



Challenges and Support Strategies in Paediatric Radiotherapy

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Paediatric Radiotherapy: Key Challenges

Fertility preservation

- ❖ Even **low to moderate doses** can affect gonadal function
- ❖ **Field optimisation, shielding, and IMRT/VMAT** techniques help reduce exposure
- ❖ **Multidisciplinary planning** may include fertility preservation procedures

Smaller margins – higher precision

- ❖ Typical **PTV margins**: 3–5 mm, sometimes less
- ❖ Requires **high positional accuracy** and **daily verification (IGRT)**
- ❖ **Motion management** (e.g. 4D CT, respiratory gating) when needed

Anaesthesia and immobilisation

- ❖ **Anaesthesia often required** to ensure full immobilisation
- ❖ Especially for **children under 3** or those unable to cooperate
- ❖ Used for **immobility**, not pain

Rare cases – limited routine

- ❖ Paediatric tumours are **rare**, few cases per centre
- ❖ Harder to gain **routine clinical experience**
- ❖ Treatments handled by **specialised teams**
- ❖ Reliance on **guidelines and international collaboration**

Psychological Support

- ❖ Radiotherapy can be **intimidating** for children
- ❖ **Masks, noises, and immobilisation** often cause fear
- ❖ Requires **trust, time, and empathy**
- ❖ Support for **both children and parents**
- ❖ **Mission of Brave** program

Mission of Brave Program

- ❖ A unique initiative of the National Institute of Oncology, Budapest
 - ❖ Turns radiotherapy into a positive, empowering “mission”
 - ❖ Each child receives a **Mission Booklet** and a medal after completion
 - ❖ **LEGO linear accelerator** and **light painting** event at the end
 - ❖ **Mask painting** for head & neck cases – chosen by the child, painted by staff
- Entirely volunteer-driven, led by **Dr. Georgina Fröhlich**



LEGO Linac





Mike Wazowski



10.

Grincs



11.

Triceratops



8.

T-rex



9.

Stitch



6.

Némó



7.



Light painting



