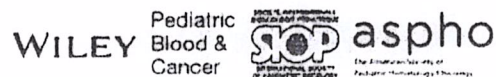


DOI: 10.1002/pbc.26772



## 49<sup>th</sup> CONGRESS OF THE INTERNATIONAL SOCIETY OF PAEDIATRIC ONCOLOGY (SIOP)

WASHINGTON, DC, USA, OCTOBER 12-15, 2017, SIOP ABSTRACTS

**ABSTRACT CONTENTS:**

	Numbers		Numbers
<b>ORAL PRESENTATIONS</b>	<b>O-001 - O-213</b>	<b>Nurses</b>	<b>O-177 - O-209</b>
Award Session	AW-01-AW-08	PPO - Educational Day - Fertility	O-210 - O-213
Free Paper Session: Solid Tumours - Biology	O-001 - O-004	<b>POSTER DISCUSSIONS</b>	PD-001 - PD113
Free Paper Session: Epidemiology - I	O-005 - O-008	Haematology - Acute Lymphoblastic Leukaemia	PD-001 - PD-006
Free Paper Session: Supportive Care	O-009 - O-012	Haematology - Myeloid Leukemias, Myelodysplastic and Myeloproliferative Syndromes	PD-007 - PD-011
Free Paper Session: Brain Tumours - I	O-013 - O-017	Haematology - Lymphomas	PD-012 - PD-016
Free Paper Session: All - Clinical	O-018 - O-023	Haematology - Stem Cell Transplantation (Haematological Diseases/Technique and Supportive Care)	PD-017
Free Paper Session: Late Effects	O-024 - O-029	Solid Non Brain Tumours - Neuroblastoma	PD-018 - PD-022
Free Paper Session: Myeloid Leukemia And Transplant	O-030 - O-035	Solid Non Brain Tumours - Renal Tumours	PD-023 - PD-024
Free Paper Session: Solid Tumour Therapy	O-036 - O-041	Solid Non Brain Tumours - Bone Tumours	PD-025 - PD-027
Free Paper Session: Brain Tumours - II	O-042 - O-047	Solid Non Brain Tumours - Soft Tissue Sarcomas	PD-028 - PD-032
Free Paper Session: Leukemia - Biology	O-048 - O-051	Solid Non Brain Tumours - Retinoblastoma	PD-033 - PD-035
Free Paper Session: Neuroblastoma - Clinical	O-052 - O-055	Solid Non Brain Tumours - Liver Tumours	PD-036 - PD-037
Free Paper Session: Bone Tumours - Nollenburg Prize	O-056 - O-059	Solid Non Brain Tumours - Germ Cell Tumours	PD-038
Free Paper Session: PODC	O-060 - O-065	Solid Non Brain Tumours - Rare Tumours	PD-039 - PD-040
Free Paper Session: Neuroblastoma - Biology	O-066 - O-071	Brain Tumours	PD-041 - PD-046
Free Paper Session: Renal Tumours	O-072 - O-077	Treatment and Care - New Drugs/Experimental Therapeutics	PD-047 - PD-052
Free Paper Session: Supportive Care And Palliative Care	O-078 - O-083	Treatment and Care - Supportive Care	PD-053 - PD-057
Free Paper Session: Soft Tissue Sarcomas	O-084 - O-089	Treatment and Care - Psychosocial (PPO)	PD-058 - PD-077
Free Paper Session: Immunotherapy	O-090 - O-095	Treatment and Care - Nursing	PD-078 - PD-087
Free Paper Session: PPO - I	O-096 - O-101	Treatment and Care - Biology and Pathology	PD-088 - PD-089
Free Paper Session: PPO - II	O-102 - O-107	Epidemiology - Pathway of Care	PD-090 - PD-094
Free Paper Session: PODC Supportive Care	O-108 - O-113	Late Effects	PD-095 - PD-099
Free Paper Session: Epidemiology - II	O-114 - O-119	IPSO Poster Discussion	PD-100 - PD-113
Free Paper Session: Leukemia And Lymphoma	O-120 - O-125	<b>POSTER PRESENTATIONS</b>	P-001 - P-592
Free Paper Session: Liver Tumours And Rare Tumours	O-126 - O-131	Haematology - Acute Lymphoblastic Leukaemia	P-001 - P-064
CCI - Childhood Cancer International	O-132 - O-147	Haematology - Myeloid Leukemias, Myelodysplastic and Myeloproliferative Syndromes	P-065 - P-078
IPSO	O-148 - O-176	Haematology - Lymphomas	P-079 - P-109
Session 1: Neuroblastoma & Fertility	O-148 - O-152	Haematology - Stem Cell Transplantation (Haematological Diseases/Technique and Supportive Care)	P-110 - P-121
Session 2: Renal Tumours & Lung Metastasis	O-153 - O-159	Solid Non Brain Tumours - Neuroblastoma	P-122 - P-166
(PBC-Session): The Robert Arceci Best Of IPSO	O-160 - O-163		
Rare Tumors (+ 1 education)	O-164 - O-170		
Liver Tumors, GCT and RMS (+ 1 education)	O-171 - O-176		

