INTRODUCTION: Medulloblastoma is the most common childhood malignant brain tumour. A retrospective review of all children diagnosed with medulloblastoma referred and treated at the Paediatric Haematology & Oncology unit, Hospital Kuala Lumpur, Malaysia over a 20 year period between January 1997 and December 2016 was conducted. Patients were identified through an electronic patient database kept by the treating Paediatric Haematologist & Oncologist in the centre. RESULTS: A total of 66 patients were identified. Boys (45 patients, 65%) outnumbered girls (21 patients, 35%) at a ratio of 2.1. The mean age at diagnosis is 6.8 years old. Twelve (18%) were categorized as high risk and 54 (82%) as low risk according to the International Society of Paediatric Oncology (SIOP) risk stratification. The majority of the patients (82%) presented with symptoms suggestive of an intracranial mass. The tumor was located in the posterior fossa in 61 (92%) with the remaining located at the supratentorial site. The median age was 5.35 years (range: 0.53 – 17.46 years; male/female ratio: 0.88:1). Radiotherapy (RT) was used as the primary treatment modality in 66% of the patients, followed by chemotherapy (CT) in 23% and surgery in 11%. Despite current information is only available for 30 survivors. Amongst them, thirteen (20%) patients had metastatic disease at diagnosis and 24 (36%) patients had dissemination at presentation. The estimated 5 year survival rates for the whole group, children in the standard risk group and the high risk group are 64%, 86% and 44% respectively.

P PURPOSE: The LATB is a weekly teleconference operating over 3.5 years connecting pediatric neuro-oncologists from high-income countries with pediatric neuro-oncologists from 20 Latin American countries. This survey was conducted to evaluate participants’ experience and the program impact on the quality of care of patients with CNS tumors.

METHODS: A web-based questionnaire was distributed to 159 participants through email and www.CureKids.org. RESULTS: Ninety-five respondents (60%) from all 23 LATB participating countries completed the survey. Sixty-one reported attending ≥ 1 teleconference (≥ 1 per month), 23 reported infrequent-attendance (< 1 per month), and 11 never participated. The main barriers to attendance were the subspecialist’s respective workload (64%), the timing of the teleconference (38%), and internet connectivity problems (29%). Subspecialists were the subspecialist’s respective workload (64%), the timing of the teleconference (38%), and internet connectivity problems (29%). CONCLUSION: Survival outcome of children with standard risk medulloblastoma treated in Hospital Kuala Lumpur is comparable with that in developed countries. However, the outcome of children with high risk medulloblastoma should be further improved.

AIM: To evaluate intramedullary spinal cord tumors in pediatric patients regarding their clinical and radiological findings, histopathological diagnoses, therapeutic modalities and survival outcome. PATIENTS AND METHODS: A total of 77 patients with intramedullary spinal tumors were diagnosed and treated at Children Cancer Hospital Egypt (CCHE-35375) between July 2007 and June 2017. Their medical records were reviewed for demographics, clinical, radiological and histopathological data, treatment received; chemotheraphy, radiotherapy, surgical resection, as well as their treatment response, clinical events, and survival outcome. RESULTS: The median age was 5.35 years (range: 0.53 – 17.46 years; male/female ratio: 0.88:1). Radiotherapy (RT) was used as the primary treatment modality in 66% of the patients, followed by chemotherapy (CT) in 23% and surgery in 11%. Despite current information is only available for 30 survivors. Amongst them, thirteen (20%) patients had metastatic disease at diagnosis and 24 (36%) patients had dissemination at presentation. The estimated 5 year survival rates for the whole group, children in the standard risk group and the high risk group are 64%, 86% and 44% respectively.

OBJECTIVE: To evaluate the survival outcomes in patients diagnosed with intracranial germ cell tumors (iGCT). METHODS: Retrospective review of all patients with iGCT treated in a single center from July 1996 to June 2018.

Abstracts
to Jun 2017. Three treatment regimens were used: MSKCC, SIOP CNS GCT 96 and SIOP CNS GCT II. RESULTS: Thirty patients were identified with a median follow-up of 4.04 years (range 0.17–19.10). The mean age was 10.2 years. Male: female ratio was equal. Initial imaging showed metastatic endocardopathy (30%) and precocious puberty (20%) were the commonest presenting symptoms. Duration of symptoms prior to presentation ranged from 1 to 108 weeks. Pure germinomas (n=15) and non-germinomatous germ cell tumors (NGGCT) (n=15) were equally distributed. A common initial location was pineal in 15 (50.0%), suprasellar in 8 (26.7%), hypothalamic in 2 (6.7%) and other sites (basal ganglia, thalamus, frontal lobe) in 5 (16.7%) patients. Eight patients (26.7%) had metastatic disease at diagnosis. Four cases underwent surgical debulking, 14 were biopsy and 7 had complete resection. Fifteen patients received chemo-radiotherapy, 7 had chemotherapy only and 8 underwent radiotherapy only. Elevated levels of serum alpha-fetoprotein and beta-human chorionic gonadotropin normalised after 2 courses of chemotherapy in all NGGCT cases. The 5-year event-free survival (EFS) and overall survival (OS) were 61.3 ± 14.1% and 78.3 ± 11.1% for pure germinoma, respectively. For NGGCT, the 5-year EFS and OS were 36.0 ± 13.3% and 41.3 ± 13.7%. Eleven recurrences occurred within a median duration of 11 months following diagnosis and 8 of them died within 10 months. CONCLUSION: Compared to pure germinoma, NGGCTs have poor prognosis.

