



Wilms@Home

Newsletter 1 - March 2005

A warm welcome to our first newsletter. We are a new charity working for the benefit of families directly affected by Wilms' Tumour or also called nephroblastoma.

The large majority of children diagnosed with Wilms' Tumour recover from it. This is thanks to the dedicated work of many researchers, doctors and other health professionals who have worked many years to find more effective treatment and improve diagnostic methods.

Very sadly there are still children who do not recover, children who suffer from side effects later on in life and families who are trying to find a way dealing with pain, sadness and worry. Our first newsletter is dedicated to Sebastian, one of the children who sadly could not survive.

Wilms at Home aims to support the whole family affected by supporting a network across the UK and Europe and focusing on various issues families have. The charity will also support research into treatment and family-oriented aftercare.

This first issue includes a mix of articles and news. Including some memories by Anika Winkel who has written about her experience when she had Wilms as a child. Also included is an article by Dr Watt about initial diagnosis in General Practice. You also might be interested in reading about the "original" Max Wilms, an article written by Nela Klein.

The Wilms @ Home team hope that you find this newsletter of interest and looks forward to your comments and contributions for future issues.

Scottish Charity SC035626

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March 2005

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Helping us helping others!

You can help Wilms @ Home by keeping fit yourself!

Susanne Griesbaum whose nephew Ewan was diagnosed with Wilms in 2003 will be running a number of 10ks to raise money for Wilms at Home and Nick Kelly is brave enough to attempt the

Lochaber Marathon for us! Thank you!

If you want to raise money and help Wilms at Home please get in touch and we will send you Information and forms you need to raise money. Thank you!



Survivor Stories!

Mein Name ist Anika Winkel. Mittlerweile bin ich 22 Jahre alt und studiere Medizin in Düsseldorf/ Deutschland. Daß ich Medizin studiere hat einen ernstesten Hintergrund.

Als Kind wurde bei mir ein Wilmstumor Stadium IV diagnostiziert. Metastasen hatten sich bis zu meinem rechten Lungenflügel gefressen. Um die Tumormasse zu verkleinern und ihn operabel zu machen, bekam ich zuerst eine Chemotherapie. Die Chemotherapie bestand aus den Medikamenten: Vincristin, Actinomycin und Adriamycin. Mein Körper reagierte wie erhofft und ich konnte zwei Monate nach Diagnose operiert werden. Durch die Operation verlor ich meine rechte Niere. Gott sei Dank übernahm meine linke Niere die volle Funktion. Nach dieser erfolgreichen Operation bekam ich weitere Chemotherapien, die ich - bis auf die Übel-

keit - gut vertrug. Damals gab es leider noch nicht so gute Antiemetika wie zB. Zofran. Des Weiteren musste ich noch viele Bestrahlungen über mich ergehen lassen. Bestrahlt wurden sowohl meine Lungen als auch der Bauchraum. Nach fast zwei Jahren war die Behandlung erfolgreich abgeschlossen.

Meine weitere Kindheit verlebte ich sehr glücklich bei meinen Eltern. Doch am Anfang 24-mal, jetzt nur noch einmal jährlich werde ich wieder nervös. Der Tag der Nachsorgeuntersuchung ist jedes Mal sehr aufregend. Ist ein Rezidiv erkennbar? Funktioniert die linke Niere noch einwandfrei? Bis jetzt bin ich sehr glücklich, dass keiner meiner Albträume in Erfüllung ging.

Der Wunsch Medizin zu studieren ist wohl damals im Krankenhaus geboren worden. Meinen Traum Kinderonkologin zu werden und meine Erfahrungen - gute wie

schlechte - weitergeben zu dürfen, ist für mich eine ganz besondere Motivation. Ein wenig kann ich diesen Traum auch beim Schreiben meiner Doktorarbeit verwirklichen. Dabei entwickle ich eine Homepage, die krebserkrankten Kindern während ihrer Erkrankung helfen soll, besser zu verstehen, was mit Ihnen geschieht.

