



生命小戰士會會訊

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Little Life Warrior Society Newsletter 07/2004

香港中文大學兒科學系威爾斯親王醫院包黃秀英兒童癌症中心 G15 室

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未接受骨髓移植前的柏森(左四)，接受浩源(左三)及探訪小組的精神支持。
Before having bone marrow transplant, Pak Sum (4th from left) was visited by Ken (3rd from left) and the visiting group members.



與你在一起 You Are Not Alone



當我們身處逆境，若有過來人鼓勵及打氣，我們會感到自己並不孤單，將會更有信心面對困難。兒童癌症病童的家屬面對的壓力和挑戰遠比其他人為多，因此更需要建立彼此支持的群體，交流經驗及學習怎樣照顧病童。

本會自從2002年4月成立以來，一直以達到彼此扶持及互相鼓勵為目的。我們經公開招募組成的探訪小組，曾於日間病房舉行每月例行探訪及茶會，以舒緩住院病童及家長的壓力。若有新症病童希望康復者前來探訪，本會義工亦會盡快作出安排。

雖然期間曾受沙士疫情影响，探訪活動被迫暫停，但兩年多以來，小組的探訪時間已超過300小時，舉行了11次例行探訪及茶會，探訪新症共28個。透過這個計劃被關懷的病童和家屬，都深受鼓舞；原來同路人的支持和關心，是其他服務不能替代的。



When times are hard, we feel more confident and less lonely with support from others who have gone through a similar experience. This is particularly true for the families of child cancer patients because they have to face far greater difficulties and are under heavier pressure than most people.

Since it was established in April 2002, our Society has served as the nerve centre for such a network. Our visiting groups have clocked over 300 hours of voluntary work over the past two years. They have organized 11 tea gatherings. In addition, cured patients have met with a total of 28 new patients.

Child patients and their families have expressed their appreciation of the programme, from which they derived much encouragement and comfort. Many of them feel that the friendly support from people who had endured similar hardship is irreplaceable.

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「敬醫、敬親、互關心」

本會與愛心童樂營合辦之週年聯歡會，將於8月22日下午3時至7時，假香港中文大學醫學院公共衛生學院大樓舉行。當日除了舉行週年議會，還有精彩表演及晚餐，歡迎會員踴躍報名參加。

Respect and Care

The Annual Gathering "Respect and Care" and the AGM, co-organized with Camp Quality Hong Kong, will be held on 22 August at 3-7 pm at School of Public Health Building, Faculty of Medicine, the Chinese University of Hong Kong. The programme will also include performances and a dinner. Please come and join us!





適時開解最受用

鄧周美潤 探訪小組召集人(2002-04)

是什麼動力驅使我全情投入本會的「探訪工作」？因為我仍清楚記得兒子樂軒初病入院，我並不認識馮浩源的母親，但她卻主動教我怎樣為病童預備湯羹。我十分感激她的友善關懷，於是決定以後有機會也要同樣幫助其他家長。

樂軒得病幾個月後的一天，我抱著樂觀的心情，帶他回兒童癌症中心覆診。一位病童的父親走前來問我：「你們心情那樣輕鬆，是否孩子經已康復？」於是我告訴他：「孩子仍未完成所有療程，不過只要你對醫護人員和自己有信心，永遠積極樂觀向前，一定可以戰勝病魔。」經過簡單幾句說話的開解，看見對方似乎如釋重負，令我明白家長之間的支持是很有意義的。

身為探訪工作的召集人，有時會感到頗吃力，因為每當院方致電通知有新症病童需要探訪，我便要盡快聯絡合適的康復者前往病房。由於目前參與探訪工作的會員人數不多，加上他們大都需要上班或上學，所以必須招募更多新血加入。2003年受沙士疫情影響，探訪工作被迫暫時停頓下來。盼望醫院所有警報除下後，例行探訪工作可以恢復正常。

註：盧謝慕清已於2004年6月起接任為探訪小組召集人



探訪小組為住院病童舉行聖誕茶會，左至右：李寶蓮、張黃希鸞、葉樊靜儀、盧俊鈞、黃何歡容、黃景勳、鄧樂軒、鄧周美潤、黃卓軒。

The Visiting Group holds a tea gathering in the daytime ward of the CCC. From left: Pauline Lee Po Lin, Candice Cheung, Ip Fan Ching Yee, Lo Chun Kwan, Wong Ho Foon Yung, Wong King Fan, Tang Lok Hin, Elaine Tang, Wong Cheuk Hin.

同路人帶來積極訊息

朱頌揚母親

頌揚六個月大時患上神經母細胞腫瘤，當時我們感到很擔心。護士長問我們是否願意接受其他家長探訪，我們便欣然答應。後來得到劉素均母親在百忙中抽空探望，她告訴我們她的女兒也是在嬰兒時期患上同類腫瘤，現在情況已經穩定下來。這位過來人的經驗分享很有用，令我們心情豁然開朗，對接受治療的信心大增。現在兒子已經完成所有療程，十分多謝曾經支持我們的「同路人」。



朱頌揚 Chu Chung Yeung

辛苦中仍有盼望

倩儀母親

倩儀患上罕見的尤因氏瘤，現正接受治療，因此很希望曾患同類癌症的病友和家長跟我們分享經驗。經過醫生及探訪小組的安排，陳女士和康復者歐陽錦華分別到訪。他們都鼓勵我們堅持下去，並提出一些有關健康飲食的意見。雖然現在經常進出醫院很辛苦，但是我們充滿盼望。既然以往的病人可以康復，現在的醫療技術比以前更先進，相信女兒也一定可以早日康復。

探訪小組招募組員

你是否希望將自己的奮鬥經歷與人分享，讓他人也得著鼓勵？誠意邀請你加入探訪小組，詳情請電2632 1262與陳慧恩小姐聯絡。

Just at the Right Time

Elaine Tang Convener of the Visiting Group (2002- 04)

What has driven me to devote myself to the Visiting Group? I can still remember what happened when my son, Lok Hin, was first admitted into hospital. I did not know Queenie Fung, mother of Fung Ho Yuen, when she offered to show me how to prepare soups for the patient. I appreciated her kindness so very much, and from that moment onwards I decided to do the same to help the parents of other patients.

A few months after that, I took Lok Hin to hospital for a check-up. My spirit was high. The father of a child patient noticed my mood and asked if my son had been cured of his disease. "You look so relieved," he commented.

