

When Cancer Strikes Young

By Ruth Wong

In Singapore, about 100 new cases of childhood cancers are diagnosed each year among children and adolescents below 15. These may include leukaemia, brain tumour, lymphoma, germ cell tumour, retinoblastoma, neuroblastoma, Wilm's tumour and bone tumour, with the first three being the most common.

Dr Chan Mei Yoke, senior consultant with the Department of Paediatric Subspecialties at KK Women's & Children's Hospital (KKH), said that symptoms can be non-specific. For example, a child with brain tumour may have persistent vomiting, headache or nerve palsies.

Which groups of children are at risk or what puts them at risk? Dr Chan replied that in the majority of cases, there are no risk factors identified. This is unlike adults, where factors like smoking can increase one's risk of getting certain types of cancer. She cited the population study 'The United Kingdom Childhood Cancer Study' which examined if proximity to power lines and exposure to electromagnetic fields increase the risk of childhood cancers. Researchers found no strong evidence for this hypothesis. "In short, we do not know what causes childhood cancer," said Dr Chan.

Does that mean there are no preventive measures? Dr Chan said we cannot prevent against causes we do not already know. "However, healthy living and a balanced diet never hurt anyone," she advised.

Below, we take a closer look at the three most common types of childhood cancers.

(I) Leukaemia

Leukaemia accounts for 35% of all childhood cancers here and is usually diagnosed in children between 2 and 8 years old. The condition occurs when large amounts of immature white blood cells are produced in the bone marrow, inhibiting the production of healthy blood cells. Symptoms include bruising easily, frequent nose or gum bleeds, recurrent fevers, pain in the bones or joints, swollen lymph glands and fatigue.

Leukaemia can be either acute or chronic, reflecting the rate at which the abnormal white blood cells develop. Most children suffer from acute leukaemia, which can be further classified into acute lymphoblastic leukaemia (ALL) or acute myeloid leukaemia (AML), depending on whether it affects the lymphoid cells or the myeloid cells. ALL is the most common type of leukaemia in children.

Chemotherapy is the main form of treatment for ALL, and in some cases, a bone-marrow transplant may be required. Even when remission is achieved, maintenance chemotherapy over two to three years is required to prevent recurrence.

(II) Brain Tumour

This is the most common solid tumour occurring in children and accounts for about 20% of childhood cancer cases here. It forms when abnormal growth of cells clump together and can be benign (non-cancerous) or malignant (cancerous), in which case, it may spread to other parts of the body. A tumour can also be primary, meaning it originated from the brain cells, or secondary, which occurs because cancer found elsewhere in the body has spread to the brain. Tests will also be done to determine these types of tumour. The two main types include medulloblastoma (formed in the cerebellum at the lower back of the brain) and gliomas (formed in the cells that surround and support the nerve cells).

Symptoms of brain tumour include headaches, vomiting or nausea, blurred vision, drowsiness, seizures or moments of unconsciousness. Treatment options include surgery, radiotherapy or chemotherapy, which may be used alone or in combination, depending on the type, size and position of tumour.

(III) Lymphoma

Lymphoma is a cancer of the lymphatic system, which is part of the body's immune system. This forms about 10% of childhood cancer cases in Singapore. The two main types of lymphomas are Hodgkin lymphoma and non-Hodgkin lymphoma (NHL), with the latter being more common in children and affecting more boys than girls. The only way to tell the difference between Hodgkin lymphoma and NHL is when cells from the swollen lymph glands are removed and examined in the laboratory.

Early signs of NHL are painless, swollen lymph nodes in the neck, armpits or groin area. Other symptoms include weight loss, a poor appetite, fevers, abdominal bloating, change in bowel habits and night sweats.

Before treatment plans are drawn up, doctors will determine if the cancer has spread within the lymphatic system or to other parts of the body - this process is called staging. The main treatment for NHL is chemotherapy, but radiotherapy and bone marrow transplant may also be recommended.





Journey of a Super Boy

Overcoming childhood cancer is often a trying and arduous journey for both the child and his/her parents. However, with medical advances, the light at the end of the tunnel is definitely growing brighter. Here, the Iskandar family shares with us their ordeal when their son Amir Danish, 3, was diagnosed with neuroblastoma.

“Super Boy”, that was what Amir Danish’s parents affectionately calls him. Like many boys his age, Danish is active and has a penchant for toy cars. If not for his hair loss, no one could have guessed that he is battling neuroblastoma, cancer of the primitive nerve cells. Turning 3 in July, Danish is the youngest of four children. His father, Mr Haji Muhamad Iskandar Shah, 52, says Danish was first diagnosed with neuroblastoma last year.

When the doctor broke the news to Haji and his wife, Mdm Hajah Hameedah Bee, 40, that Danish’s had Stage 4 cancer and only a 20% chance of recovery, their first reaction was to let their beloved son enjoy his remaining days happily. They didn’t want to put him through painful treatments.

However, their doctor advised differently. He told them, “No one knows what the future holds - a cure may be found within a week or a month. Don’t give up hope now.” Those words jolted Haji and his wife and the couple decided to take on the disease as a test of their belief.

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Since then, Danish had undergone surgery and seven chemotherapy sessions. The road ahead is filled with uncertainties but the couple remains optimistic. However, hope comes with a price, and a hefty one for that matter. Since last October to this March, Danish’s medical bills have added up to about \$80,000 and the family has already depleted their Medisave funds. They also received financial assistance from the Children Cancer Foundation (CCF) as well as the Social Work department at KKH.

To add to the financial strain, Mdm Hameedah had taken a year of no-pay leave from her job to look after Danish. Recently, thanks to kind sponsorship from the ‘Make a Wish Foundation’, the family went to Mecca and the trip has bonded the family closer,

Like most Singaporeans, work and money used to be the priority of the couple but now, they have learnt not take things for granted. “We really value family time together,” says Mdm Hameedah. The couple believes that when they keep Danish happy, his positive emotional state helps in his fight against cancer. That is why Mdm Hameedah will never show her sadness in front of Danish - only unconditional love and care.

As much as they believe in learning from others’ experiences, the couple also hope to be of help to others. They are setting up a blog for Danish and a support group for other parents whose children have cancer, and have worked with the CCF on these projects.

They have learnt from their own experience that support from others is important in battling childhood cancer. To other parents facing similar situations, Mdm Hameedah has this to say, “Exchanging information and talking to people is a good way of learning from others’ experiences. And always try your best to keep your child happy.”