Ein Satz, der mich durch viele schwierige Situationen begleitet hat, ist dieser: Wer kämpft, kann verlieren, wer nicht kämpft hat schon verloren. In diesem Sinne wünsche ich Ihnen allen viel Mut und viel Kraft zum Weiterkämpfen.

Herzliche Grüße

Anika Winkel

You can contact Anika via email : nika111@gmx.de

Read Anika's story in English on page 4.

The Family Doctor and Initial Suspected Diagnosis

I am honoured to contribute to this newsletter and support Wilms at Home. As most of you will know Wilms Tumour or nephroblastoma is a very rare form of cancer that generally affects otherwise healthy children. The peak incidence is in the 2-3 age group and it affects 1 in 10,000 children. Wilms tumour usually presents with a swollen (sometimes painful) abdomen or painless blood in the urine and should be seen promptly by the family doctor. If the diagnosis is suspected by the family doctor an urgent referral to paediatrics should be made.

The sudden change from being a well, healthy child to facing aggressive medical treatment is traumatic for both the child and family. I have been very fortunate to have been involved in the care of a young boy who has

coped remarkably well with his illness and the long and complex treatment which he has received. He has shown great strength of character and the support his family have given him has been amazing to say the least.

As you will see on the Wilms at Home website the outcome in Wilms tumour is improving and better symptomatic treatment leads to an increased tolerance of the toxic treatments that are administered. As research continues, I am hopeful that the dynamic treatments offered will mean even better outcomes in the years to come provided the funding for ongoing research is secured. I am sure through setting up of this charity the experiences and strengths of the members will be a great benefit to Wilms sufferers and their families in the years to come.

Dr Gregor Watt is a GP and family doctor based in Innerleithen, Scotland.

Wilms at Home would like to use this opportunity to thank Dr Watt for his contribution to our newsletter.

Would you like to contribute

This newsletter is for families affected by Wilms' Tumour.

Please feel free to contribute with your articles related to Wilms' and questions you may have.

We also welcome articles related to Wilms' written by health professionals.

to our newsletter?

We are for example very interested in articles on future research and treatment, family support and special support for children who find it difficult emotionally to deal with treatment and side-effects.

Please contact Wilms @ Home to discuss your ideas. Thank you.



Long-term survivors: Anika's story

My name is Anika Winkel. I am 22 years old and am studying medicine at Dueseldorf in Germany. There is a more serious reason for me why I chose to study medicine. When I was a child I was diagnosed with Wilms' tumour stage 4. Metastases were already growing on my left lung. To shrink the mass of the tumour I was first given chemotherapy. I received Vincristine, Actinomycine and Adriamycine. My body reacted as hoped and the tumour was operable two months after the diagnosis. Through the operation I lost my right kidney. Thanks to God my left kidney was fully functioning after this. After the successful operation I received more chemotherapy, which my body coped with well apart from nausea. Unfortunately, at that time there were no good and ef-

fective Antiemetika available such as Zofran. Apart from chemotherapy, I had to undergo quite a lot of radiation to my lungs and abdomen. After almost 2 years the treatment was completed and successful.

After treatment I was able to spend my childhood very happily with my parents. However, I do still get nervous at check-ups. After treatment I had check-ups every 2 weeks. Now I have to go once a year. It is always an exciting day. Is a rezidiv to be seen? Is the left kidney still functioning properly? I am very happy that my nightmares have not become reality.

My wish to study medicine originated when I was in hospital. My dream is to become a child oncologist and

to be able to pass on my experience -good and bad. This is a special motivation to me. I can also realise my dream a little bit by writing my doctorate thesis. For this I am developing a website for children during their treatment so that they can better understand what is happening to them. A sentence, which has helped me through many difficult situations, is this:

That person who fights can loose, that person who does not fight has lost already.

With this sentiment I would like to wish you all much courage and strength to fight.

With kind regards
Anika Winkel

Anika can be contacted via email : nika111@gmx.de



KIDZ KORNER



Wilms @ Home is about the family- especially the young members.

But we are just not hip.

Therefore Wilms@Home is looking for contributions from you lot.

