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abstract

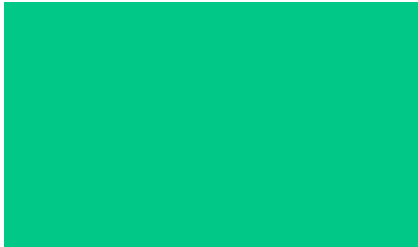
Challenges encountered during management of childhood cancer at private sector with highlight on epidemiology and causes of mortality: Single institutional experience at Dr Soliman Fakeeh Hospital, Jeddah, Saudi Arabia

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Challenges encountered during management of childhood cancer at private sector with highlight on epidemiology and causes of mortality: Single institutional experience at Dr Soliman Fakeeh Hospital, Jeddah, Saudi Arabia

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Introduction: Increasing role of private hospital at KSA supported by involvement of medical insurance and charity society to support treatment of childhood cancer. Frequent surveillance of cancer outcome is important to improve modes of treatment

Methodology: From October 2017 to October 2024 all paediatric cases diagnosed with cancer will be reviewed to assess hematological malignancies and solid tumours, Also to assess for event free survival, EFS and overall survival, OS and causes of mortality.

Results: Total cases 78 with male 50, female 28. Acute lymphoblastic leukaemia ALL 25, Acute myeloid leukaemia AML 2, Hodgkin lymphoma HL 6, Non-Hodgkin lymphoma NHL 6, CML 1 Wilms tumour WT 11, Retinoblastoma RET 8, Neuroblastoma NBL 6, Brain tumour 4, bone tumour 3, and 1 for each; synovial sarcoma, LCH, HLH, ovarian teratoma, hepatoblastoma HBL and abdominal Myofibroblastic tumour.

Disease recurrence 17/78 with EFS 78 %. 4/17 patients survived with second line chemotherapy; 1st recurrence of RET; 2nd local synovial Sarcoma with save margin surgery, skin graft then radiotherapy;

3rd allogeneic stem cell Transplant SCT in ALL; 4th autologous SCT in stage 4 Recurrent HL.

7/17 relapsed hematological malignancies; 5 ALL, 1 HL, 1 NHL with OS 33/40 = 83%; 5 died from refractory leukemia; 1 toxic death infant HL; 1 from loss of charity support Ph+ve ALL 6/17 recurrent solid tumour; 2 NBL, 1 WT, 1 RET, 1 HBL, 1 diffuse intrinsic brainstem glioma DIBSG with OS 33/38 = 87%; 5 from refractory disease, 1 finished insurance coverage. OS of Hematological malignancies and solid tumour 66/78 = 85%.

Conclusion: Private hospitals support the health care system in diagnosis, management of childhood cancer. Financial support by insurance, charity are major challenges to be secured. Because medical insurance is not covering SCT or expensive targeted therapy, this needs revision.