

1. Clinical Factors, Management, and Outcomes of Patients Under 18 Years Old With Central Nervous System Tumors: Single-Center Experience in Peru

Factores Clínicos, Manejo y Resultados de Pacientes Menores de 18 Años con Tumores del Sistema Nervioso Central: Experiencia de un Solo Centro en Perú

INVESTIGADORES: Claudia Pascual Morales, Liliana Vasquez Ponce, Jose Hernandez Briceño, Esmeralda Leon Lopez, Julio Guevara Guevara, Josue Jimenez Vargas, Rosdali Diaz Coronado, Jose D Flores, Manuel Lazon Ayala.

REVISTA: J Pediatr Hematol Oncol. 2022 Sep 29. doi: 10.1097/MPH.0000000000002563.

TIPO DE CÁNCER: Pediatría

ABSTRACTO: Few reports on clinical factors, treatment, and survival in children and adolescents with Central nervous system tumors in low-income and middle-income countries in Latin America exist. We retrospectively reviewed such data in all cases of patients younger than 18 years with brain tumors diagnosed in a single tertiary care center in Peru from 2007 through 2017. Variables were analyzed for association with overall survival and event-free survival by using the Kaplan-Meier method and the Cox hazards ratio regression. Seventy-five patients' data were analyzed (40 boys, 35 girls; mean age=7.7 y). The main clinical symptoms were headache, vomiting, difficulty walking, and visual disturbances. The most frequent clinical signs were hydrocephalus, cerebellar signs, visual abnormalities, and focal motor signs. The median time to diagnosis was 12 weeks. Tumor resection was performed in 68 patients, and 37 patients received postoperative radiotherapy. The most frequent histologic subtypes were low-grade gliomas and medulloblastomas. Overall survival rates at 1 and 5 years of disease were 78% (CI 95%, 0.67 to 0.86) and 74% (CI 95%, 0.62 to 0.82), respectively, and the 5-year event-free survival rate was 62% (CI 95%, 0.47 to 0.73). Although diagnosis occurred late in our cohort, the survival rate was higher than that in other Latin American countries

2. How we approach conservative treatment of retinoblastoma in South America in the era of local ocular treatments: A consensus of the Grupo America Latina de Oncología Pediátrica (GALOP)

Cómo abordamos el tratamiento conservador del retinoblastoma en Sudamérica en la era de los tratamientos oculares locales: un consenso del Grupo América Latina de Oncología Pediátrica (GALOP)

INVESTIGADORES: Juan Pablo López Garin, Claudia Sampor, Nathalia Grigorovski, Alejandro Ceciliano, Adriana Fandiño, Diego Ossandon, Verónica Perez, Rafaela Caixeta, Joaquim Caetano Aguirre Neto, Sandra Alarcón, Sonia Silva, Luiz Teixeira, Celia Gianotti Antoneli, Clarissa Mattosinho, Carlos Leal-Leal, Guilherme Castela, Flavio Requejo, Jaume Catala, Carla Macedo, Guillermo L Chantada.

REVISTA: Pediatr Blood Cancer. 2023 Apr 14;e30352. doi: 10.1002/pbc.30352. Online ahead of print.

LINK: <https://pubmed.ncbi.nlm.nih.gov/37057832/>

TIPO D ECÁNCER: Pediatría

ABSTRACTO: Local therapies are increasingly used for ocular preservation in retinoblastoma. In middle-income countries, these techniques pose specific challenges mostly related to more advanced disease at diagnosis. The Grupo de America Latina de Oncología Pediátrica (GALOP) developed a consensus document for the management of

conservative therapy for retinoblastoma. Intra-arterial chemotherapy (OAC) is the preferred therapy, except for those with less advanced disease or age younger than 6 months. OAC allowed for a reduction in the use of external beam radiotherapy in our setting. Intravitreal chemotherapy is the preferred treatment for vitreous seeding. Enucleation is the treatment of choice for eyes with advanced disease.

3. **The COVID-19 Pandemic's impact on sustainability and expansion of a Pediatric Early Warning System in resource-limited hospitals**

El impacto de la pandemia de COVID-19 en la sostenibilidad y expansión de un sistema de alerta temprana pediátrica en hospitales con recursos limitados

INVESTIGADORES: Parima P Wiphatphumiprates, Dylan E Graetz, Gia Ferrara, Maria Puerto-Torres, Srinithya R Gillipelli, Paul Elish, Hilmarie Muniz-Talavera, Alejandra Gonzalez-Ruiz, Miriam Armenta, Camila Barra, Zulma Carpio, Cinthia Hernandez, Susana Juarez, Jose de Jesus Loeza, Alejandra Mendez, Erika Montalvo, Eulalia Penafiel, Estuardo Pineda, Virginia McKay, Asya Agulnik.

REVISTA: Cancer Med. 2023 Apr 6. doi: 10.1002/cam4.5876. Online ahead of print.

