

## Program at a Glance

7:30 am – 8:25 am • Registration & Continental Breakfast

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8:25 am – 8:30 am

### Opening Remarks

Corin Greenberg, PhD; Danielle Cataudella, PsyD, CPsych

8:30 am – 9:00 am

### Opening Keynote – An Overview of Risk and Resilience for Psychosocial Late Effects

Speaker: Cynthia A. Gerhardt, PhD

*Families are exposed to considerable stress when a child is diagnosed with cancer. However, research indicates marked variability in psychosocial outcomes among parents and children. Some individuals exhibit social, emotional, or behavioral difficulties, while others may demonstrate resilience or the development of new strengths and competencies. Key medical, individual, and family factors are described in relation to their impact on psychosocial late effects.*

*This presentation provides an overview of some of the psychosocial issues experienced by families of survivors and the factors associated with both risk and resilience.*

## MODULE 1: RISK ASSESSMENT AND SCREENING BEST PRACTICES

9:00 am – 9:45 am

### Early Warning Signs of Psychosocial Risk in Children with Cancer and their Families

Speakers: Maru Barrera, PhD, MA, CPsych

*It is well established that a diagnosis of childhood cancer and its treatment can lead to psychosocial distress in the affected child and the family, particularly during the early stages of treatment. Identifying early warning signs of psychosocial risk in this population may lead to a reduction of psychosocial distress and better allocation of resources. This presentation provides an overview of psychosocial distress and risk in this population; guidelines and standards for psychosocial services in pediatric oncology; barriers to psychosocial screening, assessment, and care; psychosocial screening tools and recommendations for psychosocial screening and follow-up plan.*

9:45 am – 10:30 am

### Lifting the Veil: Assessing and Treating Depression and Anxiety in Children with Cancer

Speaker: Anna C. Muriel, MD, MPH

*Children and adolescents with cancer may have pre-existing psychiatric diagnoses, and are also vulnerable to developing mood or anxiety problems in the context of the psychological and medical challenges of treatment. When behavioural interventions are not enough, effective psychotropic medication may also be used to treat depression and anxiety. These medications can be used safely in children receiving oncology treatment, although robust studies are lacking.*

*This presentation will describe an approach to assessment and treatment for depression and anxiety in youth undergoing treatment for cancer.*

10:30 am – 10:45 am • Networking Break; Posters on Display

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## MODULE 2: PAIN MANAGEMENT FOR CHILDREN WITH CANCER

10:45 am – 11:30 am

### Fear of the Poke: Mitigating Procedure-Related Pain and Distress

Speaker: Christine Chambers, PhD, RPsych

*Pain and distress from medical procedures is very common, especially for children with cancer and their families. Drawing from the research literature and systematic reviews, this presentation will provide an overview of the efficacy of different interventions for procedure pain management in children, with a focus on the role of psychological interventions. The presentation will also address barriers to effective procedure pain management in children. Moreover, the presentation will summarize our recent work using social media as a method to mobilize research evidence about children's pain to parents, including our successful "It Doesn't Have to Hurt" YouTube video for parents about procedure pain. Our more recent "It Doesn't Have to Hurt" social media campaign, a partnership with Erica Ehm's YummyMummyClub.ca, using blogs, Twitter parties, Facebook polls, videos, and social media images will also be described. Recently funded by a Knowledge-to-Action grant from the Canadian Cancer Society, we will share our plans to develop a social media initiative specifically on cancer pain in children for caregivers, in partnership with the Cancer Knowledge Network.*

11:30 am – 12:15 pm

### Managing Neuropathic Pain in Children with Cancer

Speaker: Jennifer Stinson, RN-EC, PhD, CPNP

*Pain is a common and distressing symptom in children with cancer. Neuropathic (nerve) pain is a particular type of pain that is challenging to assess and treat. Neuropathic pain can result from nerve injury or disease affecting the peripheral or central nervous system. It is estimated that 20% of people with cancer have cancer-related neuropathic pain. Neuropathic cancer-related pain negatively impacts all aspects of children's quality of life. Awareness of neuropathic pain by patients, families and health care professionals and access to effective prevention and treatments are the most important factors in preventing or reducing the impact of neuropathic cancer pain in children.*

*This presentation provides an overview of neuropathic pain in children with cancer, how to assess it, how to manage it using pharmacological, psychological and physical strategies as well as directions for future research.*

12:15 pm – 1:00 pm - Lunch; Posters on Display

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## MODULE 3: EASING THE BURDEN

