

# BACK TO SCHOOL

A Resource for Teachers to help  
Children with Cancer in School



**Children's  
Cancer  
Foundation**

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Private & Confidential

#### MEDICAL DATA SHEET

Date : \_\_\_\_\_

#### CHILD'S PARTICULARS

Name : \_\_\_\_\_

BC / NRIC No. : \_\_\_\_\_

Date of Birth / Age : \_\_\_\_\_

Educational Level / Class (year) : \_\_\_\_\_

Address : \_\_\_\_\_

#### FAMILY'S PARTICULARS

Name of Father : \_\_\_\_\_

Contact Number(s) : \_\_\_\_\_

Name of Mother : \_\_\_\_\_

Contact Number(s) : \_\_\_\_\_

Name of Sibling (studying in the same school) : \_\_\_\_\_

Educational Level / Class (year) : \_\_\_\_\_

Contact Number(s) : \_\_\_\_\_

**Emergency Contact Person :** \_\_\_\_\_

**Contact Number(s) :** \_\_\_\_\_

#### MEDICAL-SOCIAL INFORMATION

Diagnosis : \_\_\_\_\_

Date of Diagnosis : \_\_\_\_\_

Receiving treatment at: KKH / NUH / SGH / Other Hospital (please specify) : \_\_\_\_\_

Name of CCF Social Worker / Counsellor : \_\_\_\_\_

Contact Number(s) : \_\_\_\_\_

Email : \_\_\_\_\_

Name of Doctor : \_\_\_\_\_

Contact number(s) : \_\_\_\_\_

Email : \_\_\_\_\_

Type(s) of treatment required / received : \_\_\_\_\_

Length of treatment required : \_\_\_\_\_

Treatment side-effects : \_\_\_\_\_

Special school needs (if any) : \_\_\_\_\_



## FOREWORD

**This handbook was compiled by the Social Work team of the Children's Cancer Foundation (CCF).**

The CCF Back-To-School Programme is aimed:

- i. To enhance the school's understanding of the needs of children with cancer.
- ii. To facilitate re-entry into school for a child with cancer, by reducing the anxieties and stresses faced by the child after a long absence from school.
- iii. To dispel classroom fears and myths associated with childhood cancer.



# About Children's Cancer Foundation (CCF)

CCF was formed in 1992 by a group of volunteers to address the needs of children with cancer and their families. Since then, more than 1,200 children and their families have benefited from our programme and services.

## Our Mission

To improve the quality of life of children with cancer and their families, through enhancing their emotional, social and medical well-being.

### 1. Casework and Counselling

To provide counselling and case management to the child and his/her family upon the child being diagnosed with cancer and throughout the child's treatment course.

### 2. Therapeutic Play

To help the child better cope with fears, anxieties and concerns associated with treatment, side effects and hospitalisation. To support the emotional and developmental needs of children.

### 3. Support Groups

To provide support and encouragement to parents and caregivers. To equip and empower parents with relevant information regarding childhood cancer and related aspects, as well as psychosocial issues.

### 4. Bereavement Programme

To facilitate healthy grieving among the family members and in the process help them develop resilience in life's struggles.

### 5. Financial Assistance

To alleviate financial distress faced by needy families due to the treatment costs and other financial burdens.

### 6. Childhood Cancer Transplant Programme

To provide social-emotional and financial support to the family whose child is undergoing stem cell transplantation.

### 7. Back-to-School Programme

To facilitate a smooth transition and reintegration of the child with cancer back to school after a long absence. To educate the school about childhood and ways to better support the child with cancer.

### 8. Supervised Play

To help make hospital visits less boring and less intimidating through a variety of activities like art and craft, balloon sculpting and story telling.

## 9. Training and Research

To provide support to local hospitals and universities in training and research programmes in the various areas of childhood cancer.

## 10. Cancer Awareness Reach Education Programme (C.A.R.E.)

To dispel myths and unfounded beliefs associated with childhood cancers through educational talks, drama performances and exhibitions.

## 11. Social & Recreational Programmes

To enable children to enjoy themselves and rise above their circumstances and to enable the entire family to harness member strength and renew bonds to cope with the child's illness.

# Our Family Support Centres

The Children's Cancer Foundation Family Support Centres (FSCs) located at the KK Women's and Children's Hospital (KKH) and the National University Hospital (NUH), are one-stop centres aimed at helping children with cancer and their families.

Counselling, case conferences and meetings with parents, doctors, nurses, medical workers and patients are provided by and usually conducted at the FSCs.

The professional staff conduct therapeutic play intervention and the children utilise the resources and facilities at the FSC to reduce the effects of isolation and anxiety in the hospital.

A wide variety of materials are available at the Resource Library at each FSC. These include magazines, art and craft books, videos, information-based and educational materials on childhood cancer and other related aspects as well as psychosocial topics. There are resources suitable for children, parents, social service practitioners, medical and nursing personnel.

Should you require more information, or encounter challenges in handling a pupil with cancer in your school, please feel free to call the

**CCF social workers** at  
**6297 0203 (KKH FSC)** or  
**6772 4472 (NUH FSC)**.

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## Introduction

Childhood cancer - once regarded as a terminal illness - has now been reclassified as a chronic life-threatening illness. In 1960, only 30% of children with leukaemia survived for 3 years after diagnosis (Sposto & Hammond, 1985 in Bradwell & Hawkins, 2000). The figure in 2002 was about 90% (Miller, 2005).

