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 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 manage much improvement of the patient undergos 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 teams has allowed 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

Lauren Hancock, and Madhuri Kambhampari; Children's National Hospital, Washington, DC, USA

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 developments in research require nurses to be involved in the research process and the administration of investigational agents. The purpose of this study was to gain an understanding of the role of nursing in the implementation of our biobank. All nurses who have performed a role in our biobank collection were surveyed to assess their knowledge and involvement. The survey was 20 questions with a response rate of 55%. We compared our findings to a national study on biobank nursing involvement to identify gaps in our experience to improve our role in this process.

NURS-07. STAFF EDUCATION THROUGH NURSING AND PHARMACY COLLABORATION

Lauren Hancock1, and Whitney Pittman2; Children's National Hospital, Washington, DC, USA, 1Children's Hospital at OU Medical Center, Oklahoma City, OK, USA

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 provided a clinical perspective and a tumour specific collection.

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

Elizabeth Bland; Sydney Children's Hospital, Sydney, NSW, Australia

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 with 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 manage much improvement of the patient undergos 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 teams has allowed 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

Kaaren Waters1,2, Melanie Moreau-Rangan1, and Kim Bira1; Children's National Hospital, Washington, DC, USA, 1Office of Academic Affairs, Children's Hospital Los Angeles, Los Angeles, CA, USA, 2Children's Hospital of Philadelphia, Philadelphia, PA, USA

INTRODUCTION: Pediatric oncology providers have unique and rewarding careers. The medical and psychosocial complexity of caring for pediatric oncology patients and their families 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 providers’ well-being. To address these challenges, we developed the annual ‘Provider Wellness Lunch and Learn’ program, which then increased their knowledge and confidence in providing care and managing patients 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 provided a clinical perspective and a tumour specific collection.

The purpose of this analysis was to refine our algorithm in 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 anxiolyis intervention with the goal of minimizing anesthesia use. METHOD: Retrospective data was collected from electronic medical records regarding all patients managed at our center. The data included patient demographics, diagnosis, and length of treatment with the goal of identifying patients who would benefit from behavioral training and/or anxiolyis intervention. RESULTS: N=59 patients were evaluated, and 34% of patients were reported to have benefitted from behavioral training and/or anxiolyis intervention.

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

Judy Tran1,2, Jennifer Holt1, Danielle Crump1, Anita Shea3, Lin Whetzell4, Andrea Lattimore5, Rebecca Carson2, and Roberta Anderson2; 1Sibley Memorial Hospital, Washington, DC, USA, 2Johns Hopkins Medical Institute, Baltimore, MD, USA, 3Children's National Hospital System, Washington, DC, USA, 4Cincinnati Children's Hospital, Cincinnati, OH, USA

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 anxiolyis intervention with the goal of minimizing anesthesia use. METHOD: Retrospective data was collected from electronic medical records regarding all patients managed at our center. The data included patient demographics, diagnosis, and length of treatment with the goal of identifying patients who would benefit from behavioral training and/or anxiolyis intervention. 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), parents' perception 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 sedations. Future studies should focus on implementing the algorithm prospectively in an effort to identify