

# The signs and symptoms of childhood cancer: knowing what to look for

Childhood cancer is more common than we may think. Each year in the UK, almost 4,000 children and young people are diagnosed with cancer. This approximates at around a 1 in 450 chance (1 in 422 for males and 1 in 488 for females) developing cancer by the age of 15<sup>1</sup>.

Childhood cancer is one of the most common non-accidental causes of death in children aged 1 – 14, yet there is little training in symptom and sign recognition<sup>2</sup>. A lack of awareness of the problem and the varied signs and symptoms that a child may display, may manifest in poorer outcomes for children.

This Good Practice Points (GPP) resource supports health visitors by giving them information about the possible signs and symptoms of cancer in children.

### Health visitors should remember childhood cancer is not as rare as we think and it needs to be caught early:

- **Almost half (45%) of children diagnosed are less than 5-years-old at diagnosis<sup>3</sup>.**
- Currently, 53% of cases of childhood cancer are diagnosed as an emergency presentation<sup>4</sup>. This is in comparison to approximately 22% of adult cancers.
- Cancers diagnosed as an emergency have significantly poorer survival rates than those diagnosed through GP or other outpatient pathways. This is thought to be because emergency presentations are associated with a delayed diagnosis and therefore more advanced disease<sup>4</sup>.

### Why do children present later than adults?

- This difference exists mainly because of a lack of awareness of the problem, and the lack of formal referral pathways that exist.
- To help improve childhood cancer outcomes, we need to increase the rates of early diagnosis.
- The aim of this GPP is to increase the awareness of signs and symptoms at presentation amongst health visitors.
- The Grace Kelly Childhood Cancer Trust has produced awareness cards summarising the key features for parents and health visitors - please see page 2 for an example.

More information on page 2

For additional resources see [www.ihv.org.uk](http://www.ihv.org.uk)

The information in this resource was updated on 20/06/2022 with support from the Grace Kelly Childhood Cancer Trust.

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The following is an awareness card written by the Grace Kelly Childhood Cancer Trust<sup>5</sup> and is available to download for free from their website, along with other helpful resources.

**To recognise the signs and symptoms, think... LADYBIRDS**

**Childhood Cancer**

If your child has any of these symptoms or **you are worried**, please get them reviewed by the GP.

Most of the time, the cause of these symptoms will not be cancer. If it is cancer however, **early diagnosis can save lives.**

For awareness, early diagnosis, research and support, please visit [www.gkcct.org](http://www.gkcct.org)