Tell us what you want to see on the website. Send us pictures, or if someone wants to write a column on what is cool and what is not, then get in touch! Fashion, music all welcome!

"The People behind Wilms' Tumour"

by Nela Klein Gonzales (Medical Student, University of Köln, Germany)

Dr Jon Pritchard (Paediatric Oncologist, University of Edinburgh, UK)

Biography of Max Wilms:

Karl Maximilian Wilhelm Wilms or "Max" Wilms was born 1867 in Hünshoven/Geilenkirchen, near Aachen and west of Cologne (Köln), close to the Belgian/German border. He was the son of a lawyer. He studied at an impressive array of German universities, including Munich, Marburg, Berlin, and Bonn, obtaining his doctorate in 1890 at Bonn. Wilms' peripatetic student career presaged his professional life. Following graduation he held a post in Giessen, before he was appointed pathological anatomist to the Pathological Institute of Cologne under Otto Michael Ludwig Leichtenstern (1845-1900). Wilms was in Leipzig working under Trendelenburg (1844-1924) between 1897 and 1899, when his treatise on what has come to be known as "Wilms' Tumour" was published. The book is a classic work and its title is "Die Mischgeschwülste der Niere" (The mixed tumour of the kidney). Interestingly he did not specify that the tumour was much more common in children than in adults.

He trained in surgery at Leipzig (Leipzig) in 1899, becoming an exceptional professor in 1904. In 1907 he was ap-

pointed professor of surgery in Basel and reached the peak of his career in 1910 when he was called to the chair at the University of Heidelberg. Professor Wilms was described as "...diligent and highly intelligent, possessing an exceptional working capacity, as



MAX WILMS (1867 - 1918)

well as being a dextrous surgeon".

Wilms made great efforts to map the pathology and development of tumour cells, and after investigating the comprehensive material of renal tumours, he maintained that these tumour cells evolved during the development of the embryo. He had a special interest in nephrology and urology and his major contributions were in the surgical pathology of the kidney, bladder and urogenital tract.

Another important contribution to medicine was his innovative "Wilms' operation" (1911) for tuberculosis.

The technique shortened operative time and minimized bleeding, while eliminating the need to open the cavities. The operation is still occasionally used in certain cases of pulmonary tuberculosis.

With Ludwig Wullstein (1864-1930), Wilms published the *Lehrbuch der Chirurgie* (Textbook of Surgery), Jena, 1908-1909; 7th edition, 1923; it was later translated into English, Italian, Russian, Spanish, and Hungarian.

In May 1918, Wilms performed a laryngotomy/cricotomy on a French prisoner of war, who had acute laryngeal swelling because of diphtheria. Sadly, Wilms acquired the infection from his patient in a severe septic form and died a few days later. He was only 51 years old at the height of a distinguished career. The French officer survived.

Pic ref : <http://www.nwtsg.org/public/max-wilms.html>

Jane Gates about her son Sebastian who died in December 2003



My son Sebastian was diagnosed with a Stage IV Wilms' Tumour in June 2001. At the age of seven, he was at the top end of the "normal" age range for Wilms' and he presented with very few symptoms; he had been sick a few times but not enough to deter him from playing sport or attending school - both of which he loved.

The primary tumour was the size of a junior rugby ball, so aggressive chemotherapy was used to shrink it to a size that would enable surgery to remove both the tumour and totally diseased right kidney. It is worth adding at this point that Sebastian's situation was complicated somewhat by the fact that he suffered from haemophilia - an inherited blood disorder that renders the body unable to produce the clotting factors that prevent us from bleeding to death. Every surgical procedure was thus a potential killer; so Sebastian's treatment always involved the combined services of the Oncology specialists (for the cancer) and the Haematology specialists (for the blood disorder).

der).

Sebastian's primary tumour responded to treatment and in August 2001 he underwent a nephrectomy (surgical removal of kidney and tumour). Follow-up chemotherapy (Vincristine, Doxorubicin and Actinomycin) for the next six months led to a period of remission between February and September 2002.

