PRIORITY INTERVENTIONS REPORT

Wilms Cancer Foundation Welcomes Landmark WHO Report on Strengthening Global Wilms Tumor Care

New World Health Organization technical brief identifies seven priority interventions for improving Wilms tumor early diagnosis, treatment, supportive care and survivorship worldwide

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The **Wilms Cancer Foundation (WCF)** welcomes the publication of a landmark new report from the **World Health Organization (WHO)** outlining how countries can strengthen healthcare services for children diagnosed with **Wilms tumor**, the most common form of childhood kidney cancer.

The report, *Priority Interventions to Strengthen Service Delivery for Wilms Tumour: Global Initiative for Childhood Cancer Technical Brief*, provides practical, evidence-informed guidance for policymakers, hospital managers, childhood cancer leaders and national cancer control programs.

Published in 2026, it is the first in a new series of WHO technical briefs addressing the six index cancers included within the **WHO Global Initiative for Childhood Cancer (GICC)**.

Executive Summary

The new WHO Wilms tumor report identifies seven priority interventions that countries can adapt to their national healthcare systems:

1. Reducing delayed diagnosis through early detection
2. Improving access to diagnosis and staging
3. Improving access to quality treatment
4. Preventing abandonment of treatment
5. Providing access to adequate supportive care
6. Achieving an integrated palliative care approach
7. Ensuring the provision of survivorship care

Together, these interventions cover the complete Wilms tumor care pathway—from the first recognition of childhood kidney cancer symptoms through diagnosis, treatment, recovery, survivorship or end-of-life care.

The report also explains how countries can incorporate these priorities into national cancer control plans, essential healthcare packages and universal health coverage programs.

The **Wilms Cancer Foundation** believes the publication represents an important international milestone for Wilms tumor and provides a clear framework for addressing global inequalities in childhood kidney cancer diagnosis, treatment and survival.

WHO Publishes First Index-Cancer Technical Brief

Wilms tumor, also known as **nephroblastoma**, is one of six childhood cancers selected by WHO as index cancers for the Global Initiative for Childhood Cancer.

The index cancers are being used to support implementation, monitoring and health-system strengthening across pediatric oncology services worldwide.

The WHO report describes Wilms tumor as the fourth most common type of childhood cancer. Approximately 75% of cases occur in children younger than five years, with most children presenting between two and three years of age.

When diagnosed promptly and treated appropriately, Wilms tumor is highly curable. The report states that five-year survival rates now exceed 85%.

However, these outcomes are not experienced equally around the world. Children in lower-resource healthcare settings may face delayed diagnosis, limited access to imaging and pathology, shortages of essential medicines, restricted specialist treatment, financial hardship and treatment abandonment.

The WHO technical brief was developed to help countries identify the healthcare infrastructure, workforce, financing and service-delivery arrangements required to improve these outcomes.

Why the WHO Wilms Tumor Report Matters

Wilms tumor requires coordinated care across multiple medical specialties and healthcare services.

A child's treatment pathway may involve:

- Primary and community healthcare
- Pediatric oncology
- Diagnostic radiology
- Specialist pathology
- Pediatric surgery or urology
- Chemotherapy
- Radiation oncology
- Nursing and pharmacy
- Nutrition and supportive care
- Psychological and social support
- Pediatric palliative care
- Long-term survivorship services

Weakness at any point in this pathway can lead to delays, treatment interruption, preventable complications or poorer outcomes.

The WHO report moves beyond a description of Wilms tumor treatment. It examines how entire healthcare systems must be organized to ensure that children can reach appropriate care, receive accurate diagnosis and staging, complete treatment and access long-term follow-up.

This health-system approach is particularly important in low- and middle-income countries, where effective treatments may exist but remain inaccessible to many children.

Priority Intervention One: Reducing Delayed Diagnosis Through Early Detection

The WHO identifies reducing delayed diagnosis as the first priority for improving Wilms tumor outcomes.

Children with Wilms tumor often present with a painless abdominal mass that may be noticed by a parent or caregiver during bathing or identified during a routine medical examination.

Other possible symptoms can include:

- Abdominal swelling or pain
- Blood in the urine
- High blood pressure
- Fever
- Nausea
- Loss of appetite
- Constipation
- Shortness of breath
- A persistent or rapidly growing abdominal mass

Limited awareness among families and frontline healthcare professionals can contribute to delayed diagnosis. Early signs may also be mistaken for more common childhood conditions.

