

tology team, our new agents and innovative therapy and the nursing team we collaborated to develop a combined oncology and dermatology clinic. This clinic occurs twice a month to give our families and oncology teams better front-line access to dermatology knowledge and care. **RESULTS:** The dermatology and oncology team have collaborated to provide information sessions for the oncology medical team about current research, skin grading and education. This combined approach has allowed us to ensure that each new family starting MAPK inhibitor therapy undergoes a baseline skin assessment, education on prophylactic skin measures and easier access to dermatology within their oncology clinic. We are also developing guidelines to consistently treat common skin related toxicities. **CONCLUSION:** The early involvement of the dermatology clinic and increase knowledge with the nursing and medical team has allowed our families to gain confidence in managing skin related complication and reducing the need to hold targeted therapies as a result of dermatological toxicity.

#### **NURS-06. NURSING PROFESSIONALS AND THEIR AID IN RESEARCH BIOBANKING**

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Nursing teams play an integral role in the care of patients with brain tumors; however nurses do not often see themselves as essential contributors to translational research. Recent development of nurse-researcher relationships and involvement of the multidisciplinary team have led to successful biobanking strategies. Though there are challenges associated with fostering these relationships, their vital role has significantly enhanced participant recruitment and sample collection at one large urban Children's Hospital. Researchers at the institution have established a biobank to collect samples from pediatric brain tumor patients at diagnosis, during therapy, and post mortem using conventional methods. However, a collaborative environment between nursing and research teams greatly enhanced the growth of the biobank. We have increased patient recruitment by more than 50% in the past four years and supported different types of specimen collection. Our success entails: 1) development of nurse-researcher relationships, 2) an efficient consent process, 3) streamlined sample collection, and 4) appreciation of the vital role of the nursing team in clinical data collection pertinent to molecular analysis. Additionally, the support of nursing is valuable during post mortem consents and provides emotional support to the family to fulfil their wish to donate. Nurses play a major role in coordination of the post-mortem donation process, and assist in the formation of partnerships within the community to promote this opportunity to families. As biobanking continues to be an important part of bench research, all institutions should recognize and support the vital role that nurses can have in enhancing this endeavor.

#### **NURS-07. STAFF EDUCATION THROUGH NURSING AND PHARMACY COLLABORATION**

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Even within the focused field of pediatric oncology, there are healthcare providers who lack education regarding the specialized population of children with brain tumors. In order to improve staff knowledge of pediatric neuro-oncology, nursing and pharmacy developed a collaborative Lunch and Learn program to provide additional education. An eight week brain tumor curriculum was developed, and informal sessions grouped by diagnosis were held over lunch between the neuro-oncology nursing team (nurse practitioners and nurse coordinator) and a clinical pharmacy resident. A nurse practitioner provided academic literature and the pharmacy resident did further research and developed an outline for discussion. During these sessions, nursing was able to contribute academic knowledge and clinical experience, while pharmacy presented an overview of each tumor and provided education about medications. After each session, the pharmacy resident presented the information from the Lunch and Learn to all staff oncology pharmacists, which then increased their working knowledge of neuro-oncology as a whole, helping them feel better able to manage this population within their scope of practice. Because this innovative collaboration was so successful in heightening knowledge and awareness of the care and management of pediatric neuro-oncology patients for all those involved, the team now has future plans to utilize a similar model to provide neuro-oncology education to clinic and inpatient RNs.

#### **NURS-08. A CASE REPORT OF RARE AND PROFOUND ANTEROGRADE AMNESIA IN A PAEDIATRIC SURVIVOR OF A BIFOCAL NON GERMINOMATOUS GERM CELL TUMOUR AND DIABETES INSIPIDUS**

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We present the case of a 12yo female who presented to the emergency department with increasing agitation, confusion, fluctuating GCS, hydro-

cephalus, and deranged electrolytes. MRI revealed tumour in pineal region and filling the third ventricle. Biopsy and tumour markers confirmed the diagnosis of bifocal Non Germinomatous Germ Cell Tumour (NGGCT). The diagnosis was complicated with the secondary diagnoses of diabetes insipidus and profound permanent anterograde amnesia. Whilst DI is common in NGGT in pineal region, anterograde amnesia is a very rare condition in paediatrics. Thus there is paucity of literature available to the clinicians to know how much improvement to expect or how to target rehabilitation whilst undergoing curative therapy, chemotherapy and craniospinal irradiation; however the importance of a consistent and coordinated nursing and allied health team approach with structure and errorless learning must be initiated from the beginning if independence is to be achieved.

