Briefing (Series 2.2b)
Pediatric Renal Cancer/ WCF
Plain Speaking Guide for Caregivers

Wilms Cancer Foundation
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Wilms Cancer Foundation

Defeating Childhood **Kidney** Cancer

1) Wilms Tumor (Nephroblastoma)

What is Wilms tumor:

Wilms tumor (Nephrom]blastoma) is a kidney cancer affecting young children, mostly under 5yrs; It is the 4th most common childhood cancer overall and the most common childhood kidney cancer.

Why early diagnosis matters:

Many children feel completely well at first, so knowing the early signs and acting quickly is important; The good news: If Wilms tumor is found early, treatment is very effective, & most children live full, healthy lives with survival at over 90%.

Most important warning sign:

A firm, painless lump or swelling in the belly is the most common frist indication.

Other signs to watch for:

Blood inthe urine; High blood pressure, headaches, or fatigue; Belly pain, fever, or tiredness.

What to do if you notice a sign:

Seek medical attention immediately; Ask for urgent imaging (ultrasound); Do not wait to see if it improves;

How Wilms tumor is diagnosed:

Ultrasound of the abdomen; CT or MRI scan to define the tumor; Chest imaging to check the lungs; Referral to a pediatric cancer team.

Important safety point:

Doctors usually do not biopsy Wilms tumors at diagnosis because biopsy can increase risk.

Long-term outlook:

Most children become long-term survivors;

Relapse:

Risk is highest in the first 2–3 years; After 5 years, relapse risk is very low;

Follow-up care focus:

kidney health, growth, wellness.

2) Screening

Children Who Need Extra Screening:

Some children have a higher risk of Wilms tumor and need regular checkups even if they feel fine. These include children with:

- Beckwith–Wiedemann syndrome;
- WAGR syndrome;
- Denys–Drash syndrome Hemihyperplasia; known WT1 gene changes;
- Strong family history of Wilms tumor.

Screening often finds tumors early and smaller, which means easier treatment.

Recommended Screening:

- Kidney ultrasound every 3 months;
- From infancy until age 7–8.

3) What to ask (your doctor)

Advocate for your Child:

- What stage is the tumor;
- What's the proposed treatment plan/ why;
- Will my child need chemo or radiation;
- Will treatment affect kidney function;
- What side effects should we watch for;
- How often will follow-up visits/ scans happen;
- What signs of relapse should we watch for;

Key Takeaways for Caregivers:

- Trust your instincts;
- If there is a painless belly lump don't wait;
- Early action leads to the best solutions.
- Early diagnosis reduces treatment intensity.

4) Diagnosis (Step by Step)

Step 1 - Medical Exam:

Doctor feels the abdomen Gentle exam only (no repeated pressing)

Step 2 - Ultrasound (First Test):

Safe, painless, no radiation; Confirms whether the lump is coming from the kidney; Checks both kidneys.

Step 3 - CT or MRI Scan:

Shows tumor size and spread; Helps doctors plan treatment; MRI may be used to reduce radiation exposure.

Step 4 - Chest Imaging:

Chest CT or X-ray; Lungs are the most common place Wilms tumor can spread.

Step 5 - Blood and Urine Tests:

Check kidney function; Look for anemia or blood in urine; Establish a safe treatment baseline.

The Wilms Cancer Foundation (WCF), is a charitable organization, that supports and represents the needs of children, families and healthcare organizations affected by pediatric renal (kidney) cancer. This WCF guide is for educational purposes only. It is based on international pediatric oncology standards in Canada, the United States and Europe.

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