Pediatr Blood Cancer. 2017;64:e26772.  
<https://doi.org/10.1002/pbc.26772>

wileyonlinelibrary.com/journal/pbc

© 2017 Wiley Periodicals, Inc. | 51 of 5518

**Continue reading full article**

Related content

[Go to old article view](#)

**Pediatric Blood & Cancer** [Explore this journal >](#)

Volume 64, Issue Supplement S3  
November 2017

[View issue TOC](#)

**Supplement:**  
Abstracts From the 49th Congress of the International Society of Paediatric Oncology (SIOP) Washington, DC, USA October 12–15,  
...[Show more](#)

e26772

**ABSTRACTS**

## SIOP ABSTRACTS

**First published:**

1 September 2017 [Full publication history](#)

**DOI:**

10.1002/pbc.26772 [View/save citation](#)

**Cited by (CrossRef):**

0 articles

[Check for updates](#)

[Citation tools](#)

of *SMARCB1*, which encodes a critical component of the SWI/SNF chromatin-remodeling complex. They can arise in the brain where they are called Atypical Teratoid/Rhabdoid Tumors (ATRTs) and in various extra-cranial locations where they are called Malignant Rhabdoid Tumors (MRTs). Both ATRTs and MRTs are frequently lethal diseases for which best therapeutic approaches remains to be determined. Herein, we describe the Sick Kids experience.

**Design/Methods:** Patients diagnosed with MRT at the hospital for Sick Children between 1996-2016 were identified and charts reviewed. Demographic data, treatment details and survival information was collected.

**Results:** We identified twenty-five patients diagnosed with MRTs between 1996 and 2016. Median age at diagnosis was 3.2 years (1 month -16.6 years). 64%(n=14) were female and 36%(n=8) were male. Thirty-two percent of the tumors were intra-abdominal (n=8), 24% (n=6) para-spinal, 16% in extremities (n=4), 8% nasopharyngeal (n=2), 8% multifocal (n=2), 4% Skull base (n=1), 4% Chest wall (n=1) and 4% neck (n=1). Most of the patients, 56% presented with advanced disease (stage III and IV), 8% (n=2) of the patients presented with multifocal disease and correspond to patients diagnosed with rhabdoid tumor predisposition syndrome. The median time to progression was 6 months (ranging from 1 month to 25 months). Most of the patients (n=20) were treated with multimodal therapy including chemotherapy in 18 patients, radiation therapy in 11 patients and surgery in 14 patients. Only 20% of patients are alive and free of disease, 64% of patients succumbed to the disease.

**Conclusions:** MRTs continues to be a disease with poor outcomes. Young patients and patients presenting with metastatic disease have a dismal prognosis. Insights in the biology of this entity are urgently needed to guide therapeutic approaches and the development of clinical trials.

