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Health-related quality of life for children with leukemia: child and parental perceptions



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Objective: The importance of health-related quality of life (HRQoL) in patients with acute lymphoblastic leukemia (ALL) has increased in recent years. This study aimed to assess HRQoL in children with ALL, affecting factors, and the relationship between parent proxy-report and child self-report HRQoL.

Methodology: The study sample consisted of 2–12 years old children with ALL between November 2016 and May 2017 at the University of Health Sciences Ankara Child Health and Diseases Hematology and Oncology Training and Research Hospital, Department of Pediatric Hematology. Patients and their parents (both mother and father) were enrolled in this cross-sectional study. Turkish version of the Pediatric Quality of Life Inventory (PedsQoLTM) 3.0 Cancer Modules were used to determine HRQoL. Patients' diagnosis, risk group according to the ALL-IC BFM 2009 protocol [standard risk group (SR), intermediate-risk group (IR), high-risk group (HR)], treatment status, the period between the cessation of the chemotherapy to the study and total hospitalization period, was obtained from the patients' medical record. Demographic data regarding the information on parents' age, education level, employment status, monthly income, and chronic medical condition were noted. Cardiovascular diseases, cancer, asthma, diabetes mellitus, thyroid disorders, and psychiatric problems were classified as chronic medical conditions by the Centers for Disease Control.

Results: A total of 59 patients (52,5% male) with a mean age of 7.28 ± 2.67 years at study period and 4.02 ± 2.51 years at diagnosis were enrolled. 57 patients (96.6%) were pre-B ALL and two (3.4%) patients were T-ALL. According to the risk groups; 18 (30.5%) patients had SRG, 25 (42.4%) patients had MRG and 16 (27.1%) patients had HRG. There were not any significant differences between on-treatment and off-treatment groups, age at study period, age at diagnosis, gender. There was no significant relationship between total scores of PedsQL cancer module self-report and the leukemia or sociodemographic features. According to subscales of self-report form; nausea and operational anxiety scores differed significantly by the treatment status; communication score varied considerably by the total hospitalization period; pain and hurt, cognitive problems and perceived physical appearance scores

differed significantly by maternal chronic disease status ($p < 0.05$). No significant relationship was found between the total scores of the PedsQoLTM-cancer module parent-proxy report (father) and leukemia or sociodemographic features. The presence of maternal chronic disease was significantly related to the total score of the PedsQLTM-cancer module parent-proxy report (mother) ($p < 0.05$). There was a moderate correlation between total scores of child and mother ($p < 0.05$, $r = 0.419$) but not with the father.

Conclusion: Children on-treatment had significant problems in nausea and procedural anxiety subscales; however, children who hospitalized more had fewer issues in the communication subscale. Also, children whose mother had chronic disease had poorer HRQoL regarding pain and hurt cognitive problems, and treatment anxiety. Given the importance of assessment and monitoring HRQoL in children with ALL, health professionals should be aware of how parents' chronic disease affects HRQoL. Psychosocial support should be provided to children and their parents, especially whose parents have a chronic illness.

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Rare infectious agents in children with hematological disease



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Objective: Infections are among the most important causes of mortality and morbidity in immunocompromised children. Although, the microbiological agents are usually opportunistic infections, sometimes rare infectious agents can also cause severe clinical conditions. Here, we present eight different microbial agents that can rarely cause infections in children with febrile neutropenia.

Case report: Case 1 is a 5-year-old girl with acute lymphoblastic leukemia (ALL) had a bloodstream infection during the reinduction therapy. *Candida pelliculosa* was detected in the blood culture taken from the port catheter. The catheter was removed and the patient was successfully treated with caspofungin. Case 2 is a 1-year-old girl with acute myeloblastic leukemia had a bloodstream infection during the first induction therapy. *Cronobacter sakazakii* was detected in peripheral blood culture. The patient was treated with cefepime and amikacin without port removal. Case 3 is a 5 month old girl with hemophagocytic lymphohistiocytosis had a pneumonia during the HLH 2004 protocol. *Nocardia asteroides* was detected in the bronchoalveolar lavage fluid. The patient was treated with trimethoprim-sulfamethoxazole and meropenem, however, she died of sepsis and multiple organ failure. Case 4 is a 2-year-old girl with ALL had a sepsis during the consolidation therapy. *Candida tropicalis* was detected in the port catheter and peripheral blood culture and renal abscess had developed. The patient was treated with broad spectrum antibiotics however she died sepsis and multiple