PROCEEDINGS: We present a prospective analysis of a cohort of patients with GCT from a single institution. Our goal was to determine if there are any significant differences in outcomes between patients treated in a developing country compared to those treated in academic centers in the USA. Our analysis included 45 patients with GCT, of which 30 were treated in the USA and 15 were treated in Iran. Median age at diagnosis was 26 years (range: 2-75 years) in the USA and 20 years (range: 2-70 years) in Iran. The median follow-up time was 36 months (range: 2 months to 21 years) in the USA and 24 months (range: 2 months to 7 years) in Iran. The overall survival rate at 5 years was 90% (95% CI: 80%-100%) in the USA and 92% (95% CI: 80%-98%) in Iran. The median progression-free survival was 72 months (95% CI: 48-96 months) in the USA and 60 months (95% CI: 36-96 months) in Iran. Our results suggest that outcomes for patients with GCT treated in a developing country are comparable to those treated in academic centers in the USA. This highlights the potential importance of international collaboration and the need for continued research to improve outcomes for patients with GCT.
tained database. We also report early outcomes in this cohort and discuss limitations of current contouring guidelines during CSI PBT planning. RESULTS: Median CSI dose was 23.4 GyE (Gray Equivalent; range 21.6 - 33). Thirty-five patients (87.5%) completed without interruption as an outpatient procedure. Five patients required hospital admission during treatment, while one developed grade 3 mucosal toxicity, requiring plan adaptation and treatment break. No patient had grade 2 or more weight loss or alopecia. Forty percent (18) developed 1 hematologic toxicities and 20% (8) developed grade 2 or 3 toxicities; none had grade 4 toxicities. At median follow up of 12 months, 90% of patients are alive of whom 88.9% are having local control. Special consideration with modification in standard contouring used at our institution helped in limiting acute toxicities in pediatric CSI patients. CONCLUSION: Our preliminary experience with modern contemporary PBT using pencil beam technology and daily image guidance in a range of tumours suitable for CSI is encouraging. Patients tolerated the treatment well with acceptable acute toxicity and expected short-term survival outcome. In paediatric CSI patients, modification in standard contouring guidelines required to achieve better results with PBT.

LINC-13. SUBEPENDYMAL GIANT CELL ASTROCYTOMA IN A CHILD WITH TUBEROUS SCLEROSIS COMPLEX: A CASE REPORT
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INTRODUCTION: Tuberous sclerosis complex (TSC) is an autosomal-dominant genetic disorder causing the formation of hamartomas in many organs, including the brain. It is generally benign but can block the flow of cerebrospinal fluid that increases intracranial pressure and leads to severe neurologic and behavioural changes. Subependymal giant cell astrocytoma (SEGA) occurs in 10-15% of TSC patients. Routine brain surveillance is important to look for SEGAs in all TSC patients. CASE: We report a girl who was previously diagnosed with TSC at the age of two. She had hypomelanotic macules, facial angiofibroma, and a shaggy patch. Her first brain magnetic resonance imaging (MRI) was normal. She had routine consultation until she complained of recurrent headaches, walking instability, and seizures six years later. Her brain MRI showed a solid heterogenous intraventricular mass suggestive of multiple subcortical/subependymal nodules, hyperintense on T2 weighted image, (1) white matter changes, (2) mild hydrocephalus, and (3) tumor shunt (VP shunt) and tumor removal surgery. The histopathology examination matches SEGAs. World health organization (WHO) grade I. It consists of polygonal, spindled cells with abundant eosinophilic cytoplasm. There are also large to multinucleated cells. After surgery, she had significant clinical improvement, and the seizure was controlled with valproic acid. CONCLUSION: It is essential to do brain evaluation using brain scan or MRI every 1-3 years as surveillance recommendation in all TSC patients. Early detection dramatically increases the chance of giving early treatment or surgery to lower complications and provide better outcomes.

Keywords: Subependymal giant cell astrocytoma, tuberous sclerosis complex, surveillance, early diagnosis

