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abstract

Referral Patterns, Time-To-Diagnosis (TTD), and Time-To-Treatment Initiation (TTI) in Children with Cancer: Experience from a Tertiary Care Center, King Faisal Specialist Hospital & Research Centre (KFSH&RC), Madinah, Saudi Arabia

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doi.org/10.69690/ODMJ-018-0425-2129



**SIOP ASIA 2025
SAUDI ARABIA**

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Referral Patterns, Time-To-Diagnosis (TTD), and Time-To-Treatment Initiation (TTI) in Children with Cancer: Experience from a Tertiary Care Center, King Faisal Specialist Hospital & Research Centre (KFSH&RC), Madinah, Saudi Arabia

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DOI: <https://doi.org/10.69690/ODMJ-018-0425-2129>

Introduction: Timely access to tertiary care centers can positively impact outcomes in childhood cancer. Delayed access or unavailability of services impacts referral time, diagnosis, and therapy initiation.

Methodology: We conducted a retrospective EMR review of referral patterns, TTD, and TTI in children with cancer seen over two years at our center.

Results: 118 (92%) patients out of 129 total referrals analyzed were treatment naïve, of which 11 (8%) were referred to continue therapy; first-line (7) or second-line (4). 89% (115) of referrals were from the Western Region. The median age at diagnosis was 6.3 years (0.19 – 13.9) with 66 (51%) females and 63 (49%) males. The most common cancer diagnoses were leukemia, 70 (59%), solid tumors, 34 (29%), and lymphomas, 14 (12%). Median time from the onset of symptoms to a visit to a health center was 15 days (1 – 177). Referral to a tertiary care center was 2 (1 – 47) days. All cases were accepted within 24 hours from the referral time. Median time to first encounter with an oncologist was 2 days (1 – 5). Median time for diagnostic biopsy after the first visit was 3 days (1 – 22) and TTD was 3 days (2 – 29). The median duration of TTI was 4 days (1 to 13) for all patients. A significant difference in referral patterns, TTD, and TTI when compared by gender, age, and cancer diagnosis was not seen.

Conclusion: Early access to a regional Childhood Cancer Center reduces patient waiting time for diagnosis and therapy initiation and contributes to favorable outcomes.

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Establishing collaborative workflows to facilitate timely imaging, diagnosis, and central venous access significantly impacts TTI. The availability of onsite up-to-date radiology & pathology services, Pediatric-ICU, interventional radiology, surgery, and subspecialized pediatric consultative services all contribute to positive outcomes for these patients.