The WHO report recommends improving community health literacy, training healthcare professionals to recognize childhood cancer warning signs and establishing clear referral pathways to specialist pediatric cancer centers.

It also emphasizes the importance of reducing fear and stigma surrounding cancer while helping families understand when symptoms require urgent medical assessment.

Priority Intervention Two: Improving Access to Diagnosis and Staging

Accurate diagnosis and staging are essential for determining the correct Wilms tumor treatment.

The diagnostic process may include:

- Clinical history and physical examination
- Blood pressure assessment
- Blood and urine tests
- Abdominal ultrasound
- CT or MRI imaging
- Chest imaging to assess possible metastases
- Surgical findings
- Histopathological examination
- Tumor risk classification
- Genetic evaluation when a predisposition syndrome is suspected

The WHO report highlights the need for coordinated diagnostic services, trained radiologists and pathologists, appropriate medical equipment and timely communication of results.

In many lower-resource settings, limited imaging capacity and inadequate pathology services can delay diagnosis or prevent accurate tumor classification. Improving these services is therefore a central requirement for safer, risk-adapted treatment.

Priority Intervention Three: Improving Access to Quality Wilms Tumor Treatment

Wilms tumor treatment commonly involves surgery and chemotherapy. Radiation therapy may also be required depending on the tumor stage, histology, treatment protocol and whether the cancer has spread.

High-quality treatment requires:

- Multidisciplinary care planning
- Pediatric oncology expertise
- Pediatric surgical services
- Safe anesthesia
- Reliable supplies of chemotherapy medicines
- Radiation therapy where clinically required
- Infection prevention and treatment
- Blood transfusion services
- Nutrition support
- Monitoring of treatment complications
- Clear communication with children and families

The WHO report recognizes that treatment protocols differ internationally. Some treatment approaches use chemotherapy before kidney surgery, while others begin with surgery.

Regardless of the treatment sequence, healthcare systems must provide coordinated, evidence-based care and ensure that children can complete the treatment prescribed for them.

Priority Intervention Four: Preventing Treatment Abandonment

Treatment abandonment occurs when a child does not begin or complete treatment intended to cure the cancer.

The WHO identifies abandonment as a significant and preventable cause of childhood cancer deaths in some low- and middle-income countries.

Families may discontinue treatment because of:

- Medical expenses
- Transportation costs
- Long distances to treatment centers
- Accommodation requirements
- Loss of parental income
- Food insecurity
- Limited understanding of treatment
- Fear of side effects
- Cancer stigma
- Weak follow-up systems

The report highlights practical interventions including financial assistance, food support, family accommodation, parental education, social work services, patient navigation and mobile patient-tracking systems.

The WHO recommendations reinforce that family support is not separate from cancer treatment. It is an essential part of ensuring that children can complete potentially curative care.

Priority Intervention Five: Providing Adequate Supportive Care

Supportive care helps children manage the physical, emotional and practical effects of Wilms tumor treatment.

It may include:

- Infection prevention and management
- Blood products and transfusion services
- Pain and symptom control
- Nutrition and hydration support
- Management of nausea and vomiting
- Psychological care
- Social work assistance
- Rehabilitation
- Family education
- Support for siblings and caregivers

The WHO report recognizes that successful childhood cancer care requires more than surgery, chemotherapy and radiation therapy. Children and families must be supported throughout the complete treatment journey.

This closely aligns with WCF's development of educational materials addressing nutrition, treatment side effects, emotional wellbeing, practical family support and communication with healthcare teams.

Priority Intervention Six: Integrating Pediatric Palliative Care

The report identifies pediatric palliative care as an integral component of childhood cancer services.

Palliative care is not limited to the final stages of life. It can be provided alongside cancer-directed treatment to control symptoms, reduce suffering, support communication and improve quality of life.

An integrated pediatric palliative care service may provide:

- Pain and symptom assessment
- Age-appropriate medication management
- Psychological and emotional support
- Communication about goals of care
- Family and sibling support
- Social and practical assistance
- Culturally appropriate care
- Community or home-based services
- End-of-life support when cure is no longer possible

The WHO brief emphasizes that children and families should remain supported throughout every stage of the cancer journey.

Priority Intervention Seven: Ensuring Wilms Tumor Survivorship Care

Survivorship care is an essential part of the Wilms tumor care pathway.

