



Langerhans' cell histiocytosis in adults: another orphan disease?

Langerhans' cell histiocytosis (LCH) is the most common type of histiocytosis in children. Its clinical course is greatly variable ranging from an occasional finding of a single osteolytic lesion (*eosinophilic granuloma*) to a disseminated, life threatening disorder with lymphoma-like course. During the last years sporadic cases and small series of LCH patients have been reported in adults. Since LCH in most children may turn into a chronic disease, and some adolescents and young adults may occasionally develop a more acute clinical picture, a closer cooperation between pediatricians and adult hematologists seems warranted.

In this frame, the *Histiocyte Society* (HS) and the *Associazione Italiana di Ematologia ed Oncologia Pediatrica* (AIEOP), Gruppo Istiocitosi, have organized an international work group for adult LCH. Italy, France, Germany, Austria, Canada, Sweden have already joined in the project. The aim of this group is to collect reports of such cases into an International Registry, so that available information on clinical and epidemiological features, treatment results and potentially relevant associated factors may be collected and evaluated in a more systematic way.

Data collected through the Registry will be made available to all the participants who may also propose additional clinical or experimental investigation.

All physicians interested in such cooperation or who simply want to report their observation of LCH in adults may get in touch with the study coordinator:

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Consensus statement: nutritional morbidity in children with cancer

In November 13-15, 1997, it was held in the city of Puebla, México, the first-ever International Symposium on Nutrition and Cancer in Childhood. Participants produced the following Consensus Statement, which was agreed to publish widely.

This first-ever international workshop on nutrition and cancer in childhood was convened to explore the evidence, from epidemiological and clinical data, of the associations between nutritional factors and cancer prevalence, response to therapy, and the long-term growth and health of survivors. The participants, representing clinical hematology/oncology, nutrition and epidemiology, agreed on the multi-factorial components contributing to nutritional morbidity in childhood cancer; and set an agenda for education and research that will be essential for global improvement in care and quality of life of children with malignant neoplasia.

While children in developing countries appear to have a higher incidence of certain forms of cancer, and greater morbidity and mortality associated with these diseases than those in industrialized countries, more information is required about specific environmental and nutritional factors that predispose to neoplasia, as well as about natural mechanisms of protection, especially in dietary exposure, including breastfeeding. Malnutrition and secondary effects of chemotherapy certainly contribute to nutritional morbidity during treatment. To prevent or ameliorate such morbidity, with the additional aim of improving therapeutic outcome, nutritional assessment and support must be designed in such a way as to enhance the clinical care of children with cancer. Simple approaches to nutritional assessment, e.g., serial measurements of height and weight, skinfold thickness, mid-arm circumference and body composition (where means are available), should become standard practice.

Enhancement of global education was agreed to be the first step towards promoting awareness of the importance of the relationship between nutrition and childhood cancer. Health professionals must recognize malnutrition as an adverse prognostic factor and must monitor nutritional status as a component of care, with provision of nutritional support for maintenance of health or correction of existing nutritional deficiencies. The importance of active nutritional support must also be communicated to families. There is no evidence that nutritional support "feeds the tumor". The use of alternative therapies must be discussed openly with families and carefully evaluated by care givers. However, this must be balanced by protection from unscrupulous advocates of interventions of no proven benefit and more than occasional harm, which also come at high financial costs. Communication of the importance of nutrition in the context of cancer in childhood

must occur with the community at large and with government bodies, in particular for the purposes of facilitating education on health care needs and promoting funding for research.

The workshop participants advocated a research agenda to include design and evaluation of nutritional interventions incorporating alternative therapies deemed to enhance duration and/or quality of survival; improved understanding of the mechanisms of cachexia, anorexia and other metabolic disturbances; further epidemiologic investigation of possible causes of cancer related to nutrients or foods and interactive effects with cultural and socio-economic factors; nutritional interventions for therapy and rehabilitation; and the long-term consequences of cancer and its treatment on nutritional morbidity and quality of life. Until further research can be accom-

plished, it will be the mandate of this pioneering group of health professionals to promote among colleagues, families and governments the importance of recognizing nutrition as an integral component of causation, therapy and long-term growth/health in children with cancer. To maintain the focus and momentum of interest in the relationship between pediatric oncology and nutrition, this consensus statement will be published widely; and a second workshop is planned for the year 2000!

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