**TITLE:**  **Quality of Life of Long-term childhood Acute Lymphoblastic Leukemia survivors: comparison with healthy controls**

**Running title: Quality of Life of Long-term childhood cancer survivors**

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**Conflict of interest statement**

The authors report no conflicts of interest.

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**Author contributions**

All authors contributed sufficiently to the work and approved the manuscript.

**Keywords**

Quality of Life; Leukaemia, Acute Lymphoblastic; Child; Adolescent; Young Adult; Survivorship; Cancer Survivors

**ABSTRACT**

**Objective**

Improved treatment landscape has led to better outcomes for paediatric Acute Lymphoblastic Leukemia (ALL) survivors. As the number of survivors increase, we need to elucidate the long-term quality of life and domains of complaints in these patients. Furthermore, the main priorities of these patients need to be clarified. We assessed long-term QoL outcomes of survivors of childhood ALL compared to matched population controls.

**Methods**

QoL data were collected from survivors recruited in France and Belgium between 2012-2017, including the Short Form Health Survey (SF-12) and the Quality of Life Systemic Inventory (QLSI). The Wilcoxon test was used to compare SF-12 scale scores between survivors and matched population controls. For the QLSI, comparisons were mainly descriptive.

**Results**

186 survivors (mean age: 27.6 years; range: 18.1-52.8) at follow-up completed QoL measures, amongst whom 180 were matched to controls. Overall, survivors had higher QoL on all SF12 scale scores, indicating that they had better functioning compared to controls. Statistically significant differences on the SF12 were observed for Vitality, Social Functioning, Role Limitations due to Emotional Problems and Mental Health scales. QLSI outcomes suggested that survivors were happier than controls with Couple and Social Relations. Controls were unhappiest compared to survivors with Money, Love life, Self-esteem, Nutrition and Paid Work.

**Conclusions**

Our findings suggest that survivors of childhood ALL have better QoL outcomes on some domains compared to the general population, specifically around social and emotional functioning, and that they tend to prioritize their relationships more. Interventions for improving QoL outcomes, might build on existing positive experiences with family, friends and partners.

**Background**

Acute Lymphoblastic Leukemia (ALL) is the most common childhood malignancy and represents approximately 25% of all childhood cancers1 with the diagnosis peaking between 2 and 5 years of age.2 Contemporary risk-directed therapy has led to improved outcomes for paediatric patients with ALL over the last 40 years and survival rates have now reached 90%.1 These improvements in survival have increased the need to better understand Quality of Life (QoL) outcomes among survivors of childhood ALL.

Childhood cancer diagnosis and treatment create significant ongoing physical, social, and emotional challenges for survivors and their families.3-7 However, survivors can also describe their illness as having a positive influence on perceptions about self, relationships with others, plans for the future, and life perspectives.8,9 The experience of cancer can also push survivors to reassess their life priorities10,11 including health and lifestyle, social relationships, and career choices.10

Studies investigating QoL outcomes among survivors of childhood ALL report somewhat complex and inconsistent findings, some reporting that ALL survivors had lower QoL than controls12-18 and others describing ALL survivors as having similar or better QoL when compared to healthy controls.19-24 Their self-perceptions can change as a result of their diagnosis and treatment25 and can learn to adapt to late effects and can re-examine notions of health and illness.26 At the same time, it appears that the effects can be domain-specific, with survivors reporting more challenges in physical rather than psychological or social aspects of QoL.14,18,21

The majority of previous studies have included small samples in terms of size (between n=37 to n=75),12-14,16,17,21-22 with fewer studies having recruited a larger sample (e.g. n>100).14,18,20,24 Previous publications also tend to have used healthy aged-matched controls13,14,16-17 or siblings18 as controls. Findings suggest being a sibling to a Childhood Cancer Survivor (CCS) can impact them27, siblings can report lower HRQoL,5,7 including vitality and higher fatigue than healthy controls,28 but can also develop psychological resilience, report greater life satisfaction and psychological well-being through exposure to cancer.18 Most studies focused on long-term outcomes between 5 and 10 years from diagnosis,4,12,14-17,19,20,23,24 or longer-term outcomes spanning >15 years since treatment.18,21,22 Outcomes are likely to be very different for long-term survivors, who are adults and at a later developmental stage. These survivors will therefore have different life priorities and psychosocial factors will have increasing relevance for them.28 It is notable that there is considerable heterogeneity in definitions of survivors and long-term survivors. Furthermore, the majority of studies evaluated long-term QoL using health related questionnaires that were originally developed to evaluate health status and do not provide significant breadth to explore QoL issues after the end of treatment. Therefore, we need multi-domain information to address the full daily life experiences and priorities of survivors. The current study utilized a combination of measures to assess QoL and provides a more nuanced understanding of QoL outcomes among survivors, with a generic quality of life questionnaire and a questionnaire that focuses on life priorities. We identified long-term survivors as adults (not adolescents), with a lengthy follow-up period compared to other studies,4,12,14-17,19,20,23,24 recognising that life challenges in adulthood are very different to childhood. The aim of our study was a comprehensive assessment of QoL in a large sample of long-term survivors of childhood ALL, compared with a matched population of controls.

**Methods**

Design

The current QoL study is part of a larger EORTC study 58LAE28 (Late Adverse Effects). This study aims to assess the long-term outcomes (including QoL, socio-economic, fertility and medical data) of childhood ALL and lymphoblastic lymphoma (LBL) survivors who were enrolled as children (<18 years) in the treatment protocols 58741 (1971-1978), 58831/2 (1983-1989), and 58881 (1989–1998) run by the EORTC Children Leukaemia Group (CLG). Details of the studies have been previously published.29 The project was divided in 4 steps (for details regarding the design, please refer to *Piette et al., 2018*)29: (1) update of the vital status, (2) collection of medical data in the medical records of the patients, (3) collection of socio-economic data using a patient-reported questionnaire, and, (4) sending of QoL questionnaires for the survivors who answered to the socio-economic questionnaire. Follow-up data, including QoL, were collected between 2012 and 2017 from survivors of childhood ALL (≥18 years) recruited from 24 institutions in France and Belgium.

Measures

For the 58LAE study, QoL was assessed via three questionnaires; the Short Form Health Survey (SF-12),30 the Impact of Cancer-Childhood Survivors (IOC-CS)31 and a questionnaire based on the Quality of Life Systemic Inventory (QLSI).32 For the current study, the QoL outcomes based on SF-12 and QLSI, both completed by ALL survivors and controls, were analyzed.

The SF-12,30 which is the shortened form of the SF-36, is a generic QoL tool which has 12 items that can be grouped into two dimensions: physical health (Physical Functioning, Role-Physical, Bodily Pain and General Health) and Mental Health (Vitality, Social Functioning, Mental Health and Role-Emotional). A score ranging from 0 (worst possible health) to 100 (optimal health) is obtained for each of them. Studies support the validity and reliability of the SF-36 when used in long-term survivors of childhood cancer.33 The SF-12 can replicate accurately the two dimensions of the SF-36 while also minimizing response burden.30

The QoL questionnaire based on the QLSI32 contains a combination of 25 items of the adolescent and adult versions of the QLSI. Items represent Life Priorities in different subscales (physical health, cognition, social, couple, leisure, work or school, housekeeping, affectivity and spirituality). Participants are asked to provide a score for each item ranging from 1 (essential) to 5 (not very important) based on the importance they attach to each item. Respondents are also asked to identify 5 of the 25 items in which they consider themselves the happiest at present and 5 in which they consider themselves as the unhappiest. We present data comparing the Life Priorities of respondents and controls and the areas of life where they considered themselves to be “the happiest” or “the least happy”. In order to identify domains with highest differences in Life Priorities percentages in the highest end of the scale, *Essential* and *Very Important,* were combined for each item and for each population. QLSI has been shown to have criterion validity and internal consistency among various groups of patients.34

Data analysis

The number of patients who completed the SF-12 and QLSI questionnaires are presented as proportions and absolute numbers. The distribution of the number of completed items within each questionnaire are also presented. Descriptive summaries such as absolute numbers (and percentages), means (unweighted), medians, standard deviations (SD) and ranges were computed. In order to check if the subsample of patients who were assessed for QoL was representative of the overall ALL population in the study, a weighted mean and SD was computed by taking into account proportions of patients cross-classified by sex, country and age at follow-up (<18-24 vs ≥25) in the overall study population (i.e. including ALL survivors who were not assessed for QoL). Comparisons were made between the weighted and unweighted means and SDs for each SF-12 scale.

Matched control data were collected by *SurveyEngine GmbH,* a company specialized in the conduct of surveys, and maintaining a panel of 110,000 respondents in Belgium and 390,000 in France (https://surveyengine.com/). Control subjects were identified among panel members based on specific pre-specified criteria (age, province, level of urbanization, and sex) to match the patient profile on our study database. Panel members whose profile matched the requirements were invited to participate in our study using a computer- and mobile-device-based survey through an anonymous link.Controls were asked to confirm their informed consent electronically before starting to answer the QoL questionnaires. The SF-12 and QLSI questionnaires were identical to the ones completed by the survivors (except regarding the items influenced by the childhood ALL). Each ALL survivor was matched one-to-one to a population control sampled with the same age category (18-19, 20-21, 22-23…36-37, 38-39, 40-44, 45-52), region, level of urbanization (urban area versus rural area), and sex. A Wilcoxon Rank Sum test was used to test if SF-12 scale scores differ between matched ALL survivors and population controls since it does not require a normal distribution of the data. To account for multiple testing, p-values below 0.005 were considered to be statistically significant (Bonferroni correction: 0.05/number of tests (=10)).

