times greater risk of achieving a Lansky/Karnofsky score of fewer than 90 points 6 months after diagnosis (p=0.006). Ten patients had pre- and post-treatment ophthalmologic assessment, either visual acuity or visual evoqued potentials. Five had no changes and 5 showed improvement after treatment. CONCLUSIONS: These results show inferior outcomes compared to high-income countries, influenced importantly due to morbidity after surgical resection. These data can be used to prospectively optimize treatment at our institute and other middle-income countries through a multidisciplinary neuro-oncology team.

LINC-05. SUCCESSFUL RESPONSE TO BEVACIZUMAB/ IRINOTECAN/TEMOZOLOMIDE IN A PROGRESSIVE CHOROID PLEXUS CARCINOMA: A CASE REPORT

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Choroid plexus carcinomas (CPC) are a rare type of aggressive pediatric brain tumors with poor survival rates, and no standard curative therapy after relapse. We report the case of a 1-year-oldmale, with a right lateral ventricular CPC and disseminated leptomeningeal disease. First line therapy was an initial surgery aborted due to hemorrhage and a second near total resection. After the second surgery six cycles of ICE regimen were applied. The MRI after primary therapy showed progression with a new lesion located on the optic pathway and leptomeningeal disease. At this point a second line therapy consisting of Bebacizumab 10 mg/kg and Irinotecan 125 mg/kg every 2 weeks and Temozolamide 150 mg/m2 every 4 weeks was given. He received up to 24 cycles. His imaging demonstrated 80% primary tumor reduction and improvement of leptomeningeal disease. This treatment gave him the time to turn 3 years old to receive 3D conformational craniospinal radiotherapy as follows: spine 24Gy, overdose 27 Gy to tumor bed and cranial for a total dose 51 Gy. The patient is now 19 months from the end of treatment with stable disease. He is clinically well, with good performance status (Lansky 100%) and attending school. The relevance to present this case is to highlight a safe and effective treatment for a relapsed CPC since there is not a curative therapy for these children.

LINC-06. PREVALENCE AND OUTCOMES OF AUTOIMMUNE ENCEPHALITIS IN A TERTIARY HOSPITAL IN BAGUIO CITY, PHILIPPINES

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INTRODUCTION: Autoimmune Encephalitis is a debilitating neurological disorder that develops as a rapidly progressive encephalopathy, occurring usually less than 6 weeks, caused by brain inflammation. There are limited data on the autoimmune cases in the locality. This study aims to determine the prevalence and outcomes of patients with Autoimmune encephalitis cases admitted in a tertiary hospital in Baguio City, Philippines. METHODOLOGY: This is a descriptive retrospective cross-sectional study that reviewed health records of patients managed as autoimmune encephalitis in a tertiary hospital from January 2015 to December 2020. Descriptive Statistics using frequencies and percentages were employed in the study. RESULTS: A total of 21 patients were included in the study, majority of which were adolescent patients, with male predominance and are residing in rural areas. The most common clinical manifestation presented were fever, behavioral changes, generalized motor seizures, orofacial and limb dyskinesias. EEG revealed abnormal results in 14 patients (66.67%). Majority of patients had normal CSF analysis, while 2 (38.1%) revealed elevated CSF protein levels. Eight patients (38.1%) tested positive for anti-NMDAR titers. Most patients had normal ultrasound and cranial CT Scan (47.62%). The length of stay was more than 2 weeks and majority (80.95%) of patients were discharged improved. CONCLUSION: The prevalence of autoimmune encephalitis is 5/10,000 pediatric population in a span of 6 years which was noted to be increasing over time. The demographic and clinical profile maybe used as predictors of outcome of autoimmune encephalitis, hence, it can help in the management of the said disease.

LINC-07. CHALLENGES IN MANAGEMENT OF PAEDIATRIC CNS TUMORS IN LOW- AND MIDDLE-INCOME COUNTRIES: EXPERIENCE FROM A TERTIARY CENTER IN PAKISTAN.

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BACKGROUND: The cure rate of children with central nervous system (CNS) tumors in low- and middle-income countries (LMICs) is lower than high-income countries due to under diagnosis, treatment abandonment, lack of appropriate radiological, histopathologic, neurosurgical, radiotherapeutic, and pediatric oncologic services. The present study aimed to evaluate the treatment challenges observed in a tertiary center in Pakistan. MATERIALS AND METHODS: Patients younger than 17 years-of-age with CNS tumors either diagnosed at or referred to Indus Hospital from January 2015 to December 2021 were included. RESULTS: A total of 235 patients were included with a median age of 10.0 years and male preponderance (60.8%). The three most frequent CNS malignancies observed were glioma (105; 44.3%), medulloblastoma (63;26.6%), and ependymoma (34;14.3%). Of 235 patients, 45(19%) received palliative treatment upfront, 37(15.6%) were referred to other institutions for care, and 33 (13.9%) abandoned prior to treatment initiation. Of the 120 (51.0%) patients who started curative treatment, 74(61.6%) completed treatment, 22(18.3%) continue on treatment, 19(15.8%) abandoned treatment, and 5(4.2%) died during treatment . Overall survival in patients on curative treatment at the time of analysis was close to 80%. CONCLUSION: This study describes the outlook of care for children with CNS tumors in a tertiary center of Pakistan.It is observed that high rate of patients with upfront palliation and abandonment lead to poor outcomes. Stigma cancer, financial toxicity, delayed referral and burden of neurosurgeries in government sectors could be contributing to these outcomes. Further work must be done to clarify the barriers to quality care. Futhermore, a conscious effort to increase integrated care for these patients is of utmost importance.

LINC-08. NEURO-ONCOLOGY TUMOR BOARD – ONE-YEAR EXPERIENCE OF INTERNATIONAL COLLABORATION

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BACKGROUND: The management of childhood central nervous system (CNS) tumors is complex and often faces numerous challenges in low- and middle- income countries (LMICs), including delayed diagnosis and limited treatment resources. Twinning initiatives between LMICs with high- income countries are feasible and proven to be highly effective at exchanging skills and expertise to improve diagnosis, treatment and care for children with brain tumors. METHODS: A monthly multidisciplinary international pediatric neuro-