

study was developed to clarify necessary management in the LTFU system for supporting CCSs in AYA generation.

Design/Methods: We conducted a survey (questionnaire and/or interview) of 117 CCSs aged ≥ 18 years old in collaboration with the Patient Associations, Japan.

Results: The follow-up rate for 20- and 40-year-old CCSs was 87.2% and 46.5%, respectively. Discontinuation of medical visits was due to physicians' perspectives (34.9%) and CCSs' own decision based on "no physical problems, keeping busy, financial difficulty" (65.1%). Multivariate analysis demonstrated that lacking the understanding of LTFU levels, and marriage was an independent factor of dropout ($P = 0.0290$ and $P = 0.0470$, respectively). Among all CCSs, 58.4% required multiple medical consultations per year, and 72.3% had to visit more than two medical departments. Notably, 49.4% of CCSs requested convenience for LTFU such as consultations on weekends or in their residential neighborhood clinics. Late-stage complication was the most common problem in CCSs (43.8%), followed by anxiety about future health (30.1%), difficulty in medical visits (28.8%), and anxiety at a specific life stage (28.8%). Moreover, CCSs needed supportive care for medical expenses (26.8%), followed by rehabilitation in society (25.6%), societal support (23.2%), medical support such as provision of a treatment summary (22.0%), and an explanation of late-stage complications (22.2%).

Conclusions: It is necessary that both physicians and CCSs understand the need for LTFU to detect late-stage complications. Moreover, improving the convenience of medical visits and support, such as for medical costs, is imperative.

V539 SIOP19-0368 | Perceived Life Satisfaction, Psychological Symptomatology, Cognitive Problems and Coping Strategies in AYA Cancer Survivors and Controls

M. Tremolada¹, S. Bonichini², A. Biffi³, M. Pillon³

¹University of Padua, Department of Development Psychology- Pediatric Hematology- Oncology and Stem Cell Transplant Center Department of Women and Child's Health, Padova, Italy; ²University of Padua, Department of Development Psychology, Padova, Italy; ³University of Padua, Pediatric Hematology- Oncology and Stem Cell Transplant Center Department of Women and Child's Health, Padova, Italy

Background/Objectives: This study compared life satisfaction, psychological symptomatology, cognitive problems and coping strategies adoption of adolescent and young adult (AYA) cancer survivors with those of a control group of peers with no history of serious illness. The links between socio-demographic and medical factors and AYA cancer survivor outcomes were investigated.

Design/Methods: The participants included AYA cancer survivors ($n = 205$) recruited during follow-up visits, and AYA peers ($n = 205$) recruited from the secondary schools, youth groups and universities, matched for gender and age. All of

the participants filled in self-report questionnaires regarding life perceptions, psychological symptoms, cognitive problems and adopted coping strategies. In addition, medical and socio-demographic information were collected.

Results: There were statistically significant differences adopting chi-square or paired-samples t-tests between survivors and controls in terms of education level, cognitive reported problems, past life perception and coping strategies adoption, while no significant difference was found for psychological symptomatology. Cancer survivors attended school for fewer years, had a worse perception of their past life, lower reported cognitive problems and more positive coping strategies than controls. The results showed no clear gender or age differences along the examined variables; only females reported more mood problems than males. Hematopoietic stem cell transplantation (HSCT) experience ($\beta = -0.29$; $p = 0.01$) and worse past life perception ($\beta = -0.18$; $p = 0.02$) were recognized as predictors of higher psychological symptoms in survivors ($R^2 = 0.25$, $F = 3.46$; $p = 0.001$).

Conclusions: Adolescent and young adult cancer survivors reported an equal frequency of psychological symptoms, more positive coping strategies, lower cognitive problems and lower past life perception than controls. The AYA cancer survivors more at risk for psychological symptomatology were those underwent HSCT and those who declared a worse past life perception. Future studies should aim to investigate better post-traumatic growth using qualitative narratives.

V540 SIOP19-1001 | Frailty and its Determinants in Long-Term Dutch Adult Survivors of Childhood Acute Myeloid Leukemia, Wilms Tumor and Neuroblastoma

E. Verwaaijen¹, D.M. Corbijn¹, A.M. van Hulst¹, M.M. van den Heuvel-Eibrink¹, S.J.C.M.M. Neggers², A. Hartman³, S.M.F. Pluijm¹

¹Princess Máxima Center for Pediatric Oncology, Pediatric Oncology, Utrecht, The Netherlands; ²Erasmus MC, Department of Internal Medicine- section of Endocrinology, Rotterdam, The Netherlands; ³Erasmus MC-Sophia Children's Hospital, Department of Pediatric Physiotherapy, Rotterdam, The Netherlands

Background/Objectives: Several simultaneous impairments in physical ability may be an indication of frail health in adult survivors of childhood cancer. The primary aim of our study was to assess the occurrence of frailty in a selected Dutch cohort of adult survivors of childhood cancer and compare this to healthy controls. The secondary aim was to explore determinants of frailty.

Design/Methods: In this cross-sectional study, we used data of 71 very long-term survivors (median age 28.8 years (IQR: 18.8-62.8 years)) of acute myeloid leukemia (AML)($n=17$), neuroblastoma (NBL)($n=26$) and Wilms tumor (WT)($n=28$),