#JCCGPress

SIOP Special Issue Vol.8

Japan Children's Cancer Group News Letter

JCCG is an NPO that has gathered medical professionals from all over the country to save children of chidhood cancer.











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Cancer Group



To children with cancer

Our mission is to





2 Provide support



3 Give hope for the future

Japan Children's Cancer Group (JCCG) is a group that researches and develops the treatment of cancer for children. Medical professionals specializing in childhood cancer gathered and formed JCCG in 2014. Approximately 200 institutions (mainly hospitals) are participating in JCCG. Many medical professionals, mainly doctors of each facility, are engaged in therapeutic research as JCCG.

1 Save lives

There are many types of cancer in children with different characteristics from adults. Unfortunately, some children lose their lives due to childhood cancer. We will develop treatments for various childhood cancers to improve survival rate and reduce adverse effects.

2 Provide support

It is necessary to follow-up these children because cancer treatments are harsh, and even after treatments, children may have poor physical condition, and anxiety. We keep watching the long life of our children.

3Give hope for the future

Cause of cancer is often different from that of adult cancer, and cutting-edge research such as genetic analysis is Cause of cancer is often different from that of adult cancer, and cutting-edge research such as genetic analysis is necessary. We have constructed a system that collects information from all over the country and examines treatments by experts and a system to store and share patient data and specimens. JCCG is like one big hospital specialized for childhood cancer. We will conduct cutting-edge diagnosis and treatments at All Japan and promote researches leading to better treatments.

- ◆ Professional committee and special conference to promote research
 - Chairman
 - ◆ Pathology Diagnostic Committee

 - ◆ Image Diagnostic Committee

 - ◆ Surgical Therapy Committee
 - Tomoaki Taguchi (Kyushu University)
 - ♦ Hematopoietic Cell Transplant Committee
 - ※ Koji Kato (Nagoya Daiichi Red Cross Hospital)
 - ◆Long term follow-up committee
 - Miho Maeda (Nippon Medical School Attached Hospital)
 - ◆Supportive therapy committee

 - ◆ Molecular Diagnostic Commission ※Tomohiko Taki (Kvorin University)
 - ◆ Biostatistics Committee
 - ※Akiko Kada (Nagoya Medical Center)
 - ◆ Genome Medical Promotion Core Members Meeting
 - ※ Shuki Mizutani (JCCG President)

Central image diagnostic system ~Significance, current situation of use~

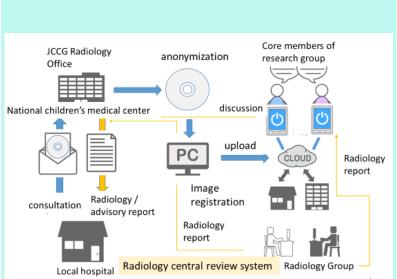


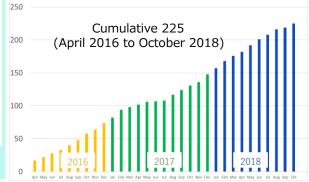
Image Diagnostic Committee Upload Business Performance Report

April 2016 to September 2018

Cumulative 225 reports in 109 cases

Hepatoblastoma: 52 Ewing's sarcoma: 6
Neuroblastoma: 23 Wilms tumor: 2
Brain tumors: 9 Germ cell tumor: 1

Rhabdomyosarcoma: 16



JCCG carries out the common treatments called clinical trials and we do our utmost to treat patients. At that time, it is essential to judge the degree of progress of the disease before starting therapy and the treatment effect after the start of treatment. One of the judgment methods is medical image diagnosis such as ultrasound, CT, and MRI. By accurately interpreting these images, we will guide each child's cancer to healing. Diagnostic imaging of each child is conducted at each medical institution in various cities and judgment is made by radiologists, pediatricians, and pediatric surgeons at each institution.

The images mailed from all over the country will be uploaded to the central cloud computer system of JCCG and the radiation specialists will evaluate the tumors on the image via the internet. In addition, this system is a very convenient system that pediatricians and pediatric surgeons can access to discuss the treatment effect of the patient, the possibility of surgery, the necessity of radiotherapy, etc.

For interpreting images of childhood cancer, higher expertise is required to be familiar with points to look at and international classifications of childhood cancer. The JCCG imaging diagnostic committee is engaged by 17 radiation diagnostic specialists selected from childhood hospitals and university hospitals nationwide. These members are expert group specializing in image diagnosis of children on a daily basis.

The central judgment of the image will be an interpretation report, and it will be delivered to the responsible physicians and treatment committees of each disease.

At each hospital conference, the discussion is deepened with reference to the central judgment of the image.

Active conferences

 \sim Everyone thinks about what's best for the child \sim





1) Pediatric Oncology Conference (POC)

Diagnosis of childhood cancer patients among physicians in related departments, determination of treatment and report on progress (pediatrician, pediatric surgeon, orthopedic surgeon, radiologist)

Tohoku University



②Childhood Cancer General Conference Sharing information on the pathology of children with cancer and discuss how they cope with mental and social problems. (pediatrician, nurse, in-class teacher, nursery, clinical psychologist, medical social worker, CLS)

We are close to children | Volunteer for learning support | | Meet the needs of learning for high school students in hospital

JCCG is building a support system so that children in hospital can better spend

In Tohoku University, one of childhood cancer core hospitals, third and fourth graders at the same university medical school teach studies for high school students who are in hospital for a long time.

A high school girl who was learning English grammar said, "Even if I am hospitalized, it is better to study than to do nothing. And I am relieved that medical students teach me the tasks that my friends engage at school.

