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The SIOP story: An informal history of the International Society of Pediatric Oncology

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HISTORICAL PERSPECTIVE

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The SIOP story: An informal history of the International Society of Pediatric Oncology

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Preface

Giorgio Perilongo

University of Padua
Giorgio Perilongo, President of SIOP (2014–2016).

At any personal level, be it in relation to family, society, national, or global organizations, an awareness of origins—to know whence one came—is essential to an understanding of where one now stands, and the past informs the future.

Knowledge of their roots helps present and future generations to build their own identity and acquire a sense of responsibility for carrying the torch into the dark ahead. The quality of the root story is, however, important; if distinguished, one gains in dignity and self-appreciation.

The authors of this brief history believe this applies to the story of SIOP, the International Society of Pediatric Oncology, which soon will reach its 50th birthday. In those decades that bridged the present and last centuries, it has participated actively in the upward march of Medicine that has marked those stirring years. SIOP members and others should be made fully aware of the role SIOP has played in improving the outlook for children with cancer and their families, and therefore, in bettering the general welfare.

Those who have been actively involved in the early years of pediatric oncology share a profound sense of satisfaction and accomplishment. They look back on what has been achieved in the demanding fight to defeat cancer in the children of the world. At the same time, they recognize much remains to be done, and pass on this record of the past so it can illuminate the years to come.

Moreover, it is both noteworthy and a source of great pride that this work has been conducted through the harmonious and close cooperation of physicians, nurses, parents, and scientists working shoulder to shoulder in all the nations of the world. This history is their story. In the pages that follow, it will become clear that SIOP is a truly international and multidisciplinary association dedicated to the well-being of children everywhere.

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Introduction*

*This introduction, author unknown, was found in the SIOP files. It has been improved by Dr. Jean Michel Zucker, Institut Curie, Paris, France, to whom the writing committee extends many thanks.

On July 3, 1967, a small group of specialists met the members of the "Service Milhit" at the Institut Gustave-Roussy (IGR) in Villejuif, Paris. The unit was named after Dr. Milhit, a French physician of the early 20th century. The pediatricians, surgeons, pathologists, and others who gathered at the IGR did not belong to the Milhit Unit but originated from various public hospitals in Paris as well as from the IGR. All shared a keen interest in pediatric oncology.

A decision was taken at this meeting to form the Club d'Oncologie Pédiatrique. During the second meeting of the club, held at the IGR in 1968, participants agreed to convene the following year in Madrid. There they were hosted by the late pediatric surgeon, Dr. J. Monereo. During that meeting, it became clear that there was a widespread interest in pediatric oncology; several persons who attended the meeting came from many countries. To reflect this, the club was transformed into the Société Internationale d'Oncologie Pédiatrique (SIOP) on November 6, 1969. Its mission was to advance the study and care of children with cancer, a basic mission that continues to this day. The aims of the society as originally formulated are shown in Appendix A.

These aims have expanded to embrace the advancement of basic research as well as clinical studies, the inclusion of nurses, other health professionals and parents, and the organization of teaching and outreach programs to better the lot of children in underdeveloped nations and societies.

The following pages detail the evolution of SIOP into this truly global, multifaceted organization. Its history has been divided into the Early Times, Middle Period, and Later Years. This evolution has been accomplished through the leadership of talented, dedicated individuals. Notable among them was Dr. Odile Schweisguth. Her charisma coupled with her strong personal involvement and guidance earned her the title, "The Mother of Modern Pediatric Oncology."

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Odile Schweisguth: A remarkable woman, pediatric pioneer, founder of SIOP†

Sir Alan Craft[1] | Jean Michel Zucker[2] | Sarah Donaldson[3] | Giulio J. D'Angio[4]

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† The interested reader is directed to the SIOP web site where Dr. Donaldson's warm and intimate memories of life with "Tante Odile" are recorded.

BIOSKETCH

Odile Schweisguth was born in 1913 in the Vosges. She was the last of five children. Her siblings between them had 29 children, but Odile Schweisguth never married. They were a very close family and would meet at least once a year with over 100 attending. The extended family included many prominent political and military figures.

Her father had been part of the occupying forces in Germany between 1919 and 1924. Thus, much of her early schooling was in Germany at the Lycée Français. She had started medical school in Nancy but, when her father retired in 1942, she transferred to Paris and qualified in Medicine in 1946. Dr. Schweisguth had decided on pediatrics from the outset and started her career at the Hôpital des Enfants Malades.

René Huguenin in 1948 was the Director of the Insitut Gustave-Roussy (IGR), the major cancer center located in Villejuif, Paris. He was looking for a pediatrician who would look after the children with cancer at the IGR. It was a difficult post to fill. No one was interested; the childhood malignant diseases were largely hopeless, and the ill children daunting. He turned to the prominent French pediatrician, Professor Robert Debré, who proposed Dr. Schweisguth for this unwelcome assignment. It was in this way that the first pediatric oncology service in France—indeed, in Europe—opened in April 1952.

She gained experience, and already in 1959 mounted the first postgraduate course on the leukemias and solid tumors of childhood. In the same year, she spent several weeks in the United States, which included 2 months at the "Jimmy Fund" Clinic, the childhood cancer center run by Professor Sidney Farber. There she absorbed the pervading optimism that childhood cancer was curable. More than that, she observed the encompassing compassion for the children and their families. This aspect of pediatric oncology care was termed as "Total Care" by Dr. Farber.

After years of additional experience, she, in 1970, published in the *Archives de Pédiatrie* a clarion call article titled, "Must they be left to die?" In this article, she encouraged the medical world to look on the progress being made in the control of the childhood malignant diseases and mobilize for the battle. Dr. Schweisguth also called attention to the need for family support, as the drama unfolded in each household.

She was also aware of the psychologic dimensions of the specialty. She recognized the stress on the staff who looked after these very ill children, many of whom would die. She therefore initiated a psychologic/psychiatric service to provide support and help guard against undue stress and "burn out." This was the first service of its kind.

She encouraged lengthy visits to Villejuif by interested physicians from all corners of the country. In this way, she trained virtually all pediatric oncology pioneers in France.

She looked on herself as an oncology generalist as she for years had been a pediatric generalist. Dr. Zucker says, "I have never met a person like her, who could discuss on equal terms all aspects of diagnosis and therapy with the specialists in those disciplines." This became manifest when as a sole author she wrote a book published in French and English entitled, "Solid Tumors of Childhood."

She was very cognizant of the delayed iatrogenic complications of therapy, and kept voluminous files on her patients who survived. Those records contained more than the medical highlights of the posttreatment years. They also listed personal milestones: graduations, marriages, children born, and the like. She maintained an active correspondence with many patients who became "family friends."

She retired in 1978 at the age of 65 to her beloved country home in Cotâpre in Burgundy. Cotâpre is a small village, about 250 km from Paris. She nonetheless continued to follow up more than 500 of her surviving patients who were her second family and many were in touch

with her for the rest of her life. These 500 children had between them 351 of their own children with only one case of cancer. One of her devoted long-term survivors had moved to the area to look after her in Cotâpre during her declining years. She died there in 2002.

THE BIRTH OF SIOP

Odile had been the chief of pediatrics at Villejuif since 1951, and around Easter 1952, she managed to persuade the authorities to designate a separate ward for children. Prior to this, children had been treated in the adult wards. Her many attempts to get proper facilities came to a head when there was an outbreak of chickenpox in the ward. The adult nurses had been scraping the crusts off the chickenpox lesions and applying lotions. This resulted in the dissemination of this usually mild disease among the immune-compromised adult patients. Odile told them that she would take the children back to the children's hospital if they did not give her a separate ward. She was a determined character only wanting what was best for the children.

The facilities provided were cramped and spartan at best. Despite these drawbacks, it was a very happy place and Dr. Schweisguth, the nurses, and trainees worked together "like a family." Eventually, Jean Lemerle joined her in 1966. At about this time, she began to receive visiting doctors from elsewhere in France as well as across Europe (e.g., Tom Voûte from Amsterdam in 1968, among others). They would stay for a week or two or for several months. The Villejuif unit mainly looked after children with solid tumors, while Professor Jean Bernard looked after children with leukemia at the Hôpital St Louis in Paris. They had a good working relationship.

Odile was the undoubted leader and pioneer of pediatric oncology in Europe, and in her travels, and visitors to her own unit, she built up a network of like-minded people who began to meet. These gatherings became more formal, and eventuated in the founding of SIOP, as explained in the Introduction.

ANECTODES AND VIGNETTES

She refused France's highest civil honor, the Legion d'Honneur. The minister was very upset but she asked, "Why do I need it?"

Walking down the street in Mainz, she remarked to a friend that she had attended school there when a girl. "How was that?" She was asked. "My father was commanding general of the French occupying forces after WW I," she replied.

Sarah Donaldson recalls: Driving with Odile across Paris traffic was an experience! On my first trip with her, we found ourselves in the middle of a traffic jam, which she bypassed by driving her small car on the pedestrian walkway. When I questioned her action, she stated the obvious, that it was the only way to get around the obstacle.

Sir Alan Craft remembers that he was the SIOP President at the time of her death and attended the funeral as a representative of the pediatric oncology community. The family asked that he should speak a few words at the ceremony. He had 2 hr for composing something suitable in his remembered schoolboy French. There was a huge attendance with many families. He told them what an important person "Tante Odile" had been. They neither had any idea that their aunt was famous, nor about her great contributions to the study and treatment of childhood cancer.

Odile Oberlin remembers that Dr. Schweisguth—a dynamo for work—always had her knitting close at hand, perhaps so as to leave no minute idle. She knitted during both formal and informal meetings, even during SIOP scientific sessions.

Giulio J. D'Angio remembers the first time he gave a speech at SIOP. Dr. Schwesiguth stopped him immediately, saying "Dan, if you want to be understood, you must speak slowly and distinctly. Not everyone in the audience is a native English speaker!" It was her refrain at almost every meeting, and a lesson Dr. D'Angio never forgot.

Giulio J. D'Angio was present when Dr. Schweisguth visited the Boston Children's Hospital. She asked whether methotrexate had been used against one of the solid tumors, and was told, "Yes, and it doesn't help." Her reply was pure Odile: "Please, may I see the charts?"

Berta Jereb remembers: I defended my Ph.D. thesis at the Karolinska Institutet in Stockholm in 1973. It was a serious and very formal procedure. Odile Schweisguth was chosen as one of the opponents. My chief, Jerzy Einhorm, stressing the formality of the event, demanded that I should wear a gown. I insisted: "No Jerzy, I really cannot. I am sure that Odile will come in her little blue dress. So, how would that look? But Berta, you must tell her she must wear a gown, too." "No, Jerzy! How can I tell a lady from Paris how to dress? Who would dare?" Odile indeed came in her little blue dress and the examination proceeded uneventfully with neither of the two ladies in gowns.

Lars Åhström vividly and gratefully recalls Toni Pieroni's boundary-breaking lecture on "Children with an amputated limb and their psyche" at the 1975 meeting. At that time, it was considered a taboo to mention psychologic consequences of cancer and its treatment. T. Pieroni was a social worker—the first such anywhere—at the ''Jimmy Fund Clinic'' in Boston. Her staff appointment reflected Sidney Farber's ''Total Care'' philosophy.

A gavel of Swedish glass, especially made for SIOP, was given by the Swedish group at the 1975 Stockholm meeting, L. Åhström remembers. It was to be used by the SIOP President at future meetings. Where is it now?

Jean Michel Zucker remembers that after finishing the careful examination of a toddler, Dr. Schweisguth used to sing a nursery rhyme or narrate a fairy tale to calm him down.

Odile's sense of humor mischievously showed itself by exposing at Cotâpre in her privy the numerous certificates she had gathered.

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The early times: 1969–1984

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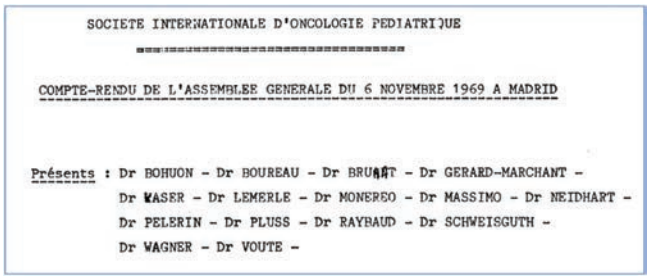
The first meeting of what became La Societé Internationale d'Oncologie Pédiatrique (SIOP) was held in Madrid on November 6–8, 1969. It was the outgrowth of Le Club d'Oncologie Pédiatrique formed in Paris (see Introduction).



SOCIETE INTERNATIONALE D'ONCOLOGIE PEDIATRIQUE

COMPTE-RENDU DE L'ASSEMBLEE GENERALE DU 6 NOVEMBRE 1969 A MADRID

Présents : Dr BOHUON - Dr BOUREAU - Dr BRUNAT - Dr GERARD-MARCHANT - Dr KASER - Dr LEMERLE - Dr MONERGO - Dr MASSIMO - Dr NEIDHART - Dr PELERIN - Dr PLUSS - Dr RAYBAUD - Dr SCHWEISGUTH - Dr WAGNER - Dr VOUTE -

The 15 founders of SIOP, part of the original document.

The Madrid meeting was very productive. Statutes were adopted and dues and membership requirements were established. All branches of the pediatric health sciences were eligible for membership, for example, surgeons, pathologists, and radiation therapists whose primary professional activities were focused on childhood cancer. Nineteen founding members (Les membres actif) were elected (Appendix B).

Dr. Odile Schweisguth was elected the first president. Dr. H Plüss of Zürichwas was named as the Treasurer, and Dr. Schweisguth's able assistant, Dr. Jean Lemerle of Paris, became the Secretary. The stability and enduring history of SIOP is in no small measure due to the dedication and commitment of Dr. Lemerle and his countrymen and women.

Subsequent meetings furthered the plans made in Madrid. They were held in various European cities at first, but eventually—reflecting the increasingly intercontinental membership—bids from various other continents were entertained.

Two themes were to be selected for each year's meeting. Medulloblastoma (MBL) and nephroblastoma were the two selected for the second meeting, scheduled for Lyon on October 9–11, 1970. The pattern for SIOP meetings took shape where the Treasurer gave his report. The SIOP bank balance was 1,292 Swiss Francs as of October 10, 1970. The visits to local historic sites and displays of national customs and traditions were added to the scientific proceedings. SIOP meetings became very popular because of this mixture of scientific exchanges and humanistic exposures.

Plans for organized studies of the two diseases featured in Lyon were formulated. Drs. N. Brunat of Lyon and P.A. Voûte of Amsterdam, respectively, were made responsible for designing the MBL and nephroblastoma trials. Here, tribute must be paid to Dr. Voûte who remained one of the most active, influential, and strongest supporters of SIOP. He held various elective positions within SIOP over the years until his early and untimely accidental death in 2008. Dr. B. Jereb calls him, "The soul of SIOP."

It was specified that future meetings were to be the work sessions devoted to committee and commission reports regarding work underway on the selected key diseases. Free papers on other topics were to be accommodated as well. Overtures for association with the UICC (Union Internationale Contre le Cancer) were also initiated.

ORIGIN OF THE SIOP NEPHROBLASTOMA PATHOLOGY PANEL: 1971–1986

The idea for a pathology panel probably arose during the first SIOP meeting in Madrid in 1969. There the pathologists Drs. Rémy Gerard-Marchant of the Institut Gustave-Roussy, Paris, and Jan Delemarre of the Antoni van Leuwenhoekhuis Hospital, Amsterdam, agreed to review the slides from the SIOP-1 nephroblastoma trial when it was initiated in 1971. Both were energetic, very experienced pathologists. Rémy had served as a young doctor in French Indochina, which he used to describe as a paradise before the wars. He had a big moustache and always appeared in a polo shirt and club blazer. At the review sessions, he complained that preoperative (pre-op) therapy impeded a detailed assessment of the intrinsic tumor pathology. His great experience encompassed all types of "solid" pediatric tumors as well as

lymphomas. Jan was the very nice, kind, and calm Chairman of the Pathology Panel. He took care of the paperwork and all practical matters during the early SIOP studies, setting the pattern for the Panel's work in the future.

Dr. Bengt Sandstedt of the Karolinska Hospital, Stockholm, was invited to join the pathology panel in 1971. He had previously reported, together with Dr. Berta Jereb, the prognostic significance of certain histologic features of nephroblastomas, especially, the presence of blastema and anaplasia.