LINC-14. A SINGLE CENTER RETROSPECTIVE ANALYSIS OF PEDIATRIC PINEOBLASTOMA IN BEIJING
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OBJECTIVE: To explore the clinical characteristics and outcome in children with pineoblastoma in Beijing. METHODS: Clinical data of 18 pediatric patients with newly diagnosed pineoblastoma admitted to Beijing Shijitan Hospital between January 2014 and November 2021 were retrospectively analyzed. The diagnoses were confirmed by pathology. RESULTS: Male/female ratio=8:1. The median age at diagnosis was 4.7 (range, 0.2-12.6) years, with 2 cases in infancy, and 13 cases ≥ 3 years. The symptoms at diagnosis included headache (31%), vomiting (29%), convulsions (28%), visual symptom (22%), nausea (6%), etc. patients with headache as the main symptom at diagnosis. Ki-67 index was under 30% in 5 cases, 30-80% and ≥80% in 10 and 2 cases, respectively. All were treated with surgery, and 12 children underwent gross total resection (GTR). Seventeen cases were administered both radiotherapy and chemotherapy, with one case only radiotherapy followed by surgery. Median follow-up time was 54 months. Nine patients developed a recurrence and 2 patients died at last follow-up. The 1-year/3-year progression-free survival (PFS) and overall survival (OS) were (77.8a, 10.5), (11.1a, 10.3%), and (100,90,90.8) %, respectively. The 3-year OS was higher than that of girls (50.00%) and boys (40.00%) and the higher in cases with GTR (91.7%) than STR (83.3%). However, the differences were not significant in the above two groups. The children with Ki-67 index ≥80% had worse 3-year OS than those <80% (p=2.800, P=0.005). The median survival of children treated with cranial irradiation followed by chemotherapy was better than that of the inverse order (29m vs 13m, p=2.6, 528, P=0.011). CONCLUSION: Pineoblastoma is rare and often fatal, but with better OS in our center, although the PFS is dismal. Boys, GTR resections, and Ki-67 index ≥80% tends to have better OS, and the order of irradiation followed by chemotherapy tends to have better PFS.

Keywords: pineoblastoma; therapy; survival

LINC-15. SUSTAINING MULTIDISCIPLINARY CARE OF CHILDREN WITH CENTRAL NERVOUS SYSTEM TUMORS DURING THE COVID-19 PANDEMIC
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INTRODUCTION: A multidisciplinary team (MDT) approach is essential for quality cancer care. Since 2019, we have conducted regular MDT meetings for children with central nervous system tumors at the Philippine General Hospital. Because of COVID-19, an abrupt transition from in-person to virtual meetings became necessary. METHODS: We reviewed the proceedings of MDT meetings for pediatric CNS tumors from March 2020–December 2021. We identified the strategies and adaptations of our pediatric neuro-oncology group, and outlined recommendations for other institutions in low- and middle-income countries. RESULTS: Our pediatric neuro-oncology group conducted 18 virtual MDT meetings during the study period. Meetings were scheduled every last Tuesday of the month, with pediatric oncologists, neurologists, neurosurgeons, radiation oncologists, radiologists, and neuropathologists regularly attending. We invited other specialists as needed. In total, we had 135 case discussions for 79 unique patients, or about 8 patients per meeting. These included both inpatients (74%) and outpatients (26%). Ten patients received prior treatment elsewhere. At the time of the meeting, 86% were postoperative, 8% were preoperative, and 6% did not require surgery. Most (60%) had malignant CNS tumors and 15% had disseminated/inoperable disease. Histopathologic diagnosis was obtained for 62 patients (79%). Concerns addressed were: formulating a treatment plan (88%), surveillance strategy (10%), and diagnostic workup (5%). DISCUSSION: Several factors contributed to the ease of online transition: (1) motivated care providers including a pediatric neuro-oncology team, (2) patient and family schedule, (3) institutional Zoom account for securing data privacy, and (4) availability of picture archiving and communication system (PACS) for neuroimaging. Challenges included: (1) delays due to internet connectivity, (2) Zoom fatigue and online distractions, and (3) risk of miscommunication or misunderstanding. Commitment of the entire neuro-oncology team is essential to ensure the delivery of best possible care for pediatric patients with CNS tumors.

LINC-16. FACTORS ASSOCIATED WITH DELAYED DIAGNOSIS AMONG FILIPINO PEDIATRIC BRAIN TUMOR PATIENTS: A RETROSPECTIVE REVIEW
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BACKGROUND: Delayed diagnosis is observed greatest among pediatric brain tumors compared to other childhood malignancies. Several factors have been found to influence delay. OBJECTIVE: To determine delayed diagnosis measured by the prediagnostic symptomatic interval (PSI) among Filipino pediatric brain tumor patients and identify associated factors. METHODS: Data was collected retrospectively on pediatric brain tumor patients of Philippine General Hospital from 2015-2019. PSI was calculated. Demographic and clinical data were presented using descriptive statistics. Bivariate and linear regression analyses were used to determine factors. RESULTS: The median interval from symptom onset to first physician consult was 22 days. The median interval from first consult to subspecialty referral was 23.5 days. Majority presented with 2 symptoms at onset (42.3%) and during first physician consult (66.2%). Fifty-two patients (68.4%) consulted with a pediatrician. Most were diagnosed with another condition prior to brain tumor diagnosis. Longer PSI was significantly associated with older age (p=0.005), tumor location (p=0.009), tumor grade (p<0.001), and more physicians consulted prior to subspecialty referral (p=0.001). Significant predictors of delayed diagnosis were supratentorial...