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absence of CTNNB1 mutations indicates that the WNT subgroup is uncommon in this population. Further studies with larger cohorts are needed to validate these results and explore their therapeutic implications.

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PO556 / #3032 | *AS05 - SIOP Scientific Program / AS05m. Brain Tumours*

Pediactric High Grade Glioma With Extracranial Metastasis

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Background and Aims: High-grade gliomas represent 10% of pediatric central nervous system tumors, with very low survival rates. Metastases are uncommon, especially by hematogenous dissemination. Objective: To report three pediatric patients with high-grade glioma and extracranial metastases.
Methods: Retrospective study with information obtained from medical and electronic records of patients treated at the institution between 2017-2024.
Results: During the period, three patients presented high-grade glioma with extracranial metastases: case 1: Male patient, 13 years old, partial resection of IDH1-negative high-grade glioma. Imaging study with lytic lesions in vertebrae and hip. Biopsy of a hip lesion showed metastatic glioblastoma. Underwent cranial radiotherapy and concomitant temozolamide (TMZ). He presented disease progression when starting maintenance with TMZ and died one year after starting treatment. Case 2: Male patient, 8 years old, underwent partial resection of right frontal glioblastoma with wild-type IDH, next-generation sequencing without actionable fusions. The patient was submitted to radiotherapy and concomitant TMZ. After the first cycle of maintenance, he presented progression to the cervical region, liver and thorax, evolving to death thereafter. Case 3: Male patient, 12 years old, admitted to another hospital with a history of visual loss and seizures. Cranial CT showed tetraventricular hydrocephalus and cranial MRI with suspected demyelinating disease. He underwent corticosteroid pulse therapy, without improvement. During the investigation, a chest CT scan showed several sclerotic lesions in the vertebrae. Transferred to this hospital, and underwent biopsy of the frontal intracranial lesion, the report of which was high-grade glioma. Patient than progressed to coma and died during palliative radiotherapy.
Conclusions: Metastatic high-grade gliomas are rare, with few reports in the literature and extremely poor outcomes.

PO557 / #1619 | *AS05 - SIOP Scientific Program / AS05m. Brain Tumours*

Evaluation of Our Patients Treated for Medulloblastoma

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Background and Aims: To evaluate the patients diagnosed and treated for medulloblastoma (MB) at our center.
Methods: The medical records of patients diagnosed with MB between 1988 and 2024 were retrospectively reviewed. Patients' characteristics, details of multimodal treatment, overall survival (OS) and event-free survival (EFS) rates were analyzed.
Results: Among 1548 pediatric cancer cases followed at our center, 31% were central nervous system (CNS) tumors, of which 81 cases (5.7%) were MB.A total of 76 patients were included in the analysis, the median age at diagnosis was 78 months (7 mos–17 yrs), M/F:0.57. The most common presenting symptoms were vomiting (78%), headache (65%), unsteady gait (61%), visual impairment (40%), neurological deficits (26%) and personality changes (4%). Spinal metastases were detected in 26% of patients. Forty-four percent of patients underwent surgery at our center, while the remaining were operated on at other institutions and referred to our center for further treatment. The extent of tumor resection was gross total in 58% and subtotal in 42% of cases. Hydrocephalus was observed in 72% of patients, with 31% requiring shunt placement. Based on Chang staging, 54% of patients were classified as high-risk. Craniospinal radiotherapy (RT) was administered to 80% (n = 61) of patients. Over the years, various chemotherapy protocols were used, leading to heterogeneous treatment regimens. The chemotherapy protocols primarily included vincristine, carboplatin/cisplatin, etoposide, and ifosfamide combinations, while three patients received VCR + CCNU. The median follow-up duration was 28 months (1 month–3 years). Event-free survival (EFS) rates at 5, 10, and 15 years were 58%, 54%, and 45%, respectively, while overall survival (OS) rates at 5, 10, and 15 years were 67%, 57%, and 57%, respectively. A total of 27 patients experienced relapse, progression, or death, with the majority of deaths attributed to disease progression. One patient developed a secondary malignancy.
Conclusions: In current practice, the genetic and biological characterization of tumors plays a crucial role in determining risk classification and treatment strategies. The increasing use of targeted therapies is becoming a key consideration for future treatment approaches.

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