

# PEDIATRIC ONCOLOGY REPORT 2021

SIDRA MEDICINE | PEDIATRIC ONCOLOGY



# **SIDRA MEDICINE**

**Pediatric Oncology  
Report 2021**



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# WELCOME MESSAGE

Sidra Medicine is the primary pediatric cancer care facility in Qatar since opening the oncology clinic in 2018. The overall incidence rates of childhood cancer vary between 50 and 200 per million children across the world, which puts Qatar with 126 per million children in 2019 right in the middle of that bracket. Cancer patients presenting at Sidra consist of mainly Arab and Asian ancestry, representing 70 and 25 percent of our patients, respectively. 39 percent of these patients are diagnosed with Leukemia, 14 percent have a diagnosis of a Central Nervous System malignancy, other common diagnosis in descending order of incidence are Lymphoma, Germ cell tumors, Neuroblastoma and Sarcomas. Which is, with the exception of germ-cell tumors, in line with what is observed in the Surveillance, Epidemiology, and End Results (SEER) Program from NCI/NIH, USA ("Surveillance, Epidemiology, and End Results Program" n.d.).

The Sidra Pediatric Cancer Registry program was started along with the opening of the hospital. This close collaboration between the clinical and the research branches of Sidra Medicine, provides us with detailed understanding of our patient's characteristics and epidemiology.

The Sidra Pediatric Cancer Biorepository program was established soon after the registry and aims to consent as many of our patients possible to donate their materials no longer needed for diagnosis. This repository is what enable the researchers at Sidra Medicine to perform research most relevant to the



**Dr. Wouter Hendrickx**  
Sidra Pediatric Cancer Registry &  
Biorepository Coordinator

local population. It is in this project that Sidra's outstanding Pathology department joins the effort to establish a true multidisciplinary environment.

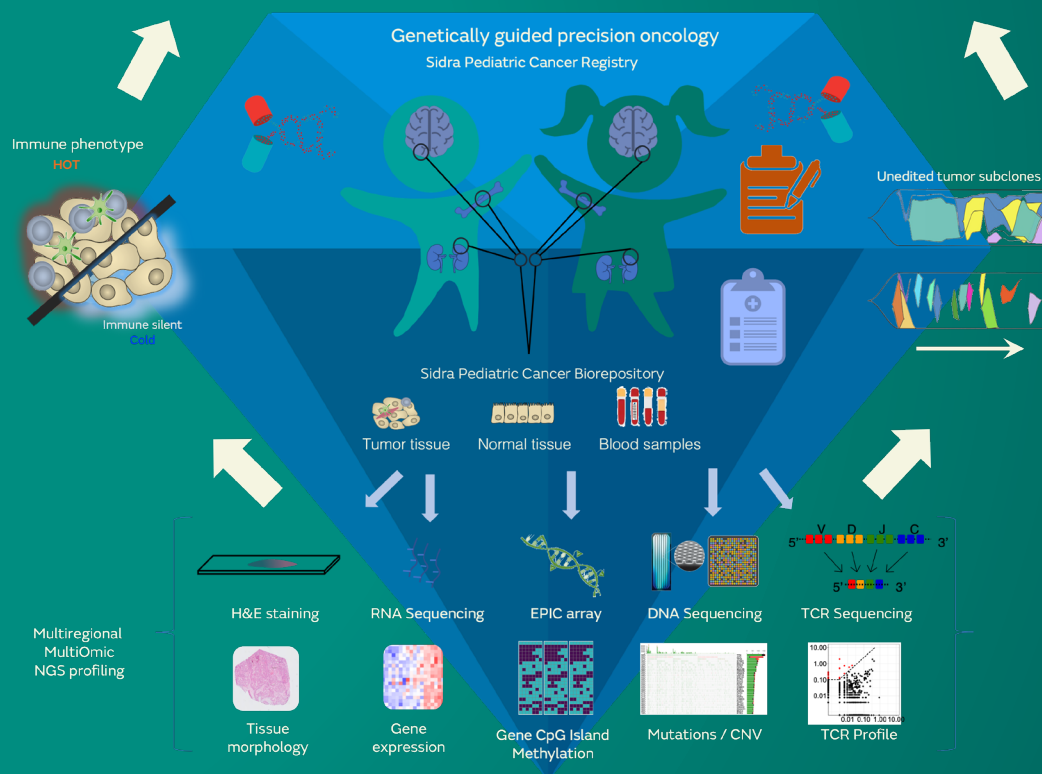
We believe these programs will allow pediatric patients to take advantage of the revolution in the treatment of cancer brought on by the application participating in local or international clinical trials of using targeted and immunotherapy. All while developing They will allow us to gain a deeper understanding of the immune phenotype in these patients' tumors. Understanding the genetic determinants of the immune phenotypes in these cancer types,,

including, the variation in mutational load between patients, the intra-tumoral heterogeneity, and the characterization of the immune infiltrate. This will provide us with insight in the potential for targeted and immunotherapy adaptation to these pediatric patients.

With this report we wish to share with the community this treasure of data that will enable us to, on the short term,

advise clinical grade diagnostics of rare targetable somatic mutation and facilitate patient enrollment in worldwide clinical trials. On the median term it will help us highlight new molecular targets in specific subgroups of patients, leading to the development of new biomarkers or therapeutic modalities. On the longer term this project will pave the way for personalized precision medicine for each pediatric cancer patient in Qatar.

## PEDIATRIC CANCER DIAMOND



High quality samples, including blood samples, tumor and normal tissues, collected as part of Sidra's pediatric biobanking effort will be genetically and epigenetically profiled to capture the tumors immune phenotype and oncogenic heterogeneity of tumors. This multifaceted approach includes assessment of tissue morphology by hematoxylin and eosin (H&E) staining, gene expression profiling

by RNA sequencing, methylome profiling by the EPIC array, somatic variant identification by DNA sequencing and SNP arrays, and T-cell receptor (TCR) profiling using the ImmunoSeq assay. A comprehensive picture of the tumor's immune phenotype and its somatic evolution will be delivered directly to the clinic, enabling genetically guided precision oncology.

# MEET THE TEAM







## **CANCER RESEARCH INVESTIGATORS**

Dr. Chiara Cugno, Dr. Wouter Hendrickx

Dr. Cristina Maccalli, Dr. Mohamed Haris

## **SIDRA PEDIATRIC CANCER REGISTRY AND BIOREPOSITORY COORDINATOR**

Dr. Wouter Hendrickx

## **PATHOLOGY TEAM**

Dr. William Mifsud, Dr. Erdener Ozer, Dr. Gordan Vujanic

## **ONCOLOGY HEMATOLOGY TEAM**


Dr. Ayman Saleh, Dr. Ata Maaz, Dr. Naima Al Mulla

Dr. Chiara Cugno, Dr. Tayseer Al saad, Dr. Wafaa Abdelghani

## **RESEARCH LAB TEAM**

Dr. Christophe Raynaud, Dr. Sathiya Narayanan, Apryl Sanchez





## **PRECISION RESEARCH INFORMATION MANAGEMENT ENVIRONMENT (PRIME) TEAM**

Shafqat Baig, Mehshad Hamza  
Mohammedhusen Khatib, Tariq Abu Saqri, Mohamed Jama

## **GENOMICS CORE TEAM**

Lisa Sara Mathew, Li Liu, Kun Wang,  
Guishuang Wang, Li Wang, Dr. Stephan Lorenz

## **CLINICAL RESEARCH COORDINATION**

Blessing Dason, Aisha Khalifa, Asma Jamil

## **BIOINFORMATICS TEAM**

Dr. Shimaa Sheri, Fazulur Vempalli, Dr. Tariq Masoodi

## **DIRECTOR SIDRA CANCER PROGRAM**

Dr. Davide Bedognetti

## **NURSING TEAM**

Mohammed Anas, Rachel Park

# BREAKING THE STEREOTYPE

Family holds a significant place as a sacred institution within the Arab culture. In times of distress, such as the news of a child diagnosed with cancer, it is the family that pushes for the best possible treatment for rapid recovery. In Qatar, it has long been the belief that the best treatment for cancer is done abroad but as times are changing so are perceptions.