Throughout every aspect of his treatment from the initial point of diagnosis, Sebastian was incredibly brave, positive and determined to beat his cancer. He never asked "Why me?" or complained about the unfairness of his frequent incarcerations; he simply accepted his fate with the wisdom and maturity of someone much older than his tender years. As a close family, my husband (Mike), older child (Rebecca) and I marvelled at the incredible spirit and consummate courage shown by our darling "Bassie". We drew our strength from him and we maintained (at least externally) a positive outlook throughout the roller coaster ride that Sebastian's battle with cancer became.

Naturally, we were devastated when Sebastian relapsed in September 2002; tumours on both lungs were visible and we feared the worst. Sebastian's consultant, Chris Mitchell, explained that there was a protocol for treating

first relapses of Wilms', which brought some measure of relief. I was desperate for more information about how other children in this situation had fared; I had already read as much as I could find about Wilms' to the extent that Dr Mitchell gave me a copy of the paper he had produced on Wilms' (at the time he was President of the Wilms' Society and was acknowledged as an expert in the field) which he assured me would make me more knowledgeable about Wilms' than any GP!! The report does not make for cosy bedtime reading but I came to know its eleven pages by heart. As Sebastian's parent and spokesperson, making critical decisions about his treatment and ultimately his future, I felt that I should have the best possible understanding of my son's condition. Sebastian embarked on the Relapsed Wilms' Protocol C with spectacular success; he again tolerated the highly toxic chemotherapy combinations (Etoposide, Cyclophosphamide and Carboplatin) extremely well and his tumours "disappeared" within a few months; thus obviating the need for surgery. Sebastian did, however, undergo high-dose chemotherapy (Melphalan)

Jane about her son Sebastian who died in December 2003

and a stem cell transplant as a follow-up; the aim being to kill off any residual cancerous cells that were too small to be detected by CT scan (Sebastian was the first haemophiliac child to undergo this - another medical first!). In May 2003 Sebastian had his second Hickman Line removed and was again in remission. The relapse treatment had indeed been harsh and it left my son a very different boy; physically, mentally and emotionally. Sebastian only managed to attend school for the final three weeks of the 2003 academic year, but he was noticeably different to his peers - he found the classroom noisy and regarded the incessant chatter as meaningless. Sebastian had become accustomed to a life that revolved around hospitals, blood counts, IV infusions and operations. He looked very different, as his body was still bloated from the steroids and he had lost every single hair on his entire body. At the prize giving ceremony on the final day of term, Sebastian was awarded a special prize as a tribute to his courage and determination. Sebastian, true to character, was remarkably modest about his achievements and felt that the honour was over generous; he never did understand how inspirational he was to others or appreciate how courageous he was in facing every aspect

of his treatment without complaint or confrontation.

Two weeks later, Mike and I were truly devastated to discover that again traces of cancer had been found on both lungs. Sebastian looked and felt so well, and yet we had just been given such dreadful news. We both knew that there was no protocol for a second relapse of Wilms'. Because Sebastian was in such excellent spirits and was so physically robust, we agreed with Dr Mitchell to continue treatment, although we were very aware that this was uncharted territory. We came up with a three-pronged attack comprising Plan A (daily oral doses of chemotherapy combined with a weekly IV infusion of Venerelbine), Plan B (surgery to both lungs to remove the tumours) and Plan C (a radical new drug called Iressa which had enjoyed some success in prolonging life in non-small cell lung cancer patients).

In the end, Sebastian went through all three phases; the first thorocotomy (lung surgery) went extremely well but the second was a different matter altogether. Sebastian never truly recovered from the second operation in November and it was shortly after this that re-growth was again found in the other lung. At this stage, the only possible treatment was Iressa and we agreed to be-

gin - making Sebastian the first child ever to trial this drug.