"My son hasn't completed the therapy yet," I answered. "However, I believe we can win this battle if we have confidence in ourselves and the medical staff, and the optimism to face the future."

I could see that the father looked relieved at hearing those simple words. I realized that it is important that parents of child patients should lend support to each other.

It can be quite exhausting to be the convener of the Visiting Group. When the hospital notifies us about a new case, I have to quickly organize a visit. There are only a small number of members in the group and many of them have to work or go to school. It is necessary to recruit more members.

However, the visits have been suspended since the SARS outbreak. I sincerely hope that the visits can be resumed as soon as it is considered safe to do so.

* Lo Tse Mo Ching is the Convener of the Visiting Group starting from June 2004.

Stay Positive

Chu Chung Yeung's Mother

Chung Yeung was infected with Neuroblastoma when he was six-month old. At the time when we were feeling most anxious, we were grateful that the nurse in charge of the ward asked if we would like to talk to the parents of recovered child patients.

Later, we received visits from Lau So Kwan's mother, whose daughter was diagnosed with the same illness as our child when she was just a baby. Fortunately, her condition had stabilized by then. The sharing of experience with parents of other cancer patients was very useful to us. It made us feel much relief and raised our confidence in our son's treatment.

Now, my son has completed the therapy and we would like to thank everyone who shared their experience with us and gave us so much support.

Hopes in Bad Times

Sin Yi's Mother

Sin Yi is diagnosed with the rare Ewing's Sarcoma and is receiving treatment at present. We are hoping to meet with other patients who have the same illness, and their families, in order to talk about their experiences.

We were visited by Au Yeung Kam Wah and Mrs. Chan. They have given us support and suggestions on healthy diet. The meetings were arranged by the Visiting Group and Dr. Shing. Though it is very exhausting to visit hospital regularly, we feel optimistic about the future. We believe that, with the advanced medical treatment, our daughter can be cured — just as many other patients have been.



吳倩儀 年齡：10 Ng Sin Yi Age: 10

Recruitment of Visiting Group Members

Do you want to share your past experience so as to encourage the others? We have resumed our visiting programmes and if you would like to share your experience and to support other child patients and their families, please join the visiting groups. Contact Miss Brenda Chan on 2632 1262 for more details.



一歲還未染病的曉彤
One-year-old Xiaotong
before she fell ill.

曉彤在中國出生，兩歲時患上腎母細胞癌，當地醫師對她的病情並不樂觀。幸好她的父親是香港居民，她可以領取雙程證來港治病。2003年7月1日之後，香港的醫療政策改變，她再不能享受本港居民的醫療福利，面對昂貴的醫療支出，究竟她的一家有什麼願望呢？

又是七一帶來的改變

茫然不知身處險境

曉彤是家中的第一個孩子，在中國廣東省海豐縣出生。2003年2月的一個早上，她感到腹痛、肚脹。當地醫生以為她患上腸炎，開藥後便著她回家休息。可是晚上她又開始發燒，於是被送進醫院接受電腦掃描檢查。醫生指出孩子的兩個腎臟都有腫瘤，治愈機會很微。曉彤的父母不輕言放棄，決定待孩子退燒後，立刻來香港就醫。

2003年春天，沙士疫情在香港迅速蔓延，威爾斯親王醫院的情況亦相當嚴峻。曉彤父母只顧治療愛女的重病，並不曉得全家都身處險境。原來曉彤最初入住的病房剛與兒童沙士病房為鄰，眼見所有出入醫院的人都神情凝重，他們卻幾乎連口罩也忘記帶上。

當孩子轉往兒童癌症中心接受正式癌症治療，父母以為可以鬆口氣；誰知人算不如天算，曉彤在轉病房期間受驚過度將腫瘤弄破，引至出血及休克。當時的情況非常危急，幸好搶救及時，進行了緊急止血手術，方才脫離險境。曉彤的情況穩定後，開始接受化療；待腫瘤體積縮小，醫生才施行切除腫瘤手術。

政策改變費用超支

當曉彤繼續接受化療時，院方通知她及其他還未領取單程證的病童家屬，2003年7月1日之後，香港的醫療收費將會作出更改。還沒有領取單程證來港定居的港人子女，將不獲等同本港居民的待遇。這些孩子從前入住醫院，每天只須繳付港幣68元；但新政策執行後，他們必須支付全費3,300元，而入住一晚深切治療部則需付14,000元。

曉彤父母對新的醫療政策感到無奈，但他們的情況已是不幸中之大幸。因為比她遲發病的港人內地子女，除非有能力支付醫療費用，又或已批出單程證來港定居，否則成功在本港接受治療的機會將會大減。

曉彤母女現正焦急地等候內地政府發出單程證，不過還須輪候多久，他們完全沒有把握。目前一家的最大心願是孩子可以盡快正式成為本港居民，可以安心治病及快快樂樂地上學去。



化療後外表並沒有改變
The effect of chemotherapy
doesn't show in her
appearance.





取得單程證，便可以快樂上學去。
Xiaotong's wish is to stay in Hong Kong and be happy going to school.

Xiaotong was born in China. When she was two years old, she was diagnosed as having Wilms' tumour, but local doctors were not able to offer her much help. Fortunately, Xiaotong's father is a Hong Kong resident. Consequently, she was able to come to Hong Kong to receive advanced medical treatment.

Unfortunately, this is no longer the case. The change in government health policy on July 1, 2003 has effectively excluded all non-Hong Kong residents from the public health system unless they can afford to pay as private patients. Despite Xiaotong's father's status, he is required under the new rule to pay the very high cost of his daughter's treatment in Hong Kong. What can Xiaotong's family do now?

A Turn of Fate on July 1

Despite all risks

Xiaotong, born in Haifeng, Guangdong Province, is the first child in her family. One morning in February 2003, she felt pain and discomfort in her abdomen and was diagnosed to have the Wilm's tumour by a local doctor. The doctor prescribed some medicine for her and sent her home.

On that very same night, Xiaotong developed a fever and went back to the hospital for a CT scan check. Doctors found tumours in both of her kidneys and said that the chance for cure was slim indeed. However, Xiaotong's parents did not give up. They made the decision to bring their child to Hong Kong for treatment when her fever subsided.

