QOL-25. NEUROCOGNITIVE ASSESSMENT OF PEDIATRIC MEDULLOBLASTOMA TREATED BY MBT_MEYER TRIAL. CENSULLO M.L.1, BERTOLUZZO G.2, FONTE C.3, PAVONE R.3, GUIDI M.1, ENRICO G.1, GORI I.3, MARTIN R.7, TEODORO C.2, SARDI L.1. 1NEURO-ONCOLOGY UNIT, DEPARTMENT OF PEDIATRIC ONCOLOGY, MEYER CHILDREN’S UNIVERSITY HOSPITAL, FLORENCE, ITALY. 2PSYCHOLOGY UNIT, MEYER CHILDREN’S UNIVERSITY HOSPITAL, FLORENCE, ITALY. 3University of Pisa, Pisa, Italy. The MBT_MEYER is an interventistic monocentric trial of Meyer Children’s Hospital. The goal of this protocol is to reduce toxicity by use of protonotherapy and reducing chemo-induced neurotoxicity by limited use of high dose chemotherapy. To date, a neurocognitive assessment is the standard in medulloblastomas but it is very difficult an assessment at baseline for clinical problems such as age, intracranial hypertension and immediate intervention. 10 neurocognitive assessments were reviewed in patients with medulloblastoma treated by MBT_MEYER protocol: 3 anaplastic medulloblastoma M0 and 7 classic (2 M0, 1 M1, 1 M2, 3 M3). The median age was 10 years (range 5-18). All the patients were treated with a total gross tumour dose of 36 Gy, fort nightly and conventional radiotherapy, 8 chemotherapy and protontherapy and only 1 received autologous-hematopoetic stem cell transplantation for progression disease after induction chemotherapy. As for protocol, the neurocognitive assessment was defined by Wechsler Intelligence Scales, founded in semantic fluency, immediate and deferred memory, tests for working memory, attention and visuo-spatial tests at baseline, after treatment and at the end of follow-up. For 3 patients it was not possible a baseline assessment for both clinical conditions, 8 are still in treatment and assessments emerged that 80% of patients had neurocognitive deficits at baseline had speed elaboration difficulties, 1 of these also presented verbal deficit, 1 showed problems in recalling verbal material and 1 in working memory; after two years from chemotherapy and radiotherapy 2 presented speed processig and working memory deficit. In conclusion, an assessment at baseline is very difficult for post-surgical problems but necessary to perform as soon. In this way, it is possible to evaluate the impact of the treatment on neurocognitive improvement. Further investigations are necessary to well understand the appropriate schedule of neurocognitive assessment of pediatric medulloblastoma.

QOL-26. EXPLORING THE EXPERIENCE OF YOUNG PEOPLE RECEIVING REMOTELY DELIVERED ACCEPTANCE AND COMMITMENT THERAPY FOLLOWING TREATMENT FOR A BRAIN TUMOUR. Katie Powers1, Jac Airdrie2, Sophie Thomas3, Faith Gibson4, Chloe Geagan5, Nic Davies1, Sam Malins1. 1Nottingham University Hospitals NHS Trust, Nottingham, United Kingdom. 2University Hospitals Bristol and Weston NHS Foundation Trust, Bristol, United Kingdom. 3Children’s Brain Tumour Research Centre, University of Nottingham, Nottingham, United Kingdom. 4School of Health Sciences, University of Surrey, Surrey, United Kingdom. 5Great Ormond Street Hospital for Children NHS Foundation Trust, London, United Kingdom. The Newche University Hospitals NHS Foundation Trust, Newcastle upon Tyne, United Kingdom. Institute of Mental Health, University of Nottingham Innovation Park, Nottingham, United Kingdom.

Despite high survival rates of children and young people diagnosed with a brain tumour, survival is often associated with poor psychological, physical, and social outcomes. Acceptance and Commitment Therapy (ACT) is an evidence-based psychological intervention shown to improve psychological and physical outcomes in adults and children with chronic disease and including cancer. The ACT Now study investigates the feasibility of ACT delivered remotely with young people who have experienced a brain tumour. This study aims to describe participant experience whilst better understanding the impact of therapy and capturing the barriers and facilitators to engagement. Participants of the ACT Now study were invited to take part in a semi-structured interview with questions covering experience of study initiation, receipt of ACT, remote delivery and overall impact of ACT. Ten participants who had previously undergone treatment for a brain tumour have been interviewed to date. Interviews were transcribed verbatim and coded into broad themes. We found that pre-therapy mood and altrusm served as motivation for interviewees’ involvement in the study. Interviewees reported hoping to learn coping techniques to navigate fluctuating moods and the pressures of young adult life. Despite the technology used for remote delivery occasionally malfunctioning, interviewees reported increased ability to access therapy via this method. However, an overall preference for face-to-face therapy delivery was reported with interviewees describing that they felt communication might be easier in person. The therapeutic relationship and the therapists’ flexible schedules were seen as facilitators to session attendance. Barriers to attendance were included scheduling conflicts and barriers to remote school or school. ACT was highly regarded amongst interviewees and provided an opportunity for them to learn about themselves and how they can live in accordance with their personal values. Interviewees benefited from ACT psychologically, physically, and socially and reported an overall positive experience of study involvement.