Rémy retired, his successor was Professor Dieter Harms of Kiel, Germany, who possessed strong credentials. He was the reference pathologist within the German Society of Pediatric Oncology and Hematology and also founder of the famous and important Kiel Pediatric Tumor Registry. As the only smoker on the panel, he wafted the nice aroma of pipe tobacco as well as words of wisdom.

Fresh blood next came into the panel in 1986 with the young, energetic Dr. Gordan Vujanic from Belgrade. He had studied renal tumors in depth with Jan in Amsterdam. When he later settled in Cardiff, Great Britain, he became the panel's invaluable secretary and spokesperson.

The panel meetings in those days were always held in Amsterdam at the Emma Kinder Zuikenhuis or the Antoni van Leuwenhoekhuis Hospital. Our work rooms were well equipped with microscopes, sandwiches, and beer(!). Dr. Jan de Kraker, then a resident pediatric oncologist, later told us that he had been ordered by his boss to bring enough beer for these important pathologists. One might wonder about the diagnostic quality of the work, but the classification and staging were simple in those days. This was mainly because of the paucity of slides submitted per case, a problem SIOP shared with other studies. The panel also had to contend with the changes caused by the pre-op chemotherapy (CT) that reduced the amount of viable tissue. Initially considered a drawback, it turned into an advantage; it revealed the response to pre-op CT and could be used as a prognostic factor. This and the various types of viable components were registered and analyzed with respect to clinical outcome. The results of these efforts eventually served as basis for the Stockholm Working Classification of Renal Tumors of Childhood.

At the annual SIOP meetings, the local pathologists had often arranged separate meetings for the panelists since pathology was a minor part in the SIOP Congresses. Another rescue avenue for a pathologist was to join the social program with the handful of accompanying wives.

The SIOP Congress in Warsaw (1976) was special because it was the first Congress held behind the then-Iron Curtain. It was also the first time Dr. Bruce Beckwith, pathologist to the National Wilms Tumor Study Group, was present. That was the beginning of long friendships and collaboration. These meetings also provided opportunities to meet and exchange views with giant pathologists in other clinical trials, for example, Dr. Basil Marsden of Manchester, UK, and Dr. William Newton of Columbus, Ohio.

Unforgettable are the many other extraordinary persons from these early years in SIOP. They, too, were full of the pioneer spirit. The not-too-large number of members added to the feeling of belonging to a close and friendly family.

Panel meeting in Amsterdam 1990 with members after Rémy Gerard-Marchant had left. From left: Dieter Harms, Gordan Vujanic, Bengt Sandstedt, and Jan Delemarre.

YEARLY MEETINGS

The nephroblastoma (Wilms tumor or WT) study design committee quickly agreed and launched the *first SIOP WT trial in Lyon in 1970* (see SIOP Solid Tumor studies). At that time the idea of launching a randomized clinical trail n MBL was also conceived. At that time the idea of launching a randomized clinical trail n MBL was also conceived. There were, however, too many variations of surgical and radiotherapy techniques to design a CT randomization for MBL. These problems were overcome, and Dr. J. Bloom of London in 1972 proposed an MBL trial based on the one underway in the United States designed by Dr. A. Evans et al.

This was the first intercontinental research effort. It allowed comparisons to be made between techniques and methods used on either side of the Atlantic.

It was agreed that a text on pediatric oncology should be written by SIOP members. Drs. Bloom of London and Lemerle of Paris were entrusted with this responsibility. The first of three editions of the SIOP text shortly appeared.

The UICC acknowledged SIOP and the SIOP statutes were revised in the 1970s to make changes in the membership requirements and definitions. The official language of SIOP was changed from French to English in the 1973 Amsterdam meeting because of the large numbers of non-European who had become members.

In 1974, SIOP met in Genova in conjunction with the European Society for Pediatric Hematology and Immunology. This was the first of the SIOP combined meetings that later included the Histiocyte Society and eventually the International Society of Pediatric Surgical Oncology (IPSO) and the Pediatric Radiation Oncology Society (PROS).

Dr. L. Åhström of Stockholm remembers that the 1975 meeting there earned a note in the newspaper. It said, "Perhaps the most remarkable new medical organization SIOP is meeting in Stockholm

this week." He also arranged that those attending the meeting could visit the hall where the Nobel prizes are awarded. SIOP was also presented a Swedish crystal gavel. It was to be used by the president to call the business meeting to order. Although meant to be passed on from one president to the next, the whereabouts of the gavel is unknown today.

The 1976, meeting in Warsaw was notable in that it was the first held in one of the Eastern European nations. As the host, Professor J Bozek said, "This meeting had special importance for Polish pediatricians because they had the opportunity to exchange ideas and experiences with international specialists." For the first time, physicians from the then-Eastern political bloc could meet freely with their Western counterparts, exchange ideas, and work together for the betterment of children with cancer. Another first: It was there that Dr. R.D.T. Jenkin of Toronto became the first non-European SIOP President.

Continuing this trend, SIOP moved to Philadelphia for the 1977 meeting. It featured sessions on the neuropathology of brain tumors, reflecting the fact that the North American MBL trial was chaired by Dr. A.E. Evans who co-hosted the meeting with Dr. G.J. D'Angio. "It was difficult to mount a social program that was unique to Philadelphia," Dr. Evans remembers. The solution was to have a performance by a band of the Philadelphia "Mummers," the leader of that group being the grandfather of one of her patients.

The 1978, meeting in Brussels was attended by 213 persons, the greatest number of SIOP members and guests up to that point. Lisbon was the site of the 1979 meeting. The host was Dr. Antonio Gentil-Martins, a pediatric surgeon long involved with SIOP. A poster session was introduced for the first time, and it was a great success. Also for the first time, the results of the individual clinical trials were presented in separate sessions. The MBL study was closed to further entries because the relapse-free-survival (RFS) and overall survival (OS) of the CT arm were significantly better.

SIOP met in Budapest in 1980. It was during the strong presidency of Dr. P. Morris Jones that a major rewriting of the statutes from "Statutes" to a constitution and bylaws was authorized. By then, it had become clear that SIOP had a dual nature. It had become primarily a professional society since many of the members could not enter patients in SIOP studies. But it was also a research group that fostered and conducted clinical studies. The rewriting charge was given to the SIOP Secretary, Drs. M. Mott of Bristol and G. J. D'Angio of Philadelphia.

It was also during the presidency of Dr. P. Morris Jones that a scientific committee (SC) was created. This was established to guide the scientific aspects of SIOP and to help plan future programs. Dr. Morris Jones remembers that the decision, "… caused a lot of unnecessary criticism and acrimony. It is interesting now to look back and see how important the committee has become."

The 1981 meeting was held in Marseille. The research trials were again presented individually, and adjusted according to the data accumulated to that date. Certain changes in the relationship of the SC to the board were discussed and adopted.

In 1982, SIOP met in Berne. Fruitful workshops and reports of the clinical studies were presented. The pathologists' session concentrated on the soft-tissue sarcomas and their classification. Those deliberations were the forerunners of the definitive sessions held during the Venice meeting in 1985.

The 1983 meeting was held in York. For the first time, the theme of the sessions was the psychosocial aspects of pediatric oncology. Accordingly, nurses, social workers, and psychologists attended the meetings and participated actively. Their presence helped swell the audience to 340 participants plus 40 accompanied persons. To the reports of the research trials were added those of liaison groups to the EORTC and The Late Effects Study Group by Dr. A. Meadows of Philadelphia.

Under the stimulus of Dr. Lemerle, the Barcelona meeting of 1984 recognized the special needs of developing countries. So committed was he to this aspect of pediatric oncology that he devoted the last decades of his life to helping the Francophone nations of Africa. Barcelona was the first SIOP session to recruit physicians from the third world, scholarship funds having been arranged for their travel expenses. Eleven delegates from Algeria, Argentina, Chile, Egypt, Kenya, India, Malawi, Morocco, Nigeria, The Philippines, and West Africa attended. Administrative difficulties concerning the pledged travel funds were overcome, and Dr. C. Bailey of Leeds remarked there had been "success in the arena." Dr. Hans Peter Wagner of Berne became the Chairman of the Pediatric Oncology in Developing Countries Committee (PODC). He guided PODC activities for decades, bringing in an ever-increasing number of attendees. They found that they had a common forum there. They could exchange experiences and methods with others who shared the same psychosocial–economic problems they had to overcome, problems little understood by those in the developed nations.

ANECDOTES AND VIGNETTES

Julian Bloom was a charismatic, influential radiation therapist at the Royal Marsden Hospital in London. A longstanding member of SIOP, he was the leader of the SIOP MBL study. It was modeled after the American trial, differing only slightly in the chemotherapeutic agents used. The results of the two trials were analyzed separately and together, and were the first to show a beneficial effect of CT when added to standard irradiation.

Julian Bloom's daughter, Dr. Caroline Bloom, recalls that her father was to be awarded a knighthood for his services to Medicine. It is one of the highest honors a Briton can be awarded, but he sadly passed away 10 days before it was announced in the Queen's New Year Honors List.

"Tom" Vôute would do anything to better the welfare of children. Once, when there was a call for volunteers to run a fund-raising marathon—the proceeds going to a childhood cancer philanthropy—Tom did not hesitate. He was not in training; in fact, had never before run a full marathon, but that did not stop him. Nothing ever did when it came to helping children. He entered and ran the full distance. Tom collected a lot of money by running marathons. That was the start of the Stichting Kindergeneeskundig Kankeronderzoek (SKK) established to further childhood cancer research. After his death, this foundation was named The Tom Vôute Foundation. He also was co-founder of the philanthropy KiKa (KinderenKankervrij)—Children cancer-free.

At the 15th SIOP meeting in York in 1983, Jean Lemerle presented the poor quality of life of 44 long-term MBL survivors. At that time, the long-term effects of whole brain radiation were very underestimated and a pediatric radiotherapist, Dorothy Pearson from United Kingdom, claimed that such poor results were mostly related to the poor quality of radiotherapy in Villejuif. Few years later, the number of presentations about the long-term effects of radiation multiplied, leading to consider treatment without radiation therapy for infants.

He was also able to make presentation at SIOP without slides. At that time, he was using film slides that did not fit with the projector. Jean was able to stop anyone's presentation speaking too fast, too low, or was not articulating enough—"do not forget the people for whom English is not their mother tongue"!

Berta Jereb: How did I find my way to SIOP? In the 60s, I was working at the Radiumhemmet at the Karolinska in Stockholm. It was at that time regarded by me and many another radiotherapists as the Mecca of radiotherapy. However, children with malignant tumors were still managed as adults, sharing the same waiting room with adults and being treated by different radiation oncologists. The Chief of Radiumhemmet, Professor Sven Hultberg, was greatly pleased when I asked him whether I might take care of all the sick children. So, that was that. Then, Lars Åhström, pediatrician at the Karolinska, and his friend, N.O. Erickson, a pediatric surgeon (urologist), joined me. Three of us were quite sure that only by close cooperation of the three modalities could the children with malignant tumors get the best possible treatment. That was our team, all were great friends with one common goal: to do the best for children with cancer. Lars—we called him Lasse—had one advantage: he had already spent a year with Sidney Farber and his team at the Boston Childrens' Hospital. He knew Giulio J. D'Angio and Audrey Evans and was a friend of Odile Schweisguth, the founder of SIOP. Lasse and I, and not more than 20–30 other people, were at the first formative SIOP meeting in Madrid in 1969. There, Lasse introduced me to all the important people in attendance.

I do not forget the roses from my husband, which were waiting for me in the hotel room. Nor do I forget the panicked face of Lasse when I covered my head in the evening with a red beret (Spain was ruled by Fascists then). I will always remember Odile's amused face when she received a medal from the Spanish Minister of Labor, who had a hard time to put it on her chest because of his enormous belly. He must have been at least 150 kg. Such a minister of labor made us smile.

Lars Åström: "Would you please speak slower and louder!" These words from Odile were signum for at least two decades of SIOP meetings. Odile started SIOP, gathered us all, and continued to be an enthusiastic leader through the years, wonderful meetings, where in the beginning most people spoke French!

Typical for Odile was that after having worked with children's severe heart diseases, she was in 1957 in Boston, where we first met, to get the real truth out of Bodeau's treatment of neuroblastoma. She did not believe in it.

The first meeting of SIOP in Madrid, 1969, I must admit that I do not remember much, except Berta Jereb showing me the Prado and afterwards getting strength by smoking an extra-long pipe.

In 1975, the seventh SIOP meeting was held in Stockholm, Sweden. The Swedish newspapers wrote that "the perhaps the most remarkable new medical organization SIOP is meeting in Stockholm this week." We were altogether around 90 participants.

The attendance fee was SEK 150 (today equivalent to SEK 750 = U.S. $150). The meeting was held in the old Houses of Parliament where we also had our lunches. The main theme was "Malignant Bone Tumours," and I especially remember the American surgeons' competition in how many grammas the extirpated lung metastases weighted, I also remember, with all my heart, Toni Pieroni's (Social worker) lecture on "Children with an amputated limb and their psyche." At this time according to many leading SIOP—members, you should not mention psyche.

The social program included showing Stockholm to accompany persons and a visit to Drottningholm Palace Theater (18th century) with a performance, which was a highlight for all participants.

After the theater, half of the participants had a light meal in our home; Janssons temptation, Swedish salami, local cheese, crisp—bread, beer, and snaps(es).

One meal was given by the City of Stockholm in the town hall, in the part where the Nobel festival was held.

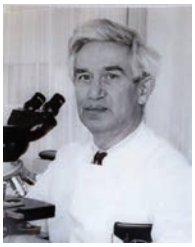
The final banquet was held in the Opera restaurant and was a real success. The chef told us that he was amazed that everyone arrived on time. It had never happened before at an international banquet.

A gavel of Swedish glass, especially made for SIOP, was given by the Swedish group, to be used at future meetings. Where is it now?

A friend once remarked to Dr. de Kraker that he fitted in so easily and well with American ways and colleagues. He replied, "Of course. I'm American myself—South American, that is." He was born in Dutch Guiana, now the independent Republic of Suriname.

PHOTOS AND LEGENDS

Maud Brunat Mentigny of Lyon University was one of the founders of SIOP. She is an expert pediatrician and pediatric oncologist, and has been the head of the pediatric department in Lyon for many years. In that capacity, she has taught many pediatric oncologists as well as influencing the development of the specialty in France.



Jan F.M. Delemarre was one of the SIOP founding members in Madrid in 1969, and together with the French pathologist, Rémy Gerard-Marchant, established the SIOP panel of pathologists. He was the first Chairman of the SIOP Nephroblastoma Pathology Panel and served in that role until his retirement in 1996. After that, he worked voluntarily for SIOP at the Amterdam Medical Center for 5 years.

Claude Rayboud of the University of Marseille was an influential pediatric oncologist. He contributed much to the early impetus needed for the maturing of SIOP. A founding member, he became SIOP President in 1974–1975 and was host of SIOP XIII in Marseille in 1981. In that meeting, he had arranged for about a dozen physicians from developing countries to attend on full scholarships.

Jean Lemerle, of the Institut Gustave-Roussy (IGR), Paris, was one of the major motivating forces in the launching of SIOP. A pioneering pediatric oncologists, he remained an important figure in the development of the society. Dr. Lemerle was mentor to many generations of specialists from French and foreign institutions. He was a major figure in the design and implementation of the SIOP WT trials and senior author of many of the relevant articles. A dedicated exponent of PODC goals, he participated actively in the outreach programs of the IGR. These took him to francophone African nations many times. There he was admired and respected for his constant efforts on their behalf.

P.A. ("Tom") Voûte, University of Amsterdam, a leader both at home and internationally, was a key figure in the SIOP story. A charismatic, dedicated advocate of international cooperation, he contributed greatly to the growth and strength of the Society. He was an indefatigable and successful fund raiser in the childhood cancer cause. His dedication was expressed personally when he entered a marathon organized with that charitable aim, and without prior training, finished the course. A prolific author, he was particularly involved with the SIOP WT trials.

Hans Peter Wagner, University of Bern Medical School, was a founding member of SIOP, a past president and determined champion of Third-World children. Much of his long career in pediatric oncology was as Chairman of the PODC Committee that advanced the right of children with cancer everywhere to receive medical care.

Luisa Massimo of Genova, Italy, was one the founders of SIOP. In the early 70s, after long experience in North American and European Institutes, she initiated the Pediatric Oncology Program at the Hospital "Giannina Gaslini" in Genova. Under her leadership, the Gaslini became a major center of pediatric oncology in Italy and Europe, particularly in neuroblastoma research. She hosted SIOP VI in Santa Margherita Ligure in 1974.