As school forms a large part of a child's life, reintegration after treatment is an important part of the normalisation process. With advances in treatment, more children with cancer are now able to return to school after the initial phase of intensive treatment and hospitalisation.

Although school re-entry is generally a happy event for the child and the family, it is also often a difficult time of adjustment. Problems that are likely to be encountered during school reintegration include: academic lags; separation anxiety and school phobias; psychological problems; behavioural problems; rejection or social isolation of the child by peers; and physical problems of tiredness or difficulties in getting around.

This handbook is meant for principals and teachers of school-aged children with cancer in Singapore. It provides some basic information on the different types of cancer and its treatment, the impact of childhood cancer on the child and their families, and the importance of school in the lives of children suffering from cancer. Most importantly, it highlights some ways of helping a child re-adapt to school life after the initial phase of treatment of childhood cancer. In addition, it also suggests ways of coping with a pupil with cancer in the classroom.



# Medical Aspect of Childhood Cancer

## Childhood Cancer -

*once regarded as a terminal illness  
- has now been reclassified as a  
chronic life-threatening illness*

## 1. What is Cancer?

Cancer is the abnormal growth of cells. Cancer cells not only increase at a rate out of proportion to normal growth, they also have the potential to spread to other parts of the body via the bloodstream or lymph channels (Cancer Council, 1993).

Fortunately, advancements in medical treatment have greatly improved the cure rate of this group of childhood diseases. For example, cure rates of up to 90% have been achieved for childhood leukaemia and lymphoma (Miller, 2005). Even in advanced states, many cancers are being arrested and cured - although, in some cases, the disease may still result in death.

Hence, the school teacher can expect the child with cancer to eventually return to the home, the school and community. In addition, these children can also live and participate in most normal activities like other children (Cancer Council, 1993).

## 2. What Causes Cancer?

The cause of cancer in childhood remains largely unknown. Some cancers have been linked to certain medical conditions and inherited tendencies. However, these cases are extremely rare and there is no known cause for most of the cancers. The most important fact to remember is that cancer is not contagious - it cannot be developed by contact or working with a child with cancer.

## 3. What types of cancer commonly affect children?

There are many different types of childhood cancer - the most common being leukaemia which makes up almost 38.4% of the cancers diagnosed in children between the ages of 0 -14 years in Singapore. Lymphomas and other malignancies of the brain and the nervous system account for another approximately 31.7% of childhood cancers diagnosed here in Singapore (Singapore Cancer Registry, 2004).

### (i) Leukaemia

Leukaemia is a cancer that affects the organs that manufacture blood cells. The disease usually begins in the bone marrow, or lymph system, where blood cells originate and mature before being released into the bloodstream.

Treatment consists mainly of chemotherapy and sometimes radiation. Stem cell transplant is an intensive treatment approach for children with resistant types of the disease that are not controllable with chemotherapy alone.

### (ii) Lymphoma

Lymphoma is a malignant growth of cells in the lymphatic system. It is divided into two main types: Hodgkin's Lymphoma and Non-Hodgkin's Lymphoma. Treatment usually involves chemotherapy and sometimes radiotherapy.

### (iii) Brain Tumour

Brain tumours are the most common solid tumours found in children under the age of 15. Where possible, they are treated by surgery, radiotherapy, and in some cases, chemotherapy.

(iv) Sarcoma

A sarcoma is a malignant tumour that arises from bone cells or connective (soft) tissue (Susan Nessim & Ernst R. Katz, 1995). This tumour can occur throughout the body: Osteogenic sarcoma often shows up in leg bones; Ewing's sarcoma develops in the spine, ribs or pelvis; Rhabdomyosarcoma affects muscle tissue and frequently strikes the head, neck or genital area.

(v) Neuroblastoma

Neuroblastoma is a cancer of the sympathetic nervous system. More than half originates at the adrenal glands (James-Hodder & Keene, 1999). The adrenal glands are small glands just above each kidney. Neuroblastoma generally occurs in pre-school children and is a serious malignancy.

(vi) Wilm's Tumour

More often found in children under 4 years old, these tumours develop in the kidneys (James-Hodder & Keene, 1999).

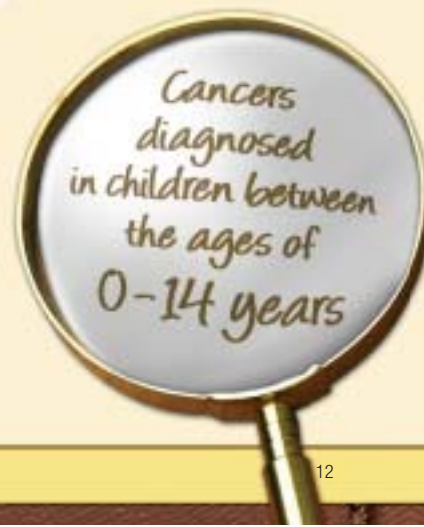
(vii) Hepatoblastoma

Hepatoblastoma is a rare form of liver cancer most often diagnosed in children under the age of three. Premature infants have a higher risk of developing hepatoblastoma (James-Hodder & Keene, 1999).

(viii) Retinoblastoma

Retinoblastoma is a malignant tumour growth in the eye. This form of cancer primarily affects very young children and can affect one or both eyes (James-Hodder & Keene, 1999).