The division of Pediatric Hematology-Oncology at Sidra Medicine opened in May 2018. It was designed to care for all children and adolescents from birth up to 18 years of age. Sidra Medicine is revolutionizing the medical landscape of Qatar by building infrastructure that allows for state-of-the-art treatments using the best diagnostic tools available while also implementing refined research methodologies.

Dr. Davide Bedognetti- acting Executive Director of Translational Medicine and Director of the Cancer Program- is confident that the organization is internationally competitive and quickly gearing up to meet the standard of care and needs for clinical research. "Here at Sidra Medicine, we have the best pathologists and oncologists for pediatric cancer who have years of experience and are leading members in international committees on different tumors," said Dr. Bedognetti.



Being a hub for pediatric oncology gives the opportunity to treat every child diagnosed with cancer in Qatar. In the present, the aim is to characterize every single tumor at the deepest level of accuracy using advanced technology. Some patients do not respond to existing traditional cancer drugs and a personalized treatment solution is necessary. This is where research comes in—applying advanced diagnostics to propose effective treatments that are otherwise not available as a standard of care.

Dr. Ayman Saleh is the Division Chief of Pediatric Hematology-Oncology. Recently, he has noticed that more patients are seeking treatment for their cancer-stricken children at Sidra, rather than travelling abroad. This is directly related to the expanded services where Sidra Medicine started caring for these severe types of diseases. The oncology clinic is staffed with people from different backgrounds sharing their experience and skills to build a multidisciplinary atmosphere for medical innovation.

Sidra Medicine is establishing a bone marrow and stem cell transplant service for children in the same age group of newborns to 18 to be provided this service locally. There is also a specialized clinic to prepare and care for patients pre- and post-transplant. The clinic takes care of children within 100 days of their transplantation.

At Sidra Medicine, great care is taken for the timely diagnosis of a patient. The “expedite genomic oncology pipeline” (eGOP) is used when standard diagnostic means are insufficient to provide the optimal treatment. Results and diagnosis is conducted by the research team and then communicated within a few weeks to help guide the clinicians in deciding a personalized treatment for each specific patient. In 2022, the team was awarded the Internal Research Fund.

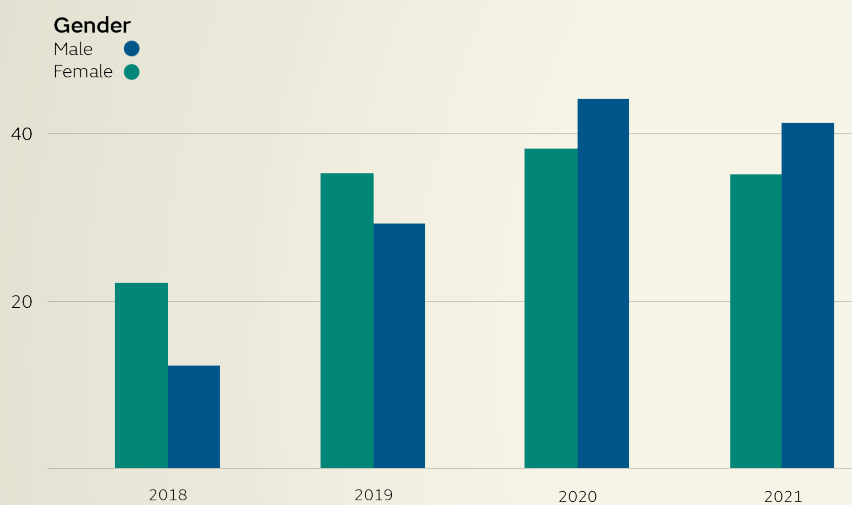
The awarded project introduces a new technology called spatial transcriptomic, which sees the localization of expression of different genes. This technology was recently acquired, and it is the first of its kind in the Middle East.

“We have active involvement from both clinical staff and research faculty that promotes better clinical trial units for pediatric cancer, while constantly maturing and customizing the program for targeted therapy and precision medicine,” said Dr. Saleh. With the rate of progress and insight from professionals in the division, the future for Qatar’s fight against cancer is in capable hands. The pediatric oncology-hematology division is making huge strides in breaking stereotypes to ensure residents receive world-class cancer treatment for their families without the need to travel abroad.

