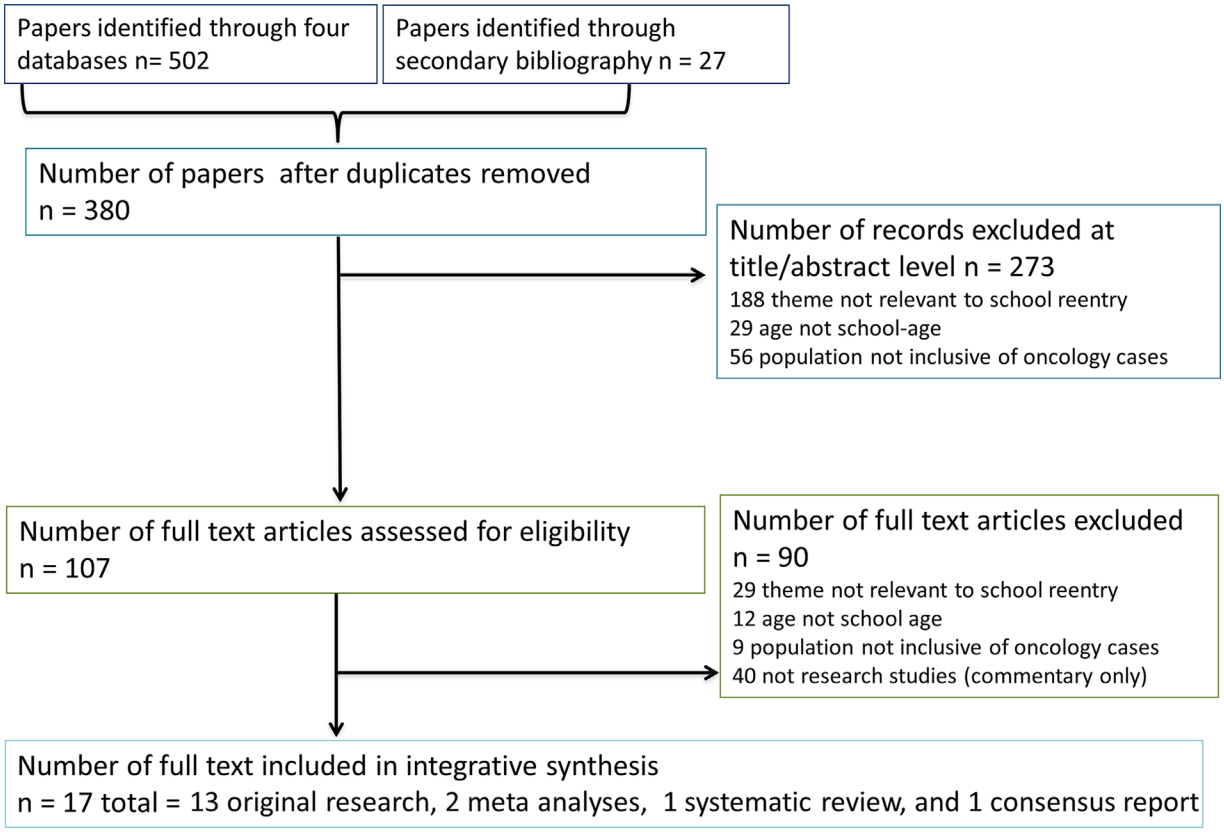
SUPPLEMENTARY INFORMATION

SUPPLEMENTAL FIGURE 1. PRISMA Table: Preferred Reporting for Systematic Reviews and Meta-Analyses



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SUPPLEMENTAL TABLE I. School Reentry Support Standard Evidence Table.