Note: For malignant tumours, treatment usually involves some form of surgery alone, or a combination of chemotherapy and surgery.



## Types of Treatment

### 1. Chemotherapy

Chemotherapy is a chemical form of treatment using drugs singly or in combination, to destroy or disrupt the growth and reproduction of cancer cells (Keene, 2003). Some ways these drugs are given are:-

- **intravenous (IV)** - into the bloodstream
- **oral** - taken by mouth
- **intramuscular** - injected into the large muscle
- **intra-thecal (IT)** - drug injected directly into the cerebrospinal fluid via a spinal tap

Some possible short-term side effects include:

- **Low blood cell counts**
- **Weakness**
- **Hair loss** (but subsequent hair growth always occurs)
- **Nausea and vomiting**
- **Diarrhoea**
- **Constipation**
- **Loss of appetite and/or weight loss**
- **Mouth ulcers**

If the child is taking steroid medication, side effects could also include:

- **Weight gain**, cheeks may become puffy and abdomen enlarged
- **Marked increase in appetite**
- **Increased frequency of urination**
- **Variable mood changes**

## 2. Radiotherapy

Radiotherapy is a treatment for cancer using high-energy X-rays to destroy cancer cells at targeted areas of the body (Keene, 2003). It is often used in conjunction with chemotherapy. A crucial part of the process of external radiation is to carefully measure and mark with ink the area of the body to be irradiated so that the treatment is confined to abnormal tissue and normal tissue is not affected. A course of daily treatment, which is not painful and takes about ten minutes, is required (usually stretching over several weeks) (Cancer Council, 1993).

Some possible short-term side effects include (Keene, 2003):

- Reddened or itchy skin
- Hair loss
- Fatigue
- Diarrhoea
- Nausea and vomiting
- Mouth sores / sore throat
- Sleepiness
- Loss of appetite
- Low blood counts
- Changes in taste and smell

Some possible long-term side effects include (James-Hodder & Keene, 1999):

- Impaired growth in the irradiated area
- Abnormal hormonal function may affect growth and fertility causing shortness of stature, and early or late puberty
- Cognitive functioning - learning difficulties may arise

**Note:** Long-term side effects may only become apparent months or years after treatment.

## 3. Surgery

Surgery is usually combined with radiation and/or chemotherapy. It is conducted for the following reasons:

- Tissue biopsy to determine the nature of the tumour
- Surgical removal or debulking of the tumour
- Amputation
- The replacement of limb(s) with prosthesis(es), or artificial part(s)
- Limb salvage which allows the old bone to be replaced by a prosthetic bone or with a bone from another part of the body

## 4. Stem Cell Transplantation

To improve the chances of achieving remission or cure, a stem cell transplant may be recommended. The source of stem cells for the transplant can be from a related or unrelated donor bone marrow or an umbilical cord.

Extremely high doses of chemotherapy and possibly total body radiation are administered as part of the conditioning process in order to destroy cancer cells and suppress the immune system, so that the body does not reject the transplanted stem cells.

Doses of stem cells are then infused into the child intravenously (Cancer Council, 1993). No surgery is involved. The transplanted cells make their way to the bone marrow cavities and begin to create new bone marrow and stem cells. It usually takes about one year for blood cells and the immune system to recover to normal levels.

Side effects of the conditioning process include (James-Hodder & Keene, 1999):

- Nausea
- Vomiting
- Diarrhoea
- Hair loss

Long-term side effects include (James-Hodder & Keene, 1999):

- Problems with the eye (e.g. cataracts)
- Growth and dental problems
- Thyroid deficiency
- Puberty and sterility
- Occurrence of secondary cancer

# Impact of Childhood Cancer

## 1. Impact on Child

The diagnosis of cancer in a child or teenager is often a frightening experience. Adjusting to the reality of a life-threatening illness is difficult for the child and family. A child's developmental level will influence his/her ability to comprehend the nature of the illness and treatment.

**Preschoolers** tend to focus on the immediate worries of pain and discomfort. They struggle to distinguish between fantasy and reality. They may also become anxious when they are separated from their parents or familiar surroundings during hospitalisation. Experiencing a restriction in opportunities to explore and exert control over their environment or to develop new skills may trigger developmental delays. There is also a tendency for young children to regress to an earlier stage in their development (The Leukaemia & Lymphoma Society, 2005).

What can be done:

- Encourage child to talk about feelings and express themselves through drawings or play
- Use play to help child better understand medical procedures



**School-age children** are better able to comprehend their experiences and the serious nature of their disease but may still struggle to fully understand the meaning of the illness. Their illness also threatens their increasing independence, autonomy and self-image. For some, relationships outside family setting are disrupted. They may have feelings of anger and frustrations, seeing their illness as a 'punishment' for their actions and thoughts. They may feel isolated and alone if they are unable to participate in their usual activities, such as school. For others, it may be challenging to negotiate their return to school and they worry about keeping up with schoolwork. Some children may still have thoughts about the illness and fear of recurrence after treatment has ended (The Leukaemia & Lymphoma Society, 2005).

