Briefing Series on the Role of Psychology in Health Care

**Pediatric Cancer**

- In the U.S., at least 12,000 children younger than age 15 are diagnosed with invasive cancer annually. Acute lymphoblastic leukemia is the most common diagnosis, with 2,400 cases identified yearly.

- Up to 40% of young cancer survivors may experience cognitive impairments linked to poor academic and vocational success, low self-esteem, and behavioral or emotional disorders.¹

- About half of adolescents diagnosed with cancer may experience posttraumatic stress symptoms (PTSS), such as intrusive thoughts, avoidance, and hyperarousal.² Intensive cancer treatment is associated with increased risk of posttraumatic stress disorder (PTSD).³

- An estimated 25 to 30% of child cancer survivors will not adjust well to their diagnosis and may experience significant long-term personal, family, and social difficulties.⁴ More than two thirds report at least one chronic physical condition (e.g., cardiac or pulmonary) that impairs their functioning and quality of life.⁵

- Of all children diagnosed with cancer, about 85% will become long-term survivors and, on average, may expect to live an additional 66 years.⁶,⁷

<table>
<thead>
<tr>
<th>How Psychologists Can Help</th>
</tr>
</thead>
</table>

- The American Academy of Pediatrics recommends that psychosocial services be provided to child cancer patients and their families at time of diagnosis.⁹ Early identification and psychological intervention with distressed families serve to enhance the child cancer patient’s long-term psychological, social, and academic functioning and to benefit the other family members as well.⁶,⁷,⁹

- Psychologists are able to identify adjustment difficulties; provide effective psychological interventions for depression, anxiety, and PTSS; and promote effective problem-solving for child cancer patients and their families in treatment and during survivorship.¹⁰

- Those psychologists with specialized training in neuropsychological assessment can evaluate child cancer patients, pre- and posttreatment, to detect and monitor any neurocognitive deficits that need to be addressed in treatment.

- Psychologists are also leaders in coordinating programs of psychosocial research and clinical practice within pediatric oncology.¹¹,¹²
References


The American Psychological Association (APA) gratefully acknowledges the contributions of Matt Bitsko, PhD (Children's Hospital of Richmond at Virginia Commonwealth University), member of APA Division 17, Counseling Psychology, in developing this briefing sheet on pediatric cancer. This briefing sheet series is a joint project of APA and the Interdivisional Healthcare Committee, a coalition of health-oriented divisions within APA.