ABSTRACT CITATION ID: NOAE064.721

LMIC-04. BUILDING PEDIATRIC NEURO-ONCOLOGY CAPACITY IN LMICS THROUGH MULTIDISCIPLINARY EDUCATION AND COLLABORATION

Daniel Moreira, Alyson Andujar, Ibrahim Qaddoumi; St. Jude Children’s Research Hospital, Memphis, TN, USA

BACKGROUND: The St. Jude Global Academy Neuro-Oncology Training Seminar (NOTS) is a course in pediatric neuro-oncology (PNO) designed for physicians from low-income and middle-income countries. The curriculum was systematically designed and includes 9 weeks of online learning and a 5-day in-person workshop. The NOTS has been run 3 times: 2019, 2022, and 2023. We sought to evaluate the outcomes of these courses. METHODS: After the initial course where institutions were invited, applying institutions were selected based on the size of the neuro-oncology program, multidisciplinary representation, and perceived impact of the course. Data on course participants have been prospectively collected. A survey evaluating course impact was completed by graduates. RESULTS: For 2022, 51 institutions from 29 countries applied and 15 were selected. In 2023, 60 institutions from 31 countries applied and 18 were selected. Overall, 41 institutions from 29 countries have participated in NOTS. Furthermore, 191 individuals, including 68 pediatric oncologists, 37 neurosurgeons, 22 radiation oncologists, 19 radiologists, 18 pathologists, and 27 other specialists have participated. Survey responses (n=39) describe that 47% did not have multidisciplinary tumor boards (MDTB) before NOTS. 55% of those institutions now have MDTB, all claiming to be influenced by their participation in NOTS. 89% of participants claim that multidisciplinary communication improved after the course. The participants of NOTS have continued to be engaged beyond the course through the creation of the Global Alliance in Pediatric Neuro-Oncology (GAPNO). GAPNO workstreams have included monthly cases discussions, a multisite retrospective review of medulloblastoma outcomes collecting >300 patients in 8 countries, and the design of a comprehensive tool to evaluate PNO services. CONCLUSIONS: A multidisciplinary course focused on pediatric CNS tumors care for resource-limited settings can help expand international engagement in PNO. Furthermore, through multidisciplinary collaboration, the PNO community can be galvanized to expand activities in capacity building.