In the end, it was too late even for Iressa. Mike, Rebecca and I took Sebastian to Helen House Hospice in Oxford, ostensibly for three days' respite care on December 15, but whilst he was there his condition began to deteriorate rapidly. Sebastian was adamant that he never experienced any pain, but he became acutely anxious about his breathing in the final few days of his life. We had not brought our son to Helen House to die, but once there we knew that there was nowhere else we would rather be and we felt cocooned in the safe, warm, secure and loving surroundings of this amazing place. In my darkest, most private thoughts I had always imagined that if the worst happened, we would want Sebastian to die at home, but Mike and I both agreed that we had been led to Helen House for a reason and we both trusted in our belief that all things happen for a purpose.

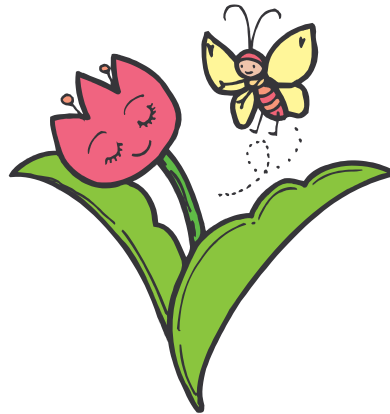
Sebastian died in the early hours of Christmas Eve (2003), surrounded by Mike, Rebecca, nurse Helen and myself. His passing was entirely peaceful and the only noise

Jane about her son Sebastian who died in December 2003

came from the birds chirping outside - strange yet comforting on a totally dark morning. It is seven months now since our most beloved son passed away and I cannot pretend that we know how we will get through a lifetime without our precious boy. We firmly believe that when you lose a child you never get over it; you merely learn to live

through it. We are truly thankful for the wonderful nine years and ten months we shared with Sebastian and we are so grateful to him for the lessons he taught us - of living and dying. Sebastian was selfless right to the end of his life (his very last actions were to kiss Mike, Rebecca and I individually and to give an assurance of his love for us) - he was constantly trying to help others he considered less fortunate than himself. for families to recharge their batteries and to share precious time together. (There isn't currently anywhere in the UK that is available free of charge all year round to such families.) Just twelve days before he died, Sebastian launched an appeal in our local paper to raise £2 million in order to build a holiday home for children with

cancer or other life-limiting illnesses. We honestly believe that our son left us with a mission and we have established a charity in his memory with the purpose of building that home. We have learned



over the past three years how much families suffer when a child is diagnosed with cancer; our son recognised how we could make a real difference by providing somewhere for families to recharge their batteries and to share precious time together. (There isn't currently anywhere in the UK that is available free of charge all year round to such families.)

It is important to remember that Wilms' is generally regarded as one of the most treatable forms of childhood cancer and even those that relapse once often go on to make a full recovery. We only met one other relapsed

Wilms' patient during Sebastian's treatment; he is continuing to do well and has been in remission for over a year now, thankfully.

I hope that in reading this account you will share in our pride and determination to realise Sebastian's last wish; even though he has not lived to see his vision materialise we know that he is guiding us towards it's creation. Sebastian loved life and we are so thankful for all the wonderful times we enjoyed together ; it is no surprise to those that knew this "terrific young chap" to learn that in the face of his own death he was still thinking of others.

Over the past few years we have met many other families who like us are unwitting members of a club we never aspired to join - that of the Bereaved Parents. We are all learning to celebrate the lives of our truly special children and we know that our own lives have been enriched immeasurably by the pleasure and honour of being their parents.

Sebastians Action Trust
providing holiday homes and support for seriously ill children

For more information please contact the trust at:

54 Locks Ride;
Ascot; Berkshire;
SL5 8QX

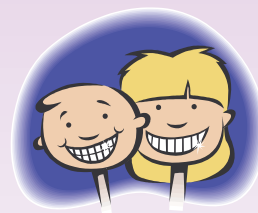
E. info@sebastiansactiontrust.org
W. www.sebastiansactiontrust.org

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Tel: 01561 360228
Email: monica@wilmsineurope.net
Website: www.wilmsathome.org.uk

Pen pals!

Would you like to have a pen pal you can write to about your experience in hospital, about school and other stuff?



