to sit and stay on for as long as possible as it's devilish controller put ever increasing contortions into the animal. Unfortunately I was persuaded to try this out, and, although I managed to escape being thrown off, I suspect that



Yes, photographs were indeed taken: Here you see your President in action on the mechanical bull!



- CONTENTS -

Merry Christmas



and a very Happy New Year!

Edited by:

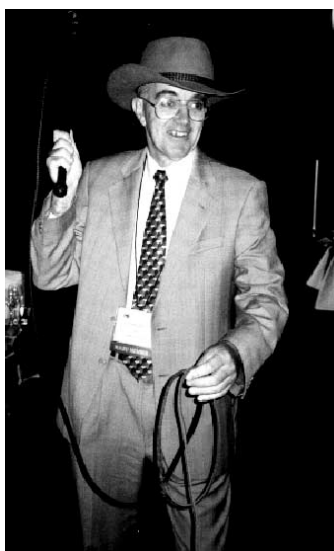
D.M. Green
Roswell Park Cancer Institute
Department of Pediatrics
Elm and Carlton Streets
Buffalo, NY 14263
U.S.A.
Tel: +1-716 845 2334
Fax: +1-716 845 8003
E-mail: daniel.green@roswellpark.org

Produced by:

R. Kennis, SIOF Secretariat
Scheidingsweg 1
5491 TH St. Oedenrode
The Netherlands
Tel: +31-73-549 4435
Fax: +31-73-549 5846
E-mail: secretariat@siop.nl

- Report from the President	1
- Report from the Scientific Committee	3
- From the Secretary-General	5
- The 2001 SIOF Annual General Assembly, Brisbane, Australia – Minutes	6
- PODC News: Annual report of SIOF's PODC Committee Chairman	11
- PODC News: Minutes of the PODC Committee Meeting, Brisbane, Australia	11
- Report from the Continental President of Asia: SIOF Asia-Challenges and Priorities	16
- Minutes of the Annual General Body Meeting of SIOF Asia, Brisbane, Australia	17
- 2nd SIOF Asia Conference, New Delhi, India, November 22-24, 2002	18
- News from the International Confederation of Childhood Cancer Parent Organisations (ICCCPO)	19
- International Masterclasses and Post Graduate Teaching organised by ASPO,	20
- ASPO Masterclass 2001	21
- SIOF Europe News: ECCO11, Lisbon, Portugal	21
- Letter to SIOF Europe	24
- News from the French-African Pediatric Oncology Group (FAPOG)	25
- Announcements from the secretariat	26
- SIOF Ependymoma Trial update 2001	28
- SIOF 2002-Porto, Portugal-September 18-21, 2002	28
- Future Congresses and Meetings	30
- Impressions of the 33rd SIOF Meeting in Brisbane	32

photographs were taken of my fearful expression. This newsletter is edited by the Secretary General, and whilst I had that position I managed to ensure that there were pictures of many members but not me. There is a photograph circulating in my own unit back in Newcastle of me wearing an Australian hat and brandishing a bull-whip. The caption put on it is



And here you see him as a real 'Aussie' Cowboy

"persuading patients to enter a randomised trial".

SIOP has developed and changed over its 34 years of existence and the growth of our continental branches has been an important innovation in recent years. The time is right for us to take a serious review of our activities and to determine what is the role of SIOP International and its continental branches. Each continent has its own unique needs and the role of SIOP needs to be supportive of these. My own view is that we have two major missions. One is to run the best paediatric oncology meeting in the world, and I think that we now achieve this. The other is to try and bring the most appropriate cost-effective care to children with cancer wherever they may be. Our PODC activities are vital to our future, and the pioneering work of Giuseppe Maserà, Hans Peter Wagner, Sverre Lie and Bharat Agarwal, amongst many others, are examples that we should aspire to.

Your Board is going to have an "away day" in January to take a strategic

look at our activities and I will report back to you in future newsletters. I met one of our former presidents, Pat Morris Jones, at a meeting in London recently. She is now long retired from active clinical work, but maintains an interest in what is happening whilst at the same time leading a very active retired life and in is excellent health. Now to Porto – 2002. Planning is already far advanced for this meeting, and the Scientific Committee have assembled a galaxy of first class speakers. Bernardo Sodre-Borges has organised all of the local arrangements and has assembled a splendid social programme. Portuguese hospitality is legendary. My first ever SIOP meeting was in Lisbon in 1979 and I still remember it vividly. All we need now are your abstracts and your attendance at the meeting. Finally, may I wish you all a very peaceful and happy holiday season, and the best of health and good fortune for an exciting New Year. ■

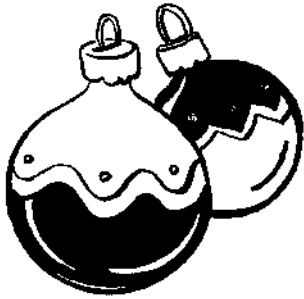
Alan Craft
President of SIOP

Report from the Scientific Committee

Those of you who attended the 33rd SIOP Congress in Brisbane this year must have been impressed not only with the high quality of the content but also with the remarkable organisation in the face of such an unsettled international situation. I'm sure the SIOP membership would like to extend their

thanks to the Local Organising Committee, who did such a splendid job to ensure that we once again had a most enjoyable and productive annual meeting. There were more than a thousand delegates to appreciate the programme which comprised 11 keynote invitation lectures, mainly

around the themes of bone tumours, immunomodulation and cancer in adolescents, 15 symposia and oral presentation of 121 abstracts with a further 446 posters. The IPSO meeting was well integrated with the main SIOP meeting and many non-surgeons enjoyed and participated in the ▶



surgical programme. This year, 99% of abstracts were submitted electronically and we plan to repeat this efficient means of receiving your abstracts for the 2002 meeting in Porto.

The annual SIOP meeting aims to provide doctors, nurses and allied professionals working in the field of childhood cancer with a unique opportunity to update and educate themselves in all aspects of paediatric oncology. The Scientific Committee is already working very hard to ensure that there is an exciting programme to appeal to a broad range of disciplines at next year's meeting. The main themes for the 2002 Congress in Portugal will be brain tumours and novel modalities of therapy for all childhood cancers. The local organising committee is running two educational courses, one for doctors, the other for nurses, over the two days prior to the SIOP 2002 Congress. These provide an exciting opportunity not only for sharing knowledge and experience with colleagues from around the globe, but also to make new friends and professional contacts.

The SIOP 2002 Congress will be held in a modern conference centre (the Europarque Congress Centre) in the delightful town of Santa Maria da Feira adjacent to Porto. You can visit the congress location in advance at www.europarque.pt. As we've all grown to expect from SIOP congresses, there is an excellent line up of international experts speaking on a broad range of subjects relevant to the treatment of children with cancer. For the main topic of brain tumours, these are as diverse as advances in neurosurgery and radiation oncology through to the psychological impact of treatment and educational issues, as well as all the

latest clinical trial reports. Novel therapies forms a second theme, with exciting talks on new approaches to targeted drug development, the ethics of phase I trials in children and progress in non-myeloablative stem cell transplantation. All other areas of paediatric oncology will also be represented, aimed at updating our knowledge of progress being made all over the world and at improving our results in dealing with children with cancer. Moreover, since this treatment success lies not only in the informed action of both doctors and nurses but also in the participation of parents, educators, psychologists and others, all are welcome. The success of this meeting lies in it being an enriching experience for every participant.

I would like to add a note of clarification about the Schweisguth prize. This was established to recognise the research excellence of a trainee in the field of paediatric oncology, in honour of Dr Odile Schweisguth, founder member and first president of SIOP. A full scientific article describing work done by the contestant while they were in training must be submitted by the abstract deadline for consideration by the SIOP scientific committee each year. The work should be original and contemporary and may already be in submission for publication, not necessarily in MPO. The contestant must have been in training when the work reflected in the article was performed and they must still be in training or no more than one year from completion of training at the time they submit the article. Submissions are welcome from all disciplines where an original and important contribution of direct relevance to childhood cancer has been made. In other words, nurses and research scientists as well as doctors can apply. A question often asked is whether work that has been carried out as part of a larger project can be considered. The scientific committee recognises the increasing need for multiple authorship and input in biological research. However, to be eligible for the Schweisguth prize, the submitted article must describe a focussed area of research for which the contestant was primarily

responsible for its design and execution. Reference to the work of others where it enhances the scope of the article may be made, but it must be clearly stated where work was not undertaken by the trainee. The article must be accompanied by a written statement from the contestant's supervisor that the research described was largely carried out by the trainee and that they were in training at the time of its execution. The Schweisguth prize is a great honour and I would like to encourage submissions for next year's prize. Details of the criteria for this and other prizes can now be found on the SIOP website at www.siop.nl.

Finally, remember the abstract deadline for SIOP 2002 is 1st March, providing you submit your abstract electronically over the web. Email submission is not permitted due to the risk of virus transmission. You should find the internet submission method easy to use. The abstract form is available through www.siop.nl. If you do not have access to the internet, then we can still accept typed abstracts by regular mail, but the deadline is earlier, February 15th, 2002 ■

Kathy Pritchard-Jones
Chair of the Scientific
Committee



From the secretary general

The 33rd meeting of SIOOP, held in Brisbane, Australia, was attended by 993 people, including 146 nurses and 134 parents. The meeting was highlighted by the presentation of the Schweisguth Prize lecture by Dr. J. Mora, entitled 'Differentiated neuroblastic and Schwannian cells of neuroblastoma are derived from a common tumoral stem cell progenitor'. The Fasanelli Prize was awarded to Dr. M.C. Le Deley for her presentation on 'Histological response is the main prognostic factor of survival in localised Ewing Tumour (ET) treated with chemotherapy alone before surgery'. The SIOOP Award was awarded to Dr. J. Anderson for a presentation on 'PAX3-FKHR induces morphological changes and enhances cellular proliferation and invasion of rhabdomyosarcoma cells and transgenic mice'.

The Social Program organized by Drs Lianne Lockwood, Helen Irving and their colleagues featured Australian aboriginal entertainment at the Opening Ceremony. Who will forget the haunting sound of the didgeridoo or the dancing? The Annual Dinner was held in the Brisbane Convention Center, overlooking the river. The outback theme was complete with a mechanical bucking bronco and western style band. We thank Drs. Lockwood and Irving and the other members of the Local Organizing Committee for the hospitality we were shown during the annual meeting in Brisbane.

Preparations are underway for the meeting to be held in Porto, Portugal. Dr. Bernardo Sodre Borges and the local organizing committee are working with our professional conference organiser, Congrex, to plan the meeting.

One of the topics of discussion at the Board meeting held in October 2001 in Brisbane was the method for selection of venues for the SIOOP

Annual meeting. In the past, SIOOP members have proposed one or more sites. The member, and, in general, the local convention and visitor's bureau, prepare a bid book that includes the particulars regarding the conference facilities, available hotel rooms, methods of transport to the city, and from hotels to the conference site, cost of airfare, hotel rooms, etc. The Board reviews these bid books, and in general, all proposed sites are referred to the SIOOP membership who vote their preference for the site.

Several suggestions have been made regarding this process. One would require our professional conference organizing company to screen the venues proposed by SIOOP members. This screening could involve their opinion regarding the adequacy of convention facilities, cost of facilities, record with prior conferences, etc. The PCO could then recommend that one or more proposed venues be deleted from the final ballot for consideration by the SIOOP membership, or could recommend that all proposed venues appear on the final ballot.

Another option would be for the PCO to select a site that they feel would be appropriate for our membership, with respect to transportation costs, conference facilities, etc. The SIOOP Board might then attempt to identify a Local Organizer, who would assemble a Local Organizing Committee. In this model, the membership would not vote on the site.

Alternatively the PCO could select several potential sites. They would prepare estimates of various costs, such as hotel rooms, transportation, registration fee, etc. The membership would then vote on a site. Following identification of the site, the Board would have to identify a Local Organizer, who would assemble a Local Organizing Committee. Advantages of our current method include the enthusiastic involvement of the Local Organizing Committee.

Disadvantages of the current method include failure of the Board to recognize potential problems with one or more of the proposed sites – problems that may or not be obvious in the bid book.

The Board would like very much to receive opinions from the SIOOP membership regarding this topic. Should we retain our present method unchanged? Should we modify our method in any way? Finally should we continue to have our meeting in the fall, or should we change it to the spring. The spring presents conflicts with several meetings, including the American Association for Cancer Research, The American Society of Clinical Oncology, and the Pediatric Academic Societies. The fall date frequently conflicts with the ECCO meeting.

I wish all of you a happy holiday season and good health and happiness in the New Year. Please feel free to contact me (daniel.green@roswellpark.org) with any news that you wish to share with the SIOOP membership or questions that you wish to bring to my or the Board's attention. ■

Daniel Green
Secretary-General of SIOOP



XXXII SIOP Congress, Brisbane, Australia

Annual General Assembly – Saturday, October 13, 2001
from 12.00 – 14.00 hrs in room: Great Halls 1 & 2

MINUTES

1. Opening

Prof. G. Henze welcomes all SIOP members present at this Assembly.

2. Minutes of the XXXII Annual General Assembly, Amsterdam, The Netherlands October 3, 2000 Amendments to minutes

The minutes of the last General Assembly were published in the December 2000 issue of the SIOP News. No comments or corrections are given and therefore the minutes are approved as a correct record.

3. Report from the President Developments re. SIOP (PODC/other)

Before reporting on the SIOP activities, Prof. Henze expresses his happiness about the fact that in the light of the present situation in the world, still so many people have attended the SIOP congress here in Brisbane. He notes that about 1,000 participants have attended and that they all come from different continents and from different fields of paediatric oncology.

SIOP activities in 2001:

Asia:

The developments in paediatric oncology in Asia are continuing. Prof. Henze thanks Dr. B. Agarwal for his efforts and contributions to the National Training Project in India. This project is supported financially by the World Health Organisation. Prof. Lie is thanked for his help in receiving a grant from the World Health Organisation on an annual basis.

