

110TH CONGRESS  
1ST SESSION

# S. RES. 254

Supporting efforts for increased healthy living for childhood cancer survivors.

---

IN THE SENATE OF THE UNITED STATES

JUNE 25, 2007

Mr. COLEMAN (for himself and Mr. REED) submitted the following resolution;  
which was referred to the Committee on Health, Education, Labor, and  
Pensions

---

## RESOLUTION

Supporting efforts for increased healthy living for childhood  
cancer survivors.

Whereas an estimated 9,000 children under the age of 15 will  
be diagnosed with cancer in the year 2007;

Whereas oncology, the study of cancer and tumors, has made  
significant progress in the prevention, treatment, and  
prognosis of many childhood cancers;

Whereas the number of survivors of childhood cancer con-  
tinues to grow, with about 1 in 640 adults between the  
ages of 20 and 39 having a history of cancer;

Whereas despite this progress, cancer is the chief cause of  
death by disease in children under age 15, and the fourth  
leading cause of death in children ages 1 to 19;

Whereas childhood cancer varies from adult cancers in development, treatment, response to therapy, tolerance of therapy, and prognosis;

Whereas, in most cases, childhood cancer is more responsive to therapy, the child can tolerate more aggressive therapy, and the prognosis is better;

Whereas extraordinary progress has been made in improving the cure rates for childhood cancers, but this progress involves varying degrees of risks for both acute and chronic toxicities;

Whereas many childhood cancer survivors and their families have courageously won the fight against cancer, but continue to be challenged in their attempt to regain quality of life, and will never fully return to their pre-cancer life;

Whereas half of all childhood cancer survivors have long-term learning problems as a result of their cancer or the treatment of their cancer;

Whereas the prolonged absences or reduced energy levels that frequently occur during treatment may contribute to difficulties for a child;

Whereas recent scientific reports indicate that treatment for cancer during childhood or adolescence may affect cognitive and educational progress due to neurotoxic agents (such as chemotherapy or radiation);

Whereas cancer that may spread to the brain or spinal cord requires therapy that can sometimes affect cognition, attention and processing speed, memory, and other learning abilities;

Whereas children with brain tumors, tumors involving the eye or ear, acute lymphoblastic leukemia or non-Hodgkin's

lymphoma face a higher risk of developing educational difficulties;

Whereas the educational challenges of a childhood cancer survivor may appear years after treatment is completed and are frequently misdiagnosed or ignored all together;

Whereas few educators are aware of the educational late effects related to cancer treatment;

Whereas childhood cancer survivors and their parents deserve and need neuropsychological testing to help them achieve academic success and have productive, hopeful futures;

Whereas some progress has been made, but a number of opportunities for childhood cancer research still remain underfunded; and

Whereas increased recognition and awareness of neuropsychological testing for childhood cancer survivors can have a significant impact on the education and ultimately the quality of life and productivity of people with childhood cancer: Now, therefore, be it

1       *Resolved*, That it is the sense of the Senate that the  
2 United States Government should—

3           (1) support neuropsychological research and  
4 testing of childhood cancer survivors and their fami-  
5 lies;

6           (2) work with health care providers, educators,  
7 and childhood cancer advocacy and education organi-  
8 zations to encourage neuropsychological testing;

9           (3) recognize and reaffirm the commitment of  
10 the United States to fighting childhood cancer by

1 promoting awareness about the causes, risks, pre-  
2 vention, and treatment of childhood cancer;

3 (4) promote new education programs about, re-  
4 search of, and expanded medical treatment for child-  
5 hood cancer survivors;

6 (5) support research and expanded public-pri-  
7 vate partnerships to improve post-cancer life for  
8 childhood cancer survivors; and

9 (6) encourage the early diagnosis and access to  
10 high-quality care for childhood cancer patients and  
11 survivors.

○