EARLY WARNING SIGNS OF CANCER IN CHILDREN AGED 0-5 YEARS: CREATING AWARENESS AMONGST PRIMARY HEALTHCARE WORKERS

Background

Childhood cancer symptoms are often vague and non-specific and may mimic common transient conditions. Parents and healthcare workers therefore often miss the signs as the symptoms may be vague (Stafan & Siemonsma, 2011: 80-85). This results in delays in confirming a childhood cancer diagnosis in its early stages (Ahrensberg, 2013: 1269-1267).

Delays in diagnosing cancer in children under the age of 5 years occur often with detrimental outcomes. Children with cancer are a highly vulnerable group and are very sensitive for delays in diagnosis and treatment due to disease and patient related factors (WHO, 2015:17).

Delayed diagnosis of childhood cancer may have a significant negative impact on:
• life expectancy and cure rates.
• quality of life of the child.
• financial impact on the healthcare system and
• of psychosocial aspects affecting the child and his/her family (Marusis, 2012:211-215).

Guidelines have been developed by the Department of Health in the United States, which include the American Health Organization on early detection and diagnosis of childhood cancer (WHO-Paho, 2014); but it appeared as if not many frontline healthcare workers were familiar with it. This quality improvement initiative was therefore deemed necessary.

Purpose

The purpose of the quality improvement initiative was improving early detection of childhood cancer:

➢ Providing the community and healthcare workers with information on early danger signs that may be related to childhood cancer.

➢ Providing healthcare workers in the primary healthcare setting with a set of tools and guidelines to assess all child patients for possible danger signs.

Activities

The initiative was based on the five exemplary practices of the Koutos and Posner Leadership Model (2017). Model the way was practiced through development of a simplified document combining evaluation guidelines for the management of childhood illnesses (as set out in the WHO’s IMCI document) with guidelines from the document on childhood cancer which were published by WHO & Paho in 2014, and setting an example.

To inspire a shared vision, a presentation and discussion on early detection of cancer in children took place, with healthcare workers in a primary healthcare clinic, as well as community health workers in an informal settlement. The document was provided to them, and a spark was created.

The challenges of the process was experienced to get consent from the gatekeepers and to get access for a field visit with community health workers to an informal settlement to do a presentation on childhood cancer to community members and parents. Feedback was obtained after each presentation and follow-up meetings were held with the healthcare workers in the clinic and the community.

Others were enabled to act by making a leaflet available with concise information on early signs of cancer in children to serve as a quick reference guide to assist with assessment of a child and identification of danger signs. They also received information on referral pathways. A poster on childhood cancer was designed for display in the waiting area and consultation rooms at the clinic.

The change in attitude was celebrated. Follow – up meetings still continued with healthcare workers in the clinic and community, and they are encouraged to continue with the good work.

Results

Most healthcare workers were familiar with the Integrated Management of Childhood Illnesses, but not with the WHO guidelines. The presentations were experienced as making the connection, while it inspired a shared vision.

The process had to be challenged, especially to overcome logistic barriers, but it was made possible with persistence, support of key stakeholders, and an inspired team.

Healthcare workers were enabled to contribute to early detection of childhood cancer by making information and tools available for detailed discussions, while creating a conducive environment. They were also enabled to take responsibility of training others.

Positive feedback encouraged the hearts of those involved.

What is next

➢ A community health day is planned at a local informal settlement.

➢ A study is planned to determine the outcomes of the initiative in terms of number of referrals childhood cancers detected.

References


My leadership journey

On this journey the level of participation and enthusiasm I encountered was surprising. One should never underestimate the power of a shared vision. It certainly encouraged my heart in the process!

PRESENTATION SESSIONS

ALLOTTED HEALTH WORKERS

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<th>NEEDS IMPROVEMENT</th>
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<tr>
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COMMUNITY HEALTH WORKERS

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<td>USEFULNESS OF CONTENT COVERED</td>
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COMMON CHILDHOOD ILLNESSES vs POSSIBLE CANCER

CANCER SIGNS

★ Fatigue during the past three months?
★ Persistent, unexplained loss of appetite or change in eating habits over the past three months?
★ Persistent or growing lumps or swellings?
★ Persistent pain in the head or neck?
★ Persistent cough or hoarseness?
★ Persistent constipation or diarrhea?
★ Persistent vomiting or diarrhea?
★ Persistent bleeding in stools, urine, or vagina?
★ Persistent fever, which is not explained by infection?
★ Persistent refusal to eat?
★ Persistent unusual tiredness or weakness?
★ Persistent blood in urine or stool?
★ Persistent yellowing of the skin or eyes?
★ Persistent loss of weight?
★ Persistent pain or swelling in the lymph nodes?

IMCI CLASSIFICATION

ASSESSMENT TOOL

Remember that you should think and look in order to find cancer. Diagnosing cancer early makes the difference between life and death. The clinical test replaces a good clinical history and careful physical examination.

ASK:
• Has the child had fever and/or heavy sweating for > 7 days?
• Has the child had a headache recently? Does the headache awaken the child? Does the headache occur at a particular time of day? Are there other symptoms, such as vomiting?
• Does the child have bone pain or painful limbs?
• Has there been changes in the child, such as loss of appetite, weight loss or fatigue during the past three months?
• Has the child been exposed to or has there been a possibility of inhaled or ingested harmful substances?

OBSERVE:
• Has the child had any unusual or unexplained changes in behaviour?

EXAMINE:
• The child’s eyes for any abnormalities.
• The child’s neck, scalp, and groin for lymphadenopathy.
• Look for acute and/or progressive local neurological signs.
• Palpate the abdomen and perineum.

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References:


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