Dr. Agarwal is also the new Continental President of Asia. He succeeds Prof. T. Sawada.

The second SIOP-Asia conference will be held in November 22-24, 2002. This is organised by Prof. L.S. Arya.

Africa:

The Burkitt's Lymphoma Trial in Malawi is still running and developments in this trial are going well.

Prof. P. Hesseling is thanked for his efforts in making this trial possible. Prof. Wagner is thanked for his financial support to this trial and some other projects in Africa.

In Africa there will also be a new Continental President as Prof. Hesseling is succeeded by

Prof. E.R. Abdel Khalek.

The fifth Continental Meeting in Africa will take place in Côte d'Ivoire on May 26-29, 2002, organised by Prof. J.K. Plo.

China:

China is a difficult issue for SIOP as it is such a large country and paediatric oncology sub-structures actually still have to be built up completely. Prof. B. Newton and some members from POG and CCG (now COG) have been active in China for years and have now established a society called "CURE" to build up a paediatric oncology structure in China. SIOP has offered to help this society and to be active in China as well.

GACC:

This new society was founded by Dr. I. Macgrath in order to improve the treatment facilities and survival Chances for people with cancer, so not only children. SIOP also tries to be involved in these activities.

Prof. Henze notes that apart from the activities to be dealt with by the other Board members, these are at Present the main activities carried out by SIOP on an international basis. Of course SIOP will keep on looking for possibilities to improve the conditions for the children with cancer internationally. This is SIOP's main task.

4. Report from the Treasurer

Prof. A.J.P. Veerman reports on the following issues:

SIOP Secretariat:

SIOP has signed a new contract with "Perfekt B.V.". At this office Ms. R. Kennis will continue working for SIOP as their secretary, and she will also work for SIOP Europe and IPSO. Prof. Veerman is happy with this arrangement and thanks Ms. Kennis for the work that she has done in the past year for SIOP.

Fellowships:

From the SIOP 2000 Amsterdam Congress a fund was raised to help people from less affluent countries to come to the Amsterdam Congress. This fund still has about US\$ 25,000 left. Prof. Veerman proposes to use this money for the Porto congress in 2002 as fellowship money. ➤

Web site:

The SIOP web site has been active since October 1, 2001. The site can be found at: www.siop.nl.

Prof. Veerman asks the members to visit the site and give their comments. As the site has only just opened, there are still some parts under construction. These parts are still to be developed. The site will be updated regularly.

Prof. Veerman presents the overview of income and expenses of SIOP over the last year (See enclosed overview). In this report made by the accountant SIOP has made a loss of US\$ 16,165. However, Prof. Veerman notes that this report has not calculated the Amsterdam surplus, as the situation on that money was still unclear. Also some of the membership fees to be received over 2001 are not yet included. With regard to the profit amount of the Amsterdam meeting; the SIOP Congress Foundation 2000, which holds the balance of the Amsterdam congress, closed with a positive end result of US\$ 174, 804.-. The only problem is that this money can only be used as seed money for the next congresses, if transferred to SIOP and used for general SIOP payments, SIOP will have to pay tax over this amount. The money is thus used as a buffer for the coming congresses.

The outstanding membership fees are as follows:

Outstanding fees

As per September 1, 2001 (US\$)

Fees 2001:	95.230
Fees 1998-2000:	56.670
Total fees outstanding:	151.900

Prof. Veerman then proposes the new budget for 2001-2002 (see enclosed budget) and also proposes to have the fees in Euro as of January 2002.

The reason for changing currency from US\$ to Euros is that most expenses are to be paid in Euros and also that the credit card companies recalculate the US\$ payments to Euros when paying these to SIOP.

The fees would be as follows:

MEMBERSHIP FEE PROPOSAL 2002 IN EURO

ORDINARY MEMBER	EURO 200
ORDINARY MEMBER PODC	EURO 60
ASSOCIATE MEMBER	EURO 60
NURSE MEMBER	EURO 45

Prof. Veerman asks if anyone objects to the proposal regarding the new membership fees. Nobody objects to this proposal and the fees are accepted by the membership. Members who have already paid their fees in US\$ for 2002 on site can reclaim US\$ 20 at the secretariat. This can only be done on site, no bank transfer reimbursements for these amounts will be made.

5. Report from the chairman of the Scientific Committee

Thanks to R. Castleberry and C. Patte: Prof. Schmidt thanks Prof. R. Castleberry and Dr. C. Patte for their contributions to the SIOP Scientific Committee.

Welcome to K. Matthay (new representative Chemotherapy Group), G. Perilongo (new representative Haematology-Oncology Group) and A. Kelsey (new representative Pathology group): Prof. Schmidt welcomes these three new members to the Scientific Committee.

Report Brisbane meeting (no. of abstracts etc):

Prof. Schmidt reports on the abstract handling for the Brisbane congress. Many abstracts had been received by the Scientific Committee: 672 abstracts. Most were received via e-mail submission and about 99% of the abstracts were submitted this way. Of the total number of abstracts, 636 were SIOP abstracts. Of these 151 were selected as orals (23.7%); 425 as posters (67%); 25 as publications (3.9 %) and only 23 abstracts were rejected (3.6%).

Most of the abstracts were related to other clinical studies and supportive care (117 abstracts) and also a large number of abstracts were about basic science and PODC. The other groups were quite smaller. In this respect Prof. Schmidt notes that if the membership would like to have other disciplines mentioned on the abstract form, they should let SIOP know. For example "Developmental therapeutics" could be a new discipline on the form.

Biopathology:

Prof. Schmidt notes that there are discussions going on between the Pathology and Basic Science Groups. At the Brisbane congress these groups already had combined sessions under the name "Biopathology". Reason for discussion was that in the past Pathology often had too few abstracts to fill their slots and Basic Science had too many. The Pathology sessions were therefore sometimes filled with several Basic Science papers. As not all group members agreed to this procedure, Dr. M. Coppes had suggested to combine sessions under a different name.

This has stimulated a discussion between both groups and new developments regarding these groups are to be expected during the future meetings.

6. Report from the Secretary-General

Dr. D. Green presents a certificate to Dr. Patte and thanks her again for her work on the Scientific Committee.

Prof. Schmidt is thanked for all his contributions as member and Chairman of the SIOP Scientific Committee and receives a certificate.

Dr. Green notes that Dr. Kathy Pritchard-Jones is now

the new chair of the Scientific Committee and she joins the Board.

Continental Presidents: Leaving of P. Hesselting (Africa) and T. Sawada (Asia)

New officers: E.R.A. Abdel Khalek (Africa) and B. Agarwal (Asia)

Dr. Green thanks Prof. Hesselting for all his work he did for SIOF in Africa and presents him with a certificate.

Leaving of Board members and LOC chairs 2001 L. Lockwood and H. Irving and welcome on the Board of B.P. Sodre-Borges, LOC chair Porto 2002:

Dr. Green notes that the meeting in Brisbane has been an excellent meeting. He thanks both Drs. Lockwood and Irving for the tremendous efforts they put in organising this meeting. He notes that the Local Organising Committee had to face more than their share of problems, such as the CHOGM congress; the change of Professional Congress Organiser by SIOF and the present terrorist attacks. In spite of all this they organised a marvellous congress and he is sure everybody had a very good meeting; scientifically as well as socially.

Dr. Green also thanks Mrs. J. Williams and Ms. L. Eastley, the congress organisers for SIOF 2001 for the professional organisation of the congress. Mrs. D. Slabosz, secretary to Drs. Irving and Lockwood is also thanked for her excellent work. The membership applauds for all of them.

Stepping down of the President, G. Henze to Past-President and welcome to the new President A.W. Craft:

Dr. Green notes that Prof. Henze will become Past-President and Prof. Craft will become the new President of SIOF. He thanks Prof. Henze for all of his efforts and his gentle leadership of SIOF. Prof. Henze receives a big applause.

SIOF web site:

The new SIOF web site is open for everybody: please look at it and give your comments to the Board and secretariat to make it THE web site in paediatric oncology. A mailing on the web site will follow in November 2001.

Dr. Green reminds the membership to visit the site and to e-mail the secretariat on the reactions/suggestions of the site. The Board would really like to have feedback from the members on the site.

Constitution changes:

The Constitution usually gets reviewed every 5 to 6 years. Several issues have been discussed, none of which a decision has been made upon yet, but all will, in time, require a vote from the membership before a Constitutional amendment can be approved. Some of the issues that are being discussed at present are:

- A nurse on the Board yes or no
- Clinical Trials: Does SIOF want to be involved in clinical

ical trials; what are the liability implications. Dr. Green notes that in his column in the December newsletter of 2000 he wrote about this and asked the membership for their comments. He only received one e-mail as a reaction. He would really ask for feed-back on the issue of clinical trials.

- Annual Meeting: What should the function of the Annual Meeting be; and How should we choose the site? With respect to the site selection, this has been done traditionally through postal ballot. However, this has presented some problems in the past. Should the new PCO, Congrex, play a more active role in site selection or not. Also on this issue the Board would like to have the members' feedback.

Thanks to Ms. R. Kennis:

Dr. Green notes that in many activities carried out by and for SIOF Rosalinde Kennis plays a role. He therefore thanks Ms. R. Kennis for all the work that she does for SIOF and on behalf of the Board gives her a present.

Ms. Kennis thanks Dr. Green and notes that she likes working for SIOF.

7. Report from the Editor-in-Chief, MPO, G. D'Angio.

Due to the absence of Dr. G. D'Angio, Prof. A.W. Craft presents the report from the editor-in-chief.

Impact factor MPO:

Prof. Craft reports that MPO is going strongly, but the impact factor has dropped. It is now a bit lower than the American Journal of Hematology-Oncology. The reason is that in MPO there are several items which are not original articles. In order to increase the impact factor, more major articles are to be published. The Board will check on how to raise the impact factor.

Electronical access:

All SIOF members are already eligible to have electronical access to MPO for free. An exciting development is that in future there will also be free access for the 100 most economically disadvantaged countries in the world, not only for MPO, but for many major medical journals.

Turn-around time articles:

The turn-around time is about six weeks. This short period of time is thanks to Dr. D'Angio's enthusiasm. Also only about a third of all papers is rejected. This is because Dr. D'Angio gives very good advice to the authors and even often rewrites an article to help the authors.

New features:

Dr. D'Angio has brought an ethicist onto the editorial Board. This is Dr. S. Farnell. There will be controversial discussion items on informed consent. Another new item is that SEER (the American organisation that looks at epidemiology and results) will produce periodic papers in MPO that are not widely ►

available. The first paper will be on the statistics of CNS tumours over the years; the second one will be on leukaemia. Perhaps this item will help raise the impact factor.

New-Editor-in-chief

Next year the Board will review the selection of an editor-in-chief for as of after 2004.

In his absence, Dr. D'Angio is thanked for his tremendous hard work as editor-in-chief.

8. XXXIV SIOP Congress: Porto, Portugal, September 18-21, 2002

Due to the absence of Dr. B.P. Sodre-Borges, Chair of the Local Organising Committee, Prof. A.Gentil-Martins reports on the 2002 congress.

He notes that the scientific programme is in the capable hands of the Scientific Committee. The Local Organising Committee are working on the social programme. In this respect there will be some more involvement necessary with Congrex, but most of the programme is going well. With respect to the scientific programme, there will be pre-courses for nurses and doctors prior to the actual congress.

The IPSO meeting will also start one day before the congress as usual.

The LOC hopes to have the opening ceremony in a medieval castle. The dinner venue is still to be selected.

Dr. K. Pritchard-Jones adds that the main subject of the meeting will be brain tumours, and notes that the Scientific Committee realises that in the same year there will also be a large brain tumour meeting in London, in June. A main session will also be included on educational issues for children treated for brain tumours. As sub-theme "Novel therapies in childhood cancer" is chosen. The meeting will be like the format of Amsterdam, a three and a half day meeting, from September 18 to 21, 2002.

9. Future congresses

Prof. Henze lists the future congresses to the membership:

Cairo, Egypt, 2003

Oslo, Norway, 2004

Vancouver, Canada, 2005

10. Bids on venue SIOP Annual Congress 2006

Prof. Henze notes that two bids were received for the venue of the 2006 SIOP meeting: one by Birmingham, UK and one by Geneva, Switzerland.

Dr. B. Morland gives a short presentation on Birmingham. He notes that the bid is on behalf of the entire United Kingdom Children's Cancer Study Group (UKCCSG). The main Local Organising Committee will consist of R. Pinkerton, M. Stevens, D. Spooner and B. Morland. There is also a scientific advisory committee with A. Pearson, R. Grundy, K. Pritchard-Jones and D. Walker.

Geneva has no presentation.

A ballot will be held at the beginning of 2002 between the two cities.

11. Any other important business

Dr. Green asks the membership to accept all the new members who have applied for SIOP membership. The membership agrees and all 62 members are accepted.

Prof. Henze reminds the members that there is also a list with outstanding fees. He asks the members who have outstanding fees to settle these.

He also thanks the Board for the nice time he had on the Board and welcomes Alan as the new President. Prof Craft, in his turn, thanks Prof. Henze for his hard work and support as Board member and President. Prof. Henze closes the meeting by wishing everybody a safe journey home and by noting that in spite of the present political turmoil, SIOP will stick to their conviction to save the lives of children with cancer.

