
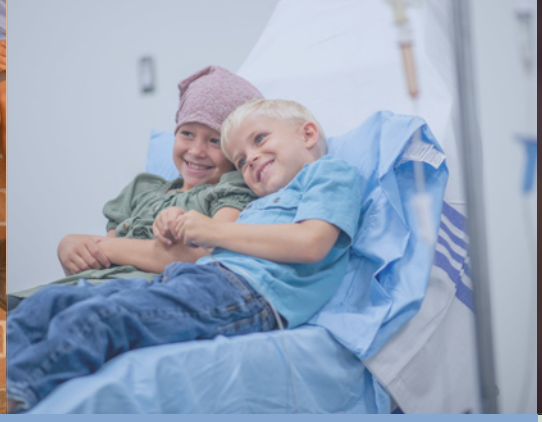


# Clinical Practice Guideline

## for the Management of Communication and Swallowing in Children Diagnosed with Childhood Brain Tumour or Leukaemia

**Guideline Summary**





THE UNIVERSITY OF SYDNEY

NEUROKIDS RESEARCH LABORATORY

NSW GOVERNMENT

Proudly supported by Cancer Institute NSW

murdoch children's research institute

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**Publication Approval**

Australian Government
National Health and Medical Research Council

The guideline recommendations in this document were approved by the Chief Executive Officer of the National Health and Medical Research Council (NHMRC) on 23 November, 2020, under Section 14A of the National Health and Medical Research Council Act 1992. In approving the guideline recommendations, NHMRC considers that they meet the NHMRC standard for clinical practice guidelines. This approval is valid for a period of 5 years. NHMRC is satisfied that the guideline recommendations are systematically derived, based on the identification and synthesis of the best available scientific evidence, and developed for health professionals practising in an Australian health care setting. This publication reflects the views of the authors and not necessarily the views of the Australian Government.

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# Plain English Summary

Childhood brain tumour and leukaemia are the two most common types of cancers in children. Treatments for these cancers have improved dramatically in recent years and now a majority of children survive. However, these cancers and their treatments can have negative effects on child development, including communication and swallowing skills.

This guideline makes two main recommendations about the management of communication and swallowing difficulties in children diagnosed with childhood brain tumour or leukaemia as shown below.

Recommendation 1

## Communication assessment and intervention should be offered to children diagnosed with childhood brain tumour or leukaemia

The communication recommendation made in this Guideline calls for communication assessment and intervention to be offered to children diagnosed with brain tumour or leukaemia. This is needed because these children often experience communication difficulties such as problems with producing clear speech, understanding and using language, and literacy skills such as reading and writing. Communication difficulties may be seen at the time of cancer diagnosis or during cancer treatment but can also be seen months or years after cancer treatment.

Recommendation 2

## Swallowing assessment and management should be offered to children diagnosed with childhood brain tumour or leukaemia

The swallowing recommendation made in this Guideline calls for swallowing assessment and management to be offered to children diagnosed with brain tumour or leukaemia. This is needed because the ability to swallow foods and fluids can be compromised in these children. This can be life-threatening as it puts the child at-risk of chest infections if food/fluid enters the lungs. Swallowing difficulties are frequently reported during cancer treatment. However, there is some evidence that swallowing difficulties may continue into the longer-term, once cancer treatment has finished.

# Executive Summary

## Evidence-based Recommendation 1: Communication

| | |
|---|---|
| Communication assessment and intervention should be offered to children diagnosed with childhood brain tumour or leukaemia | **Strong Recommendation[a]** |

### Key practice points

| **Assessment & Intervention** |
|---|
| ***When to assess*** |
| Communication assessment should occur at or as soon as possible after cancer diagnosis. |
| Communication assessment should occur during the oncology treatment phase and oncology follow-up phase. Multiple assessments during these phases may be required if concerns are indicated by the oncology care team and/or family. |
| Regular monitoring of the child's communication development should continue throughout the survivorship phase until end of adolescence. |
| ***What to assess*** |
| A comprehensive assessment of speech and language should be conducted. Assessment needs to be tailored to the age and developmental level of the child. Where appropriate, language assessment should include high-level language, discourse-level skills and literacy. |
| Assessment should include a range of individualised assessment procedures such as norm-referenced assessments, criterion-referenced tools, care-giver report and clinical observations across environments. |
| ***When to intervene*** |
| Children diagnosed with CBTL should be provided with early individualised intervention during the oncology treatment phase for identified communication difficulties. |
| Children diagnosed with CBTL should be provided with timely individualised intervention for communication difficulties identified during the oncology follow-up and survivorship phases through until the end of adolescence. |

## Care Team

Speech Pathologists should be involved as integral members of the oncology care team from the point of cancer diagnosis and throughout the oncology treatment and follow-up phases.

All members of the oncology care team should be informed about communication difficulties and involved in management throughout the oncology treatment and follow-up phases.

Speech Pathologists should work in partnership with oncologists, family members and education professionals to monitor communication development throughout the survivorship phase until the end of adolescence.

## Education

Education about communication development and difficulties in CBTL should be provided to families at cancer diagnosis or as early as possible.

Education about communication development and difficulties in CBTL should continue to be provided to families throughout the oncology treatment and follow-up phases.

Education about potential long-term communication difficulties in CBTL should be provided to families and education professionals throughout the oncology follow-up and survivorship phases.

[a]Based on GRADE EtD framework

# Evidence-based Recommendation 2: Swallowing

| | |
|---|---|
| Swallowing assessment and management should be offered to children diagnosed with childhood brain tumour or leukaemia | **Strong Recommendation[a]** |

## Key practice points

### Assessment & Intervention

***When to assess***

Swallowing assessment should occur at or as soon as possible after diagnosis of CBTL.

Swallowing assessment should occur during the oncology treatment phase. Multiple assessments may be required where concerns are indicated by the oncology care team and/or family.

Regular monitoring of the child's swallowing should continue throughout the oncology follow-up and survivorship phases until end of adolescence.

***What to assess***

A comprehensive swallowing assessment should be conducted. Assessment needs to be tailored to the age and developmental level of the child. All phases of the swallow (pre-oral anticipatory, oral-preparatory, oral and pharyngeal) need to be assessed.

Videofluoroscopy Swallowing Study (VFSS) should be considered on a case-by-case basis as part of the assessment protocol to examine aspiration.

***When to intervene***

Children diagnosed with CBTL should be provided with early individualised management for swallowing difficulties during the oncology treatment phase.

Children diagnosed with CBTL should be provided with individualised management for swallowing difficulties identified by the oncology care team and/or family in the oncology follow-up and survivorship phases.

### Care Team

Speech Pathologists should be involved as integral members of the oncology care team from the point of cancer diagnosis and throughout the oncology treatment phase to manage swallowing.

All members of the oncology care team should be informed about swallowing difficulties and involved in their management as needed throughout oncology phases.

Speech Pathologists should work in partnership with oncologists and family members to monitor swallowing throughout the survivorship phase until the end of adolescence.

### Education

Education about swallowing difficulties in CBTL should be provided to families at cancer diagnosis or as early as possible.

Education about swallowing difficulties in CBTL should continue to be provided to families throughout the oncology treatment and follow-up phases.

[a]Based on GRADE EtD framework

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