

how patients handle the therapy was collected two months after TTFields treatment start. HRQoL was assessed in patients deciding for TTFields therapy at baseline and at 2 and 4 months using the EORTC-QLQ-C30/BN-20 questionnaires. RESULTS: Between August 2017 and November 2019, 710 patients (259 female/451 male) were enrolled at 81 participating centers. The mean age was 58.5 years (range: 19.0-85.0; Cut-off: August 31, 2020). The overall baseline characteristics of the study group reflects a typical GBM population. Of these, 582 (82%) decided to start TTFields; 128 (18%) refused TTFields treatment. HRQoL did not decline during TTFields therapy except for itchy skin, comparable to the EF-14 trial. A detailed analysis of the cohort as well as their reported QoL will be presented. CONCLUSION: The TIGER study is the largest non-interventional trial on the use of TTFields in routine clinical care. The use of TTFields in patients with ndGBM did not impair HRQoL during the follow-up period, except for more itchy skin.

QOLP-32. EFFECT OF CANNABIS USE ON QUALITY OF LIFE AMONG GLIOMA PATIENTS: A LONGITUDINAL PERSPECTIVE

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BACKGROUND: Gliomas are devastating primary tumors of the central nervous system that often present with difficult to manage symptoms in addition to the antineoplastic tumor itself. Due to recent increase in popularity and societal acceptance of cannabis products, their use by glioma patients has increased. METHODS: We conducted a single center, prospective study: patients with glioma answered a locally validated survey to inquire about their cannabis use at baseline and every three months. Quality of Life was measured using the EORTC QLQ-C30, its complementary module BN-20 and the EQ-5D-5L instrument. Eligible participants were classified as cannabis users or non-users. We performed linear regression clustered by subjects to see differences by user group and trends overtime. RESULTS: To date, 89 patients agreed to participate, enrolled, and answered the baseline questionnaires, and 64 have answered the 3 month follow up survey. The mean age was 49.7(SD 13.74), 55 were male, 55 were cannabis users at baseline (61.8%) and 34 at 3 months (53.13%). Patients who were cannabis users scored 11.73 lower points at baseline when compared to non-users (79.65 [SD 18.93] vs 67.92 [SD 19.22]) in the QLQ-C30 instrument. Similarly, cannabis users recorded 9.624 lower points at 3 months compared to non-users (70.1 [SD 21.33] vs 79.72 [SD13.95]). The difference-in-difference estimator was 2.108 (p< 0.7). CONCLUSION: Although we observed cannabis users scoring lower QoL measurements (p< 0.05) at baseline and 3 months, we observed a slight improvement in QoL of cannabis users while observing no change or decline (in some measures) among non-users. Our findings provide insight to the impact that cannabis has in QoL over time. While not conclusive, these preliminary results need to be studied on a longer-term basis with a larger sample size in order to detect trends on quality of life among patients with different tumor types.

QOLP-33. EVIDENCE OF FINANCIAL TOXICITY IN PRIMARY CENTRAL NERVOUS SYSTEM TUMOR PATIENTS: CORRELATIONS BETWEEN EMPLOYMENT STATUS, SYMPTOM BURDEN AND HEALTH-RELATED QUALITY OF LIFE

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SIGNIFICANCE AND AIMS: Financial toxicity (FT) after a cancer diagnosis is the consequence of decreased earnings and increased spending. In patients with primary central nervous system (PCNS) tumors, the correlation between FT and factors such as symptom burden, psychological distress, and health-related quality of life has not been extensively studied. We assessed employment status and several patient illness factors in a PCNS tumor cohort. METHODS: Patient and disease characteristics and patient-reported outcomes (PROs) were collected from adults diagnosed with PCNS tumors between 9/2016-12/2019. Descriptive statistics and regression analyses were used to describe PROs. RESULTS: Of 277 patients, 77 (28%)

