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Abstract Proof**CONTROL ID:** 197791**CONTACT (NAME ONLY):** Jordi Bernabeu**PRESENTER:** Jordi Bernabeu**Abstract Details****PRESENTATION TYPE:** Paper or Poster**CATEGORY:** Cognitive Intervention/Rehabilitation**"Other" Category:****KEYWORDS:** pediatric neuropsychology, cancer, cognitive rehabilitation.**Abstract****TITLE:**

Neuropsychological Rehabilitation in Pediatric Oncology: comparison of neuropsychological profiles after intervention.

AUTHORS (ALL): Bernabeu, Jordi; Grau, Claudia; Fournier, Concepcion; Aguilar, Silvia; Canyete, Adela; Menor, Francisco; Almerich, Gonzalo; Suarez, Jesus M.; Castel, Victoria.

ABSTRACT BODY:

Objective : We present the case of an adolescent diagnosed in 2001 with a Non-Hodgkin Burkitt's lymphoma when she was 14 (stage 4, CNS affected). Treatment included systemic and intrathecal chemotherapy and holocranial radiotherapy (24Gy). Imaging studies revealed signal changes in frontal white matter related with therapeutics.

Participants and Methods : The patient was assessed with our neuropsychological assessment protocol composed of multiple cognitive functioning as well as a psychopathological evaluation. In September 2003 she presented a generalized cognitive deterioration.

Rehabilitation was based on her neuropsychological profile, age, expectations and interests of the patient. Specific intervention in academic abilities was decided because of her delay with peers. The intervention has been carried out for 10 months, 2 hours/week and included: techniques and studying habits, academic abilities training (arithmetic, reading comprehension and writing), attention and memory exercises.

Results : Results of 2004 neuropsychological assessment revealed significant changes, between 1 and 2 standard deviations, in the intervention areas. Moreover we obtained 12 to 19 points improvement in IQ.

Conclusions : Rehabilitation in pediatric oncology implies long-term support for our patients. Besides of improving environmental resources (school, family, social services...), we want to develop individualized interventions that allows us to palliate/compensate cancer and treatment sequelae. These first results offer significant and quantitative improvements in the intervention areas and are the first to point out the validity of our work.