Patricia (Pat) Morris Jones of Manchester, UK, now retired, was an inspirational, influential, pioneering pediatric oncologist who hosted SIOP IV in Manchester in 1972. As a SIOP President in 1980/1981, she redefined the scope and mission of SIOP to reflect the way it had been evolving since its foundation. It had become a professional society more than a clinical trial group. The constitution and bylaws were rewritten and adopted according to her vision. She was an early leader in the then-evolving study of treatment late effects, and provided huge support to emerging young pediatric oncologists.

Françoise Flamant, Institut Gustave-Roussy, Paris, was one of the pioneering pediatric oncologists who contributed greatly to the growth of SIOP. She was actively engaged in the design and conduct of the first SIOP clinical trials; her name appears often in the published papers dealing with the research.

Robert Flamant was the Head of the Statistic and Epidemiology, Department of the Institut Gustave-Roussy (IGR), for many years. He pioneered the development of statistical methodology for medical research and clinical trials before becoming the director of the IGR from 1988 to 1994. The pediatric oncology world greatly benefited from his dedication and skills. He was also a great teacher; many statisticians around the globe were his students.

Lars Åström, Karolinska University, Stockholm, Sweden, was a founding member of SIOP. A pioneering pediatric oncologist, he became the tutor of succeeding generations of Scandinavian pediatric oncologists where he helped establish advanced standards of care. He hosted SIOP VII in Stockholm in 1975.

Bengt Sandstedt, Karolinska, Stockholm, is a pediatric pathologist. He became a SIOP member in 1973. He developed the histologic classification of WT used in the SIOP nephroblastoma trials and studies. For many years, he was the Chairman of the Pathology Panel and reference pathologist for the Netherlands collection of renal tumors. Professor Sandstedt also participated for 8 years in a Swedish project that was introduced in Vietnam—the SIOP approach for WT, which had been designed for use in developing counties. At the Renal Tumor Study Group meeting in Stockholm in 2015, he was honored for his more than 40 years of SIOP work; it also happened to be his 80th birthday.

Berta Jereb, *University in Ljubljana, Slovenija*, is a pediatric radiation oncologist. She was the founding member of SIOP and president in 1978/1979. She was on the original planning committee of the SIOP Wilms trial, one of her many contributions spanning scores of years to the study of childhood cancers. In 1986, she initiated a lifelong follow-up for all childhood cancer survivors in Slovenia and started the foundation "The little knights."

Jean Michel Zucker, *Institut Curie (IC) Paris, is a veteran pediatric oncologists. From his stance at IC, he worked closely with Dr. Schweisguth and her group at the IGR in advancing the modern management of children with cancer. He had* lived in Greece and Algeria, experiences that led to his keen interest in furthering PODC work. Dr. Zucker was also concerned with the quality of life of survivors of childhood cancer, but put their problems in perspective. He stressed in his teaching that "second cancers only develop in patients who are alive."

Audrey E. Evans, University of Pennsylvania, Philadelphia, is a noted neuroblastoma investigator and a long-term SIOP member. She organized and chaired the first American medulloblastoma clinical trial that provided the framework for the SIOP protocol. The results of the two studies could thus be pooled, and she was actively engaged in the conduct and analyses of the two efforts.

Giulio J. D'Angio, University of Pennsylvania, Philadelphia, pediatric radiation oncology (PRO) pioneer. He coined the slogan "Cure is not enough" when he initiated the study of the late effects of childhood cancer therapy in the 70s. A long-term, very active member of SIOP, he was its president from 1986 to 1987. He co-authored the SIOP document establishing the criteria for initiating a pediatric oncology unit. He was also a co-author of revised SIOP statutes according to the vision of the then-SIOP President, P. Morris Jones. His *WT* work is also remembered.

Hansjörg Riehm, for many years at the University of Berlin and later in Hannover, is a giant figure in the history of pediatric oncology. He was an iconoclastic, charismatic trailblazer, who led his German colleagues as they became tight-knit groups of first-rate clinician/scientists. Professor Riehm was largely responsible for the formulation of the Berlin, Frankfurt, Münster (BFM) regimen for childhood acute leukemia and launching the relevant trials decades ago. Most of today's treatments are derived from that treatment scheme. Within SIOP, he was the host of SIOP XXIV in Hannover in 1992, and acted as a watchdog to ensure that SIOP research followed strictly ethical paths.

Dezso Schuler, Semelweis University, Budapest, Hungary, is one of the pioneering European pediatric oncologists. He was SIOP President from 1984 to 1985, and very active in advancing pediatric oncology in his country and central Europe through uniform standards of training and multimodal therapy.

Sarah Donaldson, Stanford, California, shown here with "Tante Odile," is an outstanding radiation oncologist, much honored with numerous awards and elective offices on national and international speciality groups. She was an early trainee of Odile Schweisguth; that experience stimulated Dr. Donaldson to pursue a career in PRO. Her many roles within SIOP included participation in the muscle malignant tumor trial.

Jack Plaschkes was a pediatric surgeon, lately of Bern, Switzerland. He was one of the first members of SIOP, and for many years was very active in the planning and conduct of SIOP solid tumor studies. His focus was on expandable endoprostheses; that is, replacements for missing parts that could be lengthened to match growth of the affected child. His other major interest was on liver tumors. He was one of the principal members of the SIOPEL program, and a co-developer of the *pretreatment extension (PRETEXT)* system of subdividing the liver lobes. Dr. Plaschkes served on several relevant committees and was the Chairman of the Scientific Committee in the late 70s for many years. He provided the impetus for and became a founding member of the International Society of Pediatric Surgical Oncology (IPSO).

Julian Bloom was a charismatic, influential radiation therapist at the Royal Marsden Hospital in London. He trained many specialists in the

United Kingdom and from abroad. A longstanding member of SIOP, he was the leader of the SIOP medulloblastoma study. It was modeled after the American trial, differing only slightly in the chemotherapeutic agents used. The results of the two trials were analyzed separately and together, and were the first to show a beneficial effect of chemotherapy when added to standard irradiation.

Yoshiaki Tsuchida, a surgeon, was a towering, inspirational pediatric oncologist. His career was spent largely at the University of Tokyo, where he became a legendary and indefatigable clinician, investigator, and educator. Neuroblastoma was his chief research interest. He was practically a lone pediatric oncology voice in the Pacific rim nations after World War II, and was largely responsible for the rapid emergence of childhood cancer clinician/investigators in Japan. He encouraged his students to study abroad and become fluent in Western languages. They soon earned their places in the roster of internationally known physician/scientists. *Professor* Tsuchida co-established SIOP-Asia with *Professor* T. Sawada and co-hosted SIOP XXX in Yokohama in 1998.

Rémy Gerard-Marchant was a pathologist at the Institut Gustave-Roussy. Together with Jan Delemarre, he formed the nephroblastoma pathology panel. He had great experience in solid pediatric tumors as well as hematopathology. Dr. G.-M. retired in 1981 and moved to a little town in southern France, where he was later elected a mayor.

WILEY Pediatric Blood & Cancer
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The middle period: 1985–1997

Sir Alan Craft[1] | Berta Jereb[2] | Giorgio Perilongo[3] | Hans Peter Wagner[4] | Giulio J. D'Angio[5]

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SIOP's structure became more complex. Besides the Scientific and SIOP Trials Committees, the specialty subcommittees matured into units that arranged their own premeeting programs. These evolved like the one that the pathologists had been organizing since SIOP's early days. Thus, both radiation oncologists and surgeons found it beneficial to meet apart from the annual SIOP meeting. The surgeons went on and founded IPSO, the International Society of Pediatric Surgical Oncology. Later, the radiation therapists formed The Pediatric Radiation Oncology Society (PROS).

Other committees were established for clinical pharmacology, epidemiology, and for standards of care and training in pediatric oncology. Drs. G.J. D'Angio and J. de Kraker were asked to draw up "Requirements for the Training of a Pediatric Oncologist" and "Recommendations for the Organization of a Pediatric Cancer Unit (PCU)." Their specifications were accepted by the board.

The Fasanelli and Nycomed Prizes were endowed by families whose children had died of Ewing's tumor. These cash awards were assigned to the person who gave the best SIOP paper on the Ewing family of tumors that year. They were awarded on alternate years for a while; now only the Fasanelli prize is presented every second year.

In the late 80s, many amendments to the constitution and bylaws were required. Besides founding, ordinary, and honorary members, SIOP agreed to have fellows and associate members, the latter mainly to accommodate members of the International Pediatric Oncology Nursing Society. The latter met for the first time jointly with SIOP in Jerusalem.

Discussions with the Federation of European Cancer Societies (FECS) made it clear that a European branch had to be developed within SIOP. This led to the creation of the Continental Branches representing six of the seven continents and headed by elected continental presidents.

SIOP selected *Medical and Pediatric Oncology* (MPO) as its journal in 1989 and started to publish meeting programs and abstracts in MPO. SIOP members were prominent among the MPO Editorial Board. Professor A. Mauer, the Editor-in-Chief, was succeeded by Professor G. J. D'Angio.

Finally, the annual meetings in Belgrade and Prague promoted an awareness that SIOP had to consider geopolitical realities if it wanted to be truly international. The facts were that on a global level, the vast majority of children with cancer received suboptimal care or none at all. A symposium on Pediatric Oncology in Developing Countries (PODC) was organized at the 15th International Cancer Congress in Hamburg, 1990, by G. Prindull. This led to the establishment of the International Working Group (IWG) for PODC. It was composed of representatives of SIOP and other organized groups on one side and representatives from the developing countries on the other. Triggered by the IWG, a PODC program was started within SIOP in 1990, chaired by Professor H.P. Wagner for many productive years.

In 1987, SIOP's annual income amounted to approximately U.S. $72,500. In the same year, J. Lemerle announced that the Institut Gustave-Roussy in Villejuif, France, had spent approximately U.S. $476,000 for SIOP's nephroblastoma and rhabdomyosarcoma registries over the past 3 years. The small yield after major fund-raising efforts made it obvious that SIOP's capacity in this regard was limited. Despite an increase in the membership fee to £100, there was not enough money to establish a SIOP trial center. SIOP could act as an international forum and as a coordinating agency, but it could not finance the structures required to run studies. SIOP was therefore constrained to leave clinical trials to national or continental cooperative groups. SIOP nonetheless remained a truly global forum for all professional and lay groups devoted to advancing the cause of children with cancer.

YEARLY MEETINGS

The 1985 XVII SIOP Annual Meeting was held in Venice in a most memorable venue: "La Scuola Grande di San Rocco." The "Scuola" (akin to "Guild") was founded in 1478 and the walls and ceilings were painted in the XVI century by Tintoretto. The main topic of the Congress was soft-tissue sarcomas. Progress was made not only in the scientific papers presented, but also in convening an international panel of pathologists.

G.J. D'Angio, who had proposed the soft-tissue sarcomas histopathology workshop and obtained supporting funding, remembers high-speed, power-launch rides through the canals, shuttling between the workshop and main venue. Even more exhilarating were the collegial and scholarly discussions of the panelists as they made progress toward consensus. They made plans to continue working together after Venice, eventuated in a landmark 1995 paper published in the journal *Cancer*.

Drs. N. Palmer and T. Triche, proponents of two differing systems, were brought from the United States to Venice. They could meet there and interact with their national and international fellow panelists. At that workshop, plans and first steps were taken toward reaching an international consensus. At issue were the histopathologic criteria identifying sarcoma subsets and their nosology.

Odile was honored by the inauguration of the Schweisguth Prize. It was to be awarded for the best paper submitted by a trainee in any area related to pediatric oncology. The prize consists of travel expenses to the next SIOP meeting and hotel costs for 3 days plus the opportunity to present the paper before the SIOP members.

SIOP XVIII in 1986 was held in Belgrade, the theme being tumors of the central nervous system The host, Professor P.M. Cvetkovic, had made every effort to facilitate participation of colleagues from Eastern Europe. Low hotel rates had been arranged, registration fees were waived, and participation in the first-ever postgraduate course was free. That course, ''Topics in Pediatric Oncology," included 14 lectures and was attended by over 250 physicians, several of them from Eastern Bloc nations. They reported that the course had ''opened their eyes'' to modern management of children with cancer. Another first was a clinic where problem cases could be presented to visiting experts for second opinions regarding management. This resulted in some of the patients being referred to other European centers better able to deal with the difficulties. Professor Cvetkovic reported that the meeting had heightened interest in pediatric oncology at all levels of the Eastern societies including their governments.

The first prize was won by Lorie Grundy. She is wife of Dr. Paul Grundy of Edmonton, Canada, who at the time was a Fellow-in-Training at the Children's Hospital of Philadelphia. Mrs. Grundy was pursuing a graduate degree there, and used her Master's thesis as the entry for the Prize. Her choice pleased Dr. D'Angio, who had initiated the prize enormously. He said that it was because the winner was a woman, nurse and, not a U.S. American. The topic was the relative cost of care of children with acute myelogenous leukemia before and after the advent of chemotherapy. It was much cheaper before; they all died within a few months.

SIOP met in Jerusalem in 1987. The unique setting of great historical, archeological, spiritual, and cultural importance gave the meeting a special flavor. About 800 participants came from 32 different countries. It was the first time SIOP met the International Pediatric Oncology Nurses, establishing a continuing relationship still in force today.

Trondheim was the site of the SIOP 1988 before Prague in 1989, where the opening ceremonies were held in the historic Aula Magna of the Carolinum of ancient Charles University. Dr. J. Plaschkes' guest lecture honored the pioneering pediatric surgeon, Professor Vaclav Kafka, who was in attendance. Dr. Plaschkes recounted Dr. Kafka's brilliant but extraordinarily trying career, buffeted as it was by strong political and societal winds he barely survived.

SIOP met in Rhodes in 1991 after Rome the year before. In Rhodes, a notable workshop on the genetic aspects of childhood cancers was moderated by Professor A. Knudson of Philadelphia. Many participants made the postassembly trip to the island of Kos, made famous by Hippocrates, the Patriarch of Medicine. He was active there in the fifth century BC.

Hannover was the 1992 SIOP site. There, Dr. Odile Schweisguth, the SIOP matriarch, gave a well-received oration. She recalled the early days of pediatric oncology and SIOP; and, typically, she enjoined everyone (i) to work hard and (ii) to speak distinctly and slowly because not everyone in the audience was a native English speaker. The latter stricture was Odile's *mantra.* The scientific topic was the lymphomas. Several workshops and lectures were given on the clinical, pathologic, epidemiologic, and biologic characteristics of the Hodgkin and non-Hodgkin entities. The meeting was also marked by the large attendance of parents of children with cancer, and by the many attendees from the developing world. Special arrangements had been made for the latter to reduce travel costs. They participated actively and exchanged practical solutions to their many socioeconomic–psychologic–political problems.

After Montivideo and Paris in 1994 and 1995, respectively, Vienna was the 1996 venue. The historic monumental and musical resources of that remarkable city were exploited for the entertainment of the participants. The many preferred papers and invited speakers dealt with the scientific topic: "Bone Tumors."

SIOP met in famed Istanbul in 1997. Various aspects of the lymphomas in children were discussed by the invited speakers and by the authors of papers and posters. The meeting was marked by the many parents, nurses, and PODC representatives who participated.

ANECTODES AND VIGNETTES

At the Venice meeting, Dr. Modesto Carli of Padua had responded to a request and contracted the production of a very handsome silk, striped necktie, and scarf for sale to members. It even contained the letters "SIOP." They appeared in tiny letters on the book being held by the Venetian lion at the lower edge.

G.J. D'Angio, who had initiated the project to honor Odile Schweisguth, remembers starting the sale from the podium with the exhortation, "Honor Odile! Buy a tie!" They were sold at the meeting and thereafter in the hopes to raise a little money for the society. "SIOP" appeared on the open book held by the winged lion of Saint Mark.

Arthur Jones died during this period. He was an accomplished neurologist who later became a pioneering pediatric radiation therapist at St. Bartholomew's Hospital, London. After retirement, he became a valued consultant to his government on healthcare-related topics. He was a great humanist as well as an outstanding physician/scientist. G.J. D'Angio remembers coming across him by accident in the Basilica of S. Maria in Rome's Piazza del Popolo. Jones was there to admire the

extraordinarily vivid Caravaggio hanging in the open, which happened to be on that painter being one of Jones' favorites, he sought out all the originals he could find to view, whether in museums, churches, or other enclosures.

