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Comparison of the Clinical Presentation of Two Age Groups in Pediatric Wilm's Tumor Patients at a Single Institution Lindsey West, MS; Lorrie Burkhalter, BS; Joseph T. Murphy, MD



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Background

- The long term survival rates for Wilm's Tumor in North America and Europe have increased to almost 85% overall.
- There is an emphasis on "risk based management" where children who are diagnosed with low stage tumors can achieve excellent outcomes with less intensive chemotherapy and radiation.
- While the typical age of presentation is 3yrs or younger, informal observations have suggested older children often have an atypical presentation.
- This study aims to characterize difference of the presentation of Wilm's Tumor patients between a younger and an older age group at Children's Medical Center between 2010 to 2015

Methods

An IRB approved retrospective review of 35 children presenting with Wilm's Tumor at Children's Medical Center of Dallas between April 2010 to 2015 was conducted. Data collected included:

- Age
- Tumor Stage
- Gender
- Tumor Histology
- Race
- Outcome
- Symptoms

These data points were stratified between two age groups, either younger or older than 3 years old (yo).

TABLE 1. DEMOGRAPHICS							
	All Patients	Age < 3 yo	Age >3yo	P Value			
	n=35	n=16	n=19				
Sex							
Male	16	10	6				
Female	19	6	13*	P = 0.0946			
Race							
White	21	7	14*	P= 0.094			
Non White	14	9	5				
Age							
Median							
(Range)	3 yo (7mo- 15yo)						

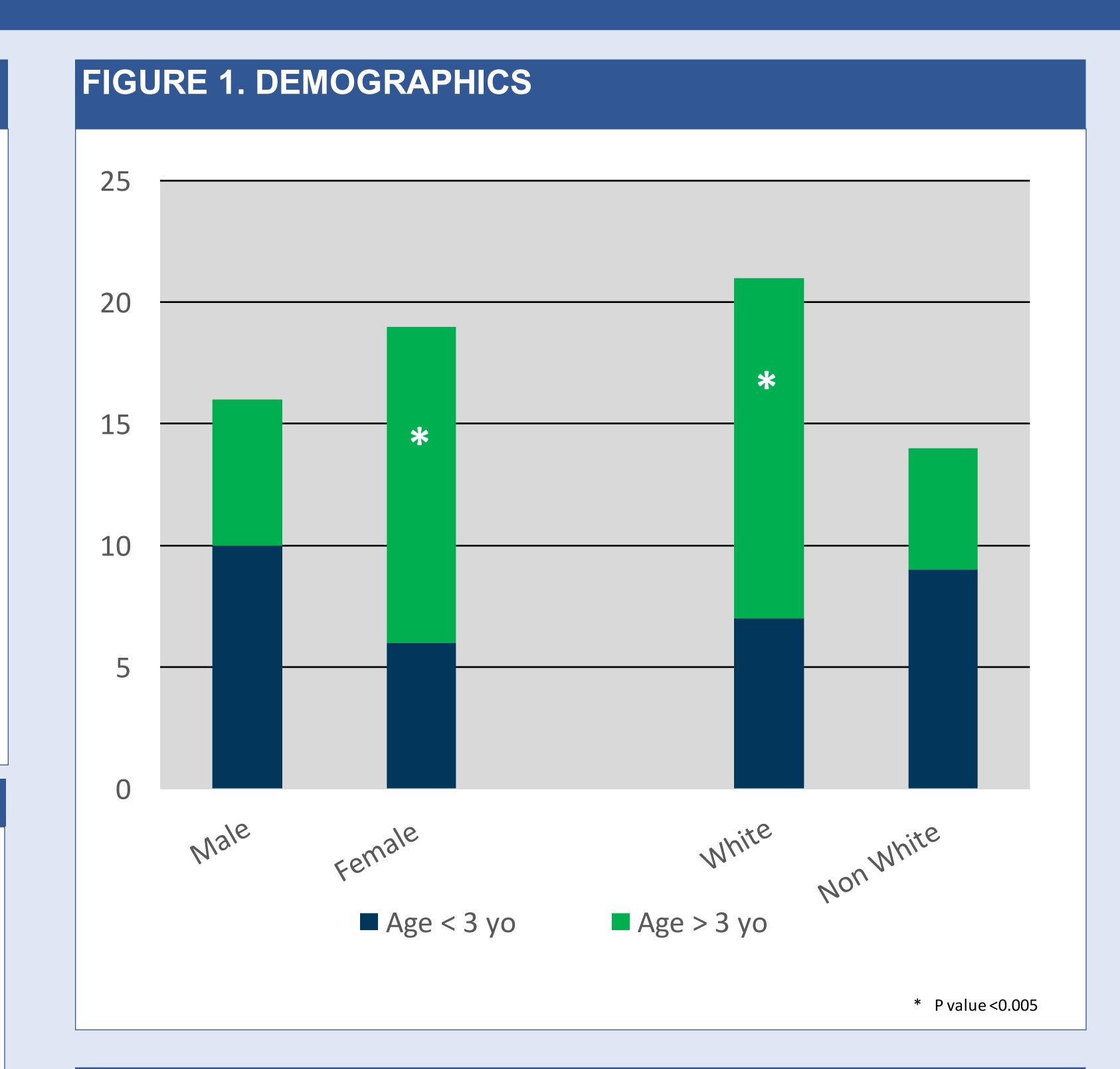
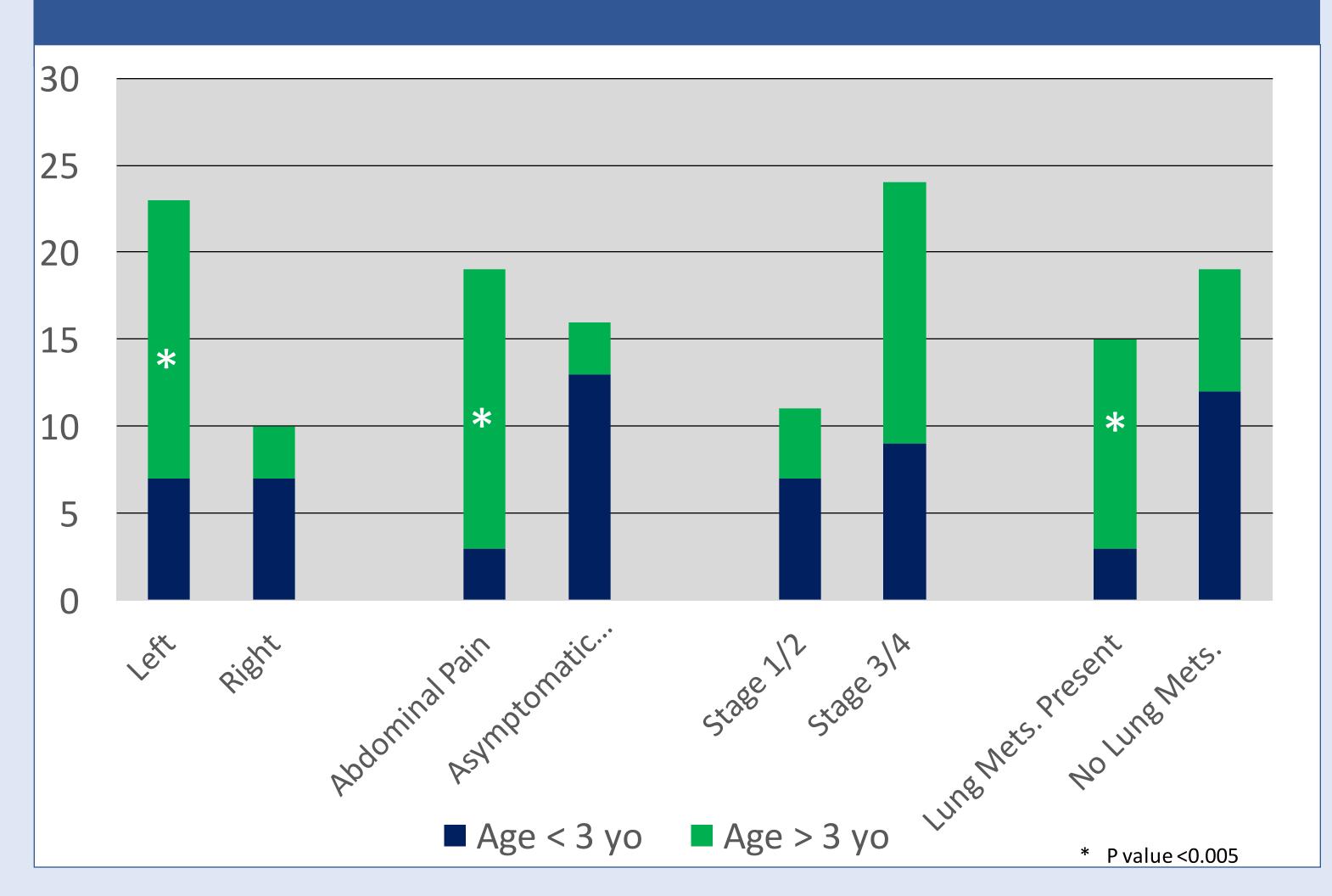


