

Childhood Acute Lymphoblastic Leukemia: Need of a National Population Based Registry

Outcome of childhood acute lymphoblastic leukemia (ALL) in India, although improving, has not kept pace with >80% cure in developed nations [1]. In contrast to resource-plenty nations, there is paucity of accurate epidemiological data [2,3]. Out of the estimated >10000 new ALL patients in India annually, few are adequately treated. Therapy refusal and abandonment and loss to follow-up and lack of reporting of cancer related mortality are major challenges [1].

Although, national cancer registries exist, there are fraught with several limitations including under-reporting, under-diagnosis, and limitations in personnel and technological expertise [2,3]. Hospital based registries are likely inadequate and may underestimate the true disease burden. Although efforts by investigators in a few cities are commendable, there has been a lack of prospective and precise and nationwide effort to report all the cases with a separate focus on childhood malignancies, especially ALL [3,4]. In addition, investigators have suggested a plausible increase in incidence of ALL with wide variation in incidence in different geographic locales [2,4].

Thus, there is a clear need of accurate estimation of incidence and epidemiology of childhood ALL in India to be able to estimate the true disease burden. A national population based childhood ALL registry with high-resolution data collection would be pivotal to achieve these goals. This in turn is important for identification of pattern of disease and its change, risk factors for

prognosis, delineating the biology of disease and management lacunae in ALL an Indian setting. Furthermore, organized efforts are imperative to prevent both under diagnosis and reporting with emphasis on reporting of all events and cases. Establishment of such registry would require multimodal and multilevel efforts involving governmental and non-governmental/voluntary organizations, cancer-treatment centers, infrastructural facilities, finances and ongoing surveillance for quality assurance.

A 'National Childhood ALL Registry' would serve as a stepping stone in introduction of remedial measures to improve the ALL survival. We earnestly request the Indian Academy of Pediatrics to contribute to this mound which would undoubtedly help in improving the outcome of childhood ALL in India.

RK MARWAHA AND KP KULKARNI

*Division of Pediatric Hematology-Oncology,
Advanced Pediatric Center, PGIMER, Chandigarh,
India.
rammarwaha1@rediffmail.com*

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Pediatric BLS Updates 2010

Pediatric basic life support forms the basis of rapid and effective Cardio pulmonary resuscitation (CPR) in infants and children, which ultimately is associated with return of spontaneous circulation. The main emphasis is on high quality CPR. Recent pediatric data shows an overall

survival of 33% for pulseless arrest from in-hospital pediatric arrests [1].

The new guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care were published in October, 2010, by American Heart Association, in accordance with the established five yearly changes in the guidelines [1]. In the same month, almost a