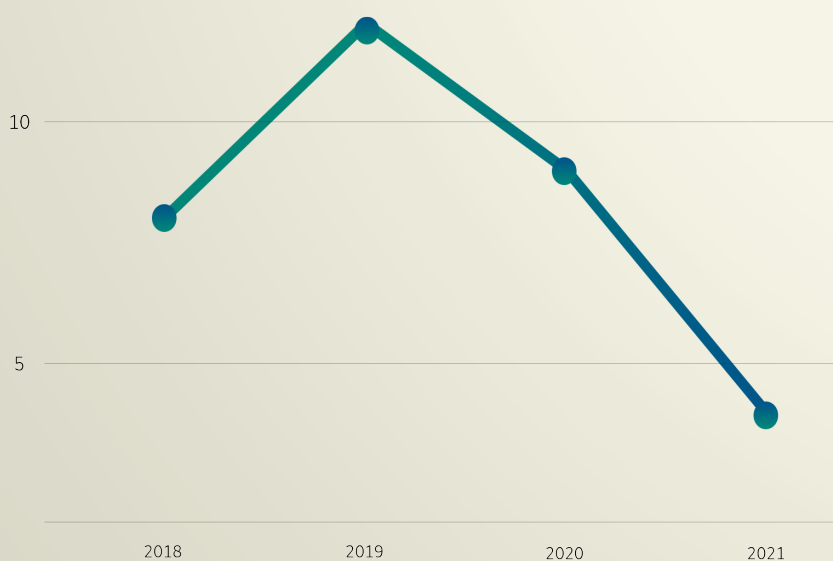


# SIDRA MEDICINE PEDIATRIC CANCER REGISTRY

## Cancer registry by diagnosis year

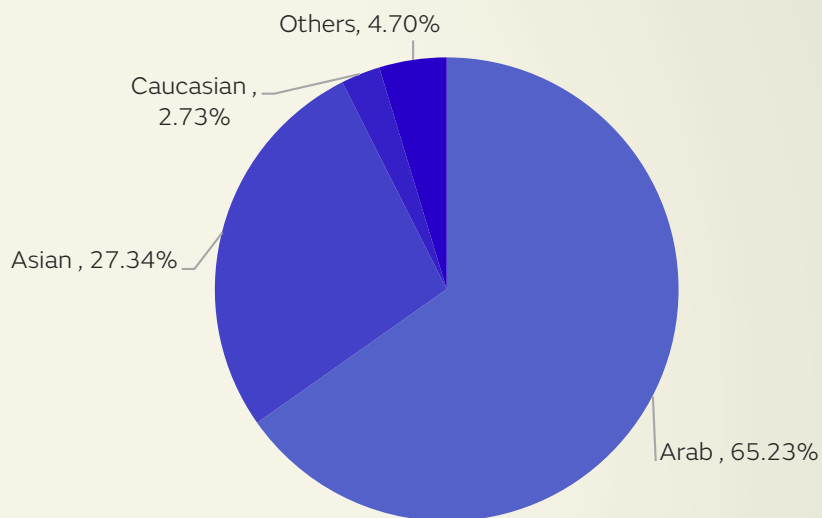


## Cancer patients treated abroad by year

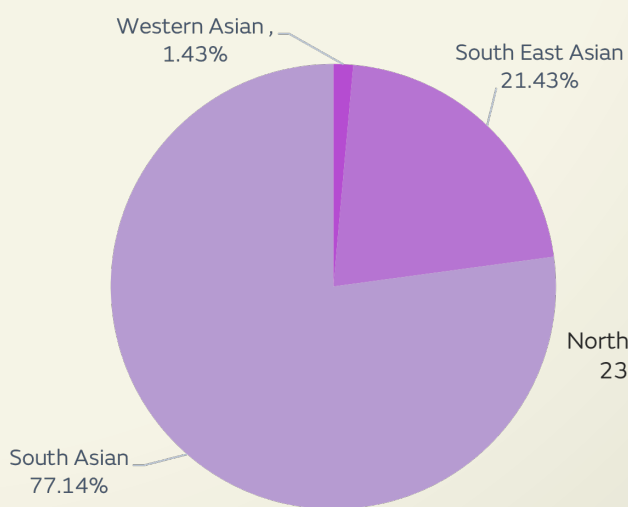


## Ethnicity of our patients

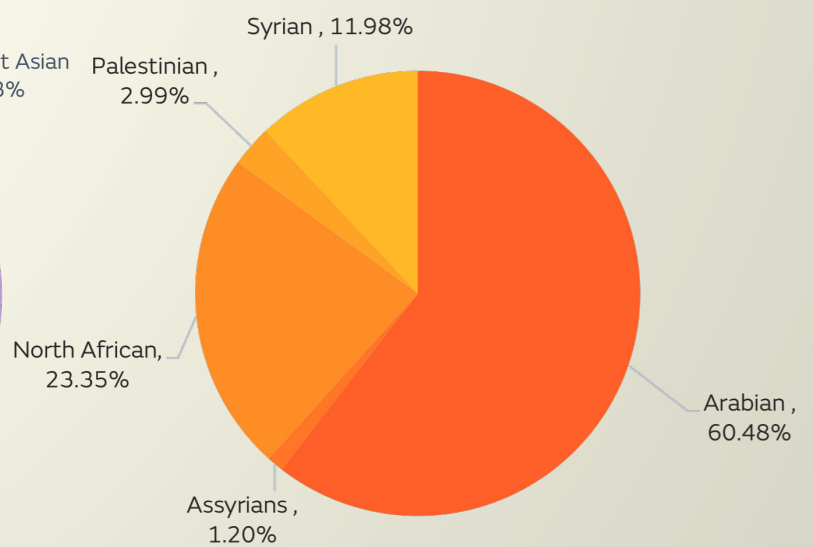
### All population



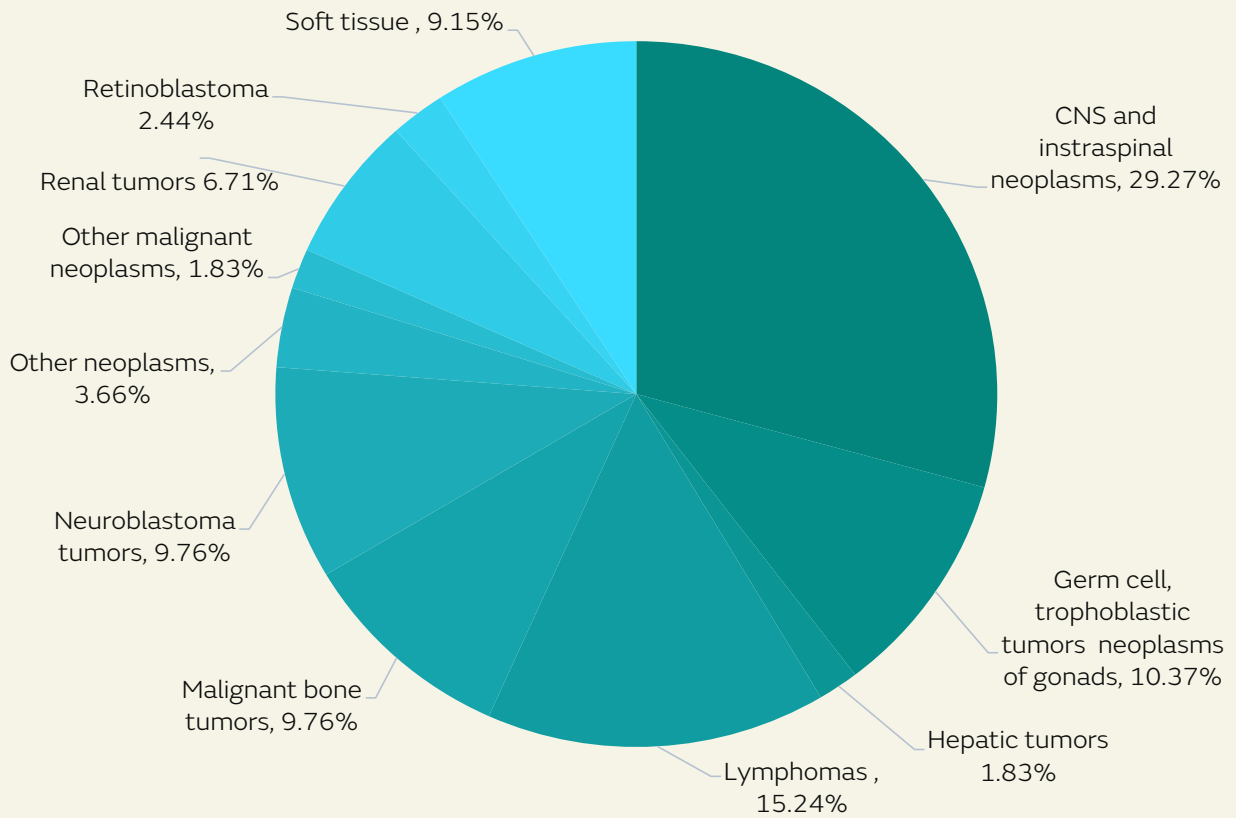
### Asian population



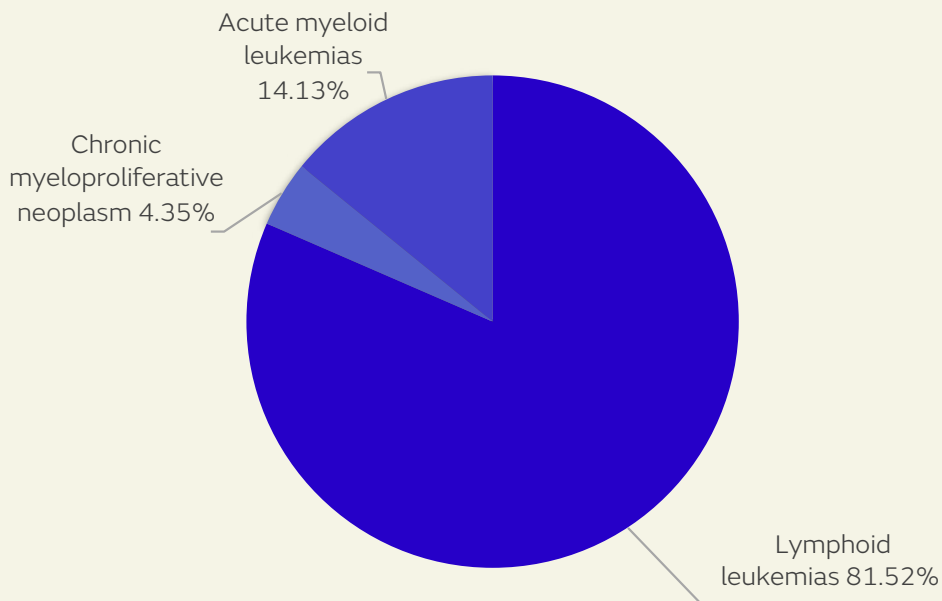
### Arab population



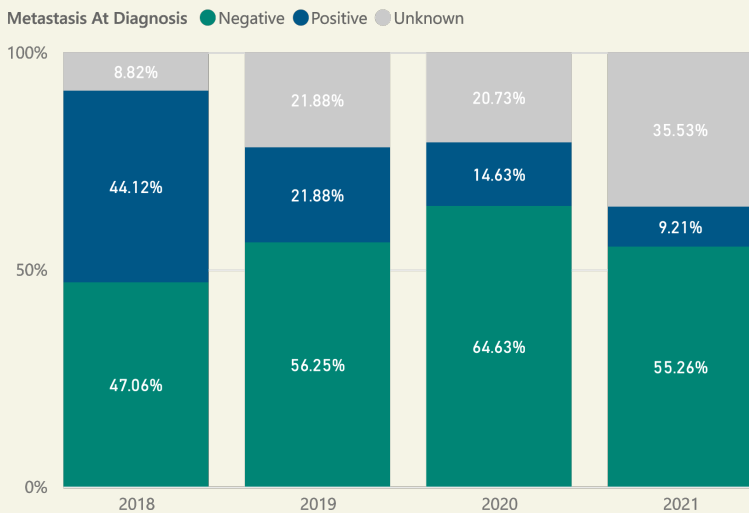
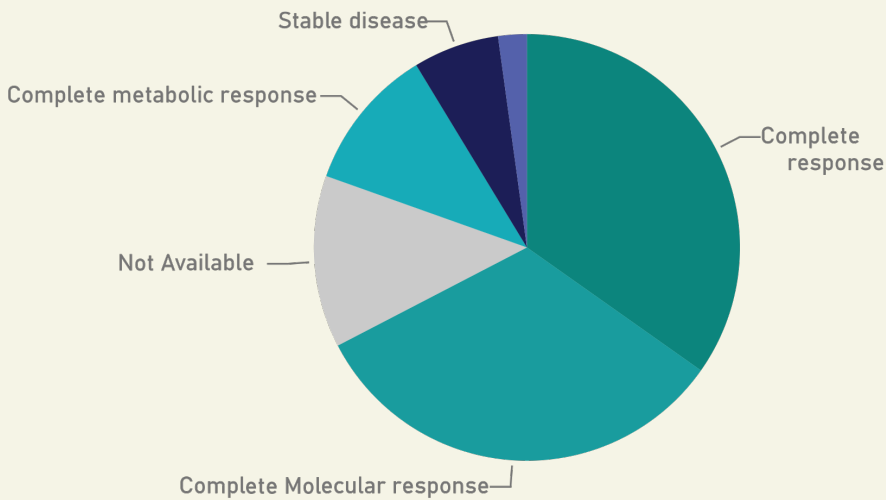
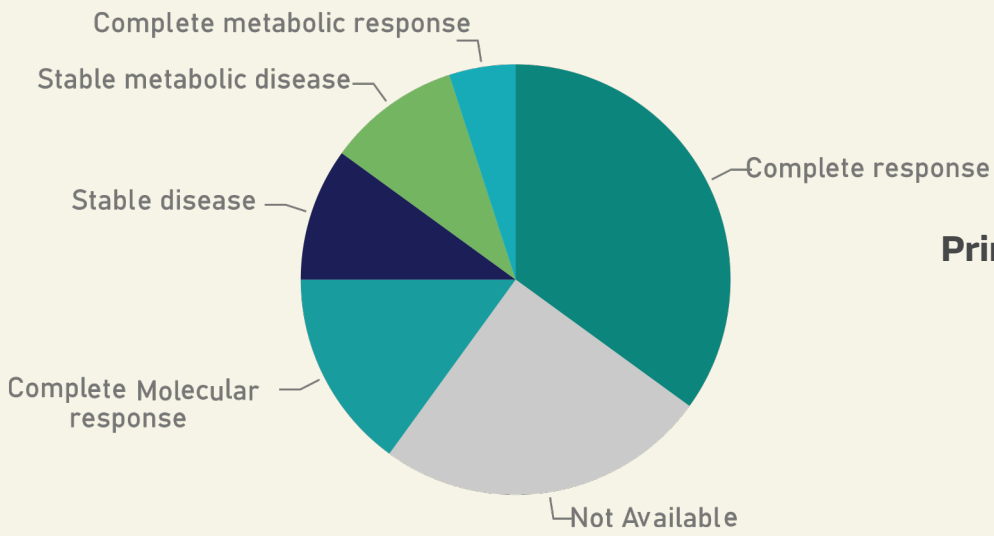
## Types of Pediatric Solid Cancer Presented at Sidra Medicine 2018-2021



## Types of Pediatric non-Solid cancer Presented at Sidra Medicine 2018-2021







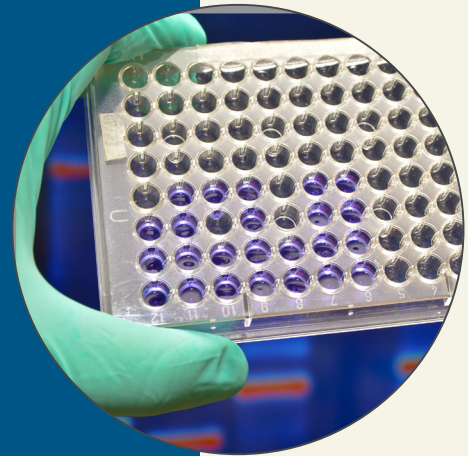
**Patients with metastasis at diagnosis**

# A RACE AGAINST TIME

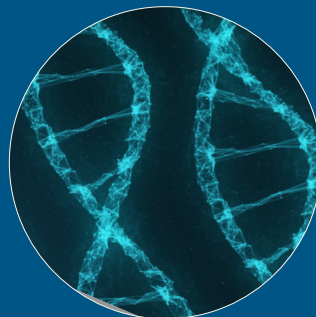
An hourglass can offer the right symbolism for the worldwide phenomenon that is cancer- a disease where time is of utmost importance. In children, some cancer cells can double in one day, so outcome is dependent on timely intervention and correct diagnosis. There are lives that hang in the balance where every hour that passes constraints the window of opportunity for effective medical response. In such a quagmire, personalized medicine may offer alternatives once thought to be unrealistic.



Dr. Chiara Cugno, director for the Advanced Cell Therapy Core at Sidra Medicine, is a pediatric oncologist and hematologist serving a dual role as both researcher and clinician. Her patient pool consists of pediatric cancer patients from all over Qatar that are referred to Sidra as the only third-level center for pediatric cancer in the country, covering treatment, diagnosis, and follow up. Dr. Cugno holds specific expertise in pediatric leukemia and hematopoietic stem cell transplantation and is a firm believer in advanced diagnostics and treatments as part of personalized medicine.



Genetic sequencing, a method to determine the entire genetic makeup of the cells, holds the promise to help treating and curing cancer patients. It underscores the importance of strengthening the relationship between both sides of medicine: the research and clinical. "Sequencing can allow to unveil tumor-specific mutations that can guide the applications of targeted treatments.



