

multi-disciplinary team and collaborate on a very high level in the care of pediatric patients. Such a collaborative setting is possible because the work of OA is structured around three principles: Innovative, practical and theoretical initial and ongoing training and quality assessment of volunteers Patient and family support from Oscar's Angels volunteers throughout the care pathway Government certification, institutional representation and active collaboration in educating healthcare professionals about the importance of patient advocacy and patients' needs Operating in France since 2001 and in Italy since 2017 (with more than 600 and 200 families respectively supported last year), the OA volunteering program is specifically tailored to the needs and demands of hospitals and families. It can therefore be successfully reproduced in many settings. OA's services come at no cost to hospitals. This is particularly important for implementing the program in developing countries where healthcare resources are extremely limited. But it is also relevant in developed countries as well where healthcare budgets are under strain. In 2020 an informal internal OA survey highlighted that the patient/family/volunteer/healthcare professional interface provides added value for all of these stakeholders. A formal survey will be conducted in 2022 to corroborate these results.

SWK-02. PALLIATIVE SEDATION IN PEDIATRIC PATIENTS SUFFERING FROM BRAIN TUMORS: CHOOSING THE BEST DRUGS TO IMPROVE END OF LIFE

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INTRODUCTION: For terminally-ill children with brain tumors care focuses on quality of life, and patient management fundamentally affects grieving families. We describe our experience of palliative sedation (PS) for children with refractory symptoms caused by solid tumors, focusing on BT (brain tumor). **METHODS:** Retrospective data on all children treated for cancer who died between 1/2016-12/2020 in our Institution were collected. **RESULTS:** Of the 29 patients eligible for the study, M/F 17/12, the median duration of disease was 12.5 months (range 3-51) and the median age at death was 8.5 years (range 1-22). Fifteen had BT (5 DIPG, 2 Ependymoma, 8 high-grade-glioma). The reasons for starting PS in BT were: seizures (5), central respiratory failure (6), locked-in-syndrome (1), decerebration (1). Midazolam was combined in 16 cases with other drugs (neuroleptics, alpha-2 agonists, antihistamines) to achieve adequate sedation. Ten/15 with BT received antiepileptic therapy, apart midazolam. BT patients received oral benzodiazepines before PS less frequently than those with other cancers ($p = 0.0033$). Throughout the period of PS and on the day of death, patients with BT were given lower doses of midazolam and morphine. Mean dose of midazolam was 0.027 mg/kg/h (range 0.0069-0.06) for patients with BT, 0.055 mg/kg/h (range 0.01-0.38) for the others, while the mean morphine doses were 0.048 mg/kg/h (range 0-0.08) and 0.09 mg/kg/h (range 0.013-0.13), respectively. **CONCLUSIONS:** BT patients require less intensive analgesic-sedative therapies because their already impaired state of consciousness. Optimizing pharmacological treatments demands a medical team that knows how drugs (even developed for other indications) work. Emotional-relational aspects are important too, any action to lower a patient's consciousness should be explained to the family. Guidelines on PS in pediatrics could help, providing they acknowledge that any child's death is always a unique case.

SWK-03. NEUROIMAGING IN CNS TUMOURS: TO GA, OR NOT TO GA, THAT IS THE QUESTION.

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Children with a Central Nervous System (CNS) tumour have frequent magnetic resonance imaging (MRI) scans during their disease trajectory. Younger children routinely have these performed under general anaesthetic (GA) with an associated risk and inconvenience. Our project over a two-year period was to introduce a structured programme to any child over the age of five years old to achieve an MRI scan without the need for a GA. Thirty-six patients took part. The motivation behind this project was to enhance the hospital experience for patients and their families, lessen time spent in hospital and minimise risk. In addition, there was an added incentive of cost saving and increased availability of GA scans for other specialities within the hospital setting. During the COVID pandemic, it has also resulted in a reduction of our patients requiring COVID swabs, and isolation and in turn a reduction in aerosol generating procedures. As part of the structured programme, each child had an initial assessment with the nurse specialist followed by a minimum of one play preparation session with the play specialist. Children were required to demonstrate they could follow simple in-

structions, engage in social stories and role-play with hospital equipment and specialised resources. During these sessions, the children visited the MRI department where they practiced lying flat on the MRI bed as it moved into the scanner. Over the two-year period, of the total number of MRI scans performed, the amount of MRI scans requiring a GA reduced from 41% to 31%. The quality of the MRI scans was scrutinised and shown not to be significantly affected. In summary, by introducing a structured programme, it is possible to significantly reduce the need for GA in children requiring CNS imaging as part of their tumour journey.

