

Dr. Robert Reid Cabral Children's Hospital
Dominican Republic
Brief Description of the Hematology-Oncology Service
Palliative Care Pilot Program and Metronomic Therapy
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Dr. Robert Reid Cabral Children's Hospital is the national referral hospital in the Dominican Republic, specializing in pediatrics. Number of beds: 350 (Baskets, Cribs, Beds), Has:

- Teaching Unit
- Surgical Units: Eight (8) Operating Rooms
- Hemodialysis and Peritoneal Dialysis: 1.
- Day Hospital (Oncology Patients)
- Consultation Unit of General Pediatrics.
- Comprehensive Care Unit.
- Emergency and Emergency Unit.
- Inhalotherapy Unit.
- Oral Rehydration Unit.
- Onco / Hematology Unit
- Clinical Diagnostics.
- Genital Ambiguity Clinic.
- Growth and Development / Child.
- Burn Unit.
- Dentistry and Stomatology

The Hematology-Oncology Service

At the Hematology-Oncology Service we have 10 beds for inpatient chemotherapy, 8 beds in isolation, an area with a capacity of 8 patients in outpatient/ambulatory chemotherapy at the same time and Day Hospital and a Procedures Area.

The medical team consists of 2 Hemato-Oncologists pediatrician and 6 Hematologists pediatricians.

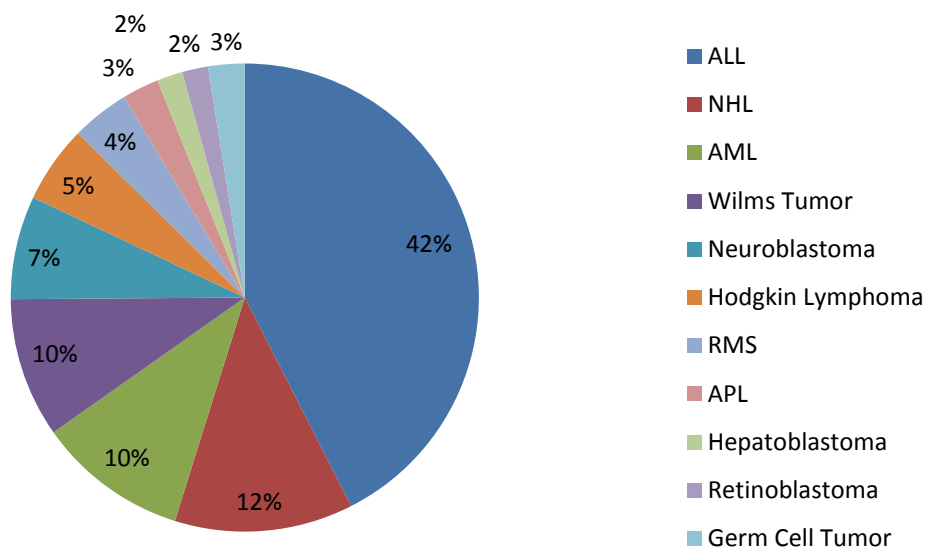
Our patients

In the past 5 years an average of 87 new cases / year were diagnosed. In the past two years were diagnosed:

2012: 94 patients

2013: 77 patients

Main Oncological Diagnoses at Hem-Oncology Unit, RRC 2009-2013



Hem-Oncology Data Service, Dr. Robert Reid Cabral Children's Hospital

The overall survival rates are:

2008-2013: LLA 61%

 Lymphomas 50%

 Solid Tumors 52%

-Cases with advanced disease at diagnosis:

- * ALL High Risk: 72%
- * Lymphoma Stage IV 48%
- * Stage IV solid tumors 60%.

A comparison between two periods:

2005-2007 OS: 30%

2008-2012 OS: 61%

Of all the patients followed in hemato-oncology service 34% live in the city and 66% are from another town of DR.

Dropout Rate

- Leukemias and Lymphomas 6.6%
- Solid Tumors: 4.7%

Interventions from the Palliative Care Pilot Program and Metronomic Therapy.

