Incidence and pattern of paediatric cancers from a tertiary care institute

Corresponding Author: Dr Krishna Chaitanya MD DM

Assistant Professor Department of medical oncology MNJIO RCC Hyderabad

Abstract

Introduction: Paediatric tumours constitute 6 to 8% of all cancers. India has approximately 1/5 of world's paediatric cancer load.

Objective: To analyse the demographic data and pattern of paediatric cancers in a tertiary care Institute.

Materials and methods: All paediatric cancer cases age less than 15 years registered during the year 2019 were enrolled in the study. Data is obtained from the registry. Frequency distribution and descriptive statistics were analysed using graph pad prism software.

Results: Total of 394 paediatric cases were registered out of which 246 /394 (62.4%) were haematological malignancies and 148/394 (37.6%) were solid tumours. Median age was 6.4 years with range (infants to 15 years) and male to female ratio was 1.47:1. The most common haematological malignancy was acute lymphoblastic leukaemia ALL – 65% (160 / 246) followed by acute myeloid leukaemia AML – 19.5% (48/246) and lymphomas were the 3rd most common in which Hodgkin lymphoma constituted 7%(17/ 246) of haematological malignancies. Among solid tumours CNS tumours were the most common 24.3% (36/148) followed by RMS 15.5% (23 /148) and neuroblastoma 13.5%(20/ 148) as 2^{nd} and 3rd most common, respectively.

Conclusion: Acute leukaemias are the most common diagnostic group of childhood cancer. Among solid tumors, CNS malignancies predominate.

Date of Submission: 15-08-2020

Date of Acceptance: 01-09-2020

I. Introduction

Paediatric tumours constitute 6 to 8% of all cancers. India has approximately $1/5^{th}$ of world's paediatric cancer load. The 5-year survival of all paediatriccancers is 75 to $80\%^{1}$, however in resource challenged countries like India the outcome is poor². The reason for lagging behind the west is inferior service, research and education. Apart from poor infrastructure and lack of trained staff, socio cultural and economic factors, ignorance, cancer illiteracy contribute to late presentations and poor outcomes in India³. Purpose of this is to analyse the demographic data and pattern of paediatric cancers in a tertiary care institute.

II. Materials And Methods:

All paediatric cancer cases aged less than 15 years registered during the year 2019 from January 1st to December 31st were enrolled in the study. Data is obtained from case files and hospitalregistry. The cancers were broadly divided into hematological and solid tumors. Leukaemias and lymphomas were categorised as hematological malignancies.Leukemias was subdivided into acute lymphoblastic leukaemia, acute myeloid leukaemia, acute promyelocytic leukaemia and chronic myeloid leukaemia. Lymphomas was subdivided into Hodgkin lymphoma, Non-Hodgkin lymphoma which include Burkitt's lymphoma. Solid tumors categorised according to the site and histology of the tumor, which include CNS malignancies, rhabdomyosarcoma (RMS), Wilms' tumor, Hepatoblastoma, Neuroblastoma, Retinoblastoma, Germ cell tumors, Langerhans cell histiocytosis and bone sarcomas. Central nervous system tumors includeMedulloblastoma , Ependymomaand gliomas. Frequency distribution and descriptive statistics were analysed using graph pad prism software.

III. Results:

Total of 394 paediatric cases were registered out of which 246 /394 (62.4%) were haematological malignancies and 148/ 394 (37.6%) were solid tumours. All leukaemiasconstitute of 54.5% (215/394) whereaslymphomas 7.8% (31/394), CNS tumors 9.1% (36/394), RMS 5.8% (23/394), bone sarcomas 7.6% (30/394), Neuroblastoma 5% (20/394), Wilms tumor 4.3% (17/394), hepatoblastoma 2.2% (9/394)

andGerm cell tumors 2%(8/394)among all malignancies were noted. Median age was 6.4 years with range (infants to 15 years) and male to female ratio was 1.47:1. The most common hematological malignancy was acute lymphoblastic leukemia ALL -65% (160 / 246) followed by acute myeloid leukemia AML -19.5% (48/246) and lymphomaswere the 3rd most common in which Hodgkin lymphoma constituted7%(17/246). Among solid tumours CNS tumours were the most common24.3% (36/148) followed by RMS 15.5% (23/148) and neuroblastoma 13.5%(20/148)as 2nd and 3rd most common, respectively.