LINK: <https://pubmed.ncbi.nlm.nih.gov/37022012/>

TIPO DE CÁNCER: Pediatría

ABSTRACTO: Background: The COVID-19 pandemic impacted healthcare delivery worldwide, including pediatric cancer care, with a disproportionate effect in resource-limited settings. This study evaluates its impact on existing quality improvement (QI) programs. Methods: We conducted 71 semi-structured interviews of key stakeholders at five resource-limited pediatric oncology centers participating in a collaborative to implement Pediatric Early Warning System (PEWS). Interviews were conducted virtually using a structured interview guide, recorded, transcribed, and translated into English. Two coders developed a codebook of a priori and inductive codes and independently coded all transcripts, achieving a kappa of 0.8-0.9. Thematic analysis explored the impact of the pandemic on PEWS. Results: All hospitals reported limitations in material resources, reduction in staffing, and impacts on patient care due to the pandemic. However, the impact on PEWS varied across centers. Identified factors that promoted or limited ongoing PEWS use included the availability of material resources needed for PEWS, staff turnover, PEWS training for staff, and the willingness of staff and hospital leaders to prioritize PEWS. Consequently, some hospitals were able to sustain PEWS; others halted or reduced PEWS use to prioritize other work. Similarly, the pandemic delayed plans at all hospitals to expand PEWS to other units. Several participants were hopeful for future expansion of PEWS post-pandemic. Conclusion: The COVID-19 pandemic created challenges for sustainability and scale of PEWS, an ongoing QI program, in these resource-limited pediatric oncology centers. Several factors mitigated these challenges and promoted ongoing PEWS use. These results can guide strategies to sustain effective QI interventions during future health crises.

4. **Impact of hospital characteristics on implementation of a Pediatric Early Warning System in resource-limited cancer hospitals**

Impacto de las características del hospital en la implementación de un Sistema de Alerta Temprana Pediátrica en hospitales oncológicos con recursos limitados

INVESTIGADORES: Farris Abutineh, Dylan E Graetz, Hilmarie Muniz-Talavera, Gia Ferrara, Maria Puerto-Torres, Yichen Chen, Srinithya R Gillipelli, Paul Elish, Alejandra Gonzalez-Ruiz, Yvania

Alfonso Carreras, Shillel Alvarez, Daniela Arce Cabrera, Deiby Arguello Vargas, Miriam Armenta Cruz, Camila Barra, Patricia Calderon Sotelo, Zulma Carpio, Mayra Chavez Rios, Daniela Covarrubias, Lucy de Leon Vasquez, Rosdali Diaz Coronado, Ever Amilcar Fing Soto, Wendy Gomez-Garcia, Cinthia Hernandez, María Susana Juarez Tobias, Esmeralda Leon, Jose de Jesus Loeza Oliva, Alejandra Mendez, Kenia Miller, Erika Montalvo Cozar, Natalia Del Carmen Negroe Ocampo, Eulalia Penafiel, Estuardo Pineda, Ligia Rios, Esperanza Rodriguez Ordonez, Veronica Soto Chavez, Meenakshi Devidas, Asya Agulnik.

REVISTA: Front Oncol. 2023 May 3;13:1122355. doi: 10.3389/fonc.2023.1122355. eCollection 2023.

LINK: <https://pubmed.ncbi.nlm.nih.gov/37207162/>

TIPO DE CÁNCER: Pediatría

ABSTRACTO: Background: Pediatric Early Warning Systems (PEWS) aid in identification of deterioration in hospitalized children with cancer but are underutilized in resource-limited settings. Proyecto EVAT is a multicenter quality improvement (QI) collaborative in Latin America to implement PEWS. This study investigates the relationship between hospital characteristics and time required for PEWS implementation. Methods: This convergent mixed-methods study included 23 Proyecto EVAT childhood cancer centers; 5 hospitals representing quick and slow implementers were selected for qualitative analysis. Semi-structured interviews were conducted with 71 stakeholders involved in PEWS implementation. Interviews were recorded, transcribed and translated to English, then coded using a priori and novel codes. Thematic content analysis explored the impact of hospital characteristics and QI experience on time required for PEWS implementation and was supplemented by quantitative analysis exploring the relationship between hospital characteristics and implementation time. Results: In both quantitative and qualitative analysis, material and human resources to support PEWS significantly impacted time to implementation. Lack of resources produced various obstacles that extended time necessary for centers to achieve successful implementation. Hospital characteristics, such as funding structure and type, influenced PEWS implementation time by determining their resource-availability. Prior hospital or implementation leader experience with QI, however, helped facilitate implementation by assisting implementers predict and overcome resource-related challenges. Conclusions: Hospital characteristics impact time required to implement PEWS in resource-limited childhood cancer centers; however, prior QI experience helps anticipate and adapt to resource challenges and more quickly implement PEWS. QI training should be a component of strategies to scale-up use of evidence-based interventions like PEWS in resource-limited settings.