CCLG The Children & Young People's Cancer Association

FREE

SUMMER 2025 | ISSUE 107

contact MAGAZINE

Work & employment

What does good employer support for parents, patients and survivors look like? What are their legal rights?

- CHARITY SUPPORT FOR YOUNG PEOPLE AFFECTED BY CANCER
- PROFESSIONALS INVOLVED IN CHILDREN AND YOUNG PEOPLE'S CANCER CARE

Parent's view

Christina Harris, whose daughter, Skye, was diagnosed with leukaemia, tells us why she's campaigning for parents of children with cancer to be legally entitled to a career break **Page 16**

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USING MY EXPERIENCES TO HELP OTHERS

Olly Liddle, diagnosed with bone cancer as a teenager, tells us how this has shaped his life, including inspiring a new career as a personal trainer, and finding success in powerlifting

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INSIDE THIS ISSUE... ON WORK & EMPLOYMENT

Summer 2025

EVERY ISSUE

ON THE COVER

Contact

is a free, quarterly magazine for families of children and young people with cancer.

Contact aims to reduce the sense of isolation many families feel following a diagnosis of childhood or young people's cancer.

CCLG: The Children & Young People's Cancer Association brings together childhood and young people's cancer professionals to ensure all children and young people receive the best possible treatment and care. **Contact magazine was founded by The Lisa Thaxter Trust and CCLG and first published in 1999.**

Please let us know your thoughts and feedback about Contact by emailing our Editor at editor@cclg.org.uk

Editorial Team and Board:

Past issues of Contact: The wide variety of articles published during the year in Contact adds up to a valuable and informative reference archive. If you would like any back issues, please contact the Editor. Details of key articles in previous editions are listed on our website.

CCLG The Children & Young People's Cancer Association

www.cclg.org.uk

KEEP IN TOUCH

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CCLG: The Children's & Young People's Cancer Association

Your messages...

From Contact's last edition on 'Communication'...

George's story resonates with readers:

"Beautifully written. It will really strike a chord with lots of families."

CCLG's information resources help to support families and professionals

"Such a fantastic organisation, the resources for children, young people and health professionals are very empowering and well written."

"A diagnosis is difficult to get your head around sometimes, never mind not having information or guidance. It is also great that some of it came from parents themselves."

"I'm thankful to the CCLG: The Children & Young People's Cancer Association for updating and sharing these vital resources for families."

Find all our trusted information resources at: **https://www.cclg.org.uk/about-cancer/information-resources/publications**

CCLG's research blog offers insight into genetics and childhood cancer

"Thank you for sharing this article. It was very well written and helped me understand a lot."

Scan here to read the blog:

Hello!

Cancer in children and young people can be life-altering in many ways for all those it impacts, and navigating the world of work is just one of them. In this edition, we hear a variety of experiences from parents and survivors about how their place of work did – or, in some cases, didn't – support them and the impact this had.

The importance of open and honest two-way communication is a theme that runs throughout. For parents or young people, it's important to voice what they need, and when, and to ask for support or reach out to people and organisations that could help. For their employers, we hope this edition can shine a light on how they can support them, in a way that goes above and beyond what's legally required. This could be by doing even the simplest of things, such as allowing employees to have their phone on their desk in case of emergency calls, or flexibility in working hours. Whatever that support looks like, compassion, kindness and understanding will be greatly needed to deliver it.

Sam

If you would like to **SHARE YOUR STORY** in Contact or have an idea for a theme for us to cover, please let us know. Email us at **editor@cclg.org.uk**

Join us on

CCLG's Big Hike

Raise funds that will help us fuel groundbreaking research into children and young people's cancer.

WHEN: Saturday 20 September 2025
WHAT: A half-marathon hike open to walkers of all levels
WHERE: Peak District National Park

Find out more at
www.cclg.org.uk/big-hike

MEDICAL ADVISER

Dr Ren Manias

Consultant Paediatric Oncologist at Southampton General Hospital and CCLG member

Balancing work responsibilities with caring for a sick child can add even more stress to an already immensely challenging time. Managing a child's cancer treatment, which often requires frequent hospital visits and extended time off, can make it difficult to maintain full-time employment. Parents may worry about job stability or their ability to balance work and caregiving, with financial difficulties contributing to increased stress levels. It's important to communicate openly with employers while also setting boundaries to protect your own mental health.

For many parents, a diagnosis of childhood cancer triggers an overwhelming mix of emotions, which can understandably affect their ability to focus on work. Some may feel that work is insignificant in comparison to the gravity of their child's illness and may want to stop working to focus on their child's needs. Others may need or want to continue working – whether out of financial necessity or to maintain a sense of normality. There's no right or wrong approach, just what works best for the individual family.

When transitioning back to work after treatment, parents may experience anxiety about their ability to work reliably, especially after a lengthy absence. Again, open communication with employers is key, and negotiating phased returns can allow for a gradual re-entry into the workplace.

As children grow into adulthood, young cancer survivors face unique challenges as they navigate their career paths. Disruptions in education can impact confidence and aspirations. Under the Special Educational Needs and Disability (SEND) Act, schools are required to support students with medical histories, providing resources to help them achieve their potential. Programmes like those offered by Young Lives vs Cancer provide career-focused workshops and networks for survivors, helping them develop skills for entering the workplace.

Although balancing work and caregiving during treatment can be incredibly challenging, the healthcare team can help parents find support and resources. Understanding your employment rights and connecting with organisations that offer practical and emotional support can help parents get through this difficult journey while ensuring they're able to care for their child and maintain their own wellbeing. It's important to remember that you don't have to navigate this journey alone.

NEWS IN BRIEF

Children's immune systems react differently to cancer

A new study has found that children's immune systems respond to cancer differently than adult immune systems. Researchers analysed tumour tissue and blood samples and found children's cancers were less inflammatory and had fewer mutations. This means the immune system sees them as less 'foreign' and is therefore less likely to attack. However, this is also dependent on what cancer type a child has. This could have important implications when designing immunotherapies.

(Source: Imperial College London)

Blood test could improve treatment for childhood cancer

Scientists have developed a simple blood test that tracks how childhood tumours change over time. Their research showed that testing for circulating tumour DNA (ctDNA), which is naturally released by tumours into the blood, can reveal genetic mutations that would be missed by traditional biopsies. Since ctDNA testing only requires a blood test, it's less invasive than tumour biopsies and can be repeated throughout treatment to help monitor cancer survival. It's hoped this will lead to effective targeted treatments for relapsed cancers.

(Source: The Institute of Cancer Research)

'Natural killer' cells to treat childhood sarcoma

Australian researchers have developed a new sarcoma treatment using engineered immune cells called 'natural killer' cells. The treatment is like CAR-T therapy, which has been very effective for blood cancers, but uses new targets to be effective against solid tumours. The researchers hope the immunotherapy will help patients with hard-to-treat sarcomas.

(Source: University of Queensland)

Reducing side effects for children with brain tumours

International research has identified the most radiation-sensitive areas of the brain which will allow radiotherapy to be delivered more safely for children with brain tumours. Researchers discovered that a region at the front of the brain is more important than previously recognised. These findings could help doctors know which areas of the brain to avoid, reducing long-term side effects for patients. By 2028, it's hoped to provide a 'brain atlas', which will be able to show areas to avoid when planning radiotherapy.

(Source: The Christie)

“Seek out additional help and be open about how you’re feeling”

__Shane Gunby__ was diagnosed with a brain tumour aged 15 in 2012, leaving him with several long-term side effects. He explains how this has impacted him in the workplace, and what a difference proper support from employers can make to young people navigating the world of work after cancer.