Last spring, Hong Kong was hard hit by the outbreak of the SARS epidemic, which nearly paralyzed the Prince of Wales Hospital. Yet Xiaotong's parents were so determined to do the best for their child, they ignored the risks posed by the highly contagious SARS disease. The ward in which Xiaotong stayed during that period was just next door to the ward used for young SARS patients. Whilst everyone in the hospital was taking very seriously all the precautions against SARS, Xiaotong's parents were so preoccupied with their child's condition that they often forgot to wear their facemasks.

Her parents were full of hope when Xiaotong was transferred to the Children's Cancer Centre for treatment. However, Xiaotong was so terrified during the transfer that

she had a tumour rupture, causing massive bleeding and shock. Fortunately, the surgeons were able to operate and stopped the bleeding before it was able to cause more damage. After her condition stabilized, she began the chemotherapy in order to shrink the tumour sufficiently to enable the surgeons to operate for the second time and remove it.

Unbearable cost

While Xiaotong was undergoing chemotherapy, hospital officials informed her family that, starting from July 1, 2003, she would no longer be entitled to the same benefits enjoyed by Hong Kong residents. Before that date, the hospital charges were only HK\$68 a day. After July 1, her family would have to pay the full cost of HK\$3,300 a day. Intensive care would cost as much as HK\$14,000 a day.

On hearing the news, Xiaotong's parents felt totally helpless. But they were more fortunate than some. Those mainland-born children of Hong Kong citizens who fell ill after July 1 would not have a chance of receiving treatment in Hong Kong unless they could afford to pay the very high cost or, alternatively, obtain an immigration visa.

Xiaotong's parents can do nothing now but wait for the mainland authorities to issue an emigration visa. They have no idea how long that wait is going to be. At present, their greatest wish is for their child to become a Hong Kong citizen as soon as possible so that she can complete her treatment in Hong Kong and start school.





光頭仔浩然在幼稚園玩耍
Ho Yin playing in the kindergarten

常在我心中—— 說出心中話

家長：程志廣

天下父母心，醫者父母心。作為一個病童的家長，無論孩子正在接受治療或是已經康復，他們的經歷、故事往往藏在心中。尤其是病童的父親，可能是性格使然，甚少透露心聲，回憶是開始，還是終結。愛是最美麗，常在我心中。



病房經理劉慶華(左)喜見浩然快高長大，旁為程志廣。
Lau Hing Wah, the Ward Manager, (left) with Ho Yin and Ching Chi Kwong. (right)

回想十五年前，年僅三歲的小兒浩然突染癌魔；噩耗傳來，當時夫婦倆不知所措。其後，小兒接受緊急手術切除左邊腎臟，再由私家醫院轉介到威爾斯親王醫院進行長達一年的化療。

由浩然病發至康復的漫長歲月，我最受困擾是為甚麼年紀這麼小的兒童也會染上惡疾。做父母怎不心痛，心中總有一個問號，是不是遺傳，或者是疏忽照顧令他染病。疑慮、惶恐、猜測油然而生，滿腦子問題藏在心中，未曾向別人透露半點心聲。

不知是否男人不懂表達自己，連太太也覺得我因兒子有病，由一個好動、愛說話的丈夫變得終日默不作聲、心神恍惚。其實我有很多說話想說，但又難於啟齒，心結如何解開？

容許我這個過來人一表心跡，與大家分享。病童與父母、病童與醫護、醫護與家長之間的關係密切，無論生理或心理方面，都需要互相了解和扶持。幸好經歷告訴我，只要大家肯多溝通，放下心理包袱，面對挑戰，獻出愛心，人間有情，問題定可解決。

當年浩然接受化療時，他最怕入院留醫，時常哭聲震天（每個小朋友都一樣），因為他怕打針、驗血、落藥和抽骨髓。他問我為何要住院，初時我想胡亂編故事欺哄他；但經過醫生及護士的指導，我對浩然說出實情，他似乎甚為明白。在醫護人員悉心照料下，浩然視治病為戰爭遊戲，落藥當派兵入體內對付壞人。雖然受到不少折騰，脫髮、嘔吐已成指定動作，但他當精神稍佳，便與輪更陪伴的爸媽和同房的小朋友玩耍，護士也會呵護小孩子，天真活潑笑聲把悶局一掃而空。

就是這樣，能說出心中話對我得益良多，打開心扉臉上掛笑，兒子也在艱苦療程中樂觀積極戰勝病魔。在此，不得不提及認識超過十五年的成明光醫生；多年來他鼓勵病童、家長與醫護人員相互溝通，以誠懇和愛心推動互助精神的努力，現已初見成效。

能說出心中話，你們也可以，無論用文字或語言都可以，無論在任何場合、時間都可以。回憶是開始，勾起片段有苦有甜，回憶的終結是美麗，綻出愛心之花。

Always on My Mind Things I Wanted to Say

Ching Chi Kwong, Parent of Ho Yin

The devotion of a father and the dedication of a doctor, that's the story I want to tell.

As the father of a sick child, he often keeps his true feeling deep in his heart whether the child is undergoing treatment or on the way to recovery. Perhaps this is part of a man's character. I sometimes wonder if remembrance signifies the beginning or the end, but what stays in my mind is the everlasting beauty of love.

Fifteen years ago, my son Ho Yin, who was only three years old then, suddenly fell ill. He was diagnosed to have cancer. When we were told the bad news, we were at a loss as to what to do. My son went through an operation to remove his left kidney and was later transferred from a private hospital to the Prince of Wales Hospital for a year-long chemotherapy treatment.

Over the period from of diagnosis to recovery, I kept asking why such a terrible illness had struck a child so young. I could not help wondering if the illness was hereditary or caused by our negligence. Disturbed by doubt and anxiety, I kept the question as a secret in my mind.

Maybe man is by nature not good at expressing himself. Even my wife thought that because of my son's illness, I had changed from a talkative and active person to one who was repressed and disoriented. In fact, there was much I wanted to say but I could not find a way to express my true feeling at that time. How did I finally make a breakthrough in finding ways to express my feelings?

Let me share with you my experience. My experience taught me the importance of establishing a close and trusting relationship among parents, child patients, doctors and nurses. That relationship must be built on mutual understanding and support. As long as everyone is willing to talk with frankness and sincerity and be compassionate in face of challenges, any problems can be resolved.