Treasurer's report Siop - Siop agm

October 13, 2001

Overview income and expenses

Sept. 1, 2000 - Sept. 1, 2001

(US\$ = NLG 2,50)

	US\$ IN	US\$OUT
MEMBERSHIP FEES	198.276	
AMSTERDAM CONGRESS	0	
INTEREST INCOME	1.398	
VARIA	4.512	
DONATIONS/PRIZES	0	18.096
SECRETARIAT		
- MANAGEMENT COSTS	9.948	55.414
- OFFICE RUNNING COSTS		26.230
WEB SITE		9.404
OFFICIAL SIOP MATERIAL		9.888
NEWSLETTER	4.000	8.200
BOARD & SCIENT. COM. MEETINGS		13.080
MPO/JOHN WILEY & SONS		45.923
SIOP REGIONAL MEETINGS/PROJECTS/SCHOLARSHIPS	9.500	57.564
	227.634	243.799

Income minus Expenses shows a balance of: -US\$ 16.165 ➤

**Treasurers' report Siop - Siop agm
October 13, 2001
Budget proposal treasurer
September 1, 2001 - August 31, 2002**

INCOME	EURO
MEMBERSHIP FEES	215.000
CONGRESS REVENUES	25.000
DONATIONS	20.000
PROJECTS	P.M.
TOTAL IN:	260.000

EXPENSES

SECRETARIAT (MANAGEMENT COSTS)	72.000
OPERATIONAL COSTS SECRETARIAT	36.000
MEETINGS BOARD AND SCIENT. COM.	30.000
MPO (SUBSCRIPTIONS MEMBERSHIP)	65.000
NEWSLETTER (2 ISSUES A YEAR)	7.000
WEB SITE	15.000
REGIONAL MEETINGS	10.000
UNFORESEEN	10.000
PROJECTS	P.M.
CONTRIBUTION CONTINUITY FUND	15.000
TOTAL OUT:	260.000

**Siop assets as per
September 1, 2001 in US\$**

BANK CURRENT ACCOUNT	3,839.64
US\$ ACCOUNT	68,180.02
PODC/WHO ACCOUNT	3,594.16
SAVINGS ACCOUNT	55,516.72
TOTAL ASSETS 01/09/01 (TOTAL ASSETS 01/09/00)	131,130.54 102,006.88
SIOP CONGRESS FOUNDATION 2000	
PROFIT OF AMSTERDAM 2000	174,804.-

MEMBERSHIP FEE PROPOSAL 2002 IN EURO

ORDINARY MEMBER	EURO 200
ORDINARY MEMBER PODC	EURO 60
ASSOCIATE MEMBER	EURO 60
NURSE MEMBER	EURO 45

**An attendance list was circulated during the
Annual General Assembly
The following 100 members signed the list:**

V. Abesamis	V. Koseoglu
S. Ablett	M. Kruger
Z. Afify	T.M. Kutluk
B. Agarwal	G. Laureys
C. Akyuz	L. Lockwood
C.C. Bailey	M.R. Lokeshwar
A. Balcerska	L.F. Lopes
W. Balwierz	S.D. Macfarlane
K. Bartyik	I. Marky
Z. Bekic	M. McGowan
F. Bessho	C. Miano
U. Bode	B.J. Morland
J.P. M. Bökkerink	A. Navajas
M. Büyükpamukçu	B. Nelken
C. Calvo	W.D. Nicholls
V. Canale	F. Niggli
C. Canpolat	A. Oguz
L.A. Castillo	C. Patte
A. W. Craft	D. Perek
B. de Camargo	J.E. Poole
R. Dalvi	S. Popadiuk
S.S.N. de Graaf	A. Pourtsidis
L.C. de Jager	K. Pritchard-Jones
B. Dembowska-Baginska	C.P. Reynolds
B. Diez	R. Rokicka-Milewska
M. Dolnicar-Benedik	L. Saglamer
A. Fernandez-Teijeiro	J. Sanchez de Toledo
H. Gardner	F.H. Schilling
A. Gentil-Martins	D. Schmidt
M.J. Gil da Costa	C.A. Scrideli
A.K. Gnekow	D. Sejnova
N. Graf	I. Sekine
D.M. Green	R. Severino
J.L. Habrand	R.S. Shannon
D. Harms	S.E. Siegel
T. Hassall	E. Smibert
V. Hazar	M.C.G. Stevens
M. Hellebostad	H. Tasaka
G. Henze	R.E. Taylor
P.B. Hesselting	K. Tiedemann
I. Ilhan	L.G. Tone
H. Irving	S. van Gool
T. Jackowska	A. Varan
E. Kaiserova	V. Velensek-Prestor
C. Kalifa	A.J.P. Veerman
C. Karadeniz	K.D. Waters
R. Kebudi	J.E.A. Wolff
C.P. Kirubakaran	S.P. Yadav
T.E. Klingebiel	



PODC News

Annual Report of SIOP's PODC Committee Chairman

One more or less permanent activity of the chairman is the establishment of the PODC programme for the annual congress of SIOP International. This includes the evaluation of abstracts and scholarships and the integration of PODC reports into the main stream program as well as into special oral and poster sessions. This task is shared with the members of SIOP's Programme Committee.

Another important task is to support, within the frame set by SIOP's and the chairman's personal financial frame, PODC activities at the Congresses of the Continental SIOP branches. It would be impossible to meet this goal without the help and support of the continental presidents as well as the members and consultants of SIOP's PODC Committee.

Very important also is the encouragement and, if possible, amplification of regional initiatives to develop PODC. A good example is the First International Seminar and CME Programme on Paediatric Haematology and Oncology organized by Prof. MA Mannan in Dhaka and Prof. CB Mahmood in Chittagong, Bangladesh, February 23-26, 2001.

Besides the organization of Regional Meetings the sustenance of running projects and the development of new ones is a fascinating task. Unfortunately only a small

fraction of the projects proposed by representatives of developing countries can be supported with the personal and material resources available.

The last sort of activities are related to the promotion of PODC in various venues, in and outside SIOP. Since the importance of PODC is rapidly growing, an assessment of resources, a definition of goals and the development of strategies are required. In this context it seems important to coordinate SIOP's efforts in PODC with those of other institutions and organizations. For this reason SIOP is actually exploring what role it should play within GACCC, the Global Alliance for Childhood Cancer Cure, an organisation set up by I. Magrath with the support of INCTR, the International Network for Cancer Treatment and Research. In various governmental (WHO, UICC, IARC, NCI) and non-governmental institutions and organizations such as SIOP, ICCCO, EORTC, MISPHO, CURE and others started to discuss possibilities to coordinate efforts in PODC on a global level. Another aspect is the promotion of International Notes in the Journal Medical and Pediatric Oncology.

PODC is evolving rapidly into an important and demanding branch of SIOP. ■

HansPeter Wagner



Minutes of the PODC Committee Meeting, Brisbane, Carlton Crest Hotel, Lincoln Room, October 9, 2001, 09.00-13.00

Agenda:

1.
 - 1.1. Opening and apologies
 - 1.2. Minutes of the last meeting (published in SIOP News 22, December 2000, p15-21)
 - 1.3. Chairman's report
 - 1.4. Koningin Wilhelmina Fonds to dedicate 1% of the annual expenditures to oncology in developing countries?
 - 1.5. PODC activities at the 34th SIOP congress in Porto, Portugal, September 18-21, 2002
 - 1.6. The 5th SIOP Africa Conference in Yamoussoukro, Ivory Coast, May 26-29, 2002
 - 1.7. The 2nd SIOP Asia Conference in New Delhi, India, November 22-24, 2002
 - 1.8. Workshop on Childhood Cancer in Moshi, Tanzania, December 2001
 - 1.9. Drugs
 - 1.10. Any other business
2. 10.00-10.15: G Masera: Up-date on the MISPHO Programs for Childhood Hematology-Oncology in Latin America
3. 10.15-10.30: S Epelman: Reduction of postoperative Chemotherapy for High-Grade Osteosarcoma
Break



4. 11.00-11.30: D Sutaryo, Sumadino, AJP Veerman: Pediatric Oncology in Indonesia: Report on the Year 2000
5. 11.30-11.45: MA Mannan: A Four Day International Seminar and CME Programme on Paediatric Haematology and Oncology Held in Bangladesh, February 23-26, 2001
6. 11.45-12.00: T Ara: Children Cancer Study, Dhaka, 2000
7. 12.00-12.15: N Usmani: Pediatric Oncology Activities in Palistan for 2001
Break
8. 14.00-14.15: S Lie: Support of SIOp's PODC Activities by the Norwegian Cancer Society and by WHO. Actual Status of the PODC Book
9. 14.15-14.45: C Kirubakaran: Message from Vellore: Treatment of Childhood Malignancy is not a Dream but a Reality, Even in Developing Countries
10. 14.45-15.00: B Agarwal: Up-date on the Indian Project
11. 15.00-15.15: P Hesseling: SIOp Burkitt's Lymphoma Treatment Trials in Malawi;
12. 15.15-15.30: W Newton: Up-date on CURE
13. 15.30-15.45: G Schellong: Up-Date on Activities of the Ukrainian Pediatric working Group for Leukemias and Lymphomas
14. 15.45-16.00: General Discussion

Present:

BR Agarwal, T Ara, K Bhambhani, B Curren, N Dalvi, R Dalvi, A Dille, D Green, P Hesseling (Chairman 1), C Kirubakaran, SO Lie (Chairman 2), MA Mannan, RK Marwaha, J Poole, Y Ravindranath, N Usumani.

ad 1.1. Apologies were received from: V Castel, W Crist, E Khalek, G Masera, W Newton, JK Plo, HP Wagner.

ad 1.2. The Minutes of the previous meeting were approved.

ad 1.3. The Chairman's report was outstanding at the time of the meeting but is now available (see below).

ad 1.4. AJP Veerman reports that in the Netherlands exists a National Cancer Foundation, initiated in 1948 by the then retiring Queen Wilhelmina: the Koningin Wilhelmina Fonds (KWF). Starting in 1998 the KWF has decided to vote 1 % of the annual expenditures to oncology in developing countries. In this way the seminars and workshops of the SIOp-WK-ALL 2000 project in Indonesia are financed (see below). Also a number of other activities (fellowships, joint programs Netherlands - Indonesia and elsewhere) are financially supported. AJP Veerman asks: How is the situation in other Western countries? Could we make an inventory and suggest to those Cancer Foundations that are not yet supporting PODC to do so? Could

SIOp and PODC play a role in this effort? AJP Veerman will send his request for SIOp members to inform the PODC Committee about cancer foundations in their countries that could be approached for assistance. Y Ravindranath and D Green emphasised that help was available, but mainly in the form of grants for approved research projects. Concern was raised by P Hesseling that national cancer associations utilised the child for fundraising, but did not invest a fair amount of their budget in pediatric oncology. S Lie noted the exemplary policy of the Norwegian Cancer Association which supports salaries of doctors and nurses at oncology units and allocates 10% of its budget to DCs. J Poole and P Hesseling inform that the Early Warning Signs of Cancer as proposed by the South African SIOp members at the SIOp 2000 meeting and approved by SIOp are now accepted by the South African Cancer Association and the South African Ministry of Health and promoted amongst the public and the primary health care workers in that country.

ad 1.5. At the 34th SIOp Congress in Porto the PODC Committee will meet on Wednesday, September 18. A joint ICCCP/PODC roundtable followed by a PODC session is planned for Thursday, September 19, in the afternoon. If needed, another PODC session will be held on Saturday, September 21, 08.00-10.15. There will also be a separate PODC poster presentation.

ad 1.6. The date of the 5th SIOp Africa Conference in Yamoussoukro has been moved to May 26-29, 2002. An invitation with the preliminary program, abstract and registration forms has been sent out and can be obtained at Ms Odette N'Guessan, Medical School, University of Bouake, 01 BP V 18 Bouake 01, Cote d'Ivoire, Fax (225) 31 65 14 34,

ad 1.7: L Arya gave a presentation and distributed the first announcement of the 2nd SIOp Asia Meeting in New Delhi, November 22-24, 2002;

ad 1.8: Dr. Baumgaertner (Moshi/Tanzania) and R. Broadhead (Blantyre/Malawi) plan to organise a workshop on childhood cancer in Tanzania with the emphasis on Burkitt's lymphoma at Moshi. P Hesseling is supporting these efforts but this possible workshop in Tanzania has not been finalised.

ad 1.9: The supply of reliable and affordable drugs was discussed. No alternatives were presented to local supplies, or the International Dispensary Association. The IDA is serving exclusively the non-profit market; coordinates: IDA, P.O.Box 37098, 1030 AB Amsterdam, the Netherlands. Tel: +31 20 403 3051; Fax +31 20 403 1854).

ad 1.10: ERA Khalek, president of SIOp Africa and host of SIOp XXXV in Cairo, 2003, wrote to the PODC Committee chairman that he noticed that many organisations work in

PODC. He proposed to unify all efforts under SIOP's flag and to prevent unnecessary duplication.

He suggested to organise a meeting similar to that organised by S. Lie in London, in 1996. In addition ERA Khalek proposed to select PODC and supportive care as main topics for the 2003 meeting.

