P08.02.B. THE CLINICAL FRAILTY SCALE AS PREDICTOR OF OVERALL SURVIVAL AFTER RESSECTION OF HIGH-GRADE GLIOMA
J. Klingenschmid, A. Krigers, D. Pinniga, J. Kerschbaumer, C. Thomé, C. E. Freyschlag; University Clinic Innsbruck, Innsbruck, Austria.

BACKGROUND: The Clinical Frailty Scale (CFS) describes the general level of fitness or frailty and is widely used in geriatric medicine, intensive care and orthopaedic surgery. This study was conducted to analyze, whether CFS could be used for patients with high-grade glioma. MATERIAL AND METHODS: 289 patients harboring high-grade gliomas, undergoing first resection at our center between 2015 and 2020 were retrospectively evaluated. Patients’ performance was assessed using the Rockwood Clinical Frailty Scale and the Karnofsky Performance Scale (KPS) preoperatively and 3-6 months postoperatively. RESULTS: 289 patients were included. Pre- as well as postoperative median frailty was 3 CFS points (IQR 2-4) corresponding to "managing well". CFS strongly correlated with KPS preoperatively (r = -0.85; p < 0.001) and at the 3-6 months follow-up (r = -0.90; p < 0.001). The reduction of overall survival (OS) was 54% per point of CFS preoperatively (HR 1.54, CI95% 1.38-1.70; p < 0.001) and 58% at the follow-up (HR 1.58, CI95% 1.41-1.78; p < 0.001), comparable to KPS. Patients with IDH mutation showed significantly better preoperative and follow-up CFS and KPS (p < 0.05); Age and performance scores correlated only mildly with each other (r = 0.21-0.35; p < 0.01), but independently predicted OS (p < 0.001 each). CONCLUSION: CFS seems to be a reliable tool for functional assessment of patients suffering from high-grade glioma. CFS includes non-cancer related aspects and therefore is a contemporary approach to functional evaluation. Its projection of survival can be equally estimated before and after surgery, IDH-mutation caused longer survival and higher functionality.

P08.03.A. CONVERSATION TOOL FOR BRAIN TUMOR PATIENTS - TAILOR-MADE SUPPORT AND GUIDANCE FOR THE PATIENT AND THEIR PROXIES
K. Dusseldorp, R. de Peuter, L. Dirven, A. Gittenbeek, E. Manten-Horst, M. Baas-Thuissen; ITZ, Tilburg, Netherlands,
Comprehensive Cancer Organisation, Utrecht, Netherlands, aLUMC, Leiden, Netherlands, bRadboudumc, Nijmegen, Netherlands, cNationaal AYA JongeKanker Zorgnetwerk, Utrecht, Netherlands.

BACKGROUND: An evaluation by the Dutch Neuro-Oncology Society (LWNO) showed that screening for psychosocial problems and the need for psychosocial care among brain tumor patients and their proxies is currently not optimal. Although tools to screen for psychosocial issues such as the Distress Thermometer exist, in daily practice they appear to be insufficient to discuss all disease-specific problems patients with brain tumors may encounter. We describe the development of a conversation tool to support the consultation between the patient with a brain tumor, their proxies and the health care professionals (HCPs). MATERIAL AND METHODS: The development of the conversation tool for brain tumors was based on the tool used by the AYA Care Network in the Netherlands. The cancer care process were identified in a brainstorming session with 15 people (comprising HCPs, patients and proxies). Subsequently, the content of the conversation tool was determined by members of the LWNO and members of the LWNO-writing group of nurses specialized in neuro-oncology (LWNO-v). Each topic in the conversation tool is supported by a visual which was developed by a graphic design company in close collaboration with patients, proxies and HCPs. RESULTS: The conversation tool contains a total of 35 different topical areas covering six domains: physical health, daily life situation and social relationships, loss of health and life, practical issues, all illustrated by a visual. The conversation tool can be given to the patient in booklet form before an appointment with the HCP, so they can prepare the conversation upfront. In addition, cards per domain will be available in the consultation room to be used during the appointment.

Conclusion: By using the conversation tool, optimal individual guidance and support of patients with brain tumors is facilitated, as this patient population has unique issues that are often not covered by existing tools. Using the conversation tool also promotes a nationally uniform way of working. Currently, an interactive tool for HCPs is being developed in which an overview of available interventions and best practices for the topics in the conversation tool are described, to ensure the needs of patients can be adequately addressed. The process of development of this tool can serve as an example for other cancer types.

P08.04.B. THE CLINICAL FRAILTY SCALE IS SUPERIOR TO THE KARNOFSKY PERFORMANCE STATUS AS PREDICTOR OF OVERALL SURVIVAL IN PATIENTS WITH SURGICAL TREATMENT OF BRAIN METASTASES
N. Pichler, J. Kerschbaumer, M. Demetz, J. Klingenschmid, C. Thomé, C. E. Freyschlag; Medical University of Innsbruck, Innsbruck, Austria.

BACKGROUND: The Clinical Frailty Scale (CFS) evaluates patients’ level of frailty on a scale from 1 (very fit) to 9 (terminally ill) and is commonly used in geriatric medicine, intensive care and orthopaedics but not in patients harboring neuro-oncological diseases. Our study was conducted to reveal if the measurement of CFS generates more reliable prediction of OS in patients after brain metastases resection rather than Karnofsky Performance Status (KPS). MATERIAL AND METHODS: All patients which were operated for metastatic brain disease at our department from 2003-2019 were included. CFS and KPS were retrospectively assessed for the timepoints pre- and postoperatively as well as follow-up 3-6 months after resection. RESULTS: 205 patients with mean follow-up of 22.8 months (CI95% 18.4-27.1) were evaluated. Mean estimated OS was 32.1 months (CI95% 25.0-39.1). CFS showed a median of 3 points (IQR 2-4); at all assessment-points CFS was 30% additional hazard to decease (HR=1.30, CI95% 1.15-1.46; p<0.001), but independently predicted OS (p < 0.001). Age and performance scores correlated only mildly with each other (r = 0.21-0.35; p < 0.01), but independently predicted OS (p < 0.001 each). CONCLUSION: CFS seems to be a reliable tool for functional assessment of patients harboring neuro-oncological diseases. Our study was conducted to reveal if the measurement of CFS generates more reliable prediction of OS in patients after brain metastases resection rather than Karnofsky Performance Status (KPS).