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Improving quality of clinical research in low income countries in sub-Saharan region. A work of the Groupe Franco Africain d'Oncologie Pédiatrique (GFAOP)

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Background and aim

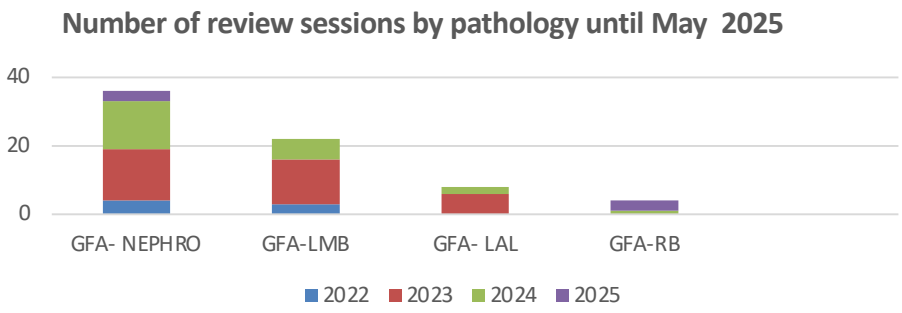
The GFAOP has developed prospective therapeutic studies, for Burkitt lymphoma (BL) and Wilms tumor (WT) since 2001, and for Hodgkin lymphoma (LH), retinoblastoma and acute lymphoblastic leukemia (ALL) since 2005.
Regular multidisciplinary case reviews bring together clinical, pathology, clinical research team, international experts to improve diagnosis, standardize treatment decisions, reduce errors and abandonment, strengthen data quality, and build local capacity for pediatric cancer care.

Methods

The ongoing GFAOP 2019/20 therapeutic studies are based on the results of previous GFAOP studies and include clinical good practice rules (National French Ethical committee (CNIL), country rules and authorizations, parental consents, ...), declaration in clinical trial.gov. as observational studies. Patients registered in the GFAOP Registry respecting the different inclusion criteria are included in the respective studies (LB, WT, LH, ALL, Retinoblastoma) and data are collected online, monitored by a data-manager. Since 2022, data are regularly comprehensively reviewed by online meetings connecting the French data review team, with local teams (pediatric oncologists, surgeons and pathologists and clinical research assistant) and French experts. All complete reviewed data are validated and "locked".

Results

8 centers included patients in the therapeutic recommendations: Dakar, Bamako, Ougadougou, Abidjan, Conakry, Antananarivo, Kinshasa, Lubumbashi



70 review sessions with 44% cases reviewed (397/897)
The majority of cases reviewed concerned Burkitt lymphoma, nephroblastoma and ALL, respectively 62%, 60% and 49%

Benefits of the reviews

- Capacity building for local teams (external experts and peers)
- Better multidisciplinary integration
- Good quality data (better knowledge on improvement of survival, toxicity rate and management, and abandonment rate)
- Analysis facilitation

Challenges

- More frequent meetings (availability of local teams especially from other department)
- Provide systematic cases pre-screening by local team before each review
- Involve resident and junior doctors to increase workforce participation

Conclusion

Multidisciplinary case reviews are essential to apply therapeutic recommendations in pediatric oncology in Africa. They strengthen teamwork, improve data quality, and should help to reduce treatment abandonment. In 2 centers with a large number of BL patients and with good quality data, it will be possible to introduce rituximab and conduct an observational study on its potential benefit.