J Lemerle, president of the French-African Pediatric Oncology Group (FAPOG), sent a progress report of this non-profit, non-governmental organisation, officially established in 2000. FAPOG's goal is to support children with cancer in 20 countries: 4 in North and 15 in West and Central Africa and Madagascar, with 26, 79 and 6 million children below age 15, respectively. Due to poverty, low level of basic health education and pessimism only 15-20% of an estimated 12-15'000 new childhood cancers (among them 3-4'000 Burkitt's lymphomas and 1'200-1'500 nephroblastomas) are actually cured. To improve the care of African children by African doctors and African nurses in their countries, FAPOG has launched, on April 1, 2001, a 3 year program. In 7 pilot units (Tunis, Algiers, Rabat, Casablanca, Dakar, Yaounde and Antananarivo) all children with Burkitt's lymphoma and nephroblastoma are registered (hospital-based prospective epidemiological study) and treated either according to an international (SIOP or SFOP) protocol or a protocol adapted to local conditions designed by FAPOG (prospective treatment studies). The plan is to accrue 3-400 patients in 2 years and to follow them for 1 year. All results are entered by computer and internet into a database at the secretariat of FAPOG in Villjuif. Within the first 5 months 80 patients have been enrolled. Chemotherapy and computers are provided by the group if necessary. In addition, FAPOG offers yearly a 3 day pediatric oncology course, two week intensive courses of public health epidemiology and statistics, and 6 months training courses in pediatric oncology units in France. French speaking African doctors may also follow the French national one year pediatric oncology course, which

is organized every academic year. For nurses, 2-3 months intensive training is organized in pediatric oncology units under the auspices of UICC, the French League against Cancer, SFOP and COPEP. Special programs for African laboratory technicians are being developed. For the first year a budget of 40'000 US\$ is available that will be increased to ideally 100'000 US\$ per annum.

ad 2: G Masera sent an Update on the MISPHO Programs for Childhood Hemato-Oncology in Latin America: The twinning program, started in 1986 between the "La Mascota" Children's Hospital in Managua, Nicaragua, and the Pediatric Clinic of Monza/Milan, Italy, functions and progresses well. In 1995 the "Adoption Program at a distance" was started to reduce losses to follow-up due to abandon of treatment. To maintain treatment for 2 years costs about 1'200 US\$ per child with cancer. Since its institution, in 1996, Monza's International School of Pediatric Hematology-Oncology (MISPHO), promoting pediatric hematology/oncology in smaller Central and South American countries with limited resources, has organized 5 one week courses on clinical hemato-oncology for 30 physicians from 14 countries; 2 courses for biologists and laboratory technicians; a computerized network relating all countries represented in MISPHO, 4 new twinning programs (Bolivia-Bergamo/Monza and Cuba-Padova both starting in 1998 and Paraguay-Modena and Republica Dominicana-Bologna starting in 1999); guidelines for psychosocial support; and, in 1997, AHOPCA (Asociacion de Hemato-Oncologia Pediatrica Centro America) for the development of common protocols and research projects in Costa Rica, Guatemala, Nicaragua, Honduras and El Salvador. Since 1998 the Italian Foreign Ministry provided funds to train 11 physicians, 4 biologists and 2 laboratory technicians from Bolivia, Colombia, Cuba, Nicaragua, Paraguay, Peru, Uruguay and Honduras at the pediatric clinic of Monza. Finally a convention was

signed between the Italian University of Milan-Bicocca and the Bolivian Universities of S. Andres (La Paz) and Thomas Frias (Potosi) to promote mutual relations of different professionals and to initiate a cooperative program for pediatric hemato-oncology at 3 Bolivian hospitals: Juan XXIII, Hospital del Nino and Hospital oncologico de l'Oriente Poliviano.

ad 3: S Epelman sent a note stating that based on previous results the post-operative chemotherapy for high-grade osteosarcoma was reduced to only 4 courses: 62 patients were treated with a preoperative chemotherapy regimen of IFOS (1800 mg/m²/day x 5 with mesna), ADR(25 mg/m²/d x 3, continuous infusion) and CDP (120 mg/m²/d x 1). IFOS/ADR was administered on weeks 0, 6, 12 and CDP/ADR on weeks 3 and 9. Surgery was performed on week 15. Post-operatively, VP16 was substituted for ADR and all patients were treated with alternating courses q 3 weeks of CDP/VP16 (150mg/m²/d x 3) and IFOS/VP16 (100 mg/m²/d x 5) reduced to only 4 courses. No results were revealed.

ad 4: D Sutaryo, Dr. Sumadino, AJP Veerman: Pediatric Oncology In Indonesia: Report on the Year 2000. A.J.P. Veerman explained that a twinning cooperation between the Vrije University (VU) in Amsterdam and the Universitas Gadjah Mada (UGM) in Yogyakarta exists since 1986 and that this cooperation has focused on developing pediatric oncology at the Dr. Sardjito Hospital of UGM since 1992 and is now including 12 pediatric clinics all over Indonesia. In order to develop and introduce a cost effective ALL protocol drafted by Dr. Sumadino during a 3 months' visit at VU, the Wijaya Kusuma (WK) ALL 2000, junior staff members, technicians and nurses of 11 clinics were trained, under the guidance of APJ Veerman, at a seminar and a 3 day workshop at Yogyakarta. The Seminar was open not only to medical personnel but also to patients, parents and a larger public. It attracted almost ➤

200 participants, more than expected. The WK protocol tests in a randomized, prospective study whether ciprofloxacin helps to reduce infections during induction and also, whether three additional doses of L-Asparaginase are better than only three in standard and 6 in high risk patients. The protocol was piloted in 1999 and had to be modified due to a high rate of severe infections. It is now used in 12 clinics around the country. In 2000 35 patients were enrolled. The rate of infection is now considerably lower than in 1999. In connection with the protocol P Widjajanto studies the early response to therapy by scoring apoptotic cells, while S Mulatsih attempted the karyotyping of leukmias. Finally, in 2000 the Tulip Cancer Clinic, a new outpatient facility donated by the Dutch Cancer Foundation built under the direction of D. Sutaryo, was inaugurated.

ad 5: MA Mannan reported that a 4 day International Seminar and CME Programme on Pediatric Hematology and Oncology was organized by the Pediatric Hematology and Oncology Society of Bangladesh and was held in Bangladesh from February 23-26, 2001. The programme was inaugurated by His Excellency Justice Shabuddin Ahmed, president of Bangladesh and was concluded by prof. AQM Badruddoza Chodhury, Deputy Leader of the opposition in the Parliament and the most prominent physician in the country. OB Eden, Y Tsuchida, JA Wilimas, LS Arya, M Chandy GN Usmani, A Islam and HP Wagner were guest speakers. The programme was held in the two biggest cities, Dhaka and Chittagong. The seminar covered not only wide aspects of pediatric oncology, but there was also a detailed discussion on how to improve pediatric oncology in the country.

ad 6: T Ara pointed out that of 115 million inhabitants in Bangladesh 45% are children under 15 years of age. and that the vast majority of the children with cancer died due to inadequate diagnosis and care. In order to change this a number of hospitals and institutions in Dhaka are

now beginning to cooperate in order to confirm diagnoses histopathologically, to develop management programmes involving the different treatment modalities and to register the patients in a childhood cancer registry. T Ara reported also on a research project to assess the proliferative activity of tumor cells and to determine the effects of adjuvant therapy. However, due to poverty, many patients were lost to follow-up.

ad 7: According to N Usmani, the basis for a Pakistani pediatric oncology group was laid out at the 5th Shaikat Khanum Memorial Cancer Symposium on February 17-20 2001 in Lahore.

A workshop for the development of a uniform pediatric ALL protocol was conducted with S Ashraf, Karachi, moderating the discussion. Attendees included A Naqvi, Z Fadoo, A Kidwai and S Ashraf from Karachi, T Zafar from Rawalpindi, S Asghar, A Quddus, M Massod, Dr. Randhawa, A Durrani and I Zaman from Lahore and J Mann from Birmingham, I Magrath from Brussels and N Usmani from Massachusetts. It was felt that risk-grouping for children with ALL in Pakistan was probably different than standard NCI guidelines as patients presented with higher tumor mass relative to peripheral blood counts. Tolerant for induction chemotherapy was poor and most of disease failure were early. In centers with good follow-up, survivals of greater than 60% were observed, but for centers with poor supportive care, chemotherapy delays were frequent and results significantly worse. Most of the patients are treated on either a modified version of UKALL-X/XI or modified BFM-regimen. A commitment was made to develop a uniform protocol for ALL in Pakistan that would focus on clinical risk criteria evaluation, and would represent a mix of the treatment regimens. A draft of such a protocol has been established.

A second symposium titled "The Recent Strategies in the Treatment and Diagnosis of Pediatric Tumors" was held on February 20, 2001, at the Children's Hospital and The Institute of

Child Health, Lahore, Pakistan. In both these symposia there was excellent attendance and growing awareness of Pediatric Oncology needs for the country. There were participations of general pediatricians, pediatric oncologists, adult hematologists, radiation oncologists as well as pediatric and orthopedic surgeons.

ad 8: SO Lie said that the PODC book is still being developed.

ad 9: C Kirubakaran first provided some background. She said that the Christian Medical College (CMC) Hospital in Vellore is a tertiary hospital in South India giving health care for the past 100 years. The institution boasts of many "firsts" in India in medical treatment such as Open Heart Surgery, Renal Transplantation etc.. In the department of Child Health of the CMC hospital, children with malignancies were treated appropriately since 1982. In the beginning the focus was only on lymphoreticular malignancies. Now all malignant conditions requiring chemotherapy are treated. In the 10 years period from 1987-1996 238 children: 153 with ALL, 32 with AML, 24 with NHL, 18 with HD and 11 with CML were admitted. Of the 238 children only 140 (69%) opted for treatment (ALL: 66%, AML:19%; NHL:58%; HD: 89%; CLL: 27%), despite the fact that the 5 year post-treatment EFS for ALL, NHL and HD was 77%, 81% and 90%, respectively. The causes for refusal are the beliefs that cancer is incurable and costs. The drugs to treat ALL cost 6'000-6'500 US\$, for NHL 5'000-6'500 and for HD 1'000-2'000 US\$. As a rule patients stay for 3-6 months at CMC and are then referred to selected institutions and physicians cooperating with CMC for follow-up. With the help of governmental and non-governmental funding agencies, CMC can provide accommodation and travelling at concessional rates. Recently a cancer registry was started in the Vellore and the adjacent Tiruvannamalai districts. Physicians and pediatricians are requested to send all children with suspected

malignancy to the CMC hospital for definitive diagnosis and treatment. Efforts are made to find financial support and to inform the primary physicians on the present status of treatment for malignancies in children. C Kirubakaran gave two examples of "palliative" treatment as used at CMC:

- 1) SP, a 10 year old boy with ALL, was the eldest of 4 children. The total family income was 10 US\$/month. He was treated according to a modified regime and lived with good quality for one year. Despite the fact that no curative therapy could be given, the family was happy to have done something for their child;
- 2) NF, a 3 year old girl with AML, had lost her parents and was being looked after by her elderly-grandparents who were daily wage earners with an income of 25-50 US\$/month. She was also given a very modified therapy and lived with good quality for 9 months. The grandparents had the satisfaction of having tried their best for their grandchild. Although reasons and methods for palliation vary, palliation often helps to accept the unacceptable.

ad 10): B Agarwal gave a progress report on the Indian National Training Project in Practical Pediatric Oncology (INTPPO) (abstract O-1, MPO 37,163,2001). The results of the pre- and post-workshop 15 min quiz of 430 professionals (60% pediatricians, 5% pediatric surgeons and 35% postgraduates; 80% from government/teaching hospitals) trained in 16 workshops (2 days: 9 lectures, 6 interactive practical sessions) were presented. Before the workshop 60% of the trainees scored more than 50%, after the workshop 85% of the participants attained a score of 75% or higher. At a special meeting of INTPPO in Mumbai on February 22-24, 2002 methods to assess the long term impact on early diagnosis, referral pattern and shared care will be discussed and selected to be instituted. In addition all components of the training program will be reviewed and improved, if necessary.

ad 11): P Hesseling reported on the

SIOP Burkitt's Lymphoma Treatment Trials in Malawi. The Prospective SIOP Pilot Study with an LMB 89-reduced protocol enrolled 45 stage I-III children (abstract O-81, MPO 35, 189, 2000): The final EFS (Kaplan Meier) at 1 year is 57%.

Up to early May 2001 22 children (all stages) were enrolled in the SIOP 2000 Burkitt's Lymphoma Trial at Blantyre. Eight of 22 died (one treatment related but unavoidable death, 6 deaths from treatment related complications and one due to disease related complications shortly after admission) and 4 relapsed.

The paper Long Term Survival in Burkitt's Lymphoma in Malawi after Cyclophosphamide Monotherapy was submitted for publication by P Kazembe, PB Hesseling, BE Griffin, I Lampert and G Wessels. Of 92 children with histologically confirmed diagnosis (BE Griffin, Hammersmith Hospital, London, UK), with a home address available at discharge and with treatment records for verification, the address was incorrect in 19. Of 73 evaluable patients 40 are alive at a mean follow up time of 59 (range 29-104) months. 78% had presented with facial disease. Treatment consisted of 1 to 12 doses of i.v. cyclophosphamide, 40 mg/kg/dose at 14 day intervals (survivors: median of 6, non survivors median of 4 courses).

ad 12): W Newton sent in an update on CURE (for more background information on CURE see also SIOP News 22, 18-19, December 2000). CURE was conceived by W Newton in mid-1999 with the goal to bring together, into a single organization, medical, business and governmental resources necessary for assisting China to increase cure rates of children with cancer. The concept of CURE is to combine the know-how of medical experts in and outside China with support from both US and China government and business. CURE is part of a global network for the development of PODC and cooperates closely with SIOP and other organizations. A key relationship is with the newly formed Children's Oncology Group (COG) in the US. In collaboration with Beijing Children's Hospital CURE prepared a two-day

meeting to be held at the end of September 2001 in Beijing.

The meeting was designed to bring together Chinese experts in pediatric cancer, business and government representatives, with comparable representatives from the US. After a review of the current status of provision of care for children with cancer in China and an outline of resources available in China, it was intended to discuss: 1) the development of a National policy for care of children with cancer and 2) the establishment of an organization that would i) coordinate the efforts of those available to assist China with the efforts of those responsible for pediatric oncology in China, and ii) would define short and long term goals. Other subjects for discussion included:

Current and Future Research (including the activities of the Chinese Children Cancer Group), the availability of cancer treatment drugs, the role of Chinese business, status of pediatric cancer registries, pediatric cancer data collection and public relation activities. Due to the terrorist attacks in the US, the meeting had to be postponed to spring 2002. CURE was presented to the wife of the current Chinese Ambassador to the US, to the China Desk of the US Department of State and to several members of the US Congress.

ad 13): G. Schellong sent a short report on the activities of the Ukrainian group. The group set up a reference laboratory for bone marrow cytology and will soon join the Non-RMT-Study of the international BFM group.

ad 14): General Discussion: there were no further matters. ■

**HansPeter Wagner, MD
Chairman, PODC Committee**



REPORT FROM THE CONTINENTAL PRESIDENT OF SIOP ASIA

SIOP ASIA: Challenges and Priorities

The Asian continent is a conglomerate of more than 50 countries and about 4 billion people. Amazing numbers ! 60% of these are children : a staggering number of children to deal with. A marked heterogeneity in economic capabilities and health infrastructure, characterizes the countries of this continent. The per capita GNP of the richest nation in the continent is over USD 30,000 per annum, while the poorest nation has a meager USD 200 per annum. To put together all of those in one basket and achieve common cause is daunting. Nevertheless, SIOP Asia as the continental branch of SIOP continues to strive for betterment of children with cancer in this part of the world over the past decade. This article highlights the challenges and priorities for the coming decade. An earnest appeal goes to all members of SIOP Asia and even those who are not members but working for children with cancer in Asia, to strengthen the activities of SIOP Asia by participating in the various initiatives.