Diagnosis	Total cases	Boys	Girls	Median age (years)
_	(246)	(150)	(96)	
ALL	160	92	68	6
AML	48	31	17	8
APML	4	3	1	10.5
CML	3	2	1	4
NHL	3	1	2	4
Hodgkin's	17	14	3	9
Burkitt's	11	7	4	4

 Table 1: Distribution of childhood hematolymphoid malignancies

ALL- Acute lymphoblastic leukemia, AML - Acute Myeloid leukemia, APML - Acute Promyelocytic leukemia, CML- Chronic Myeloid leukemia, NHL- Non hodgkin lymphoma

Diagnosis	Total cases	Boys	Girls	Median age (years)
	(148)	(84)	(64)	
CNS Malignancy	36	19	17	6.5
RMS	23	14	9	4
Neuroblastoma	20	9	11	3
Ewing sarcoma	20	11	9	10
Wilms tumor	17	14	3	3
Osteosarcoma	10	8	2	13
Hepatoblastoma	9	5	4	1
Germ cell tumors	8	1	7	6.5
LCH	5	3	2	1

 Table 2: Distribution of childhood solid malignancies

RMS- Rhabdomyosarcoma, LCH- Langerhans cell histiocytosis

IV. Discussion:

Worldwide annually 215,000 childhood cancers are diagnosed in less than 15 years of age¹.80% of all childhood cancers occur in developing countries⁴ whereasthe incidence of childhood cancer is about 1% in developed countries⁵.

Comparison of our results with data fromSurveillance Epidemiology and EndResult (SEER) program and National Cancer Instituteis shown in table 3^6 . when all pediatric age groups were combined, leukemias were 27% in SEER data whereas 54.5% in our study. Lymphomas were second most common (16%) in SEER data and 3^{rd} most common (7.8%) in our study. CNS tumors were second most common in our study (9.1%). Germ cell tumors were the 4^{th} most common in SEER database (8%) and only 2% seen in our study. Other tumors like soft tissue sarcomas, bone sarcomas,neuroblastoma, Wilms' tumor were comparable between both the studies.

Cancer type	Age <1 year	Age 1- 4 years	Age 5-9 years	Age 10- 14	Age 15-	All pediatric	Our
Leukemias	16	45	36	22	19 years	27	54 5
CNS tumors	10	17	4	18	9	15	9.1
Lymphomas	2	4	14	21	25	16	7.8
Germ cell	9	1.5	2.4	7	16	8	2
tumors							
Soft tissue	7	4.5	7	8	6	6	5.8
sarcomas							
Bone sarcomas	0.3	0.7	1.3	6	13	6	7.6
Neuroblastoma	26	8	2.5	0.9	0.8	4	5
Wilms tumor	7	10	5	0.9	0.8	4	4.3
Liver tumors	5	2.5	0.4	0.3	0.3	1	2.2

Table 3: Comparison of our study with SEER and NCI data

SEER- Surveillance, Epidemiology and End Results, NCI- National Cancer Institute

Acute leukemias are the most commmon diagnostic group of childhood cancers worldwide and in India^{7,8}, among which more than 95% are acute. In our study 98.6% percent were acute leukemias.

Hodgkin lymphoma is more common than Non-Hodgkin lymphoma and mixture cellularity of Hodgkin lymphoma is more common in Indiathan nodular sclerosis variant with young age peak due to early Epstein Barr virus exposure compared to West^{9,10,11}. In our study Hodgkin and Non-Hodgkin lymphoma were distributed as 55% and 45% respectively. Among Non-Hodgkin lymphoma, Burkitt's lymphoma was the most common (78%).

Primary bone sarcomas rare tumors with difficult estimation of incidence¹². Yeole and Jussawallapublished data in 1998 with Ewing sarcoma as the most common bone malignancy¹³. Later onTMH study¹⁴, Karnataka, Rao etal., study¹⁵ and study from JSS Medical College¹⁶ showed that majority of malignant bone tumors were osteogenic sarcomas.In our study Ewing sarcoma was more common 13.5%(20/148) than osteosarcoma 6.7%(10/148) among solid cancers.

Age adjusted rates (AAR) of childhood cancer incidence was reported by Satyanarayana etal.,¹⁰with central nervous system tumors as the most common solid malignancy with AAR of 6.6 - 19.8 in boys, 3.0 - 16.0 in girls. In our study CNS were the most common solid tumors (9.1% among all and 24.3% among solid tumors). Neuroblastoma AAR were 1.5 - 12.6 in boys and 1.8-5.3 in girls and Soft tissue sarcoma AAR were 2.8-7.2 in boys and 1.6-7.6 in girls. In our study soft tissue sarcomas and neuroblastoma were 5.8% and 5% among all tumours, respectively. Wilms' tumorAAR were 3.1 - 9.5 in boys and 1.8-7.0 in girls and Germ cell tumors AAR were 1.3- 12.9 in boys and 0.2-1.3 in girls. In our study Wilms' tumor and germ cell tumor constituted 4.3% and 2% among all tumors respectively. Satyanarayana et al, reported higher incidence of germ cell tumors in boys whereas in our study, girls predominate 87.5%(7/8).

V. Conclusion

Acute lymphoblastic leukaemia is the most common pediatric tumor in all studies. CNS tumors were the most common solid malignancy.