Study	Design	Sample	Findings	Study rigor	Level of evidence
Annett & Erickson (2009). [1]	Quasi-experimental feasibility study of 4 month school reintegration intervention; within subjects (pre-post measures)	8 families of children, aged 6-12 years old, with ALL	Families preferred clinic-based intervention. BASC-2 was normal pre and post. PedsQoL decreased during the study. Parents had positive opinions about the importance of schools being responsive to a child's educational needs during therapy	Very small sample, attrition at post- time points; no control group; difficult recruitment with families receiving between 3 and 8 of intervention models	3
Bruce, Newcombe, & Chapman (2012). [2]	Individual qualitative study of a pilot school liaison program for children with brain tumors	9 families (patient with brain tumor, age 5-18yrs) and parents, teachers and health staff	Children were able to learn to their ability rather than be judged on the achievements of their respective grade levels Parents reported that the program strengthened their advocacy skills and improved child's social and learning achievements Teachers reported an improved ability to provide more comprehensive educational programming suited to the child's needs Most children achieved or exceeded their initial academic, social, and behavioral expectations	Research question somewhat vague; qualitative approach reasonable, study context described, method of data described; analysis appropriate for the question; analysis conducted by only one person	6
Canter & Roberts (2012). [3]	Meta-analysis of interventions to facilitate school reentry for children with chronic illness	12 of 1,617 eligible studies met all inclusion criteria (9 studies were childhood cancer); n=176 ill children, 494 healthy classmates, and 443 school personnel	Results of this quantitative review provide support for the effectiveness of school reentry programs in terms of increasing specific knowledge and enhancing positive attitudinal change. Larger effects were found for interventions targeting teachers than those targeting healthy peers for both increases in knowledge and positive attitudinal change.	Important relevant papers included; important outcomes considered; appropriately assessed for quality of studies	5
Dubowy, Rieger, Songer, Kleinmann, Lewandowski, Rogers, & Silber (2006). [4]	Quasi-experimental feasibility study of web based training program regarding childhood cancer; Within subjects (pre- and post-test) design	41 teachers recruited from local public school districts	Teachers' knowledge of childhood cancer increased following the 6 module training Teachers' ability to apply their knowledge to a case study improved on post-test. Teachers found this to be an acceptable training program and rated it positively.	Relatively small, but reasonable sample size; no control group; correct analyses	3
Georgiadi & Kourkoutas (2010). [5]	Individual qualitative study; single case	One child, age 11, with leukemia	Reintegration program increased teachers, peers, and parents' knowledge concerning the medical and psychosocial aspects of cancer Improvement of teachers and peers' attitudes toward the child was observed	Research question not clearly stated; study context not clearly described; role of researcher not clearly described; analyses not described	6
Helms, Schmiegelow, Johansen, Thorsteinsson, Simovska, & Larsen (2014). [6]	Meta-analysis of intervention studies	6 studies identified using PRISMA method, studies of children with cancer with at least 10 participants	Significant effects of school re-entry programs for enhancing academic achievement in children with cancer ($p = .008$) and lowering level of depression ($p = .05$). Increased knowledge among classmates was associated with less fear and a more positive attitude toward the child with cancer	Right types of papers included, assessed for quality, important outcomes considered; studies included did not all include control groups; appropriately assessed for quality of studies	5

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SUPPLEMENTAL TABLE I. (*Continued*)

Study	Design	Sample	Findings	Study rigor	Level of evidence
Larcombe & Charlton (1996). [7]	Quasi-experimental study; within subjects, pre- post-test design evaluating study days for teachers focused on children returning to school after treatment for cancer	233 school staff	Teachers showed significant gains in knowledge about childhood cancers and in confidence concerning the management of typical problem situations that might be encountered by children with cancer returning to school Recommendations were made to 20 regional treatment hospitals in the UK to organize similar study days for teachers on a regular basis	Sufficient sample size but large attrition pre to post-test (i.e., only 35% of questionnaires were matched and analyzed); no control group; correct analyses	3
Masera, Jankovic, Deasy-Spinetta, Adamoli, Ben Arush, et al. (1995). [8]	The 2nd official document of the SIOP Working Committee on Psychosocial Issues in Pediatric Oncology - specific to topic of "School/ Education"	N/A	Children with cancer are not only entitled to attend school, but need it for full recovery School in the hospital should be a minimum expectation for all children with cancer; the child's education program from his/her school of origin should be followed, when possible School reentry programs are recommended for treatment facilities School personnel should be trained on the child's diagnosis + recommendation for support; a manual should be prepared to train teachers Children with cancer should have a personalized education program that is intentionally designed and tailored to their specific needs	Not a research study; rather, this document represents general consensus/ opinions of respected authorities/expert committees	7
McCarthy, Williams, & Plumer (1998). [9]	Individual descriptive qualitative study of school reentry nursing intervention	10 children aged 5-13; 10 parents; 10 teachers	Parent: decreased concerns related to peer teasing, no change in concerns regarding safety. Teacher: increased knowledge, greater worry regarding achievement and side effects. Kids: decreased peer teasing, continued concern regarding keeping up.	Research questions clearly stated; qualitative approach justified; study context described; methods of data collection and analysis described	6
McLoone, Wakefield, Butow, Fleming, & Cohn (2011). [10]	Individual qualitative study of returning to school after cancer	19 adolescent survivors (mean age 16.2); 21 mothers, 15 fathers, and 15 siblings from 22 families	Barriers to successful school reentry included symptoms of fatigue, anxiety, and poor communication between families and the school. Support from friends, teachers, tutors, and the hospital outreach nurse was seen as instrumental in creating a positive school re-entry experience. Majority of participants reported that support from the school counselor was minimal.	Qualitative approach justified; research questions clearly stated; study context described; methods of data collection and analysis described	6

