

It was during her paediatric department rotation at Sefako Makgatho University (then Medunsa) in 2003 that South Africa's first black female paediatric oncologist, Vhutshilo Netshituni, fell in love with children.

Being admired for having broken through a historical barrier is far less important for Vhutshilo than doing what she loves. "I had no clue. I only found out about the barrier-breaking when I was waiting for my final exam results in 2016. For me it's not about being the first, but about doing what I love. At least two black female paediatricians (co-incidentally also from Limpopo), have qualified as oncologists since then, as have a handful of black men," she says keen to move on to what she's passionate about.

As Head of clinical unit of Paediatric Oncology at Pietersburg Tertiary Hospital in Limpopo, she's facilitating the training of selected nurses in the region. This helps colleagues deal more effectively with patients who come from low-income areas. Poverty, superstition and lack of education are tragic barriers to early diagnosis and appropriate care of children with cancer. She will work with Childhood Cancer Association of South Africa, (CHOC), to implement a three-year, customised awareness, education and training programme. CHOC will conduct intensive training of 10 carefully-selected professional nurses who will in turn train others to detect early warning signs of cancer, creating a healing ripple effect across the province's referring facilities.

Tragically low cure rate

According to CHOC, the childhood cancer cure rate in South Africa is about 50%, compared with up to 80% in developed countries. Here a holistic approach ensures children are diagnosed early, can access paediatric oncologist care, and are supported throughout the lengthy treatment phase of up to three years.

By way of contrast, Vhutshilo tells of a young child recently referred to her unit with Stage 2 cancer. She received two cycles of chemotherapy before simply defaulting on treatment. She returned much later with what proved to be fatal Stage 4 cancer.

"So often it's a lack of understanding and cultural beliefs that get in the way. In most African countries, there's very little research or data collection, mainly because we have other health priorities. Internationally, they're experimenting with medicines and doing stem cell transplants. Yes, we're going somewhere, but we're just not there yet," she adds.

Boosting
Limpopo's child
cancer survival rate

DR VHUTSHILO NETSHITUNI

Rural Institutional Award

University of Limpopo

To support the development and implementation of a customised awareness, education and training programme about childhood cancer, in consultation with CHOC SA, at five regional hospitals and their 30 referral district hospitals in the province.

Probing hidden symptoms is vital

Besides late referrals, another barrier to treatment is that cancer in children often presents with non-specific symptoms, which can, for example, be easily misdiagnosed as TB.

Vhutshilo says the CHOC training will teach nurse trainers to heighten their index of suspicion. "A child might present with night sweats, coughing and fever. It could be TB and you could start treatment – but if it doesn't get better, it's something else. If a child is bleeding, it has to be a haematological problem, so a simple full blood count can give you many answers. The problem is most healthcare workers don't look for cancer," she says.

It's not just Limpopo that suffers. Across the country, about half of the estimated 70 to 80 cancer-afflicted children in a child population of a million, do not survive due to late diagnosis. According to CHOC, some 1 000 children are being diagnosed with cancer annually when, based on international data, some 2 500 should be diagnosed.

Vhutshilo says CHOC is a vital partner in the Limpopo project. "When I started here in 2017, I had several meetings with them because they were involved in data capturing. I wanted to see how we could help with awareness and perhaps train more of our people. Once these 10 professional nurses complete the CHOC course, they'll go on to train district nurses and doctors together and empower them. After infiltrating each district, the trainers must then identify more nurses to help carry the torch," she says.

Moving into communities

The next phase of the project will be raising awareness through community and faith-based organisations, the media, and local structures and groups. In the third year, improvements in the early diagnosis and referral of children will be monitored against the number of children being referred and the stage of cancer.

The daughter of a lifetime domestic worker and widow, Vhutshilo grew up in Tshilapfene village outside Thoyoyandou in Limpopo. A chance visit to the Medunsa campus when her family dropped off her cousin studying dental therapy, started her interest in medicine. She says, "It was so exciting. I was 14 and it was a holiday trip and the medical campus was fascinating."

A hiker during her registrarship at Tygerberg Hospital, she now runs 10km three times a week and enters 21km races whenever she can.

Late referrals is a major issue

"The main issue is the late referrals and for our newly aware staff to teach the community not to sit with a sick child at home before going to a hospital. We want to increase awareness that there is cancer in children – too many are dying in district and regional hospitals due to healthcare staff not recognising the symptoms. By the time they get to our unit we often just diagnose, start one or two treatments and they die."

I'd make sure the child healthcare in government is the same as in the private sector, and I'd include South Africa in all the international research being done.

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