when prescribing palliative chemotherapy and radiotherapy in children include reduction of symptoms, parental preference and side effects. Radiotherapy is a well-defined treatment to relieve symptoms in palliative patients in such cases as spinal cord compression and pain. However, the research in chemotherapy in palliative patients is sparse and less clear.

The aim of this research was to ascertain if palliative chemotherapy or radiotherapy helped to relieve symptoms in paediatric patients with cancer.

**Methods** This was a retrospective study examining all patients between the ages of 0-16 years in Northern Ireland with cancer who received either palliative chemotherapy or radiotherapy. This was over a 5 year period between April 2016 and April 2021. Parameters including symptom control, side effects, and length of survival post treatment were measured.

**Results** There were 54 deaths in Paediatric Cancer patients in Northern Ireland between Sept 2016 and April 2021. Of these 12 (22%) patients received either palliative chemotherapy or radiotherapy. Nine patients received chemotherapy, seven patients received radiotherapy and four received a combination of both.

Nine (75%) of patients described having some degree of symptom relief when receiving chemotherapy or radiotherapy. This included relief of pain (6 patients), neurological relief e.g headaches (1 patient), improvement in quality of life (1 patient) and improvement with leg weakness and urinary retention (1 patient).

Five (42%) patients reported side effects. These included; worsening symptoms (1 patient), drop in blood counts and nausea/diarrhoea (2 patients), lethargy (1 patient) and vomiting and back pain (1 patient).

Four (33%) of the patients survived less than 3 months post treatment, four survived 3-6 months, two (17%) survived more than 6 months, and in 2 cases the commencement of treatment was not stated.

The mean length of survival post palliative chemotherapy or radiotherapy was 4 months with a range of 1-14 months.

**Conclusion** Overall palliative chemotherapy and radiotherapy has shown to be effective in alleviating symptoms in oncology patients. There were more patients that described it helped them than gave them side effects. However, there were serious side effects such as ‘worsening headaches’ and ‘back pain and vomiting’ which need to be taken into consideration.

It is of extreme importance in these patients to determine the risk benefit of using palliative chemotherapy and radiotherapy.

It is important to remember that the aim of palliative care is not to hasten death or prolong life, but to improve quality of life. Therefore, a further qualitative study to look at the quality of life of these patients would be useful.

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**Abstracts**

**DEVELOPING A VIRTUAL LEARNING PLATFORM FOR TRAINEEs IN PAEDIATRIC PALLIATIVE MEDICINE: EARLY EXPERIENCE AND INSIGHTS**

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Aims Paediatric palliative medicine (PPM) is a small subspecialty of paediatrics, with an average of 2 trainees appointed to subspecialty training (‘GRID’) nationally each year. The subspecialty interest module (SPIN) in palliative care also launched in the last 18 months. There are currently 5 GRID trainees and 10 paediatricians completing SPIN. Prior to the COVID pandemic, national teaching was offered face to face every 6 months, hosted jointly by the CSAC and the Association of Paediatric Palliative Medicine (APPM), organised by the APPM trainee representatives. In their national trainee survey PPM GRID trainees highlighted the value of training targeted specifically at their sub-specialty curriculum and an opportunity to network with other trainees across the country. Following the more widespread use of virtual learning platforms, we devised a 2-year rolling teaching programme aimed specifically at GRID and SPIN trainees to be delivered by such a platform.

**Methods** An education faculty comprised of paediatric palliative medicine consultants was established to provide clinical oversight for the education programme. Both the SPIN and GRID curricula were reviewed and learning objectives were divided into sessions running over two calendar years. Most of the sessions were organised as 2 hour virtual teaching sessions, but some sessions were organised as full-day teaching sessions. GRID and SPIN trainees were emailed about the teaching programme and asked to sign up to the Great Ormond Street Digital Education Network (DEN) to access the teaching. Following teaching sessions, trainees were asked to complete evaluation forms.

**Results** The first session ran in January 2022. All GRID trainees attended and 40% of SPIN trainees attended. A further 4 attendees were from associated specialties including community and general paediatrics.

We asked for feedback on the sessions (please see attached charts), and also on the use of the digital platform via Google Forms.

Feedback about the virtual learning environment was positive, with the majority of participants agreeing that the DEN was easy to log in to and easy to navigate.

**Conclusion** The introduction of a 2 year rolling teaching programme has been well received. The first session was well attended and met the learning objectives outlined. In addition to rolling out the programme as planned, the faculty are looking at developing e-learning via sharable content object reference model (SCORM) packages to consolidate learning through active learning styles, both synchronously and asynchronously. As the platform continues to develop it is hoped that this will provide a rich educational resource in paediatric palliative medicine that can be accessed by all paediatric trainees.

**835 HOPE FOR AN EXIT OUT OF THE CHAOS**

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Aims Ex utero intrapartum treatment (EXIT) procedures are interventions that occur at delivery or during delivery while fetomaternal circulation is maintained. This allows for survival while critical interventions can occur for antenatally diagnosed abnormalities such as neck masses (teratoma, cervical tumour, cystic hygroma, goitre), Congenital High Airway Obstruction Syndromes (CHAOS), unilateral pulmonary agenesis, congenital cystic adenomatoid malformations, severe