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System Capacity Building

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Every time pediatric oncologist Dr. Mae Dolendo has to tell parents that their child has cancer, she makes a promise – one she has never broken. She promises the family that she and her team at the South Philippines Medical Centre in Davao City will do their best. Of course, most doctors would offer those words. But for Philippine children with cancer, she is perhaps their greatest hope. Too few treatment centers exist on her island of Mindanao. She has made it her life's work to change that.

Cancer treatment is both a science and an art, explains "Doc Mae," as her patients call her. The science part includes diagnosis, treatment methods, and patient management. But the real art of oncology is caring for patients and connecting with people, because cancer treatment requires a long-term relationship between patient and physician. "Your patients stay with you for years. You care not only for the kid, but also for the family that brings their child to you. It's a relationship and a journey that is not common in other medical disciplines."

You care not only for the kid, but also for the family that brings their child to you.

Dr. Mae Dolendo, Lead Paediatric Oncologist, Southern Philippines Medical Centre

Island Logistics

Dolendo's promise includes creating oncology therapy where there is none, and bringing care closer to patients. Seeking specialist medicine usually means a long journey. The country has over 7,100 islands, with a combined population of more than 100 million¹. Manila, the nation's capital, sits on the largest island, Luzon. Mindanao is the second largest island, bigger in size than Austria,² and home to nearly three times as many people, about 25 million³. Yet the terrain of the island country presents a logistics nightmare for families of children with cancer. There are only about 40 pediatric oncologists in the entire country, many of them in or near the capital⁴.

Doc Mae says 80 percent of her patients come from across Mindanao and neighboring islands. She recalls one child with widely spread tumors throughout his body and lungs. He was in great pain and had to be carried in a hammock. To get to the mainland from their island, the family had to cross the sea, then travel by bus by for several hours to Davao. "If you are well, you find the journey tiring," says Doc Mae. "For a child who is sick, in pain and bleeding, it is a lot of suffering."

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Such cases illustrate why the islands need satellite clinics that can offer therapy closer to the patient's home, says Dolendo. "This patient was already in late-stage disease, and when the child wanted to go home, we found a nearer satellite that could offer palliative care." World Child Cancer, a UK-based charity that works to improve the lives of children with cancer in low and middle income countries, supports Dolendo's program. Sandoz provides financial support for training local staff. The Sandoz Philippines organization is also engaged locally with World Child Cancer and supporting Doc Mae. For example, an associate awareness event resulted in additional donations to World Child Cancer, benefitting Doc Mae's work to establish satellite medical centers in rural areas.

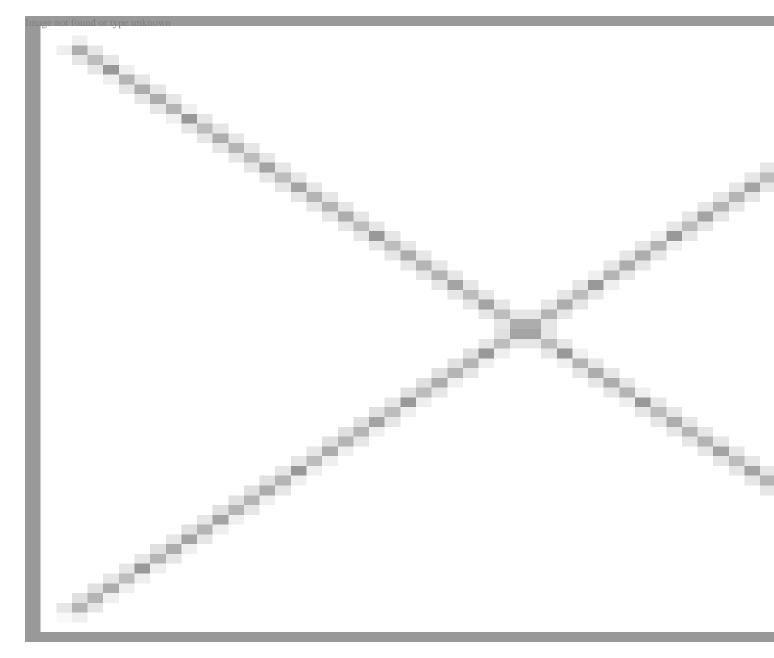
"The healthcare system encourages people to come to big cities, meaning the number of specialists in the more remote regions is incredibly low," said Kuntal Baveja, Country Head and President, Sandoz Philippines. "Our goal is to make sure more and more people do not needlessly suffer, and it is initiatives like this that will make a difference, bringing together awareness and the know-how, and having a clear, beneficial impact in the end. I am very proud of our collaboration with World Child Cancer."

