Survival after recurrence of medulloblastoma in the contemporary era.

**Subcategory:**
CNS Tumors

**Category:**
Central Nervous System Tumors

**Meeting:**
2011 ASCO Annual Meeting

**Session Type and Session Title:**
General Poster Session, Central Nervous System Tumors

**Abstract Number:**
2068

**Citation:**
J Clin Oncol 29: 2011 (suppl; abstr 2068)

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**Abstract Disclosures**

**Abstract:**

**Background:** Greater than 70% of patients diagnosed with medulloblastoma today are cured. However, salvage therapy after recurrence remains widely varied. Survival after recurrence of medulloblastoma has not been reported in an unselected cohort of patients in the contemporary era. **Methods:** With approval of the Institutional Review Board, medical records were reviewed for 55 patients diagnosed with medulloblastoma between 2000 and 2010, and treated at Seattle Children's Hospital, the largest pediatric cancer center in the Pacific Northwest, with referrals from Washington, Alaska, Montana, Idaho and Wyoming. Forty-seven children over the age of three at initial diagnosis were considered for this analysis. The following variables were collected for patients diagnosed with recurrent or progressive disease: age at diagnosis, gender, stage, histology, time to relapse, site of relapse, treatment after relapse, and time to death or last contact. Survival
was described according to the method of Kaplan and Meier and comparisons were made using the log rank test. **Results:** Fourteen of 47 patients (30%) experienced recurrent or progressive medulloblastoma. The median age at diagnosis was 9 years (range 5.8 to 15.9), and 71% (n=10) were male. Most patients had localized disease (M0, 78.6%), classic histology (78.6%) and gross total resection (92.9%) at initial diagnosis. The median time from diagnosis to recurrence was 18.0 months (range 3.6 – 62.6), and site of recurrence was metastatic in 86% (n=12). The median survival after relapse was 6.8 months (range 0.7 – 77.9); 3-year survival after relapse was 19%. There were trend associations between longer survival and having received additional chemotherapy (median survival 6.8 vs. 1.3 months, p = 0.06) and radiation therapy (15.4 vs. 4.4 months, p=0.13), but not research therapy (2.8 vs. 10.3 months, p =0.69.) **Conclusions:** Recurrence of medulloblastoma is much more likely to be metastatic than reported in previous eras. Within the limits of our small sample, our data suggest a potential survival benefit from re-treatment with cytotoxic chemotherapy and radiation even in heavily pre-treated patients. This report serves as a baseline against which to evaluate novel therapy combinations.