I was suffering for a long time with a variety of symptoms and must have visited my GP over 20 times before I was finally diagnosed with a pineal germinoma. Eventually, we decided to go the hospital instead. There, I was asked to do a variety of tasks such as squeezing the doctors’ hands and walking in a straight line, and I had my eyes checked along with other tests. I then had an MRI scan, which is where they found the growth. A biopsy confirmed my diagnosis, and I then had four weeks of intense radiotherapy, which shrunk the tumour right down.

The impact of my cancer

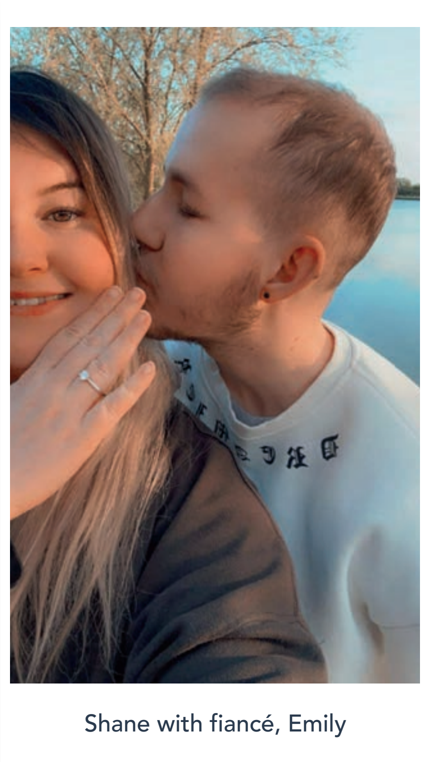
I’ve been ‘all-clear’ for 13 years, but life hasn’t been easy. I have to take a variety of pills to replace all the hormones that my brain no longer produces, and it can be very difficult to manage. I’ve struggled with fatigue, head pains and issues with my medication ever since my treatment, but I’ve tried to stay positive through every hurdle.

Getting into work has been difficult as I’ve struggled with my energy levels. Some of my previous employers haven’t been very understanding of my conditions. They didn’t understand that I take regular medications and must take them at strict intervals to ensure I’m healthy. This lowered my self-confidence, which has taken me a long time to rebuild.

How my current employers support me

I’m now working at a pharmacy doing a job I love. Ever since I recovered from my brain tumour, I’ve always wanted to work in a role where I can help other people with their health, so this suits me perfectly.

When I first started and was learning the role, I was slightly anxious as my memory and health issues had let me down before. I was worried I’d be the same in this role. I spoke to my manager, to explain my circumstances and see if there was any support she could give, which she and my colleagues did in abundance!



Shane with fiancé, Emily

I work with a robot for the most part of my job and that includes packaging up medication and ensuring the right tablets are in the correct slots in a blister pack. My employers told me that if this was getting too much, I’m welcome to take a break for a bit and do a less challenging task. Knowing I can take myself off if it gets too much has helped me a lot.

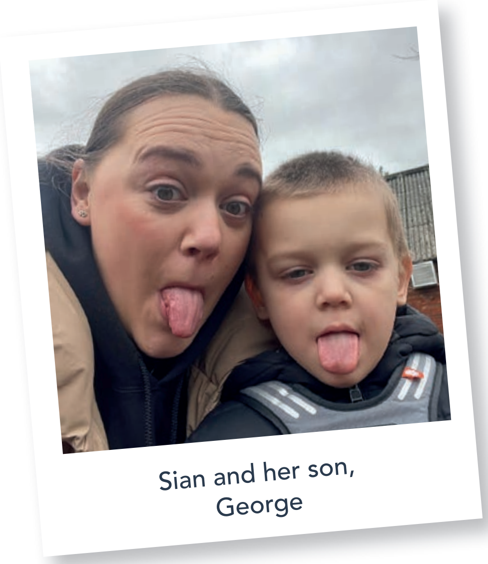
What else has helped with employment?

My consultants have been very supportive with helping me get back into work and providing letters to my employers to help them understand my conditions better. My lovely fiancè, Emily, has also always supported me and I know I wouldn't be where I am now if it wasn't for her!

Something that I found beneficial was keeping a journal, where I’d outline how my workday went, what I ate and drank, how I felt, and if there was any point where I was feeling tired or worn out. I could then work out if anything was contributing to how I was feeling on a day-to-day basis, enabling me to focus on doing the things that helped me feel good.

My advice to others

I’d always tell others to keep on pushing forward, no matter how far ahead your goals may seem. Seek out any additional help you may need from your clinicians and employers, and don’t be afraid to be open about how you’re feeling and what support could benefit you. Your employers might be able to support you in more ways than you may think!



Sian and her son, George

I benefitted from charity support - now I’m working for one that helped me

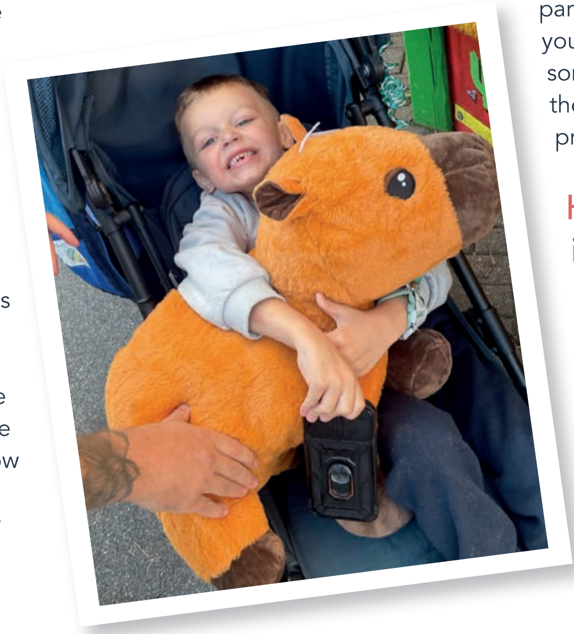
***Sian Brown’s** son, George, was diagnosed with stage 4 neuroblastoma in April 2019 when seven months old. Here, she explains how she gave up work to care for George and the financial implications of this, and how volunteering work led her back into employment helping other families of children with cancer.*

I was just about to go back to work after maternity leave when George was diagnosed with cancer. Instead, I had to make a horrible call to my then employer to let them know I wouldn’t be returning. I wasn’t sure how long George would need me to take on the extra care, so I made the decision to leave.

George’s treatment began straight away with induction chemotherapy, which was two rounds and then reassessment scans, from which we had some promising news. We then carried on with four more rounds of chemotherapy and as his first birthday came around, he was able to ring the end-of-treatment bell. George still had tumours remaining, but it was felt at the time that the treatment had served its purpose from clearing the disease from his bones and bone marrow.

George’s treatment sadly had to begin again in February 2020 when his reassessment scans showed new sites of disease, so I didn’t have time to even think about going back to work at this point. George then had two rounds of chemotherapy before we were told that he had a refractory relapse. This led to George being enrolled onto a trial called the Beacon clinical trial, which saw him receive four rounds of treatment. After some more reassessment scans, they were happy that George's disease remained stable, and we stopped treatment again. With George still not being able to attend nursery on a regular basis I still wasn’t able to return to work.

Nine months later, George had further reassessment scans, and we got some more devasting news. George had relapsed again. This time, treatment was very short with just two rounds of chemotherapy and immunotherapy combined. We were told that he would have to stop treatment as no change had happened, but his disease remained stable.



