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Celebrating treatment completion in sub-Saharan Africa

Meaghann Shaw Weaver

I read with interest the Science & Society article by Israëls *et al.* (Clinical trials to improve childhood cancer care and survival in sub-Saharan Africa. *Nat. Rev. Clin. Oncol.* **10**, 599–604; 2013).[1] This paper described the potential for paediatric oncology trials conducted in sub-Saharan Africa to advance the field's knowledge while extending health benefits to children regardless of their country's development index.

One of the major challenges in treating patients in low-resource settings is treatment completion. Despite much effort—which include patient-centred counselling,[2] fee coverage,[3] attentiveness to nutritional status,[4] social support,[5] infrastructure developments,[6] gradual adaptation of treatment regimens with decreased toxicity,[7,8] and collaborative partnerships[9]—the rates of treatment completion remain low, with reported abandonment rates of 40–50%.[10–13] I recently visited a twinning site in sub-Saharan Africa on the day of a patient's treatment completion. Treatment completion in this region is all too rare and seemingly cherished as a gift, quite timely as we enter the holiday season. Despite the lightheartedness of this poem, I join Israëls *et al.*[1] in urging the serious and steadfast prioritization of improved childhood cancer care in sub-Saharan Africa.

An ode to treatment completion in a low-income setting

'Twas the patient's last day of chemo, when throughout
the clinic,
All of us celebrated, turned believers from critics.
His infusion was hung by the bedside with care;
Here treatment completion is an event all too rare.

Other patients were nestled all snug in their beds,
Where infectious disease funding has moved on ahead.
Noncommunicable diseases face funding caps,
Resulting too often in global oncology survival gaps.

Treatment barriers should make the world clatter,
Toward urgent interventions to fix this stark matter.
Disease progression and relapse occur in a flash,
When system priorities and survival outcomes—clash.

Facing drug shortages, infrastructure limits, and access woes,
Abandonment triumphs and cure rates are low.
When, what to my wondering eyes should appear,
This patient on protocol did persevere.

Through creative interventions, so lively and quick,
With community togetherness his disease we did kick.
More rapid than blasts his courses they came,
Recognizing barriers and calling out their shame.

"Now Vincristine! now, Etoposide! now, onward Cisplat!
On, Methotrex!
On Leucovorin, and more supportive care for that!
To every child regardless of birth location,
Push for survival even in low-income nations!"

Aware that 50%[14] abandonment rate is too high,
To overcome obstacles—together we must ally.
We must ramp up completion interventions,
Give education, enablement, and empowerment attention.

Use behavioural targets such as reminder devices and incentives,
Arm patients with information and communities with prevention.
Form parent groups to address stigma and give patients support,
Ensure food baskets, housing, and provision of transport.

In this era of genetic modalities and research translational,
Remember this truth foundational:
80%[15] of children with cancer are facing despair,
Now is the time for universal access to care.

High, middle, and low-income settings are in this together;
Collaboration will make survival curves better.
In this holiday season of goodwill and charity,
Partnership can narrow outcome disparity.

On this patient's last day of chemotherapy infusion,
He reminds me a better world is not an illusion!
He has successfully completed the treatment plan,
Now he will grow into a healthy young man.

He is a living testimony to community support,
His family's love and twinning teams to exhort.
May this protocol be one of many completions
we write,
For quality care to all children and cure as a
health right.

Pediatric Oncology Fellow, St Jude Children's Research Hospital, 262 Danny Thomas Place, St Jude Children's Research Hospital, Memphis, TN 38105, USA.
meaghann.weaver@stjude.org

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