Challenges : Membership

We are currently having membership strength of SIOP Asia with 136 members spread over 20 countries of the Asian continent. Given the vastness of this continent the number of members on SIOP roll are extremely meager (12% of SIOP membership). A great deal of effort will be required in the coming years to encourage colleagues from Asian countries who are already working in pediatric oncology to become full members of SIOP Asia. Financial and communication hurdles need to be overcome to achieve this goal. The executive board of SIOP has already approved subsidised membership fees to the members of developing countries of Asia. The subsidised fees for SIOP membership are USD 60 per annum, which

includes subscription to twelve issues of Medical and Pediatric Oncology Journal. This offer from the SIOP Board has tremendously helped members from the developing countries in Asia. We hope that this subsidy continues in the coming years too. Besides this, an effort is required from all of us existing members to enroll at least one colleague in the coming year as a members of SIOP from our own institution / country. Within one year we would be able to double the SIOP Asia strength !

Another issue concerning SIOP Asia membership is the ambiguity about status of some countries vis a vis Asia, e.g. Turkey, Russia and other countries belonging to the erstwhile Soviet Union. Though geographically these fall into the Asian continent, colleagues from these areas do not identify with the Asian continent or participate in the SIOP Asia programmes and activities. This is a trivial matter, but the SIOP board should provide directions in this matter.

This brings me to raise another important fact that remains a concern with SIOP-Asia membership. Let me focus on the last two SIOP meetings held at Brisbane (2001) and Amsterdam (2000). I have noticed that at both these meetings, more than 150 delegates from Asian countries have participated and presented papers. But SIOP Asia Annual General Assembly on both occasions held during the conference at the same venue, was not attended by more than 25 of these delegates: less than 20% of those attending the conference of SIOP. This I feel reflects a lack of enthusiasm and commitment towards the cause of SIOP Asia. We as members of SIOP Asia have a chance

to meet only once in a year at the SIOP Asia Annual General Assembly. Why not make it a necessity for us to take part in our annual assembly ? I am sure we can look forward to better-attended SIOP Annual General assembly in the coming year. Let us all make a commitment and make this happen.

SIOP Asia Conference

We also have another occasion to meet at the SIOP Asia conference. This was started last year at Singapore (2000) with the efforts of Prof. Y. Tushida, Prof. V. Joseph and Prof. V. Rajalingam. This first meeting was attended by 160 delegates from 30 countries of Asia. This was a massive effort to promote pediatric oncology in the region. The next meeting of SIOP Asia will be held at New Delhi from 22-24 November 2002 . Dr. M. R. Lokeshwar Chairman and Prof. L. S. Arya – Organizing Secretary are making tremendous efforts to make this 2nd meeting of SIOP Asia very successful. The scientific programme and faculty will be finalised in the coming months. Suggestions from SIOP Asia members for inclusion of topics which they would like to discuss at this meeting are invited. This is a meeting of SIOP Asia members, by SIOP Asia, and for SIOP Asia. Let us all contribute towards its success. The details of registration charges and contacts of the organizers are annexed (Annexure 1).

SIOP Asia Newsletter

The lifeline of any organization is good communication. This we felt could be achieved by publication of short newsletter for SIOP Asia members. The newsletter can provide a forum for all communications regarding forthcoming events and ►

meetings in Asia, important announcements from central office, brief reports from the membership, articles published by Asians in pediatric oncology, case reports, PG section and quiz etc. This issue was discussed thoroughly at the general body meeting held at the Brisbane. Dr. M. R. Lokeshwar from Mumbai (email : mrl@netkracker.com) was nominated as the Editor of SIO Asia Newsletter. He plans to publish two issues in the year 2002 : January and June. Articles, reports, announcements and other information from members are invited for inclusion in the first publication (deadline 15th January 2002). We need your utmost support to promote the success of this initiative. Let this be your mouthpiece and communication link with SIO Asia.

SIO Asia Network

A strong organizational structure with regional representations is the foundation of a successful association. The New Constitution of SIO Asia, was approved by the members at the annual general body meeting recently. Accordingly, the following were elected : Dr Bharat Agarwal President, Dr Rashmi Dalvi – Hon. Secretary, Board Members – Dr Anupam Sachdeva, India, Dr Fumio Bessho, Japan, Dr Jinhua Zhang, China, Dr Seo JJ, Korea, Dr Sutaryo, Indonesia, Dr Shamvil Asraf, Pakistan (proposed

in proxy, to confirm), Dr Mannan, Bangla Desh. In addition, it was proposed to have a special special liason member for Pediatric Oncology in SAARC region (South Asia) : Dr. Purna Kurkure from Mumbai was nominated for this position as a SAARC co-ordinator. We wish to develop a network or federation of national organizations or national groups of pediatric oncology which are active in their respective countries e.g. The Pediatric Hematology-Oncology Chapter of Indian Academy of Pediatrics, Chinese Children's Cancer Group, MECCA (Middle East Children Cancer Association) etc. We would appreciate to receive all information about national organizations of similar kind from your country with the contact details of the representative President or Secretary. This we hope in the future will facilitate networking and communication between organizations and individuals in Asia, which is important for meaningful interactions, collaborative efforts and transfer of knowledge.

An important aspect, which is very much neglected in many countries of our continent is the establishment and encouragement for parent associations and groups. We would like to promote this at a much bigger scale in each and every country. Collaboration with the international childhood cancer parents' organization will help us to

achieve this. In fact, the SIO Asia Conference at New Delhi has devoted one and half days to a programme for parents in close co-operation with ICCCO. Hence, we ask you to recommend active parent groups from your country to participate in the 2nd SIO Asia Conference at New Delhi. Networking of pediatric oncologists with the parent groups, the so called "therapeutic alliance", is probably the most effective method of immediately improving pediatric oncology care in most of the developing countries in Asia. The SIO Asia Board has set this as a priority issue.

Finally,

I earnestly appeal to all SIO Asia members to come forward and strengthen the activities and programmes of SIO Asia, and contribute to the common goal of achieving cure for all children with cancer in our part of the world. ■

Dr. Bharat R. Agarwal

President-SIO-Asia
Head, Dept. of Pediatric Hematology-
Oncology,
B.J. Wadia Hospital for Children,
Parel, Mumbai – 400 012.
Email : parul@bom5.vsnl.net.in

MINUTES OF THE ANNUAL GENERAL BODY MEETING OF THE SIO ASIA CONTINENTAL DIVISION, held at Brisbane, Australia on 12 October, 2001

The meeting was attended by the following:

Y Tsuchida, Japan, MA Mannan, Bangladesh, N Dalvi, India, NM Lokeshwar, India, BR Agarwal, India, T Sugimoto, Japan, H Hosoi, Japan, A Kapadia, India, J Cutland, UK, S Cutland, UK, J Zhang, China, Q Wang,

China, CCF Godfrey, Hongkong, China, KC Lee, Korea, CR Shi, China, L Kai-Hsin, Taiwan, J Chen, Taiwan, F Bessho, Japan, X Sun, China, G Bode, Germany, RK Marwaha, India, N Usmani, USA, T Ara, Bangla Desh, Sawada Tadashi, Japan, NC Shah, India, Priyakumari T. India, RB Dalvi, India ▶

Dr Sawada thanked the members for their support & introduced Dr BR Agarwal as the candidate announced at Amsterdam & accepted at the SIOP board meeting at Brisbane as next President of the SIOP Asia Continental Division. Dr BA accepted this and thanked the previous presidents who had laid the foundation for the development of SIOP Asia. There were 140 SIOP Asia members from 17 different countries attending the meeting at Brisbane. BA then made a Presentation on the Future plans for SIOP Asia wrt the following aspects:

1. Membership: He asked whether it would be feasible/appropriate to have a separate membership for SIOP Asia. It was discussed that members may not be willing to do so and whether there would be people becoming SIOP Asia members without a SIOP membership. This idea was stalled for the present.

2. Newsletter: Dr BA's proposal to start a SIOP Asia Newsletter on a quarterly or 6 monthly basis was welcomed. He proposed Dr MR Lokeshwar as Editor of this newsletter, which was seconded by Dr A Sachdeva and approved. Dr MRL accepted the same and promised to do his best.

3. Finances: Dr BA suggested whether 10% of registration fees collected for all SIOP Asia sponsored activities should be contributed to SIOP Asia to build up finances for its activities,. Dr Mannan proposed the same which was seconded by Dr Usmani and passed. Dr BA had put up to the SIOP board asking for some financial help for the running costs of SIOP Asia, however Dr Daniel Green, Secretary, SIOP who was present said it was not presently possible to do so.

4. SIOP Asia GBM: Dr BA suggested that we could hold the SIOP Asia GBM on an alternating basis between the SIOP Asia meeting which is held biannually and the main SIOP meeting. This was proposed by Dr Mannan and seconded by Dr Usmani and passed.

5. Constituting the SIOP Asia Executive Committee: The following members were proposed and accepted : Dr Bharat Agarwal - President, Dr Rashmi Dalvi – Hon. Secretary, **Board Members** – Dr Anupam Sachdeva, India, Dr Fumio Bessho, Japan, Dr Jinhua Zhang, China, Dr Seo JJ, Korea, Dr Sutaryo, Indonesia, Dr Shamvil Asraf, Pakistan (proposed in proxy, to confirm), Dr Mannan, Bangla Desh. In addition, it was proposed to have a special special liason member for Pediatric Oncology in SAARC region (South Asia) : Dr. Purna Kurkure from Mumbai was nominated for this position as a SAARC co-ordinator.

6. SIOP Asia 2002 Meeting, New Delhi, India : Drs MR Lokeshwar & LS Arya, Chairperson & organizing Secretary, respectively of the SIOP Asia 2002 meeting, both made individual presentations on the meeting. Dr Sawada T suggested that the registrations should be reduced by \$50 in all categories and limited to \$350. Members from South Asia requested that post graduate student registrations should be limited to RS 1500.

7. Statutes & Bids of SIOP Asia: These were put up by Dr Sawada previously. They were all sorted except for the issue on separate SIOP Asia membership. Dr MR Lokeshwar proposed the same & Dr Marwaha seconded it.

8. Future meetings: Dr Ariffin had verbally expressed the desire to hold the 2004 meeting in Malaysia, however he was not present to concur on the same. For the 2006 meeting Dr Mannan from Bangladesh, Dr Suradej from Thailand and Dr Seo from Korea had bid to play host. However as Dr Seo was not present it was decided to sort out this matter later in the next meeting.

The meeting concluded with Dr Agarwal thanking all members for their participation.
Sd/-

Dr Rashmi Dalvi, MD
Secretary, SIOP Asia.

2ND SIOP – ASIA CONFERENCE, New Delhi, India November 22-23,2002

Dear Colleagues and friends,

The 2nd SIOP-Asia conference, a prestigious milestone in pediatric oncology, is being held in New Delhi, India, from November 22 – 24, 2002, under the auspices of the International Society of Pediatric Oncology (SIOP), the Pediatric Hematology Oncology Chapter (PHO) of the Indian Academy of Pediatrics (IAP), the International Confederation of Childhood Cancer Parent Organizations (ICCCPO), the International Network for Cancer Treatment and Research (INCTR), the Indian Society of Medical and Pediatric Oncology (ISMPO), and the All India Institute of Medical Sciences (AIIMS), New Delhi.

The conference aims to bring together pediatric oncologists, hematologists, pediatricians, surgical oncologists, radiotherapists practicing in the developing world, on a common platform with leading pediatric oncologists and health care professionals from around the world. In addition, the 6th annual conference of the Pediatric Hematology Oncology Chapter of the IAP ("PHOCON"), to be held concurrently with the 2nd SIOP-Asia conference, will maximize interaction and exchange of scientific information.

The increasing participation of parents in such conferences is very reassuring and we especially seek their company to ensure a successful meeting. With the central theme being "childhood cancer is curable", the conference is committed in forging better links between parents and healthcare professionals. We are optimistic that parents and parent organizations will participate enthusiastically in this conference. In all, the blend of ideal weather in November along with the rich cultural heritage of Delhi city will make the scientific environment richer than ever.

For further information please contact : Prof. L.S. Arya, Organizing Secretary, Department of Pediatrics, Division of Pediatric Oncology, All India Institute of Medical Sciences, Ansari Nagar, New Delhi - 110 029, India. Tel: 91-11-6523147, 6594610; FAX: 91-11-6862663; E-mail: lsarya@aiims.ac.in, lsarya@rediffmail.com. Website: www.aiims.ac.in

REGISTRATION FEES FOR SIOP-ASIA CONFERENCE

Details	Before Dec. 31, 2001	Before May 31, 2002	Before, Sept. 15, 2002	After Sept. 15, 2002
Indian / SAARC delegates	Rs.2,500	Rs.3,000	Rs.3,500	Rs.5,000
Foreign delegates	US\$ 250	US\$ 300	US\$ 350	US\$ 450
Postgraduate students	Rs.1,500	Rs.2,000	Rs.2,500	Rs.3,500
Parents (Indian/SAARC)	Rs.1,500	Rs.2,000	Rs.2,500	Rs.3,500
Parents (Non-SAARC)	US\$ 150	US\$ 200	US\$ 250	US\$ 350
One Day (Parents)				
Indian / SAARC	Rs.750	Rs.1,000	Rs.1,200	Rs.1,500
Non-SAARC	US\$ 50	US\$ 75	US\$ 100	US\$150



News from the International Confederation of Childhood Cancer Parent Organisations (ICCCPO)

Parents of the world unite to help kids with cancer!