What can be done:

- Allow child to express and verbalise their feelings, thoughts, confusion
- Offer age-appropriate explanations in simple concrete terms
- Reassure child they are not abandoned
- Support positive self-image
- Encourage child to resume activities appropriate to their age and stage of development as soon as medically possible.
- Enhance sense of mastery and inclusion by allowing child to learn new skills e.g. perform some of their own self-care
- Help them focus on the positive aspects of completing treatment

For teens, the reality of possibly dying from the disease may be very strong. The physical changes in appearance brought on by the illness and treatment can be extremely distressing to teenagers struggling to fit into their peer group. As teens are grasping with creating their identity and independence, the disease will impact their self-esteem, their ability to socialise and make choices of their own. Restrictions and effects from treatment may also affect their autonomy as they need to depend on their caregiver and some may feel frustrated, withdrawn or depressed. The end of treatment may provoke increased anger and rebelliousness in those teens who are eager to 'get back to normal', but yet held back by parents who tend to be overprotective (The Leukaemia & Lymphoma Society, 2005).

What can be done:

- Give them avenues to express their feelings, thoughts and uncertainties.
- Facilitate expression to value themselves as unique individuals and problem-solve how to integrate restrictions brought about by illness.
- Encourage autonomy and self-care
- Provide space for them to have privacy
- Encourage maintenance of peer relationship via Internet, SMS, phone calls, visits etc.
- Develop realistic goals about their future



## 2. Impact on Parents

Parents will usually go through a "roller coaster" of emotions as they adjust to the reality of their child's illness. Parents experience shock, disbelief, fear, anxiety, guilt, denial, anger, despair and sadness or feelings of depression. They may find their feelings alternating from moment to moment. Parents continue to experience a host of intense emotions throughout the child's illness trajectory. Even after the child is in remission, parents still fear and worry for the health of the child.

Upon diagnosis and with the initiation of treatment, most parents must make critical decisions about their child's care. At the same time, they also feel scared and uncertain about making appropriate choices. It is also distressing for parents to watch what the child has to endure. Most parents experience intense feelings of helplessness of not being able to protect their child from pain and suffering. They encounter great difficulties in having to juggle the needs of the ill child with the needs of the other family members, their own work demands as well as their physical, mental and emotional needs. The added financial commitments due to high medical bills also become a source of stress.

During this period, social support is critical to the coping of families. Extended family members and friends can be very supportive and helpful in practical ways such as cooking meals for the family and lending a listening ear. On the other hand, they can also add further stress through well-intended advice. Sometimes, parents experience loneliness. This occurs when friends stop including them in regular activities due to time schedules or discomfort in talking about the ill child.

## 3. Impact on Siblings

Once there is a sick child in the family, the siblings' lives are inevitably disrupted as the family's routine is changed according to needs of the sick child. Siblings may be overlooked with all the commotion surrounding their ill brother or sister. Many siblings are encouraged to live on as if nothing has happened or changed. But parents' expectations of siblings usually increase in addition to lower levels.

Although siblings may understand reasons why their sick sibling is given more attention, it does not stop them from experiencing a range of emotions such as hurt, jealousy and neglect.

Siblings also worry and are anxious about the health of the sick sibling as well as their own health, pressures in school and relationship issues. However, due to the lack of emotional and physical availability of the parents, siblings feel isolated and confused (Slade, 2000).

What can be done:

- Encourage siblings to participate in the care of the sick child to foster a sense of belonging to the family and decrease sense of isolation
- Provide explanation and updates on sick sibling's progress in age-appropriate language
- Provide opportunities for siblings to express their thoughts and feelings
- Value and acknowledge the siblings' strengths



## 4. Impact on Friends

The classmates or peers of the child with cancer may have the following reactions.

They may:

- find it difficult to cope with the idea of a friend being seriously ill.
- be afraid to visit or keep in touch because they do not know what to expect, what to say or how to act.
- question whether their friend will live and if they too will get cancer

Friends and peers are still an invaluable source of support and encouragement to the child with cancer. Hence, it is important that they maintain contact with the child. However, there may be days when the sick child is not "up to" seeing them. On these occasions, friends should not feel hurt or rejected and should give him/her some time to rest instead.

## Importance of School

School is an important part of a child's life. It is here that the child makes friends, learns new skills, gains knowledge and develops a sense of self and competence. Acceptance by peers is very important and has a long-term effect on their self-esteem. Children with cancer need to be treated as normally as possible. They should be allowed to grow and develop like any other children of their age.

Teachers play an important role in the life of a school-aged child. Not only are teachers a figure of authority, they can actually help set the tone in the classroom when the child with cancer returns to school after a long absence.

The following consists of some ways in which you can help facilitate a child's re-entry into the school system:

### 1. Things that Teachers Can Do

When the Child Is Absent

#### A. Meet or Contact the Parents

Arrange to meet the parents after the child's diagnosis of cancer, and update them on the classroom activities and expectations as well as to get updates concerning the child with cancer. Parents are usually very appreciative of the care and concern teachers have for their sick child.

#### B. Meet or Contact the Parents

You can visit the child in the hospital and later at home, and bring along one or two classmates if the child and parents agree. If it is inconvenient for you to visit, an occasional phone call would be welcomed by the child, as it will send a message to the child that he/she is not forgotten.

**C. Informal Visit by the Child**

If the child with cancer is not hospitalised, it would be beneficial to arrange a time where the child can visit the class, perhaps during a special theme lesson or holiday party. The timing of the visit would also depend on the child's medical condition.

**D. Set Up a Communication Box**

For a child who is temporarily unable to attend school, keep a copy of his/her homework. This can be placed in a communication box for the child with cancer. Other things that could be placed in the communication box are notes and cards of encouragement from classmates, notices or other assignments that need to be handed in.