There was one memorable SIOPEL meeting held in Padua at the time of the Venetian Carneval. All were wearing the funny traditional Carneval masks, and were led by Jon Pritchard in group singing. It became a tradition, the amusing—often iconoclastic—words provided by Jon would describe the features of the trial.

In my role as President of the SIOP, Maarten Egeler remembers, we tried to globalize our vision that no child should die of cancer. As part of this, I met the President of the country, Senegal. When he was introduced, he told me: "I am the President of Senegal." We shook hands and I answered: "I am honoured to meet you. And I am Dr. Maarten Egeler, the President of SIOP!"

At the annual diner/party at the Jockey Club of Sao Paulo, flip-flops were handed out, and I was enjoying this evening on flip-flops. When one of my colleagues saw me in this ridiculous status, he said: "Maarten, what more do you want in life?" And indeed life could not be much better!

PHOTOS AND LEGENDS

Sir Alan Craft, University of Newcastle, UK, has been a strong and effective advocate for the advancement of pediatrics in his own country, and for the welfare of children around the world. He was the Chairman of the SIOP osteosarcoma trial, bone tumors being his special interest. He was on the SIOP Board for 12 years, which included 6 years as Secretary General and President for the years 2002–2004.

Odile Oberlin, pediatric oncologist, the Institut Gustave-Roussy, Villejuif, Paris, was trained by Jean Lemerle. Having joined the SIOP community early in her career, she became an active member of the SIOP soft-tissue tumor committee that she co-chaired with Professor Michael Stevens of Bristol, UK. Her SIOP experience convinced her that friendly collaboration and mutual confidence are the main bases of scientific advances.

Rapper

Oncozulu

Jan de Kraker, University of Amsterdam, was a very prominent member of SIOP. He was one of the chief architects in fashioning the very successful series of SIOP Wilms tumor (WT) trials. He led the team that devised the protocol for children with WT pulmonary metastases. It avoided routine lung irradiation, and was adopted by the American study. Dr. de Kraker was active in SIOP committee work, and as a treasurer for several years co-authored the SIOP document that defined the criteria to be met when setting up a pediatric oncology unit. A man of wit and charm, this photo illustrates the kind of social role he often played. He knew how to create an atmosphere of ease, openness and fun. Sometimes he crossed the line of what one might expect of an academic specialist, but it was done to ease the stresses that are part of pediatric oncology.

Giuseppe Masera, University of Milano, Monza, Italy, anticipated the goals of the PODC program through early twinning with Caribbean brim nations. Survival rates of childhood cancer shot up. A dedicated researcher of the psychosocial–economic problems of pediatric oncology, he currently chaired the relevant SIOP Committee for many years and passionately informs others of the great resilience of cancer survivors.

Jon Pritchard was a talented English pediatric oncologist. His medical stance was iconoclastic, and his knowledge encyclopedic. It spanned the molecular bases of childhood cancer to a wide-ranging clinical acumen, especially regarding the histiocytoses. Jon Pritchard exerted a strong influence on the global development of pediatric oncology during his too short career. His influence was exerted through his publications, lectures, and his many trainees from the international community. He died of a brain tumor on January 20, 2007 when aged only 64.

Kathy Pritchard Jones, University College, London, is a foremost clinician/scientist. She is a world recognized expert in the molecular biology and genetics of WT as well as being the Program Director leading to the London Cancer Integrated System. She has served in numerous responsible capacities in SIOP, including the Chairmanship of the Scientific Committee, Presidency of SIOP Europe, and participation in the SIOP Renal Tumor Study as vice chair and continued as a committee member. She also hosted SIOP XLIV in 2012 in London.

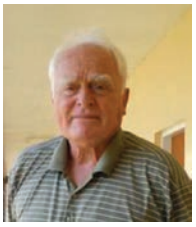
Maarten R. Egeler, The Netherlands, a once-president of SIOP, served not only in his home country but also in Calgary and Toronto in Canada. The major emphasis of his clinical and laboratory research was on the histiocytoses, where he became a recognized world expert in those diseases.

Mark Nesbit, University of Minnesota, was the 1993–1995 SIOP President. An inspirational and charismatic leader in the United States, he trained many of the chiefs of pediatric oncology in his country. He was a prominent and influential member of the American pediatric cancer study group, and a prolific author with a particular interest in the histiocytoses.

Tim Eden, Manchester in the United Kingdom, is standing in front of a map showing the worldwide twinning programs in existence through his efforts and those of several agencies. A noted pediatric oncologist, with a particular interest in leukemia and the MRC UKALL studies. He has been a staunch advocate of the rights of parents, and has furthered their involvement in the formulation of pediatric oncology priorities and policies on a global scale. He has also championed the young persons' agenda. This interest is combined with his PODC concerns. He was president of SIOP for the period 2004–2007.

Herbert F. Jürgens, University of Münster, a member of SIOP for many years, is a clinical and academic leader in pediatric oncology in Germany. He is a recognized authority in the management of patients with Ewing's sarcoma. His trainees have been very prominent among those awarded the Fasanelli Prize (and the Nöllenberg Prize while it lasted). These awards are presented for the best research paper having to do with the bone sarcomas presented at the annual meeting. While Chairman of the SIOP Scientific Committee, he devised an efficient and fair system of abstract review to deal with the ever-increasing number of submissions.

Modesto Carli, Padua University, Italy, is a senior pediatric oncologist. Dr. Carli has a global reputation as an expert in the management of soft-tissue sarcomas and related clinical research. He was part of the SIOP Malignant Mesenchymal Tumor (MMT) group. He also was the host of the memorable 1985 SIOP XVII meeting in Venice for which he and his colleagues designed the first official SIOP necktie and scarf.



Peter B. Hesseling, University of Stellenbosch, Cape Town, South Africa, has been a SIOP stalwart for decades. In Malawi, he organized the first trial of childhood cancer management in a country with limited resources. The multifactorial demands of "standard" leukemia therapy were reduced to what could be accomplished in a sub-Saharan nation. He expanded this successful pioneering field work to include WT. His work formed the basis for the continuing SIOP-supported PODC research there and elsewhere in Africa.

Beatriz de Camargo, organized the first continent-wide clinical trial of WT in South America. She is currently a member of the Pediatric Hematology Oncology Program of the INCA (Instituto Nacional de Cancer, Rio de Janeiro, Brazil) Research Center. She works with Brazilian population data-based sets and participates in clinical translational research. She is a member of the postgraduate program of the same institution. She has been a member of SIOP since 1983 and was South America Continental President twice (1983–1985/2003–2005). She hosted a SIOP Continental meeting in 1992 and SIOP XLI in 2009 in São Paulo, Brazil.

Catherine Patte of the Institut Gustave-Roussy in Paris has been a longstanding member of SIOP. She served on the Scientific Committee from 1998 to 2001, and was also active on the Renal Tumor and Malignant Germ Cell Tumors Committees. She is, however, best known for her groundbreaking advances in the study of Burkitt's lymphoma. These have brought her national and international recognition.

Purna Kurkure, Tata Memorial Centre, Mumbai, is a Pediatric Oncologist. She is a Fellow and Head of the Pediatric Oncology Division, Convenor, Pediatric Solid Tumor Management Group.

Elhamy Rifky Abdel Khalek, Cairo, Egypt, is a long-term, very active member of SIOP. He is one of the most influential pediatric oncologists in North Africa, where he has been fostering modern pediatric oncology methods and techniques for decades. He hosted SIOP XXXV in 2003 in Cairo, a most memorable meeting with the pyramids and the sphinx beckoning.

Kouié Jeannot Plo is the Head of the Department of Mother & Child Health in the School of Medicine, University of Bouaké of the Ivory Coast, West Africa. He was an early member of SIOP, and has hosted the fifth African Continental SIOP meeting in Yamoussoukro in 2012. Dr. Plo regularly attends international conferences relevant to maternal and child health, where he speaks for the francophone African nations.

Lorie Grundy is the first recipient of the Schweisguth Prize in SIOP XVIII, Belgrade, in 1986.

Paul Grundy, University of Alberta, Canada, is a clinical investigator and laboratory scientist. He was chief of the central laboratory for

the National Wilms Tumor Study when he identified molecular genetic configurations in *WTs* associated with a poor prognosis. They were subsequently used to stratify patients in clinical trials.

Sverre Lie of Oslo, Norway, has been a leader of pediatric oncology in the Nordic countries for many years. He was president of the Norwegian Pediatric Society in the 70s and SIOP from 1996 to 1999 after having been its Treasurer for some years. He also was the host of the 2004 SIOP XXXVI meeting in Oslo. Dr. Lie, detailed by the generous Norwegian government, has been working for many years exclusively for the development of better care for mothers and children in developing countries around the world.

Patrick Thomas at Washington University School of Medicine is a world figure in pediatric radiation oncology (PRO). His counsel in the management of difficult *WT* problems is widely sought. He was the radiation oncology representative on the SIOP Scientific Committee (2000–2006). During that time, PRO increased its presence on the SIOP scientific meetings, and attendance at its sessions went up. A movement to *found* the Pediatric Radiation Oncology Society (PROS) was successful with Professor Christian Carrie of Lyons as President and Dr. Thomas as General Secretary. Its first meeting took place in 2007 in Barcelona. PROS meets annually; in even years, it meets in conjunction with SIOP and in odd years independently. There is a continuing substantial PRO presence at SIOP in the years that it holds its own meetings and it is clear that this arrangement has been mutually beneficial.

Günter Henze of the University of Berlin is a leading figure in the world of pediatric oncology especially because of his management and research expertise in the pediatric leukemias and lymphomas. He hosted the XL SIOP meeting in Berlin in 2008. An accomplished musician, he provided a musical treat one evening when he directed a small orchestra. The musicians were his patients past and present; some were children of colleagues. It was not only delightful music, but also a manifestation of pediatric oncology successes.

Clifford Bailey of Leeds, England, was a prominent pediatric oncologist who is now retired. He was SIOP Secretary for 5 years from 1982 to 1987 during which time he helped guide the society into its present format as a principally professional society. He also brought the role of social workers and nurses to the fore at the time of the York meeting when these topics were added to the SIOP program.

Sylvia Bailey, AIMSW, wife of Clifford, was an early SIOP attendee. Her active advocacy of the role of other professionals in the care of children with cancer further helped the development of the program.

Faith Gibson, RSCN, of the Great Ormond Street Hospital in London has been an active member of SIOP for many years. Her faithful attendance at SIOP meetings has provided a stimulus for her fellow nurses to participate. She thus has helped bring this essential cohort of health professionals prominently into the administrative and professionals activities of the Society.

Five nurses drinking champagne at a SIOP meeting in Paris. This serves to demonstrate the solidarity of that professional group within the embrace of SIOP. The nurse in the middle is Anne Thompson from Newcastle in the United Kingdom, who was the first Chairman of the SIOP nurses group. The tall blond lady is Neila Langenveld from the Netherlands and the person on the left is Florence Laupert from Paris. These three nurses led nurses' SIOP activities for many years.

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The later years, part I

Reflections of my time on the SIOP board: 1993–2004

Sir Alan Craft

The Royal Victoria Infirmary, Newcastle-upon-Tyne, UK

At the annual meeting in Hannover in 1992, the local host, Hansjörg Riehm, had made a huge effort to raise money in order to bring delegates from developing and emerging nations. It was clear that there was a real need to do what we could to help develop pediatric oncology in the many countries of the world that had little access to knowledge or treatment. Hans Peter Wagner took on the task of chairing a new committee of SIOP known as Pediatric Oncology in the Developing World (PODC). PODC was both a concept for SIOP, which would change our thinking, and something really practical.

In 1993, I organized a pivotal meeting at the CIBA Foundation in London of some of the senior members of SIOP and with doctors from some of the developing nations. Mark Nesbit chaired this meeting and asked those present from the developing countries what they would like from us. Bharat Agarwal from India, along with his colleague, Ram Marwaha, suggested that we give them help in organizing a training program for doctors in India. Such a program was needed in order to assist them in developing cost-effective and locally appropriate protocols of treatment. Peter Hesseling and other colleagues from sub-Saharan Africa suggested a cost-effective treatment for the most common and difficult to treat cancer in African children, that is, Burkitt's lymphoma (BL).

Later in 1993, a small group of SIOP members went out to Mumbai in India. There, they spent 5 days developing a trainers' workshop while beginning to create simplified protocols for the common forms of childhood cancer. Dr. Agarwal and his colleagues with customary enormous energy and enthusiasm quickly translated our discussions into action. Soon, the first pilot course designed to train the trainers had been held, and the cascade outwards the enormous population of India had begun. By the following year, more than 400 pediatricians had been trained to deliver at least minimal appropriate care to children with cancer. Over the years, India has emerged as a leading player in pediatric oncology. I well remember the delight of Purna Kurkure many years later when she announced that they had set up their first "late effects" clinic in Mumbai. This indeed was a major landmark event.

BL story is also one of real success. The disease was readily treatable in developed countries but at considerable expense. There was the need for sophisticated treatment facilities with supportive care backup. Sub-Saharan Africa had neither the money nor such advanced facilities. Sverre Lie of Norway persuaded WHO to give SIOP a small grant of U.S. $50,000 to develop a cost-effective protocol. There was disbelief when we came up with a protocol costing only U.S. $50 per child with cancer including supportive care. With this impetus, local physicians were able to improve their survival from virtually 0–50%. Various developments of the same protocol are being used today with steady improvements in survival. We faced criticism from many that we should not be wasting our efforts on children with cancer when there were much bigger killers such as malaria, infections, and malnutrition. But we were able to show that if one puts a small amount of effort into improving facilities to enable the basics of cancer care to be given safely then the whole hospital moves up to a different level. Thus, death rates from the more common diseases dropped. Peter Hesseling from South Africa and Liz Molyneux from Malawi have masterminded this very important and influential demonstration project.

The highlights of the annual meetings during this period for me were as follows:

1993 San Fransisco—Lymphomas were the main clinical issue discussed but the local organizer, Art Ablin, introduced us to some very sensitive issues concerning the psychosocial aspects of pediatric oncology. This year also saw the first of our "Fun and Run" events that have persisted and become an integral part of the annual meeting

1994 Paris—Jean Lemerle of the Institut G. Roussy was the energetic host and the program concentrated on "The Cure of Children with Cancer" coupled with "Genetic Predispositions to Cancer."

1995 Montevideo—The topic was "CNS Tumours and Supportive Care." We were concerned as to how many people would be able to travel the considerable distance to South America. We should not have worried as the attendance was at least as big as normal. The Board arrived 2 days before the meeting to discover that the brand new built conference center was far from complete. Our local host, Luis Castillo, assured us that all would be well and went off to play football. Sure enough, 48 hrs later, at least on the surface, the building was finished and we had a great meeting. The annual dinner was held in a local market in a wonderful carnival atmosphere.

1996 Vienna—The topic was bone tumors and we had a stimulating talk from Rainer Kotz, the orthopedic surgeon who had pioneered endoprosthetic replacements of limbs. Gerry Rosen from New York gave the results of his T10 protocol for osteosarcoma. There had been some concern that the results in other people's hands were not as good

as his almost 90% survival. Chantal Kalifa from Paris had the courage to challenge his reported results, so he invited her to visit New York and see for herself. She did and this resulted in the French group undertaking a study of T10 in France. SIOP was becoming a place for vigorous and robust discussion. The Fun and Run was particularly memorable being held as usual in the early morning but on this occasion in the ethereal morning mist on the grounds of the Schönbrun Palace.

1997 Istanbul—This saw us meeting on the banks of the Bosphorus overlooking the historic sites of Solferino. Once again we reverted to lymphomas as our main topic but for subsequent meetings we decided not to have a single topic but to welcome papers on all topics with a much more structured program of guest lectures.[1]

1998 Yokohama—Once again worries about traveling so far East were ill founded and we had a very well attended meeting with an excellent social program and a memorable concert by our very own SIOP orchestra led by Gunther Henze of Berlin.

1999 Montreal—This was a successful joint meeting with the American Society of Pediatric Hematology and Oncology on the eve of the millennium

2000 Amsterdam—This was an excellent and well-attended meeting organized and hosted by P.A. ("Tom") Voûte and visited by Her Majesty the Queen of the Netherlands. Tom had organized a preconference program on the basics of cancer science. It was memorable for a talk on the place of the *Caenorhabditis elegans* worm in our understanding of how cells work.

2001 Brisbane—Although our conference venue had been booked for several years, we had to change at the last minute. The Commonwealth Heads of Government meeting had commandeered our venue. It also took place in the aftermath of the September 11, 2001 terrorist attack on the Twin Towers of NYC. It was feared that the attendance would be scanty for fear of flying in the wake of that disaster. Neither of these impediments stopped us having another excellent meeting hosted by Liane Lockwood and Helen Irving.