George has been off active treatment now for three years, but we continue to have six-monthly scans to watch how his disease behaves, and he still lives with multiple tumour sites. The care for George is very different now as he was diagnosed with autism at the age of five, which comes with its own complex needs. George is attending school full time which has taken some work by us all to make happen, but he's thriving, which is incredible to see.

How charity support helped during George’s treatment

Leaving work did add stress to our family as only receiving one income added extra strain on finding funds to pay your household bills, the extra food costs and travel expenses. There's a government benefit called 'Disability Living Allowance' that you can apply for, but your child must be unwell for three months before you can apply, so you can soon see your debts add up. We did receive financial help from friends and family who set up JustGiving pages to help with any additional costs we faced, which we felt extremely lucky for.

The Childhood Cancer Parents Alliance (CCPA) was a massive part of our support network while George was on treatment and most importantly, the charity stuck around after. We’d get sent parcels at Easter and Christmas full of gifts for the whole family. There were personal emails from its CEO Rachael, checking in on us and making sure we were all okay and didn’t need anything, and invites to family parties, where you felt you could let go and be yourself around families that had been through something like yourself. Fully funded trips, art therapy classes and more are things that CCPA provided for our family.

How volunteering led me back into employment

In October 2023, I saw an advert on the CCPA’s social media pages, looking for volunteers to list items on its Vinted account. I really needed to start thinking about getting back out into society and to start having adult conversations. Most importantly, I needed to feel like me again and have a purpose, so I decided to volunteer, and was glad I did.

I loved coming into CCPA everyday as I already felt part of the family for such a long

▲ Sian, dad Martyn and George and sisters Lexi and Sienna

time. It just felt right for me to give back as my way of saying 'thank you' for everything they'd done for us over the years.

After a while, I was asked to join the team as one of the eBay listers, which came with paid hours. I was never put under any pressure to commit to hours. Whatever I could offer them was a bonus and any time I needed to leave because school had called me or the children were unwell, I was never made to feel bad. CCPA value what family really means, and they understand that your family comes first.

Sian with her work colleagues

My latest role with the CCPA

Last summer, Rachael approached me to see whether I'd be interested in a new position the charity wanted to invest in. This was a fundraising lead, with responsibilities including connecting the charity with local businesses and companies, being the first point of contact for anyone wanting to raise money for the charity, and organising events to generate more funds to support the families we look after.

I was shocked, but also very honoured to be asked to do this role. However, I was worried I wouldn't be able to offer them full-time hours because of childcare. From the start, though, I was asked what I felt comfortable working and I was offered to work remotely if ever the children needed me at home or during the school holidays. For an employer to be so understanding about your homelife is hard to find, but equally so important.

> "I really needed to start thinking about getting back out into society and to start having adult conversations. Most importantly, I needed to feel like me again and have a purpose"

I'm now in the position that our homelife is very settled and financially we're in such a better place. I'm very grateful to have been given this opportunity to start a new career and work alongside the amazing families we support. My mission is to help the charity give the families the world, because they deserve it.

We never want to see any of them struggle, so we want them to know we're there for them financially or to offer any wellbeing support they need. When your child has been diagnosed with cancer, it's so hard and sometimes you can't seem to find the light at the end of the tunnel. And, even after treatment is finished, the struggles don't go away. But you've always just got to remember to be gentle on yourself and ask for help, from any support network around you.

Employment support for parents whose child has cancer

*Many parents will feel huge levels of stress as they try to figure out how and if they can continue to work and care for their child through treatment. **Andrew Whitehouse**, Service Manager at Young Lives vs Cancer, tells us what legal rights you have and how employers can support you.*

When parents are told their child has cancer, many of them say that the whole world falls from beneath their feet. It's devastating, shocking and can change family life dramatically from the outset. Employers can support this transition and alleviate some of the stress. Below are your legal rights and ways your employer can support you every step of the way.

The reality of working when your child has cancer

Children are treated in specialist hospitals across the UK. This means that, on average, parents are burdened with an average round-trip of 60 miles to get to and from hospital. Those who are lucky might be offered a place to stay near the hospital to save travel and money. But this means families are often divided with one parent 'holding the fort' at home while the other remains with the child having treatment. For single parent families, it's an insufferably hard situation.

The emotional impact should also not be underestimated. Stress, isolation, depression and anxiety come with the territory. They're also up against a huge financial burden that comes with the cost of travelling, or a reduced income if one parent has to give up work.

Any parent will need their employer to step up and be the best employer they can be. They'll need to understand what you're going through, a commitment to uphold your rights, and a willingness to create a supportive work environment.

How can employers further support you when your child's been diagnosed?

Employers keeping in regular contact and starting honest dialogue with you can let them know how they can support you. This might mean being given compassionate leave in the first instance while you've processed your child's condition, prognosis and treatment plan. Once you have a better idea of what's ahead, you can explore options with your employer for taking time off or for them to support you to continue working.

It's your employer's responsibility to ensure you understand the options regarding leave and working arrangements. They should keep an open conversation going in a way that's right for you, whether that's home visits, phone calls or going into the workplace, so that this process is as easy and supportive as possible.

Employers can support your transition back to work with a phased return or a return on part-time hours. Getting a clear picture from you of what you need to feel comfortable after you return will help to best support you. This includes being supportive of how and whether you choose to communicate your situation with colleagues.

Final thoughts

The social workers at Young Lives vs Cancer see first-hand the devastating impact a cancer diagnosis can have on families. As well as the emotional and practical implications, the financial impact can be immense.

Our social workers see the struggles faced and how physically tiring this can be, and how costly that is. Having understanding employers who can support their staff to enable them to work flexibly and creatively, when they're able to and for as long as they're able to, is vital in a cancer journey.

If you need more support, speak to a Young Lives vs Cancer social worker or contact Young Lives vs Cancer's Welfare Advice Service on **0800 915 4439** or **welfareadvice@younglivesvscancer.org.uk**

WHAT LEGAL RIGHTS DO YOU HAVE?

Time off in emergencies	Employees have the right to unpaid time off work to deal with emergencies involving a dependant – a family member or someone who depends on your employee's care. An emergency means an unexpected or sudden crisis. Anything known about in advance, like appointments, do not qualify. Some employers choose to offer paid time off in emergencies, but this should be set out in their policies. There's no set time for how long someone can take, as it depends on the situation. There are also no limits on how frequently this can happen. If you need to take time off in an emergency, you're not required to give them proof or anything in writing. As your employer, you shouldn't be refused reasonable time off, dismissed as an employee or treated unfairly on this basis. **Read more at https://www.gov.uk/time-off-for-dependants**
Parental leave	All parents are entitled to 18 weeks of parental leave if they've worked for the organisation for a year. This is normally unpaid, unless agreed otherwise, and is available for each child up to their 18th birthday. Parents generally take a maximum of four weeks in any one year. Usually, this must be taken in weekly blocks but children with cancer are legally defined as disabled which means that you should be allowed to take individual days, too.
Statutory Sick Pay	If you're struggling to work due to stress, anxiety or illness, you're entitled to statutory sick pay (SSP). This should be paid for up to 28 weeks if you meet certain criteria. Agency workers are entitled to SSP and there are different rules for agricultural workers. **Read more at https://www.gov.uk/statutory-sick-pay**
Flexible working	All employees have the legal right to request flexible working. Furthermore, parents who have a child with cancer under 18 have a legal right to ask to negotiate a working pattern that helps you care for your child. Options could involve working from home, job sharing, or working flexi or compressed hours. Employers don't have to agree to your request, but they do have to consider it in a 'reasonable manner'. They should remember that this could make all the difference in feeling that you can manage work and home life. Being flexible with taking leave will let you manage unexpected situations or needing to take a longer period than first thought. Ideally, you should try to let your employer know roughly how long you'll be away if possible, but they should be aware that this might be difficult as much will depend on how your child responds to treatment. Can they accommodate reduced hours or flexible working? If you do need to take a significant amount of time off, can they offer a sabbatical or an open invitation to return? Some parents want the choice to continue working as it gives them a positive focus. However, those who do will likely need to have assurance that they will be supported to attend appointments or take time off at short notice. You could also consider a reduction in hours and flexible or remote working. **Learn more about flexible working at https://www.gov.uk/flexible-working**
Protection from discrimination	Parents and carers of children with cancer are protected from discrimination or harassment because of their caring responsibilities under the Equality Act 2010. Discrimination at work could be making someone redundant because of their caring responsibilities or unfairly rejecting a flexible working request. Employers are also responsible for discrimination carried out by other employees unless they can show you've made reasonable efforts to prevent it. This includes self-employed people on a contract for them. **Read more about discrimination at https://www.gov.uk/employer-preventing-discrimination**

