

# Cochrane Childhood Cancer Group Newsletter

Oktober 2009



## WHO WE ARE...

The Cochrane Childhood Cancer Group (CCG) is one of the 52 Cochrane Groups within the Cochrane Collaboration. The Cochrane Collaboration promotes evidence-based health care. The CCG is a group of researchers, healthcare providers and consumer representatives that is officially registered since May 5th 2006.

## WHAT WE DO...

The CCG coordinates the production of systematic reviews on the effects, adverse and late effects of interventions in children and young adults with cancer. We also support systematic reviews on diagnostic test accuracy.

The protocols and systematic reviews produced by the CCG are published in The Cochrane Library, the major product of the Cochrane Collaboration.

## WHAT YOU CAN DO...

Those who prepare systematic reviews for the CCG are mostly volunteers. If you would like to conduct or peer review a systematic review in the field of interventions or diagnostic test accuracy for children with cancer please contact the Cochrane CCG Editorial Base ([chcrg@amc.uva.nl](mailto:chcrg@amc.uva.nl)) or visit our website <http://www.ccg.cochrane.org>. If you have any further questions, please feel welcome to contact us.



## PUBLISHED REVIEWS

*Ginette M Goossen, Leontien CM Kremer,  
Marianne D van de Wetering*

### **Influenza vaccination in children being treated with chemotherapy for cancer**

Children with cancer are prone to developing infections. One of the viral infections is influenza (flu). This can run an innocent course in these children but some can develop severe complications. This review therefore focused on the efficacy of influenza vaccination in children with cancer.

For further information:

<http://www.mrw.interscience.wiley.com/cochrane/clsysrev/articles/CD006484/frame.html>

*Elvira C van Dalen, Beatriz de Carmago*

### **Methotrexate for high-grade osteosarcoma in children and young adults**

As a result of the introduction of chemotherapy, the survival of children with osteosarcoma has improved dramatically. The majority of the currently used treatment protocols are based on a combination of doxorubicin, cisplatin, methotrexate (MTX) and/or ifosfamide, of which MTX seems to be one of the most active drugs. However, in the literature, this has not been unambiguously proven. A well-informed decision on the use of MTX in the treatment of children and young adults diagnosed with primary high-grade osteosarcoma should be based on high quality evidence on both antitumour effects and adverse effects.

For further information:

<http://www.mrw.interscience.wiley.com/cochrane/clsysrev/articles/CD006325/frame.html>



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## >> PUBLISHED REVIEWS

*Elvira C van Dalen, Martine F Raphaël, Huib N Caron, Leontien CM Kremer*

### **📖 Treatment including anthracyclines versus treatment not including anthracyclines for childhood cancer**

Anthracyclines are used in the treatment of different types of childhood cancer. Unfortunately, one of the most important adverse effects of anthracyclines is damage to the heart. This can become manifest not only during treatment, but also years after the end of treatment. A well-informed decision on the use of anthracyclines in the treatment of different types of childhood cancer should be based on the available evidence on both antitumour effects of anthracyclines and the risk for damage to the heart.

For further information:

<http://www.mrw.interscience.wiley.com/cochrane/clsysrev/articles/CD006647/frame.html>

## PUBLISHED PROTOCOLS

- 📖 Antiemetic medication for prevention and treatment of chemotherapy induced nausea and vomiting in childhood, *R. Phillips, United Kingdom*
- 📖 Chemotherapy for children with medulloblastoma, *E. Michiels, the Netherlands*
- 📖 Cyclophosphamide versus ifosfamide for paediatric and young adult sarcoma patients, *M. Paulides, Germany*
- 📖 High dose chemotherapy and autologous stem cell rescue for children with high risk neuroblastoma, *B. Yalçın, Turkey*

- 📖 High dose chemotherapy for children with stage IV rhabdomyosarcoma, *R. Admiraal, the Netherlands*
- 📖 Interventions other than antibiotics and systemic antibiotics for prevention of central venous catheter related infections in children with cancer, *R. Arora, United Kingdom*
- 📖 Medical interventions for treating anthracycline-induced symptomatic and asymptomatic cardiotoxicity during and after treatment for childhood cancer, *E. Sieswerda, the Netherlands*
- 📖 Nutritional support in children with cancer undergoing chemotherapy, *L. Jones, United Kingdom*
- 📖 Stem cell transplantation for acute myelocytic leukemia in paediatric patients in first remission, *I. Abosoudah, Canada*
- 📖 Urate oxidase for prevention and treatment of tumor lysis syndrome in children with cancer, *D. Cheuk, China*

## REGISTERED TITLES

- ✍ Complementary and alternative medicine (CAM) for supportive care in children treated for childhood cancer, *C. Pinzon Florez, Colombia*
- ✍ Exercise therapy for children with leukemia, *P. v.d. Torre, the Netherlands*
- ✍ Early discharge versus non-early discharge in pediatric cancer patients with febrile neutropenia, *E. te Poele, the Netherlands*
- ✍ Minimally invasive surgery versus open surgery for the treatment of solid abdominal and thoracic neoplasms in children, *M. de Lijster, the Netherlands*
- ✍ Psychosocial interventions for survivors diagnosed with cancer during adolescence or young adulthood, *F. Hagggar, Canada*



## >> REGISTERED TITLES

- ✍ Cranial irradiation plus intrathecal chemotherapy versus intrathecal chemotherapy alone for prevention of CNS relapse of childhood acute lymphoblastic leukemia,  
*X. Wang, China*
- ✍ Hyperfractionated radiotherapy for children and adolescent with rhabdomyosarcoma,  
*H. Bu, China*
- ✍ Interventions for promoting participation in shared decision-making for children with cancer,  
*I. Coyne, Ireland*
- ✍ Intracystic bleomycin for cystic craniopharyngiomas in children,  
*Y. Fang, China*
- ✍ Growth hormone treatment for operated craniopharyngiomas in children,  
*Y. Fang, China*
- ✍ Low bacterial diet to prevent infection in neutropenic patients,  
*A. Mank, the Netherlands*
- ✍ Treatment-related hepatic late effects in childhood cancer survivors,  
*R. Mulder, the Netherlands*
- ✍ MIBG scintigraphy and PET imaging for diagnosing neuroblastoma,  
*G. Bleeker, the Netherlands*

- ✍ Treatment-related renal adverse effects in childhood cancer survivors,  
*S. Knijnenburg, the Netherlands*
- ✍ Fresh frozen plasma for preventing hematologic complications in children treated with asparaginase for acute lymphoblastic leukemia,  
*N. Schouten-van Meeteren, the Netherlands*
- ✍ Chemotherapy-related late adverse effects on female fertility in childhood and young adult cancer survivors,  
*A. Overbeek, the Netherlands*
- ✍ Glucocorticoid therapy-related hypothalamic-pituitary-adrenal (HPA) axis suppression in childhood leukemia,  
*S. Gordijn, the Netherlands*

## NEXT COCHRANE COLLOQUIUM

18-22 October 2010 - 18th Cochrane Colloquium,  
Keystone, Colorado, USA

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