analysed for common themes. Analysis is ongoing and will be completed by June 2022, with preliminary findings described below. RESULTS: In total, 15 glioblastoma patients and 13 caregivers took part, as dyads. Five main themes were found: 1) Communication experiences. A rush to get treatment underway can limit adequate communication. Patients and caregivers described that risks of treatment were clearly explained, but perceived it as ‘the only option’. 2) Communication preferences. Balanced and sensitive communication is important. RESULTS: Participant feedback was positive, with caregivers providing hope as well as being a burden. Patients and caregivers have different information and support needs, requiring separate and proactive communication. 3) What matters most. Participants valued feeling involved, having clear and reliable information and support from the treatment team, and having changing and developing a relationship. In terms of treatment goals, they valued extending life with good quality of life. 4) Decision-making. Participants emphasised the importance of being involved in decisions, involving caregivers, and following treatment team advice. While faced with extremely limited treatment options, they valued having a sense of control over declining, pausing or stopping treatment. 5) Impact of Covid-19. In general, patients described limited impact of the measures taken during the pandemic (e.g. masks, telephone consultations), whilst caregivers highlighted specific issues around not being able to support patients in emergencies, expressing/providing hope as well as being a burden. Patients and caregivers have different information and support needs, requiring separate and proactive communication.

**P08.07.A. LONG-TERM MULTIDIMENSIONAL ASSESSMENT OF FATIGUE AND FATIGUE AS PREDICTOR OF SURVIVAL IN PATIENTS WITH BRAIN METASTASES AFTER GAMMA KNIFE RADIOSURGERY**

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**BACKGROUND:** Patients with lower-grade glioma (LGG) are often of working age. For LGG patients post-surgical work resumption is at risk from treatment including resective surgery. However, little is known on determinants of returning to work. In this study we examined determinants of post-surgical work resumption after nine months using patient- and tumor-related characteristics, such as tumor and resection cavity locations. MATERIAL AND METHODS: This retrospective multicenter cohort study included adults with supratentorial WHO grade II and III gliomas who underwent a first-time surgery in Paris, Munich or Amsterdam between 2011 and 2016. Patient-related characteristics included age, sex, patient’s condition, received treatments, classification of work type and skill level. Presurgical tumors and post-surgical resection cavities were manually segmented on MRI and registered to standard brain space. These segmentations were mapped to Schafer, XTRACT and Harvard-Oxford atlas parcellations of cortical, subcortical, white matter and grey nuclei structures. Predictors of postsurgical return to work were examined in multivariable logistic regression and Bayesian hurdle regression models. RESULTS: The cohort consisted of 219 patients. Before surgery 192 (88%) patients were able to work, and after surgery 119 (62%) resumed work. Independent predictors of returning to work were male sex (OR = 3.21, CI = 1.44 - 7.46, p = 0.005) and lower age (per 1 year older, OR = 0.96, CI = 0.92 - 0.99, p = 0.029). No associations were found between work resumption and locations of the tumor or resection cavity.

**CONCLUSION:** Many patients are able to work before and many return to work after first-time LGG surgery. Inability to resume work is exclusively associated with work resumption and locations of the tumor or resection cavity. Inability to resume work is exclusively associated with work resumption and locations of the tumor or resection cavity.

**P08.08.B. LONG-TERM SURVIVAL AND HEALTH-RELATED QUALITY OF LIFE IN MENINGIOMA PATIENTS: A MIXED-METHODS SYSTEMATIC REVIEW**

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**BACKGROUND:** Meningiomas account for approximately 36% of all primary brain tumours. These tumours have a relatively favourable prognosis with approximately 92% of meningioma patients surviving >5 years after surgery. Yet, high disease burden, cancer-related symptoms, and comorbidities, mean patients experience issues every year after treatment, including cognitive issues and anxiety/depression affecting health-related quality of life (HRQOL). We aimed to systematically review the literature and synthesise evidence on HRQOL in meningioma patients across all treatment settings and the years post diagnosis. MATERIAL AND METHODS: Systematic literature searches were carried out using Medline, EMBASE, CINAHL, PsycINFO, and Web of Science Core Collection up to November 2021. Two independent assessors carried out screening. Any published, peer reviewed article with primary quantitative or qualitative data covering the physical, mental, and/or social aspects of HRQOL were included. Quality was assessed using the Mixed Methods Appraisal Tool, before a data-based convergent synthesis design was used to interpret findings. RESULTS: The search returned 2352 articles. Following screening 12 papers were included in the review. The majority of studies used quantitative methods, with only one study reporting mixed-methodology. Two of these were articles from the same study. Most used cross-sectional assessments (n = 10) with two reporting longitudinal assessments. Meningioma patients’ sex, patient diagnosis and resection cavity locations were significantly associated with the range of survival lengths (range: 24 months - 10 years). HRQOL was impacted predominantly through physical and mental issues, including perceiving symptoms (e.g. headaches, fatigue, vision problems) and emotional variables (e.g. poorer mental and general health perceptions). Returning to work proved difficult for patients due to cognitive and social deficits (e.g. issues with concentration, procrastination and isolation). Factors including age and comorbidities, but also treatment type appears to affect patients’ satisfaction with their HRQOL. CONCLUSION: While overall prognosis following a meningioma diagnosis is good, meningioma patients’ HRQOL appears affected throughout long-term survivorship. Findings from this review could be beneficial in addressing the HRQOL and supportive-care needs of patients across long-term survivorship.

**P08.09.A. IMPROVING SUPPORT FOR FAMILY CARERS: CREATING A CO-PRODUCER COLLABORATIVE WORKING GROUP**

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**BACKGROUND:** Family carers of people with brain tumours and other progressive neurological conditions have unique but overlapping support needs. This is because caring can be particularly challenging due to patients’ cognitive issues, behavioural changes, and neuropsychiatric symptoms. We understand the needs of family carers and developed a personable relationship. In terms of treatment goals, they valued extending life with good quality of life. 4) Decision-making. Participants emphasised the importance of being involved in decisions, involving caregivers, and following treatment team advice. While faced with extremely limited treatment options, they valued having a sense of control over declining, pausing or stopping treatment. 5) Impact of Covid-19. In general, patients described limited impact of the measures taken during the pandemic (e.g. masks, telephone consultations), whilst caregivers highlighted specific issues around not being able to support patients in emergencies, expressing/providing hope as well as being a burden. Patients and caregivers have different information and support needs, requiring separate and proactive communication.

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