On 15th January 2002, parents from all over the world will unite in a common cause – to help children with cancer to get the best possible treatment and care.

At the ICCCP Conference in Luxemburg in September 2001, the International Confederation of Childhood Cancer Parent Organisations (**ICCCPO**) has declared **15th January as International Childhood Cancer Day**. ICCCP represents parents and families of children with cancer in 43 countries of the world. ➤



The purpose of the Day is to **raise awareness** of the 250,000 children who get cancer each year – of whom only 20% get adequate treatment. The Day will also help parent organisations in each country to **raise funds** to support their local work.

Events will be taking place throughout January in countries all over the world. Focus will be on 15th January.

Parent organisations from the following countries are taking part in the ICCD. Others are expected to join:

Argentina	Italy
Australia	Luxembourg
Austria	Mexico
Bangladesh	Morocco
Canada	Netherlands
Colombia	New Zealand
Croatia	Portugal
Germany	Romania
Finland	Russia
Iceland	South Africa
India	Spain
Indonesia	Switzerland
Iran	UK
Israel	Yugoslavia



ICCCPO is delighted to announce the launch of this event in 2002. The response and enthusiasm of parent

organisations around the world has been tremendous. We hope that the ICCD will help enable parent organisations around the world to meet the specific needs of parents and children in their countries. Some need basic access to treatment and diagnosis, while for others the priority is emotional support, or help for long-term survivors.

The ICCD is supported by The Cancer Research Campaign and The Imperial Cancer Research Fund (UK). Information about ICCCPPO can be found on our web site www.icccpo.org ■

Marianne C. Naafs-Wilstra
Chair ICCCPPO

Contact for further information
Geoff Thaxter, ICCD Coordinator
thaxter@ltrust.freemove.co.uk
Marianne Naafs-Wilstra, Chair ICCCPPO
mc.naafs@vokk.nl

The ICCCPPO Secretariat has moved to the Netherlands:
ICCCPO
C/o VOKK
Schouwstede 2d, 3431 JB Nieuwegein, The Netherlands
Tel + 31 30 2422944, fax + 31 30 2422945
e-mail: icccpo@vokk.nl

International Masterclasses and Post Graduate Teaching organised by ASPO in The Netherlands

The Amsterdam School of Paediatric Oncology (ASPO) organises masterclasses for young researchers in the field of paediatric oncology and post graduate courses to increase the level of care for children with cancer by teaching and stimulating research.

The directors of ASPO are: Professor P.A. Voûte and Professor H.N. Caron from the Emma Kinderziekenhuis AMC, Amsterdam.

The masterclass is open to all (young) researchers in the entire field of paediatric oncology, ranging from fundamental biological sciences to pharmacology, immunology, clinical trials and late effects.

During the masterclass 14-16 young researchers present, discuss and criticise their work under the guidance of two experienced masters with an outstanding research career behind them. To maximise interaction between the participants and the masters the masterclass is staged at a secluded Dutch seaside resort. The first masterclass took place in November 2001 under the guidance of professor P. Borst (former head of Dutch Cancer Institute) and professor S. Siegel (Los Angeles Children's Hospital).

Fourteen participants from four continents and eleven countries spent five days consisting of hard work, presentations on a wide range of subjects, lectures on the Hallmarks of Cancer, the Human Genome, and Value of Multicentre Clinical Trials in the small village of Egmond at the Dutch seaside.

For the next masterclass (14-18 January 2003) all young researchers in paediatric oncology can apply using our website (<http://www.aspo-ekz.nl>). All applications for the 2003 ASPO masterclass will be reviewed by the two masters and the ASPO scientific board.

Selected participants will be invited to join the masterclass on a grant of the Foundation of Paediatric Cancer Research (SKK). For further information on ASPO activities please consult our website or contact Ellen Bloeme, email: e.bloeme@amc.uva.nl ■



Huib N. Caron
Emma Kinderziekenhuis AMC
Dept. Paed. Oncology

ASPO MASTERCLASS 2001



Participants to the ASPO Masterclass

The Amsterdam School of Paediatric Oncology (ASPO) recently ran the first of a series of Masterclass courses in paediatric oncology. These courses, which will run every 2 years, are designed for young and promising academics actively involved in paediatric oncology research. This year's course, which took place in Egmond aan Zee from the 19th to the 24th of November, involved 14 young researchers from 11 different countries, ranging from PhD research students to paediatric oncologists with several years of laboratory experience. Participants were selected to attend the meeting based on applications made via the ASPO web page (www.aspo-ekz.nl), summarizing their research project and previous training. All successful applicants received a grant to cover the costs of attending the meeting. The Masterclass was hosted by Professors Tom Voûte and Huib Caron. The masters Professor Piet Borst from the Netherlands and Professor Stuart Siegel from the Los Angeles Children's Hospital were responsible for selecting participants and sharing their wealth of knowledge and experience throughout the week. The format of this inaugural ASPO paediatric oncology Masterclass put the selected participants very much in the spotlight, with 1-hour long sessions devoted to individual research projects and ample time set aside for questions and constructive criticism of the work presented. Days started with an early morning run for those willing to brave the stormy November weather, and ended with after-dinner seminars given by the masters and hosts, followed by a drink in the bar for those with sufficient resources of energy. The week culminated in a Masterclass Symposium held at the Academic Medical Center in Amsterdam, giving the opportunity for selected participants to present their work to a larger audience, followed by a night to relax on a tour of the city of Amsterdam. The course was deemed a huge success by all involved and provides a unique opportunity for young researchers in paediatric oncology to gain experience in various different research areas within the discipline, obtain guidance in their studies and share their experiences with fellow paediatric oncology researchers. ■



Dr. Gareth Veal

Northern Institute for Cancer Research
University of Newcastle upon Tyne
UK



SIOP EUROPE News

Record attendance at ECCO 11

The European Cancer Conference, held last October 2001 in Lisbon, celebrated its 20th anniversary welcoming 10,000 people, 1,000 more than at the previous meeting in 1999. ▶



The friendly city of Lisbon was the setting for ECCO - the European Cancer Conference. ECCO 11 was held by the impressive river Tagus, in "Park of the Nations", specially built to host Expo' 98, from 21-25 October 2001. In the opinion of Professor Dieter K. Hossfeld, President of the Federation of European Cancer Societies (FECS), the most recent European Cancer Conference was special for several reasons. First, it was the largest ECCO so far. Despite the world situation, there were 10,000 participants: 1,000 more than ECCO 10, held in Vienna in 1999. Another factor was the celebration of the 20th anniversary of the first ECCO meeting, held in Lausanne, in 1981. The first ECCO, then known as the European Conference of Clinical Oncology (hence the current acronym) was attended by 1,000 people. The main objective was to create a forum for multi-disciplinary interaction between health specialists in oncology. After that year, the conference has been organized biennially on behalf of FECS' full member societies. ECCO 11 was also more attractive than ever for abstract submissions with 2,500 received from 74 countries across the world.



A very young participant to the ECCO meeting (disguised as Dr. Plaschkes)

Professor Hossfeld, who completed his two-year period as President of the Federation during the conference, leaving the Presidential chair to Professor William Gullick, believes that all these developments underline the vision of the founding fathers of FECS, the organisers of ECCO. "That vision was to establish a comprehensive conference - which did not exist at that time and which remains unique by including professional practitioners of treatment, care



The Board of SIOP Europe at the Annual General Assembly at ECCO

and research enabling us to capture the essence of oncology, namely interdisciplinarity and multidisciplinary". Professor Guimarães dos Santos, Director of the Department of Surgical Oncology of the Instituto Português de Oncologia and ECCO 11 Chairman, shared this view, stressing that the European meeting was "an unique occasion to highlight the most recent knowledge in oncology, to encourage dialogue among cancer specialists from different countries of the world and to seize the opportunity to bridge the gap between new advances and current clinical practice", explained Guimarães dos Santos.

New advances in cancer research, prevention, diagnosis and therapy

During the months preceding ECCO 11, FECS Secretariat staff received 2,500 abstracts for consideration (2,299 for the Scientific Programme Basic Science/Medicine, 191 for the Scientific Programme Nursing).

The countries best represented by number of abstracts were the following: Italy, Germany (between 250-300 abstracts), United Kingdom (237), Spain, USA, France (100-160), The Netherlands, Greece, Japan, Poland and Portugal (80-100). Finally, a total of 1,608 abstracts were selected, 538 of these were presented in oral sessions, in Lisbon. Professor Harald zur Hausen, Scientific Director of the Deutsches Krebsforschungszentrum in Heidelberg and Chairman of ECCO 11 Scientific Committee for Basic Science/Medicine, noted that the conference tried to combine basic aspects of cancer research with advances made in clinical applications. Improved care for the cancer patient was the major focus of the meeting.

The Scientific Committee made every attempt to ensure that new advances in cancer research, progress in prevention, cancer diagnosis and therapy were covered at ECCO 11 since "in all these areas significant developments took place", said Professor zur Hausen.

"With its broad spectrum of educational sessions, plenary presentations, symposia, poster sessions, round table sessions and, for the first time, sessions on clinical controversies, it addressed not only scientists and clinicians, but also public health organizations, nurses, social workers and psychologists".



The Nursing Programme: Narrowing the gap between theory and practice

Agnes Glaus, Chairman of the Nursing Programme, anticipated that clinicians and researchers could expect a programme that narrowed the gap between theory and practice. That is why the aim of the Nursing Scientific Committee was to provide a programme that reflected the challenges of clinical practice and linked them to their scientific basis.

Agnes Glaus, who ended her term as President of the European Oncology Nursing Society (EONS) during the Society's General Meeting, at ECCO 11, emphasised that a range of issues of importance to cancer nurses were addressed during the European Conference, such as "the organisation and management of cancer care in Europe, the needs of cancer patients, aspects from prevention to palliation" and the power and challenge of collaboration between the parties.

ECCO 12 will be held in Copenhagen, Denmark, 21-25 September 2003.

ECCO 11: An occasion to award scientific contributions in oncology

ECCO 11 was opened on the afternoon of Sunday 21 October with an opening ceremony addressed by the Portuguese Minister of Health, Professor Correia de Campos, as well as the President of FECS, the Conference Chairman, the Basic Science/Medicine Conference Chairman and the Nursing Conference Chair.

During the opening ceremony, Professor Paul Kleihues, Director of the International Agency for Research on Cancer, in Lyon, received the FECS Clinical Research Award for outstanding international contribution to the integration of scientific research and clinical practice in the field of cancer.

Professor Kleihues' award was "a token of the respect in which he is held by the community of European cancer research scientists, clinical oncologists and cancer nurses" said the citation. His lecture was entitled "Poverty, affluence, and cancer".

The next day, Umberto Veronesi, founder and first President of FECS, was awarded with the FECS/Pezcoller Recognition for Contribution to Oncology for a unique contribution to the improvement of cancer research, treatment and care.

Professor Veronesi, former Italian Minister of Health, has dedicated the greater part of his professional life to exploring the paths of research with the aim of improving the treatment and the quality of life for cancer patients. He gave a lecture on "Sentinel node biopsy and intraoperative radiotherapy in breast cancer: a breakthrough?"

Awards given by FECS full member societies
FECS full member societies hold their General Assembly meetings during ECCO 11 and confer Awards in recognition of distinguished contribution in each member society field. This year Dr Akseli Hemminki received the EACR Young Cancer Researchers Award, Mrs. Kathy Redmond

the EONS Distinguished Merit Award, Professor Toni Lerut the ESSO Award, Professor Jean Marc Cosset the ESTRO Klaas Breur Award, and Professor Steve Shalet the SIOP Europe Award.

FECS full member societies are: European Association for Cancer Research (EACR), European Oncology Nursing Society (EONS), European Society for Medical Oncology (ESMO), European Society of Surgical Oncology (ESSO), European Society for Therapeutic Radiology (ESTRO) and European Branch of the International Society of Paediatric Oncology (SIOP-(Europe)).



The SIOP Europe booth at ECCO 11

Continuing medical education, one of FECS' major objections

For the first time an educational book to accompany relevant sessions was given to participants at ECCO 11. True to the Federation's philosophy of a multidisciplinary approach to the treatment of cancer, a basic scientist, a surgeon, a radiotherapist and a medical oncologist were selected to describe current knowledge and new developments in four of the most prevalent tumour types -breast, lung, prostate and colorectal cancer.

"Another chapter is devoted to cancer in elderly people, an issue which is becoming more and more important due to the increase in the ageing population", explained Professor D.J.T. Wagener, Scientific Editor of the book. "The last chapter deals with palliative care".

ECCO 11 was accredited by the Accreditation Council of Oncology in Europe (ACOE) for a maximum of 32 hours of European CME credits and was also approved by the American Medical Association for AMA PRA Category 1 credits.

The ACOE accreditation was endorsed by the European Union of Medical Specialists (UEMS) ensuring that the CME credits awarded to the participants would be recognised by the national CME authorities which have agreed to co-operate in this European system. More than 3,200 participants claimed their certificate of attendance indicating the number of credit points earned by

attending the meeting which they can now use to meet their national requirements.

An historical journey - 20 years of ECCO

Professor Jean Claude Horiot, a witness to the birth and evolution of FECS and President of the Federation between 1996-1997, describes the history of the European Cancer Conference, in an article published in the Abstracts book of ECCO 11, supplement to European Journal of Cancer (Vol 37 Supplement 6).

