Introduction and objective
This is an adolescent who suffered a stage IV Non-Hodgkin Lymphoma with CNS disease (MRI and CSF positive) at 11 years of age. She was treated according to LMB 89 protocol (Group C) including chemotherapy (IV and IT) and craniospinal radiotherapy (12 Gy). She received further treatment on Complete Remission in March 2002. Later imaging studies showed signal changes in frontal white matter, related to therapy.

Our patient was assessed by the current neuropsychological profile assessment tool in our Unit. This tool less includes multiple cognitive functions and also assessment of psychological disturbances. In September 2003 she showed a clear generalized cognitive impairment.

The rehabilitation was carried out taking into account her neuropsychological profile, age, perspectives and interests. We decided to work in academic skills, specially, due to her delay compared to her peers and group of age. The intervention lasted 10 months, 2 hours per week. It included exercises for auditory skills, academic abilities training (arithmetic, reading comprehension and writing), attention and memory exercises.

Wechsler Intelligence scale WISC-R profile
The analysis of the first ten assessments shows low scores in verbal IQ and more difficulties in left hemisphere functions.

The latter assessment shows improvements in most of the subtests, being more important in verbal subtests. The IQs stay in the normal range: Verbal IQ 86, performance IQ 88 and total IQ 85.

This assessment is performed after 1 year of rehabilitation at home, done by a second-cycle pedagogue student in collaboration with our Unit. The discrepancy between scores is reduced and it is only 4 points in favour of performance.

WISC-R factors show very good results in perceptual organization (11.1), good in verbal comprehension (8.1) and low in freedom from distractibility.

Neuropsychological profile
The neuropsychological profile in 2004 does not show a global cognitive impairment, differently to 2003. We observe important improvements in general cognitive abilities, non-verbal skill, language and academic skills.

We think part of these improvements are due to the individualized rehabilitation carried out along this last year, with special emphasis in reading, writing and maths.

Results: results of neuropsychological assessment in 2004 offer significant changes, between 1 and 2 standard deviations, in the target areas of rehabilitation. Likewise, improvements between 12 and 15 points in IQ scores were obtained.

Conclusions: Rehabilitation in Pediatric Oncology should be directed to assist our patients long-term needs. Besides increasing those resources (school, family, social services) around and close to them, we want to develop individualized programs that can compensate the sequelae of cancer and its treatments. These first encouraging results show significant improvements (also quantified) in the trained areas.