

# Study identifies barriers to successful treatment of children with sarcoma in low-income countries

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BOSTON—Raising the survival rate of children with sarcoma in low-income countries will require steps to diagnose the disease sooner, train cancer pathologists, expand radiation therapy services, create multi-specialty teams to review each case, and other actions, according to an international study led by Dana-Farber/Children's Hospital Cancer Center researchers. The findings will be presented at the 42nd Congress of the International Society of Paediatric Oncology (SIOP) in Boston on Friday, Oct. 22.

The study explored why, despite advances in the treatment of pediatric acute leukemia in six Central American countries, survival rates for children with bone and soft-tissue sarcomas remain disproportionately low. Information was obtained through ongoing collaboration and answers to a 110-item questionnaire distributed to pediatric cancer physicians in Costa Rica, El Salvador, Guatemala, Honduras, Nicaragua, and Panama to get a better understanding of the barriers to pediatric sarcoma treatment in the region.

"More than 80 percent of the pediatric cancer burden falls on the developing world, and the challenges to provide effective treatment of children with cancer in resource-rich and resource-limited settings are different," says the study's lead author, Paola Friedrich-Medina, MD, of Dana-Farber/Children's Hospital Cancer Center. "This study aims to develop a better understanding of the challenges to effective treatment

of pediatric sarcoma faced by our colleagues in Central America."

The responses to the questionnaire indicate that there was adequate access to standard chemotherapy agents, hospital beds, subspecialty providers, laboratory services, and imaging studies. But a variety of problem areas were identified, including heavy caseloads for pediatric oncologists, a disproportionate number of patients with metastatic (spreading) disease, inconsistent procedures for assessing the extent of disease and developing a treatment plan, and less-advanced radiation therapy equipment.

Some of the major barriers to better treatment included family financial constraints, fear of surgery, and lack of surgical materials needed to perform limb-sparing procedures. Other areas of concern were possible inaccuracies in the interpretation of pathology exams and difficulties in arranging for experts from different disciplines to participate in cohesive real-time multidisciplinary meetings.

"We believe that dedicated partnerships between institutions in high- and low-resource areas can nurture sustainable, comprehensive pediatric [cancer](#) programs in resource-limited settings and foster improved patient care, quality improvement initiatives, and important research," says Friedrich-Medina.

Provided by Dana-Farber Cancer Institute

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