1:00 pm – 1:45 pm

### Medications Are Not Enough: Psychosocial Support for Children, their families and Care Providers at the End of Life

Speakers: Kevin Weingarten, MD, MHSc, FRCPC

*For many, the image of end-of-life care includes a patient in a hospital bed receiving medication. While this may be one possible scenario, it is by no means the only one, nor should it be the model. At end-of-life, support for the child, family and care providers is imperative, in order to meaningfully affect the dying process, legacy of the child and coping strategies after death for all included.*

*This presentation provides an overview of pitfalls, tools and strategies in supporting children, their families and their care providers at the end of life.*

1:45 pm – 2:30 pm

### Family Decision Making when a Child Cannot be Cured

Speaker: Cynthia A. Gerhardt, PhD

*Despite improvements in survival rates, cancer remains the leading cause of disease-related death in childhood. Research indicates significant symptom burden and suffering among children who die of cancer, as well as barriers to the provision of pediatric palliative care. In these cases, communication and decision making are vitally important to families and healthcare providers when a child cannot be cured. Novel approaches to working with families regarding advanced directives and decision-making are highlighted.*

*This presentation provides an overview of some of the challenges experienced by healthcare providers and families of children near the end of life.*

2:30 pm – 2:45 pm • Networking Break; Posters on Display

## MODULE 4: INTERVENTIONS WITH SPECIAL POPULATIONS

2:45 pm - 3:30 pm

### Behaviour Management Interventions in the Care of Children with Cancer

Speaker: Anna C. Muriel, MD, MPH

*Children and adolescents with cancer may present with challenging behavior that can interfere with medical care, adherence to treatment, and quality of life. There are a wide variety of strategies that may decrease distress, allow for optimal medical care, and enhance quality of life for both children and their families.*

*This presentation will review a range of multi-disciplinary interventions including psycho-education, procedural support, cognitive behavioral therapy, and parent problem-solving therapy, as well as psychopharmacology approaches to behavioural problems.*

3:30 pm – 4:15 pm

### Pharmacological and Nonpharmacological Interventions for Cognitive Late Effects

Speaker: Heather M. Conklin, PhD

*Survivors of CNS impacting cancers diagnosed in childhood are at significant risk for cognitive impairments. As survival rates improve, efforts to optimize cognitive outcomes take on added importance. Historically, there have been few empirically supported interventions for cancer survivors. Findings from pharmacologic interventions, largely using methylphenidate, have revealed an intervention that is safe and efficacious. However, there remain children for whom stimulant medications are not a viable option due to medical contraindication, parental preference or poor medication response. Findings from nonpharmacologic, therapist-delivered interventions offer initial encouragement, particularly for improving academic skills; yet, time and financial requirements are high for relatively modest benefits, and individuals must reside in close proximity to providers. Computerized cognitive training offers added advantages of remote administration, decreased personnel resources and standardized implementation. Studies have demonstrated the feasibility, acceptability and efficacy of this approach, with neuroimaging findings suggestive of training-related neuroplasticity. Generalization of benefits to non-trained skills and maintenance of benefits over time are being investigated. Future directions include the use of genetics and neuroimaging to identify cognitive risk early in treatment as well as individualize intervention approaches.*

*This presentation provides an overview of pharmacologic and nonpharmacologic interventions for cognitive late effects experienced by childhood cancer survivors, including novel interventions currently under investigation.*

4:15 pm – 5:15 pm

### Forging a Therapeutic Alliance: Advancing Mutual Understanding with our First Nations Families and Western Medicine

Speakers: Sarah Alexander, MD; Deneen Hill; Elva Jamieson

*This session aims to promote the understanding healing practices -- First nations cultural and ancestral and Western Medicine. It will offer insights into beliefs and traditional healing practices that should be incorporated into partnership between the health care delivery system and practitioners of Western medicine and practitioners of traditional healing, and families.*

*Objectives: 1. A better understanding of the history, significance and application of First Nations healing practices; 2. An understanding of the lived experience of First Nations families in the context of life threatening disease in children, and the incremental stresses faced by parents in the decision making process; 3. An understanding of the interface between Western and traditional practices and ways to mitigate differences and ways move toward a model of an harmonious care path.*

*The overall objective is to understand how we can forge new paths of collaboration and communication.*

5:15 pm – 5:20 pm

### Closing Remarks

Julie A. Watson, MSN, NP-Paediatrics



5-10 minutes reserved for audience Q&A at the end of each session.