**When the Child Returns to School****A. Get to Know your Child**

Getting to know your child again is important. It would help to have a clearer picture of the child's treatment experience. You could contact the child's social worker/counsellor at the hospital or speak to his/her parents to find out what special care is required and to clarify any doubts.

**B. Ask How Much to Reveal**

Do ask the parents how much the child knows about the illness, and how much information they and the child would like you to share with others in the school, for example, with other teachers and classmates. Some parents and children may not wish other teachers and classmates to know for fear of being stigmatised and ostracised.

**C. Prepare the Class Psychosocially**

It would also be helpful to prepare the class for the physical and emotional changes in the child as a result of treatment. In addition, you could suggest ways for them to be more helpful and understanding.

**D. Assign a Buddy**

You can assign a buddy to the child to be his friend. This buddy can help the child settle down more quickly in class and to adjust to being back with his peers. The buddy can also help in other practical ways, for example helping the child to carry his/her books, buy food during recess if the child is too weak.

**E. Address the Needs of the Child**

Check that the child will have easy access to his/her classroom(s), toilets, canteen and playground. Be flexible about visits to the toilet, snacking, wearing a hat, etc. For example, the child who is taking steroids as part of his/her treatment may get hungry very quickly. Allowing them to snack outside recess time will help the child feel less hungry and concentrate better in class.

**F. Be Flexible about School Work**

Be supportive and encouraging when you deal with academic issues. Most children who have had prolonged hospital stay are keen to catch up. Some children however may need more time and more review for certain tasks and examinations. It would be helpful also to help children assess their abilities and choose a more manageable subject load. In some cases it would be helpful to arrange for remedial classes, especially if the child has completed the intensive part of treatment and is well on the road to recovery.

**G. Treat the Child Normally**

It would be best to include the child in as many of the normal classroom activities as possible. The child should not be excluded from Physical Education and other classes unless the doctor has written a letter of exemption. Discipline for misbehaviour can still be carried out and the child should still be expected to adhere to the rules and regulations of the school.

## 2. Things that the Class Can Do

**A. Make and send get-well cards.****B. Make a "Get well" or "We miss you" banner and have everyone to sign it.****C. Encourage the classmates to continue contacting the child via the phone or the Internet. At times, he/she may not be feeling very well, respect that and try calling again later.****D. Send photographs or a videotape of the class.****E. Come up with creative gestures for the child with cancer who is not at school. It is important to show the child with cancer how much the class cares.****F. Should you have any doubts, do feel free to discuss your ideas with the social workers from the Children's Cancer Foundation.**

### 3. A Pupil in the School Has Cancer - What to Look Out for

#### A. Fever

If the child's temperature is over 38 degrees Celsius, notify the parents **immediately** - even if the child appears perfectly well otherwise.

#### B. Bleeding

A child on chemotherapy may have low platelet count. This may result in a tendency to bleed. Mild bruising is usually not a concern but if any other bleeding occurs (resulting from a fall, cuts, abrasions, nosebleeds), perform basic first aid. Notify the parents if bleeding continues.

**In case of any medical emergencies, hospital of choice should be the Emergency Department of the hospital where the child is being treated for his/her cancer.**

#### C. Measles and Chicken Pox

Ideally all parents in the school should be told to notify the school and to keep their child at home when their child has measles or chicken pox. Parents should also notify the school / teachers if their child has contact with someone who has measles or chicken pox. Refer to Appendix 1 for sample letter to parents.

#### D. Care of Central Line and Port-a-cath

The child may have a central line or port-a-cath device inserted into the chest area (just underneath the skin). This may lead to restrictions with certain activities e.g. swimming. The nature of any such restrictions needs to be clarified with the parents and medical team.



Central Line



Port-a-cath

#### E. Hair Loss

The child's hair may be thinning because of hair loss. This may result in staring or teasing from the classmates and/or schoolmates. Allowing the child to wear a hat or headscarf may be helpful.

#### F. Anemia

This may result in fatigue and tiredness. Some concessions may be required, perhaps allowing the child to go to the sick bay or to rest in class when necessary.

#### G. Vaccinations

Vaccinations should not be given unless the child has a letter of authorisation from the child's oncologist. Contact information can be found in the Medical Data Sheet (on the first page of this booklet).

#### H. Dental Care

This can be done in school but the child's oncologist should be informed beforehand.

#### I. Social Interactions with School and Classmates

Children with cancer who are still on treatment and about 6 months after treatment need to avoid close contact with children with obvious infections (e.g. fevers, cough, running nose, rash, vomiting, diarrhoea). Allowing changes in seating and giving explanations to the rest of the class will be helpful.

#### J. Food/Dietary Concerns

Allow only clean, well-cooked and freshly prepared foods and bottled or packet drinks for children who are still on treatment. Snack items served should be in sealed packets.



# Terminally Ill Children

Although many of the children with cancer do get well, unfortunately, there will be some who die from the illness or from infection. Nevertheless, even for a child facing deteriorating health, continued school participation is still vitally important to sustain a good quality of life. Educational development is no longer the primary motive to attend school - attending school may be one of the few normal activities available to these children, and it can give them some diversion as well as a sense of hope. This child may not be able to attend full session of school, but may wish to attend certain classes or events.