For the QLSI, comparisons between the Life Priorities of survivors and population controls were mainly descriptive, based on absolute numbers and percentages. QLSI items with the biggest differences between survivors and controls were identified. The analysis was performed in SAS version 9.435 and a complete case analysis strategy was used to handle missing data.

Ethics

At the time of the enrolment in studies 58741, 58831/2 and 58881, informed consent was sought according to local practice of each participating center and in accordance with the Declaration of Helsinki. The EORTC study 58LAE (ClinicalTrials.gov Identifier NCT01298388) was approved by the Ethical Committees of the participating institutions and informed consent was obtained from all participants (patients and controls), in accordance with the applicable national legislation.

**Results**

Participants

A total of 507 survivors of childhood ALL completed a socio-economic questionnaire as part of the 58LAE survivorship study, and were eligible for the QoL evaluation (Figure 1). The distribution of disease characteristics was similar between the 507 participants and the patients lost to follow-up or who refused to participate, except slightly more females among participants (Supplementary Table 1).

Among the 507 patients eligible for the QoL evaluation, 183 responded (36.1%) and 3 additional patients provided QoL data but no socio-economic data, leading to a total of 186 respondents, of which 109 were females (58.6%). The mean age of the survivors at follow-up was 27.6 years (median: 26.1 and range: 18.1-52.8) and the median time between the diagnosis and the current study was 20.5 years (range: 12.9-41.6). Supplementary Table 2 also shows a similar distribution of demographic and disease characteristics between survivors who were assessed for QoL and those not assessed for QoL, except an imbalance in the distribution of the participants' country of origin, due to a lower proportion of participating institutions in France compared to Belgium.

Of the 186 ALL survivors who completed at least one of the three QoL questionnaires ~~were assessed for QoL~~, 174 filled the SF-12, with 163 (87.6%) participants completing all items while 11 (6.3%) participants had some items missing. There were 143 survivors who filled the QLSI, with 13 (9.1%) participants completing all items. The proportion of missing items range from 0.7% to 7.7% (Supplementary Table 3).

QoL of survivors of childhood ALL based on the SF-12

Tables 1 and 2 present the descriptive summary of the SF-12 scales scores. The QoL subset was representative of the entire ALL population in our study (Table 2). Unweighted means and standard deviations for each scale were very close to their weighted estimates (results not shown). For the majority of the scales, difference between weighted vs unweighted means and SDs were within a < 1 point range for the SF-12.

**Table 1:** Summary of SF-12 scale scores for survivors of childhood ALL

|  |  |  |  |
| --- | --- | --- | --- |
| **Table 1:** Summary of SF-12 scale scores for childhood ALL survivors (N=170 to 173) | | | |
|  | Median | Range | Mean (SD) |
| Physical Functioning | 100.0 | 0.0 - 100.0 | 89.75 (23.07) |
| Role-Physical | 87.5 | 0.0 - 100.0 | 81.20 (24.70) |
| Bodily Pain | 100.0 | 0.0 - 100.0 | 84.25 (23.83) |
| General Health | 85.0 | 0.0 - 100.0 | 72.74 (19.78) |
| Vitality | 75.0 | 0.0 - 100.0 | 60.96 (22.86) |
| Social Functioning | 100.0 | 0.0 - 100.0 | 79.36 (25.85) |
| Role-Emotional | 87.5 | 0.0 - 100.0 | 77.95 (24.21) |
| Mental Health | 75.0 | 0.0 - 100.0 | 64.82 (20.45) |
| Physical Component Summary (range) \* | 57.1 (24.7 - 67.0) |  | 54.52 (7.87) |
| Mental Component Summary (range) \* | 49.5 (18.4 - 62.5) |  | 47.25 (9.97) |

\* Apart from these two scales, all other scales had ranges between 0 -100

Comparison of QoL between survivors and controls based on the SF-12

Out of the 186 survivors of childhood ALL who were assessed for quality of life, 180 were matched to population controls. Of these matched cases, 168 had completed the SF-12 questionnaire. ALL survivors had higher scores when compared to matched controls. Statistically significant differences were observed for the *Vitality*, *Social Functioning*, *Role-Emotional* and *Mental Component Summary* scales (Table 2).

**Table 2:** Comparison of SF-12 scales scores between survivors of childhood ALL and the general population

|  |  | | | |
| --- | --- | --- | --- | --- |
|  | | ALL survivors (N=164 to 168) | General population (N=144) | Wilcoxon  P-values |
| Physical Functioning | |  |  |  |
| Median | | 100.0 | 100.0 |  |
| Range | | 0.0 - 100.0 | 0.0 - 100.0 |  |
| Mean (SD) | | 89.68 (23.38) | 88.54 (20.67) | 0.22 |
| Role-Physical | |  |  |  |
| Median | | 87.5 | 75.0 |  |
| Range | | 0.0 - 100.0 | 12.5 - 100.0 |  |
| Mean (SD) | | 81.27 (25.04) | 77.34 (23.04) | 0.04 |
| Bodily Pain | |  |  |  |
| Median | | 100.0 | 75.0 |  |
| Range | | 0.0 - 100.0 | 25.0 - 100.0 |  |
| Mean (SD) | | 84.13 (24.14) | 82.47 (20.71) | 0.12 |
| General Health | |  |  |  |
| Median | | 85.0 | 60.0 |  |
| Range | | 0.0 - 100.0 | 25.0 - 100.0 |  |
| Mean (SD) | | 72.90 (20.00) | 69.27 (20.12) | 0.08 |
| Vitality | |  |  |  |
| Median | | 75.0 | 50.0 |  |
| Range | | 0.0 - 100.0 | 0.0 - 100.0 |  |
| Mean (SD) | | 61.06 (22.99) | 54.51 (19.98) | 0.002\* |
| Social Functioning | |  |  |  |
| Median | | 100.0 | 75.0 |  |
| Range | | 0.0 - 100.0 | 0.0 - 100.0 |  |
| Mean (SD) | | 79.52 (26.01) | 70.49 (24.50) | 0.0002\* |
| Role-Emotional | |  |  |  |
| Median | | 87.5 | 75.0 |  |
| Range | | 0.0 - 100.0 | 0.0 - 100.0 |  |
| Mean (SD) | | 78.28 (24.28) | 68.84 (27.46) | 0.003\* |
| Mental Health | |  |  |  |
| Median | | 68.8 | 62.5 |  |
| Range | | 0.0 - 100.0 | 25.0 - 100.0 |  |
| Mean (SD) | | 64.68 (20.40) | 60.07 (17.45) | 0.01 |
| Physical Component Summary | |  |  |  |
| Median | | 57.1 | 55.3 |  |
| Range | | 24.7 - 67.0 | 33.3 - 70.8 |  |
| Mean (SD) | | 54.51 (7.97) | 54.44 (7.16) | 0.2 |
| Mental Component Summary | |  |  |  |
| Median | | 49.5 | 43.5 |  |
| Range | | 18.4 - 62.5 | 20.3 - 67.2 |  |
| Mean (SD) | | 47.31 (9.98) | 43.41 (9.62) | 0.0001\* |
|  |  | | | |

Higher score indicates better functioning or fewer problems. \*To account for multiple testing, p-values below 0.005 are considered to be statistically significant. (i.e. 0.05/number of tests (=10))

Domains associated with the biggest differences between survivors and controls in the QLSI.

Out of the 180 matched ALL survivors and controls who were assessed for quality of life, 143 matched cases completed the QLSI questionnaire. Comparisons were made between domains that the patients and controls consider as the most important (i.e. scored as *essential* or *very important).* Furthermore, items for which respondents and controls considered themselves to be “the happiest” or “the least happy” were also compared. Ranking of priorities was performed, to demonstrate the largest differences in chosen priorities between the two groups.

The *Life Priorities* differed between survivors and controls (biggest differences of ≥ 10% are presented in Table 3, all results are presented in Supplementary Table 3). A higher proportion of survivors compared to controls prioritized *Intimate relations and* *Interaction with your friends*. A higher proportion of controls compared to survivors prioritized *Money available to you* (pocket money, student job, allowance, etc.), *Atmosphere/ambience at school/university*; *Your school/university results*, and *Studies.*

| **Table 3:** Life domains with the biggest differences in priority between survivors and controls | | | | | |
| --- | --- | --- | --- | --- | --- |
|  | **ALL survivors** | | **Population controls** | | **Difference** |
| **Domains of high priority** | Number of respondents | % | Number of respondents | % | ≥10 %  (95% Confidence Limits) |
| Money available to you (pocket money, student job, allowance, etc.) | 38 | 26.6 | 90 | 50 | 23.4 (13.1, 33.7) |
| Atmosphere/ambience at school/university | 30 | 21 | 73 | 40.6 | 19.6 (9.9, 29.4) |
| Studies | 37 | 25.9 | 81 | 45 | 19.1 (8.9, 29.3) |
| Your school/university results | 24 | 16.8 | 57 | 31.6 | 14.8 (5.7, 24) |
| Intimate Relations (libido; sexuality) | 93 | 65.1 | 92 | 51.1 | -14 (-24.6, -0.32) |
| Interaction with your friends | 104 | 72.8 | 107 | 59.4 | -13.4 (-23.5, -0.31) |

Note: The number of respondents (%) are based on patients/controls who considered the domains *as essential or very important*).