2002 Porto—A good meeting in a unique, historic, off-the-beaten-track setting. Visits to the port wine cellars added to the interest.

2003 Cairo—A meeting next to the pyramids and the Sphinx was very atmospheric, for example, the annual dinner included the president riding in on a camel. On the final day, Sverre Lie of Oslo managed to find someone senior from the Ministry of Tourism, who arranged for a selected party to climb outside the main pyramid of CEOPS, which is not normally allowed.

2004 Oslo—A memorable meeting held in the Oslo Opera House attended by the Queen of Norway.

CONTINENTAL MEETINGS

The continental branches of SIOP have over the years organized their own meetings in their own several continents. These have become increasingly successful and have usually been attended by senior SIOP Faculty representatives.

TEACHING EVENTS

For many years, Tom Voûte organized a preconference teaching event usually using local faculty and directed at trainees. These have proven very popular and many now established senior members of SIOP learned much at these events in their early years.

NOTE

[1] Annual SIOP lectures honoring two SIOP pioneers, Drs. P.A. Voûte and G.J. D'Angio, were endowed by supporters in their respective nations.

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The later years, part II: 2005–2015

Giorgio Perilongo[1] | Bharat Agarwal[2] | Maarten Egeler[3] | Gabriele Calaminus[4]

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[2]B. J. Wadia Hospital for Children, Mumbai, India
[3]Hospital for Sick Children, Toronto, Canada
[4]Bonn, Germany

ACTIVITIES OF THE SIOP COUNCIL: 2005–2011

The SIOP Council, composed of the board and continental presidents, held its first Council Retreat in February 2008. The SIOP membership at that time had reached 1,400. The purpose was to establish the vision, mission, and goals of SIOP and its officers. It was also decided that an Advocacy and an Education & Training Committee would be installed and the PODC Committee would be restructured. The following year, in view of the continued growth and wider challenges facing SIOP, the Executive Board, composed of Drs. Egeler, Calaminus, Agarwal, Coppes, and Pieters signed a contract with "The Kenes Group." It is one of the world's leading Professional Global Meeting and Association Management Companies.

Thus, a new phase of SIOP began. In January 2011 and 2014, the SIOP Council held two "Strategy Planning" meetings in Geneva to reflect on the Society's history and its role, its values, and its strengths. A SWOT (strengths, weaknesses, opportunities, and threats) analysis of SIOP was undertaken and resulted in the identification of several goals for its future. The two strategy papers that followed were published, respectively, the first, in the SIOP newsletter of July 2011, and adopted at the SIOP General Assembly in Auckland in 2011 and, the second, in *Pediatric Blood and Cancer* in 2015 and adopted at the SIOP General Assembly in Toronto in the same year.

SIOP thus embraced its unique responsibilities as the only global professional and scientific society exclusively dedicated to pediatric oncology. In this capacity, it recognized a need to fulfill the following mandates:

- To provide an embracing identity for the world pediatric oncology community. In particular, SIOP became committed to those societies where no other overarching pediatric oncology organizations exist.
- To broaden the scope of the topics covered in the annual meetings. The meetings are the best means of fostering interdisciplinary scientific and lay dialogue at an international level, thus leading to unity of purpose, cooperation, and global solidarity.
- To play an advocacy role for all children with cancer in the world and their families.
- To foster partnerships with all the other international organizations devoted to pediatric oncology, notably the World Health Organization (WHO).
- To communicate effectively with all society members using modern communication technologies.

Developments during this period strongly enhanced the status of SIOP. These include

- The increasing enrollment of colleagues from non-European countries.
- The gaining by the European Branch of a more precise, semiautonomous identity. This enabled the Europeans to promote clinical and translation research, thus improving the quality of childhood cancer care in Europe.
- On a global scale, the establishment of alliances with parents of children with cancer (ICCCPO) and close cooperation with the WHO, International Network for Cancer Treatment and Research (INCTR), International Union against Cancer (UICC), and with World Child Cancer (WCC) are very important.
- The evolving profile of the PODC Committee which under the guidance of Professor Hans Peter Wagner also enlarged the worldwide community of pediatric oncologists, even bringing in some individuals who were not SIOP members.

SIOP Extended Board, 2011–2016—In order to ensure efficiency and wide representation in decision making and action, the following changes were made to the SIOP Council:

- An executive board was formed made up of the SIOP President, Secretary General, and Treasurer plus the past or newly elected officers of the executive board for that year. This board was responsible for developing an action plan for the years to come and for maintaining the society in a sound financial position.
- An extended board of directors, composed of the executive board, Presidents of the SIOP Continental Branches, and Chairs of the four

main SIOP Committees, that is, the Scientific, Advocacy, PODC, and Web site/Communication (see next) committees. A representative of the SIOP Nurse Group was also included. The main responsibilities of the extended board were to refine and undertake the decisions made by the executive board.

THE ESTABLISHMENT OF NEW SIOP ENTITIES

Global Advocacy Committee (originally Advocacy Task Force): SIOP should play a role in representing and speaking out for childhood cancer at the international level. As the premier childhood cancer organization in the world, who else would provide guidelines for how pediatric oncologists should be trained; how many are needed in various situations; what resources (e.g., nurses, equipment, supportive care) are needed to cure the children? Who else would be a strong voice to ensure that drugs are available at a reasonable price so that every child has a chance of cure? Hence in December 2008, the board/council decided to constitute SIOP's "Advocacy Voice," task force with a tenure of 3 years. The six continental presidents with a nurse representative were the members of this task force. They would play an important role in realizing the mission statements of SIOP:

- To ensure that each child and young adult with cancer has access to state-of-the-art treatment and care.
- To support those caring for children and young adults with cancer to provide the best curative and palliative therapies.

Dr. Scott Mcfarlane, Auckland, New Zealand, was elected as the first Chairman of the Task Force. It was made up by Janet Poole (South Africa), Purna Kurkure (Asia), Kathy Pritchard Jones (Europe), Marcelo Scopinaro (South America), Kate Mathay (North America), and Carola Freidank (Nurse representative). The group met twice a year to formulate a strategy on how SIOP could move this important agenda forward throughout the world. The assistance of the parents organization, ICCCPO, was crucial in the advocacy work due to their extensive past experience and wide network. Probably, the most salient undertaking of the modern period is indeed the advocacy work, which was pioneered by Scott McFarlane, then found in Gabriel Calaminus its real powerful leader.

SIOP educational and training task force (ETTF)–was set up in 2008 succeeding the SIOP Education Committee. Professional education is one of the key components of the SIOP mission. The design of the premeeting educational sessions that include workshops, state-of-the-art symposia, publication of the SIOP Education Book (2005–2010), and video recording of the key note lectures (with support from Cure4kids) were some of the activities of this education committee prior to 2008. The SIOP "education books" and the "keynote lectures" were also made available worldwide, to non-SIOP members via the SIOP web site, without any subscription fee. These educational initiatives popularized the activities of SIOP and encouraged a worldwide audience to join SIOP. The ETTF, consisting of 12 members from across the globe continued these efforts from 2008 onwards. The ETTF is constituted for facilitating professional development developing "Best Practice Guidelines," instituting fellowships and scholarships, setting accreditation criteria for PCUs promoting twinning programs, creating a platform for young people within SIOP.

In 2011, the ETTF instituted two "International Pediatric Oncology fellowships" funded by a SIOP grant of €4000 per fellow. There are two fellows per year: one drawn from the worldwide and the other restricted to PODC countries. Both physicians and nurses could apply. Saskia Mostert was the first SIOP fellow to win this fellowship award. Following a retreat in 2011, the ETTF also published two documents on "Training Requirements for Subspecialty Programmes in Pediatric Hematology and Oncology" and "Standards for training centers" (available on SIOP web site).

Scientific Program Advisory Committee (SPAC)—The main responsibility of the Scientific Committee (SC) of SIOP is the content of the annual meeting. In the past, the topics for keynote lectures, meet the expert sessions, and symposia mainly came from the members of the SC supported by the local organizing committee (LOC). However, to obtain many different and "fresh" suggestion for topics, the SC created SPAC that consists of persons who are experts in the different tumor types and topics. They are asked to submit topics that are "hot" in their field with suggestions for good speakers relevant thereto. Currently, there are about 30–40 members of SPAC from all over the world. The SPAC is also involved in the abstract review process.

SIOP PODC—This committee experienced exponential growth in activities during this period (see the report by Professor Hans Peter Wagner). This in turn led to a major overhaul in the organization and structure of this committee. In 2010, Boston, the revamped committee under the leadership of Dr. Scott Howard and Dr. Trijn Israels was instituted with 12 working groups (WGs). Each WG consisted of two co-chairpersons. In the last 6 years, this renovated structure has been effective; it has delivered a large number of new PODC programs and initiatives.

Web Site and Communications—The development of new communication technologies has forced changes in the traditional means of communicating SIOP information. The main charges to this committee are (i) to develop and refine the SIOP web page and (ii) to explore what new technologies may offer SIOP to facilitate global communication and dissemination of pediatric oncology news and information. This committee led by Paul Rogers has recently launched the new SIOP web site with modern features. Communication by social media channels such as Facebook, Twitter, Linkedin, and Forum discussions has also been started to make SIOP more visible and responsive.

The Young Investigator Initiative—Attracting young investigators to our society has become a top priority. Concrete measures to this end were taken under the leadership of François Doz. He should be acknowledged as the person who proposed and initiated pertinent ideas and strategies. First, a special yearly award was instituted to acknowledge the 14 best contributions presented at the Annual Congress by young investigators. Next, these awardees were formed into a SIOP Young Investigators Group. Under the

supervision of the SIOP Scientific Committee, this group was given the mandate of promoting pediatric oncology educational and scientific activities. Other young scientists willing to dedicate their professional careers to the field of pediatric oncology were targeted for this endeavor.

SIOP New Executive Office—One person, Rosalinde Kennis, was the SIOP Secretariat for 15 years before 2011. This efficient, hardworking young lady did it all—record keeping, communications, organizing annual meetings, etc. The society owes her a vast debt of gratitude for that work. SIOP soon became too large and too complex even for this talented individual. It was recognized that one of the most important activities at present is the organization of regional and global meetings. They provide a platform for education, research, and networking for physicians, researchers, nurses, psychosocial professionals, parents, and patients. The SIOP Board therefore decided to establish a Head Office with a professional executive team that will support its board of directors. A call for tender/invitation for proposal was sent out in April 2010. There was a brisk response, but the board focused on the "Kenes PCO" that offered to organize the SIOP Congress for 5 years from 2013 onwards. They guaranteed an annual surplus income of at least €100,000 for SIOP. The board found this offer most attractive and signed a contract in 2011 with Kenes, a world leader in these activities. It has since been the official SIOP Secretariat.

- *Publications of SIOP*—In 2003, SIOP renegotiated the journal publication contract with John Wiley & Sons. Dr. Robert Arceci was nominated as the Editor-in-Chief of the official journal of SIOP *Pediatric Blood and Cancer*. Wiley guaranteed SIOP U.S. $70,000/ royalties/income per year for the next 10 years. Within a short period of 3 years, the journal clocked an impact factor of more than 2: more than 2,500 pages of the publication and over 1,000 article submissions were carried out annually. The journal has never looked back from this impressive relaunch!
- Six editions of the *SIOP Education Book* were published from 2005 to 2011. The printed volumes were distributed to all participants of SIOP Congresses and the e-versions of the books have been published online on the SIOP web site. The online books and keynote lectures from SIOP Congress placed online in collaboration with Cure4kids have been accessed more than 100,000 times by the worldwide community!

SIOP regional meetings—Four of the six continents host their own regional meetings at regular intervals. These are popular among the local regions and help to promote the mission of SIOP. Since 2013, the Asian continent has started hosting their meetings annually: Yogyakarta (2013), Seoul (2014), Amman (2015), Moscow (2016), and Bangkok (2017).

SIOP Awards—Apart from the two international fellowships awarded every year, SIOP also periodically awards the Schweisguth Prize annually, Fasanelli Prize biennially, and annual Young Investigator Award.

DID YOU KNOW?

- *SIOP 2007*: The organizers held five "Hands-on-Precongress Workshops" to offer participants practical experience. The 2-day Pediatric Surgical Oncology workshop was a LIVE transmission of the surgery done by faculty actually operating on patients, while the delegates watched them via video in the seminar room.
- *Keynote lectures*: Video recordings of keynote lectures and state-of-the-art lectures delivered at SIOP Annual Congress were recorded and published on SIOP and Cure4kids web sites from 2004 to 2011. Lectures by world renowned speakers on more than 100 topics are still freely available. These have been accessed more than 100,000 times!!
- *Gala dinners*: The gala dinner during the SIOP Congress is a very popular event. It has been held in unusual locations throughout the world, for example, an aquarium in Vancouver (2005), on a moving ship on Lake Geneva (2006), a shipyard in New Zealand (2011), and a jockey club in São Paolo (2009)!

ANECTODES AND VIGNETTES

Jon Pritchard died of a brain tumor in 2007. He was a charismatic, brilliant physician/scientist who strongly advanced the development of pediatric oncology. He was influential through his writings and the coterie of young doctors from all over the world, who came under his tutelage at the Hospital for Sick Children in London, England. His major field of study concerned the histiocytoses. Dr. Pritchard founded the Nikolas Symposia, where inquisitive minds could meet in their quest for understanding of these enigmatic diseases.

The Kontoyannis family was a strong supporter of the Nikolas Symposia. They were named for Nikolas Kontoyannis, who had contracted life-threatening Langerhans cell histiocytosis, but had been treated successfully and managed thereafter by J. Pritchard for many years.

The Berlin SIOP XL meeting in 2008 was memorable because of the musical evening. The orchestra, made up of SIOP members, was conducted by Professor Henze, the host.

Rosalinde Kennis recalls: I have so many memories of the April "marathon meetings" before the Internet. For instance, I had to copy and sort over 700 abstracts and then fax them to all the SC members. It was quite a challenge at the time; I remember these "good old days" when Professor Tim Eden, his secretary Liz, and I underwent the stress (and many laughs too) when the fax machine did not work well.

The annual congresses were also very special, especially those outside Europe. There often was anxiety about the budget, the number of participants, and suitability of the venue. In the end, all was always fine and memorable in the loveliest sites.

Because of SIOP, I have been to so many exotic, faraway places outside Europe, for example, Yokohama, Brisbane, Vancouver, Mumbai, and Cairo. I saw the pyramids of Giza on horseback together with

Drs. Dan Green and Anjo Veerman, the Elephanta Caves and Gandhi's house when in Mumbai, met Japanese monks in a monastery near Yokohama, held a koala bear in my arms in a nature reserve near Brisbane, and so much more.

SIOP was my longest time employer so far and I am thankful to have been part of this large global family where I learned and experienced so much! I am now working at the Eindhoven University of Technology. Although I do not travel so much for work, I am still in an international environment that resembles SIOP. I work with people of many nationalities, and I love it!

PHOTOS AND LEGENDS

Giorgio Perilongo, Padova, Italy; SIOP President from 2014 to 2016. He has been a member of SIOP since 1985. He served the society in different capacities. He is a noted pediatric neurooncologist and one of the founding members of the SIOPEL program and SIOP Brain Tumor Subcommittee.

Gabriele Calaminus is a noted pediatric oncology clinician/investigator. Head of her unit in Bonn, Germany, she is a recent past president of SIOP and an active member of its board. There, she helped design and formulate SIOP policies and procedures. She has also been very active in promoting PODC-related programs and, presently, she is charing the SIOP advocacy committee.

François Doz, Institut Curie, Paris, was elected a member of the SIOP scientific committee in 2011 and became its Chair in 2014. Working with the committee members, his three main aims have been (i) the development of a Young Investigators' Group that became very active within SIOP and its meetings; (ii) the scientific quality of SIOP sessions, and the free, active discussion of presented work; and (iii) open international exchange of clinical and research information.

Akira Nakagawara, Kyushu University, is a pediatric surgeon. He has a worldwide reputation for his laboratory investigations of neuroblastoma. He has been the President of SIOP Asia, and hosted SIOP XXX in Yokohama in 1998. President Emeritus of the Chiba Cancer Center, he is currently the CEO of the Saga Medical Center Koseikan in Kyushu, Japan. This is a major cancer research institute that embraces a nearby carbon ion radiotherapy facility.

