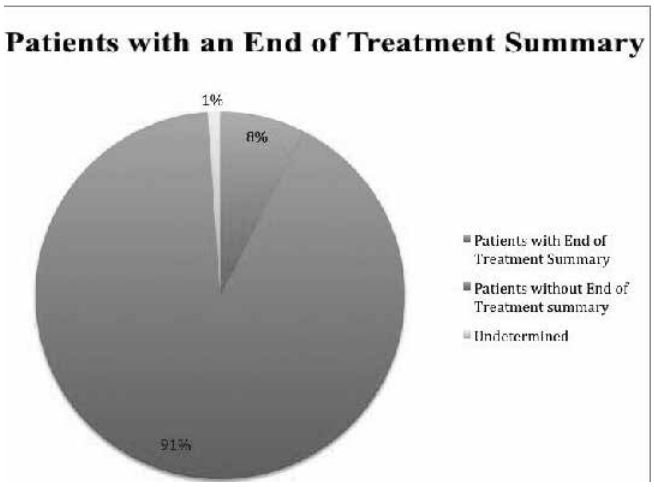
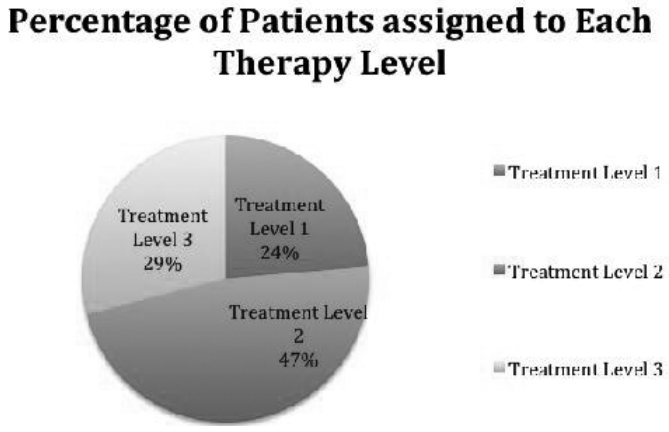
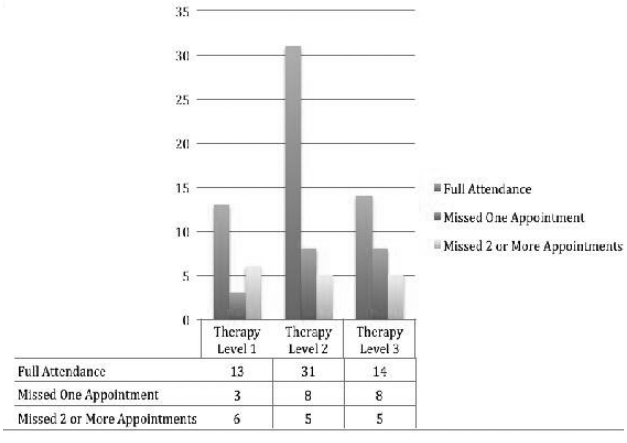


Abstract G179(P) Image 1



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

doi:10.1136/archdischild-2013-304107.192

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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

doi:10.1136/archdischild-2013-304107.193

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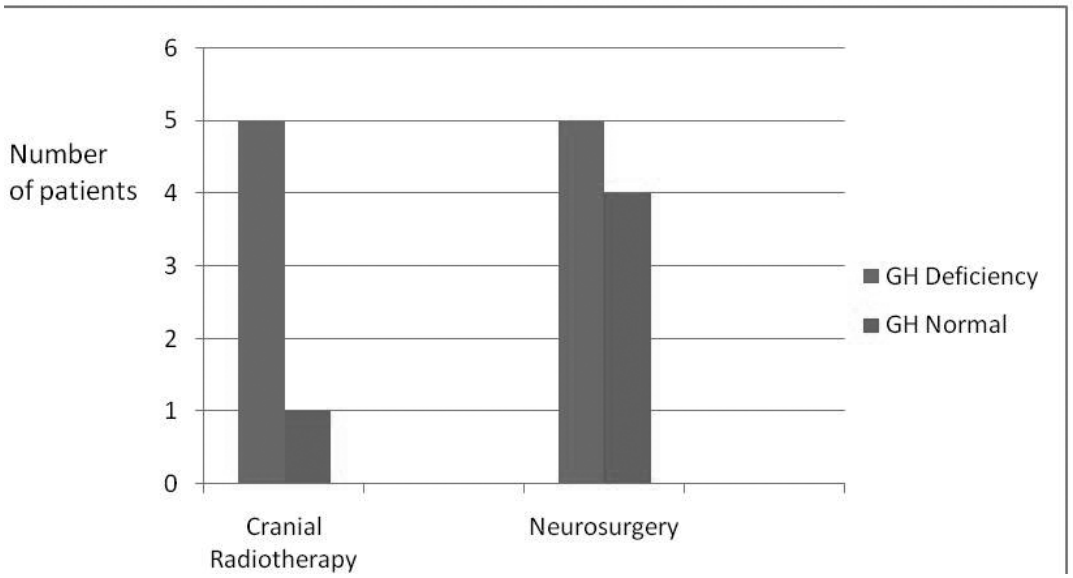
Background Late effects from treatment of childhood malignancies are increasing in prevalence due to higher survival rates from childhood cancer. As a result, Late Effect follow-up clinics are experiencing greater demand. This, combined with a lack of high quality, objective data in the literature, has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