We also observed differences in areas where survivors and controls consider themselves as “*the happiest*” or “*the unhappiest*” (biggest differences of ≥ 10% are presented in Table 4&5, all results are presented in Supplementary Tables 4 and 5). A higher proportion of survivors compared to controls were “*the happiest*” with *Love Life* and *Interaction with your friends*. A higher proportion of controls compared to survivors were “*the happiest*” with *Sleep*; *Absence of physical pain*; *Relaxing leisure activities; Physical Abilities*. A higher proportion of controls compared to survivors were “*the unhappiest*” with *Love life; Self-esteem*; *Nutrition*; *Paid Work.* The highest difference (21.23%) between survivors and controls in the domains they consider themselves as “*the unhappiest*” was observed in *Money available to you* *(pocket money, student job, allowance, etc.).* A higher proportion of controls (N=42;23.33%) compared to survivors (N=3;2.10%) were “*the unhappiest*” in this domain.

| **Table 4:** Life domains with the biggest differences in areas where survivors and controls consider themselves as “the happiest” | | | | | |
| --- | --- | --- | --- | --- | --- |
|  | **ALL survivors** | | **Population controls** | | **Difference** |
| **Domains in which respondents consider themselves as "the happiest"** | Number of respondents | % | Number of respondents | % | ≥10 %  (95% Confidence Limits) |
| Sleep (ability to sleep well) | 19 | 13.29 | 57 | 31.67 | -18.38 (-27.2, -9.6) |
| Absence of Physical Pain | 9 | 6.29 | 44 | 24.44 | -18.15 (-25.6, -10.7) |
| Love life/emotional life/life as a couple (signs of affection, understanding, communication) | 77 | 53.85 | 71 | 39.44 | 14.41 (3.6, 25.3) |
| Relaxing leisure activities (music, reading, cinema, going out, etc.) | 33 | 23.08 | 67 | 37.22 | -14.14 (-24, -4.3) |
| Interaction with your friends | 57 | 39.86 | 49 | 27.22 | 12.64 (2.3, 23) |
| Physical abilities (ability to walk, climb stairs, etc.) | 21 | 14.69 | 45 | 25.00 | -10.31 (-18.9, -1.7) |

| **Table 5:** Life domains with the biggest differences in areas where survivors and controls consider themselves as “the unhappiest” | | | | | |
| --- | --- | --- | --- | --- | --- |
|  | **ALL survivors** | | **Populations controls** | | **Difference** |
| **Domains in which respondents consider themselves as "the unhappiest"** | Number of respondents | % | Number of respondents | % | ≥ 5 %  (95% Confidence Limits) |
| **Money available to you (pocket money, student job, allowance, etc.)** | 3 | 2.10 | 42 | 23.33 | -21.23 (-27.9, -14.6) |
| **Love life/emotional life/life as a couple(signs of affection, understanding, communication)** | 24 | 16.78 | 45 | 25.00 | -8.22 (-17, 0.6) |
| **Self-esteem (overall opinion of yourself)** | 34 | 23.78 | 56 | 31.11 | -7.33 (-17, 2.4) |
| **Paid work** | 13 | 9.09 | 29 | 16.11 | -7.02 (-14.2, 0.1) |
| **Nutrition (type of food etc.)** | 10 | 6.99 | 25 | 13.89 | -6.9 (-13.5, 0.3) |

**Discussion**

The study compared QoL outcomes between ALL long-term survivors in adulthood, and controls using a combination of measures. The study found that survivors had better outcomes than controls on several QoL domains. Survivors also prioritized and were happier with their relationships, while controls prioritized work, education, and incomeand were happier with theirphysical health, sleep and relaxing leisure activities*.*

More specifically, findings from the SF-12, which measures physical and mental health, showed significant differences in domains assessing Energy and Vitality; Social Functioning; Role Limitations and Mental Functioning (Mental Component Summary)with survivors having better outcomes than controls. By contrast, a systematic review on outcomes of survivors of childhood ALL showed the majority of studies reported reduced QoL compared to controls.36 However, a number of studies have previously shown that ALL survivors can have better or similar QoL compared to controls.19-24 The current study thus appears to be in line with these findings. Previous studies have also shown that survivors can have better outcomes when compared to controls in more specific domains of psychosocial functioning, while having worse outcomes in physical functioning.14,18,21 Findings from the current study are partially in line with previous findings. Survivors in the current study had better psychosocial functioning compared to controls, but they did not appear to have worse outcomes in the perception of their physical functioning. The latter finding could partly be explained by the relatively low proportion of patients treated with cranial radiotherapy or bone marrow/hematopoietic stem cell transplantation in EORTC protocols compared to other treatment protocols.12-18,37,38 Indeed, following the results of the randomised EORTC trial 58832 (no increase in the incidence of CNS relapse in patients randomised without cranial radiotherapy), the EORTC was the first group to omit cranial radiotherapy as first-line treatment for all patients with childhood ALL.39,40 In the same study, the evaluation of long-term side effects showed that the omission of cranial radiotherapy was associated with a lower incidence of second neoplasms and a lower rate of late CNS and endocrine adverse events.40 Among the three EORTC studies included in the present QoL evaluation, bone marrow/hematopoietic stem cell transplantation was only indicated for “very high-risk” patients included in EORTC study 58881, in first complete remission and with an available donor. A recent review found that survivors of childhood hematopoietic stem cell transplantation with a severe chronic health condition, graft versus host disease or pain appear to have poor QOL.41 Unfortunately, the small number of patients treated with cranial radiotherapy (n=29; 15.6%) or bone marrow/hematopoietic stem cell transplantation (n=12; 6.5%) among the QoL participants and the existence of confounding factors prevented us from verifying our hypothesis.

The systematic review on survivors of childhood36 was able to demonstrate that personal factors, such as the capacity to manage the impact of the disease were related to better outcomes. In particular, having a positive outlook, seeking support and companionship from others were reported as strategies to enhance QoL, which is mirrored in our findings around priorities.

Better QoL outcomes among survivors in the current study could be attributed to survivors re-evaluating their life priorities. Re-prioritisation processes as seen in the QLSI, such as attributing importance to love-life and interaction with friends, might have led to improved QoL scores. Previous studies have identified changing life priorities for cancer survivors including around social relationships.10,11 Furthermore, participants in the current study were long-term survivors and therefore, their QoL outcomes may reflect their adaptation to late effects. This replicates previous research which suggests survivors adapt to late effects and reassess their life priorities.25,26 In long-term survivors this adaptation may be more visible.

Differences in QLSI outcomes, although not statistically tested, provided useful insights. Survivors prioritized Relationships more, while controls prioritized Studies, Work and Income. Survivors appeared happier with their Relationships compared to controls while controls were happiest with sleep compared to survivors. Controls were unhappier with the money available to them. Areas where ALL survivors were unhappiest compared to controls did not come into the biggest observed differences; however, memory showed a small difference (Supplementary Table 5). Previous studies have shown that survivors, as they seek and receive support during their illness, manage to form stronger relationships with family and friends, which they are then able to maintain.42 They can also experience benefits in their intimate relationships such as greater appreciation of their partner and increased maturity.43 Reporting on life priorities, such as intimate relationships, social aspects of life and studies, as captured in the QLSI, helps to present the survivors’ full experience, adding to the more physical and mental and disease specific outcomes measured in traditional QoL measures (e.g. SF12). Studies have also shown negative influences of cancer treatment on cognitive and physical abilities3-7,14,18,21,44 which could explain why survivors in the current study did not rate their Physical Health as an area where they considered themselves “happiest” on the QLSI. However, in the current study survivors scored higher than controls in Physical Health on the SF12 (although no statistical difference was reported). One possible reason for this difference, is that the two measures are measuring different aspects of physical health. The QLSI focusses on life priorities asking a general question about assessing how happy respondents are with their physical health. In contrast, the SF12 assesses how physical health limits aspects of life, such as daily activities and work.

Study limitations

The current study had certain limitations. Analysis taking into account the details around the participants socio-economic status were not carried out. There is some evidence that socio-economic factors, such as marriage status, employment and low household income are associated with lower QoL.18,45 However, the current study lacked information about such socio-economic factors in the population of healthy controls, hence limiting the choice of matching factors. In addition, the version of the QLSI used in the study was not yet validated and was only used for descriptive purposes, with focus on the items participants considered to be essential or very important and those reported to be the “happiest” or “least happy with”. The age range of participants was quite broad (18-51years), so it is not possible to specify outcomes for younger or older survivors. Sociodemographic characteristics such as income and ethnicity were not examined in this study. Selection bias may have been present, since survivors sometimes participated decades after diagnosis, which introduces survival bias, with those with most complications of therapy being less likely to have been included. In addition, more survivors were included from Belgium compared to the number included from France, mainly due to the participation of centres in each country.

Study strengths included a focus on long term survivors of childhood ALL in adulthood, recognising the different life challenges faced by this group as opposed to children or adolescents. The study had a large sample size, and compared adult survivors with a matched population of healthy controls, rather than siblings who might have been impacted by the cancer.

Clinical implications

Practitioners should consider targeting interventions at areas in which survivors appear to have lower QoL or do not see themselves “happiest” in compared to controls. Psycho-social interventions, that can help survivors identify and re-evaluate their life priorities and build on existing positive experiences with family, friends and partners might help improve QoL outcomes for this group.

