

# **Building a childhood cancer referral and treatment system in Ghana**

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Ghana

# Introduction



- Population over 25million
- 40% under 14 years
- Only two childhood cancer treatment centres
- Only 300 out of expected 1,000 cases report to 2 centres

# Childhood cancer cases, Accra, Ghana, Korle Bu Teaching Hospital

Total 628 over 4 year period (2009 – 2013)

- Lymphomas 30%
- Leukaemias 18%
- Retinoblastoma 16%
- Wilms 12%
- Rhabdomyosarcoma 6%
- Neuroblastoma 5%
- Others 13%

# Challenges and need for referral and treatment system

- **Late presentation**
  - **Lack of awareness** – public and health workers
  - Socio-cultural beliefs (incurable, spiritual) and practices
  - **Limited access to treatment centres**
- **High rate of untimely cessation** (abandonment) of treatment by families
- Drug costs, availability
- **Ward space for increasing referrals and accommodation**

# Late Presentation – Awareness, Access?

Age	Sex	Initial diagnosis	Final Diagnosis	DOA	DOB	Remarks
6yr	m	Burkitts lymphoma	Burkitts Lymphoma	22/5/11		On TREATMENT
10yr	m	ALL	ALL L1	31/5/11		REFERRED TO NIGERIA
8yrs	m	RT NEPHROBLASTOMA	RT NEPHROBLASTOMA	18/5/11		On treatment
5yrs	m	RT orbital tumour ? Rhabdomyosarcoma	Rhabdomyosarcoma w/ rhabdomyoma extension	22/6/11	27/6/11	Palliative care
ys	m	Bilateral orbital tumour	High grade Craniocytic Sarcoma AML	10/6/11	14/6/11	Died
ys	M	Burkitts lymphoma	Stage IV			On treatment
ys	M	RT testicular neoplasm with rhabdomyosarcoma	Biseminated testicular embryonic rhabdomyosarcoma	1/6/11	16/6/11	Palliative care
	m	RT Retinoblastoma	Metastatic retinoblastoma (AMS)	15/6/11	24/6/11	Palliative Care
	F	Pelvic tumour	Advanced spindle cell Sarcoma	21/6/11	27/6/11	Died
	M	Hepatocellular CA	Hepatocellular CA	3/6/11	14/6/11	Palliative care

- Only 3 out of 10 treated
- Reality – late presentation
- Palliative care - 4
- Early deaths – 2
- Elsewhere - 1

# Tackling the challenges

- Twinning programme with Royal Hospital for Sick Children, Edinburgh.
- Funded by World Child Cancer (WCC) initially with Africa Oxford Cancer Foundation with THET grant (2010).
- WCC with DFID funding since 2014.
- Activities included awareness creation and training programmes with selected hospitals as potential satellite treatment centres.

# Early referral - awareness

## CHILDHOOD CANCERS CAN BE CURED



**RECOGNIZE THE WARNING SIGNS EARLY:**

- White spot in the eye, new squint or bulging eyeball
- Unusual lump or swelling anywhere in the body, especially the jaw, neck, stomach or limbs
- Fever for more than two weeks, weight loss, bleeding or tiredness
- Persistent joint, bone or back pain
- Frequent headaches, vomiting or unsteady walking



**RECOGNIZE THE WARNING SIGNS EARLY:**

**Early reporting can save your child's life!**



# Partnership

- Partner MOH, GHS
  - Develop, distribute posters
- Media meetings
- Talks at other events
- CPDs for clinicians, PHNs

# Satellite centres - selection

- Geographical location
- Paediatricians with some oncology experience during residency training
- Pathology service available on site (not mandatory)
- Laboratory support
- Prospective satellite hospital visit
- Meet hospital management, paediatricians, commitment
- Tour wards, labs

# Location of satellite centres



# Process - training

- Multidisciplinary teams attend twice yearly Paediatric Oncology workshops.
  - Paediatricians, surgeons, nurses, pharmacists
- Nurse attachments at POUs.
- Pharmacist attachments.
- Data manager attachments.

# Training



# Starting care

- Discuss protocols – initiate treatment at satellite eg. Burkitt, retinoblastoma, Wilms
- Telephone contact discussions, advice.
- Onward referral if deemed necessary
- Initial treatment at hub and subsequent maintenance treatment once stable at satellite eg. Leukaemia
- Post treatment follow up

# Challenges

- Adequately trained numbers of staff
- Availability of drugs
- Supportive care
- Dedicated ward space at satellites
- Accommodation
- Funds
- Ownership by MOH/GHS to build up service

## Next - briefly

- Improving childhood cancer treatment through regional collaborations.
- SIOP Africa Collaboration – Wilms Tumour

# Summary - SIOP Africa Wilms Tumour Collaboration



# Acknowledgements

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- Organizers of W C Congress
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THANK YOU