Some satellite clinics also offer "House of Hope," temporary homes for parents and children on outpatient treatment, providing activities and even schooling for patients who are on long-term treatment. Satellites also offer Child Cancer Awareness and Education campaigns, because a child's chances of survival are much higher when cancer is diagnosed early.

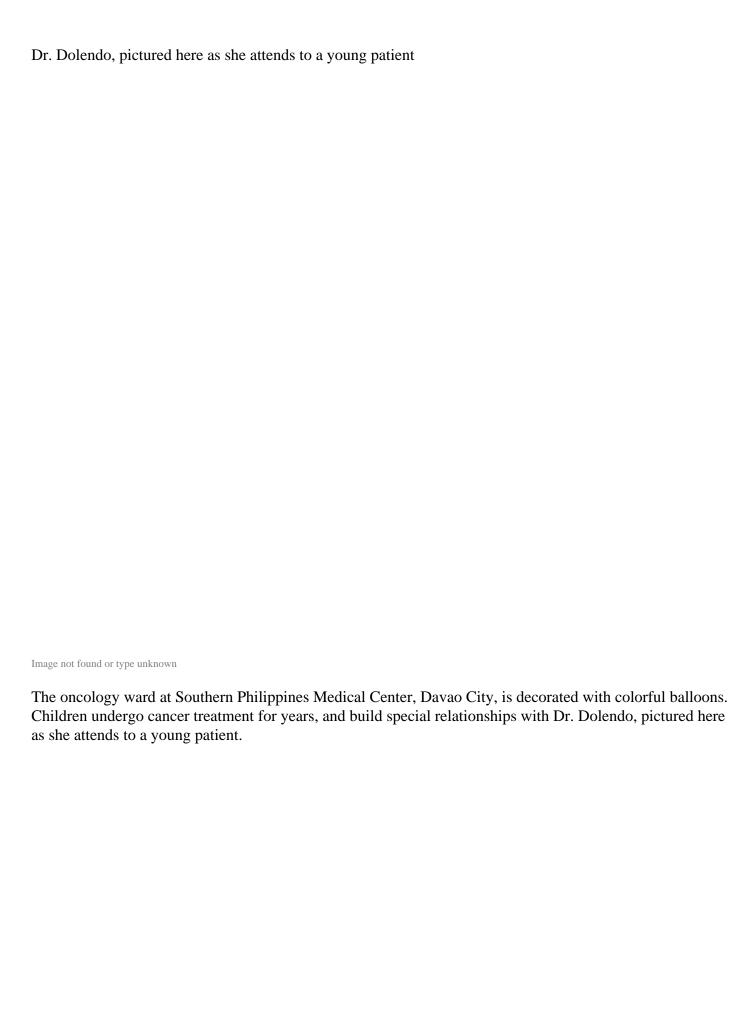
A Caring Career

Dolendo's own journey to pediatric oncology began at a young age. "Ever since I was nine, I told everybody I wanted to be a doctor – and I always keep my promises!" she laughs. But tragically, when she was 17, her mother died of breast cancer. As painful as the experience was, Dolendo believes it has made her a better doctor. She can empathize with patients and families. Palliative care, pain therapy, is more meaningful: "I saw my mother suffer and I don't want that to happen to my patients."

