complicate the overall management of cutaneous side effects given that the responsibility of the administration falls on the patient. This differs from traditional chemotherapy regimens.

OTHR-10. PILOCYTIC ASTROCYTOMA WITH RESPECT TO TREATMENT

Phua Hwee Tang, Sameema Nisa; KK Women's and Children's Hospital, Singapore, Singapore, Singapore

AIM: To describe the sizes of pilocytic astrocytoma with respect to treatment Methodology Pediatric pilocytic astrocytomas cases from 2001 to 2021 were retrospectively reviewed in this Institutional Review Board approved study. Imaging reports, location of tumour, maximum dimension of tumour at diagnosis, treatment given (operation/chemotherapy/ radiotherapy), degree of tumor excision were captured. RESULTS: Imaging was available in 33 with 23 centered in the posterior fossa (1 extending into thalamus), 4 in suprasellar region, 2 in cerebral hemisphere, 2 in thalamus, 1 in pineal thalamic region and 1 in cervicomedullary spine, Tumor dimension at presentation was 5.40 cm ± 2.34 cm. Tumor size at presentation did not show significant correlation with age. 30 patients underwent operation with tumours completely excised in 15 and partially excised in 14 and no postoperative information for 1. Three patients, where tumour involved the thalamus, did not have operation and were given radiotherapy, average size of tumour being 3.47 + 1.15 cm. compared to the 5.59 + 2.34 size of tumours that underwent operation (p=0.06). Completely excised tumours measured 6.29 ± 2.04 cm at presentation while incompletely excised ones measured 4.76 ± 2.53 cm, not significantly different (p=0.09). Unoperated tumours are statistically smaller than those completely excised (p=0.02). One of the completetly excised tumours was located in the parietal cerebral hemisphere with the rest of the 15 in the posterior fossa. Seven of the incompletely excised tumours were located in the posterior fossa with 4 in suprasellar region, 1 in thalamus, 1 in spine and 1 in cerebral hemisphere. 3 patients with uncompletely excised tumours (1 cerebral, 1 post fossa, 1 spine) had post-operative radiation while 2 suprasellar tumours were given post-operative chemotherapy. CONCLUSION: Completely excised tumours are mainly located in posterior fossa. Tumours not operated on are located in thalamus and significantly smaller than tumours which are completely excised.

OTHR-11. THE EFFECTS OF THE COVID-19 PANDEMIC ON THE TIME TO DIAGNOSIS IN PEDIATRIC PATIENTS WITH PRIMARY CENTRAL NERVOUS SYSTEM TUMORS

Tyler Canova, Neil McNinch, Alexis Judd, Sarah Rush, Erin Wright; Akron Children's Hospital, Akron, Ohio, USA

Primary central nervous system (CNS) tumors are a leading cause of death and disability amongst pediatric cancer patients. The early identification of symptom onset is critical in preventing diagnostic delays. In 2018, Akron Children's Hospital published data on our response time to brain tumor diagnosis and launched educational programs in an effort to decrease diagnostic delays. The goal was to reduce the total diagnostic interval (TDI) in our patient population and reduce tumor- and treatment-related morbidities for these patients. Our post intervention group (2018-2021) was drastically affected by the numerous hospital changes secondary to the COVID-19 pandemic. We sought to examine the impact of COVID-19 related changes on TDI and attempted to identify groups at potential increased risk for diagnostic delays due to the unique pandemic constraints. A retrospective chart review was performed on patients at Akron Children's Hospital to evaluate both for pre- (diagnosed Jan 1, 2018-February 29, 2020) and post-COVID-19 (diagnosed Mar 1, 2020-June 8, 2021) groups. Both subsets were evaluated statistically and were similar in all respects including demographics, symptomatology, tumor location, tumor type, and survival. The pre-COVID-19 group demonstrated a median TDI of 43.5 days, while the post-COVID-19 group demonstrated a 30-day median. The TDI for low-grade lesions increased from 32 to 59 days and for high-grade lesions decreased from 60 to 27.5 days in the post-pandemic cohort. Overall, this demonstrates a maintained average time to diagnosis for patients despite the pandemic restrictions in place. In addition, the differences in low vs. high-grade lesions suggest that tumors with a more subtle onset of symptoms were disproportionately affected, and highlight a population for intervention during the continued pandemic.

