The population of young adults who have survived cancer is growing, with 1 in 530 young adults aged 20 to 39 years having had cancer (Ward, DeSantis, Robbins, Kohler, & Jemal, 2014). Among childhood cancer survivors, acute lymphoblastic leukemia (ALL) is the most frequent diagnosis (Turcotte et al., 2017). Prior to the use of central nervous system (CNS)-directed therapy, the brain was the primary site of initial relapse among children with ALL who achieved a bone marrow remission (Pui & Evans, 2006; Pui et al., 1998). CNS-directed treatment with intrathecal (IT) and high-dose systemic chemotherapy, primarily methotrexate, is essential for long-term survival, which approaches 90% (Pui, 2003; Pui et al., 1998). As many as 60% of these children experience CNS treatment–related cognitive problems (Buizer, de Sonneville, & Veerman, 2009; Insel et al., 2017; Kanellopoulos et al., 2016; Krull et al., 2008; Krull, Hockenberry, Miketova, Carey, & Moore, 2013) that negatively affect academic success (Insel et al., 2017; Krull et al., 2013; Moore et al., 2016), behavioral adjustment (Patel & Carlson-Green, 2005; Stenzel et al., 2010), and quality of life (van der Plas et al., 2015). Attentional regulation is one neurobehavioral domain that is commonly noted to be vulnerable among children with ALL (Ashford et al., 2010; Bava, Johns, Kayser, & Frey, 2018; Buizer, de Sonneville, van den Heuvel-Eibrink, & Veerman, 2005; Cheung & Krull, 2015; Jacola et al., 2016; Richard, Hodges, & Heinrich, 2018), and there is some evidence that the frequency of problems is associated with younger age and female sex (Jacola et al., 2016; Krappmann et al., 2007). Buizer et al. (2005) found subtle deficits in attention and information processing in...