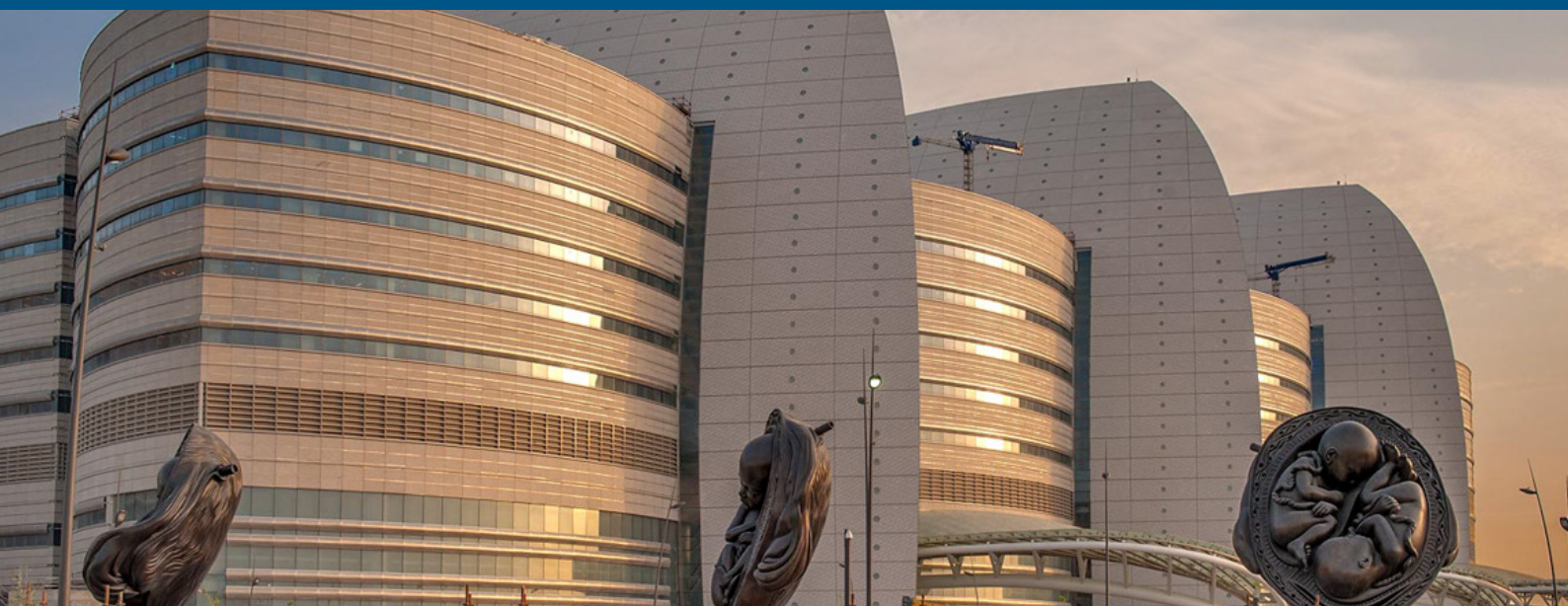
The clinical question that we have to answer is important, otherwise the researcher would venture blindly," says Dr. Cugno.

There are endless applications of personalized medicine but two are currently being established in treating pediatric cancer patients at Sidra. One is in the case of relapsed or refractory tumors (i.e., tumor recurring after treatment or not responding to therapy) which leave the patients with low chance of survival. There are now efforts being made to sequence the tumor tissue from the patient in a timely manner and identify potential mutations that can be treated by a specific drug. This is called targetable alteration. When standard treatments fail, this might offer an alternative weapon to use against cancer, which Dr. Cugno perceives as life-changing for the patient.

The second application is in the field of pharmacogenomics, i.e., how our genetic make-up influences the response to drugs. Our Team- says Dr. Cugno- is leading a research aimed to better understanding the response to chemotherapy in the Arab population.

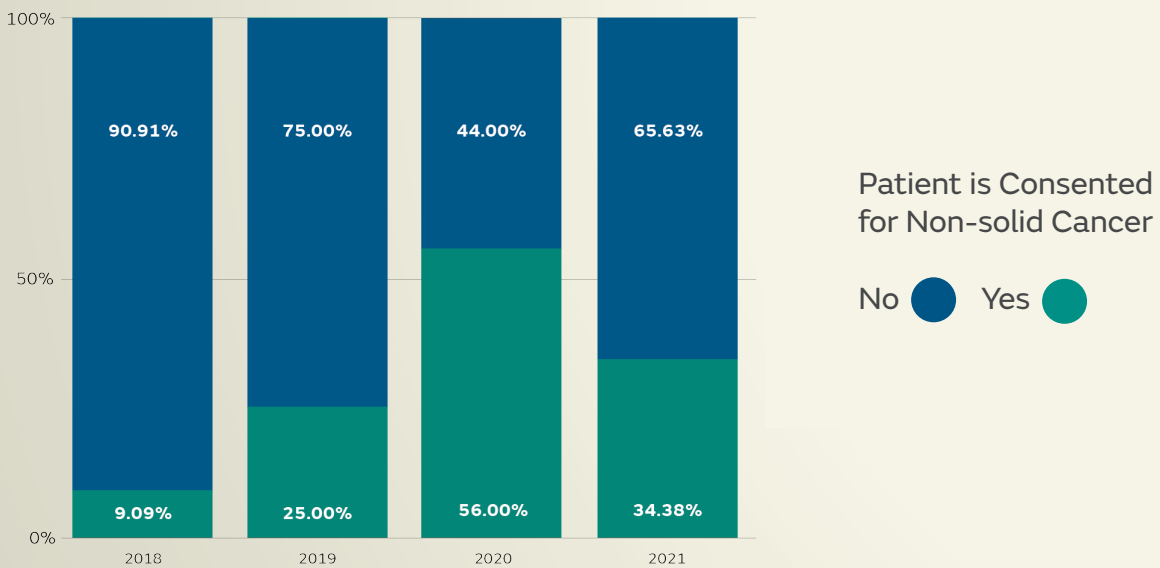
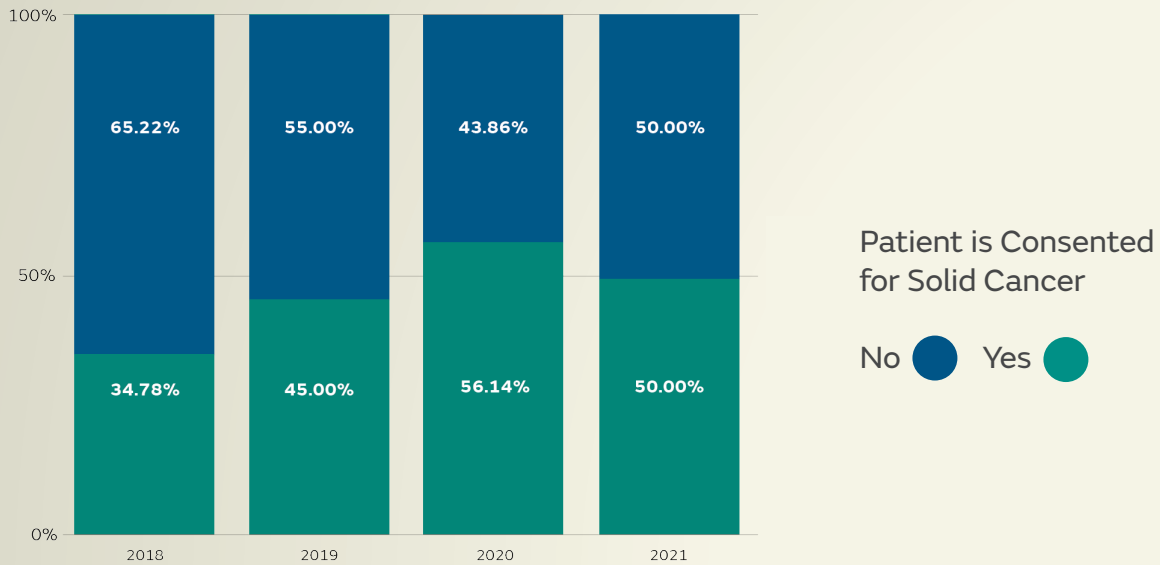
Common clinical experience shows that several children from this region suffer from severe toxicity following chemotherapy. There could be a genetic background predisposing to increased toxicity which might warrant a modulation the standardized treatment, and the customization of chemotherapy protocols for Arab ethnicity patients. This could lead to a more sustainable chemotherapy with less complications, shorter hospitalizations, and better final outcome.

Sidra Medicine is an internationally competitive organization and is proactive in the global fight against cancer where people like Dr. Chiara Cugno are leading the offensive. Personalized approaches are necessary weapons in the artillery for cancer treatment and can potentially provide more scientific breakthroughs in the future.