Bharat Agarwal has long been the Head of his Department at the B.J. Wadia Hospital for Children in Mumbai, India. He was the Secretary General of SIOP for many years and the Continental SIOP President as well. Very active in PODC-related activities in his country and abroad, he has made notable contributions to the development of simplified pediatric oncology protocols suitable for use in developing nations.

Christian Carrie, University of Lyon, is a pediatric radiation oncologist. A leading figure in his specialty, he founded the Pediatric Radiation Oncology Society (PROS) that is intimately involved with SIOP programs at all levels.

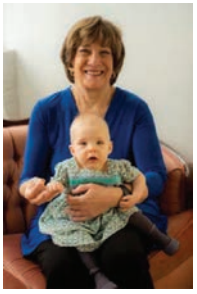
Jan Godzinski, Medical University of Wroclaw, Poland, is an active member of SIOP. A pediatric surgeon, he has been an integral member

of the SIOP committees conducting the Wilms tumor (WT) and malignant mesenchymal tumors clinical trials. Jan Godzinski is an educator at his university, nationally and internationally, where he is strongly involved with surgical study groups. In this way, he provides effective liaison with his SIOP and IPSO colleagues.

Marisa Fasanelli of Rome, Italy, is the matriarch of the family that endowed the Fasanelli Prize, and is an extremely active member of the parents' groups. She also single-handedly established the string of Peter Pan Houses in Rome. They are built on the Ronald Mc Donald House model.

Dutch-born **Max Coppes** is Professor and Chairman of Pediatrics at the University of Nevada School of Medicine in Reno, Nevada. He has been a major figure in the pediatric oncology circles of the United States and Canada and served for many years on SIOP's Scientific Committee. Dr. Coppes was SIOP's Treasurer between 2007 and 2013. His laboratory and clinical research experience and interests have been focused on *WT*.

Scott Macfarlane, University of Auckland, New Zealand, was the SIOP Oceania Continental President from 2008 to 2011 and hosted SIOP XLIII in 2011 in Auckland. He has been actively engaged in furthering the PODC programs in Oceania as well as providing pediatric oncology leadership in his own country. His life's work won him the honor of a life membership in the Child Cancer Foundation of New Zealand.



Sheila Weitzman, University of Toronto, Canada, was trained in South Africa. She is a long-term SIOP member and has participated actively in SIOP educational sessions and committee work.

A world authority in the study and treatment of the childhood leukemias/lymphomas and histiocytic disorders, she is currently retired. Sheila Weitzman is nonetheless extensively involved in programs to improve care for childhood cancer victims in China, Africa, and the Caribbean.

Marianne Naafs-Wilstra of the Netherlands was a pioneer in the development of parents' organizations on a global scale. Starting in her own country, she was instrumental in the development of parental groups around the world. She became the Chair of the Childhood Cancer International (CCI) organization that now embraces 181 parents' groups among 90 nations. She is a firm believer in the value of interdisciplinary and interagency cooperation to advance pediatric oncology, and has been active in SIOP and its PODC programs. Even more, she has sought with success to bring together caregivers, researchers, parents, survivors, and international agencies such as WHO as partners in this endeavor.

Eric Bouffet is Professor of Pediatrics at the University of Toronto. He is Head of the Neurooncology Section of the Division of Hematology/Oncology at The Hospital for Sick Children in Toronto, Canada. He is a Senior Associate Scientist in the Research Institute there. From 1998 to 2001, he was co-Chairman of the Brain Tumor Committee of SIOP, and he is the current SIOP President-Elect for 2015–2019.

Rosalinde Kennis was SIOP Secretary from September 1996 to January 2011 much of the time was prior to the advent of the Internet. SIOP business was conducted via faxes and face-to-face meetings in many venues.

Paul Rogers, Clinical Professor, Department of Pediatrics, Division of Hematology/Oncology, University of British Colombia and British Columbia Childrens Hospital, Vancouver, Canada, served as the SIOP Chair of the LOC for the SIOP Congress Vancouver 2005, SIOP Board Member 2004–2005, SIOP Scientific Committee member 2007–2013, and is presently the Secretary General to the board for the term 2013–2017. He is also an ardent advocate for the relevance of nutrition in Pediatric Oncology and has an active participant in SIOP nutritional workshops of the SIOP PODC Nutrition working group.

Gregory H. Reaman, MD, Associate Director of the Food and Drug Administration's Office of Hematology and Oncology Products, and a Children's National Medical Center Oncology faculty member, and previous Chairman of the Children's Oncology Group, has been SIOP members for many years. He is serving the society as a SIOP Treasure since 2013.

Rob Pieters is a leading pediatric oncologist from the Netherlands. He served the society as Chair of the Scientific Committee (2010/2013), being instrumental in restructuring the format of the Congress with respect to keynote lectures and symposiums as well as forming SPAC. Presently, he is the Chief Medical Officer of the Princes Máxima Center for Pediatric Oncology in Utrecht.

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The unique role of SIOP in the advances on soft-tissue sarcomas

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Soft-tissue sarcomas are rare tumors representing only 7% of neoplasm in children, but they are a heterogeneous group of neoplasm arising at any site and in any tissue in the body except bone. They include many histological subtypes: rhabdomyosarcomas and their subtypes alveolar and embryonal with their own variants and not less than 30 different subtypes of so-called "Non RMS soft tissue sarcomas."

Other factors have an impact on the natural history of the disease such as age at diagnosis, site and size of the tumor, extent of the disease, operability of the primary.

All of these features lead to a myriad of forms of the disease, rendering it difficult to classify patients into homogeneous groups and build protocols. No national study could have addressed randomized questions in subgroups of patients. The SIOP MMT (Malignant Mesenchymal Tumors) group was born in 1975, initially including French, Dutch, and Belgian oncologists, pathologists, surgeons, and radiation therapists.

The philosophy behind the SIOP studies has explored the use of more intensive primary chemotherapy (CT) in an attempt to reduce, where possible, the systematic use of definitive local therapy (surgery or radiotherapy). The objective has been to reduce the risk of important late functional or cosmetic sequelae, while maintaining satisfactory overall survival.

SIOP 75 was performed between 1975 and 1984 and compared treatment with a VAC-based regimen given after or before definitive local therapy. The assumption was that local therapy of the residual mass will be less intensive and harmful that the local therapy of the initial volume disease. Although there was no difference between the two arms (overall survival = 52%), the patients who received initial CT followed by local therapy achieved a similar survival with less aggressive local treatment and, predictably less important sequelae.[1]

SIOP MMT84 followed this using the strategy of intensified initial CT (IVA: Ifosfamide [IFO], Vincristine [VCR] and Actinomycin D [ACT-D]) to try and reduce or avoid local therapy for patients who achieved complete remission (CR) with CT with or without conservative surgery. Patients achieving CR with CT with/without surgery did not receive radiotherapy or further extensive surgery. Those remaining in partial remission required definitive local therapy. Only patients over the age of 5 with parameningeal tumors received systematic radiotherapy. United Kingdom joined the MMT84 study. The overall results of MMT84 demonstrated a high CR rate (91%) in patients with localized disease. Overall survival at 5 years was 68% with an event-free survival of 53%.[2] Only one-third of the patients received intensive local therapy: external beam radiotherapy or mutilating surgery (such as total cystectomy or prostatectomy, amputation).

Other countries joined the SIOP group for the following study MMT89 (Spain, Argentina, Switzerland) that kept the same philosophy of local treatment but explored the value of an increased dose intensity of IFO (9 g/m^2/course vs. 6 g/m^2/course in MMT84) for high-risk tumors without nodes (SIOP Stage I and II) and of an intensified multiagent CT (six drugs including anthracyclines) for tumors with nodal involvement (SIOP Stage III), and for young patients with parameningeal disease. Although the increased dose intensity of IFO has not improved outcome for Stage I and II tumors, there was an improvement in survival for patients with regional lymph node compared to those treated with IVA in MMT84 (5-year OS, 60% compared to 42%).[3]

Despite the absence of randomized questions in both MMT84 and MMT89, the accumulation of a large number of cases of relatively uncommon tumors has led to the acquisition of important new information about the evolution of the disease and its biology.

Transatlantic as well as European collaboration with non-SIOP groups began in the 80s and is still very animated, based on openness, sensitivity, and friendship, recognizing the challenge of language (interpretation of nuances, risk of misunderstanding). The quality of this relationship allowed the refinement of knowledge of these tumors leading to a common language and similar prognostic stratification structures.[4,5]

This photo taken in 1989 illustrates the long-lasting relationship between European and North American groups (Fig. 1).

FIGURE 1 Some of the major figures of the SIOP MMT trial: Modesto Carli (Padova), Chantal Rodary (Paris), Beverly Raney (Houston), Françoise Flamant (Paris), Frederick B. Ruymann (Columbus), and Sarah Donaldson (Stanford).

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SIOP nephroblastoma studies

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The International Society of Pediatric Oncology (SIOP) started the SIOP-1 nephroblastoma study in 1971. It was the first international randomized trial in Europe.

The photo shows the members of the SIOP-1 study committee (from left: Robert Flamant, Marie France Tournade, Jean Lemerle, Tom Voûte, Giulio J. D'Angio (as a guest), Berta Jereb). Both SIOP and National Wilms Tumor Study (NWTS), based in the United States, had similar goals, but tried to reach them in different ways.

In the United States, it was rather common that the child with a tumor was first treated by a surgeon. Perhaps because of this heritage, the NWTS since its beginning advocated primary surgery whenever possible. Post-op treatment was then adapted to the surgical findings and pathologic examination of the specimen(s).

BACKGROUND OF SIOP-1

Retrospective data on 362 nephroblastoma patients were obtained in 1969 from hospitals in Finland, Norway, Iceland, and Sweden. The statistical analyses of this Swedish study showed that the stage of the tumor was the single most important factor governing outcome. The cure rate was distinctly higher for those Stage III patients in whom surgery alone or surgery and subsequent radiation therapy (RT) had been supplemented by preoperative (pre-op) RT. Actinomycin D (AMD) improved the cure rate in patients treated with surgery and postoperative RT, but not when pre-op RT was also given. The investigation showed no further evidence of an AMD effect on the cure rate.

This retrospective Swedish study indicating an important impact of pre-op RT on survival influenced the SIOP Wilms tumor committee. They designed SIOP-1 as a test of pre-op RT versus primary surgery. Patients in both randomized arms also received AMD and vincristine (VCR). These drugs were added because the second NWTS showed that survival was significantly better when both drugs were given in comparison with either alone.

The results of the SIOP-1 study showed that the intraoperative rupture rate in the preoperatively irradiated patients was 4% and Stage I distribution in the sample was 31%. In the primarily operated group, these figures were 32% and 14%, respectively. It indicated that the pre-op RT reduced intraoperative tumor rupture. SIOP-2 (1974–1976) confirmed this finding also for so-called "small tumors." In this category, the intraoperative tumor rupture rate after pre-op RT was only 5% versus 20% among those having early surgery.

In order to avoid RT in children as much as possible, the next SIOP study—SIOP-5 (1977–1979)—compared pre-op RT with pre-op chemotherapy (CT) using both VCR and AMD for 4 weeks. Both methods were equal in impeding tumor rupture and "downstaging" the disease.

Subsequent SIOP nephroblastoma studies aimed to increase survival, diminish the proportion of patients who required RT, and decrease the RT doses employed in those requiring RT. Other objectives included the histologic classification of the renal tumors of childhood, more precise staging and risk factor criteria, and the reduction of doses of CT that included doxorubicin, added for children at high risk.

The SIOP Wilms studies continued to be successful working, by the way, in a continuous dialog with the equivalent study group of the Children's Oncology Group (previous NWTSG) for over 20 years. For detailed information, see the reviews by Dr. Jan Godzinski [1] and Dome, et al.[2]

The SIOP pre-op Wilms regimens have been widely adopted. They are particularly well suited to the management of children in developing countries. There, the average patient arrives at the hospital malnourished, infested with parasites, and with a huge tumor at an advanced stage. Prompt surgery is impossible in such patients. The SIOP trials have also served as models for the clinical research into the other malignant tumors of childhood.

Finally, it should be mentioned the fact that the SIOP Wilms Tumor Study has supported the development of international study protocols for Wilms tumor in resource-adapted settings as summarized by Israels, et al. [3]

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The International Childhood Liver Tumor Study Group (SIOPEL): Its SIOP roots

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The roots of the SIOPEL group are embedded in the history of SIOP; its very name demonstrates that strong link. In the late 1970s and 1980s, SIOP offered the European pediatric oncology community a framework on which to build international research efforts. It was on this framework that the first childhood solid tumor trials, notably the SIOP Wilms and SIOP medulloblastoma (MBL) studies were erected. Investigators interested in the rare liver tumors of childhood understood that the needed large numbers of patients could be gathered only through a similar mechanism.

Jack Plaschkes and Anton Vos, at the time pediatric surgeons in Berne and Amsterdam, respectively, and the charismatic Jon Pritchard, pediatric oncologist in London, initiated the effort. The first informal meeting was held on the Dead Sea during the annual meeting of SIOP in Jerusalem in 1987. A study group was soon formed made up of the pediatric oncologists Liz Shafford, Giorgio Perilongo, Penelope (Peppy) Brock, and Jacques Ninane, respectively, from London, Padua, and Brussels at that time. Also in the group were Claire Dicks-Miraux, pediatric radiologist from London; Jean Keeling, pediatric pathologist and Gordon MacKinley, pediatric surgeon, both from Edinburgh; and Julia Brown, biostatistician from Leeds. This study committee led the first trial, SIOPEL-1 between 1990 and 1994. Interestingly, the actual protocol was only 40-page long. The document included the data collection forms, even though in those days everything was done by exchanging paper and faxes. SIOPEL-1 was a single-arm prospective trial encompassing both hepatoblastoma and hepatocellular carcinoma. It was based on the philosophic approach of preoperative (pre-op) chemotherapy (CT) that had been adopted by the SIOP Wilms tumor (WT) study. A pilot trial along those lines was mounted in London and Brussels with promising results, and pre-op CT was then adopted by the SIOPEL investigators. In this way, childhood liver tumors, as with WT, broke away from the North American approach to hepatoblastoma that was based on primary surgery. It is interesting now to look back on these apparently competitive treatment strategies that in fact served to provide complementary information.

Meanwhile, it was on a napkin in a bar in Amsterdam that Jack Plaschkes and Anton Vos drafted the first concept of the pretreatment extension (PRETEXT) of disease found at diagnosis. The PRETEXT system was used in SIOPEL-1 for the first time and soon entered routine practice, having been found to be superior to the prevailing TNM method.

Over 40 countries participated in the very successful SIOPEL 1, when the first-survival curves of SIOPEL 1 were shown at the SIOP annual trial. There was palpable excitement in the audience when a clear plateau to the survival curve could be seen. The results were published in the *Journal of Clinical Oncology* in 2000.[1] It clearly demonstrated that CT combined with surgery improved the outcome of children with primary childhood liver cancer and most children with hepatoblastoma could be cured. It also demonstrated two important facts; first, it was possible to run clinical trials on rare pediatric tumors in Europe. Second, it established a model for building future research projects on uncommon childhood solid tumors.

There was one memorable SIOPEL meeting held in Padua at the time of the Venetian Carneval. All were wearing the funny traditional Carneval masks, and were led by Jon Pritchard in group singing. It became a tradition, the amusing—often iconoclastic—words provided by Jon would describe the features of the trial.

ACKNOWLEDGMENT

The authors acknowledge the enormous contributions the following three colleagues made to the success of the SIOPEL project: Drs. Jack Plaschkes, Jon Pritchard, and Anton Vos, then of Berne, Switzerland; London, England, and Amsterdam, the Netherlands, respectively.

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Notes on the development of PODC in SIOP†

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† The interested reader is directed to the SIOP web site where Dr. Wagner has provided a more detailed review of PODC activities over the years.

INTRODUCTION

PODC means pediatric oncology (PO) in developing countries (DCs) and these are defined each year by the World Bank and divided up in low-income, lower middle income, and upper middle income countries, according to their mean per capita income.

The true history of PODC will probably never be written. PODC is too complex and too many people were and are involved. Here, PODC in SIOP is described as seen by the former Chairman (1993–2010) of SIOP's PODC Committee.

The globalization of SIOP and start of PODC within SIOP—the embrace of PODC within SIOP—began shortly after the fall of the Wall in Berlin on November 9, 1989. The SIOP Board, under the leadership of T. Voûte, at SIOP 22 in Rome 1990, decided to transform the formerly predominantly European/North American society into a global association. At that time, SIOP had 335 members but only 10% were from DCs.

