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IPSO Newsletter January 2008

IPSO/SIOP Meeting 2007 in Mumbai, India

Pre-Congress Paediatric Surgical Oncology Workshop; Mumbai 28th/29th October 2007

Drs. Susmitha Bhatnagar and Sajid Quereshi devised an ambitious pre-conference programme at Tata Memorial Hospital in Mumbai with the aim of exposing local trainees to different techniques in the surgical management of cancer and to venous access procedures in children with cancer. Overseas visitors Dietrich von Schweinitz from Munich and Larry Hadley from Durban, both members of the International Society for Paediatric Surgical Oncology (IPSO), were registered with the Indian regulatory authorities and participated in the selected surgical procedures after permission for their involvement was given by the parents.
Local senior surgeons demonstrated venous access procedures as well as participating in various operations. Professor von Schweinitz demonstrated his techniques in the surgical resection of neuroblastoma, elegantly performing two difficult procedures. Larry Hadley resected a Wilms tumour. Sajid Quereshi admirably performed total thyroidectomy with lymph node dissection in a child with papillary carcinoma and pulmonary metastases who was being prepared for radio-iodine ablation of the lung lesions.
Intraoperative discussions between the operating surgeons and the more than 30 registered delegates in an adjacent lecture room were moderated by overseas Faculty including Dan Aronson and Baskar Rao from IPSO, and were lively and informative.
Edited videos of procedures that could not be included in the live demonstrations due to time constraints were among others shown by Dr Keith Holmes from London.
Panel discussions moderated by Dr Bhatnagar allowed delegates further opportunity to debate issues relevant to the surgical care of children with cancer with pathologists, radiotherapists, medical oncologists and overseas surgeons. Such workshops are apparently common in India and form an important training resource. There was consensus that the exercise was well worth the enormous effort of putting it together and it is hoped that similar workshops could become a feature of future IPSO meetings.
The whole team, particularly anaesthetic colleagues, OT nurses and the post-operative care units, functioned with great skill and patience and has earned our gratitude. The administration of Tata Memorial Hospital was most accommodating and supportive. The benchmark has been set!!!

Impressions of the IPSO meeting, Mumbai, India October 29-November 2, 2007

Any surgeon with an interest in the care of children with solid tumors could have found no better place to be than Mumbai, India during the recent SIOP meeting. In a superlative program there were a number of surgical highlights: a pre-Congress surgical workshop organized by Sushmita Bhatnagar, a Keynote lecture delivered by IPSO president-elect Larry Hadley, and an IPSO program with many excellent surgical papers.

First up was the surgical workshop – not officially a part of the SIOP program but organized to tie into the meeting and featuring surgical demonstrations as well described above. It was like a problem case session on steroids with our experts not only called on to give advice on confounding and difficult surgical oncology problems but then put their advice into real-time live action. To no ones surprise they performed beautifully.

Next in line was the outstanding IPSO surgical program. There were many excellent abstracts. Two of note that shared the annual Wright Medical Award for best abstract were "*In vivo cancer cell trafficking in childhood rhabdomyosarcoma metastases*" from Joerg Fuchs unit in Tubingen presented by Guido Seitz and "*Cost effective limb salvage in osteosarcoma in the developing word*" from the orthopedic oncology unit at Tata Memorial Hospital presented by Ajay Puri. The Best Poster Awarded was *"GIST - Is primary surgery justified?"* by Sushmita Bhatnagar, from the Pediatric Surgical unit of Bai Jerbai Wadi Hospital for Children in Mumbai.

Finally president-elect Larry Hadley delivered a Keynote lecture on ***"Wilms Tumor in countries with less resources'.*** With oratory skills that match his operative prowess he spoke with optimism of the difficulties and challenges but also the successes and rewards of delivering first world medical care in an environment where economic and political pressures and social customs make that a very complicated task.