# BIOBANK DATA

## Consent rate of patients



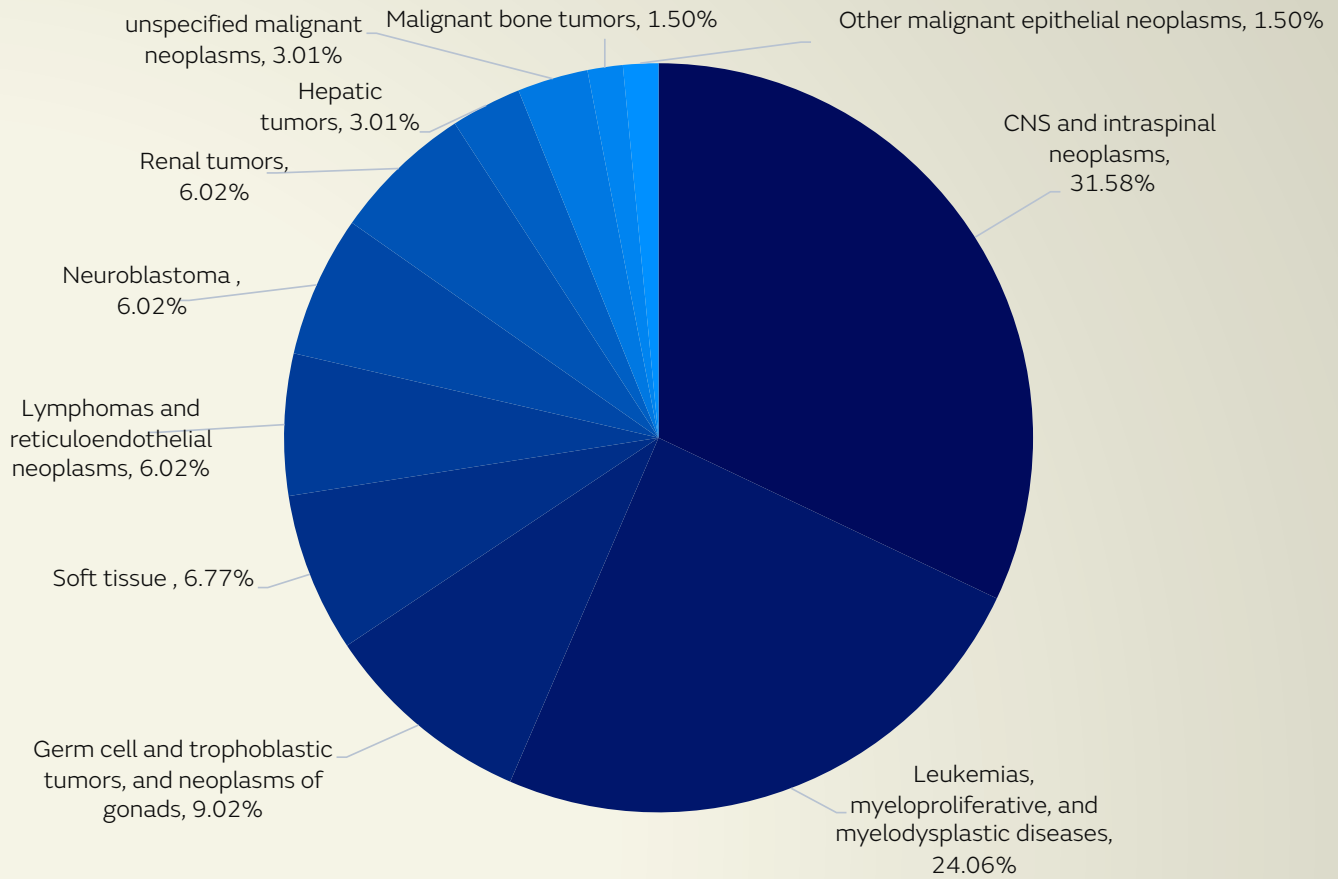
Blood Sample Available

**61%**

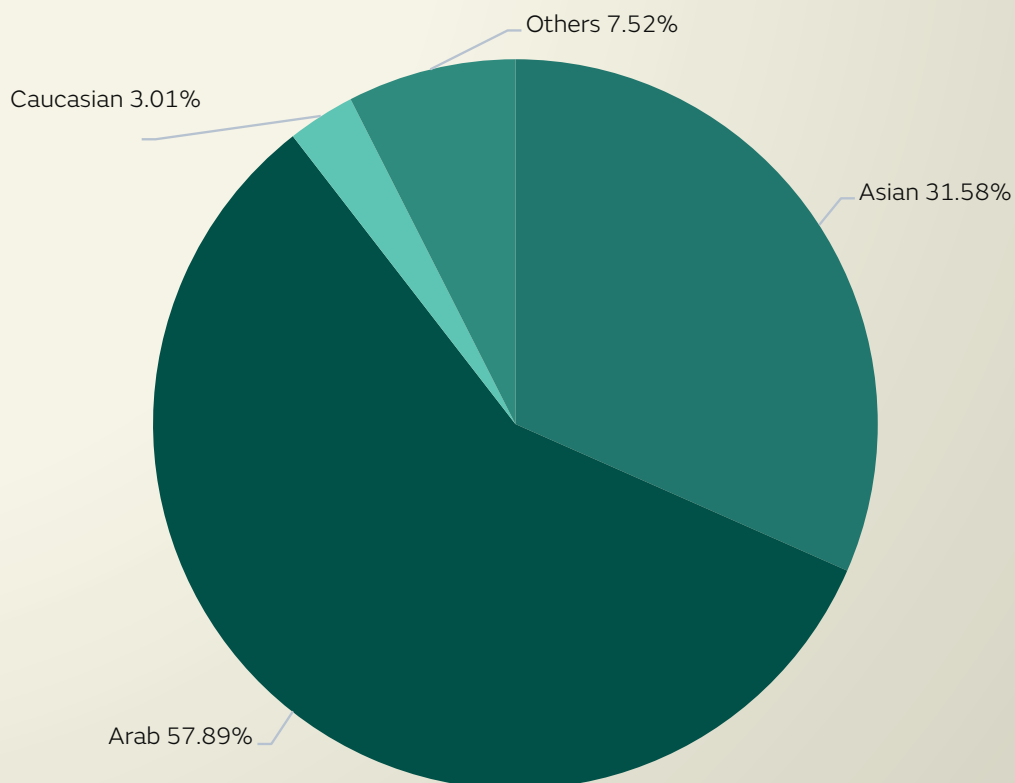
Tumour Sample Available

**35%**

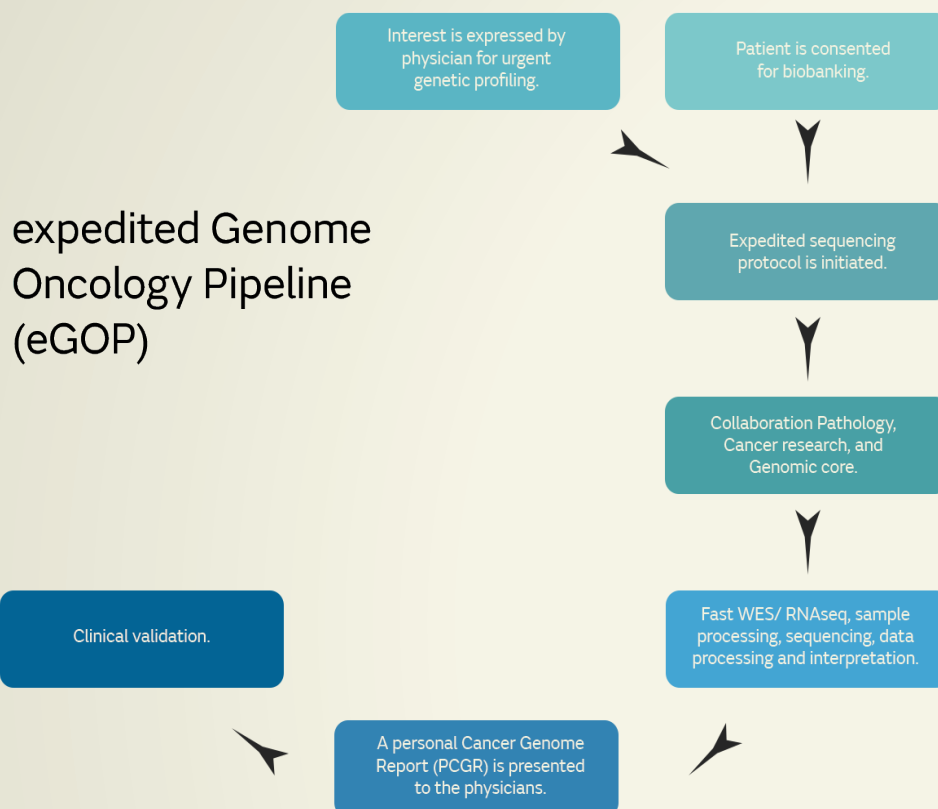
## Types of pediatric cancer included in the Sidra Biobank



## Biobank Ethnicity



# EXPEDITED GENOMIC ONCOLOGY PROFILING (eGOP) FLOW CHART



The expedited Genomic Oncology Profiling (eGOP) procedure has been available since October 2020. This protocol is activated whenever the clinician (oncologist or pathologist) feels the need for an urgent molecular characterization to guide diagnosis and treatment. The eGOP procedure is typically requested for patients with extremely aggressive/relapsed cases and poor prognoses. The pipeline includes the rapid transfer of samples to research, DNA and RNA extraction, next generation sequencing, variant annotation, and generating the “Personal Cancer Genome Report” (PCGR) and Cancer Predisposition Sequencing Report (CPSR) to clinicians within 2-3 weeks.

## eGOP Patients

Tumor type	Sample arrival	Date PCGR generation	Genes with actionable mutations
Brain (Glioma)	13-Oct-20	9 days	FGFR1
Brain (Ependymoma)	20-Oct-20	18 days	CDKN2C
Embryonal rhabdomyosarcoma	9-Dec-20	28 days	HRAS, BRAF
Embryonal rhabdomyosarcoma	15-Jun-21	12 days	NRAS, TTN, CTNNB1, NUP98, FBXW7
Alveolar rhabdomyosarcoma	8-Nov-21	11 days	None
Alveolar rhabdomyosarcoma	30-Mar-22	14 days	None
Rhabdoid tumor	31-Aug-22	17 days	SMARCB1
Brain (Glioma)	31-Aug-22	—	Under process

# CANCER PUBLICATIONS

## 2018 - 2021

### PEDIATRIC CANCER

de Kock L, Geoffrion D, Rivera B, Wagener R, Sabbaghian N, Bens S, Ellezam B, Bouron-Dal Soglio D, Ordóñez J, Sacharow S, Polo Nieto JF, Guillerman RP, Vujanic GM, Priest JR, Siebert R, Foulkes WD.

**Multiple DICER1-related tumors in a child with a large interstitial 14q32 deletion.**

Genes Chromosomes Cancer. 2018 May;57(5):223-230. doi: 10.1002/gcc.22523. Epub 2018 Feb 10. PMID: 29315962.

Treger TD, Chagtai T, Butcher R, Cresswell GD, Al-Saadi R, Brok J, Williams RD, Roberts C, Luscombe NM, Pritchard Jones K, Mifsud W.

**Somatic TP53 Mutations Are Detectable in Circulating Tumor DNA from Children with Anaplastic Wilms Tumors.**

Transl Oncol. 2018 Dec;11(6):1301-1306. doi: 10.1016/j.tranon.2018.08.006. Epub 2018 Aug 29. PMID: 30172241; PMCID: PMC6121832.

AlRayahi J, Zapotocky M, Ramaswamy V, Hanagandi P, Branson H, Mubarak W, Raybaud C, Laughlin S.

**Pediatric Brain Tumor Genetics: What Radiologists Need to Know.**

Radiographics. 2018 Nov-Dec;38(7):2102-2122. doi: 10.1148/rq.2018180109. PMID: 30422762.