TABLE 2. TUMOR CHARACTERSTICS AT TIME OF SURGERY

	All Patients	Age < 3 yo	Age > 3 yo	P Value
	n=35	n=16	n=19	
Laterality				
Left	23	7	16 *	P = 0.057
Right	10	7	3	
Presenting Symptom				
Abdominal Pain	19	3	16*	P = 0.0002
No Abdominal	16	13	3	
Stage				
1/2	11	7	4	
3/4	24	9	15	
Lung Metastases				
Yes	15	3	12*	P = 0.02
No	19	12	7	

FIGURE 2. TUMOR CHARACTERSITICS AT SURGERY



Conclusions

Compared to patients younger than 3 yo at time of surgery, patients older than 3 yo were:

- more likely to present as female (p= 0.0946) and white (p= 0.094).
- more likely to have left-sided tumor laterality (p= 0.057)
- more likely have abdominal pain (p= 0.0002)
- •more likely and have lung metastases at time of surgery (p= 0.02).

As this population size was small, further studies characterizing the presentation of Wilms Tumors and following these trends would be valuable in the diagnosis and treatment of this patient population.

References

- Ehrlich, Peter and Shamberger, Robert. "Wilms Tumor." Pediatric Surgery. 7th ed. Elsevier, 2012. Ch. 30, 423-40.
- Ehrlich, PE. Wilms Tumor: Progress and considerations for the surgeon. Surgical Oncology. 2007 Nov; 16(3):157-171.
- Ritchey ML, et al. Surgical complications after primary nephrectomy for Wilms' tumor: report from the National Wilms' Tumor Study Group. J Am Coll Surgery. 2001 Jan;192(1):63-8; quiz 146.
- Breslow NE, et al. Doxorubicin for favorable histology, Stage II-III Wilms tumor: results from the National Wilms Tumor Studies. Cancer. 2004 Sep 1;101(5):1072-80.
- Shearer P, et al. Secondary myelogenous leukemia in patients previously treated for childhood renal tumors: a report from the National Wilms Tumor Study Group. J Pediatr Oncol. 2001 Feb; 23(2):109-11.