It was a difficult time for us when Ho Yin was



浩然參加本會活動與成明光醫生合照

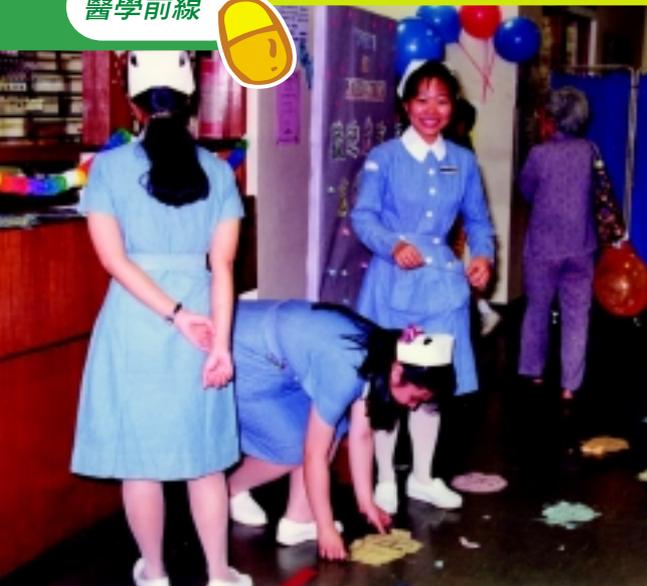
Ho Yin and Dr. Shing Ming Kwong in our Society's annual gathering

undergoing chemotherapy. Hospitalization is a horrible experience for a three-year old child. Every time Ho Yin had to stay in the hospital, it would be at least one week. During every stay, he suffered a lot of pain from injection, medication, blood tests and bone marrow extraction. He cried a lot and kept asking why he had to go to the hospital. At first, I made up some stories to comfort him. With guidance of the doctors and nurses, I learned to tell him the truth. I was not sure whether he understood. As time went by, Ho Yin treated the illness as a war game and taking medicine was like sending soldiers to fight the enemy. Ho Yin was tough. Although he took a lot of pain, falling hair and vomiting, he kept a good spirit. Whenever he felt better, he played with us and other children in the ward. The nurses sometimes joined in and the ward was filled with laughter.

Speaking out what I want to say was very therapeutic to me. I could smile again as my son continued to gain confidence from the difficult treatment process to win the battle against the disease. Here, I must give my thanks to Dr. Shing, whom I have known for 15 years. His dedication has inspired the spirit of mutual support among the patients, parents and medical personnel. His efforts in promoting a close relationship among them have produced a great result.

I am sure everyone can speak out what is in his or her mind in any language, at any time and on any occasion. Remembrance is the beginning. It recalls moments of pain and happiness. At the end, memories are beautiful. They let off the sparks of love.





專科護士為病房起革命

在兒童癌症中心遇見張瑞心姑娘，你只會被她的親切笑容所吸引，卻未必了解這位專科護士的工作，究竟對病童照顧的貢獻有多大。

張姑娘(右一)攝於1994年兒科門診部開放日
Ms. Cheung (first on the right) at the Open Day of the Pediatric Outpatient Unit in 1994.

性格積極不斷進修

張瑞心姑娘在短短十多年間從普通護士晉升為專科護士，除了因她熱愛工作，另一個最主要原因與她的好學精神有關。張姑娘是最早一批在工餘攻讀護理學位課程的護士；1995年底，她有機會前往美國最具規模的兒童癌症醫院受訓，令她對骨髓移植護理專業有更深入的認識。

1996年初，剛好威爾斯親王醫院兒童腫瘤科準備增設專科護士的職位，要求一位最少具有五年工作經驗、持有學位及專業文憑的護士方可出任。張姑娘憑著優秀的工作表現獲得選拔。

崗位特殊充滿挑戰

為什麼院方對專科護士的要求那麼嚴格？因為這個職位責任重大，需要有不斷提升護理質素的精神，以改進病童護理的質素。目前張姑娘的工作範圍包括五方面：一是病人護理、二是護士及病人教育、三是病房行政、四是輔導、五是研究工作。

其中單是病人護理已佔去張姑娘很多時間，比方她曾學習怎樣處理「皮下穿刺式中央靜脈導管」，教導其他護士及病人清洗這種導管傷口是她的主要工作之一。此外，很多新症病童和家屬都受到嚴重的情緒困擾，她除了向他們詳盡講解治療過程，更會推介各種輔導及支援服務，讓他們可以安心接受治療。

熱愛工作感同身受

香港護理人員的工作繁重，給人的印象總是匆匆忙忙，很少停下來跟病人閒談，更遑論照顧他們的各種需要。雖然張姑娘要兼顧很多事務，但她非常認同美國醫療服務「以病人為本」的宗旨。因此她經常鼓勵同工盡量吸收新的專業知識，凡事以病人的利益為出發點。她希望透過較完善的行政安排和培訓，可以讓同工獲得工作上的滿足感，令病童得到更優質的護理服務。

她認為曾經歷家人患上癌症令她對工作更為投入，不過護理工作容易令人身心疲乏；必須不斷突破自己、學習新知識，才是不會累垮的竅門。目前她正進修輔導課程，希望改善跟病童溝通的技巧。兒童癌症中心能夠擁有一批那麼優秀和充滿愛心的護理人員，的確是病童之福。



透過遊戲減輕骨髓移植病童對打針的恐懼
Ms. Cheung helps the child patient to feel less worried towards injections through games.

Revolution in the Ward

At first you might be most impressed by the warm smile of Nurse Jeanny Cheung Sui-sum, but there is more that you should know about the many contributions this Nurse Specialist has made to the care of child patients.



前往美國接受兒童癌症護理專科訓練

Ms. Cheung received training on child cancer nursing in the U.S.

A Positive Mind in Pursuit of Knowledge

Ms. Cheung was among the first batch of graduates of the part-time nursing degree course. She is always eager to learn and is ceaselessly passionate about her job. Because of that, she was promoted to Nurse Specialist after only 10 years as a general nurse.

In late 1995, she was selected to receive training at St. Jude Children's Research Hospital, the largest child cancer hospital in the U.S. The training helped advance her knowledge in professional care for bone marrow transplant patients.

By the time Ms. Cheung completed her training in the beginning of 1996, the Division of Haematology/Oncology/BMT, Department of Paediatrics, Prince of Wales Hospital was looking for a Nurse Specialist with at least 5 years of working experience, a bachelor degree plus a professional diploma in nursing. Ms. Cheung was selected from the few candidates who qualified because of her outstanding work experience.

