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PURPOSE: Advances in treatment have increased survival rates and quality of life of pediatric CNS tumor patients leading to a growing number of long-term survivors. However, there is sufficient clinical and scientific evidence for the need of a highly specialized lifelong follow-up care due to multidimensional late effects. Furthermore, adolescence and young adulthood are challenging age periods when patients frequently get lost to follow-up potentially having severe impact on health and well-being. Since 2020, we have established a structured transfer of long-term survivors older than 18 years to a newly founded highly specialized adult care follow-up setting for childhood cancer survivors (IONA). The aim of this study was to evaluate the current transition process. **RESEARCH DESIGN:** The standard of care transition process at the neuro-oncology unit of the MUV includes a joint appointment with the patient, a pediatric neuro-oncologist, psychologist and/or social worker and the team of the adult care facility (physician, psychologist). Different elements are used to end care safely in the pediatric structure and building trust in the upcoming out-patient-department at the same time. The transition process was evaluated statistically and analyzed qualitatively with regard to the factors that define a safe transition. **RESULTS:** After two years (01/2020-12/2021) 114 patients had a joint transition appointment, two patients contacted IONA directly. Shortly after the joint appointment all patients had a scheduled follow-up meeting at IONA. 102 patients (87.9%) showed up, seven patients (6%) already had a planned appointment, two patients (1.7%) were in contact with IONA but had no possibility to show up in person. Only five patients (4.3%) did not attend the appointment and were lost to follow-up. **CONCLUSION:** A structured interdisciplinary transition concept is a successful option to establish controlled and patient-safe transition from pediatric to adult care setting.

SWK-07. FAMILY MENTAL HEALTH SCREENING EARLY AFTER A DIAGNOSIS OF PEDIATRIC BRAIN TUMOR

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INTRODUCTION: A new diagnosis of a brain tumor in a child has significant emotional consequences for every member of the family. Nevertheless, early phases of oncologic care rarely provide formal mental health screening. **METHODS:** We implemented a mental health screening protocol for families and patients with a newly diagnosed brain tumor admitted to our pediatric intensive care unit (PICU) at the time of diagnosis. Screening instruments were selected based on their previous validation and relevance to both a brain tumor diagnosis and PICU admission. Parents were contacted by a member of our team within 2 weeks of their child's diagnosis, and completed the screening independently within the next 2 weeks via an online interface. Parent proxy reports for the children were used when necessary. Scores were shared with the family and neuro-oncology team. When indicated, supportive counseling was offered. **RESULTS:** Eighteen patients have met criteria for mental health screening. Of these, 8 patient and parent dyads have completed the screening (mean patient age 8.6 years; 75% white; 50% female). Of the families that completed the evaluation, most parents (62.5%) reported that their child's diagnosis negatively impacted their health-related quality of life (HRQL), while 87.5% of children themselves reported a lower HRQL. Most children (66.7%) self-reported having symptoms outside of normal range for anger, anxiety and depression and 100% had scores outside of normal range for pain interference with their daily lives. Only half of eligible families accepted referrals for new mental health support. **CONCLUSION:** Both children with a new diagnosis of brain tumor and their parents are at risk for impaired mental health and quality of life early after diagnosis. A systematic approach to these concerns at the time of diagnosis may be helpful.

SWK-08. IMPLEMENTING AWARENESS PRACTICE IN NEURO-ONCOLOGY

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Awareness practices are mind-body medicine techniques that help quiet the chatter of worry, fear, or the "to-do list" in the mind and allows the individual to experience calm and focus. Neuro-Oncology families undergo a variety of stressors that increase the "mind chatter" once their child is diagnosed with a brain tumor. These families not only have to manage the day-to-day tasks of family life, but they are thrust into a world of uncer-

tainty which often can breed anxiety. To help mitigate the stress and anxiety that Neuro-Oncology families undergo, sessions focusing on awareness practices were offered to parent caregivers once a week for 15-20 minutes via the Zoom platform. The goal of these sessions was to offer respite from mental and emotional challenges brought on by the cancer diagnosis and the COVID 19 pandemic. Separate sessions were also offered to Oncology nurse case managers to help decrease compassion fatigue as these nurses also walk alongside oncology families through the cancer journey providing advocacy and patient/family support. Breath awareness, imagery, and meditation practices were used during the sessions to activate the body's relaxation response to allow for rest and restoration.

SWK-09. BASELINE SURVEY OF HEMATOLOGY/ONCOLOGY/CELLULAR THERAPY STAFF/FACULTY PERCEPTIONS OF PALLIATIVE CARE

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Recent literature has shown that pediatric oncology patients and families prefer early integration of palliative care, yet the perception persists by staff and providers that palliative care has a negative connotation. We examined the baseline views of staff at our tertiary care center, prior to expansion of a formal palliative care service. We will describe baseline survey results in a diverse group of hematology/oncology/cellular therapy staff/faculty. This quality improvement project was conceived by the unit-based palliative care committee to compare baseline and follow-up survey results. We report the baseline results of a convenience sample of providers with varied roles. A validated survey for staff perception of palliative care found in the literature was utilized. After institutional qualitative review board approval, the survey was emailed to members of the inpatient and outpatient units. Demographic data collected included gender, level of education, role, patient population, length of career globally and locally. Perception of palliative care was evaluated by asking questions regarding 1) overlap with disease focused care, 2) risks/benefits of palliative care, and 3) timing of palliative care consults. Results were tabulated and graphed for dissemination to the unit-based palliative care committee. A follow-up survey is planned after integration of the developing formal palliative care service. Longitudinal comparison with statistical analysis will be completed at that time. Although most participants disagreed that palliative care is not consistent with curative care and that early palliative care does not induce parental anxiety, yet is perceived by the lay public as end-of-life care. Strong agreement was demonstrated with items regarding integration of palliative care early in the disease trajectory to decrease suffering. Participants also predominantly agreed that education for patients/families and staff/faculty would ameliorate misconceptions about palliative care. Future evaluation after increased palliative care penetration will provide comparison data.

SWK-10. SURVIVORSHIP: EDUCATION, CLINICAL GUIDELINES, AND TRANSITION TO ADULT CARE

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As the cure rates of patients with pediatric brain tumors increases, the long term care needs of the survivors increase as well. Survivorship includes several facets of multidisciplinary care including education, clinical care guidelines, and transition to adult medical care. The neuro-oncology program at a large tertiary care hospital has developed a team to address survivorship needs. The Children's Oncology Group (COG) Long-Term Follow-Up Guidelines for Survivors of Childhood, Adolescent, and Young Adult Cancers was utilized as a backbone that was then customized for neuro-oncology patient education including disease type and treatment. The education was compiled into patient handouts as well as electronic medical record (EMR) statements that can easily be added to a clinic note or letter to referring providers. In addition, a diagnosis and treatment summary was placed both in the EMR as well as given to patients at various time points to ensure long term knowledge. Next, follow-up guidelines and roadmaps were developed and customized to tumor type and treatment received (surgery, radiation, chemotherapy). The roadmaps ensure patients are receiving high-quality comprehensive follow-up and screening from a large multidisciplinary team. Finally, patients will transition to adult care. With a large seven state catchment area, the adult care providers vary on local provider availability, knowledge, and medical complexity of the survivor. Each patient is evaluated based on their needs, availability of care locally, and ability to travel. The team developed relationships with the clinical team at the academic center adjacent to the pediatric hospital to support a smooth transition to adult care. The adult neuro-oncology care team can also serve as a consulting service for local adult providers. The survivorship team will continue to address the complex needs of brain tumor survivors and provide education for a smooth transition to adult care.