Professor Horiot's historical journey travels from the beginning, two decades ago, when "the European landscape for international oncology meetings was almost a desert and

one had to travel to the USA to attend large oncology meetings", through 1995, the year of ECCO 8, in Paris, "a landmark in the history of cancer meetings" in Europe, with an attendance of 8,000 people, to the present, ECCO 11.

"The scientific level and conviviality of ECCO 11 in Lisbon should further strengthen the FECS spirit", believes Professor Horiot, for whom the continued challenge of FECS is to accomplish further steps forward to the benefit of cancer patients. ■

Maria Maneiro

ECCO 11 Media Programme Co-ordinator

Letter to SIOP Europe

Being a SIOP member, I had great luck to get a SIOP EUROPE scholarship for the European Cancer Conference (ECCO 11), which was held during 21-25th October 2001 in Lisbon, Portugal.

This year the ECCO Meeting has fulfilled my expectations more than I had hoped for. Not only because of the many interesting basic science and new development presentations, which I was able to attend, but also because there was a very nice programme part consisting of specific paediatric sessions.

Since I am a radiation oncologist who is very much interested in the problems of childhood cancer, I was listening to the lectures regarding this subject with great interest. On the other hand, since I was not able to attend SIOP Annual Meeting which was held in Brisbane earlier this year, this was an ideal opportunity for me to make up all that I had missed.

The programme on paediatric oncology was heterogeneous, including all aspects in the up to date treatment, primarily regarding childhood malignant solid tumours. I had the opportunity to hear about the results of treatment and experiences of significant SIOP Studies in treatment of soft tissue sarcoma, Wilms' tumour, brain tumours, bone tumours, collaborative studies which are still in process, as well as prospects for a new European collaboration. I had the honour and pleasure to attend the presentations on my USA colleagues' experiences in the treatment of hepatoblastoma. As a radiation oncologist, I pay extra attention to and have a special interest in the work and experiences of my colleagues regarding the radiotherapy treatment of children with cancer.

I also felt very privileged for being able to attend the SIOP

award lecture by Prof S.M. Shalet, "Mortality and morbidity in adult life as a consequence of radiation induced growth hormone deficiency in childhood", especially because brain tumours in children are of major interest to me.

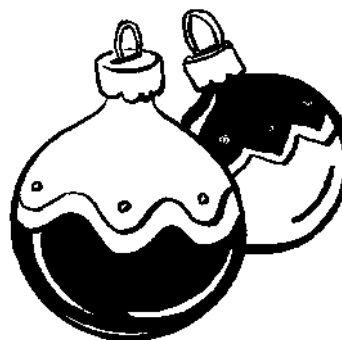
Besides all the educational lectures, the fact that is totally irreplaceable is the opportunity to meet and talk to other colleagues from different countries, not only obtaining important information on their work, but also having the chance to hear various opinions and different attitudes regarding specific problems. All this gives you new courage and strength in your further work with children treated for the malignant diseases.

That's why I want to express my gratitude to all SIOP colleagues and friends who enabled my stay in Lisbon, showing great understanding and support to my professional work at the same time.

Yours faithfully, ■

Marina Nikitovic, MD, Ph.D.

Radiation oncologist
Assistant Professor
Institute for oncology and radiology of Serbia
Pasterova 14
Belgrade
Yugoslavia



FAPOG

French African paediatric Oncology group

News from FAPOG October 2001

TREAT CHILDREN' CANCERS IN AFRICA

The French-African Paediatric Oncology Group is working

Professeur Jean LEMERLE
President of the FAPOG

Officially created in 2000 as a non-profit, non-governmental organisation, the F.A.P.O.G. aims at improving the treatment of childhood's cancers in French speaking countries of Africa, both North and South to Sahara.

The challenge which we face:

Children under the age of 15 are 26 million in North Africa (4 countries), 79 million in West and Central French speaking Africa (15 countries), and 6 million in Madagascar. The total number today is 111 million, and is expected to reach 200 million by 2025.

In this area, the yearly incidence of new cases, leukaemias and solid tumours, is estimated, according to figures in developed countries, between 12 000 and 15 000. This includes 3000 to 4000 cases of Burkitt's lymphoma and 1200 to 1500 cases of nephroblastoma.

The overall cure rate of childhood malignancies in the broad area which we consider is not precisely known. Since the majority of the cases are probably not even diagnosed, it is likely that no more than 15 to 20% of the involved children will be long term survivors. There are important differences in outcome from one country to the other. These figures are to be compared to the overall 75% cure rates which are obtained in the industrialised countries.

Reasons for gaps between North and South are numerous, and most of them are well identified. Poverty comes first, resulting in insufficient equipment and limited availability of medicines. The major part of the populations have no insurance, and cannot afford cancer treatments. The gross national income of the considered African countries is 10 to 100 times smaller than the Western Europe's one.

The low level of the basic health education of the general populations comes next. In addition, most paediatricians and nurses have not received the specific training which is needed to treat children with cancer and to handle aggressive therapies.

Finally pessimism is widely spread in the general public and among public health officers and politicians : « All these children will die » ; « high-tech. medicine is not affordable in Africa » ; « ...childhood cancer is not a

public health priority in our countries ».

In a striking contrast with these figures and common thoughts, we cannot ignore the strong commitment of many African and French paediatricians and paediatric oncologists who try very hard to transfer experience, know-how and technology from North to South. Worth mentioning are successful attempts made in this field in India, Central America, Malawi, and other places in the developing world.

The actions and plans of the FAPOG as of October 2001.

The idea is to analyse in depth the state of paediatric oncology in the different African countries, and from there, to try to adapt as accurately as possible « western medicine » to the various African standards. We are neither building hospitals nor dropping French Doctors in the bush or the rain forest. We all agree upon African children being taken care of in Africa, by African doctors and nurses, in African hospitals, with the collaboration of the French who bring their own experience, their advice and technology, and if needed some financial support.

We have launched on April 1st 2001 a 3 year program : which includes the following.

Organisation of our group.

We have a board with a President, bylaws, meetings. We have started raising funds. We have decided to first concentrate our efforts upon 7 « Pilot Units » in 6 different countries, from which progress could spread around to other places and countries. These Units have been chosen on the basis of already settled multidisciplinary teams, important patients accrual, and willingness to continue training and to participate in the prospective studies which we set up and manage. The first Pilot Units are in Tunis (Tunisia), Algiers (Algeria), Rabat and Casablanca (Morocco), Dakar (Senegal), Yaoundé (Cameroon), and Antananarivo (Madagascar). Our Group has a secretariat, and a data base which is connected to the Pilot Units by Internet. It is hosted by the Gustave Roussy Institute in Villejuif, next to Paris.

Prospective therapeutic and epidemiological study .

This is a multipurpose project, with 2 main parts.

Treatment of Burkitt's lymphoma and of nephroblastoma.

Each Unit has to decide upon one of two protocols for each tumour, either an "international" one (a S.I.O.P. or S.F.O.P. designed protocol), or an adapted to local conditions G.F.A.O.P. designed protocol. All the new cases are to be treated in the units according to the chosen scheme, and all informations on all cases is to be reported to the data base. The patient accrual period is planned to be >

2 years, and follow-up and analysis one more year. Three to four hundred patients are expected in 2 years, starting on April 1st. 2001. During the first 5 months period, 80 cases have been registered and started therapy. Chemotherapy drugs and computer equipment are provided by the Group to these Units which need such support.

The computers are free second hand ones. The cost of the supplied drugs is our major expense.

End-points of the study are compliance to the protocols, toxicity, cost and efficiency, i.e. feasibility and results of therapy.

Hospital-based prospective "epidemiological" study. It is limited to the patients with Burkitt's lymphoma and nephroblastoma. It aims at collecting information on all the patients with these tumors who are referred to each Unit, whether they can be treated or not according to the selected protocol. Family and patient's data are recorded, with emphasis on the social and economic features which are directly related to the ability to receive the planned therapy.

The question asked here is: to which extent are our efforts

meeting the actual needs of the targeted population ?

Training French-speaking African doctors and nurses.

This part of the program consists for doctors in 3 yearly, 3 day paediatric oncology courses, in two week intensive courses of public health epidemiology and statistics, and in 6 months training periods in P.O. Units in France. The F.A.P.O.G Members may also follow the French national P.O. one year course and training which is organised every academic year.

For the nurses, 2 to 3 months intensive training sessions are being organised in P.O. Units, under the auspices of U.I.C.C., French League against Cancer, the French Society of Paediatric Oncology (SFOP), and the COPEs.

Specific training for African Laboratory technicians is also considered. Funding this first 3 years F.A.P.O.G program is a major issue.

The ideal annual budget is around 100.000 U.S \$, with 3 main parts. These are drugs supply to several African Units training, and data collection and management. In 2001, approximately 40% of this amount has been made available to the F.A.P.O.G. ■



Announcements from the secretariat

Congratulations to Prof. S.O. Lie

On November 30, 2001, Prof. Sverre Lie received the "Order of St. Olaf" by the King of Norway. This is a very high honour to receive and we all congratulate Prof. Lie with this achievement!

Congratulations to the Brisbane Prize Winners

The Schweisguth Prize was won by Dr. J. Mora, his paper was titled 'Differentiated neuroblastic and Schwannian cells of neuroblastoma are derived from a common tumoral stem cell progenitor'.

The Fassanelli Prize was awarded to Dr. M.C. Le Deley for her presentation on „Histological response is the main prognostic factor of survival in localised Ewing Tumour (ET) treated

with chemotherapy alone before surgery".

The SIOP Award was awarded to Dr. J. Anderson for a presentation on 'PAX3-FKHR induces morphological changes and enhances cellular proliferation and invasion of rhabdomyosarcoma cells and transgenic mice'.

The SIOP Poster Prizes

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

BONE TUMOURS

P46 TC-SESTA MIBI as predictor of chemotherapy response in bone sarcoma
H. Mustafa et al

SOFT TISSUE SARCOMAS

P70 Malignant vascular tumours in

childhood: Report from the Italian and German Co-operative Group
Ferrari et al

OTHER SOLID TUMOURS

P112 A novel cell line established from a Wilms tumor containing a WT-1 gene mutation
Y. Kanamori et al

CNS TUMOURS AND NEUROBLASTOMA

P170 Toxicity profile of immunochemotherapy with IFN gamma S.C. and low dose cyclophosphamide.V. in children with high grade glioma
M. Sindichakis et al

LEUKAEMIA AND LYMPHOMA

P211 Pediatric MDS in Brazil: The ▶

Brazilian working group on MDS in childhood, first results and its educational impact
L.F. Lopes et al

TRANSPLANTATION

P224 Autologous bone marrow transplantation for paediatric acute myeloid leukaemia in first remission: systematic review and meta-analysis of randomised controlled trials
M. Bleakley et al

SUPPORTIVE CARE AND PALLIATIVE CARE

P258 Blood cultures from central venous lines versus peripheral veins in children with cancer and fever
H. Schroeder et al

PODC

P331 Randomized double blind trial of fluoroquinolone prophylaxis for bacterial infection during the induction treatment in childhood acute lymphoblastic lymphoma
Sumadiono et al.

Invitation to Members of SIOF Africa

SIOF Members from Africa who would like to host a continental meeting, are asked to send in a bid for the organisation/hosting of the 6th Continental Meeting of SIOF in Africa in 2004.

Bids can be sent to the SIOF Secretariat by mail or e-mail:
SIOF Secretariat
Attn. Ms. R. Kennis
Scheidingsweg 1
5491 TH St. Oedenrode
fax: +31 73 549 58 46
e-mail: secretariat@siop.nl

Invitation to all SIOF Members

We were informed that many members are willing to act as faculty at SIOF Regional and Continental meetings. However, not a lot of members are aware that they can do this and therefore we hereby would like to inform and invite you to apply as faculty for such meetings. In case you are interested to act as faculty, please let the SIOF Secretary know and she will inform the various

NURSING

P434 Acupuncture as a therapeutic support for pediatric oncology treatment
W.T. Chung et al

PARENTS AND PSYCHOSOCIAL

P361 Treatment for paediatric haematology from the father's perspective
P. McGrath and
P366 The needs of adolescents receiving treatment for cancer in Queensland
T. Laycock et al

EPIDEMIOLOGY AND LATE EFFECTS

P376 Testicular function following treatment for childhood cancer
A.B. Thomson et al

BIOPATHOLOGY

P135 Neuronal differentiation of neuroblastoma cells induced by adenovirus-mediated trk A cDNA transfer and treatment of NGF
T. Matsunaga et al

branches of SIOF, as well as the SIOF Scientific and PODC Committee. Your help and expertise is very much appreciated and needed! So if you are interested, please contact the SIOF Secretariat.

Ballot Venue 2006

Please find enclosed as inserts, the ballot for the venue in 2006. Your votes are to be at the secretariat by March 1, 2002.

Sponsoring of a member from an OECD developing country for Euro 60.-

You can sponsor a SIOF member of a PODC country by adding to your membership fees the amount of Euro 60.-. The PODC Committee together with the secretariat will select the members who are eligible for this sponsorship.

Duplicate issues of "Medical Pediatric Oncology (MPO)"

If you receive at your hospital duplicate issues of MPO, which are not used by you or your colleagues,

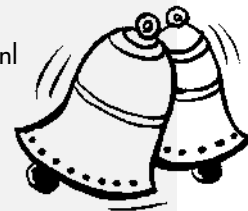
Nominations new officers

At the 34th SIOF Annual Congress, to be held in Porto, Portugal 2002, Prof. Henze, who is now the Past-President of SIOF, will step down from the Board. As of then SIOF will thus need a new officer on the Board, acting as President-Elect.

If you know a colleague SIOF member who you think will be a suitable President(-elect) of your Society, please send in a written nomination per regular mail or e-mail to the SIOF Secretariat.

Nominations can be sent in until April 1, 2002!

