Today the overall survival rate for some types of childhood cancers is approaching 90% thanks to leading-edge research.

for some types of childhood cancers is approaching 90 percent thanks to leading-edge research. However, the work is not nearly finished. There are types of pediatric cancer that are still 100 percent fatal. Currently, 1 in 300 Americans will be diagnosed with cancer before the age of 20. The average age of diagnosis is six years old. And the incidence of this disease among children in the United States is rising almost 1 percent per year. We can offer hope with research. Children should not only survive, but they should thrive without the likelihood of recurrence or secondary disease.

“We are in a very exciting time for pediatric cancer research. Cancer research as a whole has significantly progressed and led to many novel discoveries such as targeted drugs and immunotherapy,” states Dr. Lingling Chen, Johns Hopkins University School of Medicine.

Public funding for pediatric cancers is sorely lacking. Children make up 10 percent of the cancer population. Yet, only 3.8 percent of public cancer research funds are dedicated to pediatric cancer research. Children face as many different types of cancer as adults, and there are types of cancer that only occur in children. Adult treatment protocols do not simply scale down to the pediatric population. Children have unique physiologies, and they have to live with the consequences or side effects of the treatments a lot longer than an adult. It is up to the private sector to fill this research funding gap so that advancements can be made for children facing cancer. Organizations like the Pediatric Cancer Research Foundation (PCRF) have recognized this pressing need and have dedicated themselves to supporting the research efforts specific to cancers affecting children ages 0-19 years.

A child diagnosed at six years old could have on average 71 years to live with the aftermath of their treatment. Some children do well and experience few to no side effects of their cancer diagnosis. More commonly, childhood cancer survivors face a diminished quality of life and significantly elevat-
Dr. Sakamoto, Lucille Packard Children’s Hospital at Stanford University, is optimistic: “The future is bright as we are beginning to understand the individualized, genomic approaches to treat cancer including pediatric tumors. It is an exciting time to be doing research.”

The progress up to this point has been excruciatingly slow, especially for pediatric cancer. In the last 30 years, only two drugs have been approved for pediatric use. The reason is simple, pediatric cancer isn’t a profitable business to be in. The task of curing cancer is immense and pressing. Time is running out for some of our children. If a patient fails to respond to the trusted protocol, their odds of survival are significantly less. We need to expand the treatment options. We must seek less toxic treatments leading to an excellent quality of life after cancer and not just survival.

The general public has to be the impetus of change in our approach to this problem. The families are in the trenches and the fight for their child’s life has to have already been fought. The research has to have already been completed. We need to invest in that future. We need to make sure they can also hear the words, ‘But we have a cure.’

“Although children make up 10 percent of our cancer population, they are 100 percent of our future,” says Dr. Alex Huang, Case Western University.

By Christine Farwell
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