Scott is almost 8 years old, likes swimming, pokémon, yu-gi-oh, and digimon. Scott also likes playing his game-boy and hates schoolwork. If you want to write to Scott please send your first letter and address to us and we will pass it on to Scott.

!!Children and young people under 16 years of age please ask for permission from your parents or legal guardian first. In order to pass on a letter and contact details we need permission in writing. !!

Relapse

Relapse is a real fear for many of us. We desperately hope that it won't happen and still there are a few families who have to deal with it every year.

Noreen whose son David has relapsed in 2004 has offered her name and contact for those who feel they would like to be in contact with someone who is also affected by relapse.

You can contact Noreen by email:
Noreenzav@hotmail.com

Interested in Membership?

Families directly affected (past or present) by Wilms' Tumour and live in UK or Europe are welcome to apply for free and full membership.

Membership is also available to anyone who believes in our aims and wants to support the charity by making a small contribution every month.

Friendship schemes are also available for those who are not interested in membership but want to

support us on a monthly basis.

Like many charities Wilms at Home relies on kind donations and anything you can give is greatly appreciated and ensures that we can continue our work. Thank you!

For details regarding membership and donations please contact Tracey via email : tracey@wilmsathome.org.uk write to Wilms at Home, or phone us.



Wilms Tumour Overview

The following is an up-to-date overview on Wilms' Tumour written by Prof Kathy Pritchard-Jones (December 2003). The section on follow-up is still being prepared will be published a little later.

We would like to take this opportunity to thank Prof Pritchard-Jones for taking the time to write this article for Wilms @ Home. Thank you very much.

What is Wilms tumour?

Wilms tumour is a kidney cancer that usually affects children aged around 3 to 4 years old. It is also called nephroblastoma, the ending 'blastoma' meaning that it comes from left over cells from the embryo, and the prefix 'nephro' meaning that this is of kidney origin. Wilms tumour is named after Dr Max Wilms, a German surgeon who practised in the 19th Century, and was the first to describe a series of children affected with this tumour.

The commonest way for a Wilms tumour to be discovered is when parents discover a hard lump in the tummy of their child at bath time. Usually the child is fairly well with no other symptoms. Some children have an episode of blood in their urine, and some are more generally unwell with fever, high blood pressure or symptoms arising from the large tumour lump squashing their lungs.

Is Wilms tumour curable?

The answer is definitely yes! Wilms tumour is one of the most curable childhood cancers with nine out of ten children being cured in the long term. However, for individual children with Wilms tumour, their chance of being cured depends on many factors, including what their tumour looks like down the microscope (histology), how far the tumour has spread (tumour stage), and age at diagnosis. If the tumour is exposed to chemotherapy before it is removed, then the tu-

mour response to chemotherapy may also be an important factor in determining the long-term outlook.

How is Wilms tumour treated?

Wilms tumour is treated by an operation to remove the affected kidney together with chemotherapy. Three chemotherapy agents are commonly used to treat Wilms tumour, vincristine, actinomycin D and doxorubicin (also called adriamycin). The number of drugs used and the need for radiotherapy depends on something called 'tumour stage'. This is a measure of how far the tumour has spread. The different stages are defined as follows

- **Stage I** is when the tumour is confined within the kidney and is completely removed.
- **Stage II** is when the tumour has breached through the kidney lining but is still completely removed.
- **Stage III** is when some of the tumour is left behind, either because the tumour ruptures, because complete surgical removal is not possible or because the tumour has spread to nearby glands (lymph nodes).
- **Stage IV** is when the tumour has spread to other parts of the body, usually the lungs.
- **Stage V** is the special case of tumours in both kidneys (bilateral disease).

What is the best treatment for Wilms tumour?

Surgery has always been a mainstay of treatment for Wilms tumour, but additional chemotherapy is very important to stop the tumour from spreading to other sites, and radiotherapy is sometimes necessary to control any residual

Wilms Tumour Overview

What is the best treatment for Wilms tumour?(continued)

tumour in the abdomen or at common sites of spread such as the lungs. Even in the pre-chemotherapy era, a small proportion of patients with Wilms tumour were cured by surgery alone. However, unless additional chemotherapy is given, the vast majority of children will have a relapse of their tumour, usually by spreading to the lungs, and will ultimately die of their disease without additional treatment. Hence, the initial approach to treating Wilms is to combine surgery and chemotherapy, sometimes with additional radiotherapy, for all patients to maximise their chance of cure at the beginning. There are several important questions to be considered in deciding how to put together treatment for Wilms tumour.

