Hospital has the expertise to build a comprehensive neuro-oncology program. The program currently lacks a dedicated nurse coordinator and “specialist” in neuro-oncology. Ongoing discussions with local stakeholders are aimed to galvanize nation-wide support to improve care for children with brain tumors and to plan a multidisciplinary neuro-oncology symposium in 2021. In the meantime, telemedicine efforts can support nursing education and reiterate the multidisciplinary needs for children with brain tumors.

LINC-33. MULTIDMAGEMENTAL MANAGEMENT OF PAEDIATRIC PRIMARY CENTRAL NERVOUS SYSTEM LYMPHOMA- UPDATED EXPERIENCE FROM A REGIONAL CANCER CENTRE IN NORTH INDIA
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Paediatric primary central nervous system lymphoma(PCNSL) constitutes 1% of all PCNSLs. Data pertaining to paediatric PCNSL (2016-19) was abstracted by retrospective chart review. We identified 7 paediatric patients with PCNSL. None had congenital or acquired immunodeficiency. The median age at presentation was 13 years. The male to female ratio was 4:3. The median ECOG performance status was 2. On neuro-imaging, 3 patients had solitary and 4 patients had multiple lesions. CSF cytology showed atypical cells in 1 patient. None had ocular involvement. Systemic lymphoma work-up was negative in all. Biopsy and resection of tumour were done in 4 patients each. Histopathology revealed DLBCL in 6 and B-cell NHL in 1 patient. All patients underwent induction chemotherapy (median- 6 months). 2 patients received modified Manto protocol (IV Methotrexate-2.5g/m2, IV Vincristine-1.4mg/m2, Prednisolone-75mg/m2, IV Cyclophosphamide-500mg/m2); 1 patient received Manto protocol (IV Methotrexate-12 mg/Vincristine, Prednisolone and Rituximab-375mg/m2 every 2 weeks) in 6 and single agent Methotrexate -3.5g/m2 every 3 weeks in 1 patient. Severe haematological toxicities included grade 3 neutropenia, leucopenia and febrile neutropenia in 2,1 and 1 patient respectively. Radiotherapy(RT) was administered in all-whole brain RT(36-45Gy/20-25fractions/4-5weeks) in 6 patients and craniospinal RT(36Gy/21fractions/3weeks) followed by whole brain RT(9Gy/5fractions/week) in 1 patient(with positive CSF cytology). Subsequent chemotherapy was with Methotrexate(0.75g/m2 IV D1-3 every 2 weeks) was administered in 5 patients. After a median follow-up of 14 months(mean-18.2 months), all patients are in complete radiological remission. Paediatric PCNSL is a rare tumour entity and multidisciplinary management with high dose Methotrexate and Rituximab based chemo-immunotherapy and cranial radiotherapy leads to excellent early clinical outcome.

LINC-34. OPTIC NERVE INFILTRATION: RARE MANIFESTATION OF CHILDREN WITH ACUTE LYMPHOBlastic LEUKEMIA IN REMISSION
Ludi Dhyani Rahmathari; Department of Child Health, Universitas Indonesia - Cipto Mangunkusumo National Hospital, Jakarta, Indonesia
BACKGROUND: Optic nerve infiltration in acute lymphoblastic leukemia is a rare manifestation. This infiltration may appear months in advance as an isolated sign of extramedullary relapse and considered as one of the significant clinical findings of central nervous system leukemia. AIM: To describe the case of rapidly progressive optic nerve infiltration in a girl with ALL in remission. CASE: A 13-year-old girl in full remission following treatment for B-cell acute lymphoblastic leukemia presented with decreased vision and proptosis on the left eye. She completed the chemotherapy course two years before. On physical examination, we found the optic disc swelling in her left eyes. There were no signs of relapse from the hematological, cerebrospinal fluid analysis, and bone marrow aspiration. The orbital CT found a mass on the left retrobulbar (size 29x48x32 mm), suspected of optic nerve glioma. The mass has grown rapidly in a month, and she lost her left sight. The involved eye was exenterated (60x55x40 mm). The histopathology and immunohistochemistry showed the B-cell acute lymphoblastic leukemia. Unfortunately, the patient could not come for further follow up due to the COVID-19 large-scale social distancing. Two months later, she came with pallor and pain in all of her body. The bone marrow aspiration showed leukemic relapse and she is undergoing chemotherapy. CONCLUSION: Optic nerve infiltration by leukemia requires both diagnostic certainty and urgent management. A routine ophthalmic assessment is recommended in patients with a history of acute lymphoblastic leukemia to diagnose optic nerve involvement due to leukemic infiltration.

LINC-35. THE ST. JUDE GLOBAL ACADEMY NEURO-Oncology Training Seminar: A Multidisciplinary, International Education Program
Daniel Moreira, Zoltan Patay, Frederick Boop, Jason Chiang, Thomas Merchant, Teresa Santiago, Amaar Gaitas, Carlos Rodriguez-Galindo, and Ibrahim Qaddoury; St. Jude Children’s Research Hospital, Memphis, TN, USA
The success of the treatment of children with central nervous system (CNS) tumors relies on a effective multidisciplinary team, with up-to-date and broad knowledge and skills. The St. Jude Global Academy Neuro-Oncology Training Seminar was launched as course in globally applicable content in pediatric neuro-oncology with a focus on multidisciplinary care of children with brain tumors and to plan a multidisciplinary neuro-oncology symposium in 2021. In the meantime, telemedicine efforts can support nursing education and reiterate the multidisciplinary needs for children with brain tumors.

