



Oncologie, pathologie et génétique oculaire

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To who it may concern

Retinoblastoma is the most common malignant ocular tumor in childhood, originating from the developing retina. This form of cancer affects mostly young children under 4 years of age, but can occasionally also be diagnosed in older children, teenagers and even adults.

Left untreated, the disease, which can affect one or both eyes, will not only rapidly lead to blindness, but also to metastases and death. On the contrary, if taken care of in time and properly managed, patients with retinoblastoma have a very good chance not only to be cured but also to avoid enucleation (eye removal) and maintain a useful vision at least in one eye.

Retinoblastoma management is complex and requires the expertise of an ocular oncology specialist and a multidisciplinary team involving pediatric oncologists, pediatric anesthesiologists, radiophysicians, neuroradiologists, neurointerventional radiologists, ocular pathologists, as well as dedicated nurses. Once the diagnosis of retinoblastoma is made, a long journey starts for the child and the whole family in the fight against the cancer. Indeed, at the beginning, the children are seen under general anaesthesia on a monthly basis (sometimes more frequently) for a minimum of 1-2 years in order to get the necessary treatments as well as to allow the detection of new or recurrent tumors. After 2 years of remission, the interval between examinations can usually be progressively extended. Long term follows-up is however necessary to diagnose late relapses and/or treatment-related complications which can also jeopardize vision or eye salvage.

Since 2011, the Lausanne Retinoblastoma Clinics at Jules-Gonin Eye Hospital and the Centre Hospitalier Universitaire Vaudois have been accredited as the only HMS (Highly Specialized Medicine) center in Switzerland to provide treatment for this debilitating and potentially fatal disease. In addition of treating all the Swiss cases, Lausanne sees around 50 new cases per year coming from all over the world (half of them from European countries and the other half from further afield). Those cases are either referred by colleagues to benefit of treatment modalities which are not available in their countries or are seen for a second or third opinion after parent's refusal of advised enucleation when all available treatments have failed in the country of origin.

Russian patients who are currently followed in Switzerland are between 6 months and 13 years old. As they first came to Lausanne, many of them had advanced disease in their only remaining eye which was resistant to heavy previously given treatments but could be controlled with new techniques of targeted chemotherapy developed in Lausanne (namely intravitreal and intracameral chemotherapy). Others experienced sight-threatening complications, which could be successfully controlled to maintain useful vision in most cases.

As the COVID-19 crisis started to be a major concern in Europe, the parents of our youngest Russian patient were so stressed not to be able to travel for the further appointments that they preferred to stay in Switzerland before the borders were closed. Actually, the suppression of flights for an undetermined period is a source of great anxiety for the families and concern for us, as it compromises the therapeutic management of these children, for whom a follow-up delay of few weeks can seriously jeopardize not only the vision prognosis but also threaten their life.