THE KENYA NATIONAL RETINOBLASTOMA STRATEGY; ACHIEVEMENTS AND CHALLENGES

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No conflict of interest

Introduction

Retinoblastoma is the most common intraocular cancer in children with a high survival rate in the developed world but associated with unacceptably high levels of mortality in Africa.

- The 3 year survival in low income countries is just about 50% compared to high income countries which is almost 100%.
- Low income status has been shown to be an independent risk factor for death in children with retinoblastoma.

Objective

To describe the achievements and challenges of the Kenya National Retinoblastoma Strategy (KNRbS) since its inception in 2008.

<u>Aim</u>

To share the experience of Kenya National Retinoblastoma Strategy which can be used as learning point by other African countries and international organizations interested in improving survival of children with retinoblastoma in Africa.

Methodology

This is a case report on the KNRbS established in 2008 involving parents, nurses, ophthalmic clinical officers, pharmacists, paediatric oncologists, pathologists and ophthalmologists from all over Kenya. A situation analysis was conducted. The strategy set out an objective of improving the 3 year survival of children with retinoblastoma from 26% to 60% in 5 years through:

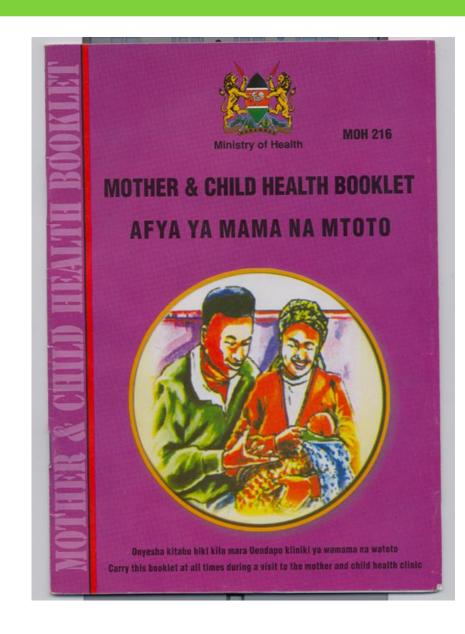
- Standardized treatment- Best practice guidelines
- Family support to ensure compliance
- Resource mobilization

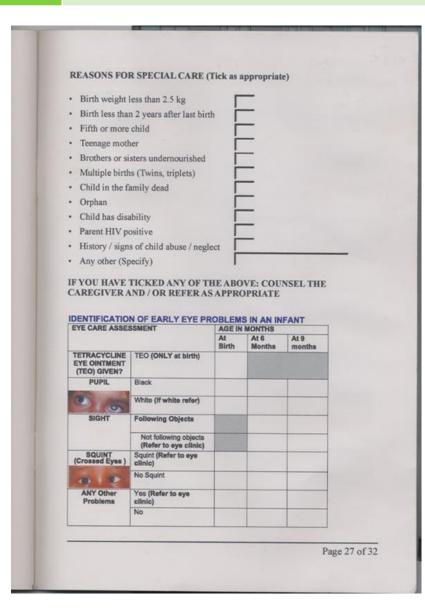
task forces.

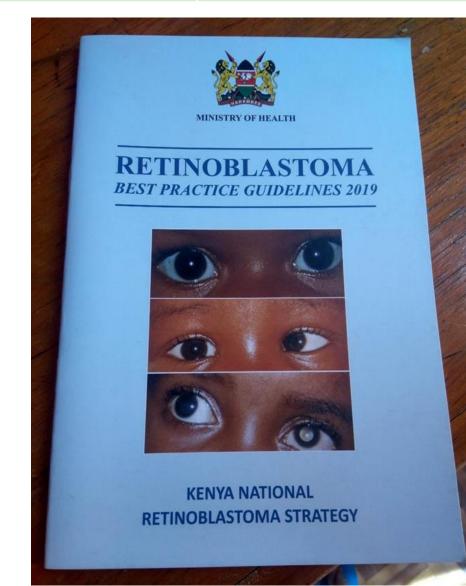
• Early diagnosis – increased awareness
4 task forces were formed, each focusing on one of
the 4 areas. Annual meetings were held until 2015
whereby each task force would report on their
achievements and challenges as well as set targets for
the coming year. A steering committee coordinated the

Achievements

Feature`	2008	2020
Delay	9months	6 months
Age	Unilateral: 38.9 months	32.9 months
	Bilateral: 24.4 months	17.2 months
Extraocular	37%	17%
Inconclusive histology	13%	3.2%
3 year survival	26.6%	69%
Globe salvage success	37% (in 2016)	57%







Challenges

- Late presentation with advanced disease
- Low utilization of MCH booklet and guidelines
- Loss to follow up
- Financial challenges for patients
- No dedicated personnel for retinoblastoma registry/ data base

Conclusion

It is possible to greatly improve the management and outcome of retinoblastoma patients in Africa through intentional planning and implementation of national strategies.















