

Effective pediatric cancer treatment is possible in the midst of a refugee crisis

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Childhood cancer is highly curable and, through collaboration, effective treatment is possible even in a crisis, according to an analysis from St. Jude Children's Research Hospital and the Children's Cancer Center of Lebanon (CCCL) at the American University of Beirut Medical Center. The report appears online today in the journal *Cancer*.

The study focused on how St. Jude and the American University of Beirut Medical Center, which have been working together since 2002 to improve pediatric cancer care in Lebanon, responded to the refugee crisis triggered by the war in Syria. Since the war began in March 2011, almost 600 non-Lebanese children have received cancer-related evaluations, [treatment](#), consultations or referrals at the Beirut medical center or through its national health-care provider networks.

The lessons learned from that experience offer a blueprint other countries can use to improve treatment of chronic conditions like cancer during national or regional emergencies, researchers said. The successful effort in Lebanon prompted St. Jude and the American Lebanese Syrian Associated Charities (ALSAC), its fundraising and awareness organization, to launch a similar collaboration in Jordan. Jordan is second only to Lebanon in its per capita population of refugees.

St. Jude researchers and ALSAC are also at work on forming a regional network to develop and implement broad, sustainable solutions for treatment of displaced children with cancer throughout the Middle East. Representatives are reaching out to key public and private stakeholders

in the region, including health care workers, social scientists, advocacy groups and international agencies, to work together and maximize the impact of ongoing efforts.

"Our experience demonstrates that effective treatment of pediatric cancer is possible even in crisis situations," said Sima Jeha, M.D., a member of the St. Jude Departments of Oncology and Global Pediatric Medicine. "As the war in Syria continued, we were able to treat more, not fewer refugees. We showed that children can be saved who otherwise would have died because they happened to have cancer at a time when their family was displaced by war.

"We showed that refugees are not at an increased risk of dying from complications of cancer treatment. They do not abandon treatment or follow-up care."

More than 1.5 million refugees have poured into Lebanon since the war in Syria began in 2011. Lebanon now has the highest per capita number of refugees of any country in the world. Officials estimate that refugees make up more than 25 percent of Lebanon's population and account for at least 90 cases of pediatric cancer each year.

Between January 2011 and May 2017, 575 non-Lebanese children with suspected cancer were evaluated at the Beirut hospital. Of those, 311 received complete or partial treatment covered by the CCCL and its partner networks. The remaining 264 patients received medical consultations, including treatment and referral recommendations.

Treatment outcomes

A majority (58 percent) of the 275 treated patients have completed treatment and were in remission at the last follow-up. The group included 62 patients who had been in remission for more than two years

since completing treatment. Twenty percent of patients were still in treatment.

Thirty-five patients (13 percent) had relapsed or experienced cancer progression. Three patients (1 percent) had died of treatment-related infections. Five patients could not be located and were lost to follow up. Seventeen patients had left Lebanon to return home or relocate to another country. Those patients were believed to be continuing treatment.

Strategic collaborations

Just as ALSAC was established as a nonprofit organization to support the mission of St. Jude, the Children's Cancer Center of Lebanon was created to support pediatric cancer treatment at the American University of Beirut Medical Center. In response to the refugee crisis, ALSAC has provided dedicated resources, shared insights and discussed best practices to support the American University of Beirut Medical Center efforts to care for displaced children with cancer. The medical center and the CCCL provided additional support, including staff, medical infrastructure, funds and advocacy.

The Children's Cancer Center at the American University of Beirut Medical Center is the leading pediatric cancer hospital in Lebanon. The medical center treats about 30 percent of Lebanese pediatric cancer patients. The foundation covers all unreimbursed treatment costs for an average of 70 Lebanese children treated at the medical center each year. The foundation also provides partial coverage, including specialty medical services, for an additional 30 to 90 Lebanese pediatric cancer patients annually.

Lessons learned

Researchers offered the following recommendations:

- Establish professional networks to encourage collaboration and expand medical services networks nationally and regionally before a crisis occurs.
- In Lebanon, the [pediatric cancer](#) provider networks were in the works before the war in Syria started. "Having these national networks in place was crucial. Health care providers and hospitals had experience working together and could be mobilized to respond to the crisis," said first author Raya Saab, M.D., of the Children's Cancer Institute at the American University of Beirut Medical Center.
- Revisit priorities as conditions and resources change.
- Initially, refugee children were eligible for treatment if their cancers were newly diagnosed, if they had not received prior treatment and if funds were available. As the crisis continued, eligibility changed and was limited to patients whose cancer was considered curable. In an effort to treat more patients, coverage ended for bone marrow transplantation, which is an expensive treatment.
- Continue to mobilize regional and international advocates to develop and support coordinated approaches for treatment of displaced children with cancer.
- "The global humanitarian response to the Syrian crisis has focused mostly on meeting basic needs," Jeha said. "Funding for non-communicable diseases like cancer has been largely nonexistent. Our experience demonstrates what is possible."

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