degradation. The Ki-67/MIB-1 index decreased and the number of macrophages increased after chemotherapy. Moreover, the ratio of GSCs to total tumor cells increased after chemotherapy; GSCs and macrophages constitute the mechanism of resistance to and recurrence after allylating agent chemotherapies in oligodendrogliomas.

Keywords: 1p/19q | neoadjuvant chemotherapy | glioma stem cell

GENETICS/EPIGENETICS (GEN)

GEN-7 LIQUID BIOPSY IN BRAIN TUMOR PATIENTS - THE PRESENT AND THE FUTURE- Manabu Natsumeda, Yjotaro Oni, Jun Watanabe, Yoshihiro Tsukamoto, Masayasu Okada, Makoto Oshi, Yukihiko Fujii, Department of Neurosurgery, Brain Research Institute, Niigata University

We have previously published liquid biopsy for the diagnosis of brain tumors including PCNSL (JCO Precision Oncology, 2019; Leukemia and Lymphoma, 2019) and diffuse mulline gliomas (DMG) (Diagnostics, 2021). We used the Maxwell RSC cDNA extraction kit to extract circulating tumor DNA (ctDNA from) 1 milliliter of cerebrospinal fluid (CSF), and droplet digital PCR to detect MYD88 L263P mutations in PCNSL and H3F3A K27M mutations in DMG. From our initial experience, we were able to detect a high rate of MYD88 mutations in PCNSL, but not H3F3A mutations in DMG. We also observed that higher concentrations of ctDNA were obtained when prompt centrifugation and storage were done after obtaining CSF. Application of liquid biopsy to early detection of relapse and monitoring of treatment relapse are highly anticipated. In cases of PCNSL, we perform liquid biopsy when relapse is suspected on post-contrast MRI. However interestingly, the rate of MYD88 mutations detected is lower than that of newly-diagnosed cases. We would also like to share our experience of performing liquid biopsy in conjunction with CSF cytology in brain tumor patients with evidence of leptomeningeal disease. From our initial experience, we would like to discuss the present limitations and future prospects of liquid biopsy in brain tumor patients.

Keywords: Liquid biopsy | MYD88 | H3F3A | K27M

GEN-8 REAL-TIME PCR BASED INTRAOPERATIVE GENETIC ANALYSIS FOR GLIOMAS Katsuhiro Takabayashia, Kensuke Tateishi, Takahiro Hayashib, Jo Sasame, Masataka Isoda, Youhei Miyake, Akito Oshima, Hirokuni Homma, Tetsuya Yamamotoc, 1Yokohama City University Hospital, Department of Neurosurgery, Yokohama, Japan

An individual therapeutic strategy based on the genetic characterization is important in gliomas. However, it has been difficult to obtain genetic features due to the long operation time. In this study, we present an overview of intraoperative genetic analysis using modified real-time PCR method. The tumor specimen was crushed with liquid nitrogen, then extract DNA within 60 minutes. Reagents of real-time PCR for detecting IDH, TERT, and BRAF hotspot mutations were stocked and real-time PCR was performed after mixing the extracted DNA. We used PNA and LNA to detect single nucleotide variant (SNV). The average time from tumor extraction to intraoperative tentative judgement was approximately 100 minutes. Using this system, we preliminary performed intraoperative genomic analysis in 10 glioma patients. We confirmed that 8 of 10 cases (80%) of intraoperative genomic diagnosis were consistent with post-operative diagnosis by Sanger sequencing. However, we experienced 2 (20%) unmatched cases due to low allele of SNV, which indicates that more advanced system is required for clinical application.

Keywords: glioma | Real-time PCR | intraoperative genomic analysis

EXPERIMENTAL THERAPEUTICS (ET)

ET-1 TRANSLATIONAL RESEARCH PLATFORM FOR MALIGNANT BRAIN TUMORS Kensuke Tateishi, Yohei Miyake, Taishi Nakamura, Jo Sasame, Takahiro Hayashi, Akito Oshima, Hirokuni Homma, Naoki Ikegaya, Tetsuya Yamamoto, 1Department of Neurosurgery, Yokohama City University, Yokohama, Japan

