



# Learning problems after cancer Treatment in childhood

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## Short Communication

Cancer -associated cognitive impairment, commonly known as Chemo brain, is an adverse effect of cancer and its treatment that survivors experience to varying degrees. Symptoms generally include attention and concentration difficulties, reduced processing speed and executive function, and compromised short- term memory. chemo brain affects more than one third of all survivors of childhood cancers. Concerns about the neurocognitive sequelae of treatment for childhood cancer have been voiced since the 1960s. Research during the past 10years has begun to identify some of the consistent types of neurological out comes that may occur for those children. children treated for brain tumours or acute lymphoblastic leukaemia are more likely to be affected due to the therapies used to treat these cancers like methotrexate, cytarabine and used of corticosteroid medications. While not all children with cancer are expected to experience school problems, children whose cancer involves the central nervous system are at risk for the development of number of learning and school -related difficulties. Cognitive dysfunction may arise at or soon after a cancer diagnosis: however, deficit may also several years later. When a child experience chemo brain or other cognitive deficits, keeping the mid active can help. when it comes time to introduce-or re-introduce -the child to school, slowly implementing learning can help the child feel less overwhelmed during reintegration to the school environment, as it can be a very anxiety provoking time. A one -on one aid or assistant for a child maybe essential and an individualized education plan (IEP) and classroom /testing accommodations(504plan) and are 2 significant requests to make.

### **IEP (individualized education plan) typically includes the following components.**

- a. Assessment of the child's current level of educational performance
- b. Impact of the illness on learning. thinking, energy/fatigue.

Medical precautions and special needs (for example: central venous access device. Extra bathroom breaks, drinking water

during class, snacks, limited sun exposure, modified physical education.

- a. Statement of goals to be achieved under the IEP.
- b. Statement of educational services that the child needs.
- c. Date the educational services will begin Description of the extent to which the child will precipitate in regular education programs.
- d. Justification for the type of educational placement the child will have List of individuals responsible for the implementation of the IEP.
- e. Objective criteria and evaluation procedures
- f. Psychological testing may also be imperative. Once reintegration into the school environment begins, the child's progress should be continuously monitored by parents and teachers.

### **Tools Help with Learning problems**

- a. Seating near the front of the classroom.
- b. Minimizing the amount of written work required.
- c. Use of tape-recorded textbooks and lectures.
- d. Use of a calculator for math.
- e. Access to an elevator.
- f. Extra time for transition between classes.
- g. Duplicate set of textbooks to keep at home.
- h. Assignment of a classroom aide.
- i. Use of a computer keyboard instead of handwriting.
- j. Extra help with math, spelling, reading and organizational skills.

k. Modification of test requirement (extra time, oral instead of written exams.

Theoretical models have been proposed that points to a developmental emergence of learning problems, dependent up

on the age of child at the time of diagnosis and treatment, type of cancer, type and intensity of treatment and time since treatment. This allows for making necessary adjustments to accommodate changes in the child's learning capabilities, as chemo brain may not become apparent immediately.



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