

study examines if TrueNTH TC reduces short-term distress in newly diagnosed patients. Our study will recruit 86 newly diagnosed patients and randomise them to immediate access versus delayed access to TrueNTH TC. The impact on distress (distress thermometer) and anxiety (Hospital Anxiety and Depression Scale) will be assessed. Results will be correlated with stage at diagnosis, treatments received and outcomes, captured within iTestis, Australia's national testicular cancer registry. Semi-structured qualitative interviews in a subset will also be conducted.

Results: Our study opened in April 2019, and has recruited 11 patients within 1 month.

GCT-82 A retrospective review of weight status and dietetic intervention in children with germ cell tumours

R. Evans¹, B. Gardiner²

¹Department of Dietetics, Great Ormond Street Hospital, UK;

²Department of Dietetics, Great Ormond Street Hospital, UK

Background: There is limited evidence investigating role of nutrition and weight status during and post treatment in paediatric tumours, particularly germ cell tumours (GCT).

Methods: A retrospective chart review (2014–2019) of cases presenting to Great Ormond Street Hospital, London with a GCT, including yolk-sac tumour (YST), as a primary diagnosis who had dietetic input at some stage during their treatment. Hospital records were reviewed for data including weight and height, and dietetic intervention during and post treatment.

Results: Since 2017, 19 children were diagnosed with GCT; of these dietetics was involved with 5 cases (26%). In this audit, dietetics have been involved with ten cases since 2014 (YST n = 5; other GCT = 5); of whom 8 were seen at diagnosis. At diagnosis, 4 (GCT) cases were classified as overweight (BMI > 91st centile); all others (n = 6) were within a healthy weight range (BMI 25–75th centile). At 6-month follow-up (n = 5), 2 remained on the same weight centile, one reduced a centile, and two cases (YST) increased three centiles – each moving them into overweight/obese category. All cases needed nutrition support (NS); five had an ongoing need for oral NS. Seven cases had nasogastric tube feed at one point during their treatment. Four cases received parenteral-nutrition (PN); 3 during high-dose-chemotherapy. One case had percutaneous endoscopic gastrostomy (PEG) for a prior condition. In summary, nutrition support is essential to the management of GCT. More work is needed to develop a screening tool to ensure nutritionally compromised children are not missed.

GCT-83 Testicular Cancer Support Groups: Is there a need?

S. Smith¹, M. Greenwood²

¹Department of Medical Oncology, Clinical Nurse Specialist, St Bartholomew's, London, UK; ²Department of Medical Oncology, Clinical Nurse Specialist, St Bartholomew's, London, UK

Background: Urology patients have the highest suicide rates. We felt that survivorship was lacking for testicular patients. Working at the germ-cell cancer tertiary referral service covering a population of 7 million patients, we felt a duty to establishing a survivorship group. Our Trust offers psychological services to all patients within a year of treatment, due to funding constraints. Some of our patients had reported relationship breakdowns leading to anxiety and depression. This included needing to tell a new sexual partner about the loss of a testicle, resulting in patients reliving their cancer diagnosis.

Methods: We audited clinics over two-months. The men stated they wanted a patient-only group. Challenges included securing a venue and e.g. dealing with parents attending without their affected teenage son. The first monthly meeting drew an attendance of 8 men. We are now a year on and regularly drawing 9–15 members. We expanded access with a closed Facebook page and email reminders hitting 52 and 289 patients, respectively. Our ongoing challenge is to boost attendance further, thus improving survivorship and patient experience. Our group is a monthly open-door access group. Men are free to drop in and out, we are very proud to have transgender and LGBT members.

Results: Men want support groups following a testicular cancer diagnosis. We have developed and maintained the support group. This will assist in aiding recovery, wellbeing, decreasing isolation and improving cancer/aftercare journey. This will increase therapeutic alliance/relationship between clinical-nurse-specialists (CNS), treating physicians and patients in an informal setting.

GCT-84 The impact of a supranetwork-multidisciplinary team (SMDT) on decision making in testicular cancers: A ten-year overview of the Anglian Germ Cell Cancer Collaborative Group (AGCCCG)

J. Shamash¹, W. Ansell¹, C. Alifrangis^{1,4}, A. Sahdev¹, B. Thomas², P. Wilson¹, D. Mazhar², A. Warren², T. Barrett², S. Alexander³, S. Stoneham⁴, S. Rudman⁵, T. O'Brien⁵, M. Lockley⁶, D. Berney¹

¹Barts Health NHS Trust, London, UK; ²Cambridge University Hospital NHS Foundation Trust, Cambridge, UK; ³Norfolk & Norwich University Hospitals NHS Foundation Trust, Norwich, UK; ⁴University College Hospital, London, UK; ⁵Guy's & St Thomas' NHS Foundation Trust, London, UK; ⁶Barts Cancer Institute, Queen Mary University London, UK

Background: The germ-cell-tumour (GCT) supra-regional MDT for the Anglian Network (SMDT) covers a population of 7.5 million. We reviewed 10-years of discussion and split them into 5 domains [overall outcomes, chemotherapy regimens (untreated disease/salvage therapy), radiology, pathology and specialized cases) to assess the impact of the MDT on decision making.

Methods: Initially, adult testicular cancer cases only were discussed; over time teenage and young adult and ovarian GCT cases were also included. It was agreed all centres could treat IGCCCG good- and selected intermediate-prognosis patients, whilst all poor-prognosis and relapse patients had their care centralized at one of 3 high-volume centres.

Results: A total of 2,892 cases were reviewed over this period. During the first 5 years, patients with good-prognosis disease had poorer survival in small-volume vs. high-volume centres (87.8% vs. 95.3% p = 0.02); not significant in the last 5 y (93.8% vs. 97.2%; p = 0.31). Radiology review of 3,206 scans lead to rejection of a diagnosis of progression in 26 cases, in a further 10 cases patients initially considered metastatic were down-staged to stage 1. 790 pathology reviews by 2 specialized uro-pathologists lead to changes in 75 cases. PET-CTs were undertaken during this period but did not help to predict those with viable cancer. Management of 26 patients with significant mental health issues unable to give informed consent were determined. MDT-working has led to improved outcomes for patients with GCTs. Some patients have clearly been spared chemotherapy following discussion. Further interrogation of this data may allow further recommendations for changes in therapy.