

LETTER to the EDITOR

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Bridging Medical and Psychological Care: A Necessity for Adolescent and Young Adults (AYA) Cancer Patients

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Dear Editor

Cancer is the second leading cause of death in children ages 1 to 14 [1]. With major treatment advancements, the mortality ratio associated with cancer in the paediatric and young adult population has also fortunately decreased. The five-year survival rates in children with cancer exceed 80% in high-income countries, while this rate is below 30% in low-middle-income countries, still adding to the burden of side effects related to cancer therapy and psychosocial imbalances in survivors. Cancer survivors may experience cognitive, emotional, social, and financial challenges in addition to academic ones. These hurdles might affect their psychosocial development and quality of life [2].

According to a study, 11% to 26% of children with cancer commonly experience problems such as fatigue, academic stress, worry, sadness, boredom, and challenges in family relationships. In addition to this, children experiencing psychological distress were 1.8 times more likely to face difficulties in physical, practical, and family/social aspects compared to those who did not experience distress [3].

Many young people receive cancer diagnoses every year, which highlights the critical nexus at which the physical and psychosocial components of their care must cross. According to research, children with cancer frequently have a negative self-perception, which is linked to social, educational, and psychological impairment as well as low self-esteem and depressive symptoms [4]. A qualitative study conducted in Poland on children diagnosed with cancer revealed that around 69% of them were suffering from severe depression [5].

Participation in school events is one of the important experiences for a child's development. However, frequent hospital visits for medical appointments can lead to missing out on these experiences causing children to fall behind their peers due to missed classes and prolonged absences [6]. In one of the research studies, cancer survivors exhibited higher occurrence of late enrollments, repeating grades, and elevated rates of school absenteeism compared to the control group [7]. Along with this, adolescents dealing with cancer may encounter challenges in the development of their identity and self-esteem [8]. In another study, children diagnosed with Acute Lymphoblastic Leukemia (ALL) were identified to have a moderate increased risk of experiencing behavioral and educational problems [9].

In addition to children and adolescents diagnosed

with cancer, caregivers also experience their own set of challenges while providing support and care throughout the treatment process. For instance, in a research study, it was seen that the mothers of children with cancer were at risk of compassion fatigue [10]. Furthermore, not everyone has a deep understanding of cancer and at times lack of detailed information also burdens the caregivers. In a descriptive-analytical study conducted in Iran, adolescent siblings of patients with cancer experienced unmet psychosocial needs, specifically regarding information about their siblings' cancer and finding emotional coping support [11]. Thus, including psychological interventions in cancer care can support young patients and their caregivers throughout the treatment journey.

Psychological interventions tailored for patients can play a pivotal role in addressing the emotional, social, and developmental challenges, contributing to their mental well-being and enhancing overall treatment outcomes and survivorship experiences. For example, psychotherapy techniques such as art therapy have appeared to have positive results for children with cancer [12]. Art therapy helps establish effective communication channels with children and provides insights into their specific needs, which aids in creating higher-quality care plans [13]. In addition to this, in a systematic review, it was observed that CBT holds the potential to reduce anxiety, depression, and pain among paediatric cancer patients [13].

Young cancer patients have distinctive needs since their emotional, social, spiritual, and cognitive development is still in the early stages, specialists must treat them as unique individuals and evaluate their specific needs. Recognizing this age group's needs is critical to their future development and, consequently, to their quality of life [14].

Henceforth, incorporating psychology into multi-disciplinary teams (MDTs) consisting of paediatric nurses, social workers, and psychologists is essential in cancer care. MDT tumor boards act as a support system for cancer patients, bringing specialists from various fields to discuss cases and agree on a treatment plan based on evidence-based guidelines [15]. The collaborative efforts of MDTs, including psychological expertise, can lead to more effective patient outcomes and enhance overall well-being throughout the cancer journey.

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