Key words: Childhood cancer, Incidence Conflicts of interest: None

References

- Gurney JG, Bondy ML. Epidemiology of childhood cancer. In: Pizzo PA, Poplack DG, editors. Priciples and Practice of Pediatric Oncology. 5 th ed. Philadelphia; Lippincott Williams and Wilkins: 2006. p. 2-14. Back to cited text no. 1
- [2]. Barr R, Riberio R, Agarwal B, Masera G, Hesseling P, Magrath I. Pediatric Oncology in Countries with Limited Resources. In: Pizzo PA, Poplack DG, editors. Principles and Practice of Pediatric Oncology. 5 th ed. Philadelphia: Lippincott Williams and Wilkins; 2006. p. 1605-17.
- [3]. Shenoy S, Christo GG, Venkatesh A. Pediatric cancer care in India: A national survey. Indian J Cancer 1990;27:91-6
- [4]. Ferlay J, Shin HR, Bray F, Forman D, Mathers C, Parkin DM. Globocan 2008 v2.0-Cancer Incidence and Mortality Worldwide: IARC Cancer Base No. 10. Lyon: International Agency for Research on Cancer; 2010. [Last accessed on 2013 Sep 21]. Available from: http://www.globocan.iarc.fr . [Google Scholar]
- [5]. Steliarova-Foucher E, Stiller C, Kaatsch P, Berrino F, Coebergh JW, Lacour B, et al. Geographical patterns and time trends of cancer incidence and survival among children and adolescents in Europe since the 1970s (the ACCIS project): An epidemiological study. Lancet. 2004;364:2097–105. [PubMed] [Google Scholar]
- [6]. Surveillance, Epidemiology, and End Results (SEER) Program (www.seer.cancer.gov) SEER*Stat Database: Incidence SEER 18 Regs Research Data + Hurricane Katrina Impacted Louisiana Cases, Nov 2018 Sub (2000-2016) <Katrina/Rita Population Adjustment> - Linked To County Attributes - Total U.S., 1969-2017 Counties, National Cancer Institute, DCCPS, Surveillance Research Program, released April 2019, based on the November 2018 submission.
- Stiller CA, Parkin DM. Geographic and ethnic variations in the incidence of childhood cancer. Br Med Bull. 1996;52:682– 703. [PubMed] [Google Scholar]
- [8]. Arora RS, Eden TO, Kapoor G. Epidemiology of childhood cancer in India. Indian J Cancer. 2009;46:264–73. [PubMed] [Google Scholar]
- [9]. Swaminathan R, Rama R, Shanta V. Childhood cancers in Chennai, India, 1990-2001: Incidence and survival. Int J Cancer 2008;122:2607-11.
- [10]. Satyanarayana L, Asthana S, Labani S P. Childhood cancer incidence in India: A review of population-based cancer registries. Indian Pediatr2014;51:218-20.
- [11]. Parkin DM, Stiller CA, Draper GJ, Bieber CA. The international incidence of childhood cancer. Int J Cancer 1988;42:511-20.
- [12]. Howlader N, Noone AM, Krapcho M, Miller D, Bishop K, Altekruse SF, et al., editors. SEER Cancer Statistics Review. Bethesda, MD: National Cancer Institute; 1975-2013. [Last accessed on 2016 Jun 01]. Available from: http://seer.cancer.gov/csr/1975_2013/ [Google Scholar]
- [13]. Yeole BB, Jussawalla DJ. Descriptive epidemiology of bone cancer in greater Bombay. Indian J Cancer. 1998;35:101– 6. [PubMed] [Google Scholar]
- [14]. Dinshaw KA, Ganesh B. Hospital Based Cancer registry. Annual Report 2001. Mumbai: Tata Memorial Hospital; 2005. pp. 90– 1. [Google Scholar]
- [15]. Rao VS, Pai MR, Rao RC, Adhikary MM. Incidence of primary bone tumours and tumour like lesions in and around Dakshina Kannada district of Karnataka. J Indian Med Assoc. 1996;94:103–4, 121. [PubMed] [Google Scholar]
- [16]. Jain K, Sunila, Ravishankar R, Mruthyunjaya, Rupakumar CS, Gadiyar HB, et al. Bone tumors in a tertiary care hospital of South India: A review 117 cases. Indian J Med Paediatr Oncol. 2011;32:82–5. [PMC free article] [PubMed] [Google Scholar]

Dr Krishna Chaitanya MD DM, et. al. "Spectrum of Cytological Findings in Breast Lesions Diagnosed on Fine Needle Aspiration Cytology Two Year Retrospective Study in a Tertiary Care Centre." *IOSR Journal of Dental and Medical Sciences (IOSR-JDMS)*, 19(8), 2020, pp. 31-33.