Vujančić GM, D'Hooghe E, Hooghe E, Popov SD, Sebire NJ, Kelsey A.

**The effect of preoperative chemotherapy on histological subtyping and staging of Wilms tumors: The United Kingdom Children's Cancer Study Group (UKCCSG) Wilms tumor trial 3 (UKW3) experience.**

Pediatr Blood Cancer. 2019 Mar;66(3):e27549. doi: 10.1002/pbc.27549. Epub 2018 Nov 8. PMID: 30408319.

Seng MS, Berry B, Karpelowsky J, Thomas G, Mews C, Stormon M, Shun A, Cole C.

**Successful treatment of a metastatic hepatocellular malignant neoplasm, not otherwise specified with chemotherapy and liver transplantation.**

Pediatr Blood Cancer. 2019 Apr;66(4):e27603. doi: 10.1002/pbc.27603. Epub 2019 Jan 4. PMID: 30609257.

Al-Rawahi GN, Al-Najjar A, McDonald R, Deyell RJ, Golding GR, Brant R, Tilley P, Thomas E, Rassekh SR, O'Gorman A, Wong P, Turnham L, Dobson S.

**Pediatric oncology and stem cell transplant patients with healthcare-associated Clostridium difficile infection were already colonized on admission.**

Pediatr Blood Cancer. 2019 May;66(5):e27604. doi: 10.1002/pbc.27604. Epub 2019 Jan 21. PMID: 30666782.

Siveen KS, Prabhu KS, Parray AS, Merhi M, Arredouani A, Chikri M, Uddin S, Dermime S, Mohammad RM, Steinhoff M, Janahi IA, Azizi F.

**Evaluation of cationic channel TRPV2 as a novel biomarker and therapeutic target in Leukemia- Implications concerning the resolution of pulmonary inflammation.**

Sci Rep. 2019 Feb 7;9(1):1554. doi: 10.1038/s41598-018-37469-8. PMID: 30733502; PMCID: PMC6367460.

Jackson TJ, Williams RD, Brok J, Chowdhury T, Ronghe M, Powis M, Pritchard-Jones K, Vujančić GM; Children's Cancer and Leukaemia Group (CCLG) Renal Tumours Group.

**The diagnostic accuracy and clinical utility of pediatric renal tumor biopsy: Report of the UK experience in the SIOP UK WT 2001 trial.**

Pediatr Blood Cancer. 2019 Jun;66(6):e27627. doi: 10.1002/pbc.27627. Epub 2019 Feb 13. PMID: 30761727; PMCID: PMC6522371.

Hol JA, Lopez-Yurda MI, Van Tinteren H, Van Grotel M, Godzinski J, Vujanic G, Oldenburger F, De Camargo B, Ramirez-Villar GL, Bergeron C, Pritchard-Jones K, Graf N, Van den Heuvel-Eibrink MM.

**Prognostic significance of age in 5631 patients with Wilms tumour prospectively registered in International Society of Paediatric Oncology (SIOP) 93-01 and 2001.**

PLoS One. 2019 Aug 19;14(8):e0221373. doi: 10.1371/journal.pone.0221373. PMID: 31425556; PMCID: PMC6699693.

Fajardo RD, van den Heuvel-Eibrink MM, van Tinteren H, Spreafico F, Acha T, Bergeron C, de Camargo B, Oldenburger F, Rube C, Oue T, Vokuhl C, de Krijger RR, Vujanic G, Sebire N, Coulomb-L'Hermine A, Collini P, Gandola L, Pritchard-Jones K, Graf N, Janssens GO, van Grotel M.