Conclusions

Findings from the study indicate that survivors of childhood ALL have better QoL outcomes on some domains when compared to controls especially in domains related to psychosocial functioning. Survivors also prioritize and are happier with their relationships. However, they can also face challenges related to their perceptions of happiness surrounding physical and cognitive functioning and targeted interventions are needed to address their difficulties.

| **Supplementary Table 1.** Clinical and disease characteristics of patients eligible to the socio-economic evaluation | | | | |
| --- | --- | --- | --- | --- |
|  | **Lost to follow-up (N=729)** | **Refused to participate (N=182)** | **Respondent (N=507)** | **Total (N=1418)** |
|  | **N (%)** | **N (%)** | **N (%)** | **N (%)** |
| **Protocol** |  |  |  |  |
| **N obs** | 729 (100.0) | 182 (100.0) | 507 (100.0) | 1418 (100.0) |
| **58741** | 20 (2.7) | 12 (6.6) | 25 (4.9) | 57 (4.0) |
| **58831** | 199 (27.3) | 44 (24.2) | 109 (21.5) | 352 (24.8) |
| **58881** | 510 (70.0) | 126 (69.2) | 373 (73.6) | 1009 (71.2) |
| **Sex** |  |  |  |  |
| **N obs** | 726 (99.6) | 182 (100.0) | 507 (100.0) | 1415 (99.8) |
| **Male** | 437 (60.2) | 103 (56.6) | 230 (45.4) | 770 (54.4) |
| **Female** | 289 (39.8) | 79 (43.4) | 277 (54.6) | 645 (45.6) |
| **Age at diagnosis, years** |  |  |  |  |
| **N obs** | 726 (99.6) | 182 (100.0) | 507 (100.0) | 1415 (99.8) |
| **<6** | 434 (59.8) | 130 (71.4) | 332 (65.5) | 896 (63.3) |
| **6-9** | 159 (21.9) | 30 (16.5) | 105 (20.7) | 294 (20.8) |
| **10-17** | 133 (18.3) | 22 (12.1) | 70 (13.8) | 225 (15.9) |
| **Country** |  |  |  |  |
| **N obs** | 729 (100.0) | 182 (100.0) | 507 (100.0) | 1418 (100.0) |
| **Belgium** | 259 (35.5) | 106 (58.2) | 236 (46.5) | 601 (42.4) |
| **France** | 470 (64.5) | 76 (41.8) | 271 (53.5) | 817 (57.6) |
| **Disease** |  |  |  |  |
| **N obs** | 723 (99.2) | 182 (100.0) | 506 (99.8) | 1411 (99.5) |
| **ALL** | 645 (89.2) | 182 (100.0) | 498 (98.4) | 1325 (93.9) |
| **NHL** | 78 (10.8) | 0 (0.0) | 8 (1.6) | 86 (6.1) |
| **WBC at diagnosis, x 10⁹/l** |  |  |  |  |
| **N obs** | 724 (99.3) | 181 (99.5) | 507 (100.0) | 1412 (99.6) |
| **<25** | 528 (72.9) | 125 (69.1) | 362 (71.4) | 1015 (71.9) |
| **25 - <50** | 78 (10.8) | 27 (14.9) | 59 (11.6) | 164 (11.6) |
| **≥50** | 118 (16.3) | 29 (16.0) | 86 (17.0) | 233 (16.5) |
| **CNS involvement at diagnosis** |  |  |  |  |
| **N obs** | 708 (97.1) | 179 (98.4) | 505 (99.6) | 1392 (98.2) |
| **CNS-1** | 666 (94.1) | 164 (91.6) | 479 (94.9) | 1309 (94.0) |
| **Not CNS-1** | 42 (5.9) | 15 (8.4) | 26 (5.1) | 83 (6.0) |
| **NCI risk group** |  |  |  |  |
| **N obs** | 724 (99.3) | 181 (99.5) | 507 (100.0) | 1412 (99.6) |
| **Standard Risk** | 496 (68.5) | 133 (73.5) | 358 (70.6) | 987 (69.9) |
| **High Risk** | 228 (31.5) | 48 (26.5) | 149 (29.4) | 425 (30.1) |
| **High treatment intensity per protocol** |  |  |  |  |
| **N obs** | 686 (94.1) | 162 (89.0) | 474 (93.5) | 1322 (93.2) |
| **No** | 583 (85.0) | 129 (79.6) | 407 (85.9) | 1119 (84.6) |
| **Yes** | 103 (15.0) | 33 (20.4) | 67 (14.1) | 203 (15.4) |
| **Relapse within 1 year from diagnosis** |  |  |  |  |
| **N obs** | 729 (100.0) | 182 (100.0) | 507 (100.0) | 1418 (100.0) |
| **No** | 722 (99.0) | 180 (98.9) | 502 (99.0) | 1404 (99.0) |
| **Yes** | 7 (1.0) | 2 (1.1) | 5 (1.0) | 14 (1.0) |

Abbreviations: ALL=acute lymphoblastic leukemia, CNS=central nervous system, HSCT=hematopoietic stem cell transplantation, NCI=national cancer institute, NHL=non-Hodgkin lymphoma, WBC=white blood cell count

| **Supplementary Table 2:** Demographic and clinical characteristics of patients eligible to the QOL evaluation | | | |
| --- | --- | --- | --- |
|  | **QoL Assessed** | | **Total**  **(N=510)**  **N (%)** |
|  | **No (N=324)** | **Yes (N=186)** |
|  | **N (%)** | **N (%)** |
| **Protocol** |  |  |  |
| **58741** | 8 (2.5) | 17 (9.1) | 25 (4.9) |
| **58831** | 67 (20.7) | 43 (23.1) | 110 (21.6) |
| **58881** | 249 (76.9) | 126 (67.7) | 375 (73.5) |
| **Sex** |  |  |  |
| **Male** | 154 (47.5) | 77 (41.4) | 231 (45.3) |
| **Female** | 170 (52.5) | 109 (58.6) | 279 (54.7) |
| **Age at diagnosis, years** |  |  |  |
| **<6** | 220 (67.9) | 115 (61.8) | 335 (65.7) |
| **>=6** | 104 (32.1) | 71 (38.2) | 175 (34.3) |
| **Range** | 0.3 - 17.9 | 0.2 - 14.7 | 0.2 - 17.9 |
| **Mean (SD)** | 5.43 (3.56) | 5.62 (3.30) | 5.50 (3.47) |
| **Age at follow-up, years** |  |  |  |
| **<18-24** | 158 (48.8) | 85 (45.7) | 243 (47.6) |
| **>=25** | 166 (51.2) | 101 (54.3) | 267 (52.4) |
| **Range** | 18.1 - 51.1 | 18.1 - 52.8 | 18.1 - 52.8 |
| **Mean (SD)** | 25.98 (5.60) | 27.61 (7.09) | 26.57 (6.23) |
| **Country** |  |  |  |
| **Belgium** | 89 (27.5) | 148 (79.6) | 237 (46.5) |
| **France** | 235 (72.5) | 38 (20.4) | 273 (53.5) |
| **WBC at diagnosis** |  |  |  |
| **<25** | 239 (73.8) | 125 (67.2) | 364 (71.4) |
| **>=25** | 85 (26.2) | 61 (32.8) | 146 (28.6) |
| **NCI risk group** |  |  |  |
| **Standard Risk** | 230 (71.0) | 131 (70.4) | 361 (70.8) |
| **High Risk** | 94 (29.0) | 55 (29.6) | 149 (29.2) |
| **HSCT** |  |  |  |
| **No** | 298 (92.0) | 174 (93.5) | 472 (92.5) |
| **Yes** | 26 (8.0) | 12 (6.5) | 38 (7.5) |
| **Relapse** |  |  |  |
| **No** | 282 (87.0) | 161 (86.6) | 443 (86.9) |
| **Yes** | 42 (13.0) | 25 (13.4) | 67 (13.1) |
| **Relapse or Second cancer** |  |  |  |
| **No** | 274 (84.6) | 151 (81.2) | 425 (83.3) |
| **Yes** | 50 (15.4) | 35 (18.8) | 85 (16.7) |
| **Cranial radiotherapy** |  |  |  |
| **No** | 292 (90.1) | 157 (84.4) | 449 (88.0) |
| **Yes** | 32 (9.9) | 29 (15.6) | 61 (12.0) |
| **Being married or living with a partner** |  |  |  |
| **No** | 200 (61.7) | 112 (60.2) | 312 (61.2) |
| **Yes** | 122 (37.7) | 69 (37.1) | 191 (37.5) |
| **Missing** | 2 (0.6) | 5 (2.7) | 7 (1.4) |
| **University degree** |  |  |  |
| **No** | 155 (47.8) | 85 (45.7) | 240 (47.1) |
| **Yes** | 164 (50.6) | 95 (51.1) | 259 (50.8) |
| **Missing** | 5 (1.5) | 6 (3.2) | 11 (2.2) |
| **Currently working** |  |  |  |
| **No** | 124 (38.3) | 57 (30.6) | 181 (35.5) |
| **Yes** | 197 (60.8) | 125 (67.2) | 322 (63.1) |
| **Missing** | 3 (0.9) | 4 (2.2) | 7 (1.4) |

