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A Brief Report on Pediatric Cancer Diagnosis

Michael Caddel*

Department of Radiology, University of Wisconsin, Madison, USA

Description

Data to support evidence-based methods in the delivery of patient/family education in the setting of a new children cancer diagnosis are in short supply. Lack of efficient patient/family education has the potential to adversely affect both patient and clinical trial outcomes, as the majority of cancer treatments for children are conducted in pediatric oncology clinical trials. The Children's Oncology Group Nursing Discipline assembled an interprofessional expert panel from both inside and outside of pediatric oncology to review the evidence that is currently available and emerging as well as to develop expert consensus recommendations regarding synchronizing patient/family education practises for newly diagnosed pediatric oncology patients across institutions [1].

A significant predictive factor for children with cancer is their nutritional status. To make sure that the patient's nutritional condition does not worsen, an assessment that includes anthropometry, biochemistry, clinical evaluation, and diet is required at the time of diagnosis and on a frequent basis. Assessment in underdeveloped nations will be based on the accessibility of all resources, but monitoring is crucial. It is possible for malnutrition to worsen while receiving therapy, and there are many potential causes [2]. For children with cancer, nutrition is a deciding element that can affect their prognosis.

This review of research that reported PC timing in the pediatric oncology population is systematic. The PubMed, Web of Science, CINAHL, and PsycInfo databases were also searched. Two researchers independently identified and examined studies that provided data on the time of PC commencement. Studies that described pilot projects, were released before 1998, were not written in English, or lacked empirical data on PC usage were eliminated. Data from the sample's characteristics and the timing of PC discussion and initiation were extracted. The study cohort consisted of 16 publications that met the inclusion requirements out of the 1120 discovered citations. Prior to passing away, 54.5 percent of pediatric oncology patients received some kind of palliative care. Information showed PC is not discussed until late in the course of the illness, and PC is not initiated until just before death [3].

Despite efforts to encourage early initiation, many pediatric oncology patients do not receive any palliative care services, and those who do, typically do so close to the time of death. Both the first PC discussion and the PC start-up experience delays. The complicated factors that influence PC use over the illness timeline must be taken into account in efforts for early PC integration. In the past two years, numerous prospective clinical sequencing studies in pediatric oncology have been published [4]. These studies established the viability of clinical sequencing and identified a rate of actionable mutations that supports the creation of precision trials for pediatric cancer and with a better grasp of the therapeutic impact of connecting tumor profiling to the choice of targeted medicines, the main findings of the first round of pediatric precision oncology clinical trials.

The combination of clinical and sequencing data from these trials, as well as the findings of biological studies connected to these trials, will lead to additional insights and increase the possibilities for precision treatment for children with cancer. This article will evaluate a number of precision medicine trials that have recently been finished, are now being conducted, or are in development, with an emphasis on the design elements of precision medicine trials that are pertinent to pediatric oncology. It includes clinical studies evaluating the clinical impact of targeted therapy matched to genetic abnormalities discovered by tumor profiling and discusses recent developments and distinctive obstacles in precision medicine for pediatric malignancies [5].

References

1. Steering Committee of the European Association for Palliative Care. "IMPaCCT: standards of paediatric palliative care in Europe." *Eur J Palliat Care* 14 (2007): 109-14.
2. Behrman, Richard E and Marilyn J. Field. "When children die: Improving palliative and end-of-life care for children and their families." (2003).
3. Hunter, Lindsey, Emma Sparrow, Neena Modi and Anne Greenough. "Advancing child health research in the UK: The Royal College of Pediatrics and Child Health Infants' Children's and Young People's Research Charter." *Arch Dis Child* 102 (2017): 299-300.
4. World Health Organization. "Cancer pain relief and palliative care in children." World Health Organization 1998.
5. Committee on Bioethics and Committee on Hospital Care. "Palliative care for children." *Pediatr* 106 (2000): 351-357.

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***Address for Correspondence:** Michael Caddel, Department of Radiology, University of Wisconsin, Madison, US; E-mail: m.caddel98971@gmail.com*

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