

## Who was Max Wilms? And Why Was a Cancer Named After Him?



Max Wilms  
(1867 ~ 1918)

Initially, German surgeon Max Wilms, born in Hünshoven, Germany, studied law as did his father and his oldest brother. After only one semester, however, he decided to switch to medicine. This fateful choice led him to discoveries to which he dedicated the rest of his years.

At the start of his medical career, Wilms examined children's kidney tumors, added seven cases to a thorough review of the literature, and produced what was the definitive work on the subject in 1899. Throughout his life he studied ulcers, burns, tuberculosis, and the uses of radiation, and co-edited a book on surgery. He may be best remembered for his thorough work with childhood cancer.

Max Wilms would probably be surprised to learn that his name is now linked with this childhood disease. But Dr. Wilms would be even more surprised—and delighted, no doubt—to learn how many children can now be cured of Wilms tumor.

In light of recent events it is important to note that Dr. Wilms died saving the life of an enemy prisoner of war. In May 1918, during World War I, Wilms died of diphtheria. He was infected by one of his patients, a French officer, on whom he had operated. This utterly dedicated physician never lived to know that his last patient would fully recover. ❖

**Hobbie (Continued)** available, the family can follow the steps in the pamphlet to collect all the information from the patient's chart that will assist in determining risk factors and necessary follow-up care. They may not be able to calculate cumulative doses of medication, but they may be able to say, "My child received 15 doses of Adriamycin," or "My child received radiation to her head or chest." This information, in combination with the book, will help in developing a plan of care. ❖

## Study of the Late Effects of Treatment for Wilms Tumor

By Giulio D'Angio, MD

All treatments, even taking aspirin, can lead to complications. It was learned early in the 1900's that radiation therapy given to developing tissues can cause disturbances in normal growth. It also was found that adding radiation therapy to children after surgery for Wilms tumor appeared to increase their chances for survival. One way of avoiding treatment effects is not to treat at all, of course. This is not an option when radiation therapy is known to be beneficial. The same holds for chemotherapy.

The NWTS has therefore focused on defining low and high risk groups of patients according to how advanced the disease is at the time of diagnosis, and what the tumor cells look like under the microscope. By doing this, it has been possible to use the least amount of treatment for patients at low risk, reserving the more aggressive treatments such as radiation therapy and certain toxic drugs only for those children in whom relapse and death are real threats.

The successive clinical trials run by the NWTS have been successful in these endeavors with extremely gratifying results. However, "success" when treating children with cancer requires a very demanding definition. Not only a cure, but also normal subsequent development through the adolescent years, and—eventually—a productive adulthood.

The NWTS has therefore included the monitoring of treatment-related complications from its inception in 1969. It was the first childhood cancer study group to do so. As a result, we know that treating patients in the low risk category with only

two drugs is not associated with late complications, especially now that the length of treatment has been reduced from 1-1/4 years to only three months. Radiation therapy and a drug that can cause heart problems in long-term survivors are used only in patients who clearly need these forms of therapy.

The NWTS can take great pride in the fact that from the beginning, a firm eye was kept on the adage "Cure is not enough". ❖



### FACTS ABOUT WILMS TUMOR

- About 500 children and teens develop Wilms tumor in the U.S. each year.
- The highest incidence is in the first four years of life.
- In 7% of children with Wilms tumor, both kidneys are involved at diagnosis.
- In only 1% of the children who have a kidney removed due to Wilms tumor, does the cancer re-appear later in the other kidney.
- Possible causable factors in the environment of parents or their child that might lead to Wilms tumor have not been determined.
- There is a family history of the disease in only 1% of cases.

To view this entire interview, visit the website at [www.patientcenters.com](http://www.patientcenters.com) or for book information, call (800) 998-9938.

Please see insert  
for a helpful questionnaire  
regarding your treatment.