Can this meeting be surpassed? Next on the IPSO agenda – May 28 to June 1, 2008 - is the quadrennial IPSO/APSA collaboration which will feature an alternative Indian setting – the desert Southwest US, land of the Navajo- and will be just as outstanding as the recent SIOP meeting and previous IPSO/APSA programs. Panels with experts from APSA, COG and IPSO have been planned on topics including Wilms Tumor management, Challenges of Neuroblastoma, and Surgery for Local Control of Visceral Solid Tumors. Excellent abstracts and posters will round out a one-and-a-half day oncology program. To this is added the remainder of the APSA meeting covering all important aspects of pediatric surgical care. You do not want to miss this meeting.

Minutes of the IPSO Business Meeting – Mumbai, India, November 1, 2007

33 IPSO members were present; Apologies: Hélène Martelli

1. **Opening** at 18:15 PM
2. **Minutes IPSO meeting 2006 (Geneva)** The minutes of the AGM-2006 were approved by the Membership, and signed by the President.
3. **Report from the President** Mr. Spicer emphasized that a long agenda had to be discussed by the membership in a relatively short time span, so he urged everyone to remain concise in the discussions. The most important part would be the changes of the statutes as proposed last year that had been discussed at the AGM in Geneva, and had been sent around in the IPSO newsletter. They were put under 5. on the agenda.
4. **Report from the Treasurer** The treasurer presented the financial balance. IPSO's financial situation is healthy, with E 20,000 on the account. Part of this money is dedicated to the creation of the IPSO website. There is a small proportion of members who have not paid their dues for up to 3 years. It has been decided

in the EC, that a letter will be sent to these members to inform them that their membership will be terminated this December, if they have not paid their dues by then.

5. **Vote for the proposed changes of the Statutes (Hadley/Haase)**
Election of a new EC members in 2008 (depending on decisions taken at 5.) There were no objections to the statue changes proposed by the Statue Committee. Therefore no election took place to replace Alessandro Inserra, who was thanked by the President for his contributions to the Executive Committee.

6. **Election of the new Program Director – Nominee: Jan Godzinsky** Jan Godzinsky was elected as Program Director, and was congratulated by the President.

7. **Election of the new IPSO President – Nominee: Larry Hadley** Larry Hadley was elected as the new President, and was congratulated by the present President.

8. **Election of new Members. New Applicants for the IPSO membership:**
No objections were raised by the Membership to any of the IPSO membership applicants below:

Mr. Suren ARUL, Birmingham, UK (sponsors: Spicer / Squire)
Ajay PURI, Mumbai, India (sponsors: Aronson / Rao)
Paul D. LOSTY, Liverpool, UK (sponsors: Walker / Squire)
Manjusha G. SAILUKAR, Mumbai, India (sponsors: Rao / Aronson)
Gideon KARPLUS, Haifa, Israel (sponsors: Rao / Aronson)
Roxana RASSOULI, Groningen, NL (sponsrs: de Langen / Aronson)
Sajid Shafique QUERESHI, Mumbai, India (sponsors: Aronson / Rao)
Kenneth William GOW, Seattle, USA (sponsors: Rao / Aronson)
Huanmin WANG, Beijing, China (sponsors: Rao / Aronson)
Gloriamaria GONZALEZ GARCIA, Santiago, Chile (sponsors: Spyridis / Rao)
Gabriel APRODU, Rumania (sponsors: Filip / Aronson)

With applause from the membership, the President welcomed them as new IPSO members

9. **Recruitment of new IPSO members** The President emphasized the importance of new member recruitment to strengthen our Society and improve our financial situation. Every member should try to recruit one new member per year!

10. **The IPSO website** Roley Squire is in the lead to organize the IPSO website. A concept list of requirements for the website has been made with input of EC members. The idea is to include the Membership Directory and the Rare Tumor Registry in a part of the website that is only accessible for members. He will collect the various offers to have the website built, and compare costs. The goal is to have the website up and running by 2008.