A Special Job Poses A Big Challenge

Why does the hospital set such a high standard for Nurse Specialty? The answer can be found in their many demanding responsibilities. Not only do they have to discharge their duties in accordance with the highest professional standards but they also have to be innovative in the constant effort to improve the quality of child patient care.

At present, Ms. Cheung's job duties include patient care, educating the nurses and patients, ward administration, counseling and research.

Among all the duties, patient care has occupied most of Ms. Cheung's time. She has learnt how to handle "subcutaneous puncture" and one of her major tasks is to guide the nurses and patients in cleaning the wound. Besides explaining the treatment procedures to the patients and their families, she has to introduce them to the counseling and other support services available to prepare them for the treatment.

Deep Involvement in the Job She Loves

Nurses in Hong Kong seem to be always busy. They rarely have time to talk to the patients, or ensure all the patients' many specific needs. Ms. Cheung is unhappy about this because she believes in the holistic care found in the US.

Ms. Cheung has been encouraging her colleagues to constantly seek to improve their professional knowledge and to consider the benefits to patients. She hopes that her staff will gain satisfaction from their jobs in providing quality patient care, with good administrative support and adequate training opportunities.

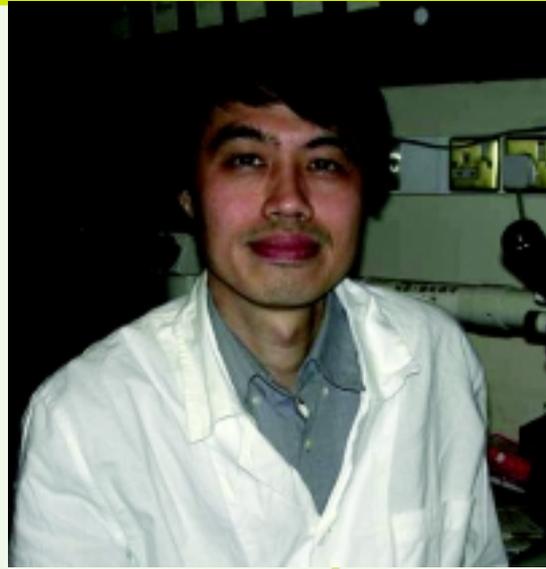
She believes that her own experience of having someone in her family diagnosed with cancer has helped her to be more devoted to her job. However, nursing is exhausting work. To stay on top of the job, she believes that a nurse needs to constantly advance his or her knowledge and be innovative. At present, she is attending a course in counseling, hoping that she will learn how to communicate more effectively with child patients. It is really a blessing to the patients that the CCC has such a group of brilliant and passionate nurses.

診斷癌症的隱形權威

杜家輝教授的其中一項主要工作是在實驗室處理病人組織或器官的樣本，可是若沒有機會跟他詳談，根本不曉得「隱形」的病理醫生，對癌症治療貢獻有多大。

杜家輝教授
香港中文大學醫學院
外科病理主任

Prof. To Ka-fai
Surgical Pathology Director
Faculty of Medicine
Chinese University of Hong Kong



為何病理學那麼權威？

兒童懷疑患上腫瘤，可以從X光預影看到腫瘤的外形；不過必須抽取可疑器官組織的手術活檢樣本（簡稱「活檢」），作病理檢查方可確定腫瘤的性質。當活檢樣本被送往病理部門，須經切片處理，先在顯微鏡作出初步檢查，往往再經精密的配套分析（除常規顯微鏡分析外，如免疫組織化學、電子顯微鏡甚或基因研究），才可以確定腫瘤究竟是良性或惡性，及其特質。

由於科技發展一日千里，除了因抽樣問題可能出現誤差，活檢病理檢查結果的準確性已經相當高。因此每當外科醫生為病童切除腫瘤，必會依賴病理醫生的鑒定，並可根據快速病理診斷報告決定手術範圍。

怎樣幫助骨癌病童？

病理學與治療癌症關係密切，從診斷至跟進治療都有份參與。以患上骨癌的病童為例，當醫生懷疑他患上此病，會安排他接受抽取活檢檢查；在收到病理醫生的活檢報告後，才可以正式開始治療方案。

通常骨癌病童要先接受化療將骨瘤縮小，外科醫生才會進行手術，切除受癌細胞侵襲的部分。被切除的骨骼樣本將送往病理部門再作詳細分析：究竟病人對化療藥物的反應是否良好，被切除的骨骼周邊是否仍有壞細胞的蹤影。主診醫生會根據病理醫生分析結果，決定病童日後是否

需要更改化療方案。

當病童完成所有療程，他仍須定期回醫院覆診。倘若發現肺部或肝部有陰影，可能是癌症復發的跡象，醫生可再抽取可疑器官的組織作活檢，請病理醫生鑒定是否真正復發。

如何參與治癌團隊？

病理醫生是治癌團隊不可或缺的成員，他不單埋首在實驗室工作，還要與其他成員緊密合作。以杜教授為例，他每月必定時與兒童癌症中心的醫生開會及討論病例，增加彼此交流經驗，以確保病人獲得最佳的治療。

當兒童癌症中心有個案要進行活檢，醫生會先致電聯絡杜教授安排即時處理樣本的最合宜方法。樣本被送往實驗室後，如有需要，病理醫生會研究樣本是否足夠；如果不足夠，便通知正在手術室為病童抽取樣本的醫生，立刻再抽取樣本。

通常不消幾天，病理醫生已完成病理診斷報告。他亦會致電知會兒童癌症中心的醫生。若遇到較為罕見的病例，病理醫生可能需要多花一點時間參考其他有關病歷或血液報告，或須作進一步研究方能確診。

難怪有「病理為醫之本」的說法，當我們對病理醫生的工作認識愈多，愈感到他們的角式十分重要。

An Authority in Cancer Diagnosis Working Behind the Scene

One of the major tasks of Professor To Ka-fai is to handle patients' tissue and organ samples at the laboratory. Toiling mostly behind the scene, pathologists like Prof. To have made much greater contributions to the fight against cancer than most of us would ever think possible.

Why is Pathology so Important in Cancer Treatment?