Because the medical student's age is close, it is easy to talk and it's fun to chat between studies."

E F G H I J K L M N O P Q R S T U V W X Y



Volunteers supporting high school students in Tohoku University College of Medicine Wearing matching scrub (medical wear with short

sleeve and neck origin as V neck). They consulted with their colleagues and chose the rabbit pattern so that the children do not feel a sense of oppression.

Comments by volunteers

We are always surprised by the desire of children 'want to learn'. Because they are hospitalized, there are waves in their physical condition. "I'm sick today, I will do it in a short time "," Let's wear a gown securely for prevention of infection ", etc. They will try not to postpone classes at any time, somehow ingenuity and learning. They also positively ask questions. "I wonder if there were no opportunities for questions without this kind of activity", I feel the significance of the activities. We are not yet licensed doctors. We are not their relatives. Still speaking with the patient, we can understand each other.

Everybody's Lemonade Party

Know more about childhood cancer through activities with friends



When Shiro is active, friends and adult volunteers are coming. They are proponent of Shiro's compassion for his friends.

Shiro Eishima (11 year old), president of "Everyone's Lemonade Party". Photo right. He had a brain tumor at the age of 4. He set up this party in order to support his colleagues who are on treatment or who are not energetic even after treatment. The main activity is to open a lemonade stand.



"In order to develop treatments and medicines, it is necessary to obtain money and support from many people." "Let everyone get well." The children themselves are discussing the meaning and contents of activities.

Halloween event of team 'Chan'

Connecting "thoughtfulness" to deceased friends





There is a group that raises funds for new medicines effective for children's cancer in Tokorozawa City every year at the Halloween season. Team "Chan". The nickname of Senri Kiyokawa who made an eternal sleep with osteosarcoma in 2010 is "Chan". Nine years have passed since their irreplaceble Chan's departure, and Chan's friends continue their enlightenment activities.

They are considering a gentle and aggressive She was 13 years "Chan" and are seriously appealing to childhood old. She was active cancer support. It is a unique Halloween event in the world.





Recent publications of JCCG





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- 2) Moriyama T, et al. NUDT15 polymorphisms alter thiopurine metabolism and hematopoietic toxicity. Nat Genet. 2016; 48:367-73.
- 3) Shima H, et al. Distinct impact of imatinib on growth at prepubertal and pubertal ages of children with chronic myeloid leukemia. J Pediatr. 2011; 159:676-81.
- 4) Koh K, et al. Early use of allogeneic hematopoietic stem cell transplantation for infants with MLL generearrangement-positive acute lymphoblastic leukemia. 2015;29:290-6
- 5) Hishiki T, et al. Results of a phase II trial for high-risk neuroblastoma treatment protocol JN-H-07: a report from the Japan Childhood Cancer Group Neuroblastoma Committee (JNBSG). Int J Clin Oncol. 2018; 23:965-973.
- 6) Oue T, et al. Renal Tumor Committee of the Japanese Children's Cancer Group. Anaplastic histology Wilms' tumors registered to the Japan Wilms' Tumor Study Group are less aggressive than that in the National Wilms' Tumor Study 5. Pediatr Surg Int. 2016; 32:851-5.
- 7) Hiyama E, et al. Resectability and tumor response after preoperative chemotherapy in hepatoblastoma treated by the Japanese Study Group for Pediatric Liver Tumor (JPLT)-2 protocol. J Pediatr Surg. 2016; 51:2053-2057.
- 8) Kurosawa H, et al. Sequential use of second-generation tyrosine kinase inhibitors following imatinib therapy in pediatric chronic myeloid leukemia: A report from the Japanese Pediatric Leukemia/Lymphoma Study Group. Pediatr Blood Cancer. 2018; 65:e27368.
- 9) Moritake H, et al. Outcome of relapsed core binding factor acute myeloid leukemia in children: A result from the Japanese Pediatric Leukemia/Lymphoma Study Group (JPLSG) AML-05R study. Pediatr Blood Cancer. 2017 Oct; 64(10).
- 10) Koshinaga T, et al. Outcome of renal tumors registered in Japan Wilms Tumor Study-2 (JWiTS-2): A report from the Japan Children's Cancer Group (JCCG). Pediatr Blood Cancer. 2018 Jul;65(7):e27056.
- 11) Morimoto A, et al. Hemophagocytic lymphohistiocytosis: Pathogenesis, diagnosis, and management. Pediatr Int. 2016; 58:817-25.
- 12) Sakashita K, et al. Diagnosis and treatment of juvenile myelomonocytic leukemia. Pediatr Int. 2016; 58:681-90.
- 13) Hosoi H. Current status of treatment for pediatric rhabdomyosarcoma in the USA and Japan. Pediatr Int. 2016; 58:81-7.
- 14) Taga T, et al. Acute myeloid leukemia in children: Current status and future directions. Pediatr Int. 2016; 58:71-80.

Please cooperate with the support of children with cancer.

JCCG, Japan Children's Cancer Research Group is a clinical research group made up of pediatric oncologists and experts across the country and is engaged in various research activities aiming at developing better childhood cancer treatment.

Your donation will be used for maintaining a "central diagnostic system" that correctly diagnoses the disease, research for establishing treatments for difficult diseases yet to be completed, and long-term follow-up after treatment.

Please send donations to:

Post office · Postal savings bank Postal transfer account symbol 00850 - 5 Account number 153506 Subscriber's name NPO JCCG



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Illustration: Kato Yuko (http://katoyuko.sakura.ne.jp/) Copywriting: Sawako Ishiguro JCCG vending machine design: limited company Sadatomo Kawamura Design

Part of the sales of beverages will be donated to JCCG

