

A REVIEW OF TIME TO INITIATION OF RADIOTHERAPY IN PEDIATRIC NEPHROBLASTOMA AND ANALYSIS OF REASONS FOR DELAYS

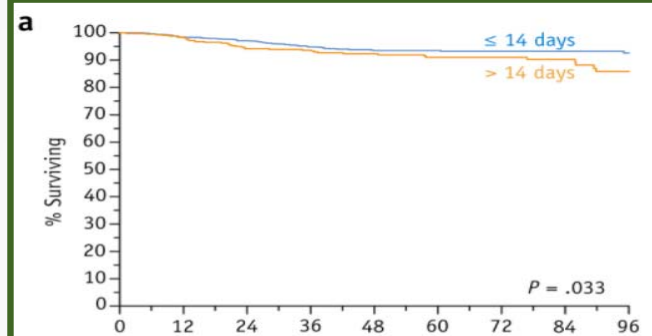
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INTRODUCTION

Nephroblastoma is the most common childhood abdominal malignancy with good survival rates as a result of timeous delivery of the treatments including radiation therapy, ideally within 9 days post-surgery. Delays in treatment can negatively affect outcomes and should be avoided where possible.

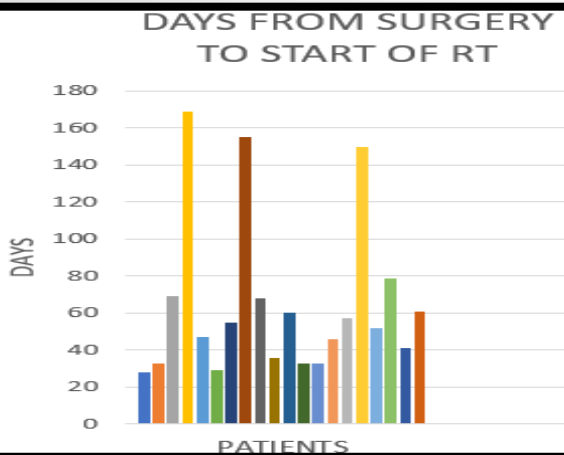
METHOD:

- A review of all pediatric nephroblastoma cases for the last 5 years was performed.
- Primary endpoint: mean time from surgery to initiation of radiotherapy
- Secondary analysis included:
 - ❖ Time from surgery to histology
 - ❖ Time from surgery to 1st visit
 - ❖ Time from 1st visit to scan
 - ❖ Time from scan to initial of therapy
- Evaluation of possible causes for delay

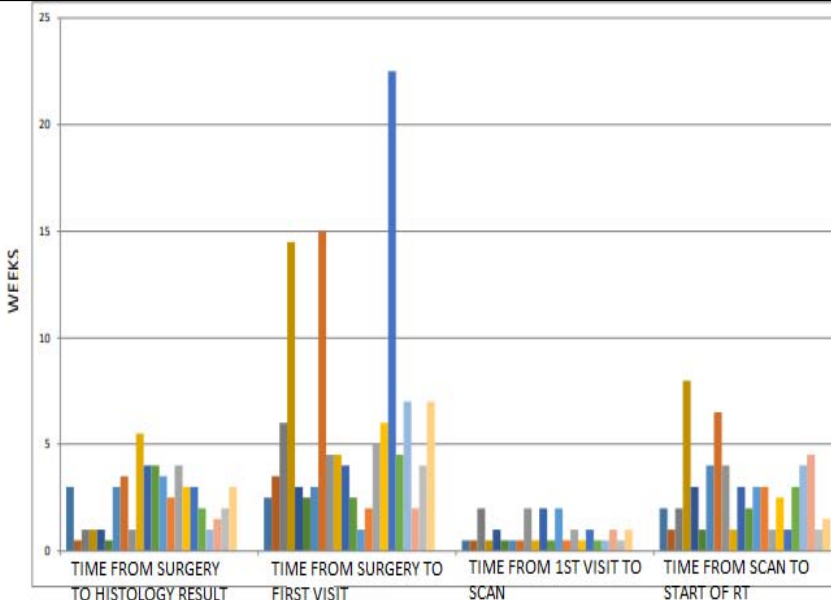
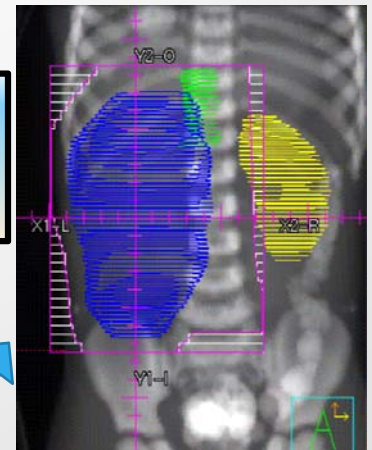


Kaplan-Meier curves depicting overall survival with a surgery to radiation therapy interval of ≤14 days versus >14 days⁽¹⁾

RESULTS



Typical example of a radiation port for nephroblastoma



CONCLUSION

Significant delays in the initiation of radiotherapy for pediatric patients with nephroblastoma exist. The most common causes for delayed referral included prolonged post-operative course; delays in histological diagnosis and delayed referral. Long term follow up is necessary to evaluate the negative prognostic impact this will have on recurrence rates and overall survival for these patients