Abbreviations: SD = standard deviation; HSCT= hematopoietic stem cell transplantation; WBC: White Blood Cell Count; NCI: National Cancer Institute

| **Supplementary Table 3:** Comparison of QLSI items between matched survivors and controls | | | |
| --- | --- | --- | --- |
|  | **Groups** | | **Total (N=323)** |
| **Population controls (N=180)** | **Childhood ALL survivors (N=143)** |
|  | **N (%)** | **N (%)** | **N (%)** |
| **Sleep (ability to sleep well)** |  |  |  |
| **Essential** | 94 (52.2) | 48 (33.6) | 142 (44.0) |
| **Very important** | 57 (31.7) | 59 (41.3) | 116 (35.9) |
| **Important** | 26 (14.4) | 30 (21.0) | 56 (17.3) |
| **Moderately important** | 3 (1.7) | 2 (1.4) | 5 (1.5) |
| **Not very important or not important** | 0 (0.0) | 3 (2.1) | 3 (0.9) |
| **Missing** | 0 (0.0) | 1 (0.7) | 1 (0.3) |
| **Vitality (Having energy to do things)** |  |  |  |
| **Essential** | 59 (32.8) | 51 (35.7) | 110 (34.1) |
| **Very important** | 84 (46.7) | 61 (42.7) | 145 (44.9) |
| **Important** | 33 (18.3) | 27 (18.9) | 60 (18.6) |
| **Moderately important** | 3 (1.7) | 1 (0.7) | 4 (1.2) |
| **Not very important or not important** | 0 (0.0) | 1 (0.7) | 1 (0.3) |
| **Missing** | 1 (0.6) | 2 (1.4) | 3 (0.9) |
| **Physical abilities (ability to walk, climb stairs, etc.)** |  |  |  |
| **Essential** | 73 (40.6) | 52 (36.4) | 125 (38.7) |
| **Very important** | 73 (40.6) | 60 (42.0) | 133 (41.2) |
| **Important** | 27 (15.0) | 23 (16.1) | 50 (15.5) |
| **Moderately important** | 5 (2.8) | 5 (3.5) | 10 (3.1) |
| **Not very important or not important** | 1 (0.6) | 1 (0.7) | 2 (0.6) |
| **Missing** | 1 (0.6) | 2 (1.4) | 3 (0.9) |
| **Nutrition (type of food, etc.)** |  |  |  |
| **Essential** | 34 (18.9) | 28 (19.6) | 62 (19.2) |
| **Very important** | 75 (41.7) | 59 (41.3) | 134 (41.5) |
| **Important** | 47 (26.1) | 47 (32.9) | 94 (29.1) |
| **Moderately important** | 17 (9.4) | 7 (4.9) | 24 (7.4) |
| **Not very important or not important** | 5 (2.8) | 0 (0.0) | 5 (1.5) |
| **Missing** | 2 (1.1) | 2 (1.4) | 4 (1.2) |
| **Absence of physical pain** |  |  |  |
| **Essential** | 31 (17.2) | 29 (20.3) | 60 (18.6) |
| **Very important** | 83 (46.1) | 70 (49.0) | 153 (47.4) |
| **Important** | 52 (28.9) | 34 (23.8) | 86 (26.6) |
| **Moderately important** | 9 (5.0) | 5 (3.5) | 14 (4.3) |
| **Not very important or not important** | 3 (1.7) | 3 (2.1) | 6 (1.9) |
| **Not applicable** | 1 (0.6) | 0 (0.0) | 1 (0.3) |
| **Missing** | 1 (0.6) | 2 (1.4) | 3 (0.9) |
| **Overall physical health** |  |  |  |
| **Essential** | 45 (25.0) | 44 (30.8) | 89 (27.6) |
| **Very important** | 87 (48.3) | 66 (46.2) | 153 (47.4) |
| **Important** | 34 (18.9) | 29 (20.3) | 63 (19.5) |
| **Moderately important** | 10 (5.6) | 1 (0.7) | 11 (3.4) |
| **Not very important or not important** | 1 (0.6) | 1 (0.7) | 2 (0.6) |
| **Missing** | 3 (1.7) | 2 (1.4) | 5 (1.5) |
| **Relaxing leisure activities (music, reading, cinema, going out, etc.)** |  |  |  |
| **Essential** | 30 (16.7) | 31 (21.7) | 61 (18.9) |
| **Very important** | 64 (35.6) | 55 (38.5) | 119 (36.8) |
| **Important** | 67 (37.2) | 43 (30.1) | 110 (34.1) |
| **Moderately important** | 14 (7.8) | 12 (8.4) | 26 (8.0) |
| **Not very important or not important** | 5 (2.8) | 0 (0.0) | 5 (1.5) |
| **Missing** | 0 (0.0) | 2 (1.4) | 2 (0.6) |
| **Active leisure activities requiring energy (sport, gardening, etc.)** |  |  |  |
| **Essential** | 16 (8.9) | 20 (14.0) | 36 (11.1) |
| **Very important** | 44 (24.4) | 40 (28.0) | 84 (26.0) |
| **Important** | 70 (38.9) | 57 (39.9) | 127 (39.3) |
| **Moderately important** | 36 (20.0) | 22 (15.4) | 58 (18.0) |
| **Not very important or not important** | 12 (6.7) | 2 (1.4) | 14 (4.3) |
| **Not applicable** | 1 (0.6) | 0 (0.0) | 1 (0.3) |
| **Missing** | 1 (0.6) | 2 (1.4) | 3 (0.9) |
| **Interaction with your children** |  |  |  |
| **Essential** | 35 (19.4) | 39 (27.3) | 74 (22.9) |
| **Very important** | 32 (17.8) | 24 (16.8) | 56 (17.3) |
| **Important** | 13 (7.2) | 15 (10.5) | 28 (8.7) |
| **Moderately important** | 12 (6.7) | 4 (2.8) | 16 (5.0) |
| **Not very important or not important** | 6 (3.3) | 3 (2.1) | 9 (2.8) |
| **Not applicable** | 79 (43.9) | 56 (39.2) | 135 (41.8) |
| **Missing** | 3 (1.7) | 2 (1.4) | 5 (1.5) |
| **Interaction with your family (parents, siblings, etc.)** |  |  |  |
| **Essential** | 50 (27.8) | 48 (33.6) | 98 (30.3) |
| **Very important** | 73 (40.6) | 52 (36.4) | 125 (38.7) |
| **Important** | 32 (17.8) | 27 (18.9) | 59 (18.3) |
| **Moderately important** | 20 (11.1) | 11 (7.7) | 31 (9.6) |
| **Not very important or not important** | 4 (2.2) | 3 (2.1) | 7 (2.2) |
| **Missing** | 1 (0.6) | 2 (1.4) | 3 (0.9) |
| **Interaction with your friends** |  |  |  |
| **Essential** | 31 (17.2) | 33 (23.1) | 64 (19.8) |
| **Very important** | 76 (42.2) | 71 (49.7) | 147 (45.5) |
| **Important** | 52 (28.9) | 32 (22.4) | 84 (26.0) |
| **Moderately important** | 19 (10.6) | 3 (2.1) | 22 (6.8) |
| **Not very important or not important** | 1 (0.6) | 2 (1.4) | 3 (0.9) |
| **Missing** | 1 (0.6) | 2 (1.4) | 3 (0.9) |
| **Paid work** |  |  |  |
| **Essential** | 58 (32.2) | 33 (23.1) | 91 (28.2) |
| **Very important** | 58 (32.2) | 61 (42.7) | 119 (36.8) |
| **Important** | 34 (18.9) | 17 (11.9) | 51 (15.8) |
| **Moderately important** | 11 (6.1) | 5 (3.5) | 16 (5.0) |
| **Not very important or not important** | 2 (1.1) | 1 (0.7) | 3 (0.9) |
| **Not applicable** | 13 (7.2) | 16 (11.2) | 29 (9.0) |
| **Missing** | 4 (2.2) | 10 (7.0) | 14 (4.3) |
| **Efficiency at work** |  |  |  |
| **Essential** | 34 (18.9) | 23 (16.1) | 57 (17.6) |
| **Very important** | 59 (32.8) | 60 (42.0) | 119 (36.8) |
| **Important** | 58 (32.2) | 31 (21.7) | 89 (27.6) |
| **Moderately important** | 13 (7.2) | 2 (1.4) | 15 (4.6) |
| **Not very important or not important** | 2 (1.1) | 1 (0.7) | 3 (0.9) |
| **Not applicable** | 12 (6.7) | 15 (10.5) | 27 (8.4) |
| **Missing** | 2 (1.1) | 11 (7.7) | 13 (4.0) |
| **Atmosphere/ambience at work** |  |  |  |
| **Essential** | 27 (15.0) | 27 (18.9) | 54 (16.7) |
| **Very important** | 83 (46.1) | 63 (44.1) | 146 (45.2) |
| **Important** | 40 (22.2) | 22 (15.4) | 62 (19.2) |
| **Moderately important** | 8 (4.4) | 4 (2.8) | 12 (3.7) |
| **Not very important or not important** | 1 (0.6) | 1 (0.7) | 2 (0.6) |
| **Not applicable** | 18 (10.0) | 16 (11.2) | 34 (10.5) |
| **Missing** | 3 (1.7) | 10 (7.0) | 13 (4.0) |
| **Financial Matters (incomes, allowance, etc.)** |  |  |  |
| **Essential** | 44 (24.4) | 32 (22.4) | 76 (23.5) |
| **Very important** | 62 (34.4) | 52 (36.4) | 114 (35.3) |
| **Important** | 44 (24.4) | 29 (20.3) | 73 (22.6) |
| **Moderately important** | 14 (7.8) | 7 (4.9) | 21 (6.5) |
| **Not applicable** | 13 (7.2) | 15 (10.5) | 28 (8.7) |
| **Missing** | 3 (1.7) | 8 (5.6) | 11 (3.4) |
| **Where you live (home, neighborhood, surroundings, etc.)** |  |  |  |
| **Essential** | 36 (20.0) | 28 (19.6) | 64 (19.8) |
| **Very important** | 70 (38.9) | 52 (36.4) | 122 (37.8) |
| **Important** | 55 (30.6) | 52 (36.4) | 107 (33.1) |
| **Moderately important** | 11 (6.1) | 5 (3.5) | 16 (5.0) |
| **Not very important or not important** | 3 (1.7) | 3 (2.1) | 6 (1.9) |
| **Missing** | 5 (2.8) | 3 (2.1) | 8 (2.5) |
| **Upkeep of the house/flat** |  |  |  |
| **Essential** | 22 (12.2) | 15 (10.5) | 37 (11.5) |
| **Very important** | 51 (28.3) | 54 (37.8) | 105 (32.5) |
| **Important** | 71 (39.4) | 57 (39.9) | 128 (39.6) |
| **Moderately important** | 27 (15.0) | 10 (7.0) | 37 (11.5) |
| **Not very important or not important** | 5 (2.8) | 4 (2.8) | 9 (2.8) |
| **Not applicable** | 1 (0.6) | 0 (0.0) | 1 (0.3) |
| **Missing** | 3 (1.7) | 3 (2.1) | 6 (1.9) |
| **Memory (ability to remember things to do, some words, past and future events, etc.)** |  |  |  |
| **Essential** | 58 (32.2) | 30 (21.0) | 88 (27.2) |
| **Very important** | 74 (41.1) | 71 (49.7) | 145 (44.9) |
| **Important** | 38 (21.1) | 35 (24.5) | 73 (22.6) |
| **Moderately important** | 7 (3.9) | 5 (3.5) | 12 (3.7) |
| **Not very important or not important** | 2 (1.1) | 0 (0.0) | 2 (0.6) |
| **Missing** | 1 (0.6) | 2 (1.4) | 3 (0.9) |
| **Concentration and attention** |  |  |  |
| **Essential** | 31 (17.2) | 18 (12.6) | 49 (15.2) |
| **Very important** | 87 (48.3) | 71 (49.7) | 158 (48.9) |
| **Important** | 52 (28.9) | 47 (32.9) | 99 (30.7) |
| **Moderately important** | 8 (4.4) | 4 (2.8) | 12 (3.7) |
| **Not very important or not important** | 1 (0.6) | 0 (0.0) | 1 (0.3) |
| **Missing** | 1 (0.6) | 3 (2.1) | 4 (1.2) |
| **Self-esteem (overall opinion of yourself)** |  |  |  |
| **Essential** | 47 (26.1) | 28 (19.6) | 75 (23.2) |
| **Very important** | 83 (46.1) | 65 (45.5) | 148 (45.8) |
| **Important** | 39 (21.7) | 37 (25.9) | 76 (23.5) |
| **Moderately important** | 9 (5.0) | 9 (6.3) | 18 (5.6) |
| **Not very important or not important** | 1 (0.6) | 1 (0.7) | 2 (0.6) |
| **Missing** | 1 (0.6) | 3 (2.1) | 4 (1.2) |
| **Morale** |  |  |  |
| **Essential** | 48 (26.7) | 28 (19.6) | 76 (23.5) |
| **Very important** | 69 (38.3) | 66 (46.2) | 135 (41.8) |
| **Important** | 50 (27.8) | 38 (26.6) | 88 (27.2) |
| **Moderately important** | 11 (6.1) | 9 (6.3) | 20 (6.2) |
| **Not very important or not important** | 1 (0.6) | 0 (0.0) | 1 (0.3) |
| **Missing** | 1 (0.6) | 2 (1.4) | 3 (0.9) |
| **Peace of mind (not being worried, anxious or preoccupied or upset)** |  |  |  |
| **Essential** | 38 (21.1) | 25 (17.5) | 63 (19.5) |
| **Very important** | 94 (52.2) | 69 (48.3) | 163 (50.5) |
| **Important** | 36 (20.0) | 35 (24.5) | 71 (22.0) |
| **Moderately important** | 9 (5.0) | 9 (6.3) | 18 (5.6) |
| **Not very important or not important** | 1 (0.6) | 3 (2.1) | 4 (1.2) |
| **Missing** | 2 (1.1) | 2 (1.4) | 4 (1.2) |
| **Love life/emotional life/life as a couple(signs of affection, understanding, communication)** |  |  |  |
| **Essential** | 47 (26.1) | 52 (36.4) | 99 (30.7) |
| **Very important** | 68 (37.8) | 50 (35.0) | 118 (36.5) |
| **Important** | 46 (25.6) | 28 (19.6) | 74 (22.9) |
| **Moderately important** | 11 (6.1) | 5 (3.5) | 16 (5.0) |
| **Not very important or not important** | 2 (1.1) | 3 (2.1) | 5 (1.5) |
| **Not applicable** | 5 (2.8) | 0 (0.0) | 5 (1.5) |
| **Missing** | 1 (0.6) | 5 (3.5) | 6 (1.9) |
| **Intimate relations (libido, sexuality)** |  |  |  |
| **Essential** | 31 (17.2) | 28 (19.6) | 59 (18.3) |
| **Very important** | 61 (33.9) | 65 (45.5) | 126 (39.0) |
| **Important** | 58 (32.2) | 39 (27.3) | 97 (30.0) |
| **Moderately important** | 21 (11.7) | 6 (4.2) | 27 (8.4) |
| **Not very important or not important** | 3 (1.7) | 3 (2.1) | 6 (1.9) |
| **Not applicable** | 5 (2.8) | 0 (0.0) | 5 (1.5) |
| **Missing** | 1 (0.6) | 2 (1.4) | 3 (0.9) |
| **Spiritual, philosophical or religious life** |  |  |  |
| **Essential** | 13 (7.2) | 6 (4.2) | 19 (5.9) |
| **Very important** | 15 (8.3) | 19 (13.3) | 34 (10.5) |
| **Important** | 27 (15.0) | 30 (21.0) | 57 (17.6) |
| **Moderately important** | 46 (25.6) | 46 (32.2) | 92 (28.5) |
| **Not very important or not important** | 66 (36.7) | 40 (28.0) | 106 (32.8) |
| **Not applicable** | 12 (6.7) | 0 (0.0) | 12 (3.7) |
| **Missing** | 1 (0.6) | 2 (1.4) | 3 (0.9) |
| **Studies** |  |  |  |
| **Essential** | 34 (18.9) | 15 (10.5) | 49 (15.2) |
| **Very important** | 47 (26.1) | 22 (15.4) | 69 (21.4) |
| **Important** | 57 (31.7) | 17 (11.9) | 74 (22.9) |
| **Moderately important** | 11 (6.1) | 2 (1.4) | 13 (4.0) |
| **Not very important or not important** | 3 (1.7) | 1 (0.7) | 4 (1.2) |
| **Not applicable** | 23 (12.8) | 76 (53.1) | 99 (30.7) |
| **Missing** | 5 (2.8) | 10 (7.0) | 15 (4.6) |
| **Your school/university results** |  |  |  |
| **Essential** | 17 (9.4) | 10 (7.0) | 27 (8.4) |
| **Very important** | 40 (22.2) | 14 (9.8) | 54 (16.7) |
| **Important** | 67 (37.2) | 29 (20.3) | 96 (29.7) |
| **Moderately important** | 19 (10.6) | 1 (0.7) | 20 (6.2) |
| **Not very important or not important** | 3 (1.7) | 0 (0.0) | 3 (0.9) |
| **Not applicable** | 27 (15.0) | 78 (54.5) | 105 (32.5) |
| **Missing** | 7 (3.9) | 11 (7.7) | 18 (5.6) |
| **Atmosphere/ambience at school/university** |  |  |  |
| **Essential** | 19 (10.6) | 7 (4.9) | 26 (8.0) |
| **Very important** | 54 (30.0) | 23 (16.1) | 77 (23.8) |
| **Important** | 43 (23.9) | 17 (11.9) | 60 (18.6) |
| **Moderately important** | 17 (9.4) | 4 (2.8) | 21 (6.5) |
| **Not very important or not important** | 2 (1.1) | 1 (0.7) | 3 (0.9) |
| **Not applicable** | 37 (20.6) | 81 (56.6) | 118 (36.5) |
| **Missing** | 8 (4.4) | 10 (7.0) | 18 (5.6) |
| **Money available to you (pocket money, student job, allowance, etc.)** |  |  |  |
| **Essential** | 30 (16.7) | 17 (11.9) | 47 (14.6) |
| **Very important** | 60 (33.3) | 21 (14.7) | 81 (25.1) |
| **Important** | 52 (28.9) | 15 (10.5) | 67 (20.7) |
| **Moderately important** | 14 (7.8) | 3 (2.1) | 17 (5.3) |
| **Not very important or not important** | 2 (1.1) | 0 (0.0) | 2 (0.6) |
| **Not applicable** | 15 (8.3) | 79 (55.2) | 94 (29.1) |
| **Missing** | 7 (3.9) | 8 (5.6) | 15 (4.6) |
|  |  |  |  |
|  |  |  |  |

