CHILDHOOD CANCER AWARENESS

- home is where the heart is -

Cansa - Cancer Association of South Africa
Research • Educate • Support

Toll-free 0800 22 66 22 www.cansa.org.za
“An average of 800 to 1000 children are newly diagnosed with cancer annually in South Africa.”

- Dr Jennifer Geel (Paediatric Oncologist)
  CANSA funded Researcher

It is estimated that at least half of all children with cancer in South Africa are never diagnosed.

- ref. Stefan, D.C., Kruger, M. 2015
Early Detection saves lives

• Two thirds of children with cancer never reach a specialist centre for treatment in South Africa.
• The majority of those that present have advanced disease (ref. Poyiadjis, Stelios, et al. 2011)
• Having knowledge of the early warning signs of childhood cancer can be useful in promoting awareness of childhood cancer.
What is Cancer?

- Cells, or group of cells, multiply and grow without control
- These cells stop working properly and they form a lump or tumour
- The causes of the disease is not really known
- Our bodies consist of over 37 trillion cells – old cells die and new ones are formed
- Sometimes the new cells don’t grow back the way they should thus leading to forming of cancer cells
Recognising Red Flags of Childhood Cancer

• The majority of childhood cancers present with some distinguishing signs that can prompt one to seek a medical diagnosis.
• Although many of these signs and symptoms are not exclusive to childhood cancer, it is still essential to seek medical assistance.
• Childhood cancer is different from adult cancer but the survival rate for children is much higher than adults.
Early Warning Signs of cancer in Children

The South Africans’ Children Cancer Study Group (SACCG) developed the St. Siluan’s warning signs which is used countrywide:

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S - SEEK

• Seek medical help for prolonged symptoms
• Should the child receive treatment and the symptoms don’t go away on completion of treatment seek help from the same clinic/doctor
• When symptoms are gone after treatment and they come back again, seek help
I - EYE

• A white spot in the eye can be a cancer of the eye
• A new squint or new blindness can be a cancer of the brain
• A bulging eye can be a cancer of the eye that has been there for long, or it can be a cancer behind the eye
Retinoblastoma warning signs

- Photo with camera flash
- Photo without camera flash
- White eye reflex when light shines on pupil
- A new squint

Please Note: Not all white reflexes are cancer. It is important to see a doctor.
L - LUMP

• It can be in the abdomen, pelvis, head, neck, limbs, testes and glands
• Every lump must be referred to a doctor
• A TB lump should go away after two weeks of treatment, if not, seek help
• A lump can be felt and if it grows in size, seek medical assistance
**U - UNEXPLAINED**

- Unexplained fever for more than 2 weeks
- Unexplained loss of weight and appetite
- Unexplained pallor (paleness) or purpura (red/purple discolouration of skin)
- Unexplained bruises or persistent oozing from the mouth or nose
- Unexplained fatigue (tiredness)
- Unexplained easy bruising or bleeding

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A - ACHING

• Aching bones, joints and backache are usually associated with Leukaemia
• A child should never get backache
• Aching bones, joints and easy fractures are usually associated with bone cancer or Osteogenic Sarcomas. This type of cancer usually affects children in their adolescence.
N - NEUROLOGICAL

• Regression of milestones i.e. a child who has had normal development suddenly starts to lose some of these functions and does not progress with development
• Change or deterioration in walk or balance or speech (Ataxia = walks unsteadily)
• Slurred speech
• Headache for more than a week, with or without vomiting
N - NEUROLOGICAL

• Enlarging head
• Early morning vomiting
• Cranial nerve palsy (nerves that affect facial muscles – look like the child had a stroke)
Surviving Childhood Cancer

• Early diagnosis and referral remains one of the key factors in surviving childhood cancer
• Childhood cancer is relatively rare, but there is a very good chance of recovery
• The survival rate in South Africa is 52.1 (ref Stones, David K, et al. 2014)
• Addressing the myths surrounding childhood cancer can also assist in ensuring we seek prompt medical attention
Myths versus Facts

Survivors are disease carriers and pose health risks to others. Cultural beliefs that cancer is related to evil spirits and bewitchment.

Childhood cancer isn't contagious: Childhood cancer is not transmitted by a virus nor is it infectious. It's safe to interact with survivors.

All survivors are genetically inferior and have fertility problems. They can never have children.

This isn't true for most survivors. Type of cancer and treatment determines fertility challenges.

Survivors have short lives

2 out of 3 childhood cancer survivors have increased risk for late effects & secondary cancers, this isn't linked to life expectancy
Myths versus Facts

Childhood cancer survivors are cured.
Survivors no longer need continuing follow up care.

Childhood cancer survivors will have a miserable, sad and dismal future.
They can't ever have a normal life.

Survivors do poorly in school and employment.

Continuing follow up care remains important for survivors.
Vigilance and regular monitoring are critical.

There is life and a future after cancer.
Most survivors are able to return to school, regular activities and effectively reintegrate with family, friends and communities.

This is not true for everyone, but there are some survivors who may have cognitive and learning disabilities.
Most survivors do very well in their education & career.

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Myths versus Facts

It's better if children and adolescents with cancer aren't told they have cancer.

They need to be informed to understand and feel empowered to take charge of their own well-being.

Childhood Cancer Survivors will always carry the stigma of cancer in their adult life. They'll always be discriminated against in society and in marriage and employment.

In most countries survivors are viewed as heroes and seen as living proof that childhood cancer can be conquered. In countries where stigma still exists, survivors & supporters need to speak out and challenge it.

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How CANSA Supports

• CANSA Tough Living with Cancer (TLC)
• CANSA’s TLC programme supports not only the diagnosed child or teen, but also family or loved ones affected by cancer.
• CANSA embraces a holistic approach to include all aspects of physical, spiritual, psychological and social well-being.
How CANSA Supports

• We educate and promote awareness of childhood cancers and early detection
• CANSA TLC offers support groups, prosthetic assistance, skills development, educational programmes and volunteer training
Five CANSA TLC facilities

• Nicus Lodge at Steve Biko Academic Hospital in Pretoria, with 48 beds to accommodate and support parents/guardians
• The Brian Davey Step Down Unit in Nicus Lodge provides a sterile but family friendly environment
• Paediatric Oncology Ward at Pietersburg Provincial Hospital in Polokwane caters for 27 children and offers 20 lodging units
Five CANSA TLC facilities:

• The TLC Family Lodge in Durban has 3 bedrooms offering accommodation for families. Support includes family bereavement, food parcels, home & hospital visits
• Support Rooms in Port Elizabeth and Kimberley provide counselling to children and their families
How CANSA Supports

• Parents in need of support are invited to join a TLC Support Group in their area, or to help establish one if there isn’t one. For more information contact tlc@cansa.org.za – Stories of Hope may also be shared via this email address.

• Parents, families and supporters can also join the ‘CANSA TLC’ Facebook group to connect with others in a similar position.
How can you support CANSA TLC?

CANSA TLC is here to support children and families affected by cancer.

Make a donation:


– Make a donation via Snapscan:
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