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BACKGROUND: Since 2013, pediatric oncologists from Latin America have discussed neuro-oncology cases with experts from North America and Europe in a web-based "Latin American Tumor Board" (LATB). This descriptive study evaluates the feasibility of the recommendations rendered during the Board. METHODS: An electronic questionnaire was distributed to physicians who received recommendations between October 2017 and October 2018, two months after their case presentation on the LATB. Physicians were asked regarding the feasibility of each recommendation given during the Board. Baseline case characteristics of all presented cases were obtained from anonymized minutes prepared after the presentations. RESULTS: 36 physicians from 15 countries answered 103 of 142 questionnaires (72.5%), containing 283 recommendations. Physicians followed 60% of diagnostic procedural recommendations and 70% of therapeutic recommendations. Overall, 96% of respondents considered the recommendations applicable and useful. The most difficult recommendations to follow were genetic and molecular testing, pathology review, locally adapted chemotherapy protocols administration, neurosurgical interventions and access to molecular targeted therapies. The most cited reasons for not implementing the recommendations were lack of resources, inapplicable recommendations to that low-to-middle income country (LMIC) setting, and lack of parental consent. CONCLUSION: The recommendations given on the LATB are frequently applicable and helpful for physicians in LMIC. Nevertheless, limitations in availability of both diagnostic procedures and treatment modalities affected the feasibility of some recommendations. Virtual tumor boards offer physicians from LMIC access to real time, high-level subspecialist expertise and provide a valuable platform for information exchange among physicians worldwide.

LINC-19. CURRENT SITUATION OF PEDIATRIC TUMORS OF CENTRAL NERVOUS SYSTEM IN CHINA - THE FIRST CNOG NATIONAL WIDE REPORT

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Tumors of Central Nervous System (CNS) are most seen solid tumor in childhood. Accounting approximate 25–30% of pediatric neoplasms, treatments on these tumors are complicated as they occur in different age ranges, have various types according to classification system and contain different characteristic molecular profiles. There are huge gaps of medical services for children with CNS tumors in different regions in China, which is blamed to limited medical resources and lack of epidemiology data for Chinese population. After the establishment of CNOG (Children's Neuro-Oncology Group) in China in 2017, national wide registry (CNOG-MC001) was conducted to collect data on the basic information about pediatric tumors of CNS. Results of 4059 cases from 37 centers providing medical services for pediatric CNS tumors in 25 provinces from 6 greater administrative areas in China showed distinct tumor ratio, compared to worldwide data by WHO classification. The mean of age was 8.01 ± 4.73, with a male vs. female ratio as 1.48 to 1. Embryonal tumor, astrocytic & oligodendroglial tumors, and other astrocytic tumors were three most common tumor types in CNS of children. The lost follow-up rate was surprisingly high as 53.07%. In all, this is the first national wide registry for pediatric CNS tumor in China and the results attracted public and government's attentions for further epidemic investigations.

LINC-20. INFANT BRAIN TUMOURS IN HONG KONG

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OBJECTIVES: To review the clinical features, pathology and survivals of infants with brain tumours. METHODS: A retrospective review of the clinical findings, pathology, treatment and survival outcome in infants with brain tumours. RESULTS: From 1999 to 2018, there were 507 children (<18 years) who were diagnosed to have brain tumours in Hong Kong. The patients were treated in five public hospitals. The clinical data were collected by the Hong Kong Paediatric Haematology and Oncology Study Group, and were cross-checked with the data of the Hong Kong Cancer Registry. In this group of patients, there were 36 infants (birth to 365 days of age) i.e. 7.1% of the whole group. Both benign and malignant brain tumours were included, while non-neoplastic lesions were excluded. On average, there was 1.89 cases per year. The pathology of the tumours were astrocytoma (n= 8), medulloblastoma (n=6), germ cell tumour (n=6), PNET (n=5), ATRT (n=4), choroid plexus tumours (n=3), ependymoma (n=2), craniopharyngioma (n= 1) and gangliolioma (n= 1). These infants were treated according to their clinical conditions and prognosis, with operation, chemotherapy or both. Radiotherapy was withheld or postponed to older age. Some patients only received palliative care due to the poor neurological status or prognosis. The overall survivals of children younger than 18 years old vs infants were 67.3% (±2.3) vs 50.5%(±9.2) respectively, while the event free survivals were 64.4% (±2.4) and 43.5% (±8.8) at 10-years respectively. CONCLUSION: Infants with brain tumours have different pathology and inferior outcome.

LINC-21. SURVEY ON THE RESOURCES AVAILABLE FOR PEDIATRIC NEURO-ONCOLOGY IN CHILE, SOUTH AMERICA

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BACKGROUND: We report the human and material resources available in Chilean institutions providing pediatric neuro-oncology services. METHODS: A cross-sectional survey was distributed to 17 hospitals providing pediatric neuro-oncology services (Programa Infantil Nacional de Drogas Antineoplásicas (PINDA) centers=11, Private=6). RESULTS: Response rate was 71% (PINDA=8; Private=4). Pediatric neuro-oncology services were mainly provided within general hospitals (67%). Registries for pediatric central nervous system (CNS) tumors and chemotherapy-related toxicities were available in 100% and 67% of centers, respectively. Children with CNS tumors were treated by pediatric oncologists in 92% of institutions; none were formally trained in neuro-oncology. The most utilized treatment protocols were the national PINDA protocols followed by the Children's Oncology Group protocols. All World Health Organization essential medicines for childhood cancer were available in more than 80% of participating institutions except for gemcitabine, oxaliplatin, paclitaxel, and procarbazine. The median number of pediatric neurosurgeons per institution was two (range,0–8). General neuro-radiologists were available in 83% of institutions. Pathology specimens were sent to pediatric neuropathologists (33%), neuropathologists (25%), adult pathologists (25%), and pediatric pathologists (16.7%). In-house pediatric radiation oncologists were available in 25% of centers. Intensity-modulated radiotherapy, conformal radiotherapy and cobalt radiotherapy were utilized by 67%, 58% and 42% of hospitals, respectively. Only one center performed autologous hematopoietic cell transplant for pediatric CNS tumors. CONCLUSIONS: These results provide a glimpse into the pediatric neuro-oncology services available in Chile. A wide range of up-to-date treatment modalities is available for children with CNS tumors in Chile. Establishing formal pediatric neuro-oncology training may be beneficial.

LINC-23. PRE-OPERATIVE AND POST-OPERATIVE INTERVENTIONS REDUCE RATES OF VENTRICULITIS IN PEDIATRIC BRAIN TUMOR PATIENTS: A PILOT STUDY

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BACKGROUND: The Philippine General Hospital, a public national referral center, sees 60–80 pediatric brain tumor cases per year. Historically, the rate of post-operative ventriculitis has been high, resulting in