CELLULAR THERAPIES

SURG-06. FRAMELESS STEREOTACTIC INTRACRANIAL

decreasing tumor volume and vascularity.

residual CPC/ACPP may serve as safer bridge to second look surgery by

Early phase results indicate pre-operative IA chemotherapy for

bolization was not pursued. Craniotomy resulted in gross total resection

based response assessment to determine eligibility for second-look surgery.

administration of melphalan, topotecan, and carboplatin followed by MRI-

protocol (NCT04994977) which consists of a single IA chemotherapy ad

safety, feasibility, and effect of pre-operative IA chemotherapy for CPC/

achieving complete resection in a safer manner. OBJECTIVE: To assess the
diagnosed, recurrent, or residual CPC/ACPP would increase likelihood of

effects. We hypothesize the use of intra-arterial (IA) chemotherapy for newly

plexus carcinoma (CPC) are rare malignant tumors of the central nervous

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TO SECOND-LOOK SURGERY

PLEXUS PAPILLOMA AND CHOROID PLEXUS CARCINOMA PRIOR

DIAGNOSED, RESIDUAL, OR RECURRENT ATYPICAL CHOROID

SURG-05. INTRA-ARTERIAL CHEMOTHERAPY FOR NEWLY

IT chemotherapy shows an excellent safety profile in children with malig

(3%) IR and 12 (5.8%) LP administrations, i.e. fever (n=6), seizures (n=6),

1 (0.4%) LP administrations, i.e technical (n=5), high ICP (n=3), and im

post-procedural assessments. RESULTS: We identified 74 patients who re

high-volume pediatric neuro-oncology center. METHODS: We performed

tion routes. We now present the IT chemotherapy experience from a single

feasibility of repeated infusions of MTX110 via CED in DMG patients with

nosis (range 8 to 20 months) while median OS was 16.5 months (range 12

of MTX110 (Biodexa Ltd), a water-soluble formulation of panobinostat,

calculation study to investigate the safety and feasibility of repeated infusions

preclinically to be among the most active agents against Diffuse Midline

Our proposed intratumoral delivery method using frameless stereotaxy

pons. Catheter insertion depth was determined using the stereotactic system

image with the pre-operative MRI. RESULTS: The proposed system was

standard pre-operative MRI. Components from an FDA-approved frameless

surgical technologies that can be incorporated into future clinical trials.

injection of cellular therapies that utilizes existing and widely used neuro

treatment algorithms. We here describe a surgical workflow for intratumoral

but challenges still exist in defining their optimal delivery route. Emerging

Abstracts

BACKGROUND: As the leading disease-related cause of death in chil

NAE064.649

NURS-01. NOVEL TREATMENTS FOR ACNEIFORM ERUPTIONS

CAUSED BY TARGETED THERAPIES IN THE PEDIATRIC

POPULATION

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Ashley Lampe, Abbey Rocco, Margaret Shatara, Michele McHugh,

FINAL CATEGORY: NURSING, SOCIAL WORK, PATIENT SUPPORT
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BACKGROUND: Drugs that target the mitogen-activated protein kinase pathway can cause frequent and severe cutaneous toxicities with acneiform eruptions being one of the most common and challenging to manage. The literature is limited regarding treatment recommendations especially when this rash is refractory to first-line therapies. METHODS: A single-institution case series regarding the treatment of acneiform eruptions with oral isotretinoin after failure of first-line therapies was performed. RESULTS: Two female, adolescent patients who developed refractory acneiform eruptions while on trametinib were included. Their acneiform eruption emerged within the first cycle of trametinib requiring treatment with oral doxycycline plus a variety of topical medications. They remained on doxycycline for 6 and 7 months. Both patients then switched to oral isotretinoin after minimal rash response and rebound of the rash when attempting to discontinue doxycycline. The initial isotretinoin doses were 0.2-0.3 mg/kg/day rounded per pill size. Both patients required a dose reduction due to worsening xerosis. Once decreased, isotretinoin was well tolerated. No changes in baseline lipid panels or ALT were seen. No associated neurologic symptoms or pseudotumor cerebri. While on oral isotretinoin, no additional topical therapies were required to treat the acneiform eruption. The first patient's acneiform rash improved from a CTCAE v5 grade 3 to grade 1 after only 3 weeks of isotretinoin. All locations of the rash responded to therapy. The second patient developed a grade 2 acneiform rash after starting trametinib and became ungradable with only residual pink papules to cheeks after receiving isotretinoin. CONCLUSIONS: Both patients were successfully treated with isotretinoin after multiple prior therapies including 6 or more months of treatment with oral antibiotics. We recommend further research of treatment therapies in addition to oral antibiotics given concerns on their impact of the microbiome.