The report states that chronic health problems occur in nearly 25% of long-term Wilms tumor survivors. It emphasizes the importance of monitoring physical and psychosocial late effects while supporting healthy lifestyles and long-term quality of life.

Depending on the treatments received, Wilms tumor survivors may require monitoring of:

- Kidney function
- Blood pressure
- Heart health

- Lung function
- Growth and development
- Hormonal health
- Fertility and reproductive health
- Musculoskeletal health
- Emotional and psychological wellbeing
- Cancer recurrence
- Second cancer risks
- Transition to adult healthcare

The Wilms Cancer Foundation particularly welcomes the report's recognition that survivorship must be planned as part of cancer care from the beginning—not treated as an optional service after active treatment has ended.

Strengthening Wilms Tumor Care Through the WHO CureAll Framework

The seven priority interventions are aligned with the **WHO CureAll framework**, the operational approach supporting the Global Initiative for Childhood Cancer.

The report applies the CureAll framework to Wilms tumor by emphasizing:

- Centers of excellence and coordinated care networks
- Integration of childhood cancer into health benefit packages
- Standardized treatment regimens
- Reliable access to essential medicines and diagnostic devices
- Workforce education and training
- Financial protection for children and families
- Monitoring and evaluation
- National cancer control planning
- Universal health coverage for childhood cancer

The framework recognizes that sustainable improvements require investment across the complete healthcare system.

Countries must not only provide treatment but also strengthen early diagnosis, referral, pathology, surgery, supportive care, family assistance and long-term follow-up.

Statement from the Wilms Cancer Foundation

"The publication of the World Health Organization's first index-cancer technical brief, focused specifically on Wilms tumor, is a major milestone for the international childhood kidney cancer community," said **TJ Hodgkinson, Founder and Chief Executive Officer of the Wilms Cancer Foundation**.

"For the first time, governments, hospital leaders and national cancer programs have a dedicated WHO framework that brings together the complete Wilms tumor care pathway—from symptom awareness and early diagnosis to treatment, family support and survivorship.

"The report makes clear that effective medical treatments alone are not enough. Children must be able to reach appropriate services, receive an accurate diagnosis, access trained multidisciplinary teams and complete their treatment without financial, geographical or social barriers.

"We particularly welcome the report's focus on treatment abandonment, supportive care and long-term survivorship. These issues affect whether children survive, how families experience treatment and how survivors live in the years and decades that follow.

"The Wilms Cancer Foundation will support the communication and implementation of these priorities through the Global Wilms Tumor Initiative™ and our expanding international education, advocacy and knowledge-sharing programs."

Supporting the Global Wilms Tumor Initiative™

The WHO technical brief closely aligns with the objectives of WCF's **Global Wilms Tumor Initiative™**, which works to improve outcomes through:

- International Wilms tumor awareness
- Earlier recognition and diagnosis
- Access to evidence-based information
- Parent and caregiver education
- Healthcare professional engagement
- Childhood kidney cancer advocacy
- Survivorship and long-term follow-up
- Multilingual education
- Global research communication
- International collaboration

WCF will use the WHO report to strengthen its educational and advocacy work while helping families, healthcare professionals and organizations understand the seven priority interventions.

The report will also support the continued development of WCF programs and resources including:

- **Wilms Tumor Knowledge Index™**
- **Wilms Tumor WebApp**
- **Wilms Tumor AI Support Service**
- **Global Educational Library**
- **Complete Guide to Wilms Tumor**
- International educational literature
- Multilingual parent and caregiver information
- Healthcare professional briefings
- Wilms tumor survivorship resources

What the WHO Report Means for Parents and Caregivers

Although the technical brief is primarily intended for health-system decision-makers, its recommendations have direct importance for children and families.

For parents and caregivers, successful implementation could mean:

- Better awareness of Wilms tumor symptoms
- Faster referral when childhood cancer is suspected
- Improved access to diagnostic imaging and pathology
- More coordinated multidisciplinary treatment
- Clearer communication from healthcare professionals
- Greater financial and practical assistance
- Improved nutrition and supportive care
- Reduced risk of treatment interruption
- Access to pediatric palliative care when needed
- Structured survivorship and long-term follow-up

The report recognizes that parents and caregivers must receive the information and support required to understand and navigate their child's treatment.

What the WHO Report Means for Healthcare Professionals

For healthcare professionals, the WHO technical brief provides a structured framework for strengthening Wilms tumor services across different levels of the healthcare system.