Any child in the final stage of life needs lots of support. Communication between the hospital and school is essential so that teachers and classmates can respond appropriately to the child's presence in spite of his/her deteriorating health.

Families also need special support to allow the child to continue in school, and siblings have their own needs at a time when parents may be consumed with concern for their dying child.

## 1. Things that affect teachers and what they can do

### A. Curriculum disruption -

Teachers may feel at a loss as to how to support the child's learning and education. Discussion with parents on how to provide home support and modification of classroom materials can help.

### B. Mixed feelings -

Teachers may feel a range of different emotions; loss, fear, helplessness, guilt. Speaking to a counsellor or someone close may help teachers deal with their emotions and the situation better. Obtaining as much up-to-date information about the child's medical condition is useful in such a situation.

### C. Questions from the pupils -

Teachers may receive questions about the child who is ill and even about the topic of death and dying. Teachers may have to engage the social worker or school counsellors to provide support with such difficult topics. Teachers can take time to address questions that pupils may have and be more sensitive to the non-verbal cues pupils display about their concerns.



Things that affect teachers and what they can do

- Curriculum disruption
- Mixed feelings
- Questions from the pupils

## 2. Things that affect the pupils and what they can do

- A. Classmates may question about why the child with cancer is no longer in school.
- B. Classmates who are closer to the child with cancer may have feelings of loss and worry.
- C. Classmates may not know how to make sense of the child's illness and death or express their confusion or queries.

Below are some suggestions to help support classmates in the stage when the child is terminally ill:

- Writing a story or poem about their late classmate
- Writing a goodbye letter to their late classmate and putting the letter in a box to be handed to the parents
- Putting a flower or photo of the late classmate on his/her table for a day or two after his/her death before asking another classmate to occupy the seat
- Conducting a memorial service during assembly
- Planting a tree in the playground/school field
- Providing explanation on what happened to the child with cancer at an age-appropriate language, particularly to those close to the child who has passed away



## Frequently Asked Questions

### What Your Other Pupils Might Ask You?

You may be approached with the following questions and concerns by your other pupils when informed their classmate has cancer.

#### 1. How did he/she get it? Can I catch it?

Pupils should be reassured that cancer is not contagious and nothing their classmate did wrong or injury brought about the cancer.

#### 2. Will he/she die?

Pupils need to have their worries acknowledged. Reassure them that medical help will be enlisted, so that their classmate can have the best chance of living a long life. They should also be assured that their classmate can lead a normal life after their treatment is completed, and should not be treated any differently.

#### 3. My relatives had cancer and died. Does he/she have the same disease?

Most pupils have strong family associations with adult cancer and generalise those associations to all cancers. They need to be aware that childhood cancer is different and 70% - 80% of children with cancer can survive the illness (that is every 7 to 8 children out of 10 survive).

#### 4. How come he/she has to miss school so often?

As most pupils are used to the idea of getting sick and getting well within a short time span, they need to understand that cancer treatment extends many months and sometimes years.

You may want to contact your pupil's Children's Cancer Foundation social worker/counsellor to do a presentation to your class, if they have more queries about their classmate's specific medical condition, treatment and its side effects. Contact information can be found in the Medical Data Sheet (on the first page of this booklet).

# Resource List

Included in this section is a list of books and websites you can browse to learn more about childhood cancer.

## Books

*Allogeneic bone marrow/Stem cell transplantation: A medical & educational Handbook.* (2001)  
USA: The Bone Marrow Foundation

Bradwell, M. & Hawkins, J. (2000). Survivorship and rehabilitation. In Langton, H. (Ed.), *The child with cancer: A family-centred care in practice* (pp311-351). United Kingdom: Harcourt Publishers.

Cassini, K.K & Rogers, J.L. (1996). *Death and the classroom: A teacher's guide to assist grieving students.* Ohio: Griefwork of Cincinnati.

Closs, A. (Ed.). (2000). *The education of children with medical conditions.* Great Britain: David Fulton Publishers.

Fromer, M.J. (1998). *Surviving childhood cancer: A guide for families.* USA: New Harbinger Publications.

Janes-Hodder, H., Keene, N. (1999). *Childhood cancer: A parent's guide to solid tumor cancers.* USA: O'Reilly & Associates.

Johnson, M. & Johnson, J. (1998). *Children grieve, too: Helping children cope with grief.* USA: Centering Corporation.

Roberts, J.L. & Johnson, J. (1994). *Thank you for coming to say goodbye.* USA: Centering Corporation.

Shiminski-Maher, T., Cullen, P. & Sansalone, M. (2002). *Childhood brain & spinal cord tumours: A guide for families, friends & caregivers.* USA: O'Reilly & Associates.

Steen, G. & Mirro, J. (2000). *Childhood cancer: A handbook from St. Jude Children's Research Hospital.* USA: Perseus Publishing.

Woznick, L.A. & Goodheart, C.D. (2002). *Living with childhood cancer: A practical guide to help families cope.* Washington, DC: American Psychology Association.