#### **NURS-09. INTRODUCTION OF A WELLNESS PROGRAM FOR PEDIATRIC NEURO-ONCOLOGY PROVIDERS**

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**INTRODUCTION:** Pediatric oncology providers have unique and rewarding careers. The medical and psychosocial complexity of caring for pediatric oncology patients and their family units is simultaneously inspiring and challenging. In addition, the complex demands of the healthcare system can lead to chronic stress, burnout, and disruption to the healthcare professional's individual well-being. Time constraints, lack of resources, and limited access to wellness interventions serve as barriers for providers to address adaptive coping within themselves. Identifying gaps to achieving wellness and implementing interventions may lead to improved equanimity for pediatric oncology providers in their personal lives as well as their medical practice. **METHODS:** An interdisciplinary team of nurse practitioners and physicians in a large pediatric neuro-oncology program at an academic institution completed anonymized wellness self-assessments regarding the areas of emotional, environmental, intellectual, occupational, physical, social, spiritual, coping, and professional role wellness. The results were analyzed and barriers to provider health and well-being were identified. Tailored and regularly scheduled wellness interventions were implemented for the study participants addressing the identified wellness barriers. Participants will each complete post-intervention wellness self-assessments to evaluate the effectiveness of the program. **CONCLUSION:** The introduction of a provider wellness program exemplifies a feasible approach to identify barriers and evaluate efficacy of wellness interventions in achieving multi-factorial provider wellness. Secondary aims include dissemination of findings, with the intention of cultivating improvement in provider quality of life throughout the healthcare profession, and the ultimate goal of improving care to patients and families.

#### **NURS-10. IMPROVEMENTS IN A BEHAVIORAL TRAINING AND PHARMACOLOGICAL ANXIOLYSIS ALGORITHM FOR INCREASED COMPLIANCE IN PEDIATRIC PATIENTS IN PREPARATION FOR RADIATION THERAPY: A RETROSPECTIVE ANALYSIS**

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**BACKGROUND:** In the pediatric population, the probability of compliance with radiation involves multifactorial elements. Younger pediatric patients often require anesthesia to ensure accurate delivery of radiotherapy. The purpose of this analysis was to refine our algorithm in pediatric patients to better identify children who would benefit from behavioral training and/or anxiolysis intervention with the goal of minimizing anesthesia use. **METHOD:** Retrospective data was collected from electronic medical records from 150 pediatric oncology patients <18 years old, treated with photon and proton radiation at our center from August 2016 to December 2019. We identified potential socio-developmental treatment factors thought to impact behavioral compliance and categorized risk factors based on an algorithm to determine risk for noncompliance with radiotherapy. **RESULTS:** Six categories demonstrated statistical significance ( $p < 0.05$ ) in their influence on behavioral compliance during radiotherapy: age category (specifically age <7: Odds ratio [OR] 3.0, 95% Confidence Interval [CI] 1.0, 9.1), need for sedation with prior imaging studies ( $p < 0.001$ ), parental premonition of requiring anesthesia for successful treatment ( $p < 0.001$ ), duration of treatment, primary language ( $p < 0.001$ ), and use of total body irradiation (OR 3.1, 95% CI 1.1, 9.3). **CONCLUSION:** Identification of pre-radiation risk factors allowed for better recognition of patients at risk for treatment non-compliance and for requiring daily sedation. Future studies should focus on implementing the algorithm prospectively in an effort to identify