The UICC task team on essential medicines hereby calls for a reconsideration of the drugs listed in the current 2013 World Health Organization Model List of Essential Medicines for Children (WHO EMLc).

In 2007 when the first WHO EMLc was published, the list of cancer medicines was modeled directly on those that had been included for adults. In 2011 an application was submitted to divide the EMLc by cancer type instead by individual drug. The three diseases included were: Acute Lymphoblastic Leukemia (ALL), Wilms Tumor, and Burkitt Lymphoma. Please see the public document entitled, “18th Expert Committee on the Selection and Use of Essential Medicines” which can be downloaded from the WHO website. In this document, the reviewers petitioned for several items that were not incorporated. Thus, in this 2014 Review, we call on the Secretariat to reconsider two specific items:

1. In 2011, reviewers called for the standard regimen for Wilms tumor to be adopted. This regimen included the following essential drugs: dactinomycin, doxorubicin, and vincristine, as well as several others. When the subsequent edition of the EMLc was published in 2011, the medicines listed under Wilms tumor were listed as dactinomycin, daunorubicin, and vincristine (see image below). Daunorubicin is not therapeutic in Wilms tumor patients, and is not part of treatment protocols. In 2013 this was not corrected, and daunorubicin has remained in the list. Doxorubicin is listed in the EMLc for both ALL and Burkitt Lymphoma; it would not be a new addition. We recommend this be a change to the original 2011 recommendation, with the replacement of daunorubicin by doxorubicin.

2. In 2011, reviewers also called for etoposide to be included in the regimens for ALL and Burkitt Lymphoma. Given that the clinical context of treatment remains the same since the 2011 recommendation, current reviewers recommend that this part of the application be reconsidered as well. It should be noted that etoposide is included already in the WHO EML for Adults, and is approved for use in children.

3. In 2014, reviewers recognized that the protocols proposed for Diffuse Large B Cell Lymphoma, Gastro-Intestinal Stromal Tumor, Hodgkin Lymphoma, and Malignant Germ Cell Tumors in adults were similar to those used in children. Differences do exist between the protocols for Acute Myeloid Leukemia (including Acute Promyelocytic Leukemia) and Kaposi’s Sarcoma proposed for adults and those used in children. These differences will receive attention and detailed proposals at a later date.

In summary, we recommend that doxorubicin be substituted for daunorubicin in the Wilms tumor regimen, and that etoposide be added to the ALL and Burkitt Lymphoma regimens.