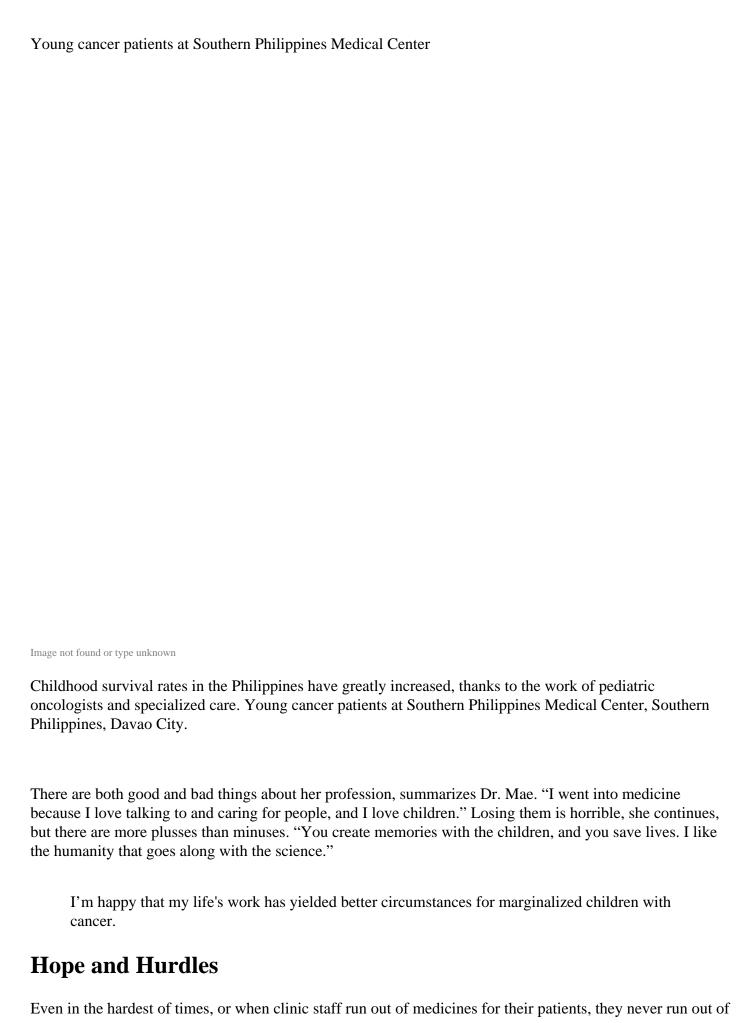
After training in pediatrics, she relocated to Singapore with her family, where she specialized in pediatric oncology. Yet she was determined to return to Mindanao in the Philippines. At that time, she says, conditions were heartbreaking. Because children with cancer were often put in hospital beds next to patients with diarrhea or pneumonia, many died of infection rather than cancer. She found it very frustrating, she says, because in Singapore she had seen kids beat cancer, and knew it was highly curable.



Carmen, seven years old, was diagnosed with leukaemia. Carmen stays at the House of Hope in Tagum, Philippines, with her mother, but her father remains in Luzon, where he works in construction. She is part way through her treatment for leukaemia and often feels lonely in the hospital. Salvadore, six years old, and his mother travel for three hours by bus to reach Davao Regional Hospital. He has been receiving treatment for leukaemia since 2015, and is now in the maintenance phase, so he attends the center every three weeks.







love for them, Dr. Mae told members of the United Kingdom's House of Lords in late October, where she and member of World Child Cancer had been invited to speak. Her words add human emotion to the statistics.

Dolendo said that as disheartening as cancer diagnosis may be, it is the first step toward treating the disease. Many families do not know much about cancer, nor recognize its signs. Through the work of World Child Cancer, dozens of young patients from across Mindanao are alive today, about half of those diagnosed with cancer, she added up from roughly 10 percent a few years ago.

Nurses and oncologists from Cameroon and Ghana, also present at the House of Lords event, said getting medicines and educating families are big hurdles in their countries, too. Their patients also must travel long distances for oncology care, and often have no place to stay. But the efforts by World Child Cancer are showing results. Lorna Renner, Head of the Paediatric Oncology Unit in Accra, Ghana, says the program's success helped her to convince her country's government to fund all cancer treatment for children.⁵

Dr. Mae Dolendo enjoys time with patient Alyssa