**Grace Kelly Childhood Cancer Trust**  
Registered Charity Number 1167783

**L** Loss of weight, sickness or nausea

**A** Appearance: your child looks pale or has a swollen tummy

**D** Discomfort: pain (anywhere) that is persistent, or a new limp

**Y** You are concerned (Very important)

**B** Bleeding, excess bruising, or blood in the urine

**I** Irritability or constant exhaustion

**R** Recurrent high temperatures or night sweats

**D** Disturbances in vision, a new squint, headaches or an unusual white appearance of pupils (eyes) in photos

**S** Swelling or a lump that is persistent

## Symptoms for health visitors to be aware of:

<b>L</b>	<b>Loss of weight or sickness.</b> Children that appear to have lost weight (and not rapidly regained it) after illness. Persistent sickness or regular vomiting in the mornings are also alerts.
<b>A</b>	<b>Appearance.</b> If a child has a new unhealthy pale appearance (pallor), a new unusually swollen tummy or marked constipation that is not responding to treatment.
<b>D</b>	<b>Discomfort.</b> Children with persistent or recurring pain in any location or a new limp, especially if simple painkillers do not help. Pain should not normally wake a child up from sleep.
<b>Y</b>	<b>You or the child's parents are concerned.</b> Parents usually know their child best.
<b>B</b>	<b>Bleeding, bruising.</b> If a child has widespread or excess bruising with no history of trauma or excess bleeding. Blood in the urine can appear as bright red or brown (cola coloured), and, even if this occurs only once, the child must be reviewed.
<b>I</b>	<b>Irritability or exhaustion.</b> Constant exhaustion or significant personality change of the child.
<b>R</b>	<b>Recurrent viral illnesses.</b> All children get viral illnesses and some occur one after the other. As we know, this can be completely normal, but be alerted if a child has constant viral illnesses without a break, night sweats or recurrent high temperatures with no obvious cause or focus.
<b>D</b>	<b>Disturbance in vision including double vision or a new squint.</b> Worsening headaches, especially if worse on waking or accompanied by vomiting, are cause for concern. Be aware of babies or young children who have an unusual white appearance of one or both of their eyes in low light.
<b>S</b>	<b>Swellings or lumps.</b> Enlarged lymph nodes are very common in children after viral illnesses, but they would usually be expected to resolve within one to two weeks. If remaining, they need checking.

As can be seen from the list of symptoms, many of those listed may be variants of normal childhood problems. You should be concerned if the child's symptoms are not resolving as you would expect or are unusual. Also, as mentioned, re-attendance and parental concern are both alerts too.

**More information on page 3**

[www.ihv.org.uk](http://www.ihv.org.uk)

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If you are very concerned, speak to the child's GP to voice your concerns or, if this is not possible, ask parents to ensure their child is reviewed within 24 hours. However, if you are concerned that a child you see is seriously, acutely unwell, please treat them as you would any other child emergency and contact the emergency services immediately.

## Good Practice Points for health visitors

- Be aware of children with recurrent, unusual or worsening symptoms that do not resolve as you would expect normal childhood illnesses to do.
- Be aware of children who re-attend with the same problem to many health settings, especially if this is different from their normal consulting behaviour. Children who re-attend three or more times with the same problem have up to 10 times the risk of being diagnosed with cancer<sup>6</sup>.
- When talking to parents about common childhood complaints, for example viral illnesses or constipation, it is important to emphasise that if symptoms do not resolve they should seek further medical attention<sup>7</sup>.
- If a parent appears to be persistently concerned or anxious about the health of their child despite ongoing reassurance, consider advising them to seek medical advice, even if the symptoms are most likely to have a non-suspicious cause<sup>7</sup>.
- The overall risk of children developing cancer is still relatively low. However, health visitors need to be aware that there are certain groups of children who are at increased risk of developing cancer compared to their peers<sup>8</sup>. These are:
  - Children with Down Syndrome are at increased risk of leukaemia.
  - Children with neurofibromatosis (a genetic neurological disorder), Fanconi anaemia and a few other developmental disorders such as Beckwith-Wiedemann syndrome are at increased risk of a number of cancers.
  - If the child has a sibling (especially an identical twin) already affected.
- If there is a family history of retinoblastoma. Two out of five cases of retinoblastoma (eye cancer) are inherited. All infants with a family history of retinoblastoma should have been referred for screening. This is worth checking.
- Listen to the concerns of parents and follow your instincts if something is not right.
- Ask how many times they have consulted a health professional about this problem. If it is 3 times or more and symptoms are not resolving, this needs action.
- In an era of less continuity of care from hospitals and general practice, the health visitor may not be aware of admission reports of frequent attendances. These children need identifying where possible to be reviewed, and health visitors could play a key role in helping this happen.
- Remember that if a child has these symptoms, it is still more likely to be a common childhood problem but, in the unlikely event that it is cancer, early diagnosis saves lives and reduces disability in survivors.

### Further information:

- **Grace Kelly Childhood Cancer Trust** - Information on early warning signs and symptoms, including awareness cards. <https://bit.ly/3Os5qRF>
- **Children's Cancer and Leukaemia Group** - Information on diagnosis and treatment including useful information booklets. <https://bit.ly/3NOPCID>
- **Young Lives vs Cancer** - Financial, emotional and practical support for children with cancer and their families. <https://bit.ly/3KK0ky7>

## References

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