11. **Future Oncology Meetings: IPSO at EUPSA 2008 Istanbul, turkey – interactive Oncology Course part I (Aronson); Combined IPSO/APSA meeting, Phoenix, Arizona, USA, 2008 (Broecker)** Aronson: The first oncology course (in three parts) has been given now as a pre-meeting course at the EUPSA meeting. The course has been highly rated by the participants, and this year in Torino, the EUPSA board has decided to continue the course, which now has become an established part of the European meeting.
Broecker: Although the IPSO/APSA abstract dead line has just passed (oct 15th), Broecker announced the meeting to the IPSO membership. The APSA people are very enthusiastic. Registration will only be for the whole meeting. It will be informed if the IPSO membership can have the same reduced congress fee as the APSA membership.

12. **Program Director: IPSO 2008 at Berlin, Germany** The EC has asked Joerg Fuchs to contact the president of the Local Organizing Committee (Berlin) and Professor Mau to find a local Surgical Representative to help organize next years IPSO meeting.

13. **PBC (Pediatric Blood and Cancer); subscriptions, future relations** The IPSO President and Secretary had their annual meeting with Bob Arceci to discuss matters of interest for IPSO and PBC. Three items were put on the agenda: (1) Surgical input in PBC, (2) Surgical representation in the Editorial Board, and (3) double subscriptions. (1) PBC was enthusiastically interested in our proposal for theme-centered issues (i.e. solid tumors) with invited surgical editorials. (2) Surgeons on the editorial board can either be linked to IPSO function (i.e. President, Secretary, Surgical Representative of the SIOP Scientific Committee) or be invited on personal title. (3) The issue of the double subscriptions will again be clarified between Wiley (the Publisher) and Rosalinde Kennis.

14. **The Pedoncology yahoo chat-group** (http://groups.yahoo.com/group/pedoncology) **under the flag of IPSO? (Manjusha Sailukar)** The Pedoncology yahoo chat group was introduced to the membership at the

AGM by its founder (Manju). It was encouraged that this chatgroup and the chatgroup linked to the Indian Association of Pediatric Surgical Oncology unite to one. Next year will be decided whether IPSO will tag its name on and thus may link up with the Indian Association.

15. **Any other business** The President thanked Larry Hadley for all the work he had done as our Program Director organizing meetings of high standards. He also thanked Sushmita Bhatnagar for her input as our local Surgical organizer, and the local organizing committee for the novelty of the Pediatric Surgical hands-on workshops.
16. **Adjournment** at 19:05 PM

From the Treasurer

By the end of February, the letters of dues will be sent out to the Membership. There is always some confusion about the membership number asked on the form. This form is also used by SIOP for SIOP members and refers to the SIOP number, BUT NOT to the IPSO number. Thus, with the payment of IPSO dues, no membership number has to be added!
Please be prompt with your payment this time and make sure you also pay your outstanding dues if there are any. Payments are easy and can be done with credit cards, so there should be no excuse. The IPSO memberships will be stopped, if payments have not been received for three years!
As has been decided in the EC and been discussed at the AGM (see minutes #4), a letter was sent to members who had not paid their dues for three years or more, to inform them that unless we received the outstanding fees (or a letter of explanation with a payment plan) before the end of December 2007, we had to presume that person no longer wished to remain a member of IPSO. In the mean time these memberships have been ceased.

Fund raising for the IPSO/SIOP meeting

The Executive Board would like to ask all members to try and contribute to Fund rising for our annual meeting. You can contribute by contacting any (medical) firm you regard as a potential donor that would be receptive to sponsorship. In case of a fruitful contact, please pass this information to either our Program Director (jgodzin@wp.pl), President (Richard.Spicer@ubht.nhs.uk), or to the Secretary (d.c.aronson@amc.uva.nl).

From the Secretary

Please remember to forward any change of address and/or affiliation ASAP to the IPSO secretariat!

Who of you is aware of the new address of the following IPSO member

- dr. Edson Michalkiewicz, Brazil (formerly from Curitiba)

Note that this year's dead line for the IPSO abstracts is March 20th. Presentations for the difficult case session can be submitted without abstract at the meeting. They must fit within one of the following categories. *'Cry for help', 'the most stupid thing I ever did', 'a good trick that can be of anyone's use'*, or *'follow up from the good advice you gave me last year'*.

