Significant gains have been achieved in the treatment of childhood cancer since the 1960s (Canadian Cancer Society, 1996; Hockenberry, Coody, & Bennet, 1990; Kazak & Nachman, 1991; Smith & Gloeckler, 2002). Many childhood malignancies once considered to be fatal now are curable because of the initiation of multimodal therapy (Hockenberry et al.; Kazak & Nachman). However, the aggressiveness of treatment makes cancer a difficult and trying phenomenon for children with cancer and their families to experience and can result in the suffering of the children and their families (Kane & Primomo, 2001). Treatment- and cancer-related symptoms that children experience, such as pain, sleep disturbances, fatigue, nausea, constipation, anxiety, and poor outlook, contribute to the sense of suffering (Enskär, Carlsson, Golsäter, Hamrin, & Kreuger, 1997a; Hogan, 1997). Children undergoing therapy can experience severe symptom distress (Schneider, 1999), which can negatively affect their emotional, cognitive, social, and physical development. This, in turn, can adversely affect the children’s and families’ quality of life (Eiser, 1994; Hinds, 1990; Simms, 1995; Whyte & Smith, 1997). To help children and families experience a cancer trajectory that is less threatening and traumatic, healthcare providers should strive for complete symptom relief. To improve

Roberta Lynn Woodgate, RN, PhD, and Lesley Faith Degner, RN, PhD

**Key Points . . .**

- Children with cancer experience many symptoms that contribute to their suffering and the suffering of their families; however, to date, only a few symptoms of the cancer symptom trajectory have been recognized in research and practice.
- The beliefs and expectations held by children and families and the effect they have on their seeking and attaining symptom relief have received minimal attention in research and practice.
- Children and their families expect suffering related to the children’s cancer symptoms.