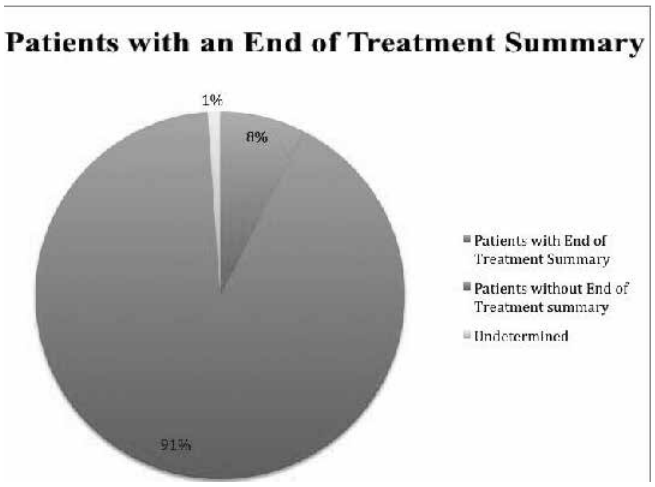
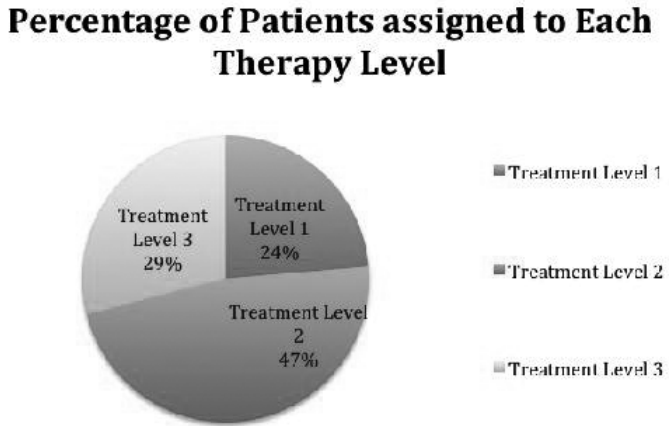
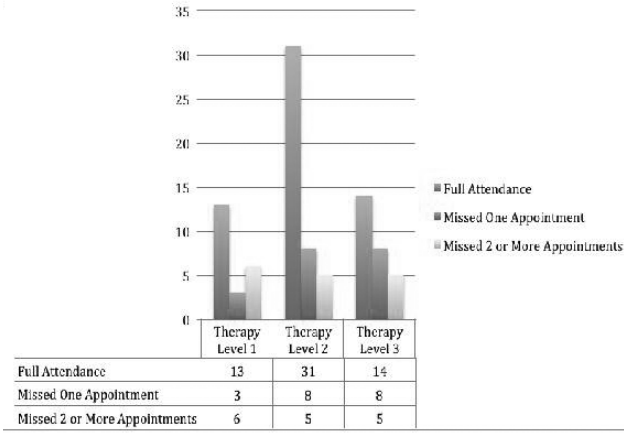


Abstract G179(P) Image 1



Abstract G179(P) Image 2



	Therapy Level 1	Therapy Level 2	Therapy Level 3
Full Attendance	13	31	14
Missed One Appointment	3	8	8
Missed 2 or More Appointments	6	5	5

Abstract G179(P) Image 3

G180(P) LATE EFFECTS IN CHILDREN AND YOUNG PERSONS TREATED FOR SOLID AND BRAIN TUMOURS, WEST OF SCOTLAND EXPERIENCE

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Aim Because of significant medical advances in the past 50 years, the number of adult survivors of childhood/adolescent cancer has increased dramatically. However, these survivors often experience late effects secondary to their cancer treatment, and thus represent a growing, at-risk, and vulnerable population with specific health care needs. The present study evaluated late effects in 62 children who have survived solid and brain tumours, diagnosed between 2006 and 2008.

Method Case notes, outpatient clinic notes, and computer-based information programmes were used to gather information. For each child, several fields of information were gathered, including age at diagnosis, type of tumour, treatment received, and active problems. Subjects were all children and young persons diagnosed with a solid and brain tumour between 2006 and 2008.

Results Results showed that 47% of children currently have an active on going late effect, the most prevalent being endocrine (15%), sensory (16%) and neurological/musculoskeletal (25%) disorders.

The cumulative incidence of an endocrine complication was 15%. Growth Hormone (GH) deficiency was found in 10% of patients. Exposure to cranial radiotherapy was associated with an increased risk of GH deficiency ($p < 0.0001$), as was having undergone neurosurgery ($p < 0.0001$), see Graph 1.

Hypothyroidism was seen in 6% of patients. Again, exposure to cranial radiotherapy was associated with an increased risk ($p < 0.0001$), and neurosurgery was significantly associated with developing hypothyroidism ($p = 0.002$).

There was a 16% incidence of sensory complications in the patients evaluated. Hearing loss was the commonest condition, with 10% of children experiencing it to some degree. It was statistically significantly associated with exposure to Cisplatin therapy (($p = 0.0147$) see Graph 1), but there was no effect of cranial radiotherapy ($p = 0.2398$) or age at diagnosis ($p = 1.000$), see Graph 2.

Conclusion Survivors have developed a range of late effects, predominantly sensory, endocrine and neurological. These findings highlight the importance of extended careful monitoring of persistent late effects, especially in these areas, in order to decrease overall sequelae, improve long-term outcome and overall quality of life.

G181(P) THE ROLE OF THE LATE EFFECTS CLINIC FOLLOWING TREATMENT OF CHILDHOOD MALIGNANCIES: A SERVICE EVALUATION

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Background Late effects from treatment of childhood malignancies are increasing in prevalence due to higher survival rates from childhood cancer. As a result, Late Effect follow-up clinics are experiencing greater demand. This, combined with a lack of high quality, objective data in the literature, has resulted in a recent need to validate the optimum method of long-term follow-up.

Aim To evaluate the effectiveness of the hospital-based Late Effects clinic through retrospective review of the clinical records.

Method A proforma was created to extract data from patient records. Data were collected on the treatment received, screening for specific late effects of treatment, prevalence of late effects and the route by which late effects were detected.

Results Consecutive patients (n = 151) treated for non central nervous system malignancies and attending follow-up at a Late Effects clinic were analysed. Mean time since treatment was 25 years; 4% of patients were less than 5 years post-treatment. In total 185 late effects of treatment were diagnosed in 114 patients. These were broadly categorised into second malignancies (27%), thyroid (21%),

G180(P) Late Effects in Children and Young Persons Treated For Solid and Brain Tumours, West of Scotland Experience

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