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IPSO Summer newsletter 2008

The IPSO Oncology course (part 1) at the EUPSA meeting in Istanbul, Turkey – June 18, 2008

For the second time, IPSO was asked by the EUPSA board to give a Surgical Oncology Course as a pre-conference course at the EUPSA annual meeting. This year was the first part of a three years cycle with talks about 3 different tumours (nephroblastoma, neuroblastoma and genito-urinary rhabdomyosarcoma) followed by an overview of 'chemotherapy for Surgeons', a problem case session (cases presented by the participants) and finally a MCQ exam. All attendants (trainees and consultants) were quite satisfied of the quality of the course that mainly consisted of permanent interactive exchanges and discussions with the Faculty.

Next year in Graz, the second part of this course will focus on liver tumours, thoracic tumours and germ cell tumours and the third part (in 2010) will include sarcomas, endocrine tumours and thoracic wall tumours. Since the different parts of the course can be taken independent of each other, a surgeon can enter the course at any year and attend 3 consecutive years to follow the complete course. All three acquired certificates can eventually be changed into one, showing that the complete course has been taken.

All IPSO members are requested to announce this unique course all around their departments, country societies, etcetera... and encourage, or even offer this course to their trainees

Hélène Martelli



IPSO Faculty – Penman, Carachi, Aronson, Murphy, Martelli, Agarwalla, Godzinski, Squire – and course participants, at the 4th IPSO-EUPSA Oncology Course in Istanbul, Turkey



**CANCER AT THE
AMERICAN PEDIATRIC
SURGICAL ASSOCIATION
MEETING**

– the 2008 IPSO-APSA event –

IPSO/APSA meeting – Impressions:

In Phoenix, the third joint IPSO-APSA day of surgical oncology took place, attracting more than 200 delegates for the packed programme. Sessions were designed to highlight areas of difference between the European and American approaches to Wilms' tumours, sarcomas, and liver tumors and stimulated lively discussions. Free papers were forwarded by the APSA committee to the joint IPSO/APSA committee and were of a uniform high standard. A particular highlight was the 'Challenging Case' session which exemplified the difficulties faced by surgical oncologists worldwide. As a form of 'Case Reports' the session would have merit but the discussions were a demonstration of approaches to difficulties that was a valuable learning experience.

Both IPSO and APSA boards considered the meeting a success and repeatable in four years.

Larry Hadley

As noted elsewhere in the newsletter the annual APSA meeting was held in Phoenix Arizona in late May. For the third time since 2000 an IPSO program committee collaborated with the APSA program committee in developing a cancer program. This was perhaps the most successful meeting and collaboration yet – certainly in terms of attendance and participation and in terms of the level of cooperation between IPSO and APSA in organizing the program. With Rebecka Meyers chairing a committee composed of IPSO and APSA representatives a superb program was developed following a format similar to that used at prior meetings, that being a combination of panel presentations with discussion and submitted abstracts presented in podium and poster sessions on the day before the opening of the general APSA meeting. However, the program also extended into the following day during the APSA education session which was devoted to cancer education and organized by the IPSO/APSA program committee. A problem/difficult case session, one of the popular sessions at IPSO/SIOP meetings was added as well and appeared to be very successful and. Rebecka Meyers is to be thanked and congratulated for her skill in traversing some of the difficult organizational issues of prior meetings and Mike LaQuaglia to be thanked for his efforts to secure sponsorship. The leadership of APSA and IPSO should also be commended for their determination to work together toward a meeting that is now a model for collaboration and truly of benefit to the membership of both organizations.

Bruce Broecker

News from the Program Committee

Dear Friends,

PLEASE COME TO BERLIN ! (October 2-6, 2008, ESTREL Convention Center, Berlin, Germany)

The 40th Annual SIOP Congress takes a place there in the beginning of October. As usual, the IPSO sessions will be an important part of that meeting. This year our program does look very busy, but as I hope, will not be boring.

Just before the congress, on the 2nd of October, Joerg Fuchs and Steven Warmann invite younger colleagues, but not exclusively the younger ones, for a video training day on Surgical Oncology – see their flyer with the very interesting program, or Steve Warmann's message in this newsletter below.

He first day of the IPSO is on the 3rd of October. We will have 2 sessions on renal tumors in the morning, than the poster walk and a short lunch brake. In the afternoon we planned 2 more session (Miscellaneous Tumours 1 & Thoracic Surgery and the Problem Case session). To present your case in the Problem Case session you should contact Dan Aronson or Bruce Broecker – the latest in the morning of October 3rd. After that session we will have our bussiness meeting which will end before the Opening Ceremony of the Congress.