LINC-36. TRILATERAL RETINOBlastOMA: A REPORT OF FOUR CASES
Ludi Dhvanii Rahmathari; Department of Child Health, Universitas Indonesia - Cipto Mangunkusumo Hospital, Jakarta, Indonesia
Retinoblastoma is the most common primary malignant intraocular cancer that usually develops in early childhood. About 5% of those patients are at risk of developing trilateral retinoblastoma (TRB). In developing countries, most of them came in the late stage, therefore, ocular and patient survival rates are lower than in developed countries. From 2015–2019, we found four cases of trilateral retinoblastoma. Two of them had bilateral retinoblastoma, and two had unilateral retinoblastoma. They all presented with leukocoria and had no family history of retinoblastoma. The mean age was 13.8 months (range 9–24 months of age). The diagnosis of trilateral retinoblastoma was made from initial head CT/MRI. They were treated conservatively with high dose VEC chemotherapy, and three of them have done cranial radiotherapy. Trilateral retinoblastoma is usually fatal and needs multidisciplinary treatment care. In developing countries, it is important to evaluate distant metastasis. Head CT or MRI from the initial diagnosis to exclude the trilateral retinoblastoma.

LINC-38. 500 CONSECUTIVE SURGICAL CASES FROM THE PEDIATRIC ONCOLOGY NEUROSURGERY GROUP: UNDERSTANDING THE PERSPECTIVE OF A TERTIARY CENTER IN BRAZIL
Felipe Hada Sanders, Hamilton Matsushita, and Manoel Jacobsen Teixeira; USP, Sao Paulo, SP, Brazil
With this presentation we aim to present cases submitted to surgery by the same group of surgeons since 2010, presenting the physical structure, medical assistance, scientific production and the challenges that we need to overcome in the second decade of the twenty-first century, in a developing country.

LINC-39. PERFORMANCE STATUS OF PEDIATRIC PATIENTS WITH CENTRAL NERVOUS SYSTEM TUMORS TREATED IN MEXICO, A SINGLE-CENTER EXPERIENCE
Claudia Madrugal-Avala, Alfonso Perez-Bauheulos, Rafael Ruvalcaba-Sanchez, Lourdes Vega-Vega, and Gabriela Escamilla-Asain; Teleton Pediatric Oncology Hospital, Queretaro, Queretaro, Mexico
BACKGROUND: Central nervous system (CNS) tumors are the most common solid neoplasms in the pediatric age, they comprise about a quarter of all cancers at this age. Little is known about the specific epidemiology of this group in Mexico and there are no reports of results focused on the Performance Status of patients who are treated in a multidisciplinary setting. OBJECTIVE: To describe the Performance Status of CNS pediatric patients after being treated with a multidisciplinary approach in a tertiary center. METHODS: We report a retrospective chart review of all pediatric patients who presented to the Neuro-Oncology Clinic at Teleton Pediatric Oncology Hospital in Queretaro, Mexico, from December 2014 to January 2020. We analyzed age, gender, the extent of surgical resection and histopathology, Performance Status was assessed using ECOG and Karnofsky/Lansky scores during every patient’s last follow-up visit. RESULTS: A total of 56 patients were treated, epidemiology and histopathology variants are similar to those described in the international literature. With a median follow-up of 33 months, 35 patients are alive (62.5%), 28 of them (74.2%)
Tumors of the central nervous system comprise nearly a quarter of all cancers and are the most frequent solid tumor in the pediatric population. Primary central nervous system tumors (PCNSTs) are a rare and heterogeneous group of tumors representing high mortality and morbidity. Around 10% of primary CNS tumors occur during the first year of life with almost half of them during the first six months. About 18% of these tumors appear before the age of two years. Very young children differ from older children and adolescents regarding the incidence and location of different histological entities of CNS tumors. We aimed at providing descriptive epidemiological data and report the outcome in a tertiary center from December 2013 to January 2020 for all histological subtypes of primary central nervous system tumors in very young patients aged as young as patients aged less than three years. We collect data from 19 patients treated in an oncology exclusive tertiary center in Mexico between 2013 and 2020. This study aims to relate factors such as age, radiotherapy, surgery, chemotherapy with Lansky Performance Scale and determine the impact, not only in the overall survival but also in the quality of life.

INTRODUCTION: Children with recurrent medulloblastoma after initial therapy have very poor prognosis due to limited second line treatment options and significant treatment-related morbidity. METHODS: A retrospective chart review of children with recurrent progressive medulloblastoma treated initially with risk-adapted therapy in Western Ukrainian Specialized Pediatric Medical Centre, Lviv, Ukraine.

RESULTS: Twenty-four patients were identified with diagnostic delay. Median age at diagnosis was 48.2 (range 5.4–171.6) months with an equal sex distribution (12 boys, 12 girls). Patients were aged between 62.5% patients were aged older than 3 years, 13.8% patients had low grade glioma, 16 (66.7%) had supratentorial tumors and 12 (50%) patients presented with raised intracranial pressure. Diagnosis was made after a median of 3 (range 1–8) healthcare contacts. Nineteen (79%) patients presented to primary care. Median PSL was 132 (31–781) days. Parental delay (PSL-1) was 35 (0–496) days, while healthcare delay (PSL-2) was 41 (0–562) days. Endocrine (241 days) and ocular-motor (184 days) symptoms were associated with the longest PSL. CONCLUSIONS: There was no significant difference between parental and healthcare delay. Endocrine and ocular-motor symptoms were associated with the longest PSL. Increased awareness is required for early recognition of signs suggestive of CNS tumors.