Due to disparities in health care delivery, minority, poor and other underserved communities are more likely to be diagnosed with late stage of cancer, experience poorer treatment, have shorter survival rates with less quality of life, and experience a greater chance of death from the cancer.

Also two-thirds of childhood cancer survivors are likely to experience a late effect of treatment. Common late effects are neurocognitive, psychological, cardiopulmonary, endocrine, musculoskeletal, and second malignancies.

H.R. 4450 would improve and expand the delivery of medical and psychosocial care to childhood cancer survivors. It will:

1. Expand cancer programs of the Centers for Disease Control and Prevention, including surveillance programs and supporting State comprehensive cancer control programs.

2. Create grants at the National Institute of Health to conduct research on health disparities, train health care providers for follow-up care, and develop model systems for monitoring and caring for child cancer survivors.

(continues on page 2)
1. Establish grants to operate childhood survivorship clinics for comprehensive long-term follow-up services for childhood cancer survivors.

2. Establish and provide grants for childhood cancer organizations to improve physical and psychosocial care, for cancer survivors. Some funds can provide patient navigator programs, peer support programs and provide linguistically and culturally appropriate information. Call your legislator at (202) 224-3121 and ask them to support H.R. 4450.

Incidence & Mortality Rate Trends

- Between infancy and 15 years of age, cancer is the leading cause of death among U.S. children.
- In 2007, there were approximately 10,400 new cases of pediatric cancer.
- Childhood cancers tend to be more aggressive than adult cancers.
- Among the 12 types of childhood cancers, leukemias (blood cell cancers) and brain and other central nervous system (CNS) tumors account for over half of new cases. (National Cancer Institute, 2008)

Incidence Rates among AANHPI

- Among girls from 0-14 years old, the rate of ovarian cancer is highest among Asian and Pacific Islanders (5.7 per million), followed by African Americans (4.2 per million) and Whites (3.8 per million). (Young, J., Wu, X., Roffers, S., Howe, H., Correa, C., and Weinstein, R., 2003)
- In children up to age 14 years, the highest incidence of non-Hodgkin lymphoma is in Asians, Native Hawaiians and Pacific Islanders. (The Leukemia and Lymphoma Society, 2007)
- Asian, Native Hawaiian and Pacific Islander children has double the risk of developing acute nonlymphatic leukemia (ANLL) compared with non-Hispanic white infants. (Reynolds, P., Von Behren, J., and Elkin, E., 2002)

Be aware of symptoms:

Childhood cancer is rare, but it is the leading cause of death among children. As a parent, you need to be aware of the symptoms of childhood cancer. Observe your child for any sudden, persistent changes in health or behavior, such as:

- fevers, frequent infections, enlarging mass, bone pain, night sweats, vomiting, headaches, weight loss and tiredness.

Since most of the symptoms of cancer can also be attributed to benign conditions, the diagnosis of cancer can be a long process. You must trust your instinct and work with your doctor, using your knowledge of your child and your doctor’s knowledge of medicine to protect your child’s health.