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SUPPLEMENTAL TABLE I. (*Continued*)

Study	Design	Sample	Findings	Study rigor	Level of evidence
Moore, Kaffenberger, Goldberg, Oh, & Hudspeth (2009). [11]	Individual descriptive study of nurses, school personnel, and parents' perceptions of school reentry	118 nurses, 49 school personnel, 59 parents of children diagnosed between the ages of 3 and 19	Nurses and school personnel reported performing few services to facilitate school reentry even though both groups rated their services as moderately helpful. Both groups identified additional activities that would have been helpful. School attendance was significantly lower after diagnosis and therapy. Communication was a major barrier to providing effective services to students. Nurses were unsure how to help parents navigate the school bureaucracy. School personnel wanted more information. Parents felt their children were not receiving the services needed Individuals recommended that a liaison position be created to coordinate services.	Sample size of nurses sufficient; more limited sample size of teachers; sampling methods used; no control group; correct analyses used	6
Northman, Ross, Morris, & Tarquini (2014). [12]	Individual descriptive QI project evaluating quality and effectiveness of a school liaison program (SLP) for pediatric cancer survivors at a single institution	57 families of children diagnosed primarily with CNS tumors or leukemia.	Following SLP program involvement, survivors much more likely to be receiving special education support in school. SLP clinicians provided phone consultation and attendance at school meetings for 90% of respondents, 50% reported their SLP clinician attended a testing feedback session. Parent-reported quality and efficacy of SLP services strongly positive. Parents attributed SLP involvement to improved academic performance, home-school communication, and school-level understanding of student needs.	Low response rate (57/130); Sample may not be representative; no control group; correct analyses used.	4
Papadatou, Metallinou, Hatzichristou, & Pavlidi (2002). [13]	Individual descriptive, survey study of Greek teachers' perceptions of school reintegration for students with chronic and life-limiting conditions	1,792 educators	Educators reported avoiding discussing the illness experience with the child and classmates, becoming more lenient in their grading, less expectant of high academic performance, and more supportive of the ill child. Educators requested training, closer cooperation with professionals, and ongoing support to effectively manage the experience of a serious illness in their classroom.	Sufficient sample deemed 'representative sample of educators'; low 52% response rate to survey request; correct analyses used.	6
Rynard, Chambers, Klinck, Gray (1998). [14]	Descriptive review of school support programs for chronically ill children and individual descriptive, consumer-based program evaluation of a school support program	67 children, ages 5-19yrs; 56% receiving treatment, 44% off treatment	As per consumer satisfaction measures by parents and teachers, both groups of stakeholders perceived the components of the School Support Program as helpful. Importance of communication of information to school was viewed as very important.	Moderate sample size; moderate response rate; no control group; correct analyses used.	6

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SUPPLEMENTAL TABLE I. (*Continued*)

Study	Design	Sample	Findings	Study rigor	Level of evidence
Sullivan, Fulme, & Zigmond (2001). [15]	Individual qualitative study of perspectives of young survivors and their parents	8 children, ages 10-12, who had been diagnosed with ALL ages 5-7 and 10 parents	Coded interviews to derive themes/ guidelines: Educators need to keep in touch with children as they recover. Parents and teachers need to work together to ensure smooth transition back to school. Parents' attitudes affected early return to school. Parents are more concerned about academic rather than social and developmental aspects of school re-entry.	Small sample size, selective reporting and analyses. No blinding, 92.5% thematic agreement	6
Thies & McAllister (2001). [16]	Individual descriptive study of a 2 day workshop focused on improving schools' ability to educate children with chronic illness.	33 school principals from 9 districts. Teams from their schools also present, including counselors, school nurses, teachers and sometimes parents.	Principals rated that their awareness of the effects of chronic illness on learning increased (40%). They improved procedures (46%). Better at involving parents in developing 504 plans (73%). During follow up visits, schools noted increased compliance to 504 plans.	Research question not clearly stated; data collection and analyses not cleared described; possible selective reporting	6
Vance & Eiser (2002). [17]	Systematic literature review of studies examining the effects of school re-entry on children with cancer (age 5-18) in all stages of cancer treatment	42 papers total retained	School absences are higher for children with cancer than healthy children and those with other chronic conditions. Classmates may benefit from short intervention sessions, discussing issues are how cancer is caused and treated. Teacher-focused interventions reported increased knowledge of childhood cancer and confidence in dealing with the child.	Right papers; relevant papers included; important outcomes considered; appropriately assessed quality of studies	5

