INTERVIEW WITH DR. GRACE EGAN, PEDIATRIC ONCOLOGIST.

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OMPRN
Ontario Molecular Pathology Research Network

SPECIALTY AREA:

Pediatric Oncology

KEY FOCUS:

Molecular testing in childhood cancers

WHO THIS IS FOR:

Parents of children with cancer

KEY TAKEAWAYS:

- *Molecular pathology is changing how childhood cancers are diagnosed and treated*
- *Testing helps identify targeted therapies with fewer side effects*
- *Families should ask if genomic testing is available for their child*
- *Molecular results can guide treatment decisions that are less aggressive but more effective*

Read the whole interview here:

WHICH PEDIATRIC PATIENTS DO YOU COMMONLY TREAT?

"At the Hospital for Sick Children, we practice section-based care so I'm largely responsible for treating children who present with leukemias and lymphomas.
Acute lymphoblastic leukemia is the most common disease we see in pediatric oncology, so this group of patients represents a large bulk of the patients that I see and treat. I am also involved in the care of pediatric patients with other leukemias including acute myeloid leukemia (AML) and chronic myeloid leukemia (CML), Hodgkin's lymphoma (HL) and non-Hodgkin's lymphoma (NHL), to name a few".

WHAT MADE YOU CHOOSE PEDIATRIC ONCOLOGY SPECIFICALLY?

"I knew I wanted to practice in a specialty that intertwined patient care with scientific discoveries. During medical school I really enjoyed pediatrics and hematology/oncology rotations, so pursuing a career in pediatric hematology/oncology was an intentional choice for me. I love caring for children and their families. Children are so joyful, optimistic, and resilient - helping them (and their parents) through cancer treatments is a privilege and extremely rewarding.
Working clinically as a pediatric oncologist also motivates me to explore and understand the biology of pediatric cancers, so that we can develop more effective, less toxic, targeted therapies for children with these diseases".

SHOULD PEDIATRIC ONCOLOGY PATIENTS AND THEIR FAMILIES BE SEEKING A SECOND OPINION FROM ANOTHER HOSPITAL OR DOCTOR?

"For patients with a relatively straight-forward diagnosis, it is likely not necessary. A "straight forward" diagnosis is one where the cancer presents in a common manner and genetic testing indicates that a common genetic marker is identified in the patient's cancer cells. If the patient then responds to chemotherapy and the disease goes into remission, a second opinion is generally not required.
If the patient's cancer is more complex, for example, the cancer presents at a usual age or in an unusual place, or if the genetic abnormalities in the cancer are unusual or have never been reported before, further discussion with other oncologists usually occurs to come up with the best treatment plan for the patient. If the patient's cancer does not go into remission after induction chemotherapy, this represents another time for physicians to discuss treatment options with other oncologists.
It is also important to note that as oncologists, we are never working in isolation. For example, at SickKids all patients with newly diagnosed leukemias and lymphomas are discussed weekly during multidisciplinary rounds where members of the care team can weigh in and discuss their opinion on work up and treatment plan. This also happens for patients with solid tumors managed under the solid tumor team, patients with brain tumors under the neuro-oncology team and for patients receiving a bone marrow transplant under the bone marrow transplant team. For smaller centers, oncologists will still do this. Smaller centers will also sometimes contact more specialized centers, like SickKids, to discuss complex patients and illicit additional input from oncology colleagues. In addition, for extremely rare cases, we will oftentimes reach out to international colleagues to elicit expertise and experience".