The final preparations of the **IPSO/APSA meeting** have started! We all would like and will expect to see a robust participation of IPSO members!

News from the Program Committee

Dear Friends,

First of all, my best wishes for the New Year to all of you, your families, friends and teams.
The last IPSO Meeting in Mumbai appeared to be a fruitful and interesting part of the 39th SIOP Congress. Again, Larry Hadley as Chairman of the Program Committee did a wonderful job. After Larry stepped down as Program Director, I had honour to be appointed to that position.

Time is running fast and we should start thinking on the next IPSO Meeting which will be held in Berlin, together with the SIOP Congress (Estrel Convention Center Berlin, October 1-6, 2008). I do hope that the program for this meeting will be as good as the one in Mumbai. I also believe that the general organisation of the surgical activities is well established. We have our conference rooms full of participants being not only surgeons, enough time for interesting discussions and joint sessions with other specialists. We also have the tradition of our „brain storming" problem cases session, and probably the best social surgical evening.
This year the IPSO meeting will start 2 days earlier than the SIOP Congress: On day -2 Joerg Fuchs invites you for a pre-congress video workshop on Surgical Oncology. There is little time to submit good educational videos (see ´news from the local organizing committee´). Day -1, the actual first day of IPSO, will contain sessions composed of the accepted presentations. We do not suggest any special topic but we will try to compose sessions grouped around presentations with similar subjects. I would like to encourage all of you to send also some papers on surgical techniques applied in paediatric oncology. That might include both the techniques of procedures (biopsies, resections, reconstructions etc) as well as the use of new instruments and devices. A session on surgical (innovative?) techniques could be very interesting. For day 1 (= IPSO day 2), Dietrich von Schweinitz, our IPSO representative in SIOP Scientific Committee, pre-planned two sessions together with other specialists: radiation oncologists and paediatric oncologists,. Those sessions will be made of invited lectures by experts in those fields supplemented with submitted abstract that fit well with the general subject of these sessions. The subject for those PROS-IPSO and PROS-SIOP-IPSO sessions, will be soft tissue sarcomas – constantly very challenging due to a variety of related aspects.

Finally, the appointed local organizing Surgeons, dr, Petra Degenhardt and dr. Winfried Barthlen, will most certainly come up with a wonderful Surgical Social Event for all of us, maybe a little tired of scientific activities after 3 busy days.
Please do not forget that the 40th SIOP Congress will last longer than the IPSO part of the meeting, and will surely also include a number of other subjects interesting for surgeons who deal with Paediatric Oncology.

Waiting for wonderful surgical abstracts, and to meet all of you in Berlin!

Jan Godzinski, Program Director

News from the local organizing committee (IPSO 2008, Berlin)

Dear colleagues,

The 40th SIOP congress will be held from October 2-6, 2008 in Berlin. The local organizing committee is planning an interactive video session on surgical procedures in pediatric oncology. The location is Charité Campus Virchow Augustenburger Platz 1 13353 Berlin. This session will be organized by PD Dr. Steven Warmann and myself. The local surgical organizers PD Dr. Barthlen and Dr. Degenhardt support us. The

duration of the session is approximately 4-5 hrs. The main purpose of the session should be educational and speakers should inform residents and fellows about relevant surgical procedures in oncological diseases.
The presenters should focus their videos on main steps in surgical techniques, tricks and especially difficulties during surgery. The case presentation should include all preoperative diagnostics and the postoperative follow up. The duration of the presentation should not exceed 20 min. For each presentation the time for discussion is 10 min. The **deadline** to send the complete video/DVD to Tübingen will be **March 1, 2008**.
The SIOP scientific committee needs the precise program before the January 18, 2008!!! So we would like to encourage you to **send us an email before Jan 18** (joerg.fuchs@med.uni-tuebingen.de) with the following information:

Key word: IPSO – video session SIOP 2008 Title: Duration: Presenter:

Until now we already have videos on the following themes:

- Liver resection and sternotomy (Fuchs/ Warmann – Tuebingen)
- Resection of a bilateral Wilms´ tumor (v. Schweinitz – Munich)
- Resection of a Wilms´ tumor with cava thrombosis under circulary arrest (Fuchs – Tuebingen)
- Laparoscopic resection of Wilms´ tumor (Mc Kinley- Edinborough)

We hope the video session will allow an intensive discussion regarding standard and advanced surgical procedures as well as in difficulties an the pre- and postoperative treatment.
Thank you for your cooperation.