We can look at an X-ray film to determine whether there is a tumour in the body but we need a pathologist to examine the tissue and to conduct organ biopsy to ascertain whether the tumour is benign or malignant and to assess the characteristics of the tumour.

Once the biopsy samples are sent to the pathology department, they will be processed, sectioned and examined under a microscope. Sometimes, beside regular microscopic examination, specific investigative tools, like immunohistochemical study, electronic microscopy and even genetic analysis may be required to establish the diagnosis.

Nowadays, thanks to the advancement in technology, pathological diagnosis is highly accurate and reliable. Discrepancies may occur and largely related to sampling error from a small biopsy specimen. Oncologists or surgeons will always consult the pathologists for the pathological diagnosis before making a decision for proper management for cancer patients.

How can Pathology Help Bone Cancer Children?

Pathology is critical to cancer treatment, from diagnosis to treatment. For example, when a child patient is suspected of having bone cancer, doctors will first perform biopsy procedure. The biopsy samples will then be sent to the pathology department for analysis and making the pathological diagnosis. Doctors will decide the correct treatment procedure with the help of the pathological report.

A child suffering from bone cancer usually has to undergo chemotherapy to reduce the size of the tumour before the affected tissues can be surgically removed. The excised specimen will be sent to the pathology department for analysis to assess the tumor response to chemotherapy and the adequacy of tumour excision. Based on the analysis, the doctor in-charge will decide changes that may required in the chemotherapy treatment.

If shadows are found in the patient's lung or liver during a checkup, it could be a sign of a relapse. Doctors

may collect some tissue samples for pathological analysis to ascertain whether there is a relapse or not.

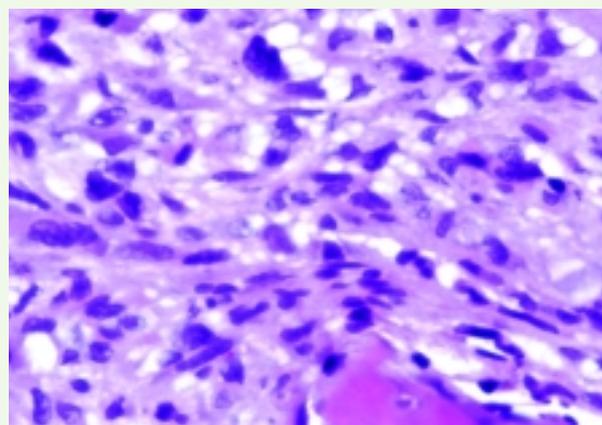
Involvement in Curing Cancer

A pathologist is an essential member of the cancer treatment team. Besides working in the laboratory, a pathologist has to work closely with other members of the team. Prof. To has a monthly clinical-pathological meeting with the clinicians to review the cases and discuss the best treatment for the patients.

In a case when a biopsy is required, the doctor in-charge will first contact Prof. To to ascertain the best handling of the samples. When the adequacy of samples is of concern, pathologist can also make a rapid check for the adequacy of the samples. If the sample is inadequate for diagnosis, the doctor who performs the biopsy procedure will be notified and further biopsy can be taken immediately.

Usually it takes only a few days for the pathologist to complete the pathological report. Upon completion of the report, the pathologist will inform the doctors at CCC and the report will be issued. In certain difficult or problematic cases, the pathologist will need to correlate with the clinical features, blood tests or further investigations before a diagnosis can be made.

It is true to say that "pathology is the foundation of medicine". Pathologists do play an important part in curing cancer.

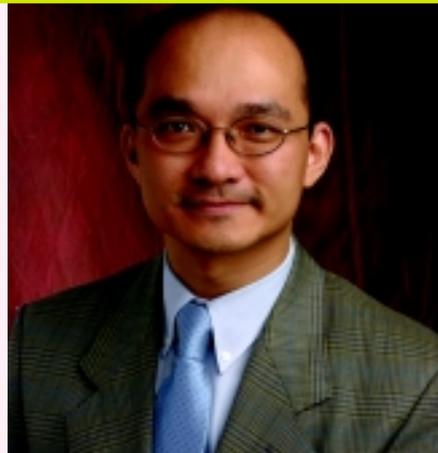


顯微鏡下的骨癌細胞
Microscopic image of bone Cancer cells





包黃秀英兒童癌症中心 難忘的一年



威其威教授
香港中文大學兒科學系

翻看2003年威爾斯親王醫院發生的大事，幾乎都與沙士有關。治療沙士的前方醫護同僚，傾盡全力對抗這個絕不尋常的危機。處於後方的兒童癌症中心醫護隊伍，一方面預防沙士在醫院傳播，另一方面繼續醫治癌症病童。還記得同事間彼此隔離，見面也不多說一句話；醫院因停止接收急症病人，關閉手術室，門診人數下降而變得冷冷清清；時而獲悉有同事病重，心情沉重……，大家共渡了一段難忘的日子。

兒童癌症中心非常重視傳染病控制，有一套特定的預防措施，以保護因為抗癌治療而免疫功能嚴重下降的病童。由於中心是醫院新建的部分，基本上是個獨立的隔離病房，可以減少病童受到感染。病房的同事一向嚴格執行預防交叉感染的措施。醫療人員定期與醫院的微生物學專家檢討病房內的感染問題，確保各樣檢驗數據有效保障病人的健康。還有，採取嚴格的探病規則有助減少探訪者帶來的傳染病。

由於醫院主座關閉了三個月，2003年新增的病人數共58人，人數較前三年略少（見附表二），佔全港癌症病童40%。癌症類別方面，最常見的為急性白血病，佔33%，其次是腦瘤，佔14%，第三是淋巴瘤和骨肉瘤，各佔9%。（見附表一）

骨髓移植中心於2003年共進行了13宗移

植，其中4例為非親屬志願骨髓捐贈者，3例為完全相合的親屬捐贈者，2例為不完全相合的親屬捐贈，2例為非親屬志願的臍血捐贈，2例為自體移植。癌症患者佔85%。

過去五年，有病童不幸離世。（見附表三）

記錄這些令人心碎的數字，提醒我們醫護人員要努力作治療癌症的科學研究，以提高治愈率。一方面參與大型的國際性臨床科研，引入先進的醫治方法，同時也要盡力為臨危的病童提供舒緩治療，讓他們的身體心靈得到理想照顧，有尊嚴地走完人生的一頁。