# Websites List

## Local

**Assisi Home & Hospice - Children's Centre**  
<http://www.assisihospice.org.sg/index.cfm?GPID=28>

**Cancer Story**  
<http://www.cancerstory.com/servlets/index.jsp>

**Can HOPE**  
<http://www.canhope.com.sg/>

## International

**American Cancer Society**  
[www.cancer.org/docroot/CRI/content/CRI\\_2\\_6x\\_when\\_your\\_child\\_goes\\_back\\_to\\_school.asp](http://www.cancer.org/docroot/CRI/content/CRI_2_6x_when_your_child_goes_back_to_school.asp)

**American Academy of Pediatrics**  
[http://www.aap.org/pubed/ZZZ473VS8FC.htm?&sub\\_cat=543](http://www.aap.org/pubed/ZZZ473VS8FC.htm?&sub_cat=543)

**Blood & Bone Marrow Transplant Newsletter**  
<http://www.bmtinonet.org/newsletters/issue57/school.html>

**Cancer Source**  
<http://www.cancersource.com>

**Cancer Story**  
<http://www.cancerstory.org/>

**Candlelighters Childhood Cancer Foundation**  
<http://www.candlelighters.org>

**Captain Chemo**  
<http://www.royalmarsden.org/captchemo>

**Gold Ribbons**  
<http://www.goldribbons.com>

**KidsHealth for Parents**  
<http://kidshealth.org/parent/medical/cancer/cancer.html>

**Children's Cancer Foundation**  
[www.ccf.org.sg](http://www.ccf.org.sg)

**National Cancer Centre, Singapore**  
<http://www.nccs.com.sg>

**Singapore Cancer Society**  
[www.singaporecancersociety.org.sg](http://www.singaporecancersociety.org.sg)

**Leukemia and Lymphoma Society**  
[http://www.leukemia-lymphoma.org/hm\\_lls](http://www.leukemia-lymphoma.org/hm_lls)

**Medline Plus**  
<http://medlineplus.gov>

**National Cancer Institute**  
<http://www.cancer.gov/cancertopics/types/childhoodcancers>

**Outlook: Life Beyond Childhood Cancer**  
<http://www.outlook-life.org>

**Oncolink**  
[www.oncolink.com](http://www.oncolink.com)

**Planet Cancer**  
<http://www.planetcancer.org>

**STARBRIGHT World**  
<http://www.starbright.org>

**Teens Living with Cancer**  
<http://www.teenslivingwithcancer.org>

**The National Children's Cancer Society**  
<http://www.nationalchildrenscancersociety.com>

**2beMe**  
<http://www.2beme.org>

# References

Bradwell, M. & Hawkins, J. (2000). Survivorship and rehabilitation. In Langton, H. (Ed.), *The child with cancer: A family-centred care in practice* (pp311-351). United Kingdom: Harcourt Publishers.

*Educating school communities about childhood cancer.* (1997). Children's Hospital and Dana Farber Cancer Institute. Boston.

*Emotional aspects of childhood blood cancers - A handbook for parents.* (2005). The Leukemia & Lymphoma Society.

Harding, R. (2000). Impact of diagnosis. In Langton, H. (Ed.), *The child with cancer: A family-centred care in practice* (pp37-78). United Kingdom: Harcourt Publishers.

Janes-Hodder, H., Keene, N. (1999). *Childhood cancer: A parent's guide to solid tumor cancers.* USA: O'Reilly & Associates.

Keene, Nancy ed. (2003). *Educating the child with cancer: A guide for parents and teachers.* United States of America: Candlelighters Childhood Cancer Foundation.

*Kids & cancer - A guide for teachers of children with cancer.* (1993). Cancer Council.

Lauria, M.M., Clark, E. J., Hermann, J. F., et.al, (2001). *Social work in Oncology: Supporting survivors, families and caregivers.* Alanta: American Cancer Society.

Miller, Robin, MD. (2005) Childhood Cancer: Leukemia. Retrived September, 6, 2006, from KidsHealth Website: [http://www.kidshealth.org/parent/medical/cancer/cancer\\_leukemia.html](http://www.kidshealth.org/parent/medical/cancer/cancer_leukemia.html).

Nessim, S. & Katz, R. (1995) *Cancervive teacher's guide for kids with cancer.*

Seow, A., Koh, W.P., Chia K.S., et.al, (2004). *Trends in cancer incidence in Singapore 1968-2002.* Singapore Cancer Registry Report No. 6.

Slade, A. (2000). Impact of treatment. In Langton, H. (Ed.), *The child with cancer: A family-centred care in practice* (pp105-108). United Kingdom: Harcourt Publishers.

Woznick, L.A. & Goodheart, C.D. (2002). *Living with childhood cancer: A practical guide to help families cope.* Washington, DC: American Psychology Association.

## APPENDIX 1

### Sample Letter for Parents

(Below is a letter for your perusal. Have the school send this letter when a child with cancer has joined your class. Do also make copies for other teachers in the school who have not had chicken pox, measles, or shingles.)

Dear Parents,

\_\_\_\_\_ (Name of pupil) is a pupil of \_\_\_\_\_ (Class/Level/Year). Recently, she/he is diagnosed as having cancer. At the present time, she/he is in remission and is physically doing well, and we expect her/ him to continue to do well.

This letter is for two reasons. First, we would like to assure you of this fact. Cancer is **NOT CONTAGIOUS**. You cannot catch cancer from contact, play or being with a child or adult with cancer.

Second, we would like to ask for your help. \_\_\_\_\_ 's (Name of pupil) cancer is being controlled by chemotherapy, which kills the cancer cells in the blood. During this process, some healthy cells are also affected, causing the immune system to be weaker. This means that it is more difficult for \_\_\_\_\_ 's (Name of pupil) body to fight infection, especially viral infections like chicken pox, measles and shingles.

