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Strengthening childhood cancer care networks: early diagnosis as a priority strategy

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Published by PAHO in 2025[1] in collaboration St. Jude Children's Research Hospital, *Early diagnosis of cancer in children and adolescents: Interactive quick reference guide* represents an essential global contribution to addressing cancer in children and adolescents. As part of the Global Initiative for Childhood Cancer, this 44-page, interactive technical guide brings together practical tools for early detection of warning signs, urgency classification and specification of referral flows[1].

The proposal combines clinical, operational and public health knowledge in accessible, action-oriented language. It forms part of the technical package of the Global Initiative for Childhood Cancer (GICC), led by the World Health Organization and operationalized by way of the *strategic CureAll structure*[2]. The model is designed to strengthen health systems across the health care continuum, to reduce inequalities and improve clinical outcomes[2].

Cure*All* rests on four fundamental pillars (*Centres of excellence and Care networks*, *Universal health coverage*, *Regimens optimized for delivery of quality diagnostic and treatment services, Evaluation and monitoring*), in addition to three essential enablers: *Advocacy*, *Leveraged financing and Linked governance*[2]. This framework steers sustainable, contextualized solutions to expediting early diagnosis, expanding treatment access and mitigating adverse effects, especially in resource-scarce settings[2,3].

In response to persistent inequalities in paediatric oncology, and in collaboration with St. Jude's and regional partners, the PAHO has prioritized action to improve child cancer outcomes in Latin America and the Caribbean[2-4]. Expedited implementation of the GICC has included the development of culturally-sensitive technical resources aligned with the CureAll model, including this interactive quick-reference guide[3,4].

On the assumption that early diagnosis is a necessary condition for increasing survival and reducing morbidity and, guide reasserts the WHO's global goal of achieving minimum 60% survival by 2030 in all countries, including the Americas[2,5]. To that end, it emphasizes continued professional development, standardization of screening protocols, early detection of warning signs and coordination with specialized services.

In most countries, child cancer represents from 1% to 4% of neoplasms and may account for 10% of the total cancer burden in contexts with proportionally larger paediatric populations, especially in low- and middle-income countries[6,7]. In high-income countries, up to 80% of cases can be cured, while in lower-income regions, children are at nearly four times higher risk of dying as a result of late diagnosis, access barriers and lack of proper supporting care[5,8].

In that scenario, the PAHO guide is particularly strategic in that it offers practical tools for recognizing suspected signs and symptoms, classifying by urgency and ensuring quick referral to specialized services. By capacitating multi-professional teams from primary to specialized care, it contributes to saving lives and reducing the physical, emotional and social harm resulting from late diagnosis[4,5,9].

The guide's introduction stresses early diagnosis as a cornerstone of paediatric cancer care policies. Acknowledging health systems' structural heterogeneity, it proposes a practical approach based on clinical signs and levels of probability. Symptoms are organized by three colours – red (immediate), yellow (priority) and green (scheduled) – to guide prompt action and reduce decision-making variability.

The content of the guide is organized into clear sections covering prevalent types of cancer, signs and symptoms, classification criteria, complementary diagnostic tests and support materials. Categorization of neurological, haematological and abdominal symptoms guides users from anamnesis and physical examination through to specialized referral. Signs such as progressive headache at night, palpable abdominal mass or unexplained, enlarged lymph nodes activate protocols with specified timeframes, preventing the critical delays that impair clinical outcomes.

In addition to its clinical applicability, the guide offers input to strengthen care networks and integrate different levels of complexity. By directing primary care flows to specialized paediatric cancer haematology services, it improves professional practices and reduces inequities in access to diagnosis. This approach is particularly strategic where the burden of disease is high and resources are limited, as in many Latin American and Caribbean countries.

From the Collective Health standpoint, the guide aligns with the principles of equity, comprehensiveness and effectiveness and is also a powerful tool for epidemiological surveillance and system performance evaluation. The indicators suggested make it possible to monitor time to diagnosis, treatment onset and appropriate referral rate. PAHO personnel and partners have played a prominent role in developing the material, contributing to its legitimation in member countries.

In short, this interactive PAHO guide constitutes a milestone for implementing the GICC in the Americas. By integrating evidence-based recommendations, practical clinical flows and capacity-building tools, it strengthens health systems' ability to achieve timely and equitable responses to child cancer. It was issued at a good time for Brazil, which relaunched the national *CureAll Brasil initiative in a partnership among the Ministry of Health,* PAHO/WHO and the Hospital de Amor during the Brazil against Youth Cancer seminar (*Brasil contra o Câncer Juvenil*) held in Brasília in June 2024[10]. The goal is to increase survival rates among children and adolescents with cancer, by strategies directed to expanding early diagnosis, guaranteeing access to quality treatment and implementing comprehensive palliative care[10], so as to reduce regional inequalities and strengthen paediatric cancer networks, thus signalling convergence between global agendas and Brazil's national priorities. In that context, the guide stands as an essential technical resource for managers, health personnel and policy makers, and will contribute to saving more lives and offering comprehensive, effective care centred on the specific needs of the paediatric population with cancer.

With clarity, technical rigour and practical applicability, the guide offers clinical guidelines and strategic vision for strengthening cancer care networks. Its adoption can contribute to overcoming inequalities and building health systems that are more responsive to the real needs of children and adolescents with cancer.

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