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Long-Term Psychosocial Outcomes in Childhood Cancer Survivors

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Objectives

Long-term effects of childhood cancer and its treatment can impair psychosocial functioning, which can influence engagement in physical activity. Identifying severity and affected domains is essential for designing effective interventions.

Methods

In this cross-sectional study, 84 Childhood Cancer Survivors (CCS) (41.6% male; 19.0 ± 3.4 years; 4.2 ± 3.3 years post-treatment; range 0.5–11.2 years) and 84 matched healthy controls completed measures of depression (BDI-II), distress (Distress Thermometer: social, physical, practical, religious) and positive/negative affect (PANAS). Results are presented as median [IQR]. Group differences were assessed using Kruskal–Wallis and Mann–Whitney U tests, associations with Spearman correlations.

Results

CCS reported greater BDI scores (median 10[IQR 15] vs 6[11]; $p = .0018$), more physical distress (5.5[7] vs 3[4]; $p < .001$), and lower positive affect (31[8] vs 33[8]; $p < .001$) compared to healthy peers. Among CCS, 35.7% had BDI scores indicating at least mild depression vs 22.6% of controls; moderate to severe depression occurred in 19.0% versus 11.9%.

Social distress ($\rho = -.228$; $p = .038$) decreased with time since treatment completion, other outcomes remained stable relative to time since end of treatment.

Younger diagnostic age correlated significantly with greater social distress ($\rho = .223$; $p = .043$).

Female CCS displayed more depressive symptoms (12[14] vs 5[14]; $p = .002$), higher practical (1.00[2] vs 1.00[1]; $p = .008$) and emotional distress (5.00[6] vs 3.00[4]; $p = .024$), greater negative affect (23.00[11] vs 17.00[8]; $p < .001$), and a trend toward lower positive affect (29[8] vs 32[7]; $p = .051$).

Conclusion

CCS experience enduring psychosocial difficulties that are more pronounced than those of healthy peers. These difficulties were largely unrelated to time since treatment completion, even among survivors more than 10 years post-treatment. Only social distress improved over time. Female and younger survivors show the greatest vulnerability. These findings highlight the importance of sustained psychosocial monitoring and tailored support for CCS, particularly for female survivors.

Keywords

childhood cancer survivors; psychosocial functioning; long-term treatment effects; survivorship care

Conflict of Interest & Ethical Approval

yes

Abstract submitters declaration

yes

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