SWK-04. INVESTIGATION ON ANXIETY AND DEPRESSION OF PARENTS OF CHILDREN WITH CENTRAL NERVOUS SYSTEM TUMORS

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OBJECTIVE: Family members of children with Central Nervous System (CNS) tumors are often accompanied by anxiety, depression and other adverse emotions, which have a great impact on the quality of life of children. This study aims to investigate the incidence of anxiety and depression in parents of children with CNS tumors. **METHODS:** One of the parents of 165 children with CNS tumors who were hospitalized in Guangdong Sanjiu Brain Hospital from January 2021 to December 2021 were evaluated for anxiety and depression by SAS and SDS self-rating Depression Scale. The evaluation scores were compared with anxiety scores of normal Chinese population. **RESULTS:** Our study cohort completed 165 questionnaires. Among them, 68 persons (41.21%, 68/165) had anxiety, and the anxiety score was (48.78±9.33), which was statistically significant compared with the normal Chinese population (29.78±10.01) ($P < 0.01$). 100 persons (60.61%, 100/165) had depression, and the depression score of the cohort was (55.02±9.98), higher than that of the normal population (33.46, 8.55), with statistical significance ($P < 0.01$). **CONCLUSION:** The parents of children with CNS tumor are the high risk group of anxiety and depression, which should arouse more clinical attention.

SWK-05. CLINICAL SOCIAL WORK IN PEDIATRIC NEURO-ONCOLOGY – A RESEARCH PROJECT ON THE SOCIAL DIMENSION USING SOCIAL DIAGNOSTICS

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PURPOSE: A neuro-oncological disease of a child represents a high psychosocial burden for the whole family (Wiener, Kazek et al. 2015). A biopsychosocial and family-oriented approach for the treatment of children and their families focusing on medical, psychological and social care is significant in the course of the disease. Studies show that existential problems or lack of social support are risk factors. Therefore, this research investigates the impact of a pediatric neuro-oncological disease on the social dimension using a standardized social assessment. **RESEARCH DESIGN:** The project is based on a retrospective cross-sectional study (04/2015-12/2021) including consecutive patients with high- or low-grade gliomas at the Medical University of Vienna - Department of Pediatrics (n=160). By using a specialized and standardized social diagnostic tool (DISAPO) starting at the onset of disease, the clinical social worker surveys the social situation (social network, work situation, financial and housing situation, legal status, insurance status, etc.) with the parents. Based on the assessed social situation the clinical social work interventions (CSWI) are recorded throughout the child's treatment. The results are statistically evaluated including medical data. **RESULTS:** The results of the DISAPO show that in the course of the disease all families need CSWI in one or more areas of the social dimension: disease-related interventions: 100%, work intervention: 80,6% (n=129), living situation: 43,8% (n=70), social support: 39,4% (n=63), socioeconomic interventions: 19,4% (n=31), residence law aspects: 18,8% (n=30). **CONCLUSION:** These results emphasize that in case of a pediatric neuro-oncological disease the social dimension is always affected and comprehensive CSWI are highly needed. For a holistic care of the patients and their families a biopsychosocial standard-of-care including all professions is indispensable. In addition, a standardized approach for assessment and intervention showed that needs could be assessed more adequately and interventions more targeted.

SWK-06. STRUCTURED TRANSITION FROM PEDIATRIC NEURO-ONCOLOGY TO ADULT SURVIVORSHIP FOLLOW-UP CARE - CAN WE CLOSE THE GAP?

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