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بالرسالة صفحات

لم ترد بالاصل

CLINICAL AND SOCIAL FACTORS AFFECTING THE TIME TO CANCER DIAGNOSIS IN CHILDREN

Thesis

Submitted in Partial Fulfillment for

Master Degree in Pediatrics

By

Mohamed Hussein Abbas Elkady

Supervised by

Prof. Dr. / Hala Fouad

Professor of Pediatrics

Faculty of Medicine, Cairo University

Prof. Dr. / Hala Nayel

Professor of Oncology

Faculty of Medicine, Cairo University

Dr. / Nadia Zaghloul

Assistant Professor of Pediatrics

Faculty of Medicine, Cairo University

2003

بسم الله الرحمن الرحيم

بناء على موافقة الاستاذ الدكتور / نائب رئيس الجامعة بتاريخ ٢٠٠٣/٨/٦م
اجتمعت اللجنة المشكلة من الاستاذة :

أ.د / هالة محمد أمين فؤاد   (عن المشرفين)

أ.د / احسان جمال الدين الغنيمى   (ممتحن داخلى)

أ.د / منى عبد الوهاب البشرى   (ممتحن خارجى)

بقاعة المحاضرات بمركز الطب النووى (القصر العينى) لمناقشة علنية لرسالة
الماجستير فى طب الاطفال المقدمة من الطبيب / محمد حسين عباس أحمد القاضى .

وذلك فى تمام الساعة ١١.٣٠ صباحاً يوم الثلاثاء الموافق ٢٠٠٣/٨/١٩

عنوان الرسالة : العوامل الأكلينيكية والاجتماعية المؤثرة على وقت تشخيص السرطان
فى الاطفال

الملخص : خلال فترة البحث والدراسة كانت اسئلة المقابلة تشمل عمر المريض – مستوى
تعليم الابوين والشكوى الرئيسية موجهة لـ ١٥٠مريض وعائلتـــهم . كــان ٥٨% مـن
المرضى ذكور و ٧٧.٣% أكبر من سنة واحدة .وكان ٤٢% من الابوين اميـــن و ٢٠%
تعليم جامعى . وكانت الشكوى الرئيسية للمرضى هى ارتفاع درجة الحرارة أو الارهـاق
أو الاثنين معاً فى ٧٠مريض . ٩٢ مريض مصابون بسرطان الدم وأورام الغدد الليمفيـة
. ٣٧مريض تم تشخيصهم خلال الاربعة اسابيع الاولى من بدايـــة ظـهور الاعــراض
والمرض بسرطان الدم تم تشخيصهم بدون تأخير . الشكوى الرئيسية ونـــوع الســرطان
يؤثرا على وقت التشخيص .

وترى اللجنة قبول البحث

ABSTRACT

During the period of study, interview questionnaire including: patient's age; level of education of patient's parents and the chief complaint was administrated to 150 patients and their families. Fifty eight percent of patients were males and 77.3% were older than one year of age. Forty two percent of parents were illiterate and 20% were college graduates. The chief complaint was fever and / or fatigue in 70 patients. Ninety two patients had Leukaemias and lymphomas. Only 37 patients were diagnosed within the first 4 weeks of onset of symptoms. Patients with Leukaemias were diagnosed without delay. The chief complaint and the type of malignancy significantly affected the time of diagnosis.

Key words:

Acknowledgment

*I would like to express my deepest gratitude and respect to **Dr/ Hala Fouad**, Professor of Pediatrics, Faculty of Medicine, Cairo University.   I owe her a lot of thanks for her close precious, constant concern and teaching and continuous encouragement , support and outstanding supervision.*

*My deepest thanks and many regards to **Dr./ Hala Nayel**, Professor of Oncology, Faculty of Medicine , Cairo University. For her outstanding supervision, unlimited help, useful advice and continuous guidance.*

*I am also profound indebted to **Dr./ Nadia Zaghloul**, Assistant Professor of Pediatric, Faculty of Medicine, Cairo University.*

My thanks are extended to the staff members of the Pediatric Oncology Unit of Abou ElReech New Children Hospital.

CONTENTS

Introduction and Aim of Work

The time to diagnosis in cancer is the time elapsed between the onset of signs and symptoms of the tumor and its diagnosis . In adult, time to diagnosis is important because of its association with prognosis *(Katz et al., 1993)*.

The prognosis of childhood cancer relates most strongly to tumor type; extent of disease at diagnosis and the effectiveness of the treatment. Rapid diagnosis ensures that appropriate therapy is given in a timely fashion and optimizes the chances of cure. However the majority of pediatric malignant diseases have vague or benign symptoms that usually resemble those of the more frequently encountered benign diseases as arthritis, coagulation disorders and infection *(Crist and Heslop.,2002)* .

Although the incidence of malignant disease in children is low , the impact of cancer makes it imperative that all professionals handling children have a high index of suspicion of cancer., However the presenting signs and symptoms as well as age and site are important on making the diagnosis of cancer in a sick child *(Nesbit, 2002)*.

The aim of study

The present study is undertaken to survey the incidence of delay in the diagnosis of children with cancer and to identify the possible factors affecting delay in diagnosis in pediatric oncology practice, including the possible roles played by the patient's family and / or the physicians in delaying the diagnosis of childhood cancer.

Review of
Literature

CHILDHOOD CANCER
INCIDENCE, SURVIVAL, AND MORTALITY

The incidence of childhood and adolescent cancers has been increasing during the last decades in most Western Countries *(Crocetti et al.,2002).*

Cancer among children is relatively uncommon, with approximately I in 7.000 children o to 14-years of age being newly diagnosed with cancer each year in United States. Despite the rarity of childhood cancer, there were approximately 12.400 children and adolescents younger than 20 years of age diagnosed with cancer in 1998 in the United States (8.700 cases among children 0-14 years of age and 3.700 cases among 15-19 year – olds) *(Ries et al., 1999).*

The types and distribution of malignancies that occur in the pediatric age group differ markedly from those that occur in adult populations. Because of unique clinical , biologic and genetic features found within the pediatric cancers, this relatively small proportion of total cancer population has contributed substantially to the understanding of cancer *[Knudson, (1985)and Ponder, (1988)].*

OVERALL CANCER FREQUENCY AND INCIDENCE BY TYPE OF CANCER.

The annual incidence of the major types of cancer for children 0-14 years, Acute lymphoblastic leukemia is the most common cancer, accounting for 23.5%. of all cancer diagnosis. Acute myeloid leukemia is the next most common type of leukemia occuring at a rate one –fifth that for ALL. Central nervous system tumors account for 22.1 % of cancer diagnoses and together with ALL and AML make up one-half of cancer diagnoses among children younger than 15 years. The most common non CNS solid tumor in the 0-14 year age group is neuroblastoma (7.9%) followed by wilm's tumor (6%) and Non-Hodgkin's lymphoma (5.7%) *(Smith et al., 2001).*

However in Central Italy (1991 – 1997) , standardized incident rates were 50.8 for leukemia, 44.6 for lymphoma and 34.3 for CNS tumors. There was a marked increasing trend for lymphomas that grew at a yearly rate of + 12.1 and less evident increasing tendency for leukemias and CNS tumors. *(Ries et al., 1999) .*

But in Libya, the commonest solid tumors among children aged less than 10 years were in the following frequency, malignant lymphoma 31.2%, nervous system 19.2 %, wilm's tumor 16.8% and bone tumors 9.6%, *(Akhtar et al ., 1993) .*