INTRODUCTION: There is increasing recognition that palliative care (PC) can benefit patients with advanced cancers. However, early referral to PC is not yet a reality for patients diagnosed with a primary brain tumor. We hypothesized that lack of knowledge and barriers toward PC by patients, caregivers, or their providers remain barriers.

METHODS: This is an IRB-exempt, one-time QR-accessible REDcap questionnaire administered to patients, caregivers, and providers at the Preston Rawlins Tisch Brain Tumor Center between September 2020 and May 2021. We administered 9 questions regarding knowledge and beliefs about PC from the Health Information National Trends Survey 5, Cycle 2: results of this nationally representative U.S. sample are publicly available and used for comparison. RESULTS: We had 141 survey respondents: 26 providers, 59 patients, and 57 caregivers. The median patient and caregiver ages were 49 (21-74) and 50 years (24-73), respectively. Caregivers were more likely female (53.2%) and identified as a spouse or domestic partner (58.2%). Patients and caregivers, providers were equally distributed by years of experience. Compared to patients and caregivers, providers reported more baseline knowledge of PC (p < 0.001, p < 0.0001) and better understood the role of PC in pain/symptom management (p = 0.0038, p = 0.0087) and social/emotional support (p = 0.0044, p = 0.0279). Interestingly, most providers (76.0%) disagreed with the statement “the goal of palliative care is to give patients more time at the end of life.” Compared to a general U.S. sample (n = 1,162) our patients (n = 39) were better informed in only 2 of 9 questions. Whereas, caregivers (n = 48) were better informed in 6 of 9 questions. CONCLUSION: Neuro-oncology providers were knowledgeable, but a minor gap in understanding the goal of PC was identified. Caregivers were overall more knowledgeable than patients. However, Neuro-oncology patients, had similar knowledge and beliefs compared to a nationally representative sample. PC interventions should prioritize filling knowledge gaps for Neuro-oncology patients.

QOLP-29. THE EFFECTS OF AN ONLINE, NURSE-LED NEEDS-BASED SUPPORT PROGRAM ON NEURO-ONCOLOGY FAMILY CAREGIVERS’ DISTRESS: A RANDOMIZED CONTROLLED TRIAL

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BACKGROUND: Patients with primary malignant brain tumors have high symptom burden and commonly rely on family caregivers for practical and emotional support. This can lead to negative mental and physical consequences for caregivers. We investigated effectiveness of an 8-week nurse-led online needs-based support program (SmartCare®) with and without online self-guided cognitive behavioral therapy (CBT) for depression compared to enhanced care as usual (ECAU) in depressive symptoms, caregiving-specific distress, anxiety, mastery, and burden.

METHODS: Family caregivers with depressive symptoms were randomized to three groups: SmartCare® plus/minus self-guided CBT, or ECAU. Primary outcomes (depressive symptoms (CES-D); caregiving-specific distress (Caregiver Needs Screen)) and secondary outcomes (anxiety (POMS-A), caregiver mastery (Caregiver Mastery Scale), and caregiver burden (Caregiver Reactions Assessment)) were assessed online. Intent-to-treat analysis of covariance was performed for outcomes at four months. RESULTS: In total, 120 family caregivers participated. Accrual and CBT engagement were lower than expected, therefore intervention groups were combined (n=80) and compared to ECAU (n=40). For depressive symptoms, no statistically significant group differences were found. Caregiving-specific distress decreased in the intervention group compared with ECAU (p=0.01, partial n²=0.08). Anxiety, secondary outcomes was a trend towards improved mastery for the intervention group compared with ECAU (p=0.08, partial n²=0.04). CONCLUSION: SmartCare®, with or without self-guided CBT, reduced caregiving-specific distress with a trend towards improving mastery. SmartCare® has the potential to improve the lives of families coping with a brain tumor diagnosis.

QOLP-30. LONG-TERM UNMET SUPPORTIVE CARE NEEDS OF TYA CHILDHOOD BRAIN TUMOUR SURVIVORS AND THEIR CAREGIVERS: A CROSS-SECTIONAL SURVEY

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INTRODUCTION: The supportive care needs of long-term childhood brain tumor survivors, now teenagers and young adults (TYAs), and their caregivers are largely unknown. TYAs are a unique patient cohort with specific challenges and vulnerabilities differing from children or older adults. We aimed to describe their supportive care needs and explore associations between needs and quality of life (QoL). This is the first study to collect quantitative data about needs in this survivorship group.

METHODS: Participants were recruited from long-term follow-up clinics (in three National Health Service Trusts in England) and online. Participants included survivors aged 12-24 years old, who completed the Supportive Care Needs Survey (SCNS) Short-Form and Paediatric Quality of Life Profiles (QOLP)-28-31 questionnaire. Interviews were conducted with 112 participants (97 survivors/35 caregivers) and analyzed using thematic analysis. RESULTS: In total, 112 individuals (69 survivors/43 caregivers) participated. Survivors reported on average 9.4 (±8.5) unmet needs. Needs were greatest in the psychological domain, with anxiety (60.3%), uncertainty about the future (50.7%) and feeling down and depressed (48.5%) most commonly reported. Survivors reported on average 12.4 (±12.3) unmet needs. Again, the greatest number of unmet needs were observed in the psychological domain. Many caregivers also reported information needs around financial support/government benefits (42.9%) and possible survivor fertility problems (42.9%). Multivariable linear regression analysis showed that female survivors, unemployed survivors, survivors further away from diagnosis, and single caregivers were more likely to report unmet needs.

More unmet needs were significantly associated with poorer QoL in survivors and caregivers. CONCLUSION: This research provides leads to improving supportive care and long-term follow-up services. Psychological support appears to be the biggest gap in care. Understanding unmet needs and recognizing what services are required is critical to improving quality of long-term survival.

QOLP-31. QUALITY OF LIFE OF PATIENTS WITH NEWLY DIAGNOSED GLIOBLASTOMA DURING TTFIELDS THERAPY IN ROUTINE CLINICAL CARE: FIRST RESULTS OF THE TIGER STUDY

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OBJECTIVE: Current interdisciplinary treatment strategies for glioblastoma (GBM) outside clinical trials include maximally safe resection, followed by radiation and chemotherapy. The results of the positive phase III trial EF-14, adding Tumor Treating Fields (TTFIELDS) to temozolomide (TMZ) maintenance therapy, brought an additional treatment method to clinical routine. The TIGER (TTFIELDS In GERMANY in Routine Clinical Care) study documents the use of TTFIELDS in routine clinical care with a focus on health-related quality of life (HROQL) within 4 months after starting therapy, treatment compliance and duration. METHODS: This multi-center, prospective, non-interventional study in Germany (NCT03258021) included 51GBM patients eligible for radiation therapy. Following their consent, patients received a comprehensive introduction to the therapy and baseline demographic data were collected. Information on TTFIELDS therapy decision was evaluated based on a dedicated TTFIELDS questionnaire at baseline in both arms; follow-up information on