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in 9 patients. Induction therapy response was evaluated in 100 out of 108 patients, with a complete or partial response rate of 86%. Delayed surgery was performed in 65 patients, resulting in complete resection in 37 patients (34%), microscopic residual disease in 16 patients, and macroscopic residual disease in 12 patients. The 3-year event-free survival rate was 84%, with 8 cases of relapse (6 primary, 2 systemic) and 5 cases of refractory or progressive disease. The 3-year overall survival rate was 96%, with three reported deaths. Two deaths were due to disease progression, while one occurred at 7 months post-surgery due to surgical complications. The median follow-up duration was 24 months (1–55 months).

Conclusions: The intermediate-risk group comprises approximately 20% of all patients. Based on our current findings, the rate of relapse, refractoriness, or progression is 12%. Survival rates are consistent with the literature and show a similar trend to the TPOG NB 2009 protocol.

PO311 / #1626 | *AS05 - SIOP Scientific Program / AS05e. Neuroblastoma*

Evaluation of Neuroblastoma Cases Younger Than 18 Months: Dokuz Eylül University Experience

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Background and Aims: To evaluate the clinical characteristics, treatment responses, and survival rates of neuroblastoma (NB) cases diagnosed under 18 months of age.

Methods: A retrospective analysis was conducted on 72 patients younger than 18 months who were diagnosed and followed for NB at our center between 1987 and 2024. Treatment responses and survival rates were assessed.

Results: Among all NB patients, 39% were younger than 18 months at diagnosis. M/F:1.0, and the median age at diagnosis was 6.2 months (0–18 months). At diagnosis, 50% (n = 36) of patients were younger than 6 months, 27.8% (n = 20) were between 6–12 months, and 22.2% (n = 16) were older than 12 months. The stage distribution: Stage 1:9.8% (n = 5), Stage 2:19.6% (n = 5), Stage 3: 31.2% (n = 16), Stage 4: 31.2% (n = 16), and Stage 4S:18% (n = 9). Patients treated with TPOG-NB-2020 protocol: L1 (n = 5), L2 (n = 4), M (n = 10), and MS (n = 2). The risk groups: LRG:29.2% (n = 21), IRG:50% (n = 36), and HRG: 20.8% (n = 15). In the LRG;5-and 10-year event-free survival (EFS) rates were 90%, while the overall survival (OS) rates were 95%. In the IRG, the 5- and 10-year EFS rates were 83%, while the OS rates were 97%. In the HRG, the stage distribution was Stage 1 (n = 1), Stage 2 (n = 2), Stage 3 (n = 3), and Stage 4 (n = 9). Among the six deceased patients, all were MYCN-positive, 5/6 died due to progressive disease. The 5- and 10-year EFS rates were 33%, and the OS rates were 56%. For all patients, the median follow-up duration was 79 months (4 months–18 years), and the median time to event development was 6 months (3–13 months). In the <18-month-old group, the 1-, 5-, and 10-year EFS rates were 76%, 74%, and 74%, while the OS rates were 90%, 88%, and 88%, respectively.

Conclusions: The treatment outcomes of our infant neuroblastoma patients were found to be successful and consistent with global literature. Survival rates were significantly lower in patients with MYCN amplification compared to those without amplification.

PO312 / #803 | *AS05 - SIOP Scientific Program / AS05e. Neuroblastoma*

Veno-Occlusive Disease in Children With Neuroblastoma Following Busulphan-Melphalan High-Dose Chemotherapy

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Background and Aims: Children with high risk neuroblastoma generally undergo autologous stem cell transplant (SCT) with busulfan/melphalan (Bu/Mel) conditioning as part of their standard treatment. Veno-occlusive disease (VOD) remains a leading cause of morbidity and mortality in Bu/Mel autologous SCT. Our study aimed to review factors which may impact on incidence of VOD.

Methods: An audit of all children diagnosed with high risk neuroblastoma who underwent Bu/Mel autologous SCT over an 11 year period (January 2013 to December 2023) in a single national paediatric oncology referral centre was performed. Data of children who were diagnosed with VOD were compared with those who did not have a diagnosis of VOD (non-VOD). Statistical analysis was performed using SPSS.

Results: Forty-nine children underwent Bu/Mel autologous SCT. 35% (17/49) developed VOD. Mean age at transplant: VOD: 3.6 years, non-VOD: 4.2 years (p value 0.448). Of those who got VOD 59% (10/17) were female versus 47% (15/32) female in non-VOD group. MYC-N amplification was higher in VOD cohort (VOD: 71% (12/17) vs non-VOD: 41% (13/32), p value 0.046). 24% (4/17) VOD group had tandem transplant versus 28% (9/32) in non-VOD (p value 0.729). Mean GFR was lower in VOD group (VOD: 86.9 mL/min/1.73m^2, non-VOD: 107.3 mL/min/1.73m^2, p value 0.014). Children with one kidney higher in VOD cohort (VOD: 29% (5/17), non-VOD: 9% (3/32), p value 0.071). 5-year overall survival (OS) was 51% in VOD cohort vs 46% in non-VOD cohort (p value 0.677).

Conclusions: Our study demonstrates statistical significance of lower GFR and MYC-N amplification in VOD incidence. Having one kidney at time of transplant trended towards, but did not reach, significance. There was no significant difference in VOD incidence in children who underwent tandem transplant, nor any differences in age nor gender. There was no difference In 5-year OS in those that had VOD at time of transplant.

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