Patients with relapsed adult medulloblastoma (MB) treated by the GEINO (Spanish cooperative group for research in neuro-oncology) group oncologists: natural history and patterns of care.

M Vieito,1 R Luque,2 MC Soberon,3 S del Barco,4 E Pineda,5 M A Vaz Salgado,4 M T Tuñon,7 A Herrero,6 T Quintanar,9 J Diez Santos10, R Girones11

Medical Oncology Department, Vall d’Hebron Institute of Oncology (VHIO), Vall d’Hebron Barcelona Hospital Campus, 08035 Barcelona, Spain.
mvieito@vhio.net
(2) Medical Oncology Department, Hospital Virgen de las Nieves, Granada, Spain.
(3) Medical Oncology Department, Hospital 12 Octubre, Madrid, Spain.
(4) Medical Oncology Department, Fundacio Instituto de Investigacion Biomedica de Girona, Hospital Josep Trueta, Girona, Spain.
(5) Medical Oncology Department, Hospital Clinic de Barcelona, Barcelona Spain.
(6) Medical Oncology Department, Hospital Ramon y Cajal, Madrid, Spain.
(7) Medical Oncology, Complejo Universitario de Navarra, Pamplona, Spain.
(8) Medical Oncology, Hospital Universitario Miguel Servet, Zaragoza, Spain.
(9) Medical Oncology, Hospital Universitario de Elche, Spain.
(10) Medical Oncology, Hospital Universitario Regional de Malaga, Spain.
(11) Medical Oncology, Hospital Universitario y Politecnic La Fe de Valencia, Spain.

Most pediatric patients with MB that experience recurrence present with distant dissemination within the neuroaxis and rarely benefit from local rescue strategies such as surgery and radiotherapy. However, adult MB has important biological differences that impact clinical behavior and patient outcomes.

- Patients included in the national RETSINE CNS tumor registry with the diagnosis of medulloblastoma between 1995 and May 2022 were analyzed.
- 19 centers included at least one patient in the register, that has 81 patients at the data cutoff.
- Chi-squared test was used to compare binomial variables.
- OS was calculated with the Kaplan-Meier method.

Twenty-four cases of relapse were identified (29%). Relapses occurred after a median of 3.4 years (range 0.32 to 9.7) of follow-up. Demographic Characteristics are summarized in Table 1.

CONCLUSIONS

Although the majority of relapses occurred in the first 5 years of follow-up this study seems to confirm that adult medulloblastoma tends to recur later (3.7 years vs 1 year in pediatric patients), have a higher likelihood of presenting isolated local recurrence (65% vs 30% in other series), and therefore have a better median OS. This can have implications for follow-up strategies.