On October 4th we start with „Other abdominal tumors” followed by the IPSO/PROS symposium (surgery and radiotherapy) on soft tissue sarcomas and, later, the session on surgical techniques and related problems. A short lunch brake will help us survive that afternoon, which starts with SIOP/IPSO/PROS symposium on the sequelae of sarcoma treatment, followed by the session on Miscellaneous tumours 2. After that session Dan Aronson will be this years key-note lecturer with a lecture on liver tumors. The day will end with a symposium on neonatal tumors organized by Richard Spicer. Finally, in the evening we can relax and spend a cozy time together at our annual Surgical Dinner (social event) somewhere in Berlin.

Please note, that this year, of nearly 50 surgical abstracts submitted to our congress, 2 were selected by the SIOP Scientific Committee for award sessions: one for SIOP Award Session (5th of October), and another for Nollenburg Award Session (6th of October)!

Jan Godzinski, Programme Director

IPSO's video session in Berlin!

Dear Colleagues,

During this congress, IPSO is organizing a Pre-Meeting Educational Course on Pediatric Surgical Oncology. This course will take place on October 2nd, 11 a.m. - 4 p.m. at Berlin, Charité Campus Virchow, Mittelallee 10, Kursraum 6. Conventional surgery as well as minimally invasive procedures will be highlighted during the course. The focus lies on the educational aspects of pediatric surgical oncology, novel approaches, and advanced resection strategies. The event will be arranged as a video session, in which presenters comment on the presentations. The spectrum of presentations includes surgery for Hepatoblastoma, Wilms tumor, Neuroblastoma, Surgery under extracorporal bypass and others techniques. The participation fee is 45 EURO (lunch included).

For further information please contact:

Prof. Dr. J. Fuchs or Priv.-Doz. Dr. S. Warmann

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Registration and general information on SIOP 2008: www.siop2008.de

Steven Warmann

From the Secretary/Treasurer

Nominees to stand for election of the Executive Board - The change of the IPSO statutes may be accomplished in 2008...

As proposed at the business meeting in Geneva in 2006, and voted for in Mumbai in 2007, the IPSO membership decided to decrease the size of the Executive Board with three members and adjust the terms of office to the following.

“The Society will have an Executive Council consisting of the Past-President, a President, a President-Elect, a Secretary and/or Treasurer, and four members at-large (included members with a specific portfolio, i.e. Program Director and SIOP Scientific Committee Repres.). Their terms of office should be two years, except for the Past-President and President-Elect whose terms of office is one year and the Secretary and/or Treasurer whose term of office is three years.”

This year, Jenny Walker will end her second term as our treasurer. Joerg Fuchs will end his first term as EC member, and the Executive Board nominates him to be elected for Treasurer.

Also this year, Dietrich von Schweinitz will end his second term as our SIOP Scientific Committee representative, and the Executive Board proposes Steve Shochat as a nominee to stand for this post. Also Steve will end his first term as EC member this year. Both Joerg Fuchs and Steve Shochat are willing to stand for election. The EB proposes both nominees for their good abilities to fill these positions, but will this way also reach the goal of an EB with the proposed size of four members at-large already in 2008.

Note, however, that an IPSO member can propose any IPSO member of good standing as a nominee for election of any of the above mentioned posts. The nominee must have agreed to stand for election, and his / her name should be sent to the secretary at least two weeks before the Berlin meeting.

Call for Applicants for the IPSO Membership

The importance to expand the number of IPSO members can not be stressed enough! Please consider to propose your chief, colleague, fellow, (chief)resident, registrar, or assistant with an interest in Pediatric Surgical Oncology to become a new member of IPSO. Please fill out the enclosed application form for IPSO membership and send it together with a small CV / resumé by e-mail to the Secretary of IPSO.

Annual Dues

Recently, some of you have received a letter of remittance of your 2008 dues, and of probable unpaid dues from (the) previous year(s). The serious non paying-members (≥ 3 years of unpaid dues) will be removed from our member list. So pay now if you don't want to loose your membership! Payment is encouraged by credit card. The Treasurer will issue a receipt to all who paid the membership fee. Please realize that IPSO is a small Society that needs to keep up its financial strength. We can not survive without our dues!

