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Neuroblastoma & Stem Cells

One out of ten childhood cancers

What is Neuroblastoma?

Form of childhood cancer

- Rarely found in children older than ten years old
- Most commonly occur before a child is two years old
- These are cancerous cells formed in nerve tissue of the adrenal gland, neck, chest or spinal cord.
- Attacks the sympathetic nervous system, consisting of the brain, spinal cord and nerves that reach out to the rest of body.
- By the time a child is diagnosed, it is spread most often to the
 - Lymph Nodes
 - Bones
 - Bone marrow
 - Liver
 - Skin







Causes of Neuroblastoma

The factors that can raise the risk of neuroblastoma are not well understood but some of the factors that influence risk include:

- This type of cancer is usually seen in infants and young babies and is rare in those over 10 years of age.
- Around 1% to 2% of all neuroblastomas actually arise from inherited genetic abnormalities.
- A family history is a risk factor for the condition.
- The presence of a genetic abnormality usually means the child has a DNA alteration that causes oncogenes (tumour causing genes) to be switched on or tumor suppressing genes to be switched off.





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Possible Sites of Neuroblastoma

- Neuroblastoma tumors
 begin in the adrenal
 gland
- They may metastasize
 through the body to
 the liver, spine, thorax,
 neck, pelvis, orbits,
 intestine , bone , skin,
 etc.



Signs & Symptoms

Most Common Signs

- Bone or Joint Pain
- Abdominal Pain
- A lump in the abdomen, neck or chest

Other Common Signs

- Dark circles around eyes
- Trouble breathing
- Swollen stomach
- Bulging eyes
- Urinary retention
- Constipation
- Cough
- Dyspnea





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Incidence



□ 8% to 10% of all childhood cancers

Most common malignant tumor of infancy

Median age at diagnosis of 19 months [Brodeus and Maris, 2006]

□ There are no geographic or racial variations

Stages of Neuroblastoma

Stage 1:

- Can be completely removed from surgery
- Highest Success Rate

Stage 2

 The tumor is in only one area and all of the tumor that can be seen cannot be completely removed during surgery.

❑ Stage 3

- The tumor is in only one area, on one side of the body, but has spread to lymph nodes on the other side of the body
- Stage 4
- Cancer has spread throughout the body
- Very difficult to fully kill off
- Worst stage to be categorized in



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Test to figure out disease

- Physical exam and history
- 24 Hour urine test
- Blood cultures & Blood chemistry studies
- Cytogenetic analysis
- Bone marrow aspiration and biopsy
- 🗅 X-Ray
- CT Scan
- Ultra sound
- Neurological exam
- Immunohistochemistry study





Treatments

Standard treatments used:

- □ Surgery [Low Risk: Stage 1]
- Radiation & Chemotherapy [Intermediate

Risk: Stage 2 & 3]

Stem Cell Transplant [High Risk: Stage 3/4]







Overview of Treatments [Stem Cell Transplant]

Hope on the Horizon for Young Neuroblastoma Patients

Through Stem Cell Transplant



GIVING NEW HOPE



Cord Blood Stem Cell Transplant

A cord blood transplant can serve two functions. It can treat genetic diseases by using donor cells to replace a patient's own cells with a missing factor. A cord blood transplant is also used to rescue a patient's bone marrow (the blood factory) when it has been destroyed by cancer therapy.





Publications



Successful tandem (autologous-cord blood) SCT in advanced neuroblastomas with highly amplified MYCN

K Goi et al: Bone Marrow Transplantation (2011) **46**, 835–839; doi:10.1038/bmt.2010.191; published online 9 August 2010

We performed a tandem transplantation consisting of **autologous PBSCT** (auto-PBSCT) followed by allogeneic **cord blood transplantation** (CBT) in **three consecutive pediatric patients with stage 4 neuroblastoma** exhibiting high MYCN amplification. They are alive without disease recurrence for 37–60 months after CBT. Severe acute complications did not occur in any patient and they have maintained disease-free survival for 37–60 months. **This strategy appears to be feasible and effective for the treatment of extremely high-risk neuroblastoma cases**.

Publications



Engraftment of unrelated cord blood after reduced-intensity conditioning regimen in children with refractory neuroblastoma: a feasibility trial

C Jubert et al, *Bone Marrow Transplantation* (2011) **46**, 232–237; doi:10.1038/bmt.2010.107; published online 3 May 2010

We therefore undertook a pilot trial of unrelated cord blood transplantation after reduced intensity conditioning regimen (RIC) in children with relapsed neuroblastoma to assess engraftment and tolerability in this heavily pretreated population. Six patients were enrolled: four were in partial responsive relapse, one with a mixed response and one in refractory relapse. All patients tolerated the regimen well and had donor engraftment with full neutrophil and plt recovery. In conclusion, unrelated cord blood engrafts after RIC in children with refractory neuroblastoma. Future research should be aimed at transplanting patients with minimal residual disease, using less intensive immunosuppression and adding NK-cell based post transplant immunotherapy.

Clinical Trial



Descriptive Information	
Brief Title	Chemotherapy, Radiation Therapy, and Umbilical Cord Blood Transplantation in Treating Patients With Hematologic Cancer (Leukemia, Neuroblastoma , Lymphoma, Myelodysplastic Syndromes)
Intervention	Procedure: umbilical cord blood transplantation Drug: busulfan Radiation: radiation therapy
Enrollment	3 patients
Completion Date	March 2006
Investigators	Barbara Jean Bambach, MD, Roswell Park Cancer Institute
NCT Number	NCT00003661



Cord Blood Stem Cell Transplant

Saving Frances

Umbilical Cord Blood Transplant saves her life from Neuroblastoma

http://www.youtube.com/watch?v=aXOW I876IU



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Further Information



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