How my cancer recovery has sparked a desire to help others

Olly Liddle was diagnosed with bone cancer as a teenager. Here, he tells us how this has shaped his life, including inspiring a new career as a personal trainer.

Life was very different before cancer. I could run, swim and jump with a carefree spirit, and my world revolved around sports. I took pride in representing my school in cross country competitions and thrived as a rugby player for my local club, Rockcliff. The thrill of the game fuelled my dreams and ambitions, and I saw a future where I would play professionally. With every match and practice, I felt untouchable, as if nothing could stand in the way of my aspirations. However, life is unpredictable, and I learned this lesson the hard way.

At 13 years old I received a life-altering diagnosis of osteosarcoma, an aggressive bone cancer affecting my right knee. The tumour had extended 10 centimetres down my fibula and tibia, meaning I needed immediate treatment. I began my nine-month chemotherapy cycle in 2018 and underwent an amputation to my right leg above the knee. Unfortunately, this wasn't my first brush with cancer as my mum was diagnosed with breast cancer when I was seven years old and sadly died. Her courageous attitude has left an indelible mark on my life, serving as a powerful motivation for everything I do.

The challenges of my treatment

Undergoing treatment was a significant challenge for me, especially when it came to my lung surgery. Doctors found suspicious bone fragments in my lungs that raised concerns about cancer, prompting the need for surgery. The procedure required a sternum incision, which meant a lengthy and difficult recovery process. In the days that followed the operation, I faced immense physical limitations. Simple movements were a struggle, and even using a wheelchair was painful and demanding due to the strain on my sternum. I spent approximately three weeks in intensive care before I was eventually discharged.

Adjusting to life at home post-surgery proved to be quite challenging. I had to move my bed into the front room because I couldn’t manage the stairs. I truly appreciate my surgeon for meticulously repairing me, as I don’t recall facing any complications during my recovery. This operation was just over halfway through my chemotherapy plan. After recovering, I received some positive news: the cancerous bone fragments found in my lungs contained only dead cancer cells, indicating that the chemotherapy had been effective. Encouraged by this, my medical team put me on a milder chemotherapy cocktail to help me to the finish line. During this time, I experienced a renewed sense of happiness, knowing I was nearing the end of treatment. Additionally, my physiotherapist provided me with exercises designed to strengthen the muscles in my residual limb, further supporting my recovery and wellbeing.

Returning to ‘normality’

At this stage, all I wanted was a semblance of normality. Though it would be a ‘new normal’, as I’d now navigate life with a prosthetic leg, there was hope on the horizon. After a few more months of chemotherapy, the day finally arrived when I was given the all-clear. An overwhelming wave of happiness and relief washed over me, and I was ready to embrace my new journey with resilience and gratitude.

> **“My philosophy’s built around the belief that a life-changing surgery, or the loss of a limb, doesn’t mean you have to abandon your goals”**

Then, I faced a new challenge when I received the all-clear to walk on my prosthetic leg. It was a turning point in my life, especially as I was still in school, which I struggled with as I have dyslexia. I had concerns about being held back a year because of the time I missed, but my school recognised my determination and allowed me to return to my original year. This meant the world to me, as it gave me the opportunity to reconnect with my friends and experience that sense of normality that I craved.

Rebuilding my fitness and athletic achievements

I developed a strong ambition to prove that losing my leg didn’t change who I was. I’m still Olly. I wanted to show everyone that I could navigate life’s challenges without being pitied or seen as someone to feel sorry for. In fact, it became clear to me that I had a lot to prove, not just to others but to myself. I knew I had to start somewhere if I wanted to reclaim my confidence. After finishing chemotherapy, I felt weak, thin and self-conscious. I was determined to change that. My dad put me in touch with a personal trainer called Steve Sharp, who had experience working with amputees. He admitted that this journey would be new for us both, but his expertise in muscle growth and motivation was exactly what I needed.

> “I developed a strong ambition to prove that losing my leg didn’t change who I was. I’m still Olly. I wanted to show everyone that I could navigate life’s challenges without being pitied or seen as someone to feel sorry for”

Slowly but surely, I began to see progress, not just in the gym, but also at the limb centre, where I was eventually fitted with a prosthetic leg to help in my daily life. Everything started to fall into place, and I could feel my strength and determination growing. After several months of staying consistent in both the gym and my studies, things started to look a bit brighter.

While I couldn’t return to rugby, my club supported me unwaveringly, which I’m eternally grateful for. Instead, I discovered a new passion in weightlifting, specifically paralympic powerlifting. I found bench-pressing on a flat bench to be the perfect fit, as it allowed me to focus on upper body strength while I was still adjusting to my prosthetic leg. Thanks to Steve, who leveraged his connections, I was able to showcase my skills in bench-pressing. Soon enough, I was in discussions with the GB paralympic powerlifting pathway coaches, who told me about the opportunities and competitions ahead if I committed to their programme. This was a game-changer for me, providing a renewed sense of purpose and a clear goal to work toward.

I threw myself into training, working tirelessly to secure a spot on the GB squad. One of my first competitive experiences came when I was flown to the World Championships in Tbilisi, Georgia, representing the under 72 kg category. It was exhilarating, and I proudly returned home with a bronze medal. Additionally, I won gold at the British Championships, marking a milestone in my paralympic powerlifting journey. In addition to my weightlifting, I also had the incredible opportunity to receive a running leg through the NHS, which transformed my life. It reignited my passion and reshaped my approach to goal setting. One of my dreams during chemotherapy was simply to run again, and that dream became a reality when I joined my local athletics club, North Shields Poly. I then decided to explore endurance sports by training for triathlons, something that I proudly continue. I have my sights set on completing a ‘half outlaw’ - a 1.2-mile swim, a 56-mile bike ride, and a 13.1-mile run. My goal is to raise money for cancer research, turning my personal challenges into a force for good.

Building a new career

Through my personal journey, I've come to realise a significant gap in the fitness industry: the absence of personal trainers who specialise in supporting amputees and individuals who have lost mobility through surgery. This realisation sparked a passion in me to dedicate my career to helping as many amputees as possible to reach their fitness aspirations.

I’m proud to say that I’ve become a certified personal trainer and launched my own business aptly named, UNLIMBITED. My philosophy's built around the belief that a life-changing surgery, or the loss of a limb, doesn’t mean you have to abandon your goals. On the contrary, it offers new avenues for potential and achievement. Everyone has incredible strength within them – it just needs to be recognised and harnessed.

