Challenges and Support Strategies in Paediatric Radiotherapy

KÖNYVES KATA 2025

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

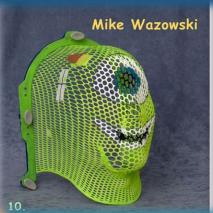




















Némó





Light painting