DEV-11. OUTCOMES OF MALIGNANT BRAIN TUMORS IN YOUNG CHILDREN TREATED WITH CHEMOTHERAPY AND DELAYED RADIOTHERAPY IN A RESOURCE LIMITED SETTING Ananda KC, Hari Sankaran, Vasudev Bhat, Prakash Shetty, Jayanth Shastry, Anshuma Sahakaryar, Abhishek Mahajan, Tushar Vora, Sona Pungankar, Aliasing Moyerdi, Tejpal Gupta, Rakesh Jalali, and Girish ChinnaswamyTata Memorial Hospital, Mumbai, India

METHODOLOGY: A retrospective analysis of children less than 3 years diagnosed with malignant brain tumors was conducted from January 2011 to December 2016. Children with malignant brain tumors were treated with cyclophosphamide, etoposide and carboplatin (CEJ) upto 36months of age or till disease progression. Low grade tumors were excluded from the analysis. An intention to treat analysis was performed to determine the outcomes and delay in radiotherapy (RT). RESULTS: Ninety four children (median age: 26 months, median follow-up: 18.9 months) were diagnosed with malignant brain tumors of which 59 received the CEJ regimen. Twenty six children (40.0%) underwent a complete resection, 23 (38.9%) partial resection, and 10 (16.9%) debulking/biopsy. Progression free survival (PFS) and overall survival (OS) at 24months was 53.8% (95% CI: 38.6% - 66.9%) and 64.0% (95% CI: 48.7%- 78.8%) respectively.41 children (65.9%) received RT with a median time to delaying RT of 9.3months (inter-quartile range 6.5-13.4 months). Among 39 cases of medulloblastoma (MB; molecular diagnosis: Wnt-t, shh; group 3 and 4) and pineal (n=24; ventr-t, shh; group 3), there were 7 cases of medulloblastoma, 8 cases of pineal, 2 cases of midline astrocytoma, 1 case of astroblastoma and 4 cases of ganglioglioma. The outcomes with shh and non-shh were similar. CONCLUSIONS: Chemo-radiotherapy regimens like CEJ are effective in delaying radiotherapy in young children with malignant brain tumors. This approach may be used in resource limited countries to improve the outcomes of young children with malignant brain tumors.

DEV-12. OUTCOME AND TOXICITY OF MEDULLOBLASTOMA IN ALEXANDRIA, EGYPT: 10 YEARS EXPERIENCE Zeyad Abdelaziz, Basmaa Elsabe, Ahmed Farhoz, Amr Abdellakim, and Shady Fadel Alexandria University, School of Medicine, Alexandria, Egypt

INTRODUCTION: Medulloblastoma is the 2nd most common CNS tumor in children. Current risk stratification into standard and high risk is based on different variables. The treatment setting and socioeconomic status could affect the outcome. PATIENTS: We reviewed 55 patients from January 2005. Their age was from 0–20 years old. RESULTS: Male to female ratio was 1.5:1.18% were diagnosed less than 3 years old. Follow-up: 18.9 months) were diagnosed with malignant brain tumors of which 59 received the CEJ regimen. Twenty six children (40.0%) underwent a complete resection, 23 (38.9%) partial resection, and 10 (16.9%) debulking/biopsy. Progression free survival (PFS) and overall survival (OS) at 24months was 53.8% (95% CI: 38.6% - 66.9%) and 64.0% (95% CI: 48.7%- 78.8%) respectively.41 children (65.9%) received RT with a median time to delaying RT of 9.3months (inter-quartile range 6.5-13.4 months). Among 39 cases of medulloblastoma (MB; molecular diagnosis: Wnt-t, shh; group 3 and 4) and pineal (n=24; ventr-t, shh; group 3), there were 7 cases of medulloblastoma, 8 cases of pineal, 2 cases of midline astrocytoma, 1 case of astroblastoma and 4 cases of ganglioglioma. The outcomes with shh and non-shh were similar. CONCLUSIONS: Chemo-radiotherapy regimens like CEJ are effective in delaying radiotherapy in young children with malignant brain tumors. This approach may be used in resource limited countries to improve the outcomes of young children with malignant brain tumors.

DEV-14. IMPACT OF A LATIN AMERICA-WIDE TELECONFERENCE BRAIN TUMOR BOARD Diana S. Osorno1, Alvaro Lassaleta2, Andres E. Morales la Madrid3, Jose Camacho, Umárro ble4, Anni Gómez and Gustavo A. Villalba5

BACKGROUND: Pediatric-cancer cure rates are ~80% in high-income countries (HIC) however, 80% of children with cancer live in low-to-middle income countries (LMIC) where chances for cure are much lower. Pediatric neuro-oncology requires a multi-disciplinary effort challenging to achieve in LMIC. We started a pediatric neuro-oncology teleconference to help improve healthcare disparities for children in Latin America (LA) with brain tumors, herein we summarize our efforts. METHODS: Utilizing a web portal provided by cure4kids.org we connect HIC-global pediatric-neuro-oncologists with LA pediatric-subspecialists. Weekly, real-time, 60-minute sessions are held in Spanish. Minutes are sent in Spanish after each meeting to solidify recommendations and education. RESULTS: In 2013, we started with one country and 6 members. Substantial growth and data acquisition occurred to include 20 countries throughout LA with growing membership, 2015: 44, 2016: 121, and 2017: 199; and participation, median of 17 (range: 9–22) in 2016 to 25 (range: 11–40) in 2017 (p=0.0005). This required more sessions 2015: 13, 2016: 34, 2017: 47. The total number of cases reviewed were, 2015: 73, 2016: 132; demonstrating 2017 had statistically more cases per country, on average, vs 2015 (p=0.0075). CONCLUSIONS: The growing size of our program requires more sessions and cases to fully understand the impact of the program and its impact on patient outcome. Future plans include developing a real-time online teleconference portal and expanding to Asia and Africa.