MORE INFORMATION ON UNLIMBITED:

@unlimbited_

The many faces of children's and young people's cancer care

During cancer treatment, children and young people (CYP) and their families will meet, and receive care from, a wide range of healthcare professionals. Mostly, these will be their consultants or clinical nurse specialists, but there are many others who will provide wider, and pivotal, support. ***We hear from three such people about their roles...***

MR HANY GABRA

Surgeon, Great North Children's Hospital, Newcastle

There's never a dull day being a paediatric surgical oncologist. I'm always on the move, from the operating theatre to clinics, ward rounds, and meetings, to make sure each child's treatment is planned carefully. The best part is when all the hard work, imaging, and team discussions come together and remove a tumour and give a child a chance at a better future. No two surgeries are ever the same. Some are planned meticulously for weeks, while others are urgent, life-saving procedures.

Outside the theatre, I'm just as busy. I spend time with families, explaining things, answering their questions, and helping them through what can be a scary time. I have to be honest, clear and compassionate – parents need to know that their child's in good hands.

I never work alone – I'm always working with oncologists, radiologists, pathologists, anaesthetists, and nurses. Every decision has to be carefully thought out. When should we operate? Are we ready yet? Or do we wait for chemotherapy to further shrink the tumour? Can we save as much healthy tissue as possible? Will this surgery give the best long-term outcome? These are just some of the questions we have to think about.

Beyond the hospital, I also do research to find ways to improve surgical techniques and make treatment better while keeping the long-term effects to a minimum. Sometimes, I find a moment to relax, like strumming my guitar at night or taking my dog for a walk in the evenings or playing badminton with some friends after work. These small things help me recharge and escape the intensity of my work. Even though the long hours and emotional weight of the job can be tough, the strength of my young patients and the trust placed in me by their families make it all worth it.

DR MARIA CLEMENT

Anaesthetist, Great North Children's Hospital, Newcastle

When a family's told the heartbreaking news that their child has cancer, they expect to meet lots of doctors in hospital, especially oncologists, and depending on the type of cancer, surgeons. But what if I told you that except for oncologists, paediatric anaesthetists are the specialist doctors your child will meet the most often?

We're there at every stage of the cancer journey – crucial to supporting your child, making them feel at ease, and helping every scary test or procedure seem a little more bearable by helping them have a 'special sleep' – which is how most children refer to a general anaesthetic.

Paediatric anaesthetists are consultants who have undertaken many years of specialist training in anaesthesia, followed by additional subspecialty training in paediatric anaesthesia. As a consultant paediatric anaesthetist in Newcastle for 15 years, most of my clinical work revolves around children with cancer. There are several patients that I meet many, many times, so we get to know one another quite well, and I often build a lovely rapport with the child and family.

But what exactly do I do? Well, even before a diagnosis is made, when there's just a suspicion that there might be cancer in a part of the child's body, I meet them and their family, before I anaesthetise them for their first urgent MRI scan, while I may also anaesthetise them for the biopsy to make the definitive diagnosis.

Later on, I anaesthetise them for procedures such as lumbar punctures, intrathecal chemotherapy and bone marrow aspirates, as well as radiotherapy. Anaesthetists are also the 'Pain Team' doctors – prescribing strong, pain-killing infusions for all types of severe pain related to surgery or the effects of chemotherapy

Before their 'big operation' – to remove the tumour – I see children with their families in the anaesthetic preassessment ('pre-op') clinic, to prepare them medically, emotionally and psychologically for what could be a life-changing surgical procedure. On the day of surgery, I give the anaesthetic (drugs and gases), monitor and maintain their vital functions in the operating theatre, give them blood when required, and do procedures to relieve surgical pain, such as inserting an epidural. Immediately after surgery, anaesthetists are often the doctors caring for them in the paediatric intensive care unit.

I get professional satisfaction when I see my little patients return for follow-up scans, looking healthy, happy and thriving. Not at all like when I first met them, and they were so very poorly because of cancer. Some of them look out for me, and call me "their anaesthetist", because they always have their scans on Fridays when I work in MRI!

One of the most beautiful, poignant moments is giving a child a general anaesthetic for their last surveillance MRI scan. I feel quite emotional, knowing I won't be seeing them again because they're cancer-free, and proud to have made a difference in their journey.

▶ VICKY HOLDEN

Pharmacist, Leeds Children's Hospital

Principal treatment centres have a dedicated CYP cancer pharmacy service, provided by a team of specialist cancer pharmacists and technicians. These pharmacists have expert clinical and pharmaceutical knowledge regarding the medicines used in the treatment of CYP with cancer.

These medicines are called systemic anti-cancer treatment (SACT), and along with supportive care treatment, our focus is ensuring that all patients receive the correct, most effective and safe treatment. Pharmacy technicians play a vital role working alongside the pharmacists in the preparing, dispensing and counselling of medicines, used in hospital and to take home.

We as pharmacists use our specialist knowledge to review and develop treatment guidelines and clinical trials. This information is incorporated into electronic prescribing administration systems to ensure that SACT is given in a standardised way to patients. Pharmacists are responsible for ensuring the right dose for the patient's age and size is prescribed and the correct pre-chemotherapy tests are taken and advise on how to give the drugs and what fluids and supportive drugs are required. We help to monitor for side-effects and advise how to manage these with the multidisciplinary team.

On admission to hospital a pharmacist will discuss with the family what current medications are being taken and ensure appropriate medicines and formulations are prescribed during the hospital admission. We check prescriptions and can also prescribe some medications including SACT. Patient counselling, supported by written information, about medicines is provided to families to ensure they understand what medicines the CYP needs to take, when and how to take them, what they're being used for, and what possible side effects may happen.

Pharmacists also obtain funding for high-cost drugs, deal with medication shortages, sourcing new drugs and have oversight of governance and regulatory requirements. Our other work is diverse and includes writing of guidelines and policies, evidence reviews for new drugs, attendance in clinical ward rounds, staff training and education including that for the wider multidisciplinary team.

The UK paediatric oncology pharmacists group (POP) is a network of pharmacists enabling the sharing of knowledge, information, expertise and education in this very specialist area of practice. The group support and advise CCLG on medicine usage and aims to improve families' treatment experience. As an example, they're currently developing CCLG patient information leaflets for all drugs used to treat cancer and guidelines to allow some patients to receive their treatment at home.

It's an exciting but challenging time to be a CYP cancer pharmacist. Cancer treatment's changing as we move towards more immunotherapy and targeted therapy, and we as pharmacists will play a vital role in the future of safe and effective treatment.

Remember, please do speak to your cancer pharmacy team if you have any questions about the medication your child's been given.

Helping to prepare young people impacted by cancer for work

***Roxanne Lawrance** is Chief Executive at Teens Unite Fighting Cancer, a charity that supports teenagers and young adults impacted by a cancer diagnosis. Here, she tells us about some of the ways Teens Unite helps young people who have had cancer gain vital skills, experience and insight to prepare them for searching for and starting employment.*

Facing cancer as a teenager or young adult presents a specific set of challenges at a key developmental stage of life. This is a time when education and employment are not only essential for learning but also play a vital role in personal growth and the start of professional development.

Our experiences from education and entering employment go beyond exams and job titles – it's about forming connections, teamwork, responsibility and independence, building confidence, and having a sense of ambition and purpose. For teenagers and young adults overcoming cancer, this time of their life is often put on hold – taking away opportunities to learn these key life skills, reach milestones, and achieve.

