

(52%), visual impairment (48%), headache (38%), power loss (43%) and speech disorder (30%). **Methodology:** Surgery was performed to extrinsic component of mass in 3 patients of pons gliomas. For other HGG: 7 subtotal resection and 16 gross total resection had performed. 7 patients died before RT. And other 37 patients received radiotherapy. RT total doses varied between 50-60 Gy. 7 patients were not received chemotherapy, 3 of them died before chemo, and others received only RT. For other HGGs, platin based regimens used for the first line treatment. Temozolamide, bevacizumab, irinotecan as the other options. **Results:** Median progression free survival time was 6 mos (2 weeks-25 mos) for pons gliomas, for other gliomas median progression free survival time was 14 mos (0-74 mos). For pons gliomas: Event free survival rate for 6 mos was 75%, for one year 17%; one year, 18 mos, and two years overall survival rates were 84%, 52% and 10% respectively. For other HGGs: Event free survival rate for one year and two years were 57% and 17% respectively. One year and two years overall survival rates were 73% and 36% respectively. **Conclusion:** High grade glioma is a group of tumors in which still the helplessness experienced in treatment. Despite radiotherapy and chemotherapy, prognosis is very poor. The progression free and overall survival rates of patients were similar to literature. With new developments in molecular pathology, as the use of molecular target therapies, the progression free survival rates newly will improve.

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PP 83

ONC 201 PRACTICE IN DIFFUSE MIDLINE GLIOMA (H3K27M MUTANT)

Bahattin Tanrıku¹, Cengiz Canpolat²,
Ahmet Harun Yaşar³, Ayça Erşen Danyeli⁴,
M. Memet Özek¹

¹ Acibadem University School of Medicine
Department of Neurosurgery Division of Pediatric
Neurosurgery

² Acibadem University School of Medicine
Department of Pediatrics Division of Pediatric
Hematology and Oncology

³ Acibadem University School of Medicine
Department of Neurosurgery

⁴ Acibadem University School of Medicine
Department of Pathology

Objective: Diffuse Midline Gliomas (DMG), H3 K27M-mutant have the poorest prognosis among all pediatric high-grade gliomas, with a median survival of 9-11 months. Although radiotherapy (RT) is standard treatment for these tumors, unfortunately there has been no approved and effective treatment which completely diminishes the tumor yet. In our clinic, we started an up-to-date approach to manage DMG, which is adjuvant fractionated external beam radiotherapy along with ONC 201 after tissue diagnosis. **Methodology:** Between January 2016 and June 2021, a total of 11 patients with H3 K27M-mutant diffuse midline glioma, diagnosis confirmed by Next-Generation Sequencing

(NGS) were enrolled in study. All patients received ONC201 orally once a week following radiotherapy. Safety, and radiological evaluations were regularly assessed every 12 weeks. **Results:** Among the 11 patients, the median age of diagnosis was 5. Seven (63.6%) patients were male and 4 (36.4%) were female. Primary lesions were localized in the pons in 5 (45.5%) patients, unilateral thalamus (2 on the left, 1 on the right) in 3 (27.3%) patients, bilateral thalamus in 2 (18.2%) patients, and temporo-insular in 1 patient (9.1%). Median progression-free interval was 10 months and median overall survival was 16 months. **Conclusion:** Diffuse midline glioma has dismal prognosis. None of the treatment options made any dramatic changes in disease course during last 30 years. In our series, diffuse midline glioma patients who had ONC201 tend to have few months more progression free and overall survival (16 vs 11 months) in comparison to patients who had classical treatment in literature. As a neurooncology team, we strongly advocate to obtain tissue samples from diffuse tumors, to establish definite diagnosis and to perform NGS

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NEUROBLASTOMA

PP 84

PARATESTICULAR INVOLVEMENT IN NEUROBLASTOMA

Volkan KÖSE¹, Sabri DEMİR², Neriman SARI¹

¹ Division of Pediatric Hematology and Oncology,
Ankara City Hospital, University of Health
Sciences

² Division of Pediatric Surgery, Ankara City
Hospital, University of Health Sciences

Case report: Neuroblastoma is 7-10% of all pediatric cancer cases. Primary testicular and paratesticular neuroblastoma is very rare in the literature. We aimed to present our experience with a 4-year-old patient with an abdominal and right paratesticular mass. The patient's imaging revealed extensive lung and bone metastases. In the diagnostic biopsy, the primary tumour consistent with poorly differentiated neuroblastoma and the right paratesticular mass biopsy revealed neuroblastoma metastasis.

