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Meeting Highlight

International Update Meeting for Paediatric Haematology and Oncology, Edinburgh, May 1996

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EVERY TWO YEARS, since Ian Hann (London, U.K.) first conceived the idea, we have arranged for leading figures in the field of paediatric haematology and oncology to present state-of-the-art updates on key topics for trainees and as part of continuing medical education for those involved in the investigation and care of children with cancer and haematological disorders. With pharmaceutical company support we have attempted always to keep the costs low so that nurses and professionals allied to medicine could attend, in addition to clinicians. This year, the fifth meeting, was once again held in Edinburgh. Two hundred and forty-two delegates attended representing 29 countries. In some areas, there has been continuous progress over the last decade since the first meeting, but for some there remain outstanding challenges.

For acute lymphoblastic leukaemia (ALL), Judith Chessells (London, U.K.) stressed the need for international agreement on prognostic categorisation, indications for bone marrow transplantation, methods (and the value) of detecting minimal residual disease, and what constitutes essential investigation. For 80–85% of cases, fine tuning of standard therapy is now required, but for those with high risk of relapse, we increasingly need international collaboration if we are to improve survival. Jorg Ritter (Münster, Germany), using evidence from the BFM (Berlin-Frankfurt Münster) studies, highlighted the advances in acute myeloid leukaemia (AML) therapy, and at last we are able to consider stratification by risk criteria instead. Mel Greaves (London, U.K.) provided an excellent overview of the gene rearrangements in leukaemia and their value in understanding leukaemogenesis, as well as in monitoring for minimal residual disease. Understanding the molecular processes involved in leukaemia may provide the key to why certain genetic rearrangements do lead to poor therapeutic response. The enigma that is Langerhan Cell Histiocytosis was beautifully explored by Jon Pritchard (London, U.K.), including the problem we have in grasping how a metastatic clonal proliferation can, on occasion, regress spontaneously.

Linda Lashford (Manchester, U.K.) pointed the way to the future with a talk on gene therapy, including vector design and applicability to oncology. The first major use of gene therapy in oncology may be in the transfer of resistance mechanisms to peripheral stem cells to facilitate intensification of therapy. The steady improvement in non-Hodgkin's lymphomas was emphasised by Ross Pinkerton (London, U.K.), particularly the dramatic contribution of the SFOP (Societé Francais Oncologie Pediatre) group for advanced B-cell disease. The challenges of deciding optimal therapy for increasingly well defined subgroups (e.g. large cell anaplastic, peripheral T), and in immunosuppression related tumours were highlighted.

Per Kogner (Stockholm, Sweden), in his talk on neuroblastoma, summarised current knowledge on molecular markers, prognostic stratification and adjustment of therapy by risk group. The molecular rearrangements (e.g. CD44 and MRP overexpression, and failure of apoptotic pathways) offer understanding of poor outcome in some patients, but also the potential for new therapeutic approaches. David Walker (Nottingham, U.K.) pointed out the challenges of childhood brain tumours; missed or delayed diagnoses, lack of coordinated team approaches, and lack of coordination of new approaches to minimise late toxicity. This talk was followed by Herbert Jurgens (Münster, Germany) providing an update on bone tumours, emphasising Ewing's sarcoma with all its challenges, as did Michael Stevens (Birmingham, U.K.) on soft tissue sarcomas. Both stressed the value of European collaboration in advancing knowledge of these individually rare sarcomas.

Sally Kinsey (Leeds, U.K.) presented data on the rational use of peripheral stem cell support, drawing on particular experience gained from the joint Leeds/Manchester study. Optimal time of harvesting, mobilisation schedules and potential for *ex vivo* expansion were all stressed. Star performances by Herbie Newell (Newcastle, U.K.) on new therapeutic approaches (stressing early clinical trials specifically for children of new agents, e.g. AG337 which include mechanistic investigations), and Gerard Evan (London, U.K.) on apoptotic mechanisms, gave participants a sense of mission for the future.

Grant Prentice (London, U.K.) brightened the start of the second day with an exposition on immune mechan-

isms in transplantation, and why a graft versus leukaemia effect may be so crucial to success in transplantation. Pieter Sonneveld (Rotterdam, The Netherlands) talked excellently on multidrug resistance and mechanisms to overcome it, whilst Dorothy Crawford and Ian Hann (London, U.K.) updated us on the approaches to diagnosis and therapy for malignancy in immunosuppressed patients. Five presentations followed on supportive aspects: health-related quality of life (Meriel Jenney, Manchester, U.K., stressed the need to incorporate prospectively validated measures), late effects (Hamish Wallace, Edinburgh, U.K., stressed the need to monitor and follow up patients long term), emesis control (Annabel Foot, Bristol, U.K., stressed the need for a sliding scale protocol to ensure maximum control for all patients), pain control (Ann Goldman, London, U.K., on our need to know how to assess, use adequate and appropriate therapy, and consider psychological factors), and finally nutrition (Sue Picton, Manchester, U.K., on the need to understand better the mechanisms involved).

In the final session, Mark Layton and Sally Davies (London, U.K.) gave excellent complementary talks on haemoglobinopathies, endeavouring to link our improved understanding of the genetic and molecular changes involved with how they can be exploited therapeutically. They particularly discussed whether pharmaceutical agents could be used to increase HbF levels significantly, and if so, for which group of patients. Brenda Gibson (Glasgow, U.K.) gave an authoritative overview of neonatal and infantile thrombosis.

The meeting closed with the now traditional vision for the future, this time presented by Ian Lewis, Leeds, U.K. In an amusing and thought-provoking talk he summarised many of the threads running through the meeting in the form of ten "visionary points." Of these there was a consensus view from the participants that there was a need for national and international collaboration in the management of rare and relapsing patients, a greater understanding of tumour molecular processes, both to use as diagnostic tools but also to improve therapy, and for us better to evaluate the role of supportive measures, especially the use of stem cell support, cytokines and transplantation. In the last 20–30 years, we have successfully developed services for children, but our attention should now turn towards teenagers who have somewhat different needs than young children, and we need to organise our units to optimise our efforts at a time of increased worldwide pressure on resources. In addition, we must have adequate tissue bank facilities to store biological materials as an essential resource for future laboratory research.