The consequences of this decision were manifold:

1) It became important to know who was working in the field and what the central problems of PODC were. A symposium on PODC organized by G. Prindull at the 15th International Cancer Congress in Hamburg 1990 provided an overview. Basic PODC issues and a directory of current stakeholders were discussed. After the symposium, representatives of various groups founded an International Working Group (IWG) for PODC. The following entities were represented: ESPHI (European Society for Pediatric Hematology and Immunology), ASH (American Society of Hematology), NCI/USA (National Cancer Institute of the United States), and SIOP. A major goal was to promote "twinning." By this is meant the development of mutual cooperating Pediatric Cancer Units (PCUs) in developed countries with their counterparts in DCs. This was to be achieved by listing those already in existence and by facilitating the establishment of new twinned units.

2) In 1991, "Requirements for the Training of a Pediatric Hematologist/Oncologist" and "Recommendations for the Organisation of a Pediatric Cancer Unit (PCU)" as proposed by SIOP's Committee on Standards of Care and Training in Pediatric Oncology were approved by the Board. At SIOP 26 in Paris 1994, a 1-day symposium was devoted to central problems of PCUs in DCs.

3) Efforts were made to bring POs in DCs to SIOP meetings. This started at SIOP 23, 1991, in Rhodes, and reached the first peak with 160 delegates invited and supported by H. Riehm to attend SIOP 24 in Hannover in 1992. In order to sustain these efforts, SIOP decided to establish a scholarship program for young doctors and nurses from DCs.

4) It was decided to set up a special PODC Program at each annual SIOP meeting and publish the abstracts in the newly established SIOP News (since February 1990). These later also appeared in the journal, *Medical and Pediatric Oncology* and its successor, *Pediatric Blood and Cancer*. The first PODC program was mounted at SIOP 25 in San Francisco (1993). There, it was also decided to establish a list of all persons active in PODC around the world together with their addresses and other contact information.

5) Biennial continental SIOP meetings were organized by SIOP's Continental Presidents. The first was in 1994 by P. Hesseling in Stellenbosch, South Africa; and at SIOP 35 in Cairo 2003, a new rotation for the meeting venues was introduced so as to have more SIOP meetings in DCs.

6) At SIOP 27 in Montevideo 1995, together with the IWG for PODC and ICCCPO (Confederation of Childhood Cancer Parent Organizations) the Board approved the "Montevideo Document on Pediatric Oncology in Low-income Countries" (SIOP NEWS 1997; 16:32) and later "The Ponte di Legno Mission Statement: The Right of Children with ALL to Full Access For Essential Treatment" (*Leukemia* 2004; 18:1043–1059).

SIOP develops PODC projects—Within 5 years after deciding to become a global organization, SIOP had evolved into a respected stakeholder in PODC. S. Lie, President of SIOP at the time, organized a strategic meeting in London in May 1996 to better define the role of SIOP in DCs. Invited to attend were POs from DCs and representatives of the World Health Organization (WHO), UICC (Union Internationale Contre le Cancer), NCI/USA, ESPHI, ASPHO (the American Society of Pediatric Hematology and Oncology). At this meeting, it was decided to invest SIOP's limited resources in three new projects: the Malawi Burkitt's lymphoma (BL) project, Indian National Education project, and "White Book."

1) *The BL project* was started in Malawi with the idea that if it functioned there, it could function anywhere in sub-Saharan countries.

The challenge was to develop a guideline for an affordable, short treatment with limited toxicity, yielding an overall survival rate of approximately 50%. It took almost 20 years to refine and test these recommendations, but the goal of curing about 50% of the children with BL in developing African countries was reached.

2) *The Indian National Training Program in Practical Pediatric Oncology* (INTPP-PPO) started with a trainer's workshop 1997 in Mumbai. This was mounted under the auspices of SIOP and Pediatric Hematology/Oncology Chapter of the Indian Academy of Pediatrics. A 2-day standard training module was adopted by 44 pediatric oncologists from all over India. During the following years, more than 30 workshops based on the initial, and later, on a modified module, were held throughout the country. Starting in 2009, half-day courses for up to 75 participants/courses were given in all parts of India. The constant emphasis was that childhood cancer was curable if diagnosed early and the child was transferred rapidly to a specialized center. The INTPP-PPO program brought together a large body of pediatric cancer specialists and facilitated the formation of the Indian National Pediatric Oncology Group (INPOG).
3) *The White Book project* involved many people. The idea was to collect treatment guidelines adapted to countries with limited resources. There being big variations in the local circumstances and influencing factors, many varied plans were formulated, and the first recommendations were not published until 2009 (see next).
4) At SIOP 28 in Vienna 1996, the board elected the first nine members of the PODC Core Committee. All SIOP members interested in PODC, were invited to become "PODC Consultants," if willing to participate actively. It was decided, furthermore, that the continental presidents should be members of the PODC Committee "ex officio," and the SIOP general assembly accepted a reduction of the membership fees for members from DCs at SIOP 29 in Istanbul 1997.

October 1997 saw a major advance. The National Meeting on Malignant Tumors in Children was held at the Capital University of Medical Sciences in Beijing practically simultaneously with The Chinese Pediatric Oncology Group session. Members of SIOP's PODC Committee acted as consultants for the latter that approved protocols for acute lymphoblastic leukemia (ALL) and BL.

A high percentage of deaths in DCs due to infection and a high rate of absconders were reported at SIOP 30 in Yokohama 1998. Education, drug supply, development of PCUs, and national PO networks were identified as central issues needing improvement.

PODC AT THE EVE OF THE MILLENNIUM—NEW CHALLENGES, NEW HOPES

Around 2000, SIOP's PODC activities had become important not only for the people working in PO in DCs, but also for SIOP itself. In the 70s and 80s, SIOP was focused on the development and conduct of clinical trials. By 2002, however, it became clear in Porto at SIOP 32 that for administrative and financial reasons, SIOP was not able to develop and conduct clinical trials according to the new guidelines for good clinical practice (GCP). These guidelines became laws by a new EU Directive on GCP on May 1, 2004. Clinical trials according to GCP were now the job of organizations such as COG (Children's Oncology Group in the United States) or national groups in Europe, represented in SIOPe, the European branch of SIOP.

By cooperating since 1990 with multiple groups, SIOP has been able, by developing special platforms and programs for PODC, to attract and support more and more PO specialists working or interested in PODC. The supporting groups include ESPHI, ASPHO, NCI/USA/INCTR (International Cancer Treatment and Research Organization), BFM (Berlin, Frankfurt, Münster group), the Monza Group, MISPHO (Monza's International School of Pediatric Hematology and Oncology), GFAOP (Groupe Franco-Africain d'Oncologie Pédiatrique), the St. Jude Cancer Research Hospital and many other institutions, such as WHO, UICC, IARC (International Agency for Research on Cancer) and IDA, the International Dispensary Association.

At the annual SIOP meetings, PODC Programs thus gathered more attention and were accorded more prominence. Newly formed PODC groups and new projects along with study results and follow-ups were presented. These include the following.

- At SIOP 31 in Montreal 1999 (a joint meeting with ASPHO): The Chinese Pediatric Oncology Group, Dutch-Indonesian ALL program, German twinning programs for ALL with Russia, and ALL plus lymphomas with the Ukraine, Swiss program for Minsk, Mascota Program between Monza and Managua; AHOPCA (Central American Association of Pediatric Hematology and Oncology), St. Jude International Outreach Programs, and those of the NCI/USA were represented.
- At SIOP 32 in Amsterdam 2000, the following were present: IDA, INCTR, GFAOP, CURE (an International Consortium for Cure of Childhood Cancer in China), MAHAK providing support to children with cancer in Teheran, and new twinning programs: Bolivia-Bergamo/Monza, Cuba-Padua, Paraguay-Modena, and Republica Dominicana-Bologna; the Saint Siluan Warning Signs for Cancer in Children. (*Pediatric Blood and Cancer* 2011; 56:314–316.)
- At SIOP 33 in Brisbane 2001 (1 month after the terrorist attack on the Twin Towers in New York City on September 11): the Koningin Wilhelmina Fonds decided to vote 1% of the annual expenditures to oncology in DCs.
- At SIOP 36 in Oslo 2004: Twinning recommendations were elaborated by SIOP and ICCCPO "Two Worlds-One Family."
- At SIOP 37 in Vancouver 2005: The Pediatric Oncology Study Group in Hong Kong, the Guangzhou Childhood Leukemia Study Group, was present along with the Guangdon Province Pediatric Oncology Society, and the Australian and New Zealand Children's Hematology

and Oncology Group (ANZCHOG) serving Papua New Guinea, Fiji, Tonga, and others.

- At SIOP 38 in Geneva 2006: The "My Child Matters (MCM) Campaign," a collaboration of Sanofi Aventis with UICC, ICCCPO, St. Jude Children's Research Hospital, INCTR, the NCI/USA, and IARC supporting 14 projects in 10 countries and 6 additional starting in 2007; SanoSphere visiting each country funded by MCM for analyzing population and country demographics, healthcare delivery and financial arrangements in order to promote sustained support; the World Childhood Cancer Foundation, later World Childhood Cancer (WCC), founded by ICCCPO. A consortium of UICC, SIOP and IPA (International Pediatric Association), pushed the essential drug formulary for children and young adults, and WHO revisited its essential cancer drug list.
- At SIOP 39 in Mumbai 2007: Childhood Cancer Registration was featured with a review of the actual status in India and recommendations from the St. Jude Cancer Research Hospital; febrile neutropenia and palliative care; COG's (Children's Oncology Group) outreach program; the European Cancer Organisation, ECCO (formerly FECS), GCP, and EMEA (European Medicines Agency); SIOP's BL project in Western Cameroon and Ghana; concepts of the Atomic Energy Commission IAEA regarding pediatric radiation oncology in PODC.
- At SIOP 40 in Berlin 2008: Progress of PO in Eastern countries was assessed—In Eastern Europe (8,000 new childhood cancers/year), the percentage of survivors increased since the end of the communist era to about the same level as in Western Europe, while in the five Central Asian countries Kazakhstan, Uzbekistan, Turkmenistan, Kyrgyzstan, and Tajikistan (together about 2,200 new children with cancer/year), the survival rates were much lower. Of 300 new cases in Tajikistan, approximately 60% had no access to care, but of those who did, the 5-year survival rate increased from 29% to 47%, in two decades.
- At SIOP 41 in São Paulo 2009: There had been new cooperation between lusophone African countries and Brazil; ALL treatment at the PCU of the Menia Oncology Center 300 km south of Cairo; Cancer Incidence Among Children and Adolescents in Brazil; "Practical Manual for the Management of Children With Cancer" for nurses, physicians, and visitors of the PO ward at the Queen Elisabeth Hospital in Blantyre, Malawi, with 13 pages on individual tumors and 13 pages of treatment flow sheets allowing an easy documentation of treatment: a precursor of the "White Book."
- At SIOP 42 in Boston 2010: Ten recommendations were advanced to improve Care for Children in sub-Saharan Africa; twinning National Cancer Institute of Colombia with the Dana Farber/Children's Hospital Boston; internal twinning Red Cross War Memorial Children's Hospital (RCCH) Cape Town—three smaller hospitals along the South African south coast; CURE: CD recording of medical terms in English with comparable Chinese characters; World Child Cancer: six projects since 2009 to support twinning projects over 5 years in Malawi, Colombia, the Philippines, Ghana, and Mozambique); My Child Matters: 20 ongoing projects in 16 countries.

The biennial Continental meetings brought together specialists from the same continent and made PODC issues more visible locally. Thus,

SIOP Africa: Stellenbosch (RSA) 1994, Cairo 1996, Rabat 1998, Sun City (RSA) 2000, Yamoussoukro (Ivory Coast) 2002, Blantyre (Malawi) 2004, Marrakesh (Morocco) 2006, Tunis 2008, and Accra (Ghana) 2010: all these meetings demonstrated the disparity between the central African countries with no or very modest PODC structures, and the more affluent countries in North and South Africa, where access to care was better but not optimal, particularly in rural areas. Based on an analysis of this situation and in view of the limited resources of SIOP, it was decided, at the strategic meeting in London in 1996, to invest in the BL project. This was decided in the hope of finally curing about half of the native children with BL, which in itself accounts for approximately 50% of all African children with cancer. In the second priority, treatment guidelines for nephroblastoma, lymphomas, ALL. and other tumors were developed, not only by SIOP, but also by the francophone African group, GFAOP (founded in 2000). Another stakeholder in PO in North Africa is PASPO, the Pan-Arabic Society of Pediatric Oncology (International Meetings in Annaba, Algeria, 2005, and in Constantine, Algeria 2010).

SIOP Latin America: Meeting in São Paulo 1992; Campo Grande Brasil 2005, together with SLAOP 20 (Sociedad Latinoamericana de Oncologia Pediàtrica); Pueblo City (Mexico) 2007, together with SLAOP 21; and Mexican Society of Pediatric Oncology 13. SLAOP has been active since 1979, AHOPCA since 1996 and GALOP (Groupo Latino-Americano di Oncologia Pediàtrica, formerly Latin-COG) since 2008. Many twinning programs have been set up, mainly with Italy, BFM, Spain, North America (St. Jude, Toronto, Boston, others). SIOP has contributed to the development of national or international protocols, and St. Jude through the web sites www.CURE4kids.org and www.POND4kids.org. While access to care and treatment is good in small countries such as Chile, Uruguay, Costa Rica, and Nicaragua, the access to care, particularly in rural areas of large countries such as Brazil, Argentina, Peru, or Mexico is suboptimal, and poor in Colombia, Bolivia, and Paraguay.

SIOP Asia: Singapore 2000, Delhi 2002, Dhaka 2004, Shanghai 2006, Muscat (Oman) 2008, Kish Island (Iran) 2010. By supporting the establishment of the INTPP-PPO program in India (with a small ramification to Pakistan), SIOP facilitated the foundation of INPOG, while the NCI/USA, INCTR, CURE, and SIOP, by providing know-how and educational programs for trial specialists, contributed to the development of the Chinese Pediatric Oncology Group. In Indonesia. PO was stimulated by the Dutch-Indonesian Wijaya Kusuma ALL 2000 program, in Dhaka by the institution of new twinning programs, in Afghanistan by establishing the Afghan Group for Pediatric Oncology (AGPO) in Kabul, in December 2006.

SIOP Oceania: At the Ayers Rock 1997, Coolum Queensland 2004, and Perth 2008 meetings of ANZCHOG, the development of coordinated childhood cancer services on the Cook Islands (and Tokelau and Niue), Vannatu, Samoa, and Tonga and the Fiji Islands was discussed and taken forward. Toward the end of the first decade of the 21st century a new reality arose, the fact that PODC was evolving into a potent stakeholder within global PO.

THE BEGINNING OF A NEW ERA: TWO WORLDS, ONE FAMILY

The bases for this development are the free access to pertinent data on the Internet, and the steadily improving access to PODC platforms, facilitating personal contacts and exchanges.

At SIOP 37 in Vancouver 2005, a collaboration between St. Jude's Cure4kids program and SIOP was established to provide downloads of keynote lectures, educational books, and other educational and professional information between SIOP meetings. Evidence was presented in which more children with cancer in countries with limited, even very limited resources, were cured than ever before. There, the first priority, however, was not the devising of optimum therapies, but the reduction of abandonment and death from toxicity.

In view of the rapid growth of PODC, a reorganization of the PODC Committee was proposed and accepted and subsequently was submitted to the board. The plan was to take forward important topics by forming working groups (WGs), and to have the chairpersons of these WGs form the core committee. Basically, all SIOP members could become PODC consultants, if they joined an existing WG, or set up a new one. The core committee's responsibilities were the election of a chairperson, the supervision of the WGs, and the periodic evaluation of the status of PO in different countries. These steps were needed in order to translate the results into strategies to improve PO in a given country. As shown by SanoSphere (see above), such translations were possible based on facts: the best possible estimates of the absolute number of children developing cancer each year, the best estimates of the fraction getting treatment, and the fraction of treated children surviving.