Prof. Dr. med. J. Fuchs, Executive Committee member

Presidents Corner

I hope you all enjoyed the Annual Meeting in Mumbai as much as I did; a fine blend of scientific activity, innovative educational presentations and the opportunity to interact and compare notes with colleagues from other countries, in particular to meet many Indian Surgeons and to understand the difficulties they face in trying to establish Paediatric Surgical Oncology in their country.

The numbers of their patients are enormous and collecting statistics and data a great initial problem which they are starting to tackle. Most solid tumours in Indian children are not operated on by Paediatric Surgeons and establishing the principle of sub-specialisation and Regional Specialist Centres is a sine qua non for the improvement of survival and quality of life for Indian children with cancer, which is going to be a long and difficult struggle. A few pioneering Indian Surgeons have embarked on this mission; it was a privilege to meet them and they should have the full support of our surgical community.

Those of you who attended Larry Hadley's masterly lecture were treated to a feast of thought- provoking facts, deep reflection and lively humour. He used Wilms' tumour as a paradigm for the many challenges, both medical and political, that we face in our day to day practice across the world. Larry promises to be a most excellent successor to me as your future President.

A few months before Larry's lecture, the medical press had aired some anxiety regarding the differing outcomes for children with cancer in developed countries. It is self evident that in developing countries a

number of factors compromise the survival of children; poverty, infectious diseases, poor nutrition, lack of infra-structure and suitably skilled staff and, sadly, armed conflict. A recent study of 42 countries in sub-Saharan Africa demonstrated that 50% of them were suffering, or had recently suffered, armed conflict and that this statistically strongly correlated with child and maternal mortality in those countries.

Returning to the situation in developed countries; the perspective here is inevitably altered by the fact that the incidence of childhood cancer is slowly increasing and has for some years been the principal cause of childhood mortality. As most childhood cancers are eminently treatable it is becoming apparent that treatment is often sub-optimal and that survival rates could be improved. The factors involved here are not always predictable. It is generally agreed that increased funding for clinical trials could improve results but again politics comes into the cost/benefit equation. Many Governments, both in developed and developing countries, spend more on "defence" than they do on health.

In the USA inequality of insurance provision and access to care is a problem which should not apply in the UK, however other factors are operating in the UK, one of which is that since devolution standards of care vary between England, Scotland, Wales and Northern Ireland; we no longer have a truly "National" Health Service. Furthermore there appears to be demonstrably worse survival rates for certain childhood tumours in the UK compared with some other Western European countries. There is not universal agreement about how these differences are to be explained but, to pick out two possible factors, firstly in some countries children are routinely examined by a Paediatrician (this does not happen in the UK) and therefore Wilms' tumours are diagnosed at a later stage in the UK. Secondly there is another side to this coin, routine examination may detect good- prognosis asymptomatic neuroblastomas which are destined to regress and will therefore improve survival statistics compared to those in the UK.

So, as I have previously mentioned, we all work in a variety of medico-political environments and strive to do our best within these. The mission for IPSO is to collaborate and facilitate our efforts for the benefit of the children of the world. My very best wishes to you all for your endeavours in 2008.

Richard Spicer, President

APPLICATION for IPSO membership

(please print)

NAME OF APPLICANT

TITLE

AFFILIATION

ADDRESS

NATIONALITY

PHONE NUMBER

FAX NUMBER

E-MAIL ADDRESS

NAME OF SPONSOR 1

NAME OF SPONSOR 2

PLEASE RETURN WITH YOUR small C.V. TO THE IPSO SECRETARIAT

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