Prolonged absence from education and employment because of treatment and recovery can have a lasting effect on their life beyond cancer. More than three-quarters of young people report finding work hard once they've finished treatment, with cancer survivors 1.4 times more likely to be unemployed than the general population. Seeing peers move forward while experiencing isolation can also significantly impact their mental health, with almost all young people reporting at least one mental health issue post-diagnosis.

Teens Unite brings together 13-24-year-olds who have experienced cancer from across the UK, through tailored activities, residential stays and specialist programmes. Our 'Be Empowered' series of activities, includes workshops on LinkedIn, CV writing, fitness, and creative skills like photography and cooking. Of those who have taken part, 94% said they looked forward to life beyond cancer, and 81% felt ready to return to education or work.

Returning after a cancer diagnosis can be daunting, with questions like, "Should I tell my classmates or colleagues?" or "Will they understand my needs?" At Teens Unite, we show young people they're not alone and can face these challenges together.

We believe they should still have the opportunity to thrive, without cancer getting in the way, and to support with this we host two annual events:

- **'Discover You'** sees motivational speakers inspire others with their own personal experiences and the challenges they have overcome

- **'Let's Talk Cancer'** is formed of a panel of young adults, who have benefitted from the support of Teens Unite, who answer questions on a range of topics, including making decisions around education and employment

▶ Tasmin, diagnosed with stage 2 Hodgkin lymphoma aged 15

At the age of 15, my biggest worries should have been school and spending time with friends, but cancer changed everything. Instead of socialising, I was stuck within four hospital walls. My social bubble disappeared almost instantly, and the idea of a future career felt impossible. I became more anxious, nervous, and withdrawn.

Six months after finishing treatment, I attended my first Teens Unite event, and I regret not going sooner. The confidence I gained from meeting others who had built amazing careers despite their challenges showed me that this was still possible. Because of them, I've travelled, worked abroad in kids' clubs, and I'm currently working in an activity camp. Eventually, I hope to be able to work on cruise ships.

Teens Unite hasn't just helped me gain skills and meet new people – it's given me the confidence to push forward in life. I can't explain how thankful I am for this charity. I know for a fact I wouldn't be anywhere close to where I am today without them.

Teens Unite's next 'Discover You' event will take place at YouTube Head Office on 6 September.

To attend, a young person needs to register with Teens Unite first, which is quick, easy and free to do. Just visit **www.teensunite.org/teens-sign-up** or scan here.

My cancer diagnosis has never defined who I am

__Sam Varnam__ was diagnosed with neuroblastoma as a teenager in 2017. Now 24, he tells us about how he navigated the challenges of treatment, and the route he took to becoming a police officer.

Sam (right) being sworn in as a police officer

I was part-way through my GCSE year and preparing for my exams when I was diagnosed with olfactory neuroblastoma. My symptoms initially started off as headaches and nosebleeds which slowly started to get worse. Then, my lymph nodes began to swell up. I'd previously been to the GP, but as my mum became increasingly concerned, she took me to A&E where I told them about my previous symptoms and that I could no longer smell, too. Doctors then used a small camera to look inside my nose where they saw a tumour.

When I was diagnosed, it was obviously a big shock, but I found what worked best for me was to just attempt to focus on something else. For me, that was putting my work into my exams and school to try and achieve good grades, even though I was ill.

I didn't suffer from any major side effects from my initial treatment, so I tried to push myself to live as normal a life as possible, which I think is important to do if you're able to. I tried to not let my illness hold me back from anything I wanted to do, which is something I've carried with me in life after treatment. For me, this meant going to school as much as I could, continuing with cadets, and asking my doctor increasingly difficult questions about what I was and wasn't allowed to do.

For a while, I also received treatment in America. This started as a great experience, but this time, I started to suffer side effects, such as not being able to eat. However, while in America I tried to keep myself active as much as possible by visiting some of the attractions around where I was being treated and spending time with my family.

Building for the future

My treatment lasted around a year. During that time, I managed to complete my GSCEs and secure a spot at sixth form, which was waiting for me when I returned. After finishing sixth form I chose to do a two-year public services course at college. I learnt about the workings of the public services, and, importantly, also about keeping myself fit and healthy.

Throughout this course we did a lot of fitness training which really helped me getting back to full fitness and being prepared for later employment. I finished this course with a Distinction * Distinction * Distinction and went on to Nottingham Trent University, where I studied Professional Policing and achieved upper second-class honours.

> **"I don't find that my illness has ever affected what I can do post-treatment, nor my job, and I've always maintained that it doesn't define who I am. Instead, it's the choices I make that do."**

Joining the police

After finishing university, I applied to join Nottinghamshire Police. The most complicated part of this process for me was the medical. This wasn't because there was anything that would stop me from passing. It was simply because when having my medical history looked at, the person reviewing it wasn't expecting anything complicated and didn't know what to do with the situation when presented with it.

I have had this happen a few times where people see a long medical history and become worried, which can be frustrating. I always try to explain my history as best as I can and get a doctor's letter to support the fact that I'm fit and healthy for work.

Fortunately, all worked out for me, and I was accepted into Nottinghamshire Police as a police constable. My work ranges from being at the office doing paperwork to driving with the blue lights on to 999 emergencies.

I don't find that my illness has ever affected what I can do post-treatment, nor my job, and I've always maintained that it doesn't define who I am. Instead, it's the choices I make that do.

A parent's view...

Why I'm campaigning for a career break for parents of seriously ill children

Christina with her daughter, Skye

Christina Harris' daughter, **Skye**, was diagnosed with acute lymphoblastic leukaemia (ALL) in 2021, aged 10. Having received little support from her employer following Skye's diagnosis, culminating in her eventually losing her job, she explains why she's now campaigning for parents with seriously ill children to be legally entitled to a career break while they care for their child.

Skye took the news of her diagnosis surprisingly well. She looked at it as something we just needed to get through, and tried to focus on the positives in this nightmare situation we found ourselves in. She was my rock, and I was hers.

We'd been on the Elephant ward at Great Ormond Street for a few days when I received a call from my manager. He told me not to worry about work and that the owners had said that they'd do everything they could to support us. I hadn't spent much time worrying about work, but it was nice to know. It was reassuring.

Eleven days later, we were discharged from hospital and left with a huge bag of steroids, anti-sickness medicine, morphine and loads of other medications that I'd never even heard off. This was our new life and there was a lot to adjust to.

After spending most of Christmas and New Year in hospital, I received a call from a lady in my work's HR department. She informed me that I wouldn't be receiving any further wages from my company and if I wanted to take time off to care for my daughter, it would be unpaid. I couldn't believe it. There was no help towards the situation we were in, and I now had no way of paying any of my bills at the end of January.

> "There was no law, no protection in place to safeguard a parent's job if you chose to care for your seriously ill child"

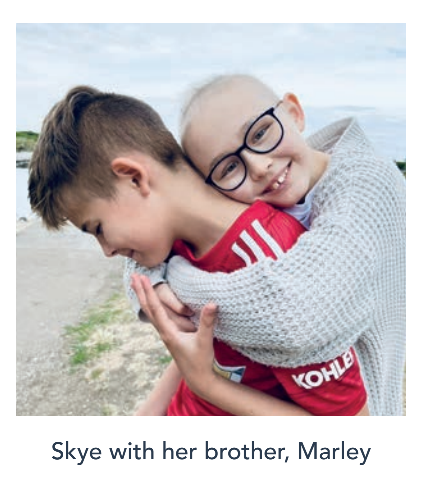
I broke down crying. I was a single mother, with a seriously ill daughter and a 12-year-old son who'd just been thrown into a world of devastation and left with no income whatsoever. I couldn't apply for disability living allowance until three months after diagnosis, so that wasn't an option. I spent many evenings contacting charities asking for help. I spoke to Universal Credit the following month and I qualified for some help, but my bills exceeded all help available.

