Editorial

Treatment of Children with Brain Tumors in Developing Countries*

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Unprecedented gains have been made in the cure rates for childhood cancer during the past five decades. This progress reflects steady improvements in treatment protocols, a multidisciplinary approach to patient care, adequate hospital infrastructure, and psychosocial and economic support for affected families.[1] However, more than 80% of children live in low-income countries, where children with cancer have no or little access to effective therapy.[2]

Only limited data on incidence, therapeutic approaches, and survival for children with brain tumors in developing countries are available.[2–6] Many cases are undiagnosed, and access to treatment is restricted by the availability of adequate health structures, although most countries with limited resources have neurosurgical facilities, radiation equipment and pediatric oncology units with experience in delivering chemotherapy.[2]

In the article by Rafsanjani et al that accompanies this editorial, outcome of 82 pediatric brain tumor patients treated in Ali-Asghar Children's Hospital, Teheran, Iran, is reported.[7] Such scientific reports on treatment and outcome of childhood brain tumors in developing countries are the basis for discussing country-specific opportunities for improvement.

All institutions involved in childhood cancer worldwide need to have access to the latest progress through meetings, networking, and continuing professional development (included in the goals of the International Society of Pediatric Oncology and the International Society of Pediatric Neuro-Oncology). Access to the possibility of scientific reporting is similarly important.

Another strategy for improvement is described in the book *Cancer in Developing Countries: The Great Challenge for Oncology in the 21st Century*.[8] It emphasizes a partnership (*twinning*) between institutions in developed countries and those in developing countries. Especially in pediatric neuro-oncology, where a complex multidisciplinary approach is required together with quality control measures through centralized review of histology, imaging, radiotherapy planning, etc., such twinning programs might be of tremendous benefit, as recently demonstrated by Qaddoumi et al.[2]

Could it be that the article by Rafsanjani et al triggers interest and efforts to establish such a twinning program?

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