- Presence in each new cancer diagnosis
- Presence in first relapse of any patient
- Presence in difficult patients eg. Severe toxicity or PICU care.
- Introducing the patient on the CP program and offering metronomic therapy.
- Assessments monthly, monitoring laboratories, parent interview and the patient, etc..
- Psychological support of our psycho-oncologist.
- Personalized service 7 days a week, 24 hours by telephone.
- Support of our Foundation "FACCI", with metronomic drug therapy and special orders under requisition.

Patients in Palliative Care Pilot Program and Metronomic Therapy.

Program start: January 7, 2012

Patients included: 37

Metronomic therapy and Support: 29/37 patients

Only Pain Management Support: 8/37 patients

The Protocol

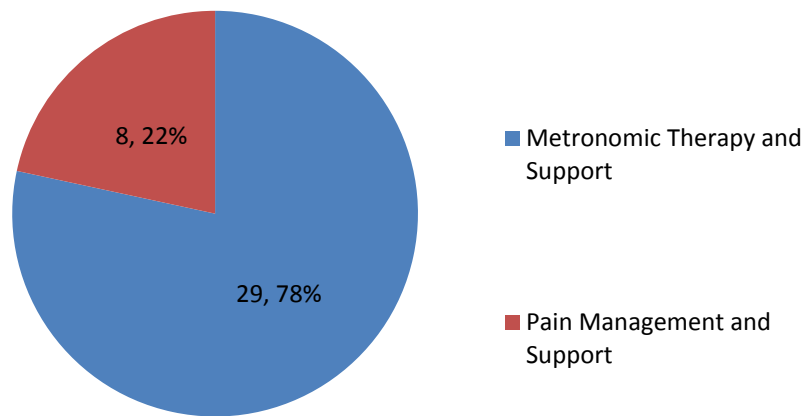
The Metronomic Protocol we are using at DR was performed by Dr. Ligia Fu Carrasco with the support of Dr. Scott Howard for AHOPCA (Central America and DR Association of Hem-Oncologists) and uses orally the Ciclofosfamide, Metrotexate and Ibuprofen.

Courses

- ❖ Ibuprofen 20 mg/Kg/day for 42 days
- ❖ Ciclofosfamide 25 mg/m²/day for 21 days (3 weeks)
- ❖ Metrotexate 15 mg/m²/weekly (7.5 mg/m² twice a week) from day 21 to 42 (3 weeks)

*(no rest interval between one and another cycle)

Kind of therapeutical Option choosen by the parents of patients in Palliative Care Pilot Program, RRC 2012-2013

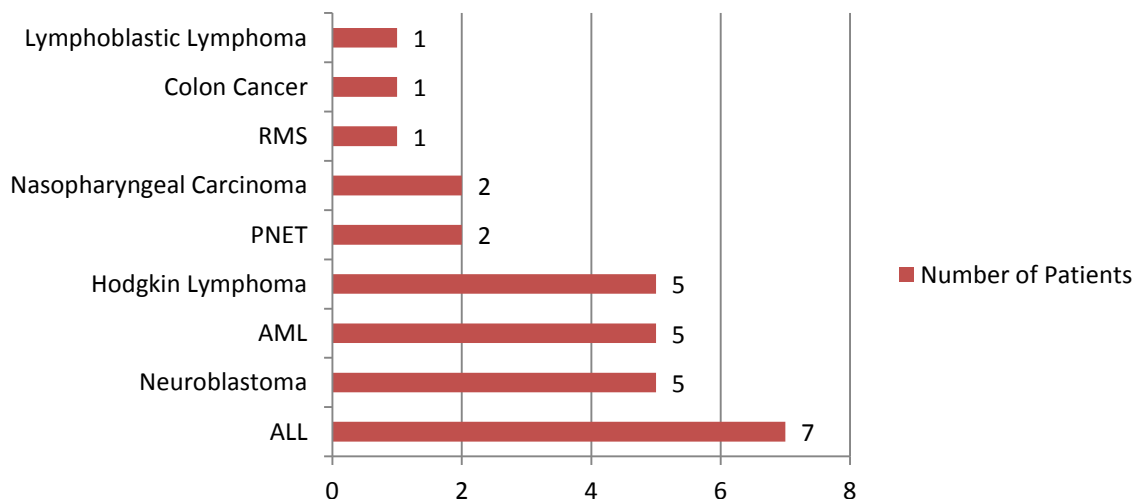


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Causes for entry to the program:

