

Abstracts

Department with increasing agitation, confusion, fluctuating GCS, hydrocephalus, 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 by the secondary diagnosis 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 to much improvement in the quality of life of patient undergone 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 the 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 BIOPARKING
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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 for clinical study and specimen collection at our institution. 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 enhanced consent process, 3) streamlined sample collection, and 4) hospital 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 fulfill 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 to provide additional education. During these sessions, nurses were able to contribute academic literature and clinical experience, while pharmacy presented information on 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 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 and/or anxiolyis intervention with the goal of minimizing anesthesia need for sedation with prior imaging studies (p<0.001), parental premonition, 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), parent's 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 3.3, 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 sedations. Future studies should focus on implementing the algorithm prospectively in an effort to identify significant factors that impact treatment compliance.

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, hydrocephalus, 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 by the secondary diagnosis 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 to much improvement in the quality of life of patient undergone 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 the families to gain confidence in managing skin related complication and reducing the need to hold targeted therapies as a result of dermatological toxicity.

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 worker’s well-being.工具。 To help providers improve their mental and physical well-being and enhance the quality of care for their patients, we introduced a comprehensive wellness program for oncology providers. The program consists of bi-monthly Lunch and Learn to all staff oncology pharmacists, which then increased their working knowledge of neuro-oncology as a whole, helping them feel better equipped to contribute to their own teams and enhance collaborative care. We also introduced a bi-monthly “Lunch and Learn” for all staff nursing pharmacists. This twist on the classic Lunch and Learn provided a forum for nurses and pharmacists to present information and discuss treatment-related challenges. Although we have only recently introduced the comprehensive program, early feedback from providers has been positive. One pediatric oncology provider shared that she no longer feels isolated and disconnected from her peers. She explained that she felt removed from the support she needed to maintain her mental and physical well-being. We have continued to evolve the program by adding new components and refining existing ones. As the program continues to develop, we are committed to ensuring that it remains a valuable resource for our providers. We are also working to expand the program to include other healthcare professionals, such as social workers and chaplains. CONCLUSION: The introduction of a comprehensive wellness program exemplifies a feasible approach to support healthcare providers and evaluating 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.