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The First Children's Cancer Hospital, Egypt International Scientific Conference 5–11 July, 2009, Cairo, Egypt

A wide gathering of scientists, clinicians, pharmacists and nurses specialized in pediatric oncology practice met to celebrate the second anniversary of Children's Cancer Hospital, Egypt (CCHE). The celebration was in the form of high-brow teaching lectures and reports presented by international experts in the fields of pediatric CNS tumors, solid tumors (neuroblastoma, nephroblastoma, soft tissue and bone tumors, lymphoma, leukemia and pediatric oncology nursing. The conference extends its activities to hospital management, clinical pharmacy and telemedicine. Furthermore, CCHE experts presented the efforts performed to establish a state-of-the-art pediatric oncology hospital equipped with all needed facilities to raise the standard of care to the highest levels.

KEYWORDS: CNS tumors • leukemia pediatric oncology • lymphoma radiation • nursing • oncology • solid tumors

Conference aims

The Children's Cancer Hospital, Egypt (CCHE) is a charity hospital that started serving the pediatric oncology community on 7 July, 2007. The hospital's aim is to manage children with cancer in a highly professional manner according to the international standards. The first CCHE scientific conference was held on 5–11 July 2009 and 41 international speakers were invited together with 12 speakers from CCHE. The conference's goal was to transfer the worldwide knowledge and experience in all branches of pediatric oncology practice to CCHE. A secondary objective was to let the whole scientific community see the progress achieved by CCHE throughout its short 2-year history.

History

Norman Jaffe (Children Cancer Hospital; MD Anderson Cancer Hospital, University of Texas, TX, USA) reviewed pediatric oncology history, from the Ancient Egyptians to the modern era, with our better understanding of tumor biology, pharmacokinetics and biophysics. Multidisciplinary approaches improved overall and disease-free survival in different pediatric

tumors. Cooperative treatment groups further increased survival rates through enrollment in large trials. The improved cure rates led to experiencing more late sequelae, which need to be minimized. Hany Hussein (CCHE) highlighted the magnitude of pediatric oncology problems in Egypt and the role of CCHE to improving the quality and setting the state-of-the-art high-standard service, not only in Egypt but also in Arab countries and the Middle East. Stefan Bielack (Klinikum Stuttgart, Olga hospital, Stuttgart, Germany) presented the progress in management of osteosarcoma over the past 30 years. The response to chemotherapy was identified as already having reached a plateau in survival.

Pediatric CNS tumors

Mohamed El-Beltagy and Mohamed Zaghloul (CCHE, Egypt), presented the CCHE neuro-oncology protocols. They reviewed the advanced techniques adopted in different diagnostic and therapeutic departments. Early results of different neurooncologic tumors were similar to those reported in the Western literature. Volker Seifert (Johann Wolfgang Goethe-University, Frankfurt, Germany) reviewed the advanced

neuronavigation and intraoperative image guidance in pediatric brain tumor surgery. He emphasized the importance of microsurgery, integrated functional neuronavigation and intraoperative MRI. Different types of intraoperative MRI were presented [1]. The use of these tools in the surgery of pineal tumors was presented by Liliana Goumnerova (Children's Hospital/Dana Farber Cancer Institute, Harvard, MA, USA). She compared the stationary magnet-mobile patient and mobile magnet-stationary patient. Safe total excision of craniopharyngioma is feasible with the aid of an operative microscope as emphasized by Concezio DiRocco (Catholic University, Rome, Italy). However, minimally invasive surgery with modern radiotherapy was prescribed for solid residual and radioactive colloids, bleomycin or interferon for cystic components. The different pathological features of pediatric CNS tumors were extensively reviewed by Bernard Scheithauer (Mayo Clinic, Rochester, MN, USA). On the other hand, the classification, diagnostic skills, differentials and different models of treatments were overviewed by Mark Kiern (Harvard University, MA, USA). He surveyed the end results of current therapies based on multidisciplinary approaches. New target therapies were mentioned depending on better tumor biology understanding. The different radiotherapy techniques, modalities and types for medulloblastoma were discussed by Yavus Anacek (Ege University, Izmir, Turkey). The decrease of both relapse and late sequelae was the ultimate aim of successful modern radiotherapy. The role of interdisciplinary treatment, specialized center collaboration and strict applications of management protocols were mentioned by Ibrahim Qaddoumi (St Jude Hospital, TN, USA) as the sure way to reach the desired, excellent results of pediatric tumors. Twinning between centers and telemedicine were recognized as good tools to reach this goal [2]. Furthermore, the experience of pain management for children with cancer was presented by Roland Kaddoum (St Jude Hospital, TN, USA). The experience at St Jude was presented as a model that can be applied in other centers.

Solid tumors

Alaa Yonis, Emad Moussa and Manal Zamzam presented the CCHE protocols and experience in neuroblastoma, nephroblastoma and bone tumors. Multidisciplinary approaches led to high success rates. In non-metastatic osteosarcoma, 91% had limb salvage treatment. The worldwide state-of-the-art neuroblastoma management was presented by Jaume Mora (Sant Joan de Deu Barcelona University, Barcelona, Spain) depending upon cell kinetics, dose-responsiveness and dose-intensity of antineuroblastoma agents. An overview of soft-tissue sarcoma was given by Iyad Sultan (King Hussein Center, Amman, Jordan). He reviewed the factors determining the outcome, including treatment protocol, chemotherapy, radiotherapy, stage and extent of surgery. The current Childrens Oncology Group experience was presented by Ira Dunkel (Memorial Sloan Kettering Cancer Hospital, NY, USA). The integration of different treatment modalities led to achievement of higher survival rates [3]. The importance of clinical cancer genetics practice was highlighted by Mohamed Abdelrahman (Ohio

State University, OH, USA). Its value in early diagnosis (even prevention) and management in Wilms' tumor and familial polyposis were good examples.