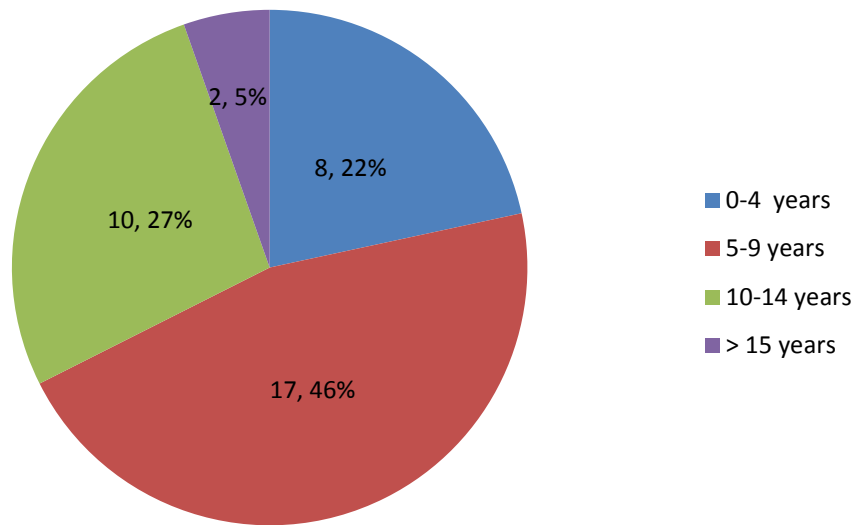
- Progressive Disease
- Refractory Disease
- Relapses second and third time

Diagnoses of the Patients in Metronomic Therapy, RRC 2012-2013



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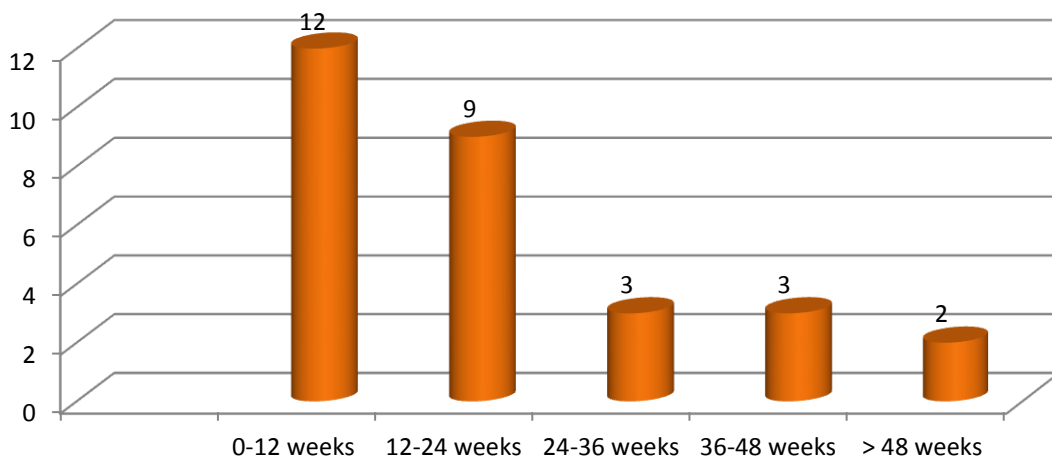
Age of the Patients in Metronomic Therapy, RRC 2012-2013



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Duration of the Patients in the Metronomic Therapy Program:

Duration of the Patients in the Metronomic Therapy Program RRC, 2012-2013



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8 patients with more than 6 months in Metronomic Therapy: 27%

Disease Status

Complete remission (CR) 0 patients

Partial remission (PR) 12 patients

Stable disease (SD) 17 patients

The eventually adverse effects were very rare: some vomiting and nausea but any that has to stop the treatment on any patient.