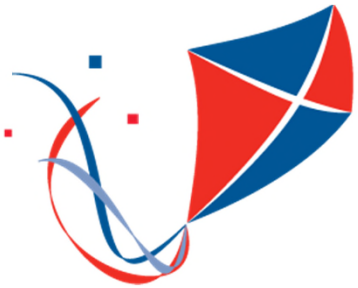


RANDALL CHILDREN'S HOSPITAL

LEGACY EMANUEL

Children with Cancer in the School Environment

Sarah Porter, LCSW
Pediatric Oncology Social Worker

Who I am and why I am giving this talk:

Social worker assigned to the children's cancer program.
Responsible for being the clinic liaison with schools.

Objective:

Identify current trends in treatment of childhood cancer and how treatment may impact a child's schooling

Different Diagnoses, Different treatment

- The details and components of a treatment plan vary drastically for different diagnoses
- The intensity/requirements of the treatment plan will determine when children/teens will return to school
- Some will still be receiving chemo when they return to school, some won't return until fully done
- Almost all children will require a home tutor for some part of treatment
- Length of time for tutoring/accommodations will depend on diagnosis and treatment plan
- Needs at school re-entry will also be related to diagnosis, treatment plan and side effects of treatment plan

Why are children/teens missing school

- Inpatient time in the hospital
- Frequent outpatient visits
- Neutropenia (considered by us to be an Absolute Neutrophil Count (ANC) of 500 or less).
  - During Neutropenia at high risk for life threatening bacteria infections
  - A fever in a neutropenic child requires hospital admission
- Side effects of chemotherapy itself
  - Nausea/vomiting
  - Fatigue
  - Other medical complications
- Parental protective behaviors/sick role

Children with leukemia and some lymphomas

- About 1/3 of children diagnosed with cancer will have leukemia
- Two major types of leukemia in children
  - Acute Lymphoblastic Leukemia (ALL) / Acute Lymphoblastic Lymphoma
    - Majority of treatment is outpatient
    - Treatment is generally long: 2 ½ years for girls, 3 ½ years for boys
    - First 9 months of treatment are most intense, will need tutoring
    - Often out of school for the first 9 months, returning during “maintenance” phase of treatment
    - Once return to school will often still be receiving oral chemotherapy at home on a daily basis
    - Still at risk for side effects of treatment
  - Acute Myeloid Leukemia (AML)
    - Nearly entire treatment plan is inpatient
    - Treated fast and intense: treatment lasts about 6 months
    - Won’t return to school until completely done with treatment
    - Will need tutoring but can be hard to schedule, based on hospital time and side effects

Solid tumors

- Includes diagnoses such as: Sarcomas, lymphomas, solid organ tumors (kidney/liver tumors), neuroblastoma
- Treatment plans can vary significantly, however basic trends are:
  - > Inpatient chemotherapy
  - > Longer periods of neutropenia between rounds of chemo
  - > Treatment plans last 6 months to 1 year
  - > May require tumor removal surgery and/or radiation
  - > Rarely attend school during treatment
  - > Can have more issues with side effects, especially nausea/fatigue
  - > Will need tutoring, can be hard due to inpatient time

Brain tumors

- Mostly treated like other solid tumors
  - Inpatient chemotherapy
  - Lots of side effects: nausea, vomiting, lethargy
  - Many require radiation (often administered 5 days a week for 6 weeks)
  - Most require surgery to remove what is possible to remove
  - Most won't return to school until treatment is complete and will require tutoring
- Unique to brain tumors
  - Side effects of damage to the brain
  - Physical issues related to surgery damage (may require wheelchairs or have significant ambulation issues)
  - Significant late effects of treatment
    - Physical
    - Cognitive
    - Learning issues

Children/teens returning to school

- Can be difficult for children/teens to effectively re-integrate to school
- Can have challenges relating to their peer groups
- Will often look/be physically different
  - Hair loss, slow re-growth
  - Issues with neuropathy impacting how they walk
  - Decreased stamina
  - Body image issues/self-esteem
- Activities will be limited due to indwelling ports or other forms of central access
- Over the years can see late effects emerge (especially with brain tumors)
  - Issues with:
    - concentration
    - attention
    - executive function
    - processing speed

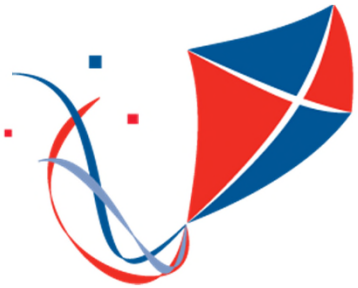
Accommodations that may be needed

- Reduced hours/days to ease back into schedule
- Rest breaks during the day
- Access to water and snacks (especially if treatment induced anorexia has been an issue)
- Limited physical activities
  - No contact sports
  - Self-limitation due to fatigue
- Assistance with peer acceptance
  - Being able to wear a hat to school
  - Education to classrooms about cancer (that it is not contagious etc.)
- For late effects impacting learning ability
  - Extra time to take tests
  - One on one learning assistance
  - Direct help to complete assignments
  - Modified learning/life skills

Handout:

Adapted from what we give families. Things to watch for, call for

Questions?



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Thank you!