This piece is part of a new series featuring summaries from the **OncoDaily Medical Journal**, highlighting concise, practice-focused insights across cancer research and care.

Title: Survival Outcomes of Wilms' Tumor in Pediatric Patients Treated at KFMC: A Retrospective Study of 15 years from 2007–2022
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Full article

In a 15-year, single-centre cohort from King Fahad Medical City (KFMC), 94 children with Wilms' tumour (median age 62.5 months; 61% female) were treated using protocol-based multimodality care aligned with COG/SIOP principles. Presentation skewed advanced: **46.8%** had pulmonary metastases and **56%** were stage III–IV. Delayed nephrectomy after neoadjuvant chemotherapy was common (**79.8%**). Histology showed **6.4%** anaplasia and **29.7%** blastemal predominance. Radiotherapy was used in **54.3%** (flank 29.1%, whole abdomen 17.9%, lung 26.6%).

Outcomes were excellent despite high-risk features: **95.7%** were alive at last follow-up and **88.3%** were relapse-free; mean OS and RFS were **169.4** and **145.4** months, respectively. These results are comparable to benchmark survival in high-income settings, underscoring the value of **strict protocol adherence**, timely surgery, and risk-adapted RT/chemotherapy, even when disease presents late.

The study supports wider adoption of standardised, protocol-driven pathways and highlights priorities to sustain gains: earlier diagnosis, systematic incorporation of **molecular risk markers** (e.g., LOH 1p/16q, 1q gain), and structured survivorship monitoring for renal and treatment-related late effects.