Briefing (Series 2.1b)
Pediatric Renal Cancer/ WCF
Disease, Symptoms, Treatment & Support

Wilms Cancer Foundation
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Wilms Cancer Foundation

Defeating Childhood **Kidney** Cancer

Disease

Nephroblastoma (commonly known as **Wilms tumor**) is the most common type of pediatric renal (kidney) cancer and is the 4th most common childhood cancer overall.

Wilms' tumor most often affects children (usually up to 5yrs. old) but can also affect older children, teens and sometimes adults.

The tumor initially grows on the kidney but eventually becomes much bigger than the kidney itself. Both usually require removal and later stage Wilms can spread to the lungs, liver and bones. Ultimately it can be terminal.

The disease has a good survival rate if detected early, but many children go undiagnosed for years and face dismal outcomes often requiring extensive, life-threatening treatment such as chemotherapy, radiation or surgery.

Support

Wilms tumor treatment should ideally be managed at a pediatric oncology center or specialized renal tumor program. Appropriate treatment matters because Wilms tumor survival rates exceed 85–90% in developed programs and outcomes are significantly better when treated in specialized centers. Families should immediately contact their medical team if they suspect Wilms tumor.

Symptoms

Wilms' tumor most often affects children ages 3-4 but can also affect children in their teens and sometimes adults.

The tumor initially grows on the kidney but eventually grows and becomes much bigger than the kidney itself. Both usually require removal and later stage Wilms can spread to other parts of the body including the lungs, liver and bones. Ultimately it can be terminal.

Wilms tumor symptoms can vary. In many children the tumor is discovered before symptoms become severe. The most common sign is a painless swelling/ lump in the abdomen, which parents often notice while bathing/ dressing their child.

Other symptoms may include abdominal pain, fever, fatigue, loss of appetite, or weight loss. Some children develop high blood pressure because the tumor affects kidney function, and others may have blood in the urine or changes in urination.

Less commonly, if the cancer has spread to the lungs, symptoms (persistent cough, shortness of breath, etc.) may occur. Because these symptoms can resemble more common childhood illnesses, prompt medical evaluation of any persistent or unusual signs is important for early diagnosis.

Treatment

The diisease is relatively easy to treat if caught early. However, it is one of the complex to treat if it is diagnosed later, often requiring extensive, treatment (sometimes lasting years) including chemotherapy, radiation and surgery.

Wilms tumor treatment is carefully tailored to each child and usually involves a combination of therapies delivered by a pediatric oncology team. The foundation of treatment is surgery, most often a nephrectomy to remove the affected kidney and tumor.

Chemotherapy is given to destroy cancer cells that remain after surgery or, before surgery to shrink the tumor so removal is safer. The drugs and length of treatment depend on the stage of the cancer and the tumor's histology. Radiation therapy is used in certain higher risk situations, such as more advanced stages or unfavourable hisotology, to reduce risk of recurrence.

The Wilms Cancer Foundation (WCF), is a charitable organization, that supports and represents the needs of children, families and healthcare organizations affected by pediatric renal (kidney) cancer. This WCF guide is for educational purposes only. It is based on international pediatric oncology standards in Canada, the United States and Europe.

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