Address:
SIOF Secretariat
Attn. Ms. R. Kennis
Scheidingsweg 1
5491 TH St. Oedenrode
fax: +31 73 549 58 46
e-mail: secretariat@siop.nl



you can have the duplicate issue sent to a paediatric oncology colleague in a less affluent country for whom MPO could be very helpful. This suggestion was already made some years ago by Dr. D'Angio. In case you have an additional issue and you wish to have it sent to somebody else, please contact the secretariat. The secretariat will then check with the PODC Committee chairman where to send this.

SIOF Web site

Please be reminded that the SIOF web site can be found at www.siop.nl. By now, all members should have received their password and personal username and should be able to visit the "Members only" parts. If you have any problems entering these parts or otherwise, please contact the secretariat. We would like everybody to be able to visit the site without difficulties. Also, if you have any suggestions or comments on the site, please contact the secretariat: we need your input to make it a success!



SIOP EPENDYMOMA TRIAL

Update 2001

SIOP Ependymoma Studies.

Aim : To investigate the role of vincristine, cyclophosphamide and etoposide followed by focal radiotherapy in improving the prognosis of children (up to 21) with residual disease after surgery (ed) and of RT alone in children with complete resection (ned).

Patients

65 patients required - 32 with incomplete resection
71 patients accrued to date
37 complete resection of whom 5 are on study
23 incomplete of whom 11 are on study

Results at the last analysis (AEIOP)

46 Complete resections	OS	81% at 5 yrs
	EFS	65% at 5 yrs
17 Incomplete resections:	OS	53% at 5yrs
	EFS	28% at 5yrs

Conclusions

Satisfying patients accrual but we need to accrue 9 more patients with incomplete resection to answer the question over the efficacy of the chemotherapy. So far we can conclude that good prognosis is confirmed for patients without residual disease after surgery. "local" radiotherapy does not jeopardise event free survival (10% relapses outside irradiated fields).

HF-RT is feasible, well tolerated. The interval between surgery and radiotherapy does not influence disease relapse. Too aggressive initial surgery can delay and may even prevent adequate adjuvant treatment.

WE THEREFORE ONLY HAVE TO RECRUIT ANOTHER 9 PATIENTS WITH INCOMPLETE RESECTION RECEIVING CHEMOTHERAPY

WE NEED YOUR HELP TO COMPLETE THIS STUDY. PLEASE CONTACT Richard Grundy or Maura Massimino for more information, massimino@istitutotumori.mi.it.

Ependymoma brainstorming meeting

The possibility of holding an Ependymoma brainstorming meeting was raised to discuss where the possibilities for further studies in Ependymoma both for older children and infants. The UKCCSG has some money donated by a patient which we would like to use to convene a meeting to think about the way forward in Ependymoma. Richard Grundy will be organising this meeting Early next year or the other possibility is to hold a meeting at ISPNO. Could anyone interested please contact Richard Grundy by email r.g.grundy@bham.ac.uk. ■

SIOP 2002 - PORTO, PORTUGAL
September 18-21, 2002

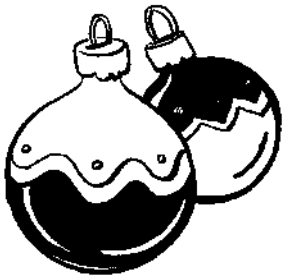
Welcome!

Dear colleagues and Friends,

It is twenty-two years since SIOP first organised its annual congress in Portugal. During this interval, which has seen the birth of the European Union, SIOP has grown from strength to strength, both in its membership and its influence on global paediatric oncology. Many doctors around the world today find that active participation in

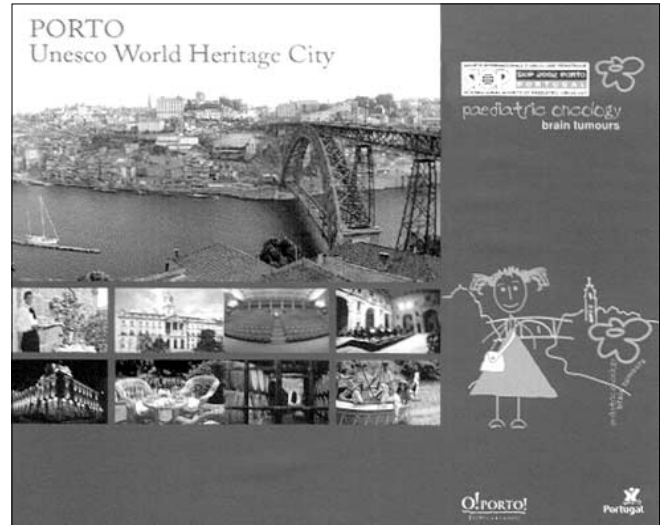
SIOP provides them with the best means of keeping pace with the growing knowledge about cancer in children.

Two Educational Teaching Courses will take place before the SIOP Congress in Porto, one for doctors, the other for nurses. The programmes have been established with the



aim of updating and deepening knowledge of medical and nursing care in paediatric oncology. All congress participants are invited to enrol in the courses, so that the knowledge of the more experienced may be shared by those who started more recently in this field of Paediatrics. Both courses will take place at the recently built Centro do Porto in the Instituto de Oncologia F. Gentil, in Oporto.

The SIOP 2002 Congress will be held in a modern conference centre (the Europarque Congress Centre) in the delightful neighbouring town of Santa Maria da Feira. As we've all grown to expect from SIOP congresses, there is an excellent line up of international experts speaking on a broad range of subjects relevant to the treatment of children with cancer. For the main topic of brain tumours, these are as diverse as advances in neurosurgery and radiation oncology through to the psychological impact of treatment and educational issues, as well as all the latest clinical trial reports. Novel therapies forms a second theme, with exciting talks on new approaches to targeted drug development, the ethics of phase I trials in children and progress in non-myeloablative stem cell transplantation. All other areas of paediatric oncology will also be represented, aimed at updating our knowledge of progress being made all over the world and at improving our results in dealing with children with cancer. Moreover, since this treatment success lies not only in the informed action of both doctors and nurses but also in the participation of parents, educators, psychologists and others, all are welcome. The success of this meeting lies in it being an enriching experience for every participant.



Finally, to those who have never been to Portugal or to its northern region, the SIOP 2002 Congress offers an excellent opportunity to become acquainted with our warm hospitality and beautiful weather. The Portuguese are proud of their past as World "discoverers". Today, come and discover our country for yourselves. I can assure you that you will not regret it. Welcome to you all!

B.P Sodr  Borges

President of the Local Organising Committee

Note by the Secretariat:

All members were recently mailed the Preliminary Programme of the Porto Congress. At the SIOP web-site you can also find this programme; please check at: www.siop.nl and find direct links to both registration and abstract sections for this meeting.

Final Announcement to all members

**A VERY MERRY CHRISTMAS
AND
A HAPPY AND HEALTHY 2002!**



Future Congresses and Meetings



2ND NATIONAL TEACHER'S REVIEW MEETING

Date: February 22-24, 2002

Venue: Mumbai, India

The meeting is held under the auspices of the National Training Project in Practical Pediatric Oncology.

For more information, please contact:

Dr. B. Agarwal

A-1101, Jagat Vidya CHS

Bandra-Kurla Complex

Bandra (East)

Mumbai 400 050

India

Tel: +91 22 659 1901 or 659 1577

Fax: +91 22 642 6846 or 643 1902

Email: parul@bom5.vsnl.net.in or parulbharat@vsnl.com

38TH ASCO ANNUAL MEETING

Date: May 18-21, 2002

Venue: Orlando, Florida

Information can be obtained at the following web-site: www.asco.org

FIFTH CONTINENTAL MEETING OF SIOP IN AFRICA

Date: May 26-29, 2002

Venue: Hotel president in Yamoussoukro - Côte d'Ivoire

The meeting is held under the auspices of SIOP and the Ivorian Society of Pediatrics.

The main topics are: Acute Leukaemias, Malignant Lymphomas and Nephroblastomas.

For more information, please contact:

Miss Odette N'guessan, c/o Pr. Kouie J. Plo

5th Continental Meeting of SIOP in Africa

Secretariat Medical School

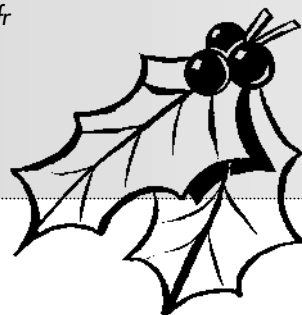
UNIVERSITY of BOUAKE

01 B.P. V.18 BOUAKE

COTE D'IVOIRE

Fax: 225-31-65-14-34.

e-mail: plokouie@yahoo.fr



SIOP-ESO, ASPO

POST GRADUATE PAEDIATRIC ONCOLOGY COURSE

Date: May 27-31, 2002

Venue: Halkidiki, Greece

The meeting is held under the auspices of the Greek Society of Paediatric Haematology and Oncology and the Parents' Association of Northern Greece "LAMPISI".

For more information, please contact:

Mrs. I. Dyonisiadou

Syntonos Congress

Ermou 18A

54624 Thessaloniki

Greece

Tel: +303 102 44 987

Fax: +303 102 39 926

E-mail: syntonos@the.forthnet.gr

or

Dr. D.E. Kolioukas

Dept. of Paediatric Oncology

Ippokraton Hospital

Kostantinoupoleos 49

54642 Thessaloniki

Greece

Tel: +303 189 24 32

Fax: +303 186 6634



10TH INTERNATIONAL SYMPOSIUM ON PAEDIATRIC NEURO-ONCOLOGY (ISPNO)

Date: June 9-12 2002

Venue: London, U.K.

Contact details:

c/o Conference Secretariat

Meeting Makers Ltd

Jordanhill Campus

76 Southbrae Dr

Glasgow

G13 1PP

UK

Tel: +44 (0) 141 434 1500

Fax: +44 (0) 141 434 1519

Email: ispno2002@meetingmakers.co.uk

Website: <http://www.meetingmakers.co.uk/ispno2002>

ADVANCES IN NEUROBLASTOMA RESEARCH 2002

Date: June 17-19 2002

Venue: Paris, France

Please contact:

Mrs. P. Debruyne

ANR 2002 Secretariat

26, Rue D'Ulm

75248 Paris Cedex 05

France

Fax: +33 1 44 32 40 12

Email: anr.2002@caramail.com

THE 18TH INTERNATIONAL CANCER CONGRESS

Date: June 30 – July 5, 2002

Venue: Oslo, Norway

For more information, please contact
the congress secretariat:

Congrex Sweden AB

P.O. Box 5619

S-114 86 Stockholm

Sweden

Tel: +46 8 459 66 00

Fax: +46 661 91 25

E-mail: canceroslo2002@congrex.se

XXXIV SIOP CONGRESS

Date: September 18-21 2002

Venue: Porto, Portugal

For more information please contact:

Congrex Holland B.V.

P.O. Box 302

1000 AH Amsterdam

The Netherlands

Tel: +31-20-5040 200

Fax: +31-20-5040 225

e-mail: congrex@congrex.nl

18TH CONGRESS OF THE ASIAN ASSOCIATION OF PEDIATRIC SURGEONS

Date: October 27-30, 2002

Venue: Singapore

For more information, please contact:

Academy of Medicine

Singapore (Branch Office)

MD5 Level 3

National University of Singapore

12, Medical Drive

Singapore 117598

Tel: +65 777 1233

Fax: +65 777 9633

E-mail: training@academyofmedicine.edu.sg

2ND SIOP-ASIA CONFERENCE

Date: November 22-24, 2002

Venue: New Delhi, India

For more information, please contact:

Prof. L.S. Arya

Dept. of Pediatrics

All India Institute of Medical Sciences

New Delhi

110 029 India

Tel: +91 11 6594610 or 659 3209

Fax: +91 11 686 2663

E-mail: lsarya@medinst.ernet.in

XXXV SIOP CONGRESS

Date: September/October 2003 – Exact dates to be confirmed

Venue: Cairo, Egypt

For more information please contact:

Congrex Holland B.V.

P.O. Box 302

1000 AH Amsterdam

The Netherlands

Tel: +31-20-5040 200

Fax: +31-20-5040 225

e-mail: congrex@congrex.nl

EUROPAEDIATRIC 2003

Date: October 19-23, 2003

Venue: Prague, Czech Republic

For more information please contact:

Kenes International

Mrs. Avital Rosen-Topel

Project Manager

Tel: +41 22 908 0488 or +972 3 514 0069

Fax: +41 22 732 2850 or +972 3 514 0025/77

E-mail: europaediatrics2003@kenes.com

Website: www.kenes.com/europaediatrics2003

XXVI SIOP CONGRESS

Date: September 2004 – Exact dates to be confirmed

Venue: Oslo, Norway

For more information please contact:

Congrex Holland B.V.

P.O. Box 302

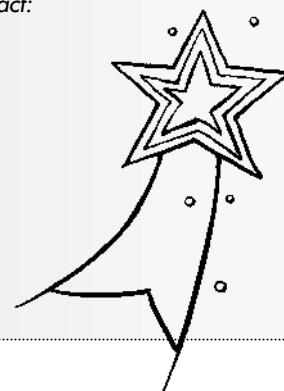
1000 AH Amsterdam

The Netherlands

Tel: +31-20-5040 200

Fax: +31-20-5040 225

e-mail: congrex@congrex.nl



Impressions of the 33rd SIOP Meeting in Brisbane



"Professor Schmidt convinces Dr Pritchard-Jones that chairing the scientific committee is a bundle of laughs!"



Impressive Aboriginal dancing at the Opening Ceremony



Prof. And Mrs. Schmidt at the party. No more 700 abstracts to study!



Prof. Henze in good company. From left to right: Judy Williams, Intermedia; Lisa Eastley, Intermedia; Liane Lockwood, Co-Chair of SIOP Brisbane; Debbie Slabosz, Secretary to the LOC Brisbane; Prof. Henze, Past President of SIOP; Rosalinde Kennis, SIOP Secretary; Helen Irving, Co-Chair SIOP Brisbane.



Australian and disco dancing at the dinner party



Past-President Prof. Guenter-Horsewhip-Henze, famous for his "gentle" leadership?