It emphasizes:

- Training frontline professionals to recognize childhood cancer
- Developing clear referral pathways
- Improving imaging, pathology and staging
- Supporting multidisciplinary treatment planning
- Standardizing treatment approaches
- Maintaining access to essential medicines and equipment
- Communicating effectively with families
- Integrating supportive and palliative care
- Planning survivorship services
- Monitoring treatment delivery and outcomes

What the WHO Report Means for Researchers

The report identifies continuing gaps in the evidence available for Wilms tumor care, particularly in resource-limited settings.

Research priorities include:

- Feasible treatment approaches for lower-resource healthcare systems
- Long-term effects of Wilms tumor treatment
- Causes and consequences of treatment abandonment
- Strategies that improve treatment adherence
- Survivorship and quality of life
- Health-system implementation
- Global inequalities in diagnosis and outcomes

The report reinforces the need for research that reflects the circumstances of children treated in different healthcare and socioeconomic environments.

What the WHO Report Means for Governments

For governments, hospital leaders and cancer program managers, the report provides a practical basis for planning and financing improvements in childhood cancer care.

Its recommendations can support:

- National cancer control strategies
- Universal health coverage packages
- Pediatric oncology workforce planning
- Regional centers and care networks
- Diagnostic infrastructure
- Access to essential medicines
- Financial protection for families

- Treatment-retention programs
- Survivorship services
- Monitoring and evaluation systems

Each country will need to adapt the interventions to its population, resources, healthcare structure and existing childhood cancer capacity.

International Collaboration Behind the WHO Report

The WHO technical brief was developed through the contribution of international childhood cancer experts and organizations.

WHO acknowledges technical input from members of the **Global Initiative for Childhood Cancer Normative Working Group**, including experts associated with:

- St. Jude Children's Research Hospital
- International Society of Paediatric Oncology
- International Society of Paediatric Surgical Oncology
- International Children's Palliative Care Network
- Hospital for Sick Children, Toronto
- French African Group of Paediatric Oncology
- Collaborative African Network for Childhood Cancer Care and Research
- International Initiative for Paediatrics and Nutrition
- Paediatric Radiation Oncology Society
- International Atomic Energy Agency

WHO also recognizes St. Jude Children's Research Hospital for its technical and financial contribution to the preparation, development and production of the brief as part of its GICC collaboration with WHO.

This international involvement reflects the multidisciplinary expertise required to improve Wilms tumor care across diverse healthcare settings.

Looking Ahead

The Wilms Cancer Foundation encourages governments, healthcare institutions, professional societies, researchers, childhood cancer organizations and patient advocates to review the WHO technical brief and consider how its recommendations can be applied within their countries and communities.

Through the Global Wilms Tumor Initiative™, WCF will continue to:

- Raise awareness of the WHO recommendations
- Translate technical evidence into understandable information
- Support earlier diagnosis education
- Strengthen healthcare professional resources
- Expand multilingual Wilms tumor literature
- Advocate for equitable access to treatment
- Highlight treatment abandonment and family support
- Promote survivorship and long-term monitoring
- Encourage international implementation and collaboration

Publication of the report is an important step. Its long-term impact will depend on whether its recommendations lead to funded services, trained healthcare workforces, effective referral pathways and measurable improvements for children with Wilms tumor.

About the WHO Global Initiative for Childhood Cancer

The **World Health Organization Global Initiative for Childhood Cancer** works to improve childhood cancer survival and reduce suffering worldwide.

Through its CureAll framework, the Initiative supports governments and partners in strengthening pediatric cancer services, improving access to diagnosis and treatment and integrating childhood cancer within national health systems and universal health coverage.

Wilms tumor is one of six index cancers used to support implementation, monitoring and health-system strengthening.

About the Wilms Cancer Foundation

The **Wilms Cancer Foundation** is an international childhood cancer organization dedicated to improving awareness, education, advocacy, early diagnosis, family support, survivorship, research communication and access to information for Wilms tumor and other childhood kidney cancers.

WCF supports children, parents, caregivers, survivors, healthcare professionals, researchers, advocates and organizations through international programs, educational resources, multilingual materials, digital platforms and global collaboration.

Through the **Global Wilms Tumor Initiative™**, the Foundation works to strengthen worldwide awareness, improve access to trusted knowledge and promote more equitable outcomes for children affected by Wilms tumor.

Access the WHO Wilms Tumor Technical Brief

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