TUMORS FOR YOUNG ADULT SURVIVORS OF CHILDHOOD BRAIN CANCERS. However, they commonly trigger dermatologic side effects, which can be challenging to manage and may have a significant impact on the quality of life. METHODS: We previously performed a prospective study looking at the satisfaction and utilization of skincare kits and patient education regarding basic skincare practices. Based on these data, we developed revised skincare product kits and treatment plans that can be individualized for patients who are at risk of developing dermatologic side effects from targeted therapies. We have successfully implemented this by providing our patient skincare plans. Our patient skincare plans consist of patient-specific information including diagnosis, medications, and facial moisturizers for adolescent patients. Our patient skincare plans starting their targeted therapy. The skincare kits consist of a cleanser, emollient, sunscreen, and pyrithione zinc containing shampoo. We distributed these kits to patients receiving targeted therapies that can be challenging to manage and may have a significant impact on the quality of life.

CLUSIONS: Both patients were successfully treated with isotretinoin after a grade 2 acneiform rash after starting trametinib and became ungradable. The locations of the rash responded to therapy. The second patient developed from a CTCAE v5 grade 3 to grade 1 after only 3 weeks of isotretinoin. All isotretinoin was well tolerated. No changes in baseline lipid panels or ALT were observed. Both patients then switched to oral isotretinoin after minimal rash response of topical medications. They remained on doxycycline for 6 and 7 months. While on oral isotretinoin, no additional topical therapies were required to treat the acneiform eruption. The first patient's acneiform rash improved to treat the acneiform eruption. The first patient's acneiform rash improved.
More studies are necessary to explore the therapeutic efficacy of music on the management of neuropsychological symptoms of CMS. Despite efforts to identify preventative measures for CMS, it still occurs. The pathophysiology of CMS is still poorly understood; however, the most likely mechanism is injury along proximal components of the efferent cerebellar pathway. The chronic and intensive care needs of young adult survivors of childhood brain tumors are most often addressed by their maternal caregivers with limited, specific psychosocial or other programs to reduce caregiving demands and enhance their family management. Using a social ecological perspective, the purpose of this study was to catalyze and inform the development of more comprehensive and accessible programs for caregivers of young adult survivors of childhood brain tumors. METHODS: Semi-structured interviews were conducted with 21 maternal caregivers, 6 post baccalaureate students/professional coaches for a problem-solving intervention for maternal caregivers, and 16 neuro-oncology clinical experts using interview guides tailored to their roles and constructed based on the Consolidated Framework for Implementation Science. Qualitative. Interview data were analyzed using content analysis. RESULTS: Barriers included: need for internet connected devices (microsystem level); lack of care matched to their identified needs (mesosystem); poor tracking of long-term survivors and lack of survivorship psychosocial services (macrosystem); and lack of supportive health care policies and funding mechanisms for individuals and organizations (exosystem). Facilitators included: web-based platform accessible to the individuals and population (microsystem); widespread acknowledgement regarding gaps in survivorship psychosocial care (mesosystem); partnerships with survivors of childhood brain tumors, caregivers, and organizations that treat them (macrosystem); and dissemination among childhood brain tumor treatment/survivorship programs, healthcare systems, and community organization and endorsement from them (exosystem). CONCLUSIONS: Multilevel approaches that address barriers and facilitators for improving health equity for maternal caregivers of young adult survivors of childhood brain tumors incorporate the design and dissemination of accessible programs for caregivers of young adult survivors of childhood brain tumors, and organizations to build care matched to need, as well as organizational, political, and community advocacy.