Pediatric Cancer and Nutrition Workshop: Introductory Comments

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It was the aim of this workshop to relate recent advances in our understanding of nutrition to the problems encountered by a child who develops a malignant tumor. This synthesis is necessary because of the unique situation of such a child whose body must resist the deleterious effects of tumor, of therapy, of reduced immunity, and of complicating infections, all at a time when the demand for nutrients is at its highest due to the ordinary processes of growth and development. Because pediatric tumors are largely curable, normal growth is a pertinent concern and cannot be overlooked in efforts to eradicate the illness. In addition to the physiological differences presented by childhood, psychological aspects of nutrition demand consideration, ranging from the often marked food aversions found in children to the need of the parents, powerless before the dread disease, to nurture through the provision of food. Pediatric oncologists are therefore faced with situations as varied as nutritional intervention in the desperately ill child and the request for vitamin supplementation to the seemingly healthy child in remission. We are living in an era when the topic of food as medicine is of widespread public interest. It is instructive to recall, however, that back in 1948 it was nutritional intervention in a childhood cancer that led to the first demonstration of the efficacy of chemotherapy. Farber, treating acute lymphocytic leukemia as a deficiency disease, thought that he observed acceleration of the process following administration of folate acid. Subsequent use of the folate antagonist aminopterin produced striking remissions in about 50% of his patients. With that history behind us, it is not unreasonable to believe that the study of nutrition in childhood cancer will continue to yield valuable dividends. It is hoped that this publication will summarize the current level of knowledge and will stimulate future research.
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