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## PO302 / #2348 | *AS05 - SIOP Scientific Program / AS05e. Neuroblastoma*

### Using the Step up Protocol With Naxitamab Administration in a Relapsed/Refractory Neuroblastoma Patient With Anaphylaxis to Dinutuximab

Teresa Herriage[1], Jawhar Rawwas[1], Kim Maxa[1], Adam Sterman[2]
[1]*Children's Minnesota, Cancer And Blood Disorders Clinic, Minneapolis, United States of America;* [2]*Children's Minnesota, Pain & Palliative Care, Minneapolis, United States of America*

**Background and Aims**: High risk neuroblastoma remains a challenging diagnosis to treat as long-term survival rates are around 50 percent. Antibody therapy is important in treatment of relapsed/refractory (R/R) disease. Naxitamab is an anti-GD2 monoclonal antibody approved for use in R/R high risk neuroblastoma limited to the bone and bone marrow. A "step-up" protocol has been developed to help reduce severe adverse events causes by naxitamab[3]. We have applied this strategy in a patient who experienced anaphylaxis with dinutuximab, in order to provide an alternative anti-GD2 monoclonal antibody.
**Methods**: One 5 year old patient received naxitamab therapy using the "step-up" protocol following anaphylaxis to dinutuximab. For each infusion, a comprehensive supportive care combination of pain management, premedications and as needed medications was customized for the patient. The rate of the infusion was titrated up every 15 minutes. Rate was not escalated to the next step unless patient was tolerating the current rate.
**Results**: The patient received 72 doses of Naxitamab "step-up" infusion in combination with chemotherapy over an 18-month period. The first 4 infusions were administered in an intensive care unit. The patient then transitioned to an outpatient clinic. All doses were infused with the "step-up" protocol. Pain plan consisted of low dose ketamine infusion and fentanyl boluses directed by the pain team. The patient was able to return home after each naxitamab infusion. They did not have anaphylaxis, denied pain, and vital signs remained stable. No adverse events were reported.
**Conclusions**: Naxitamab "step-up" protocol is an option for children who have had anaphylaxis to dinutuximab in order to continue anti-GD2 therapy in a challenging disease. This experience shows retry with another anti-GD2 therapy is possible. Naxitamab can be safely administered with complex supportive care measures and in collaboration with intensive care and pain team.

## PO303 / #661 | *AS05 - SIOP Scientific Program / AS05e. Neuroblastoma*

### Chemoimmunotherapy Experience in Relapsed/Refractory Neuroblastoma: Current Status

Nur Olgun[1], Deniz Kizmazoglu[2], Dilek Ince[2], Safiye Aktas[3], Ceren Sarioglu[4], Recep Bekis[5], Mustafa Olguner[6], Handan Ucar[4], Ahmet Celik[7], Ayse Demiral[8], Serra Kamer[9], Riza Cetingoz[8], Refik Cecen[2]
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**Background and Aims**: To present the current status of patients diagnosed with relapsed/refractory (R/R) neuroblastoma in Dokuz Eylül University.
**Methods**: The clinical characteristics and treatment details of patients who received chemoimmunotherapy for R/R neuroblastoma between January 2020 and January 2025 were evaluated. Patients who had received first line chemotherapy or various salvage therapies prior to chemoimmunotherapy were treated with dinutuximab beta (DB) in combination with different chemotherapy regimens. Treatment responses were assessed every two to three cycles using MRI of the primary site, bone marrow aspiration and biopsy, and MIBG or PET-CT scanning.
**Results**: The median age at diagnosis of the 47 patients was 37 months (4–132 months), M/F:1.24. Five patients were younger than 18 months at diagnosis. Three patients were classified as intermediate-risk, while the remaining 44 patients were in the high-risk group. Among the intermediate-risk patients, two were Stage L2, while all other patients were Stage M. MYCN amplification was detected in 12 patients (26%), and ALK mutation was present in 11 patients (24%). Before developing R/R disease, 20 patients had been treated according to the TPOG NB 2009 protocol, while the remaining 27 patients had received treatment under the TPOG NB 2020 protocol. High-dose chemotherapy followed by autologous stem cell transplantation (ASCT) was performed in 16 patients (34%). Radiotherapy was administered to 83% of patients, and MIBG therapy in 7 patients (15%). The median time to R/R disease was 10 months (3–58 months) and the average number of treatment cycles was 10 (2–20 cycles). An objective response was achieved in 68% of patients, with 20 patients (42%) achieving a complete response and 12 patients (26%) achieving a partial response. Progression-free survival (PFS) rates at 1, 2 and 3 years were 77%, 62%, and 62%, respectively.
**Conclusions**: The combination of chemotherapy and immunotherapy in patients with relapsed/refractory neuroblastoma continues to yield high overall survival rates. Rapid chemotherapy modifications when an inadequate response is observed, response evaluations every three months, and continuous patient monitoring by an experienced multidisciplinary team are believed to have significantly contributed to these outcomes.

## PO304 / #1090 | *AS05 - SIOP Scientific Program / AS05e. Neuroblastoma*

### Tpog Nb 2020 Protocol Low Risk Group: Current Results

Deniz Kizmazoglu, Nilgun Kurucu, Eda Ataseven, Ali Varan, Sibel Tekgunduz, Neriman Sari, Suheyla Ocak, Aytul Temuroglu, Ibrahim Kartal, Sonay Incesoy Ozdemir, Derya Özyörük, Begum Sahin, Sultan Aydin, Serhan Kupeli, Deniz Tugcu, Nursah Eker, Birsen Baysal, Elif Güler, Bengu Demirag, Yavuz Koksal, Aykan



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