### P-272 | Paratesticular Rhabdomyosarcoma in Children: Surgical Analysis

R. Vianna<sup>1</sup>, E. Lopes<sup>1</sup>, V. Nascimento<sup>1</sup>, S. Coelho<sup>1</sup>, F.N. Gutierrez<sup>2</sup>, J. Oliveira<sup>3</sup>, F. Lima<sup>2</sup>, S. Ferman<sup>3</sup>, A. Ikeda<sup>3</sup>, P. Faria<sup>4</sup>

<sup>1</sup>Instituto Nacional de Câncer, Pediatric Surgery, Rio de Janeiro, Brazil; <sup>2</sup>Instituto Nacional de Câncer, Pediatric Research Nurse, Rio de Janeiro, Brazil; <sup>3</sup>Instituto Nacional de Câncer, Pediatric Oncology, Rio de Janeiro, Brazil; <sup>4</sup>Instituto Nacional de Câncer, Pathology, Rio de Janeiro, Brazil

**Background/Objectives:** In children, about 7% of all cases of genitourinary rhabdomyosarcoma are paratesticular in origin. Prognosis for paratesticular rhabdomyosarcoma (RMS) is favorable: approximately 60% to 80% of patients have localized disease at diagnosis. The purpose of this study was to report a retrospective review of paratesticular RMS in children treated at the Pediatric Oncology Department at one institu-

tion in Brazil. The prognostic, surgical and histopathological aspects were analyzed.

**Design/Methods:** From 1987 to 2017, a total of twenty five patients with ages ranging from 10 months to 16 years old with pathologically confirmed diagnosis of paratesticular RMS treated at our institution.

**Results:** The median age at presentation was 12 years (rang 10 months - 16 years). Sixteen patients were  $\geq 10$  years old (76%). Eighteen patients had initial surgery at non-oncologic hospital and seven needed a second surgery. One third of patients who underwent initial surgery outside our institution required second surgery (three hemiscrotectomy and four lymphadenectomy). Partial cystectomy was performed in one patient due to vesical metastasis. The histopathological classification of RMS was: embryonal in 19, alveolar in four and no classified RMS in two. The patients were treated following the International Rhabdomyosarcoma Study Group from 1987 to 2008 (88%) and European Pediatric Soft Sarcoma Group protocol since 2009 (12%). All patients received chemotherapy and only seven received radiotherapy. The 5-year overall survival (OS) was 76%, with follow up from 6 months to 20 years (median 4 years). The mortality among patients  $\geq 10$  years of age was 37.5%, while all patients  $< 10$  years are alive.

**Conclusions:** The 5-year OS was worse in patients  $\geq 10$  years old, confirming current data. The patients who underwent initial surgery at non-oncologic hospital needed second surgery more frequently, including hemiscrotectomy. Continued effort is required to educate providers on appropriate workup of scrotal masses to avoid scrotal violation.

### P-273 | Our Experience with Primary Total Thyroidectomy and Lymph Node Biopsy in Papillary Thyroid Carcinoma

Z. Jenovari<sup>1</sup>, P. Hauser<sup>2</sup>, M. Garami<sup>2</sup>, E. Varga<sup>2</sup>, Z. Karady<sup>2</sup>, A. Sallai<sup>2</sup>, E. Hosszu<sup>2</sup>, T. Budi<sup>2</sup>, T. Prokopp<sup>2</sup>

<sup>1</sup>Semmelweis University, 2nd. Department of Pediatrics, Budapest, Hungary; <sup>2</sup>Semmelweis University, 2nd Department of Pediatrics, Budapest, Hungary

**Background/Objectives:** There are concerns about the optimal primer surgery in case of papillary thyroid carcinoma. From 2006 we moved on the total thyroidectomy and regional lymph node biopsy as the first attempted procedures in all cases, to provide opportunity for postoperative iodine isotope therapy. There are few evidences about the results of this procedure.

**Design/Methods:** We retrospectively analyzed the data of the children underwent primary total thyroidectomy in our unit from 2006-2016.

**Results:** 29 patients were found, the mean age 15.3 year (7-20), M/F ratio 8/21. All had papillary thyroid carcinoma