

What are treatment side effects and how do they impact the child at school?

Short-term Side Effects

Side effects resulting from therapies may impact on school performance or socialization. Teachers who are aware of treatment side effects can make creative and appropriate adjustments on behalf of the student, classmates, and siblings. Frequent hospitalization affects school attendance and has a direct educational implication that can be anticipated and planned for. Parents should be notified if a child appears to be experiencing side effects that interfere unduly with normal participation.

There have been improvements in the management of the side effects of cancer treatments, e.g., potentially deadly infections, nausea and vomiting.

Individuals respond differently to treatment and may not necessarily experience all of the following side effects.

a) Nausea and Vomiting

The student may feel sick for 24 hours or more after chemotherapy. Drugs called antiemetics usually control this side effect.

School Response: Any nausea and vomiting should be resolved before the individual returns to school. If not, treat as any student who gets sick at school and inform the parents.

b) Fatigue

The student may:

- seem listless and lethargic when they first return to school;
- appear pale and complain of dizziness, headache, shortness of breath;
- tire easily and suffer lapses in concentration.

School Response:

- Have a place for rest.
- Shortened school days may be required.
- Involve child in physical activities as tolerated – allow frequent rest periods, or think of alternative related activities (scorekeeper).

c) Drowsiness

Radiation to the head is used for brain tumours. Between five and eight weeks after this treatment, the student may go through a period of extreme sleepiness or drowsiness that can last for a week or two.

School Response: Usually occurs before the student returns to school, but if drowsiness occurs the individual should be given a place to sleep.

d) Physical Effects (weak ankles, aches, and pains)

The student could experience physical effects such as difficulties in walking or climbing stairs, lack of co-ordination and concentration, or problems with handwriting.

School Response:

- Be sensitive to the fact that many children resent being treated as 'special.'
- Give encouragement to the student to keep trying.
- Provide a 'helper' for the student, e.g., to get around the school, to carry school bags.
- Make special arrangements for physical education.
- Accommodate access to the school facility.
- Initiate the provision of physical and/or occupational therapy, if required.

e) Change in Physical Appearance

Treatment can cause an obvious gain or loss in weight, swelling or puffiness of the face, ulcers around the mouth, and total or partial hair loss. These side effects will reverse once treatment is stopped.

Sometimes it takes several months before hair re-grows and it may grow back differently, e.g., colour, texture.

Some students have marks on their bodies, rather like tattoos, which were used to guide radiation.

In rare cases, they may have had a limb amputated or have scars from surgery. Changes in physical appearance may induce a fear of being teased or bullied which increases their reluctance to return to school.

School Response:

- School rules around hats may need to be adjusted.
- Consider a Cut Off Cancer Event, haircutting event, to show solidarity.
- Accommodate food needs such as snacking during class time because of food cravings or small, frequent meals. The student may need encouragement to eat.
- Prepare classmates for a student's return by fostering a reassuring and caring environment and promoting peer support. Bullying by younger or older children can be a problem and should be dealt with immediately.

f) Bleeding

With a decrease in the blood cells (platelets) that help stop bleeding, the student could experience bleeding.

School Response: Observe for spontaneous bleeding, e.g., nose, gums. It may be that direct pressure needs to be applied for a longer period to stop bleeding. Allow the student to refrain from participating in contact sports.

g) Seizures

Seizures can be caused by a brain tumour or can be a result of a chemical imbalance.

School Response:

- Lower the student to floor and protect from injury.
- Do not place anything in the student's mouth.
- Reassure and give explanation to classmates.
- Reassure the student after the incident and contact parents.

h) Emotional Effects

The student may:

- feel anxious or worried, not only about a possible relapse and further treatment, but also about what the future holds;
- become more emotional or tearful, or may express their frustrations through anti-social behaviour or temper tantrums.

Some drugs, particularly steroids, may make individuals more emotional. Brain tumours may also have this effect.

School Response: Use judgement to determine consequences for inappropriate behaviour.

i) Sun Sensitivity

Some drugs increase sensitivity to sun.

School Response: Ensure liberal use of sunscreen and hat for outdoor activities. Give the option to refrain from outdoor activities.

Infection Concerns and Communicating with the School Community

Many drugs used in chemotherapy cause a decrease in the blood count. As a result, individuals are prone to developing infections because of the low levels of white blood cells, known as neutropenia. The decrease in blood count usually occurs 7–10 days after chemotherapy and, if they are well, students may attend school. If they show signs of infection, contact the parents.

Some infections, particularly measles, chickenpox, or shingles, can cause serious complications, e.g., fever, and precautions must be taken. With consent from the parents of the child with cancer, the teacher should send a letter to all classmates' parents. Consideration should be given to how far this information should be extended to the school community specifically to the classmates of the child with cancer's siblings. The parents of the child with cancer should be notified immediately once the school is aware of contact with these infections.

Some parents are willing to have a general notice placed in a school newsletter. These types of communications can provide important information and dispel myths.

School staff may find themselves getting questions from other parents about the child's medical situation. While these questions arise out of genuine concern, it is important to respect the family's right to privacy. It is helpful to discuss ahead of time with the family what information they are comfortable sharing with other parents.

Sample Letter

Dear Parents/Guardians,

This letter is to make you aware that one of your child's classmates has been diagnosed with cancer. While this news is heart-rending, we are optimistic that with the treatment available for this type of cancer she will get well. She will be attending school when she is feeling well enough.

We have been sensitively and openly discussing the illness at school and responding to the children's questions to help them understand that (name of child) is the same person she was before she became ill. Your child may have questions and concerns that you might wish to discuss as a family.

We are also asking that you inform us immediately if your child develops measles, chickenpox, or shingles, so (name of child) parents can take the appropriate medical action. This is crucial as her immune system is affected by the treatment and she is at greater risk from these diseases than other children.

There has been some interest shown in the community to support (name of child) and her family and we are (describe the support, event, or assistance). If you would like to assist in any way, please let us know.

Thank you for your understanding and cooperation. Please call if you have any questions or concerns.

Principal

Long-term Side Effects or Late Effects of Treatment

With the progress made in the treatment of childhood cancer, the majority of children with cancer survive. However, as a result of treatment, there are survivors who will have to cope with long-term or late effects.

Long-term or late effects are health issues that develop after cancer treatment has ended. Late effects can develop months or years after treatment ends. The type and duration of treatment, age during treatment, gender, and overall health are factors that can determine risk for long-term or late effects.

Chemotherapy and radiation can have direct effects on growth hormone production, bone and developing tissues, all of which may affect the final height and further development of the child's body, e.g., breasts, voice box. Growth hormone replacement therapy is now widely used.

Chemotherapy or radiation can cause infertility or may affect other organs. These treatments can also increase the risk of developing a second cancer.

Chemotherapy and/or radiation can also affect the brain and central nervous system and these effects may gradually emerge as learning difficulties. The impact of chemotherapy on information retention and processing is referred to as "chemo-brain." Although students may achieve within the usual intelligence range, they may be less successful with tasks that require memory and fast mental processing skills, attention and concentration, visual motor processing, and working under time constraints. These concerns usually do not appear until several years after treatment ends. Consideration of these factors should be taken when assessing the student's progress, and subsequently in programming for their learning.

It is important to remember that all children, even children receiving identical treatment regimes, respond differently to treatment.