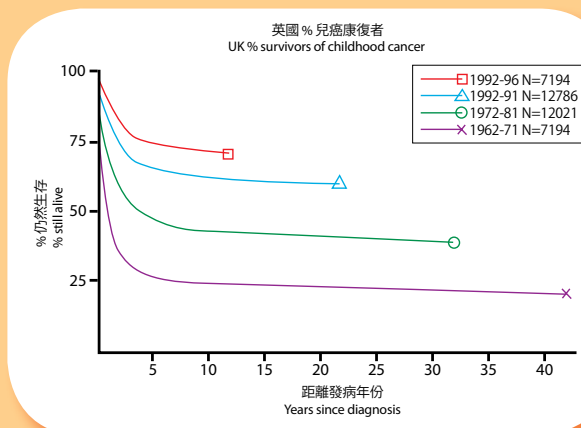




成因、治療和前路 十年來兒癌的進展*

千禧年的首十年即將過去，*Contact*雜誌出版已經十年。我們在第一期答應大家匯報兒癌發展；我們的醫學顧問Dr. Martin English以個人的角度，回顧過去十年的重大事件。

「整體來說，情況好轉。差不多80%的兒童於發病後五年仍然生存，比十年前有7%的增長。」



最新資料顯示成功增加癌症康復
The latest available data show success in increasing the survival of cancer.



Mel Greaves教授有關白血病成因的發現令人振奮。他證明在某些病例中，白血病細胞出生時已存在，但在數年後才病發，而發病原因可能是對一般感染的異常反應。問題是為什麼會出現這種情況，更重要的是為什麼及在多少例子中白血病不會發作。我們希望最終能發明一種對抗白血病的疫苗。再過十年，這個願望可以達成嗎？

治療成果

整體而言，我們在不斷進步。接近80%患兒在確診後5年依然存活，比10年前增加了7%，部分原因基於以下的醫療進展：

急性淋巴細胞性白血病(ALL)

在1999年，隨著臨床實驗使用其他成功的治療方法，改變了實驗的基礎，ALL治療也隨著改變。在ALL97的實驗中，我們發現採用dexamethasone為主要類固醇藥物比用prednisolone能治愈更多患兒。現在我們更有把握檢測病人骨髓內最少的殘留病毒，從而得知治療是否有效，哪個病人需要加強治療。現今5年存活率是88%，而10年前只有81%。此外，我們治療較不常見的白血病如AML有更大進步。

乙細胞非霍奇金氏淋巴瘤

我們已完成跨洲際的實驗——英法美(FAB)乙細胞非霍奇金氏淋巴瘤治療的實驗。10年前，四分一至三分一患兒診斷時均患有急性腎衰竭。自從採用防止尿酸在腎臟積聚的藥物，患急性腎衰竭已跌至至少於10%。現在的治療成效是出色的——87%患兒可以治愈，部分患兒更能減少治療數量。

胚胎瘤

胚胎瘤在幼兒期發病，癌細胞於胚胎在母體內正常成長時已存在。

- 自英國聯同歐洲進行了SIOP實驗，腎母細胞瘤(或神經母細胞瘤)治愈率在10年內由86%增至90%。

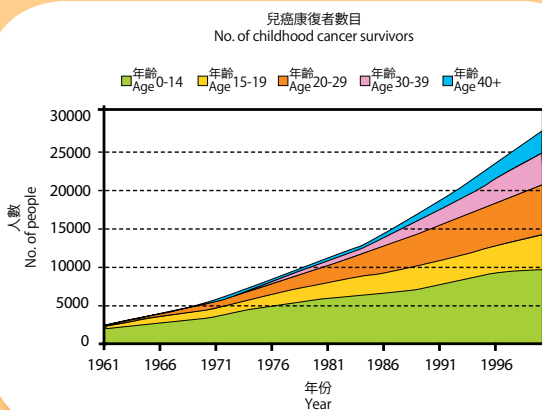
Causes, Cures and Carrying On ...

A decade of advances in children's cancer *

Dr. Martin English

As we approach the end of the first decade of our new millennium *Contact* has its 10th birthday. In the first edition we promised to keep you informed about advances in childhood cancer. *Contact's* Medical Adviser, Dr. Martin English, takes a personal look back at some of the highlights of the last ten years.

“Overall we are getting better. Almost 80% of children are now alive five years after diagnosis. That’s about 7% better than ten years ago.”



The most exciting discoveries concerning the causes of cancer include Professor Mel Greaves' work which is helping to unravel the causes of leukaemia. He has demonstrated that in some cases there are leukaemia cells present at birth, but the leukaemia itself does not present for several years. Something triggers it off—probably an abnormal response to a common infection. New questions are why does it happen, and more importantly why, and in how many cases does leukaemia not happen? Ultimately we may even be able to produce a vaccine against leukaemia. Could this happen in the next ten years?

Treatment results

Overall we are getting better. Almost 80% of children are now alive five years after diagnosis.



That’s about 7% better than ten years ago. Part of the reasons are because of advances in the following diseases.