| **Supplementary Table 4:** Life domains in which respondents consider themselves as "the happiest" | | | | |
| --- | --- | --- | --- | --- |
|  | **ALL survivors** | | **Populations controls** | |
| **Domains ("the happiest")** | Number of respondent | % | Number of respondent | % |
| Love life/emotional life/life as a couple(signs of affection, understanding, communication) | 77 | 53.85 | 71 | 39.44 |
| Interaction with your family (parents, siblings, etc.) | 68 | 47.55 | 72 | 40.00 |
| Interaction with your friends | 57 | 39.86 | 49 | 27.22 |
| Overall physical health | 48 | 33.57 | 50 | 27.78 |
| Paid work | 40 | 27.97 | 44 | 24.44 |
| Interaction with your children | 36 | 25.17 | 28 | 15.56 |
| Where you live (home, neighbourhood, surroundings, etc.) | 36 | 25.17 | 43 | 23.89 |
| Relaxing leisure activities (music, reading, cinema, going out, etc.) | 33 | 23.08 | 67 | 37.22 |
| Atmosphere/ambience at work | 23 | 16.08 | 25 | 13.89 |
| Vitality (Having energy to do things) | 23 | 16.08 | 29 | 16.11 |
| Intimate relations (libido, sexuality) | 22 | 15.38 | 23 | 12.78 |
| Physical abilities (ability to walk, climb stairs, etc.) | 21 | 14.69 | 45 | 25.00 |
| Sleep (ability to sleep well) | 19 | 13.29 | 57 | 31.67 |
| Financial Matters (incomes, allowance, etc.) | 18 | 12.59 | 22 | 12.22 |
| Active leisure activities requiring energy (sport, gardening, etc.) | 16 | 11.19 | 26 | 14.44 |
| Self-esteem (overall opinion of yourself) | 16 | 11.19 | 17 | 9.44 |
| Peace of mind (not being worried, anxious or preoccupied or upset) | 15 | 10.49 | 15 | 8.33 |
| Efficiency at work | 14 | 9.79 | 10 | 5.56 |
| Moral | 14 | 9.79 | 10 | 5.56 |
| Nutrition (type of food, etc.) | 12 | 8.39 | 33 | 18.33 |
| Absence of physical pain | 9 | 6.29 | 44 | 24.44 |
| Memory (ability to remember things to do, some words, past and future events, etc.) | 4 | 2.80 | 17 | 9.44 |
| Upkeep of the house/flat | 4 | 2.80 | 7 | 3.89 |
| Atmosphere/ambience at school/university | 3 | 2.10 | 14 | 7.78 |
| Concentration and attention | 3 | 2.10 | 5 | 2.78 |
| Studies | 3 | 2.10 | 20 | 11.11 |
| Spiritual, philosophical or religious life | 2 | 1.40 | 5 | 2.78 |
| Your school/university results | 1 | 0.70 | 10 | 5.56 |
| Money available to you (pocket money, student job, allowance, etc.) | 1 | 0.70 | 16 | 8.89 |

