

IT TAKES A VILLAGE

By Paula A. Kiberstis

A cancer diagnosis that forecasts a premature end to a patient's life is often described as unfair. When that patient is a child who has not yet fully experienced life, the diagnosis is not just unfair—it is tragic. The good news is that the cure rate for pediatric cancer in high-income countries is greater than 80%.

But global statistics are more sobering: In low- and middle-income countries, the average cure rate is less than 30%.

This special section features research aimed at improving the health of all children with cancer. A key discussion point is why most pediatric cancer patients have not yet benefited from the new “targeted therapies” that have shown promise for adult cancers. There are several underlying reasons. The genetics and biology of pediatric cancers are distinct from those

of adult cancers. The design and pace of clinical trials that evaluate new therapies in adult cancer patients are not optimal for pediatric cancer patients. Additionally, because many pediatric cancer subtypes are rare, they do not attract the attention of drug companies. Researchers are working vigorously to address these challenges. They are also studying adult survivors of pediatric cancer who are experiencing adverse health effects caused by the aggressive treatments they received decades earlier. Finally, researchers around the world are exploring the reasons for the global disparities in pediatric cancer outcomes.

Although the challenges facing the pediatric oncology community are diverse, a common theme in proposed solutions is the requirement for collaboration—be it through sharing of data, expertise, or resources. Making progress will take a village.

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A 2-year-old child being treated for a brain tumor. Brain and spinal cord tumors account for ~25% of childhood cancers.

It takes a village

Paula A. Kiberstis

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