OTHR-12. INCIDENTALOMAS; SHOULD BENIGN, INDETERMINATE MRI FINDINGS BE DISCUSSED AT THE PAEDIATRIC NEURO-ONCOLOGY MDT

Alexandra Large, Sue Picton; Leeds General Infirmary, Leeds, United Kingdom

BACKGROUND: In 2020, 503 patients were discussed at the weekly neuro-oncology MDT meeting, at a UK tertiary paediatric hospital. This was a 50% increase from 2016. Anecdotally, an increased number of non-tumours were being discussed. OBJECTIVES: To determine whether Paediatric Neuro-oncology MDT is consistent with follow up of benign, incidental findings on MRI scan and whether these lesions become significant. METHODS: MDT discussion notes reviewed for all incidental and benign MRI head findings between 05/09/18 and 02/09/20.RESULTS: 59 MRI head lesions, that were deemed to be both incidental and benign were discussed at the MDT. 44% of referrals were from the local hospital; this may be due to availability of the MDT or complexity of the patient cohort. Findings discussed included pineal cysts (24), arachnoid cysts (3), epidermoid cysts (1), pituitary lesions (4) and other indeterminate lesions or signal change (27). The majority of children received serial MRI imaging after MDT. There were large inconsistencies in the follow-up interval recommended, even within similar pathologies. For example, pineal cysts follow up ranged from no repeat imaging to multiple repeat scans with 6 and 12 month intervals. 'Complex' cysts were more likely to receive follow up but there is little consensus between radiologists about criteria for a 'complex cyst'. None of the lesions reviewed changed significantly over time. Perhaps most strikingly, only 2/27 of the 'indeterminate lesions' have been discharged from the MDT. CONCLUSIONS: As clinical reasoning is seldom recorded in reports or MDT discussion notes the reasons for different surveillance recommendations is difficult to ascertain retrospectively. However, as MRI scans become more readily available incidental and being findings will increase, potentially putting great pressure on an already stretched service. Serial MRI imaging also creates unnecessary anxiety for both the child and their family.

OTHR-13. EFFECTIVITY AND TOXICITY OF OFF-LABEL TREATMENT WITH TRAMETINIB MONOTHERAPY OR IN COMBINATION WITH DABRAFENIB IN CHILDREN WITH RELAPSED OR REFRACTORY BRAIN TUMOR

S. (Selena) Bregonje[1,2], E. (Evelien) de Vos-Kerkhof[1], F.K. (Frederike) Engels[1], M.L.C (Marie-Lise) van Veelen[2], J. (Jasper) van der Lugt[1]; [1]Prinses Maxima Center, Utrecht, Utrecht, Netherlands. [2]Erasmus MC, Rotterdam, South-Holland, Netherlands

INTRODUCTION: Most pediatric low grade gliomas, and a substantial part of PXAs, have a BRAF alteration/activated MAPK pathway. This group often requires several lines of therapy, which coincides with significant morbidity. There is growing evidence that molecular targeted treatment may be beneficial for this population. Here we report the toxicity and efficacy of patients treated off-trial with either trametinib monotherapy or in combination with dabrafenib. METHODS: We performed a single-center retrospective chart review of all neuro-oncological patients who received trametinib monotherapy or in combination with dabrafenib (compassionate-use) in the Princes Maxima Center between April 1st, 2018 and December 31st, 2021. RESULTS: 22 patients (ages 1-21 years) were included of whom 14 received trametinib monotherapy (BRAF-KIAA fusion, n=10) and eight received trametinib/dabrafenib combination therapy (BRAFV600 mutation, n=8). All patients on trametinib monotherapy (n=14) developed skin problems such as rash (100%), dry skin (86%), paronychia (71%) and eczema (64%). Eight patients (57%) had at least one adverse event (AE) ≥grade 3. Patients on trametinib and dabrafenib showed similar toxicity, although with lower prevalence and no paronychia. One patient (13%) had an AE ≥grade 3. Median treatment time of trametinib was 514 days (IQR 455) and for trametinib and dabrafenib 360 days (IQR 512). Five patients (36%) on trametinib are still on treatment and nine patients (64%) stopped treatment due to e.g. tumor progression or toxicity. All patients on trametinib and dabrafenib are still on treatment. Best overall response of trametinib monotherapy (n=14 evaluated) was observed as partial response (50%), stable disease (33%) and progressive disease (17%). Combination therapy (n=7 evaluated) brought 100% partial response. CONCLUSION: Dermatological toxicities are mostly seen in trametinib monotherapy or in combination with dabrafenib. Despite moderate toxicity patients seem to benefit from treatment. Results suggest that combination therapy has a more favorable toxicity profile than monotherapy.

OTHR-14. RESPONDING TO THE COVID CHALLENGE: EVALUATING A NEW METHOD OF ADVERSE EVENT RECORDING IN RESPONSE TO REMOTE WORKING.

Stephanie Reiners, Alison Barnwell, Lisa Murray, Mohamed Abdelbaki, Sally Jones, Brunilda Lluka, Heather Roemerman; Washington University School of Medicine, St. Louis, MO, USA

BACKGROUND: The SARS-COV2 pandemic had huge impact on how clinical research is conducted when clinical research coordinators (CRC) transitioned to working remotely. An urgent transition of paper documentation into electronic formats had to occur without compromising participant safety or data integrity. Adverse event (AE) reporting had previously been captured in various paper formats with wet signature. AEs, attribution, severity, and clinical significance had to be changed into being electronically captured and incorporated into the medical record that captures the events in