Introduction: The standard therapy for malignant brain tumors includes surgery and combination therapy with radiation and chemotherapy, but to provide individualized treatment based on the biological and molecular genetic background of the tumor, integrate genetic information with various functional data are required. In this study, we present an overview of our integrated approaches for translational research and clinical management. Methods: In glioma, pre-and intra-operative clinical information, including intraoperative genetic diagnosis, and intraoperative rapid immunohistochemistry, is obtained, then a multidisciplinary treatment approach is started based on these integrated data. Specimens collected intraoperatively are cryopreserved for future analysis, and primary cultured cells are routinely collected. The cultured cells are transplanted into the brain of immunodeficient mice to establish patient-derived xenograft model (PDX). Genetic screening, such as IDH, TERT, BRAF, H3F3A mutation and MGMT methylation analysis are routinely assessed within a few days after surgery and used as information for integrated diagnosis. In case of PDX establishment or recurrence, we perform whole genome sequencing for comprehensive genomics to identify genetic abnormalities. If genomic alterations for possible molecular targeted therapy are identified, we assess drug sensitivity test in vitro and in vivo, which are utilized for research to develop molecular targeted targeted therapy. The results, such as the therapeutic effects of molecular targeted drugs, are used for clinical applications. Results: Since the platform was established, we have treated a total of 286 patients, including 189 gliomas and 37 central nervous system lymphomas based on the integrated information. We are currently collecting clinical data to examine if this integrated approach could provide clinical benefit. Conclusion: The translational research platform for malignant brain tumors plays an important role in the promotion of clinical and basic research.

Keywords: translational research | brain tumors | research platform

ET-5 BIOLOGICAL EFFECTS OF SIMULTANEOUS USE OF MULTIPLE DRUGS IN NEUTRON CAPTURE THERAPY USING RAT BRAIN TUMOR MODEL Shinji Kawabata, Hideki Kashiwagi, Kohei Yoshimura, Yusuke Fukuo, Ryo Hiramatsu, Naowoue Nonoguchi, Motomasa Furuse, Shin-ichi Watsuyache, Masahide Miyatake, 1Department of Neurosurgery, Osaka Medical and Pharmaceutical University, Osaka, Japan; Kansai BNCT Medical Center, Osaka Medical College, Osaka, Japan

The world’s first clinical trial of boron neutron capture therapy (BNCT), which treats malignant brain tumors with a single dose of neutron irradiation using multiple boron drugs simultaneously, was performed at our institution, and its excellent results have stimulated BNCT research around the world. BNCT is a particle irradiation therapy that biologically targets cancer cells, and is expected to be a “new option for cancer treatment” because it can deliver a dose of radiation at the cellular level. In the case of BNCT using a combination of multiple drugs, a method to appropriately consider the biological effects of the combination in the dose calculation has not been established. At present, BNCT based on an accelerator-based irradiation system and a boron drug (BPA) based on essential amino acids has been approved by the regulatory approval for head and neck cancer and has shown good results in brain tumors. As basic research, we have continued to develop new boron drugs, which will be essential in the future, and have explored the interpretation of the biological effects of multiple boron drugs in combination and the optimal conditions required for drug development. The survival curve of BNCT in a rat brain tumor model showed that the effect of the new drug alone was comparable to that of BPA, and the effect of the combination was improved, but the effect of the combination did not match the prediction of the combined biological effect derived from each drug. However, it has been found that the effect of the combination does not match the prediction based on the combination of biological effects derived from each drug. In other words, even if the equivalent X-ray equivalent dose (Gy-Eq) is calculated, the combined effect of some drugs exceeds the prediction, while the combined effect of other drugs is poor. Key words: glioma | neutron capture therapy | biological effectiveness

ET-6 GEMCITABINE RADIOSENSITIZATION PRIMES IRRADIATED MALIGNANT MENINGIOMA CELLS FOR SENOLYTIC ELIMINATION USING NAVILOXACL Masahiro Yamamoto, Chifumi Kitakata, 1Department of Molecular Cancer Science, Yamagata University, Yamagata, Japan

BACKGROUND: Malignant meningioma is an aggressive tumor that requires adjuvant radiotherapy after surgery, yet there has been no standard systemic therapy established so far. We have demonstrated that malignant meningioma cells are excellently sensitive to gemcitabine due to their increased expression of hENT1 and dCK, which play critical roles in the intracellular transport and activation of gemcitabine, respectively (Takeda et al. Oncotarget 8:90996, 2017; Yamamoto et al., Neuro-Oncol 23:945, 2021). Significantly, in support of our findings, the efficacy and safety of gemcitabine have recently been documented in a small case series of patients with recurrent meningiomas, which has further led to a phase 2 clinical trial to evaluate the efficacy of gemcitabine in recurrent high-grade