<p>Please check your name, (e-mail) address, phone/fax numbers, and/or position in the 2007 Membership Directory, and please forward any changes to the Secretariat!</p>

Pediatric Solid Tumor e-Board (Pedoncology Yahoo Group)

We are glad to invite you to join this International academic discussion group on pediatric solid tumors. This discussion involves the interesting cases, problems, suggestions and experience pertaining to **pediatric solid tumors only**. Anyone can bring in a difficult case and ask the international forum for advice. This group is not to anybody's credit but a genuine effort to bring the pediatric surgeons, pediatricians, surgical oncologists, pediatric oncologists, radiation oncologists, cancer biologist, oncopathologist & nuclear medicine physicians from all over the world under one roof, so that we can discuss the pediatric tumors which invariably requires combined treatment modalities. If you would like to join, just reply to this link: <http://groups.yahoo.com/group/pedoncology>

There are already over **250** members joined from all over the world from every discipline, and lively discussions travel through cyberspace. If you care for the child with cancer, kindly join and actively participate in group activities with your experience in this field.

President Corner

Dear Colleagues,

I had the pleasure and privilege of attending the joint IPSO/APSA meeting in Phoenix last month. Many IPSO members, including the majority of the Executive Committee, were there and an excellent turn-out of APSA members leading to a lively interactive session. We all hope and expect that a further IPSO/APSA event will occur in 2012.

Meeting North American surgeons one is aware that many of them benefit from working in centres with state-of-the-art technology and treatments; unlike many IPSO members in other countries. To some extent those working in countries with every facility and those with minimal facilities have fewer dilemmas than those in an intermediate position, in which I include the UK. Our politicians give the impression that everything is first-class whereas the reality is that approximately 30% of funding for paediatric oncology is from charitable sources (not a good basis for sustained development) and that rationing occurs (few politicians will admit this), the best example being the availability of cancer drugs. All new drugs are only made available after evaluation by a government body, the National Institute for Health and Clinical Excellence (popularly known by the ironic acronym NICE). This body can take up to 2 years to complete its deliberations and even then will often not approve a new cancer drug even though its efficacy has been proved beyond doubt. Furthermore the devolved bodies set up by government to distance politicians from difficult decisions (PCTs) vary widely in their policies on funding expensive treatments resulting in bizarre geographical inequalities.

All of this brings me back to a conclusion I have previously reached in President's Corner; namely that doctors have a limited ability to develop high-quality health care unless they have the support of a good political system. In the 1980s I spent one year in a country with an efficient system of government (benign dictatorship) developing a department of paediatric surgery from nothing to a well-established unit which has since thrived. I was subsequently invited to another country to see if the same could be achieved there. After a brief visit I gave the opinion that it was not possible because the government (a malign dictatorship) had no system for implementing the necessary changes. The child with cancer in that country still has little chance of cure unless sent abroad for treatment.

The view that democracy represents a point midway between these two political extremes is perhaps best discussed in another forum.

Anyway let us take comfort in the satisfaction that comes from doing what we do best - surgery. Let us also look forward to meeting again in Berlin in October; it promises to be an excellent meeting and I look forward to being there and to seeing old friends and making new ones.

In the meantime, my very best wishes to you all.

Richard Spicer, President

APPLICATION for IPSO membership
(please print)

NAME OF APPLICANT

TITLE

AFFILIATION

ADDRESS

NATIONALITY

PHONE NUMBER

FAX NUMBER

E-MAIL ADDRESS

NAME OF SPONSOR 1

NAME OF SPONSOR 2

PLEASE RETURN WITH YOUR C.V. TO THE IPSO SECRETARIAT

Daniel C. Aronson, Emma Children's Hospital, PO BOX 22700, 1100 DE Amsterdam, The Netherlands

Date:

IPSO - Rare Tumor Registry

Daniel C. Aronson, M.D., Ph.D.

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1105 AZ AMSTERDAM, The Netherlands
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fax: +31-20-566-9287

e-mail: d.c.aronson@amc.uva.nl

Patient initials:

Date of birth:

Date of Diagnosis:

Pathology:

Stage (if possible):

Organ:

Surgery(S):

Yes No

if Yes:

primary delayed biopsy only

Chemo (C):

Yes No

Radioth (R):

Yes No

Order of (S), (C), (R):

Tumor tissue stored:

Yes No

if Yes, how:

paraffin frozen culture other:

Date of last follow up:

Condition at last follow up:

CR PR SD PD expired

Name of Surgeon:

Name of Institution Address:

Telephone: