

# **PACIFIC ISLAND CHILD CANCER REGIONAL CONFERENCE**

**Presentation: BRAIN TUMOURS**

**Dr Scott Macfarlane**

**Clinical Leader, National Child Cancer Network (New Zealand)**

**Thursday 1 December 2016**

- Brain tumours present us with probably the best example of the conflict which exists for all of us.
- On one hand we have the agreed philosophy which underpins the service model we have accepted where the focus is on maximising the chance of achieving cure in children who are likely to be the best respondents to cancer treatment. That is; focusing our available resources on where there is the greatest likelihood of success.
- Simultaneously we also improve palliative care for those whose chance of a successful outcome are not as good as where attempts at a cure would use up the resources which could be better devoted to successful outcomes.
- This is a national public health decision – the greatest good for the available resource.
- It also has some positive public relations outcomes – the population sees that some childhood cancer is actually curable but even those who are not cured are managed in a caring way which minimises their suffering without committing them to therapies which have little or no chance of success.
- On the other hand as advocates for the individual child, we want to offer any opportunity for a successful outcome to that child and to his or her family. This is what led historically to any child who could raise the funds, by whatever means, to come to New Zealand for treatment. Most often, these children were selected only on the basis of available financial backup, not on the probability that treatment could be successful and this resulted in large amounts of money being spent on children dislocated from their supports receiving intensive treatments for advanced stage disease with poor outcomes.
- Most brain tumours fall into this category.
- Successful treatment of brain tumours relies on a number of factors:
  - Having a favourable tumour type
  - Having a localised tumour, in a site which allows complete surgical resection
  - Access to intensive chemotherapeutic regimens with a sophisticated clinical supportive care capability
  - Access to advanced radiological services including MRI
  - Access to modern radiotherapy planning and delivery systems
  - Quality rehabilitation and medical speciality care including audiology, hearing aid provision, endocrine overview with pituitary replacement therapy,

educational support and vocational training capability, governmental financial support for those incapable of work.

- The Pacific Island project does not include brain tumours on the list of its curable cancers for these reasons.
- Those children who have access to private funding may come to New Zealand for surgery and possibly radiotherapy. For a few, this may be enough for a quality outcome.
- It is mostly difficult to pre-select those who will fall into this category.
- For most it will be an expensive investment in an outcome which will likely be regarded as unsatisfactory in the Pacific context.
- However children, families, medical care providers and politicians are all humans – no economists and are all conflicted when applying rational public health philosophy in the individual situation.