| **Supplementary Table 5:** Life domains in which respondents consider themselves as "the unhappiest" | | | | |
| --- | --- | --- | --- | --- |
|  | **ALL survivors** | | **Populations controls** |  |
| **Domains ("the unhappiest")** | Number of respondent | % | Number of respondent | % |
| Peace of mind (not being worried, anxious or preoccupied or upset) | 39 | 27.27 | 50 | 27.78 |
| Self-esteem (overall opinion of yourself) | 34 | 23.78 | 56 | 31.11 |
| Financial Matters (incomes, allowance, etc.) | 33 | 23.08 | 43 | 23.89 |
| Sleep (ability to sleep well) | 33 | 23.08 | 49 | 27.22 |
| Concentration and attention | 28 | 19.58 | 40 | 22.22 |
| Upkeep of the house/flat | 24 | 16.78 | 31 | 17.22 |
| Love life/emotional life/life as a couple(signs of affection, understanding, communication) | 24 | 16.78 | 45 | 25.00 |
| Active leisure activities requiring energy (sport, gardening, etc.) | 23 | 16.08 | 26 | 14.44 |
| Vitality (Having energy to do things) | 23 | 16.08 | 37 | 20.56 |
| Moral | 22 | 15.38 | 25 | 13.89 |
| Memory (ability to remember things to do, some words, past and future events, etc.) | 21 | 14.69 | 17 | 9.44 |
| Physical abilities (ability to walk, climb stairs, etc.) | 21 | 14.69 | 29 | 16.11 |
| Absence of physical pain | 20 | 13.99 | 22 | 12.22 |
| Relaxing leisure activities (music, reading, cinema, going out, etc.) | 20 | 13.99 | 16 | 8.89 |
| Atmosphere/ambience at work | 19 | 13.29 | 29 | 16.11 |
| Intimate relations (libido, sexuality) | 19 | 13.29 | 35 | 19.44 |
| Overall physical health | 19 | 13.29 | 22 | 12.22 |
| Spiritual, philosophical or religious life | 17 | 11.89 | 19 | 10.56 |
| Interaction with your family (parents, siblings, etc.) | 14 | 9.79 | 15 | 8.33 |
| Paid work | 13 | 9.09 | 29 | 16.11 |
| Efficiency at work | 12 | 8.39 | 22 | 12.22 |
| Nutrition (type of food, etc.) | 10 | 6.99 | 25 | 13.89 |
| Interaction with your friends | 9 | 6.29 | 19 | 10.56 |
| Where you live (home, neighbourhood, surroundings, etc.) | 8 | 5.59 | 17 | 9.44 |
| Interaction with your children | 4 | 2.80 | 8 | 4.44 |
| Studies | 3 | 2.10 | 15 | 8.33 |
| Money available to you (pocket money, student job, allowance, etc.) | 3 | 2.10 | 42 | 23.33 |
| Your school/university results | 2 | 1.40 | 13 | 7.22 |
| Atmosphere/ambience at school/university | 1 | 0.70 | 13 | 7.22 |

