

Improving the quality of care for children with brain tumours in South Africa: A report from the 4th Paediatric Brain Tumour Workshop



The 4th annual Paediatric Brain Tumour Workshop was held on 16 and 17 November 2013 at the University of Cape Town (UCT), South Africa (SA). The focus of this workshop was the management of children with brain tumours in limited-resource settings.

Although brain tumours are the second-most common cancer in children, brain tumour awareness among the SA public and its physicians is low, with few centres being adequately equipped to manage affected children or having functioning multidisciplinary teams (MDTs). Currently, there are no national protocols or consensus agreements on how best to manage childhood brain tumours in SA.

In an attempt to address these issues, a series of educational workshops over the last few years has aimed to bring together SA health professionals treating children with brain tumours. International and local experts provide information and insights on a variety of pertinent topics, and attendees are invited to discuss clinical cases.

At the 4th workshop, three international guest speakers as well as several local experts were invited to give lectures. Delegates were encouraged to present case vignettes for discussion at the meeting.

Meeting highlights

Richard Hewlett is a local neuropathology expert, qualified in neuro-radiology. He gave an excellent review of the history of paediatric neuropathology, and walked delegates through the varying imaging and pathological features of indolent astrocytoma. Unfortunately many of these tumours fail to fit neatly into existing categories, and subtle findings may help to predict prognosis and guide treatment.

Michelle Carrihill is a local paediatric endocrinologist who has attended the multidisciplinary paediatric neuroendocrine clinic at Groote Schuur Hospital for many years. She presented a talk on the many endocrinopathies potentially faced by survivors of paediatric brain tumours, and discussed the assessment and management of such problems in a limited-resource setting.

Simon Bailey is the current Head of Paediatric Neuro-oncology in Newcastle-upon-Tyne. He is actively involved with twinning initiatives in Malawi, Uganda and SA. He shared his insights into establishing a brain tumour service in a limited-resource setting, and highlighted the importance of multidisciplinary meetings and conducting research in limited-resource settings. Bailey advocated the establishment of a dedicated tissue bank of tumour specimens with a related clinical database. His second lecture was given on state-of-the-art management of paediatric medulloblastoma, which recently has seen a rapid expansion in the understanding of different genetic subgroups that confer a likely prognosis, possibly guiding treatment strategies in the future.

Christine du Toit is an occupational therapist (OT) at Groote Schuur Hospital. She works in the paediatric ward and treats all brain tumour patients requiring OT input. Her lecture highlighted the role of the OT in the MDT, and outlined potential problems in such patients where the OT could/should have a role.

Moawia Elhassan is a Sudanese national, who did his postgraduate training in radiation oncology at UCT/Groote Schuur Hospital, after which he returned to Sudan to practise. His lecture focused on the stark reality of paediatric radiation oncology in low- and middle-income countries, including a historical perspective, and some of the recent upgrades and initiatives inspired by various liaisons and programmes.

Tracy Kilborn is Head of Paediatric Radiology at the Red Cross War Memorial Children's Hospital (RCWMCH). She presented a review

of the radiology of posterior fossa tumours. While demonstrating some of the most modern techniques available, she included a rational approach to imaging of a child with a posterior fossa mass.

Francesco Sala is a world expert in the field of paediatric neurosurgery for spinal cord tumours. He was in Cape Town attending the International Society of Intraoperative Neurophysiology. We were privileged to have him deliver his lecture at this workshop.

Anthony Figaji, Head of Neurosurgery at the RCWMCH, spoke on the neurosurgical management of craniopharyngioma, one of the most difficult problems facing a paediatric neuro-oncology MDT.

Mariana Kruger, Head of Paediatrics at Tygerberg Hospital and the University of Stellenbosch, gave a lecture on the ethical treatment of children with brain tumours in a limited-resource setting. MDTs face many dilemmas and she provided some of the tools that physicians can use when making difficult management decisions.

The last lecture of the workshop was given by Michelle Meiring, a paediatric palliative care specialist. She gave insights and suggestions into the palliation and end-of-life care for children with progressive and incurable brain tumours.

The Best Speaker award for the clinical vignettes went to Jennifer Geel from Charlotte Maxeke Academic Hospital in Johannesburg, who presented an unusual case of an atypical teratoid rhabdoid tumour of the orbit in a child.

Of note was the presence of a visiting team from Société Internationale d'Oncologie Pédiatrique (SIOP), headed by Prof. Gabriele Calaminus, at part of the workshop. Cape Town has successfully bid to hold the large and prestigious international SIOP conference in 2015, and the team was visiting as part of preliminary planning for the conference.

Meeting conclusions

Feedback showed that delegates found the meeting very interesting and they received information that would influence clinical practice.

It was clear that formulation of local protocols is an essential next step, and this was considered a priority of the SA Children's Cancer Study Group (SACCSG). The current chairman of SACCSG, Monica Vaithilingum, was present at the workshop. It was noted that international best practice may not be applicable in countries with limited resources, and local audits are essential to understand our disease patterns and responses to treatment.

The best results for paediatric brain tumour patients are obtained with multidisciplinary collaboration, and all referral centres should aim to achieve this. Teleconferencing with a more experienced team could be important in decision-making in limited-resource areas.

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