If \_\_\_\_\_ (Name of pupil) was to contract chicken pox, measles or shingles, it could be dangerous for her/him. Because of this, I need to know if your child or any member of the family has chicken pox, measles, or shingles or been exposed to them. This will help us to arrange for \_\_\_\_\_ 's (Name of pupil) schooling and medical care.

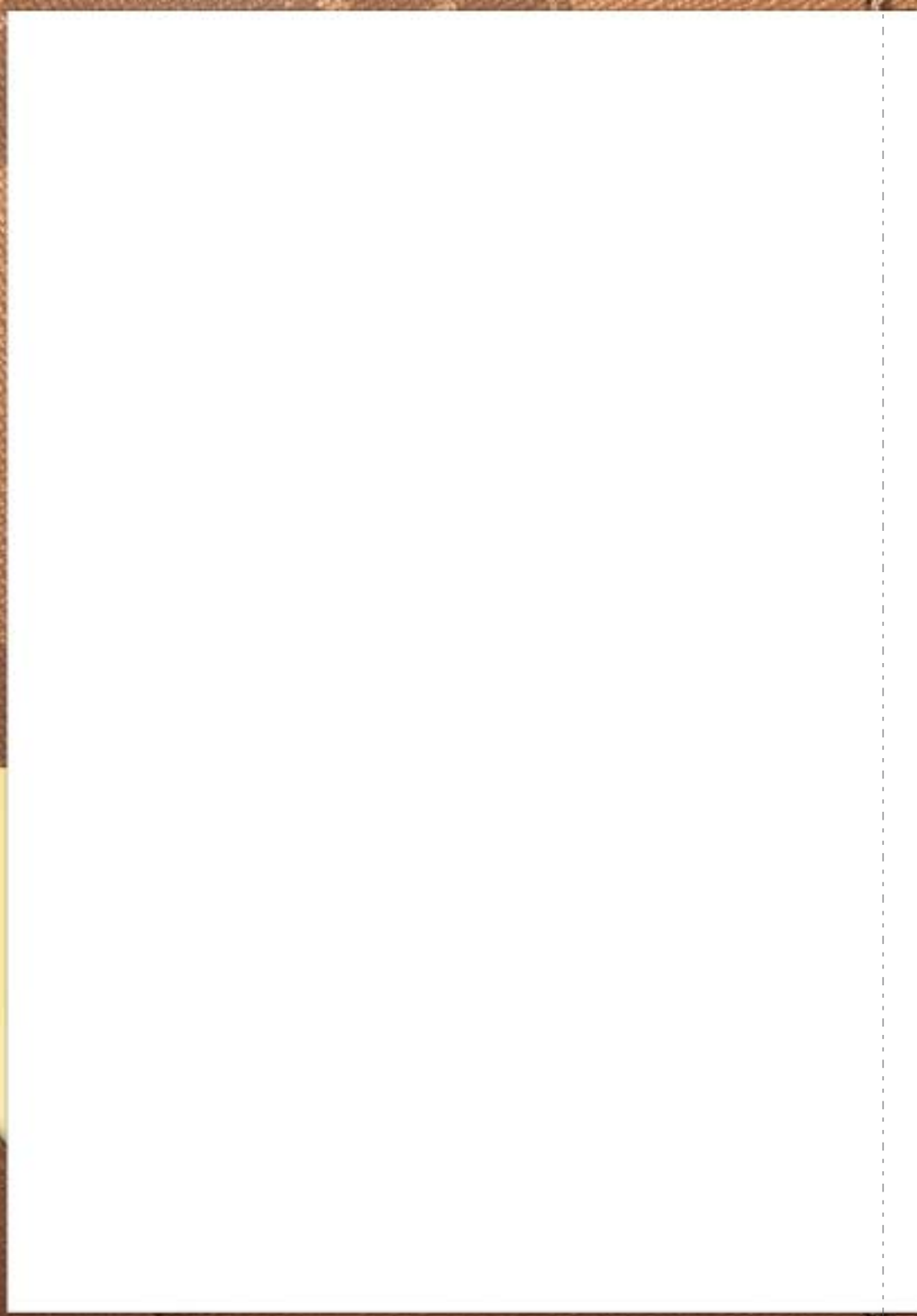
Please feel free to ask me any questions. Thank you for your help.

Sincerely,

\_\_\_\_\_  
(Name of Teacher/Class /Year)

\_\_\_\_\_  
(Phone Number)

\_\_\_\_\_  
(School Office Phone Number)



**Mailing Address**

Orchard Road P. O. Box 0157  
Singapore 912306

**MAIN OFFICE**

138 Bukit Timah Road  
Singapore 229839  
Telephone: 6835 6465  
Fax: 6835 0032  
Email: admin@ccf.org.sg

**CCF-KKH FAMILY SUPPORT CENTRE**

KK Women's & Children's Hospital  
100 Bukit Timah Road Level 7  
Children's Tower Room 7 T 01  
Singapore 229899  
Telephone: 6297 0203  
Fax: 6297 0121

**CCF-NUH FAMILY SUPPORT CENTRE**

National University Hospital  
5 Lower Kent Ridge Road  
Level 4 Main Building  
Singapore 119074  
Telephone: 6772 4472  
Fax: 6772 4470

[www.ccf.org.sg](http://www.ccf.org.sg)