I was helped by with a GoFundMe fundraiser which my friend kindly arranged. I couldn't have done it without the generosity of friends, family and complete strangers with kind hearts.

Employers push for my return

Six months went by, and my employer scheduled a meeting over the phone, as we were isolating due to Skye's immune system being extremely low. They asked if I was able to return to work, but with Skye still in the intense part of treatment, and with constant hospital admissions, it would have been impossible. I mentioned I'd be happy to do some work from home but was told this wasn't an option. He also mentioned that he wouldn't be able to hold my position open for much longer. He scheduled another meeting for January 2023.

Skye's treatment was going to plan and by March 2022, we were told that all cancer cells were undetectable. This was a huge relief, but treatment wasn't done. She still had two years left of chemotherapy. There were a lot of setbacks, including blood infections and countless hospital admissions due to side effects of chemo. One infection was so bad, she was in hospital for a month



Skye with her brother, Marley

during the summer holidays. She had all her baby teeth removed at the same time due to chemotherapy destroying them, right down to the nerve. It was one thing after another, but she never complained, not once. She was positive and loving her life, despite it all. She loved staying in hospital and the nurses coming to our house, she was full of life and was living hers, as if nothing was wrong. I was in awe of her, every single day.

Being told I had no longer had a job

The scheduled call from my employer happened, and it went exactly as I anticipated. I was told that unless I could commit to my previous working hours, then I wouldn't be able to return to my role. I knew I couldn't commit. Skye still had a year-and-a-half left of treatment and was still spending a lot of time in hospital. I asked if I was able to work from home on occasions and come into the office on the days Skye was well enough to go to school or maybe work reduced hours. I was very willing to be as flexible as they needed me to be. But there was no flexibility. I was told that none of those options would work for the company. So that was it. I lost my job.

Although I had a feeling this was coming, it hit me hard. I now had no financial security for my family and my stress levels had reached an all-time high. I was angry and shocked. I couldn't believe this was even legal. But, after doing a lot of research, I found out that it was. There was no law, no protection in place to safeguard a parent's job if you chose to care for your seriously ill child. Employers can support you all the way throughout this whole journey, should they wish to. They can offer flexible working hours, working remotely, support the emotional and physical wellbeing of you and your family, be compassionate. They can also make the inhumane decision to fire you, should they wish. Although I couldn't quite get my head around this huge flaw in our system, I had a sick daughter to look after. I knew I needed to address the issue, but this wasn't the time.

Campaigning for better rights for families

In June 2023, I decided to start a petition to Parliament to offer career breaks for parents of seriously ill children. I simply couldn't let this happen to another family.

The injustice in our system had to be corrected. I had six months to collect 100,000 signatures. This was a huge task, probably bigger than I anticipated. I spent several hours every single day and evening sharing the petition far and wide, reaching 100,000 signatures four months after launching it. I felt a sense of achievement and I was so pleased to be a step closer to a possible debate in Parliament. But there were no guarantees. Early in November 2023, I delivered my 100,000 signatures to the Prime Minister at 10 Downing Street. Months went by and with the general election coming up, my scheduled debate was put on hold due to the change of government. I knew that my petition might be eligible for debate in Parliament but only if the new government agreed to this. So, I waited and hoped.

A parliamentary debate date was scheduled for February 2025, with the day we dared to only dream of and prayed for, being told Skye was in remission, coming just under a year earlier in March 2024. Skye and I travelled down with a friend to Westminster and watched the debate live. It was an amazing day and to be able to attend with my daughter by my side, meant the world.

The outcome was positive, and the Minister agreed to a further meeting, which is great news.

I'm hopeful that a change could finally happen. No one should ever have to choose between caring for an ill child and keeping their job. These parents are already going through the darkest moments of their lives and deserve much better support, empathy and compassion from their employer, not the possibility of losing their family's financial future.

60 SECONDS WITH

Nicky Webb

Clinical Nurse Specialist for the Long-term Follow-up of Survivors of Childhood Cancer and CCLG member

Q: Tell us about your career so far?

A: I started my nursing career in 1987 at Nottingham School of Nursing. After qualifying, I worked within neurosciences until 1991 when I moved to Liverpool and began my training at Alder Hey as a registered sick children's nurse. My passion for oncology nursing began at the end of my first year in my general training when I spent 10 weeks on the children's oncology ward. I moved back to Nottingham in 1993 and have worked in paediatric oncology ever since.

Following the birth of my eldest son almost 26 years ago, I decided to go part time to stay at home to raise my family. It was during this time I moved across into our day care unit and supported one of our consultants who ran the late effects service, with this being my first introduction to after cure care.

Q: Tell us about your role in supporting children and their families affected by childhood cancer?

A: Over the past 10 years I've worked full time supporting survivors across the East Midlands. My role is to act as a key point of contact for them and their families. I provide information surrounding their past treatment plus any late consequences connected to this and their individual diagnosis.

A huge part of this role is health education, to enable survivors to take responsibility for their own healthcare needs and wellbeing, as well as signposting or referrals to mental health support. During key stages within education, close links will be made with schools, colleges or universities to ensure appropriate support and adjustments are in place to enable survivors to reach their own potential.

Q: Why is attending long-term follow-up (LTFU) appointments so important?

A: Attending a LTFU/late effects appointment ensures survivors are given vital information surrounding ongoing surveillance needs to monitor for potential late consequences and other chronic illness connected to past treatment. These services also provide links to allied healthcare professionals such as psychology, physios or occupational therapists as well as support with applying for benefits.

Nurses specialising in after cancer care understand the ongoing impact of a cancer diagnosis and the fears often experienced by survivors and will be able to guide and support them as they enter and navigate their adult life.

Q: What can survivors of childhood cancer do to support a healthy lifestyle?

A: Leading a healthy lifestyle can help reduce ongoing risks connected to past treatments and helps with prevention of chronic illness as we age. The CCLG late effects factsheet on health and wellbeing will give guidance to survivors and follows the national school curriculum on making healthy choices.

So, keeping active (make this fun!), trying to avoid ultra processed ingredients in foods, and having a diet with as many different herbs, spices, fruits, vegetables, pulses, and whole grains is a really good place to start.

Q: What's the most rewarding part of your role?

A: I've always felt so incredibly privileged to be a nurse, especially since I've specialised within children's cancer. Making a difference is what this job is truly about, no matter how small. When you've played a vital part in transforming someone's quality of life, it's even more humbling and makes the daily challenges within the NHS completely worth it.

Q: What's the proudest moment of your career so far?

A: This is a difficult one. The first moment that comes to mind is getting my 'F grade' as was, now a band six junior sister's post, and this job! Never did I think I would be responsible for setting up a long-term follow-up service supporting survivors of childhood cancer.

There have been many more, such as having the honour of becoming the first co-Chair of the LTFU Nurses Group (known as CANUK) being one and then as I finished my term, being asked to become Deputy Chair of the main CCLG Late Effects Group. I'm also one of two UK nurses on the main European Nurse Steering Group for PanCare, providing amazing links with our fantastic European nursing colleagues.