Acute Lymphoblastic Leukaemia

ALL treatment changed in 1999 when the ‘backbone’ of the clinical trials was adopted from other successful regimes. We discovered from the ALL 97 trial that dexamethasone cured more children than prednisolone when used as the main steroid drug. We are now better than ever at detecting minimal residual disease in the bone marrow and using this to say who is responding really well to treatment and who needs some more. 88% of children are now alive five years after diagnosis. Ten years ago, it was 81%. There have been even bigger improvements in some of the less common





- 57%在1歲後確診的神經母細胞瘤患兒於5歲時仍能存活，10年前只有41%。
- Hepatoblastoma患兒確診後5年存活率為79%，10年前只有70%。

顱內胚細胞瘤

自國際兒童腫瘤學協會(SIOP)推行了第一個顱內胚細胞瘤實驗，治愈率提高了11%至85%。

腦瘤

這是最常見的兒童惡性腦瘤。確診後5年的存活率是64%，較10年前增多12%。過去10年，有4個不同的腦瘤臨床實驗進行，我們在一些重要的問題得到答案，也發現了新的問題。實驗直接推動治療進展，而統一素描及病人護理的方法，亦間接改善療效。

嬰兒腦瘤

10年前，所有3歲以下患有惡性腦瘤的兒童均會被編進同一組別接受治療。現在我們知道要按患兒的承受能力調整療程，這對於承受電療能力較低的幼兒尤為重要。

繼續生活

我們在多個中心正展開專門的計劃，以審視由治療引起的病人健康問題，以防患於未然。這些計劃目的是幫助患兒由小童護理過渡至成人護理，令他們能照顧自己，不用依賴父母。Mike Hawkins教授的兒童癌症康復者研究，專門調查所有曾於孩童時接受癌症治療的成年人，他在研究康復者的健康及危機問題上，走在國際前端。國際兒童癌症家長會協會(ICCPO)亦成立了一個康復者小組，與SIOP同時舉行會議。這與青少年癌症基金的工作及其他針對較近期確診的青年癌症患者的活動如「認識你的腫瘤」類同。

未來始於今天——癌症的預防

雖然發明抗癌疫苗仍只是夢想，但今天我們已有疫苗能對抗導致子宮頸癌的病毒HPV——這正是對抗癌症的一大進展。每位年輕女士應該採用此疫苗（有人認為男性亦需要疫苗），如果你不是正接受子宮頸癌治療而等待著接受疫苗的最好時機，你應及早在上學時接種疫苗。

*文章選自 *Contact* 雜誌2008年冬季第41期

leukaemias like AML.

B-Cell Non-Hodgkin's Lymphoma

We have completed an intercontinental trial, The French-American-British (FAB) trials of treatment for B-cell NHL. In the last decade one quarter to one third of children developed acute kidney failure at diagnosis, now it is less than 10% with drugs that prevent the accumulation of uric acid in the kidney. Results are now excellent, 87% of children are cured and we have been able to reduce the amount of treatment some children receive.

The Embryonal Tumours

These tumours arise in early childhood and are cancerous counterparts of tissues seen during normal development in the womb.

- For Wilm's Tumour (or nephroblastoma) there has been an improvement from 86% to 90% cure in the last ten years since the UK collaborated with Europe in a SIOP trial.
- 57% of children diagnosed with neuroblastoma after the age of one are alive at five years. Ten years ago the figure was 41%.
- 79% of children with hepatoblastoma are now alive five years after diagnosis. Ten years ago it was only 70%.

Intracranial Germ Cell Tumour

The cure rate has improved by 11% to 85% with the first International Society of Paediatric Oncology (SIOP) Intracranial Germ Cell Tumour Trial.

Medulloblastoma

This is the commonest malignant brain tumour in children. 64% of children with medulloblastoma are alive five years after diagnosis, 12% more than the previous decade. There have been four different clinical trials for medulloblastoma running within the last decade and we have answered some important questions, and asked others. Improvements have come directly from the clinical trials and indirectly by standardizing the way that we perform scans and manage the patients.

Infant brain tumours

Ten years ago all children under the age of three were lumped together as a group if they had malignant brain tumours. Now it is recognised that they need to be treated according to the underlying diagnosis as for older children, but that treatment needs account of their reduced ability to tolerate radiotherapy.

Carrying on (with life)

Specific programs to identify late effects of treatment are being developed in different centres. These aim to screen for health problems related to previous treatment in order to intervene before they affect health. They also aim to help young people transfer from paediatric to adult care, and to take responsibility for their health themselves rather than relying on their parents. Professor Mike Hawkins, Childhood Cancer Survivor Study has looked at all adults treated for cancer in childhood and is at the forefront internationally in identifying health problems and risk factors for survivors. The International Confederation of Childhood Cancer Parent Organisations (ICCCPO) has a successful survivors group who attend meetings in parallel with SIOP. This overlaps very much with the work being done with young people who have been diagnosed more recently with cancer including the work of the Teenage Cancer Trust and events such as 'Find Your Sense of Tumour'.

The future is here today – Prevention?

At the beginning of this article we wondered if one day there might be a vaccine against leukaemia. That is a dream just now, but there is a reality today — the vaccine against HPV, the virus that causes cervical cancer. Every young woman should have it (you could argue that the young men should have it too.) If you are on treatment check with your doctor in case it is less effective and you should wait until a less intensive period of treatment — otherwise have it when it is offered in school.

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