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BONE TUMOURS

PP 85

PRIMARY EWING'S SARCOMA OF SPHENOID BONE EXTENDING TO BRAINSTEM; AN ORDINARY TUMOUR AT AN EXTRAORDINARY LOCATION AND INVOLVEMENT

Seda ŞAHİN, İnci İlhan

Ankara Şehir Hastanesi

Case report: Ewing's sarcoma (ES) is the 2nd primary bone tumor of childhood, mostly located in the lower extremities. The incidence of primary cranial ES is <1%. Our patient is 9 years old female who has intracranial primary ES extending from the sphenoid bone corpus to the clivus border. This is a rare case of childhood that's originating from the sphenoid bone and spreading to such a very large intracranial area. Our aim is to provide data on the clinical and therapeutic course of a rare case.

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SUPPORTIVE CARE AND PALLIATIVE CARE

PP 86

ACTINOMYCES ODONTOLYTICUS: A RARE CAUSE OF PEDIATRIC FEBRILE NEUTROPENIA

Meric KAYMAK CIHAN¹,
Sonay İNCESÖY ÖZDEMİR¹, Belgin GÜLHAN²,
Arzu YAZAL ERDEM¹, Derya ÖZYÖRÜK¹,
Neriman SARI¹, İnci ERGÜRHAN İLHAN¹

¹ ANKARA CITY HOSPITAL, DEPARTMENT OF PEDIATRIC ONCOLOGY

² ANKARA CITY HOSPITAL, DEPARTMENT OF PEDIATRIC INFECTION DISEASES

Case report: Actinomyces spp. are gram-positive bacilli found in humans as a common flora of the oropharynx, gastrointestinal tract, and urogenital tract. We describe a case of Actinomyces odontolyticus bacteremia in an Ewing sarcoma and febrile neutropenic girl. This is the first time that bacteremia due to A. odontolyticus has been reported in a pediatric cancer patient. This case suggests that A. odontolyticus should be regarded as a possible cause of bacteremia in neutropenic pediatric cancer patients.

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TUMOR BIOLOGY, IMMUNOLOGY AND IMMUNOTHERAPY

PP 87

WITHDRAWN: THE EFFECT OF NIVOLUMAB IN PEDIATRIC MALIGNANT TUMORS: A SINGLE CENTER EXPERIENCE WITH EIGHT PATIENTS

Veysel GÖK¹, Firdevs AYDIN¹, Alper ÖZCAN¹,
Ebru YILMAZ¹, Ekrem UNAL¹,
Musa KARAKUKCU¹, Türkan PATIROĞLU¹,

Mehmet Akif ÖZDEMİR¹, Filiz KARAMAN²,
Orhan GÖRÜKMEZ³, Özlem GÖRÜKMEZ³,
Atıl BİSGİN⁴

¹ Division of Pediatric Hematology and Oncology, Department of Pediatrics, Erciyes University

² Division of Pediatric Radiology, Department of Radiology, Erciyes University

³ Department of Medical Genetics, Bursa Yüksek İhtisas Training and Research Hospital

⁴ Department of Medical Genetics, Medical Faculty, Çukurova University

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PP 88

A CASE DIAGNOSED WITH FOUR DIFFERENT TUMORS

Fatma Tuba YILDIRIM, Derya ÖZYÖRÜK,
Arzu YAZAL ERDEM, Selma ÇAKMAKCI,
Neriman SARI, Sonay İNCESÖY, İnci İLHAN

Ankara City Hospital

Case report: Chromosomal breakage syndromes are characterized by cancer predisposition. Here we present a 27-month-old female with Fanconi Aplastic Anemia diagnosed with 4 tumors. Imaging showed brain mass causing the shift, liver mass and left kidney mass. She had diagnosed with high grade intracranial tm, wilms tm and hepatocellular ca. Because of refractory pancytopeni, she underwent HSCT. After 2months she developed intracranial embryonal tumor. The patient died with progression. Genetic tests revealed no mutation.

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