REFERENCES-SUPPLEMENTARY TABLE I

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SUPPLEMENTAL TABLE II. School Reentry Program Descriptions

Study	School reentry program details	Implemented by	Intervention target
Annett, R.D. & Erickson, S.J. (2009). [1]	Meetings with the parents and teacher to provide information about treatment and school challenges anticipated; follow-up consultations to the child, family (twice/month), and classroom teacher (twice/month) covering 8 advocacy modules. Consultations included assistance with homebound, 504 planning, or special education/ pull-out help	"Family advocate" from a statewide advocacy organization. No credentials or professional discipline specified, but advocacy organization provided training to designated family advocates	Families and classroom teacher, separately
Bruce, Newcombe, & Chapman (2012). [2]	'School liaison program' included assessment of child and family strengths, resources, and educational needs; development of a plan to address support needed; established links and strengthened collaborations between health and education systems	School liaison. No credentials, professional discipline, or training specified	Parents and teaching staff
Dubowy, R.L., Rieger, B.P., Songer, N.S et al. (2006). [3]	Web-based program with six-training modules written by a multidisciplinary team. Topics included an overview of childhood cancer, brain anatomy, cognitive late effects and psychosocial aspects, strategies and accommodations, and special education	Computer	Teachers
Georgiadi, M & Kourkoutas, E.E. (2010). [4]	Support emphasized increased understanding of cancer, its treatment and medical and psychosocial side effects; included supportive counseling for the family and the child, educational presentations to school personnel, and systematic consultation between hospital and school	An interdisciplinary team consisting of psychologist, social worker, school counselor, special education, and nurse	Child, parents, peers, teacher
Larcombe, IJ & Charlton, A. (1996). [5]	"Study days for teachers". Presentations about medical facts about cancer; services in the hospital and importance of collaboration with the teacher; and findings from early study on problems of children returning to school after treatment for cancers. Afternoon workshops about teacher attitudes about cancer or specific situations that arise in school	Medical consultant, hospital teacher, social worker or 'liaison staff', and researcher	Teachers
McCarthy, A. M., Williams, J., & Plumer, C. (1998). [6]	School reentry visit: 30-60 minute meeting with 'school team' to review diagnosis, treatment, side effects, and related academic issues. Separate meeting with peers frequently occurred	Pediatric oncology nurse practitioner	School personnel (which many have included teachers, principal, school nurse, counselor, physical education teacher, and school aides) and classmates

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SUPPLEMENTAL TABLE II. (*Continued*)

Study	School reentry program details	Implemented by	Intervention target
Northman, L., Ross, S., Morris, M., & Tarquini, S. (2014). [7]	School Liaison Program (SLP): initial consultation with parents and with school; psychoeducation to parents and schools through phone consultations, face-to-face visits, and participation in school meetings on cognitive late effects, state and federal disability law, how to obtain testing. SLP clinician attends testing feedback sessions and educates school team about recommendations; advocacy for appropriate educational supports and services; and ongoing consultation throughout a child's educational career	SLP clinicians. No credentials, professional discipline, or training specified	Parents and schools (broadly)
Rynard, D.W., Chambers, A., Klinck, A.M., Gray, J.D. (1998). [8]	Pediatric Cancer School Support Program of Southwestern Ontario: Written information provided to school; meeting held with program staff, school staff, peers and child to help school plan to accommodate the needs of the school community; updated information provided on a regular basis; and annual workshop for teachers, parents, and health professionals	Support team consisting of a program coordinator who works in consultation with the oncology team psychologist and oncology nurse clinician. Other hospital personnel (social worker, public health nurse, etc) participate as needed	School staff (broadly), peers, and child
Thies, K.M and McAllister, J.M. (2001). [9]	Health and Education Leadership Project (HELP) included two full day workshops/ training for principals, curriculum manual, and follow-up support by HELP team. Workshops include 10 modules (e.g., health and education integrations, family centered care, implications of chronic illness, educational law, tools and resources)	HELP management team, which consisted of parents, health professionals, and educators	Principals

REFERENCES-SUPPLEMENTARY TABLE II

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