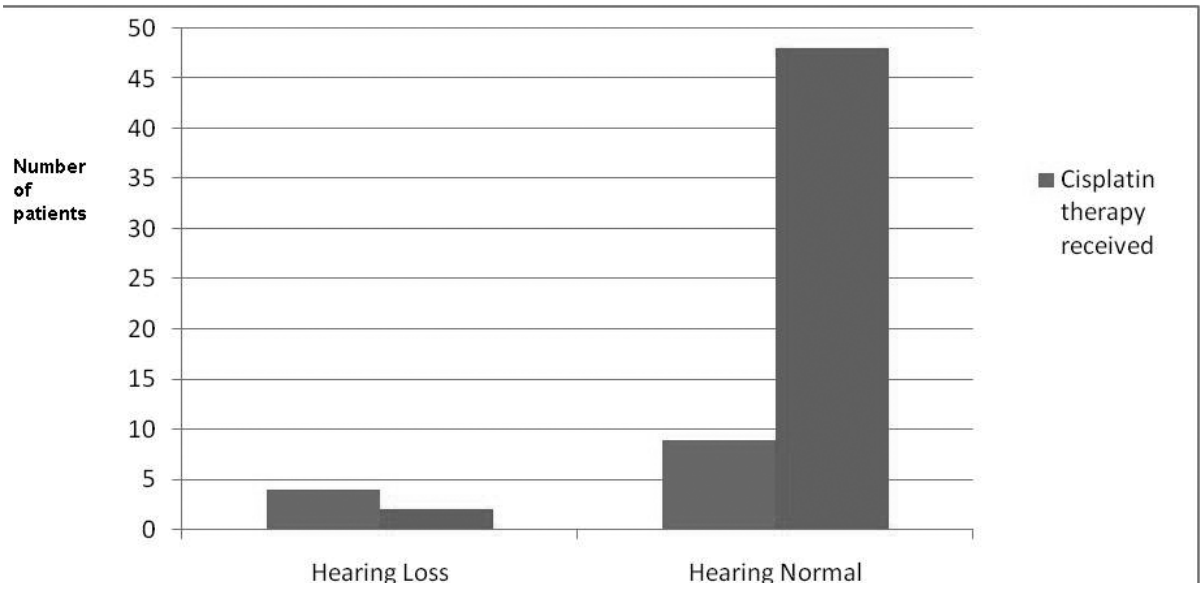
Aim To evaluate the effectiveness of the hospital-based Late Effects clinic through retrospective review of the clinical records.

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%),



Abstract G180(P) Graph 1 Growth Hormone Status relative to radiotherapy/neurosurgery



Abstract G180(P) Graph 2 Hearing loss and Cisplatin Therapy

fertility (17%), renal (13%), respiratory (8%), cardiac (6%) and other endocrine effects (8%). The late effects were chiefly diagnosed by the hospital-based Late Effects clinic (63%), primary care (13%) and other secondary care clinicians (9%).

Conclusion This study found that the prevalence of cancer treatment related late effects in adult survivors of childhood cancer was high. The Late Effects clinic was the principle route by which late effects were diagnosed. Early detection of late effects is of critical importance in optimising the long-term health of cancer survivors however there is a drive to reduce hospital-based follow-up of cancer survivors due to high patient demand. Our retrospective analysis suggests that primary care based follow-up is not currently sufficiently developed to detect these late effects. This study did not compare the Late Effects clinic to other methods of follow-up or include analysis of economic data; these areas should be addressed in future work.

G182(P) AUDIT OF EFFICIENCY OF BLOOD PRODUCT TRANSFUSION IN LEVEL 2 POSCU

doi:10.1136/archdischild-2013-304107.194

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Aims Review efficiency and adequacy of blood and platelet transfusions in paediatric malignancy and haemoglobinopathy patients, based on recommendations from BCSH 2009, UK standards for children with thalassemia 2008 and local trust guidance.

Methods We retrospectively reviewed 80 blood and platelet transfusions in 10 children during August 2011- June 2012. 60 occurred in 7 children with malignancy (34 Red cell and 26 Platelets), and 20 red cell transfusions in 3 children with beta thalassemia major. We used as thresholds, a low Hb. 8g%, maximum Hb. of 12g% and a