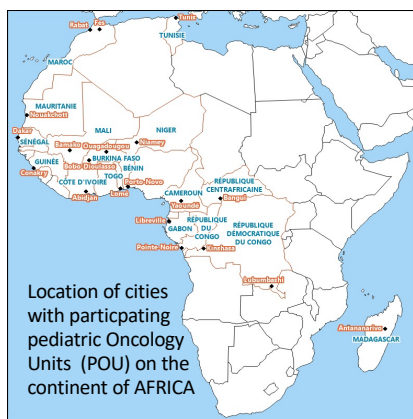# CUREALL IN ACTION: CRITICAL EVALUATION INTO THE GFAOP'S EXPANDING CHILDHOOD CANCER REGISTRY SECOND STUDY

On behalf of the GFAOP (Groupe Franco-Africain d'Oncologie Pédiatrique)

Brenda Mallon, Aissata Barry, Aléine Budiongo, Koffi Amegbor, Aichatou Mahamadou, Rolande Kaboré, Laïla Hessissen, Fatou Binetou Akonde Diagne, Robert Lukamba, Boubacar Togo, Mbolanirina Rakotomahefa Narison, Jess Elio Kosh Komba, Angèle Pondy, Benina Zein, Faten Fedhila Benayed, Francis Diedhiou, Line Couitchere, Catherine Patte,.

Location of cities with particpating pediatric Oncology Units (POU) on the continent of AFRICA

BACKGROUND

In Africa, the true burden of childhood cancer is obscured by a lack of reliable data, making it difficult to improve care and reach the CureAll initiative's 60% survival target. Our work, building on the GFAOP's centralized hospital-based cancer registry, analyzes its second phase with data from 16 pediatric oncology units revealing the complex reality on the ground. This poster explores the challenges—compounded by the COVID-19 pandemic assesses clinical capacity, tracking changes in patient outcomes, highlighting the critical need for robust data while offering actionable data to documents improvements, to improve care and outcomes and drive policy.

Aims

❖ **Track shifts in the characteristics of registered cancer cases.**
❖ **Assess the clinical capacity of participating units to diagnose, stage, and to treat.**
❖ **describe patient outcomes.**

Method

❖ **Population : children ≤18 years from 16 units**
❖ **Registered between 01/01/2019 and 31/12/2021)**
❖ **Diagnosed with a cancer based on radiologically histologically or hematological reports**
❖ **Patients who receives one round of chemotherapy or surgery or radiotherapy were considered as treated.**

Results

➢ **4,793 cases were registered,**
  ➢ 753 records excluded: diagnosis not confirmed mostly because of death or abandon
➢ **4,040 cases had a cancer diagnosed**
  ➢ 744 (18,4%) patients were not treated
  (263 (6,5%) refused treatment and 424 (10,4%) died or their illness was considered too advanced)

Most frequent cancer types;
1. **Retinoblastoma:** 18.8% (758 cases), 70% confirmed histologically
2. **Burkitt Lymphoma:** 15.8% (640 cases) confirmed.
3. **Nephroblastoma:** 15.4% (623 cases), 63% confirmed histologically.
4. **Acute Lymphoblastic Leukemia** : 13.2% (535 cases).
- Hodgkin Lymphoma: 3.5% (143 cases) confirmed.
- Brain Tumors: 2.9% (116 cases), 62% confirmed histologically .

Key Findings: Unit-HeterogeneityCapacity to Stage:
  • **North Africa (Rabat):** 89% of cases staged.
  • **Sub-Saharan Africa:** 68% of cases staged.

Overall survival at 12, 24 and 36 month intervals for the 5 cancer cases targeted by the OMS in the CureALL initiative.

Cancer type	At risk	12 months	24 months	36 months
	N	OS [95% CI]	OS [95% CI]	OS [95% CI]
Sub Saharian Africa				
ALL	279	43 [37 - 48]	28 [23 - 33]	23 [18 - 28]
Hodgkin Lymphoma	56	92 [81 - 97]	82 [68 - 90]	76 [60 - 86]
Burkitt Lymphoma	378	46 [41 - 51]	42 [37 - 47]	39 [34 - 44]
Retinoblastoma	287	51 [45 - 57]	43 [37 - 50]	41 [34 - 47]
Nephroblastoma	297	62 [56 - 68]	55 [49 - 61]	52 [45 - 58]
North Africa				
ALL	121	85 [77 - 90]	78 [70 - 85]	71 [62 - 78]
Hodgkin Lymphoma	38	89 [74 - 96]	86 [70 - 94]	86 [70 - 94]
Burkitt Lymphoma	47	85 [71 - 93]	83 [69 - 91]	83 [69 - 91]
Retinoblastoma	28	89 [70 - 96]	89 [70 - 96]	89 [70 - 96]
Nephroblastoma	37	86 [71 - 94]	83 [67 - 92]	83 [67 - 92]

Key Findings: PO Unit-Heterogeneity
• **Diagnostic Confirmation:**
  • **North Africa (Rabat):** 97%.
  • **Sub-Saharan Africa:** 68%.
  • **Newer POUs:** 65%
• **Treatment Refusal/Abandonment:**
  • **Treatment Refusal:** Ranges from 1.5% (Rabat, Dakar) to 29% in Sub-Saharan.
  • **Treatment Abandonment:** Ranges from 3.3% (Dakar) to 26%.

Conclusion

•**Significant disparities between North and Sub-Saharan African units, highlighting the need for specialized training and infrastructure.**
•**Local collaborations show promising results in reducing treatment refusal and abandonment.**
•**COVID-19 pandemic negatively impacted staffing and resources, probably hindering improvements in diagnosis.**
•**Compared to the first study, improved training significantly increased accuracy of staging and overall data quality.**
•**Despite challenges, encouraging survival rates for certain cancers prove that the 60% survival target is achievable with sustained support in these untis.**