Below are shown estimates of survival, based on population or hospital-based observations for various countries:

- At the 20th anniversary of the La Mascota program in Managua, Nicaragua, 2006, it was noted that among 2 million Nicaraguan children <14, about 260 new childhood cancer cases/year were observed. Of these, approximately 70% reach the Hospital Infantil Manuel de Jesus Rivera, (La Mascota), and about 50–60% of them survive. The overall yield is about 40%; this is after 20 years of La Mascota.
- The following estimates were provided for Morocco at the seventh SIOP Africa Meeting in Marrakech 2006: of 10.5 million children, <15, approximately 1,350 new cancers were diagnosed per year. Of these, 60–65% reach one of the two PCUs of the country. About 70% of them get reasonable treatment, and 50–60% survive for an overall survival rate of about 25%.
- China reported at the fourth SIOP Asia Conference in April 2006 in Shanghai. At the Beijing Children's Hospital, the overall event-free survival for 428 patients with ALL seen between 1998 and 2003 (235 standard risk, 193 high risk) was 76%. The data for 224 children with ALL observed from 1998 to 2003 at Shanghai Children's Medical Center follow: 38 left without therapy and 28 absconded within fewer than 15 days. Of the remaining, 10 died due to complications, 8 did not attain CR, and 40 relapsed for an overall survival of 45%.
- At SIOP 42 in Boston 2010, it was stated that "access to patient-specific information is the foundation for improved care for individual patients." Two important tools for international collaboration and communication were presented. These were (i) www.Cure4Kids.org that hosts more than 1,600 online seminars available for download at no cost. About 50 online meetings per month are held to discuss patients, protocols and other issues. The technology is available for groups to hold their own meetings, and is designed for groups to function independently, even if they have no connection to St. Jude, the provider of the service. (ii) www.POND4kids.org, the Pediatric Oncology Network Database, which is available to facilitate data management programs and outcome evaluation. It is available to users at no cost.

THE RESTRUCTURING OF THE PODC COMMITTEE AT SIOP 42 IN BOSTON

A proposal for the reorganization of the PODC Committee was discussed at SIOP 37 in Vancouver 2005, accepted, submitted to the board, and published in the December 2005 issue of the SIOP NEWS (see above). By June 24, 2009, the president of SIOP informed the chairman of the committee that the Board and Council of SIOP had accepted the proposal. They requested the formulation of terms of reference, which were established immediately. The date and time of the PODC Committee restructuring was announced in the July/August 2010 issue of the SIOP NEWS, and in the program of SIOP 42. Calls for proposals for WGs, members of WGs, and chairpersons of WGs were sent out in December 2009, April 2010, and September 2010. Twenty-five different WGs were proposed by 97 SIOP members willing to work in a WG, and 14 of 97 were also willing to chair a WG.

At the Restructuring Meeting on October 20, 2010, the number of WGs was reduced to 12. For each WG, —one to four conveners were nominated. On October 21, 2010, the board and council approved the new structure. At the first meeting of the new PODC Core Committee on October 22, 2010, plans for the WGs were discussed. These discussions took into account the reduction of WGs from 25 to 12 thus requiring reattribution of WG members. The proposals were accepted after some discussion. Most of the newly elected WG conveners agreed to be candidates for the chair of the PODC Committee. In a secret vote, Scott Howard was elected chairman and he chose Trijn Israels as vice chair.

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aspho The American Society of Pediatric Hematology/Oncology

Appendix A: Aims of the society

1. To improve knowledge of cancer in children, its nature and its management.
2. To improve the welfare of children with cancer and their families.
3. To maintain the bonds of friendship between members and to foster such bonds with all people working in the field of pediatric oncology.
4. To further scientific exchange among them.
5. To promote and assist in joint projects, including cooperative clinical trials, whose purpose is to foster the principal aims of the society.
6. To foster collaboration between members and with other organizations with similar aims.
7. To assist in all endeavors relating to the field of pediatric oncology, including the exchange and diffusion of information and ideas relative to childhood malignant diseases, and the training of healthcare professionals in laboratory and clinical research with an emphasis on the total care of patients with cancer.

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Appendix B: Founding members elected (November 6, 1969, Madrid)

NOVEAUX MEMBRES ACTIF, ADMIS LORS DE L'ASSEMBLÉE GÉNÉRALE DU 6 NOVEMBRE 1969 (MADRID)

Rivarola	Buenos Aires
Gentil-Martins	Madrid
F. Soave	Genoa
G Paolucci	Bologna
F. Fossati-Belani	Milano
D. Pearson	Manchester
P. Morris Jones	Manchester
A. Jolleys	Manchester
S.J. Cohen	Manchester
K. Knapp	Madrid
J.G. Utrilla	Madrid
M. Hayatt	Paris
R. Flamant	Paris
L. Åhström	Stockholm
B. Jereb	Stockholm
J. Delemarre	Amsterdam
J. M. Burgues	Amsterdam
J.W. Van Putten	Amsterdam
J. Otten	Bruxelles

PREVIOUS OFFICERS OF THE BOARD, MEETINGS AND TOPICS

SIOP I—1969, Madrid, Spain

O. Schweisguth, President
J. Lemerle, Secretary
H.J. Pluss, Treasurer
J. Monereo, Host
"Neuroblastoma; Nephroblastoma; Lymphosarcomas; Immunology"

SIOP II—1970, Lyon, France

O. Schweisguth, President
J. Lemerle, Secretary
H.J. Pluss, Treasurer
M. Brunat, Host
" Medulloblastoma; Nephroblastoma"

SIOP III—1971, Mainz, Germany

O. Schweisguth, President
D. Pearson, President Elect
J. Lemerle, Secretary
H.J. Pluss,Treasurer
M.K. Neidhardt, Host
"Rhabdomyosarcoma With Special Reference to Soft Tissue Tumours"

SIOP IV—1972, MANCHESTER, UK

D. Pearson, President
O. Schweisguth, Past President
J. Lemerle, Secretary
H.J. Pluss, treasurer
P. Morris Jones, Host
" Lymphosarcomas"

SIOP V—1973, Amsterdam, The Netherlands

D. Pearson, President
C. Rayboud, President Elect
P.A. Voûte, Secretary
H.J. Pluss, Treasurer
W.J. Putten, Host
"Neuroblastomas"

SIOP VI—1974, Genova, Italy

C. Rayboud, President
D. Pearson, Past President
P.A. Voûte, Secretary
H.J. Pluss, Treasurer
L. Massimo, Host
"Wilm's Tumour; BMT"

SIOP VII—1975, Stockholm, Sweden

C. Rayboud, President
R.D.T. Jenkin, President Elect
P.A. Voûte, Secretary
M.K. Neidhart, Treasurer
J.A. de Vries, Host
"Osteogenic and Ewing's Sarcoma"

SIOP VIII—1976, Warsaw, Poland
R.D.T. Jenkin, President
C. Raybaud, Past President
P.A. Voûte, Secretary
M.K. Neidhart, Treasurer
J. Bozek, Host
"Ovarian and Testicular Teratomas"

SIOP IX—1977, Philadelphia, PA
R.D.T. Jenkin, President
B. Jereb, President Elect
P.A. Voûte, Secretary
M.K. Neidhart, Treasurer
A.E. Evans, G.J. D'Angio, Hosts
"Retinoblastoma and Brain Tumours"

SIOP X—1978, Brussels, Belgium
B. Jereb, President
R.D.T. Jenkin, Past President
P.A. Voûte, Secretary
M.K. Neidhart, Treasurer
R. Maurus, Host

SIOP XI—1979, Lisbon, Portugal
B. Jereb, President
P. Morris Jones, President elect
M.G. Mott, Secretary
J. Otten, Treasurer
A. Gentil-Martins, Host
"Advances in Diagnosis and Evaluation in Paediatric Oncology"

SIOP XII—1980, Budapest, Hungary
P. Morris Jones, President
B. Jereb, Past President
M.G. Mott, Secretary
J. Otten, Treasurer
D. Schuler, Host
" Lymphoma/Leukaemia"

SIOP XIII—1981, Marseille, France
P. Morris Jones, President
J. Lemerle, President Elect
M.G. Mott, Secretary
J. Otten, Treasurer
C. Raybaud, Host
"Tumours of the Neural Crest"

SIOP XIV—1982, Berne, Switzerland
J. Lemerle, President
P. Morris Jones, Past President
C.C. Bailey, Secretary
J. de Kraker, Treasurer
H.P. Wagner, Host
"New Methods of Management and Treatment"

SIOP XV—1983, York, UK
J. Lemerle, President
D. Schuler, President Elect
C.C. Bailey, Secretary/Host
J. de Kraker, Treasurer
"Psycho-social Aspects of Paediatric Oncology"

SIOP XVI—1984, Barcelona, Spain
D. Schuler, President
J. Lemerle, Past President
C.C. Bailey, Secretary
J. de Kraker, Treasurer
J. Martinez-Mora, Host
"Paediatric Oncology in the Developing World: Relapses and Metastases"

SIOP XVII—1985, Venice, Italy
D. Schuler, President
G.J. D'Angio, President Elect
C.C. Bailey, Secretary
J. de Kraker, Treasurer
J. Plaschkes, Scientific Committee
M. Card, Host
"Rhabdomyosarcoma and Soft Tissue Sarcomas"

SIOP XVIII—1986, Belgrade, Yugoslavia
G.J. D'Angio, President
D. Schuler, Past President
C.C. Bailey, Secretary
J. de Kraker, Treasurer
J. Plaschkes, Scientific Committee
M. Cvetkovic, Host
"Tumours of the Central Nervous System (Excluding Neuroblastomas)"

SIOP XIX—1987, Jerusalem, Israel
G.J. D'Angio, President
H.P. Wagner, President Elect
C.C. Bailey, Secretary
J. de Kraker, Treasurer
J. Plaschkes, Scientific Committee
R. Zaizov, Host
"Germ Cell Tumours"

SIOP XX—1988, Trondheim, Norway
H.P. Wagner, President
G.J. D'Angio, Past President
J. Ninane, Secretary
S.O. Lie, Treasurer
J. Plaschkes, Scientific Committee
P.J. Moe, Host
"Leukaemias/Lymphomas, Including Hodgkin's Disease"

SIOP XXI—1989, Prague, Czechoslovakia
H.P. Wagner, President
P.A. Voûte, President Elect
J. Ninane, Secretary
S.O. Lie, Treasurer
J.D. Borsi, Scientific Committee
J. Koutecky, Host

"Surgical Oncology in Paediatrics Including Bone Tumours"

SIOP XXII—1990, Rome, Italy
P.A. Voûte, President
H.P. Wagner, Past President
J. Ninane, Secretary
S.O. Lie, Treasurer
J.D. Borsi, Scientific Committee
M.A. Castello, Host
"Tumours of the Neural Crest (Excluding CNS)"

SIOP XXIII—1991, Rhodes, Greece
P.A. Voûte, President
H.P. Wagner, Past President
J. Ninane, Secretary
S.O. Lie, Treasurer
J.D. Borsi. Scientific Committee
F. Tzortzatou Stathopoulou, Host
"Aetiology and Pathogeneses of Childhood Tumours, Rare Tumours in Children & Tumours of the Endocrine System"

SIOP XXIV—1992, Hannover, Germany
P.A. Voûte, President
M.E. Nesbit Jr, President Elect
J. Ninane, Secretary
S.O. Lie, Treasurer
J.D. Borsi. Scientific Committee
H. Riehm, Host
"The Molecular Basis of Acute Leukaemia and Its Clinical Implication"

SIOP XXV—1993, San Francisco, USA
M.E. Nesbit Jr, President
P.A. Voûte, Past President
J. Ninane, Secretary
G. Henze, Treasurer
J. de Kraker, Scientific Committee
A.R. Ablin, Host
"Hodgkin's and Non-Hodgkin's Lymphoma: Biology, Epidemiology and Treatment"

SIOP XXVI—1994, Paris, France
M.E. Nesbit Jr, President
P.A. Voûte, Past President
A.W. Craft, Secretary
G. Henze, Treasurer
J. de Kraker, Scientific Committee
C. Kalifa, Program Committee
J. Lemerte, Host
"The Cure of Children With Cancer - Genetic Predisposition to Cancer"

SIOP XXVII—1995, Montevideo, Uruguay
M.E. Nesbit Jr, President
S.O. Lie, President Elect
A.W. Craft, Secretary
G. Henze, Treasurer
H. Jürgens, Scientific Committee
C. Kalifa, Program Committee
L. Castillo, Host
"Malignant Diseases of the Central Nervous System - Supportive Care in Paediatric Cancer"

SIOP XXVIII—1996, Vienna, Austria
S.O. Lie, President
M.E. Nesbit Jr, Past President
A.W. Craft, Secretary
G. Henze, Treasurer
H. Jürgens, Scientific Committee
C. Kalifa, Program Committee
H. Gadner, Host
"Bone Tumours"

SIOP XXIX—1997, Istanbul, Turkey
S.O. Lie, President
M.E. Nesbit Jr, Past President
A.W. Craft, Secretary -General
G. Henze, Treasurer
O.B. Eden, Scientific Committee
C. Kalifa, Program Committee
M. Büyükpamukcu, Host
"Lymphoma in Children"

SIOP XXX—1998, Yokohama, Japan
S.O. Lie, President
A.W. Craft, Secretary-General
G. Henze, Treasurer
O.B. Eden, Scientific Committee
Y. Tsuchida, Host
"Neuroblastoma" & "The Role of Surgery in Paediatric Oncology"

SIOP XXXI—1999, Montreal, Canada
Combined meeting of SIOP and ASPH/O
G. Henze, President
S.O. Lie Past President
A.W. Craft, Secretary-General
A.J.P. Veerman, Treasurer
D. Schmidt, Scientific Committee
C.R. Freeman, Host
"Paediatric Oncology and Hon the Eve of the Millennium"

SIOP XXXII—2000, Amsterdam, the Netherlands
G. Henze, President
A.W. Craft, President-Elect
D.M. Green, Secretary General
A.J.P. Veerman, Treasurer
D. Schmidt, Scientific Committee
P.A. Voûte, Host
"Embryonal Malignancies—Themes and Variations" & "Nutrition and the Child With Cancer"

SIOP XXXIII—2001, Brisbane, Australia
G. Henze, President
A.W. Craft, President-Elect

D.M. Green, Secretary General
A.J.P. Veerman, Treasurer
D. Schmidt, Scientific Committee
L. Lockwood, Host
"Bones & Soft Tissue Sarcomas," "Malignancy in the Adolescent" and "Immunomodulation and Cancer"

SIOP XXXIV—2002, Porto, Portugal
A.W. Craft, President
D.M. Green, Secretary General
G. Henze, Past President
A.J.P. Veerman, Treasurer
K. Pritchard-Jones, Scientific Committee
B.P. Sodre-Borges, Host
"Brain Tumours" and " New Therapies for All Forms of Cancer"

SIOP XXXV—2003, Cairo, Egypt
A.W. Craft, President
D.M. Green, Secretary General
T. Eden, President-Elect
A.J.P. Veerman, Treasurer
K. Pritchard –Jones, Scientific Committee
E.R. Abdel Khalek, Host
"Comprehensive Supportive Care of the Child With Cancer," "Cancer in the Immunocompromised Child," and "Renal Tumours in Childhood"

SIOP XXXVI—2004, Oslo, Norway
A. W. Craft, President
T. Eden, President Elect
D. M. Green, Secretary
A. J.P. Veerman, Treasurer
S.O. Lie, Host
"Leukaemia and Lymphoma: Recent Progress in Childhood Cancers"

SIOP XXXVII—2005, Vancouver, Canada
T. Eden, President
D. M. Green, Secretary
A. J.P. Veerman, Treasurer
P. C. J. Rogers, Host

SIOP XXXVIII—2006, Geneva, Switzerland
T. Eden, President
R. M. Egeler, President Elect
B. R. Agarwal, Secretary
A. J.P. Veerman, Treasurer
P. Wacker, Host

SIOP XXXVIX—2007, Mumbai, India
T. Eden, President
R. M. Egeler, President Elect
A. J.P. Veerman, Treasurer
B. R. Agarwal, Secretary & Host

SIOP XL—2008, Berlin, Germany
R. M. Egeler, President
B. R. Agarwal, Secretary
M. J. Coppes, Treasurer
G.H.R. Henze, Host
"Care and Cure – New Horizons"

SIOP XLI—2009, Sao Paulo, Brazil
R. M. Egeler, President
G. Calaminus, President Elect
B. R. Agarwal, Secretary
M. J. Coppes, Treasurer
B. de Camargo, Host

SIOP XLII—2010, Boston, MA
R. M. Egeler, President
G. Calaminus, President Elect
B. R. Agarwal, Secretary
M. J. Coppes, Treasurer
L. Diller, Host
»International Collaboration in Pediatric Oncology«

SIOP XLIII—2011, Auckland, New Zealand
G. Calaminus, President
B. R. Agarwal, Secretary
M. J. Coppes, Treasurer
S.D. Macfarlane, host

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