Pain management for children with cancer is extremely important as stated by Roland Kaddoum. He raised the point that despite the new legislations, pediatric oncology morphine consumption is still low.

Pain-free management policy must be a rule, especially in pediatric oncology practice. Ibrahim Quaddoumi answered the question of why we need tele-oncology worldwide, as standard care was no longer an option. He pointed out the obstacles and the ways to overcome them.

The importance of nutrition in children and the need for dietary intervention were discussed by Terezie Mosby (St Jude Hospital, TN, USA). She started with screening, proper assessment of different types and methods of nutritional intervention.

Radiation oncology

The state of radiation oncology for children in low- and middle-income countries was overviewed by Yavus Anacek. The survival gap in children with cancer is increasing between the rich and the poor. General health status, limited health services, limited and poorly utilized resources and traditions were responsible for such a gap. However, Yasser Khafaga (King Faisal Hospital, Riyadh, Saudi Arabia) showed how the implementation of new radiotherapy technology improves the clinical end results of children with cancer. On the other hand, the precautions and limitations of such techniques should be considered in view of late effects on children [4]. Furthermore, Kim Bryden (Siemens Company, Germany) reviewed the innovations in radiation therapy and their expected reflection on improving survival and normal tissue protection.

Leukemia & lymphoma

Treatment policies and preliminary results of CCHE in acute leukemias and lymphomas were presented by Iman Sidhom, Sonia Mahmoud and Lobna Shalaby. The importance of prognostic factors and application of the minimal residual disease (MRD) concept in treatment regimens were stressed. The microbiological pattern of infections in CCHE patients were presented by Hadir El-Mahalawy. The workout of febrile neutropenia was also highlighted. Patrick Brown (John Hopkins University, MD, USA) emphasized the use of prognostic factors for risk stratification and tailoring the intensity of treatment in acute myeloid leukemia. The incorporation of molecular markers, gene expression, epigenetics and pharmacogenomics with MRD were warranted. The cytogenetic and molecular genetic applications in acute lymphoblastic leukemia (ALL) were presented by Julie Gastier-Foster (Nationwide Children's Hospital, Ohio State University, OH, USA). She, together with Mignon Loh (University of California San Francisco, CA, USA), discussed how these factors affected COG treatment design and end results. They showed how the robust classification system (AALL03B1) integrates real-time entry of clinical, genetic and response data to direct treatment decisions. Moreover, COG-ALL trials were overviewed compared with other

worldwide trials by Kelly Malony (The Children's Hospital, CO, USA). The importance of day 7 marrow response was stressed for high-risk ALL children. Furthermore, chronic myelogenous leukemia (CML) and Philadelphia chromosome positive ALL in children was discussed by Lia Gore (University of Colorado Cancer Center, CO, USA). Treatment with imatinib and its effect on MRD, improved the outcome. The use of newer tyrosine kinase inhibitors was reviewed. However, she considered bone marrow transplantation as the only proven therapy for CML. Samir Kahwash (Nationwide Children's Hospital, Ohio State University, OH, USA) reviewed the importance of bone marrow examination in hematological malignancies. Meanwhile, pediatric non-Hodgkin lymphoma was overviewed by Thomas Gross (Nationwide Children's Hospital, Ohio State University, OH, USA). The progress in staging and treatment was displayed. Therapy intensification did not further improve the current good outcome. On the other hand, early response is the most important prognostic factor in Hodgkin disease, as presented by Tanya Trippet (Memorial Sloan-Kettering, NY, USA). The nontransplant approaches to relapsed ALL, including biological target therapy, were reviewed by Lia Gore. New treatment strategies, including stem cell transplant and biological target therapy, for relapsing non-Hodgkin lymphoma were discussed by Tanya Trippet. Furthermore, Patrick Brown discussed the merits of targeting *FLT3* in acute leukemia, which needs to be combined with chemotherapy. The characteristics of Down syndrome ALL were illustrated by Kelly Malony as distinct disease entity. The full characteristics of juvenile myelomonocytic leukemia were discussed by Mignon Loh.

Nursing

Five nurses from the Children's Hospital Boston and Dana-Farber Cancer Institute, together with CCHE nurses, presented a series of lectures. Kathleen Houlahan gave an overview on pediatric oncology nursing today. Louise Hitchko emphasized the importance of assessment – physical, developmental and psychosocial – in the care of the hospitalized child. Tara Kelly and Colleen Nixon gave a review of symptom management for children with neurological deficits, hematological, solid and CNS tumors. Colleen Nixon and Christine Chordas gave an overview of the most common chemotherapeutic agents, their administration, safe-handling and how the different agents work. Louise Hitchko discussed the management of central venous lines and its challenges. Palliative care, or end-of-life care, as referred to by Kathleen Houlahan and Christine Chordas, is an integrated concept of quality care that starts at diagnosis and continues throughout the course of illness in those whose cancer is not curable.

Satellite symposia and workshops on hospital management, clinical pharmacy and flow cytometry were also held during the conference.

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