Timing of Surgery

Wilms tumours are often very large at diagnosis and can easily burst at operation. Therefore, investigators in Europe have long used the approach of pre-treating Wilms tumour with chemotherapy prior to operation to remove the affected kidney (nephrectomy), to make the tumour smaller, make the operation safer, and reduce the chance of tumour rupture. The main clinical trials which have used this approach have been run by the International Society of Paediatric Oncology (SIOP Nephroblastoma Studies). In these studies, the amount of treatment required after tumour removal is decided following inspection of the kidney containing the tumour (nephrectomy specimen) by a pathologist.

There has been a different viewpoint taken by doctors in North America, and some other countries around the world. Here it is believed that the most important factor in deciding treatment is to determine how far the tumour has already spread at the time the Wilms tumour is first diagnosed. This means that the North American approach to treatment of Wilms tumour is imme-

diately surgery to remove the kidney, with subsequent treatment being decided after analysis of this nephrectomy specimen. The main clinical trials that have used this approach have been run by the National Wilms Tumour Study Group (NWTSG), the United Kingdom Children's Cancer Study Group (UKCCSG) and the Brazilian Wilms Tumour Group.

The debate about whether the NWTSG or SIOP approaches to the treatment of Wilms tumour are equivalent, or whether one is superior to the other, have gone on for thirty years. Currently all evidence would suggest that whichever approach is used, children with Wilms tumour have about the same chance of survival depending on the tumour stage at diagnosis. The arguments about the relative merits of the two approaches have therefore hinged more on their overall potential for causing long-term side effects and hence the toxicity of treatment.

The UK Children's Cancer Study Group decided in the late 1990's to conduct a randomised clinical trial comparing these two surgical approaches. This was known as the UK W3 trial, and finished in March 2001. Its results are currently being written up for publication in a scientific journal, and will be linked to this website when they have been published. The results of this trial show that preoperative chemotherapy causes most tumours to shrink, and increases the proportion of tumours which are Stage I or II at the time of their removal, and hence require minimal chemotherapy.

More of Dr Pritchard-Jones' overview can be found on our web site and will also be published in full in our next newsletter issue.
<http://www.wilmsathome.org.uk>

The Comfy Armchair

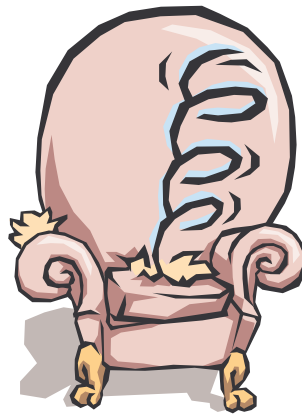
Dear Dad,

only

to

of being labelled the "breadwinner" when all you want to do is protect your family and child? Please write and let it out.

As you may be aware, this publication is about the whole family, including the sometimes silent partner.



Andy - Ewan's Dad
E. andy@wilmsathome.org.uk

This is a kind of "get it off your chest" forum. For instance, ever had a conversation, where the medical professional seemed to be talking your partner? Or the pressure

Wilms @ Home Website Watch

Well not much updating going on at the moment. We are currently working on a new layout with some new features to hopefully enhance the site, the current site will remain up and active and we will keep the popular guest book as is. Any Suggestions are welcome regarding content & features:

In development:

- Kids Section;
- Members Directory;
- Live Chat (for members);
- Q&A with Health Professionals.



Donation

Would you like to donate to Wilms@Home?

If so, please complete this form, and send a cheque payable to WilmsatHome:

Name:

Amount:

Address

Send to:

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Haughs of Benholm
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Montrose; DD10 0LZ

Post Code