LMI-16. RESULTS OF MULTIMODAL TREATMENT AND QUALITY OF LIFE IN CHILDREN WITH HIGH RISK CNS TUMOURS IN LVIV REGION: A 10 YEAR EXPERIENCE

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BACKGROUND: Pediatric CNS tumours are a heterogeneous group of malignancies that require adjuvant radiotherapy and chemotherapy to improve the survival. Quality of life after surgery and during cytotoxic treatment requires careful observation. METHODS: A retrospective chart review of 92 children with brain tumours of different histological subtypes treated and observed from 2006 to 2015 was performed. Quality of life was assessed due to extent of 4 types of disorders: mental, neurosensory, movement, and complications of cytotoxic treatment. RESULTS: The largest cohorts were patients with gliomas, medulloblastoma and ependymomas. Patients with WHO grade III-IV tumours received multimodal treatment: surgery, distant beam radiotherapy and adjuvant chemotherapy with 3-year OS overall survival 53%. Patients with WHO grade I-II tumours (LGG) received adjuvant distant beam radiotherapy after surgery in the case of residual or unresectable tumour combined with chemotherapy in individual cases. The 3-year OS in patients with WHO grade I-II tumours is 81%. The most frequently affected in terms of quality of life during treatment were patients treated of medulloblastoma and HGG who had the most severe grade 3-4 movement and postcytotoxic AE. The most common AE that worsened the quality of life of long term survivors were associated with neurosensory and movement disorders. CONCLUSION: Gross total resection of the primary tumour, radiotherapy after subtotal resection and adjuvant chemotherapy improved the overall survival but influenced the quality of life of survivors. The prognosis for children with stage 4 medulloblastoma and metastatic HGG improved after implementing adjuvant treatment in low income countries.