reported being unemployed due to tumor diagnosis. They reported difficulty walking (64%) and performing usual activities (64%). This group had lower general health status (p< 0.001) and higher tumor-related symptom severity (p=0.004) than employed patients. Unemployed patients reported high symptom burden with an average of 6 moderate-severe symptoms for those with brain tumors and 10 for those with spine tumors. Both brain and spine tumor patients who were unemployed reported increased mood-related interference (p=0.020), as well as moderate-severe anxiety (30%) and depression (25%) compared to employed patients (15% vs 8%, respectively). Unemployed brain tumor patients reported worse scores in cognitive and neurologic symptom subscales (p< 0.001). CONCLUSIONS AND IMPLICATIONS: These data provide indirect evidence that financial toxicity that correlates with high symptom burden across several domains and lower health-related quality of life. Future research work will include the COST questionnaire to further evaluate the implications of FT in the PCNS tumor patient population.

QOLP-34. EVALUATING ADJUSTMENT DISORDER AND POST-TRAUMATIC STRESS DISORDER IN BRAIN TUMOR PATIENTS

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Patients with primary and metastatic brain tumors are particularly susceptible to psychiatric comorbidities. Adjustment disorder (AD) and post-traumatic stress disorder (PTSD) are particularly prevalent in cancer patients and benefit from focused treatment; however, few studies have assessed these conditions in both brain tumor patients and their caregivers. This study aims to evaluate the prevalence of cancer-related AD and PTSD in both brain tumor patients and caregivers, including patients with gliomas, meningiomas, metastases and other brain tumor types. Patients and caregivers at the University of Washington's Alford Brain Tumor Center completed modified ADNM-20 and PCL-5 questionnaires to screen for cancer-related AD and PTSD, respectively. Cutoff scores for a positive screen were set at 47.5 for the ADNM-20 and 33 for the PCL-5. A total of 11 patients and 5 caregivers completed both surveys between December 2019 and May 2021. Two caregivers (40%) screened positive for AD, while none of the brain tumor patients met the cutoff score. One brain tumor patient (9%) screened positive for PTSD, while no caregivers had a positive score. Mean ADNM-20 scores were 34.9 (± 8.8) for brain tumor patients and 34.2 (± 14.8) for caregivers (p = 0.890, Mann-Whitney test). Mean PCL-5 scores were 15.3 (± 10.5) for brain tumor patients and 16.6 (± 11.2) for caregivers (p = 0.681, Mann-Whitney test). Mean scores for ADNM-20 and PCL-5 did not differ between groups, confirming that both caregivers and patients are psychologically affected, and 2 out of 5 caregivers screened positive for AD while 1 out of 11 brain tumor patients screened positive for PTSD. These results demonstrate that cancer-related AD and PTSD can be identified in these populations and suggest a difference in these psychiatric conditions between patients and caregivers. Identifying patients and their caregivers with AD and PTSD could improve their quality of life.

QOLP-35. PEDIATRIC POST-MORTEM TISSUE DONATION DURING A PANDEMIC: A MODEL OF COLLABORATION

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BACKGROUND: Obtaining post-mortem tissue from pediatric oncology patients is not only critical to research, but studies show that participating in the process can also help grieving families heal. Since 2019, the national Gift from a Child program — a multi-institutional effort to increase the rate of rapid autopsies for pediatric CNS tumor patients — has made significant progress. Collecting high-quality post-mortem tissue has advanced research through cell line generation and genomic analyses. Unfortunately, some autopsy programs temporarily shut down during the COVID-19 pandemic. METHODS: We retrospectively reviewed autopsies of four patients treated at Memorial Sloan Kettering (MSK) who underwent limited brain post-mortem examination at Weill Cornell Medicine College (WCMC) from June 2020 to June 2021. We collected patient demographics; DNR status; time of death and procedure; restrictions due to the COVID-19 pandemic; and results of the tissue analysis. Each case presented unique challenges and the timing of securing parental consent varied. RESULTS: Three of four specimens were processed within 12 hours of the time of death. Two Spanish-speaking families required interpreters services to obtain consent. In all cases tumor aliquots were flash frozen for further study. All specimens contained viable tumor and cell line generation was successful in one case.