**References**

1. Hunger SP, Mullighan CG.  Acute lymphoblastic leukemia in children.  DL Longo, editor. *N Engl J Med*. 2015; 373(16): 1541– 52. doi:10.1056/NEJMra1400972.
2. American Cancer Society. *What is Acute Lymphocytic Leukemia (ALL)?* Accessed 2 November 2021. <https://www.cancer.org/cancer/acute-lymphocytic-leukemia/about/what-is-all.html>
3. Institute of Medicine andNational Research Council. *Childhood cancer survivorship: improving care and quality of life*. Hewitt M, Weiner SL, Simone JV. Eds. National Academies Press; Washington, 2003.
4. Anestin AS, Lippé S, Robaey P, et al. Psychological risk in long‐term survivors of childhood acute lymphoblastic leukemia and its association with functional health status: A PETALE cohort study. *Pediatric Blood & Cancer*. 2018; 65(11), e27356. doi: 10.1002/pbc.27356.
5. Gurney JG, Krull KR, Kadan-Lottick N, et al. Social outcomes in the childhood cancer survivor study cohort. *Journal of Clinical Oncology*. 2009; 27(14), 2390-5. doi 10.1200/JCO.2008.21.1458.
6. Jervaeus A, Lampic C, Johansson E, Malmros J, Wettergren L. Clinical significance in self-rated HRQoL among survivors after childhood cancer–demonstrated by anchor-based thresholds. *Acta Oncologica*. 2014; 53(4), 486-492. doi:10.3109/0284186X.2013.844852.
7. Wengenroth L, Gianinazzi ME, Rüegg CS, et al. Health-related quality of life in young survivors of childhood cancer. *Quality of Life Research*. 2015; 24(9), 2151-2161. doi: 10.1007/s11136-015-0961-3.
8. Barakat LP, Alderfer MA, Kazak AE. Posttraumatic growth in adolescent survivors of cancer and their mothers and fathers. *Journal of Pediatric Psychology*. 2006; 31(4), 413-419. https://doi:.org/10.1093/jpepsy/jsj058
9. Thornton AA. Perceiving benefits in the cancer experience. *Journal of Clinical Psychology in Medical Settings*. 2002; 9(2), 153-165. <https://doi.org/10.1023/A:1014996127535>
10. Chesler M, Parry C. Thematic evidence of psychosocial thriving in survivors of childhood cancer. *Qual Health Res.* 2005; 15.8, 1055-1073.
11. Doukkali EB, Winterling J, Eriksson LE, Lampic C, Hagström AS, Wettergren L. Adolescents’ and young adults’ experiences of childhood cancer: descriptions of daily life 5 years after diagnosis.  *Cancer Nursing*. 2013; *36*(5), 400-407. doi: 10.1097/NCC.0b013e31829fd80e.
12. Badr H, Chandra J, Paxton RJ, et al. Health-related quality of life, lifestyle behaviors, and intervention preferences of survivors of childhood cancer. *Journal of Cancer Survivorship*. 2013; 7(4), 523-534. doi: 10.1007/s11764-013-0289-3.
13. Fluchel M, Horsman JR, Furlong W, Castillo L, Alfonz Y, Barr RD. Self and proxy‐reported health status and health‐related quality of life in survivors of childhood cancer in Uruguay. *Pediatric Blood & Cancer*. 2008; 50(4), 838-843. doi: 10.1002/pbc.21299.
14. Gordijn MS, van Litsenburg RR, Gemke RJ, et al. Sleep, fatigue, depression, and quality of life in survivors of childhood acute lymphoblastic leukemia. *Pediatric Blood & Cancer*. 2013; 60(3), 479-485. Doi: 10.1002/pbc.24261.
15. Meeske KA, Siegel SE, Globe DR, Mack WJ, Bernstein L. Prevalence and correlates of fatigue in long-term survivors of childhood leukemia. *Journal of Clinical Oncology*. 2005; 23(24), 5501-5510. doi: 10.1200/JCO.2005.03.210.
16. Reinfjell T. Lofstad GE, Veenstra M, Vikan A, Diseth TH. Health‐related quality of life and intellectual functioning in children in remission from acute lymphoblastic leukaemia. *Acta Paediatrica*. 2007; 96(9), 1280-1285. doi: 10.1111/j.1651-2227.2007.00383.x.
17. Wright MJ, Galea V, Barr RD. Self-perceptions of physical activity in survivors of acute lymphoblastic leukemia in childhood. *Pediatric Exercise Science*. 2003; 15(2), 191-201.
18. Zeltzer LK, Lu Q, Leisenring W, et al. Psychosocial outcomes and health-related quality of life in adult childhood cancer survivors: a report from the childhood cancer survivor study. *Cancer Epidemiology and Prevention Biomarkers*. 2008; 17(2), 435-446. doi: 10.1158/1055-9965.EPI-07-2541.
19. Essig S, Nicolas X, Strippoli MPF, et al. Health-related quality of life in long-term survivors of relapsed childhood acute lymphoblastic leukemia. *PloS one*. 2012: 7(5), e38015. doi: 10.1371/journal.pone.0038015.
20. Furlong W, Rae C, Feeny D, et al. Health‐related quality of life among children with acute lymphoblastic leukemia. *Pediatric Blood & Cancer*. 2012; 59(4), 717-724. doi: 10.1002/pbc.24096.
21. Harila MJ, Salo J, Lanning M, Vilkkumaa I, Harila‐Saari AH. High health‐related quality of life among long‐term survivors of childhood acute lymphoblastic leukemia. *Pediatric Blood & Cancer*. 2010; 55(2), 331-336.
22. Nayiager T, Anderson L, Cranston A, Athale U, Barr RD. Health-related quality of life in long-term survivors of acute lymphoblastic leukemia in childhood and adolescence. *Quality of Life Research*. 2017; 26(5), 1371-1377. doi: 10.1007/s1113-016-1462-8.
23. Ramchandren S, Leonard M, Mody RJ, et al. Peripheral neuropathy in survivors of childhood acute lymphoblastic leukemia. *Journal of the Peripheral Nervous System*. 2009; 14(3), 184-189. doi: 10.1111/j.1529-8027-2009.00230.x
24. Sadighi ZS, Ness KK, Hudson MM, et al. Headache types, related morbidity, and quality of life in survivors of childhood acute lymphoblastic leukemia: a prospective cross-sectional study. *European Journal of Paediatric Neurology*. 2014; 18(6), 722-729. doi:10.1016/j.ejpn.2014.06.006.
25. Smith K, Ostroff J, Tan C, Lesko L. Alterations in self-perceptions among adolescent cancer survivors. *Cancer Investigation*. 1991; 9(5), 581-588. doi: 10.3109/07357909109018956.
26. Andrés‐Jensen L, Larsen HB, Johansen C, Frandsen TL, Schmiegelow K, Wahlberg A. Everyday life challenges among adolescent and young adult survivors of childhood acute lymphoblastic leukemia: an in‐depth qualitative study. *Psycho‐Oncology*. 2020 ; 29(10), 1630-37. doi : 10.1002/pon.5480.
27. Berbis J, Oudin C, Alessandrini M, Vercasson C, Barlogis V, Chambost H, Michel G, Auquier P. Quality of life in minor siblings of childhood leukemia survivors, long-term after diagnosis: A LEA study (for Leucemies de l'Enfant et de l'Adolescent--childhood and adolescent leukemia). *Psychooncology*. 2015;24(6):661-8. doi: 10.1002/pon.3709.
28. Aili K, Arvidsson S, Nygren JM. Health related quality of life and buffering factors in adult survivors of acute pediatric lymphoblastic leukemia and their siblings. *Health and Quality of Life Outcomes*. 2021; 19(1), 1-10. <https://doi.org/10.1186/s12955-021-01700-4>
29. Piette C, de Rojas T, Suciu S, et al. Lessons learnt from the medical and psychosocial evaluation of childhood acute lymphoblastic leukemia (ALL) survivors enrolled in EORTC Children Leukemia Group Trials between 1971 and 1998 and future perspectives for long-term outcome research. *Journal of Cancer Policy*. 2018; 15, 82-86. <https://doi.org/10.1016/j.jcpo.2018.02.006>.
30. Jenkinson C, Layte R. Development and testing of the UK SF-12. *Journal of Health Services Research & Policy*. 1997; 2(1), 14-18. doi: 10.1177/135581969700200105.
31. Zebrack BJ, Donohue JE, Gurney JG, Chesler MA, Bhatia S, Landier W. Psychometric evaluation of the impact of cancer (IOC-CS) scale for young adult survivors of childhood cancer. *Quality of Life Research*. 2010; 19(2), 207-218. doi: 10.1007/s11136-009-9576-x.
32. Duquette RL, Dupuis G, Perrault J. A new approach for quality of life assessment in cardiac patients: rationale and validation of the Quality of Life Systemic Inventory. *The Canadian Journal of Cardiology*. 1994; 10(1), 106-112. PMID: 8111664.
33. Reulen RC, Zeegers MP, Jenkinson C, et al. The use of the SF-36 questionnaire in adult survivors of childhood cancer: evaluation of data quality, score reliability, and scaling assumptions. *Health and Quality of Life Outcomes.* 2006; 4(1), 77. doi: 10.1186/1477-7525-4-77.
34. Coutu M-F, Durland M-J, Loisel P, Dupuis G, Gervais S. Measurement properties of a new quality of life measure for patients with work disability associated with musculoskeletal pain. *Journal of Occupational Rehabilitation.* 2005;15.3, 295-312. <https://doi.org/10.1007/s10926-005-5938-6>.
35. Version SAS. (2013). *9.4 of the SAS System for Windows*. Cary, NC: SAS Institute Inc, 2016.
36. Fardell JE, Vetsch J, Trahair T, Mateos MK, Grootenhuis MA, Touyz LM, Marshall GM, Wakefield CE. Health-related quality of life of children on treatment for acute lymphoblastic leukemia: A systematic review. *Pediatr Blood Cancer*. 2017;64(9). doi: 10.1002/pbc.26489..
37. Kunin‐Batson A, Kadan‐Lottick N, Zhu L, et al. Predictors of independent living status in adult survivors of childhood cancer: A report from the Childhood Cancer Survivor Study. *Pediatric Blood & Cancer*. 2011; *57*(7), 1197-1203. doi: 10.1002/pbc.22982.
38. Cheon J, Lee YJ, Jo JC, et al. Late complications and quality of life assessment for survivors receiving allogeneic hematopoietic stem cell transplantation. *Supportive Care in Cancer*. 2021; 29(2), 975-986. doi: 10.1007/s00520-020-05572-0.
39. Vilmer, E., Suciu, S., Ferster, A. et al. Long-term results of three randomized trials (58831, 58832, 58881) in childhood acute lymphoblastic leukemia: a CLCG-EORTC report. *Leukemia* 2000;14, 2257–2266. <https://doi.org/10.1038/sj.leu.2401960>
40. Piette C, Suciu S, Bertrand Y, Uyttebroeck A, Vandecruys E, Plat G, Paillard C, Pluchart C, Sirvent N, Maurus R, Poirée M, Simon P, Ferster A, Hoyoux C, Mazingue F, Paulus R, Freycon C, Thomas C, Philippet P, Gilotay C, van der Werff Ten Bosch J, Rohrlich PS, Benoit Y. Long-term outcome evaluation of medium/high risk acute lymphoblastic leukaemia children treated with or without cranial radiotherapy in the EORTC 58832 randomized study. *Br J Haematol*. 2020;189(2):351-362. doi: 10.1111/bjh.16337.
41. Reinfjell T, Tremolada M, Zeltzer LK. A Review of Demographic, Medical, and Treatment Variables Associated with Health-Related Quality of Life (HRQOL) in Survivors of Hematopoietic Stem Cell (HSCT) and Bone Marrow Transplantation (BMT) during Childhood. *Front Psychol*. 2017 Mar 10;8:253. doi: 10.3389/fpsyg.2017.00253. PMID: 28344563; PMCID: PMC5344915.
42. Enskär K, Berterö C. Young adult survivors of childhood cancer; experiences affecting self-image, relationships, and present life. *Cancer Nursing*. 2010; 33(1), E18-E24. doi: 10.1097/NCC.0b013e3181b6365a.
43. Nahata L, Morgan TL, Lipak KG, Olshefski RS, Gerhardt CA, Lehmann V. Romantic relationships and physical intimacy among survivors of childhood cancer. *Journal of Adolescent and Young Adult Oncology*. 2020; 9(3), 359-366. doi: 10.1089/jayao.2019.0114.
44. Stein KD, Syrjala KL, Andrykowski MA. Physical and psychological long‐term and late effects of cancer. *Cancer*. 2008; 112(S11), 2577-2592. doi: 10.1002/cncr.23448.
45. Kent EE, Sender LS, Morris RA, Grigsby TJ, Montoya MJ, Ziogas A, Anton-Culver H. Multilevel socioeconomic effects on quality of life in adolescent and young adult survivors of leukemia and lymphoma. *Qual Life Res*. 2013;22(6):1339-51. doi: 10.1007/s11136-012-0254-z.

**Table legends**

**Table 1:** Summary of SF-12 scale scores for survivors of childhood ALL

**Table 2:** Comparison of SF-12 scales scores between survivors of childhood ALL and the general population

**Table 3:** Life domains with the biggest differences in priority between survivors and controls

**Table 4:** Life domains with the biggest differences in areas where survivors and controls consider themselves as “the happiest”

**Table 5:** Life domains with the biggest differences in areas where survivors and controls consider themselves as “the unhappiest”

**Supplementary Table 1.** Clinical and disease characteristics of patients eligible to the socio-economic evaluation

**Supplementary Table 2:** Demographic and clinical characteristics of patients eligible to the QOL evaluation

**Supplementary Table 3:** Comparison of QLSI items between matched survivors and controls

**Supplementary Table 4:** Life domains in which respondents consider themselves as "the happiest"

**Supplementary Table 5:** Life domains in which respondents consider themselves as "the unhappiest"

**Figure legend**

**Figure 1**: Flow chart of participants