public awareness survey highlight low awareness which need to be tackled in order to drive earlier diagnosis. This will form key messaging in our new national awareness campaign called ChildCancerSmart.

**G176**  
PUBLIC AWARENESS OF CHILDHOOD, TEENAGERS AND YOUNG ADULT CANCER SIGNS AND SYMPTOMS IN GREAT BRITAIN

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Aims To assess public awareness of the risks and symptoms of cancer in children and young adults under 18 in Great Britain and compare them with the published data where 60–94% of adults are aware of their cancer risks and symptoms.

Methods A face-to-face, computer-assisted opinion survey was conducted by Ipsos MORI. The population-based sample included 475 males and 525 females over the age of 18 and 26% have children aged 6–15 in the household. Questions covered perception about cumulative cancer risk (1 in 450 by the age 15 and 1 in 180 by 25), confidence in recognising signs and symptoms, recognition and perceived urgency of 42 classical signs and symptoms.

Results Over half (56%) of the respondents felt the quoted cumulative age-related cancer risks were higher than they expected. Only 32% felt confident to recognise the signs and symptoms of cancer in the age range. On average, respondents identified 14.9 out of the 42 of the classical signs and symptoms. Top ranked symptoms or signs were: ‘lump, swelling in pelvis, testicle or breast’ (46%), ‘blood in urine or stool’ (44%), ‘changes to moles’ (43%), ‘lump or swelling in the chest wall or armpits’ (41%) and ‘weight loss’ (40%). The least recognised symptoms were early or late puberty (10%), developmental delay in young children under 2 (11%) and slow growth (13%), where 8%, 2% and 6%, respectively, felt that there was no need to discuss them with a doctor. Symptoms where more than 50% of respondents judged them as requiring medical assessment within 24 hours were: seizures/fits, blood in urine or stool, persistent vomiting, persistent fever or night sweats. Abnormal facial movements and persistent abdominal pain were added for assessment within 2 weeks.

Conclusions Of the patients with demonstrated hearing loss after three cycles of cisplatin, EHFHL was defined as range > 8KHz. Of 53 patients who had audiometry before their 4th cycle of cisplatin, EHFHL was seen in 13 (25%), 6 (11%) had Grade 1 and 7 (13%) had Grade 2 hearing loss. 37 patients underwent an end of treatment (EOT) audiogram; 13 (35%) had some degree of hearing loss and 5 (13%) had grade ≥ 3. Of the patients with demonstrated hearing loss after three cycles of cisplatin, who had an EOT assessment, 6 demonstrated worsening audiometry.

Conclusion The finding that over half the patients in this lower risk cohort experienced some degree of hearing loss at end of treatment illustrates that ototoxicity remains a significant complication of cisplatin treatment and highlights the importance of rigorous audiometry throughout and following EOT. Since cisplatin has a central role in osteosarcoma prompt recognition of ototoxicity and early institution of support measures is essential and, ultimately, management options to minimise risk of ototoxicity are urgently needed.

**G178**  
LOW-LEVEL LASER THERAPY FOR CHILDREN AND YOUNG PEOPLE UNDERGOING TREATMENT FOR CANCER

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Aim To assess the efficacy and tolerance/safety of oral low-level laser therapy to prevent or treat oral mucositis in children and young people undergoing chemotherapy.

Introduction Inflammation and ulceration of the oral cavity – known as oral mucositis – can affect up to 80% of children and young people (CYP) undergoing chemotherapy. It can lead to severe oral pain as well as difficulty talking, eating and drinking; it may also lead to treatment cessation.