以上數字簡略交待了我們去年的工作，相信沙士終於成為歷史，阻隔醫護人員和病童及其家屬溝通的口罩不再需要。至於被我們照顧的病童，祈盼他們的疾病亦成為歷史。當他們完成艱辛的療程，生命可以再次發放光輝，跟其他小孩一樣創造美好的明天。

附表一 2003年新增病人數目
Table 1 No. of New Cases in 2003

急性淋巴細胞性白血病 Acute lymphoblastic leukaemia	12
急性骨髓細胞性白血病 Acute myeloid leukaemia	7
幼稚的慢性骨髓細胞白血病 Juvenile myelomonocytic leukaemia	2
慢性白血病 Chronic myeloid leukaemia	3
腦瘤 Brain tumour	8
何杰金氏淋巴瘤 Hodgkin's lymphoma	1
非何杰金氏淋巴瘤 Non-Hodgkin's lymphoma	4
骨瘤 Bone tumour	5
胚胎細胞瘤 Germ cell tumour	3
肝瘤 Liver tumour	2
神經母細胞瘤 Neuroblastoma	2
橫紋肌肉瘤 Rhabdomyosarcoma	2
腎母細胞瘤 Wilm's tumour	1
尤因氏瘤 Ewing's sarcoma	2
其他 Others	4
總數 Total	58

An Unforgettable Year at The Lady Pao Children's Cancer Centre (CCC)

Professor Chik Ki-wai
Department of Pediatrics, Chinese University of Hong Kong

Looking back to 2003, every major event at the Prince of Wales Hospital was related to SARS. The medical staff at the frontline of the SARS battle fought their best against the disease. At the same time, our CCC team was waging battle on both fronts: treating child cancer patients and keeping the SARS disease from spreading within the hospital compound.

It was a hard time for us all. Staff quarantined themselves and avoided unnecessary conversations with each other. The hospital became quiet and dreary as it closed down its emergency unit. Our hearts sank even further whenever we heard that another of our colleagues was infected by SARS.

The CCC takes infection control seriously. It has laid down a set of strict and comprehensive precautionary measures to protect its patients whose immune systems have already been badly damaged by the side effects of various cancer treatment procedures. The fact that the centre was a newly built structure with isolation rooms and facilities, separated from the main hospital compound, helped reduce the risk of infection. The entire staff learned to follow safety measures strictly to prevent cross infection. The entire patient area was closely monitored by microbiologists to detect the emergence of unusual infectious organisms. Visitors also had to follow the rules to minimize the chance of the virus being brought into the hospital from outside.

The CCC recorded a total of 58 new child cancer cases in 2003, a decline from each of the previous three years due to the closure of the main hospital for three months. We take care of about 40% of children newly diagnosed with cancer throughout Hong Kong in 2003. The most common disease was acute leukemia, which accounted for 33% of the CCC new cases in 2003, while brain tumours at 14% came second. Lymphoma and bone tumours, each accounted for 9% of the total cases. (See Table 1)

The bone marrow transplant unit performed 13 transplants in 2003. Four patients received bone marrow transplant from unrelated volunteer donors, three from matched related donors, two received unrelated cord blood transplants, while two performed autologous

transplants. Among them, 85% were cancer patients.

It is sad that there were patients who passed away during treatment in the previous five years. (See table 3) Those heartbreaking numbers reminded the pediatric oncologists should spare no effort in developing more effective and scientific ways in fighting cancer. While we administer the best medical treatment in finding a cure, we must always try our best to minimize the mental and physical pain that the treatment may cause to the patients. Should the medicine fail, we must ensure that the patients pass away in dignity.

The above figures briefly summarize our work last year. We believe that the threat of SARS has passed and that we will no longer need to wear face masks in day to day patient contact. We are hoping that a higher percentage of our patients will recover.

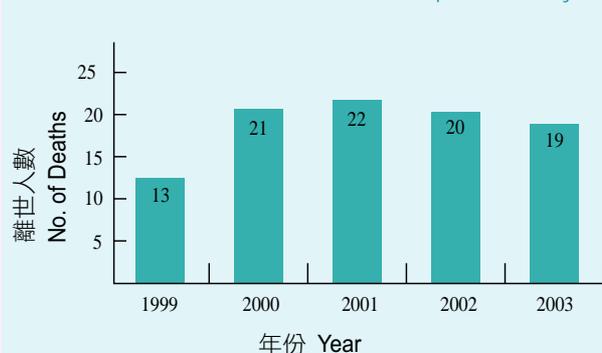
附表二 兒童癌症中心過去五年新症個案統計

Table 2 New cases recorded at the CCC in the previous five years



附表三 兒童癌症中心過去五年離世個案

Table 3 Deaths recorded at the CCC in the previous five years





重慶——初次邂逅

于潔醫生是重慶醫科大學兒

師，蘇庸春醫生是主治醫師；他們兩人分別於沙士疫情發生前後來到包黃秀英兒童癌症中心交流。跟他們暢談，讓我們對中國西南地區的兒童醫療服務有進一步的認識。



重慶醫科大學附屬兒童醫院新住院大樓
The new building of the Children's Hospital, Chongqing University

西南直轄市不落後

大多數人對四川省的認識可能仍止於——「蜀道難難於上青天」，以為它仍是個非常落後的地方。原來屬於四川省管轄的重慶，已於1997年躍升為「直轄市」，跟北京、天津和上海並列，由中央直接管理財政和規劃發展。

這個包括三峽庫區、以工業為主要的城市，人口共有三千多萬，是中國西南地區最重要和發展最迅速的城市。從前這個污染比較嚴重的「霧都」，由於政府部門的重視以及90年代綠化市容計劃的實施，環境已經顯著改善。

除了工業發展一日千里，中國西南部的醫療技術和設備並不落後，不過醫生往往受制於其他的客觀環境。比方患上嚴重的血液病或惡性腫瘤的兒童，若家人不能負擔高昂的醫藥費，醫生只好考慮病人的經濟能力，儘量給予最好的治療方案，也有許多患上白血病和腫瘤性疾病患兒的家屬，因經濟和其他原因放棄治療。

