ASSESSMENT OF NEUROPSYCHOLOGICAL SEQUELAE IN PEDIATRIC CANCER SURVIVORS (SENECA-PED)

Thank you for participating in this study. The aim is to evaluate the current status of diagnosis and management of neuropsychological sequelae in pediatric cancer survivors across different centers in Spain.

Completing the survey will only take 5-6 minutes.

* Indicates a required question

PROFESSIONAL PROFILE

1. Healthcare center where you work *

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2. Autonomous community where you work *

- ○ Andalusia
- ○ Aragon
- ○ Asturias
- ○ Balearic Islands
- ○ Canary Islands
- ○ Cantabria
- ○ Castile-La Mancha
- ○ Castile and León
- ○ Catalonia
- ○ Valencian Community
- ○ Extremadura
- ○ Galicia
- ○ Community of Madrid
- ○ Murcia
- ○ Navarre
- ○ Basque Country
- ○ La Rioja

3. Type of center where you work *

- ○ a. Tertiary hospital with a pediatric hemato-oncology unit/service
- ○ b. Hospital with shared care / referral to a tertiary center
- ○ Other:

4. Main role in your professional practice *

- ○ Pediatric hemato-oncologist
- ○ Pediatrician (other subspecialties)
- ○ Neuropsychologist/clinical psychologist
- ○ Nurse
- ○ Other:

5. How many years have you been practicing your profession with pediatric cancer patients? *

- ○ < 2 years
- ○ 2-5 years
- ○ 6-10 years
- ○ 11-20 years

○ > 20 years

6. Approximate number of pediatric oncology patients treated by your team/service per year *

○ < 20
○ 20-50
○ 51-100
○ >100
○ I do not know

7. Do you routinely see pediatric cancer survivors? *

○ Yes
○ No

RECOGNITION OF NEUROPSYCHOLOGICAL SEQUELAE

8. In what percentage of cancer survivors treated with chemotherapy +/- radiotherapy would you say neurocognitive sequelae occur? *

○ Less than 25%
○ 25-50%
○ 50-75%
○ More than 75%
○ Unable to estimate

9. Which of the following cognitive domains do you think may be affected in these patients? *

☐ Attention and concentration
☐ Language (expression and/or comprehension)
☐ Memory
☐ Processing speed
☐ Executive functions (planning, organization, cognitive flexibility, inhibitory control, etc.)
☐ Visuospatial abilities
☐ Intelligence
☐ Response to stimuli
☐ Perception
☐ Calculation
☐ Socialization capacity
☐ Emotional regulation/behavioral control
☐ Motor function/psychomotor coordination
☐ I do not consider relevant cognitive impairments to occur
☐ I do not know / I am not sure

10. How much importance do you give in your clinical practice (decision-making, prescriptions, etc.) to neurocognitive sequelae in pediatric cancer survivors? *

○ None
○ Low
○ Moderate
○ High
○ Very high

11. How often do you identify neurocognitive difficulties in your daily clinical practice? *

○ None
○ Low
○ Moderate
○ High
○ Very high

12. How confident are you in recognizing/assessing this type of sequelae? *

○ None

○ Low
○ Moderate
○ High
○ Very high

13. What impact would you say a history of cancer and treatment with chemotherapy/radiotherapy has on the following aspects? *

	None	Low	Moderate	High	Very high
School performance	○	○	○	○	○
Daily functioning/autonomy	○	○	○	○	○
Family/social quality of life	○	○	○	○	○

14. What priority do you think these sequelae receive compared with other late effects in routine follow-up? *

○ None
○ Low
○ Moderate
○ High
○ Very high

SCREENING AND DIAGNOSIS

15. Is there a protocol/pathway for neuropsychological detection and referral in your center? *

○ Yes, protocolized and known
○ Yes, but not standardized
○ No
○ I do not know

16. When is neuropsychological assessment performed or considered? *

☐ At diagnosis (baseline)
☐ During treatment (if suspected)
☐ At treatment completion
☐ During scheduled long-term follow-up
☐ Only when requested by the family/school
☐ Only if evident symptoms are present
☐ Usually not assessed
☐ There is no neuropsychology clinic available in my center

17. What criteria prompt neuropsychological referral/assessment? *

☐ CNS tumor
☐ Cranial radiotherapy
☐ Chemotherapy with neurotoxic risk (e.g., high doses/IT...)
☐ Any systemic chemotherapy
☐ Transplantation
☐ Cellular therapy
☐ Early age at diagnosis
☐ Patient/family complaint
☐ School difficulties/school notification
☐ Emotional/behavioral alteration
☐ Usually not assessed
☐ Other:

18. In your center, which service or team performs the neuropsychological assessment? *

☐ Pediatric Hemato-Oncology
☐ Psychiatry/Clinical Psychology

☐ Psychology from external foundations
☐ Pediatric Neurology
☐ Rehabilitation/Occupational Therapy/Speech Therapy
☐ Multidisciplinary team
☐ Depends on the case / no clear figure
☐ Usually not assessed
☐ I do not know

19. What is the usual waiting time for neuropsychological assessment? *

○ <1 month
○ 1-3 months
○ 3-6 months
○ >6 months
○ Not available
○ I do not know

20. Are the result/conclusions of the neuropsychological assessment systematically recorded in the medical record, when performed? *

○ Yes, systematically
○ Sometimes
○ Rarely / No
○ I do not know

MANAGEMENT AND INTERVENTIONS

21. In your center, when neuropsychological difficulties are detected, what interventions are offered or facilitated? *

☐ Psychoeducational guidance for family/patient
☐ School report and recommendations
☐ Coordination with educational support (counselor, special education teacher, etc.)
☐ Clinical neuropsychology / cognitive rehabilitation
☐ Psychotherapy (anxiety, adjustment, etc.)
☐ Occupational therapy
☐ Speech therapy
☐ No specific intervention is offered
☐ I do not know

22. What follow-up is performed for patients with detected sequelae to monitor response to intervention? *

☐ a. Scheduled follow-up
☐ b. On-demand follow-up (by professionals, patient and/or caregivers)
☐ c. No specific follow-up is performed / not available
☐ d. I do not know

23. In your perception, how adequate overall are the resources available in your center to address these neuropsychological sequelae? *

○ None
○ Low
○ Moderate
○ High
○ Very high

24. What do you think is the main problem in addressing this type of neuropsychological sequelae? *

☐ a. Lack of specialized professionals
☐ b. Waiting lists / difficult access
☐ c. Lack of standardized protocol/pathway
☐ d. Lack of consultation time / agenda availability
☐ e. Lack of specific training

☐ g. Lack of intervention resources
☐ Other:

CENTER RESOURCES AND PROFESSIONAL KNOWLEDGE

25. In your center, are the following resources available? *

	Yes	No	I do not know
Neuropsychologist dedicated to pediatric oncology	○	○	○
Clinical psychology	○	○	○
Pediatric neurology	○	○	○
Rehabilitation	○	○	○
Occupational therapy	○	○	○
Speech therapy	○	○	○
Long-term survivor follow-up programs	○	○	○
Cognitive rehabilitation programs	○	○	○

26. Do you know any guidelines or recommendations for neuropsychological follow-up in survivors? *

○ Yes, and we use them
○ Yes, but they are not systematically applied
○ No
○ I am not sure