BRAIN – a study to find out why some patients with leukaemia have long-term problems with learning and memory

Professor Chris Halsey

- **PROJECT TITLE:** BRAIN Biomarkers to Reform Approaches to Therapy-Induced Neurotoxicity - An ALLTogether1 sub-study
- **LEAD INVESTIGATOR:** Professor Chris Halsey
- **INSTITUTION:** University of Glasgow
- **AWARD:** Approx. £100,000 (Funded by CCLG and CCLG Special Named Funds The Riley Cameron Forget Me Not Fund, The Toti Worboys Fund, Fred Bennett's 'Don't Look Down' Fund, Arabella's Leukaemia (ALL) Research Fund)

Cure rates for childhood acute lymphoblastic leukaemia (ALL) have steadily risen and over 90% of children are cured. However, the treatment needed to cure patients can have lots of side effects. We need to do research to better understand, and reduce, the side effects of our life-saving treatments.

One of the most common side effects that patients experience is problems with brain function. Sometimes called 'chemo-brain', we see this in many cancer types. In childhood ALL, we know that about one-third of survivors have some problems with learning, memory and the ability to carry out everyday tasks. We really don't understand why some children have limited or no problems with brain function after treatment, while one-third have chemo-brain. There is even less information for teenage and young adult patients, so we don't know much about how badly chemo-brain affects them.

What we're doing

In our research, we want to understand more about the causes and how to prevent chemo-brain. Patients and their families have highlighted the impact of chemo-brain on their quality of life. If we can find out why some children and young people have problems and others don't, we might unlock new treatments or be able to prevent it from happening in the first place.

Until now, it has been quite difficult, costly, and labour-intensive to measure brain function, using tests that are a bit like sitting a school exam. In the BRAIN project, we'll use a new computer programme that's easier, quicker and more patient-friendly. It involves a series of card games, mazes and matching games, lasting 15-20 minutes. The tests vary according to the patient's age and are suitable for patients aged four years and over. The programme has been designed to test the areas most commonly affected by chemo-brain.

With the improved test, we can start to look at large numbers of patients. In this study, we'll offer the test to all our patients on one of the largest international leukaemia trials in the world – called ALLTogether1. This will allow us to uncover the common features of patients who have signs of chemo-brain, compared to those who don't. It will also show if there are differences in the rate of chemo-brain between children, teenagers and young adults. This will help us better understand the causes, which could help us treat it.

What's next?

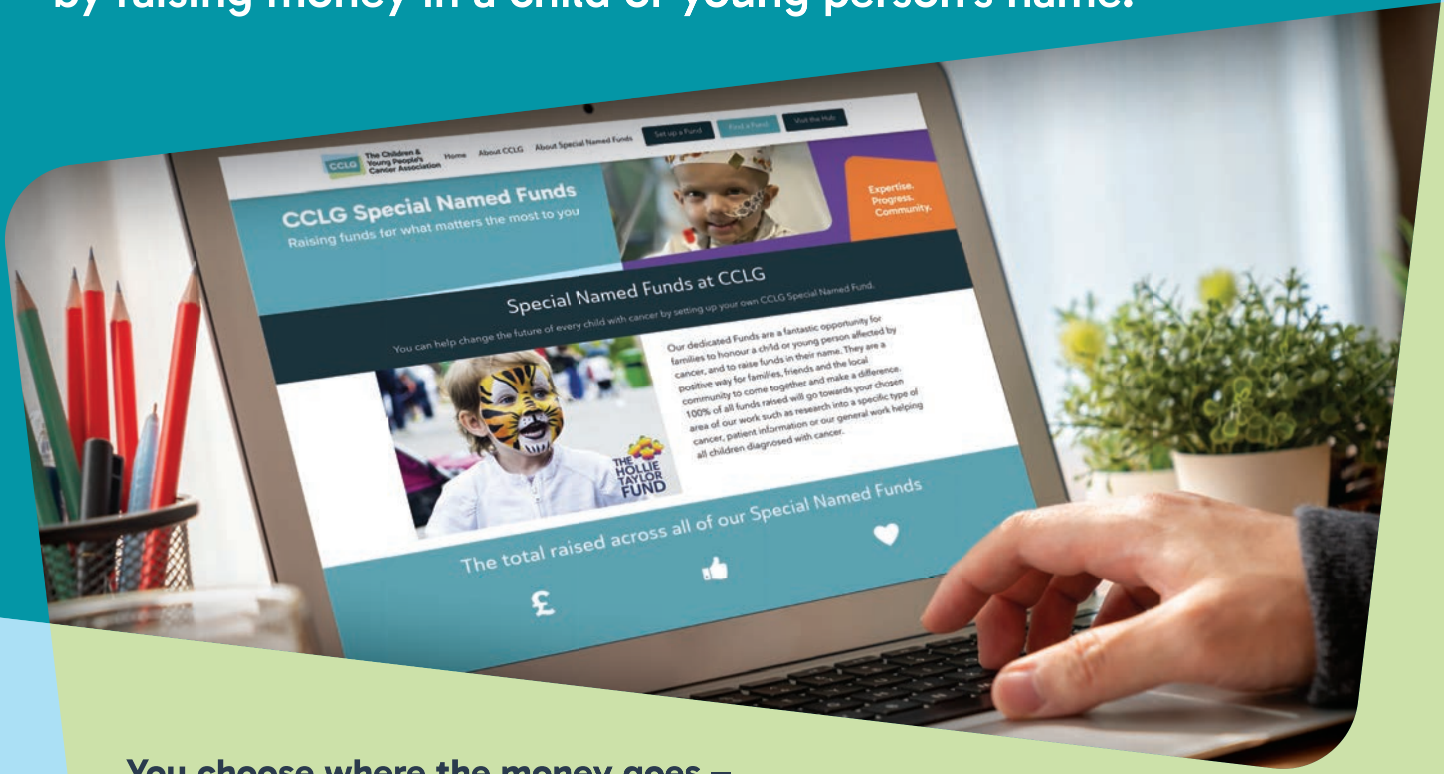
There are quite a few different treatments that show promise for chemo-brain in early trials, and we hope that our results will identify the best potential treatments to test in our future research (potentially starting by 2030). Results from the BRAIN study will be key in identifying which patients are at risk of chemo-brain early on before the damage is severe. We can then offer the new treatment to only the patients who need it.

The BRAIN team is so grateful to be given this opportunity. Most cancer research funding goes on finding new treatments, but we think it's also really important that children who are cured of leukaemia grow up happy and healthy with no long-term side effects. It's families and supporters that champion this type of research, and we couldn't do it without them. I want to thank them all – they're such an important part of this team effort.

Professor Halsey and her team

Fundraise in honour of someone special

Our **Special Named Funds** are a simple, powerful way to support children and young people affected by cancer, by raising money in a child or young person's name.



CCLG Special Named Funds

Raising funds for what matters the most to you

Special Named Funds at CCLG

You can help change the future of every child with cancer by setting up your own CCLG Special Named Fund.

Our dedicated Funds are a fantastic opportunity for families to honour a child or young person affected by cancer, and to raise funds in their name. They are a positive way for families, friends and the local community to come together and make a difference. 100% of all funds raised will go towards your chosen area of our work such as research into a specific type of cancer, patient information or our general work helping all children diagnosed with cancer.

The total raised across all of our Special Named Funds

You choose where the money goes – from groundbreaking research into a specific type of cancer or early diagnosis, or other areas of our work.

Find out more at: **www.cclg.org.uk/snf**

CCLG
The Children & Young People's Cancer Association

www.cclg.org.uk @cclguk

Century House, 24 De Montfort Street, Leicester LE1 7GB • 0333 050 7654 • Email: info@cclg.org.uk
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