重慶醫大兒童醫院獨領風騷

重慶醫科大學附屬兒童醫院於1956年創建，有500張病床，是國家級重點學科、國家三級甲級醫院、重慶市涉外醫院，為目前西部地區



于潔 醫生 Dr. Yu Jie

歷史悠久，規模最大、技術力量最強的綜合性兒童專科醫院，是中國著名的兒童醫院之一。

由於它是西南地區最著名的兒童醫院，成為了這個地區兒童治病的中心，所以醫護人員的工作量非常繁重，每日門診人次更多達1,000人

醫院的血液腫瘤專科除了研究各種遺傳性血液病、腫瘤性血液病等專科難題，更以各種先進儀器替病童檢查及治療，對白血病採用國際通行的MIC分型診斷及先進的聯合化療方法，治愈率達國內先進水平。雖然目前還未開始幹細胞移植手術，相信不久將來將會有新的突破。

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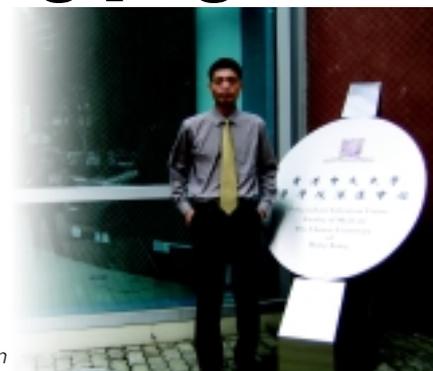
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Our first encounter with Chongqing

Dr. Yu Jie, assistant professor, and Dr. Su Yong Chun, doctor, of Hematology & Oncology Department of the Children's Hospital of Chongqing University, visited the Lady Pao Children's Cancer Centre last year. Dr. Yu came just before the outbreak of SARS and Dr. Su came after the epidemic was brought under control. We learnt a lot more from them about medical services for children in the south-western region of China.



蘇庸春醫生 Dr. Su Yong Chun

with serious blood diseases or cancer. As a result, many children, who have leukemia and cancer, have to have their treatment terminated because their parents can no longer afford the expense.

The Leading Hospital

The Children's Hospital of the Chongqing University of Medical Science was established in 1956. It has 500 beds and is one of the key national "A-grade" tertiary hospitals in China. The hospital is a comprehensive children's hospital. It has the longest history, the largest facilities and the strongest capabilities in southwestern China. Since establishment it has become one of the most famous hospitals for child-care in China as well as the designated hospital for foreigners in the Chongqing area.

Because it is also the child treatment centre in the region, the medical staff have a heavy workload. Its outpatient number reaches an average of around 1,000 a day.

The Division of Hematology & Oncology mainly conducts research in inherited hematological and malignant hematological diseases. It uses advanced technology in examining and treating child patients, applying, for instance, MIC classification and combined chemotherapy in treating leukemia. Patient survival rate has reached the advanced national standard. Although it hasn't yet carried out stem cell transplantation, we believe that the hospital will soon acquire the capability for such advanced treatment methods.

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醫院內嬉戲中的寶寶
Child patients playing in the hospital

Development of Sichuan

Many people still think that Sichuan is an under-developed province, but Chongqing, which was once a city of the province, was upgraded in 1997 to the status of a municipality, like Beijing, Tianjin and Shanghai, under the central government.

With a total population in excess of 30 million, Chongqing, which also includes the Three Gorges reservoir area, will play the pivotal role in the development of the industrial sector of the south-western part of the country. Under the national conservancy plan that has been implemented since the 90's, the region's once seriously polluted environment has improved significantly.

The medical skills and equipment in the south-western part of the country have been advancing in line with rapid industrial development. However, medical services are usually constrained by other factors. For example, local doctors can provide only the treatment that can be afforded by families of child patients diagnosed



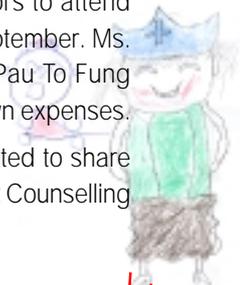
四月份迪士尼義工與病童共度一個歡喜愉快的復活節派對。
 Disney VolunTEARS brought Disney Magic to child patients during the April Easter Holiday Party.

- 1 陳慧恩小姐為註冊社工，於本年5月獲聘為計劃協調員，以協助本會推行會務；如有任何查詢，歡迎致電2632 1262 聯絡。
- 2 本會網站榮膺由互聯網專業人員協會舉辦之2004年「無障礙優異網站」一等獎。
- 3 本會外籍義工為門診及住院病童試辦互動式「英文活動」，以增加孩子對英語的興趣。
- 4 本會資助兩位康復者於9月前前往挪威參加「國際兒童癌症家長會協會」的週年會議。此外，鄧周美潤、盧謝慕清及鮑杜鳳珠亦將自費代表本會參加上述會議。
- 5 成明光醫生及兩位康復者於5月1日獲邀往學友社學生輔導中心分享經歷，讓參加者了解癌症患者的心路歷程。



(左至右) 陳慧恩、Mrs. Penny Harman、鮑杜鳳珠及病童於「英文活動」
 (From left) Miss Brenda Chan, Mrs. Penny Harman, Mrs. Pau To Fung Chu and the cancer patients in the "English Activities".

- 4 Our Society will sponsor two cancer survivors to attend the ICCCPo annual meeting in Norway in September. Ms. Elaine Tang, Ms. Lo Tse Mo Ching and Ms Pau To Fung Chu will also attend the conference at their own expenses.
- 5 Dr. Shing and two cancer survivors were invited to share their experiences with members of the Student Counselling Centre of the Hok Yau Club on May 1.



很高興成為生命小戰士會的一份子，我喜歡不斷進修、行山和旅行等，修畢社會事務及政策後，曾投入兒童、青少年、婦女及家庭服務，並於2003年完成社會工作碩士學位。雖然加入的時間尚短，但已令我感受到小戰士充沛的生命力及堅毅的意志。盼望未來我竭盡所能為本會服務。

陳慧恩

I am glad to become a member of the Little Life Warrior Society. I enjoy learning, hiking, traveling and etc. After graduating from Social Affairs and Policy, I worked in some social service agencies for children, youth, women and families. I received my master degree in Social Work in 2003. Although my involvement time is short, I have already felt the little warriors' energetic life spirit and their strong will power. I will serve the Society with all my efforts in the future.

Brenda Chan

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本會為國際兒童癌症家長會協會會員
 Our Society is a full member of the International Confederation of Childhood Cancer Parent Organisations (ICCCPO)
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