**Is radiotherapy required in first-line treatment of stage I diffuse anaplastic Wilms tumor? A report of SIOP-RTSG, AIEOP, JWITS, and UKCCSG.**

Pediatr Blood Cancer. 2020 Feb;67(2):e28039. doi: 10.1002/pbc.28039. Epub 2019 Oct 18. PMID: 31625685.

D'Hooghe E, Mifsud W, Vujančić GM.

**"Teratoid" Wilms Tumor: The Extreme End of Heterologous Element Differentiation, Not a Separate Entity.**

Am J Surg Pathol. 2019 Nov;43(11):1583-1590. doi: 10.1097/PAS.0000000000001335. PMID: 31600178.

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Pasqualini C, Furtwängler R, van Tinteren H, Teixeira RAP, Acha T, Howell L, Vujanic G, Godzinski J, Melchior P, Smets AM, Coulomb-L'Hermine A, Brisse H, Pritchard-Jones K, Bergeron C, de Camargo B, van den Heuvel-Eibrink MM, Graf N, Verschuur AC.

**Outcome of patients with stage IV high-risk Wilms tumour treated according to the SIOP2001 protocol: A report of the SIOP Renal Tumour Study Group.**

Eur J Cancer. 2020 Mar;128:38-46. doi: 10.1016/j.ejca.2020.01.001. Epub 2020 Mar 5. PMID: 32109849.

Ooms AHAG, Vujani GM, D'Hooghe E, Collini P, L'Herminé-Coulomb A, Vokuhl C, Graf N, Heuvel-Eibrink MMVD, de Krijger RR.

**Renal Tumors of Childhood-A Histopathologic Pattern- Based Diagnostic Approach.**

Cancers (Basel). 2020 Mar 19;12(3):729. doi: 10.3390/cancers12030729. PMID: 32204536; PMCID: PMC7140051.

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Cancer Cell. 2020 Sep 14;38(3):313-316. doi: 10.1016/j.ccell.2020.08.013. PMID: 32931741.

Rovida A, Maccalli C, Scarfò L, Dellabona P, Stamatopoulos K, Ghia P.

**Exploiting B Cell Receptor Stereotypy to design Tailored Immunotherapy in Chronic Lymphocytic Leukemia.**

Clin Cancer Res. 2020 Oct 13;clincanres.1632.2020. doi: 10.1158/1078-0432.CCR-20-1632. Epub ahead of print. PMID:33051305.

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**Clinical characteristics and outcomes of children with WAGR syndrome and Wilms tumor and/or nephroblastomatosis: The 30-year SIOP-RTSG experience.**

Cancer. 2020 Nov 4. doi: 10.1002/cncr.33304. Epub ahead of print. PMID: 33146894.

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Clin Cancer Res. 2021 Feb 1;27(3):729-739. doi:10.1158/1078-0432.CCR-20-1632. Epub 2020 Oct 13. PMID: 33051305.

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Int J Cancer. 2021 Jun 1;148(11):2724-2735. doi: 10.1002/ijc.33476. Epub 2021 Feb 3. PMID: 33460450; PMCID: PMC8048605

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**Outcome of first relapse of Hodgkin lymphoma: single institution experience.**

J Pak Med Assoc. 2021 Mar;71(3):883-888. doi: 10.47391/JPMA.1114. PMID: 34057940.



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**Hepatic sinusoidal obstruction syndrome post-chemotherapy in pediatric and adolescent age: case series of six patients in Qatar.**  
Ann Hematol. 2022 Mar;101(3):693–695.  
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**Comparative analysis of the clinical characteristics and outcomes of patients with Wilms tumor in the United Kingdom and Japan.**  
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**Prognostic significance of histopathological response to preoperative chemotherapy in unilateral Wilms' tumor: An analysis of 899 patients treated on the SIOP WT 2001 protocol in the UK-CCLG and GPOH studies.**  
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## CANCER IMMUNOLOGY AND IMMUNOTHERAPY

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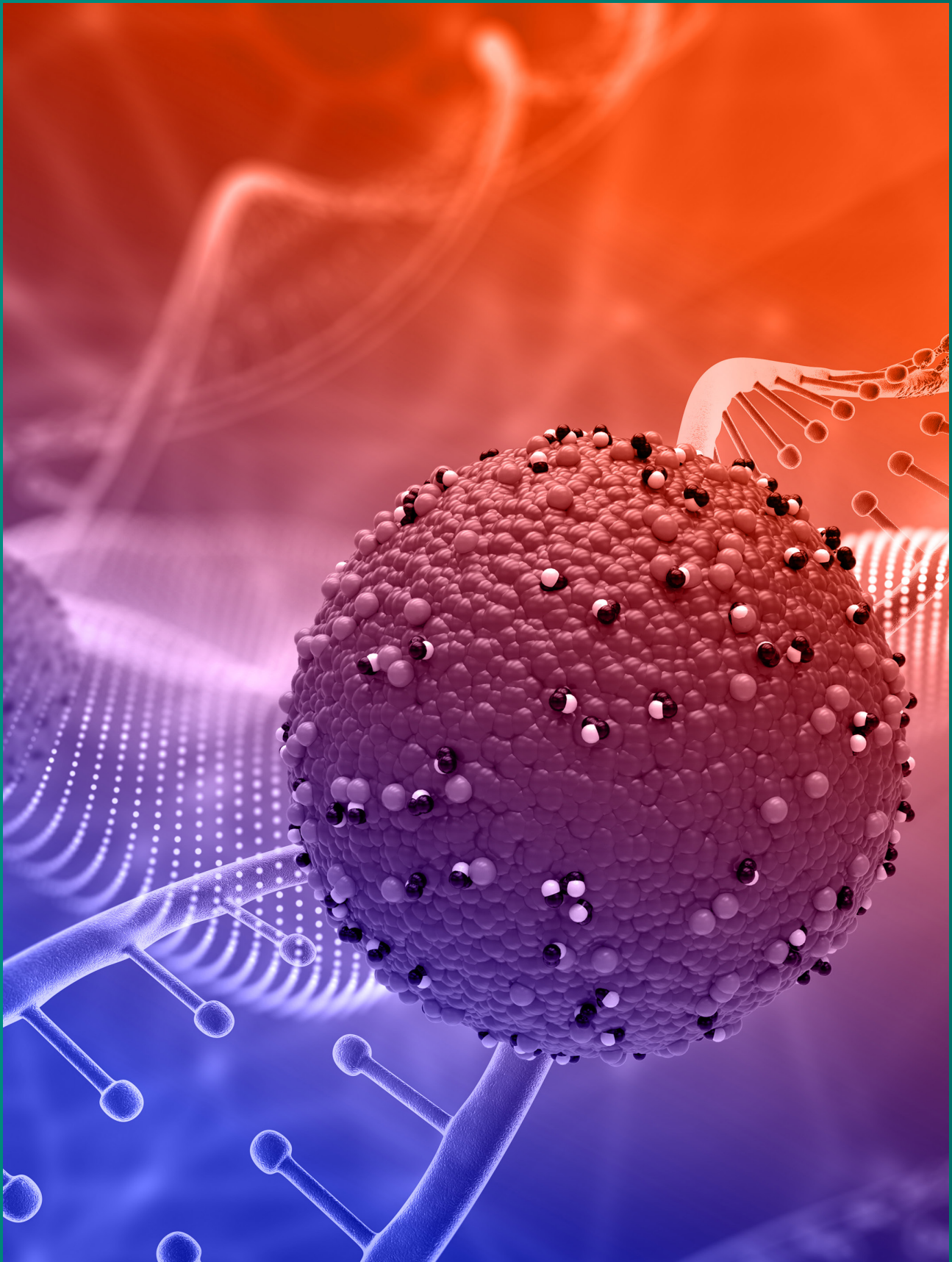
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