QOL-27. SOCIOCULTURAL VARIABLES HAVE A MAJOR IMPACT ON PARTICIPATION IN PATIENTS TREATED FOR PEDIATRIC POSTERIOR FOSSA TUMOURS. Doris Hofmann-Lamplmair1,2, Alexandra Gram1,2, Kerstin Krottenforder1,2, Andreas Peryl1,2, Ulrike Less1,3, Thomas Czeck1,2, Irene Slavc1,2, Thomas Pletscheck1,2. 1Department of Pediatrics and Adolescent Medicine, Medical University of Vienna, Vienna, Vienna, Austria. 2Comprehensive Center Pediatrics Vienna, Medical University of Vienna, Vienna, Vienna, Austria. 3Department of Neurosurgery, Medical University of Vienna, Vienna, Vienna, Austria.

OBJECTIVE: This study investigates the extent of participation barriers in patients with pediatric posterior fossa tumors (PFTs) at long-term follow-up on psycho-oncologic aspects of quality of life (QOL). While most studies on psycho-oncological outcomes in patients treated for childhood PFTs are based on older studies, the impact of recent advances in treatment, medication, and care on patients’ QOL is still sparsely described. The aim of the study is to analyze the extent of participation barriers in patients with pediatric PFTs and to identify sociocultural and economic factors that might influence QOL. MATERIALS AND METHODS: A cross-sectional study using the QOL-25. NEUROCOGNITIVE ASSESSMENT OF PEDIATRIC MEDULLOBLASTOMA; A META-ANALYSIS OF THE SIOP-UKCCSG-PNET3 AND HIT-SIOP-PNET4 TRIALS. Mathilde Chevignard1, Kim S. Bull1,2, James Holt3,4, Berit Harrington3,5, Jemma Castle6, Marie-Amelie Herg1, Colin Kennedy6, Francois Dou7, Birgitta Lamminger1, Stefan Rutkowski1, Maura Massimino8, Simon Bailey1, Adeoye Oyefaide1, Donald Mabbott1, Steven C. Clifford3, Debbie Hicke1, Andreas Peryl1,2,3,5, Andreas Peryl1,2,3,5, Andreas Peryl1,2,3,5, Andreas Peryl1,2,3,5, Andreas Peryl1,2,3,5, Andreas Peryl1,2,3,5, Andreas Peryl1,2,3,5, Andreas Peryl1,2,3,5, Andreas Peryl1,2,3,5, Andreas Peryl1,2,3,5, Andreas Peryl1,2,3,5, Andreas Peryl1,2,3,5, Andreas Peryl1,2,3,5, Andreas Peryl1,2,3,5, Andreas Peryl1,2,3,5, Andreas Peryl1,2,3,5, Andreas Peryl1,2,3,5, Andreas Peryl1,2,3,5, Andreas Peryl1,2,3,5, Andreas Peryl1,2,3,5, Andreas Peryl1,2,3,5, Andreas Peryl1,2,3,5, Andreas Peryl1,2,3,5, Andreas Peryl1,2,3,5, Andreas Peryl1,2,3,5, Andreas Peryl1,2,3,5, Andreas Peryl1,2,3,5, Andreas Peryl1,2,3,5, Andreas Peryl1,2,3,5, Andreas Peryl1,2,3,5, Andreas Peryl1,2,3,5, Andreas Peryl1,2,3,5, Andreas Peryl1,2,3,5, Andreas Peryl1,2,3,5, Andreas Peryl1,2,3,5, Andreas Peryl1,2,3,5, Andreas Peryl1,2,3,5, Andreas Peryl1,2,3,5, Andreas Peryl1,2,3,5, Andreas Peryl1,2,3,5, Andreas Peryl1,2,3,5, Andreas Peryl1,2,3,5, Andreas Peryl1,2,3,5, Andreas Peryl1,2,3,5, Andreas Peryl1,2,3,5, Andreas Peryl1,2,3,5, Andreas Peryl1,2,3,5, Andreas Peryl1,2,3,5, Andreas Peryl1,2,3,5, Andreas Peryl1,2,3,5, Andreas Peryl1,2,3,5, Andreas Peryl1,2,3,5, Andreas Peryl1,2,3,5, Andreas Peryl1,2,3,5, Andreas Peryl1,2,3,5, Andreas Peryl1,2,3,5, Andreas Peryl1,2,3,5, Andreas Peryl1,2,3,5, Andreas Peryl1,2,3,5, Andreas Peryl1,2,3,5, Andreas Peryl1,2,3,5, Andreas Peryl1,2,3,5, Andreas Peryl1,2,3,5, Andreas Peryl1,2,3,5, Andreas Peryl1,2,3,5, Andreas Peryl1,2,3,5, Andreas Peryl1,2,3,5, Andreas Peryl1,2,3,5, Andreas Peryl1,2,3,5, Andreas Peryl1,2,3,5, Andreas Peryl1,2,3,5, Andreas Peryl1,2,3,5, Andreas Peryl1,2,3,5, Andreas Peryl1,2,3,5, Andreas Peryl1,2,3,5, Andreas Peryl1,2,3,5, Andreas Peryl1,2,3,5, Andreas Peryl1,2,3,5, Andreas Peryl1,2,3,5, Andreas Peryl1,2,3,5, Andreas Peryl1,2,3,5, Andreas Peryl1,2,3,5, Andreas Peryl1,2,3,5, Andreas Peryl1,2,3,5, Andreas Peryl1,2,3,5, Andreas Peryl1,2,3,5, Andreas Peryl1,2,3,5, Andreas Peryl1,2,3,5, Andreas Peryl1,2,3,5, Andreas Peryl1,2,3,5, Andreas Peryl1,2,3,5, Andreas Peryl1,2,3,5, Andrea...