

malignant glioma. One case of malignant ependymoma and one case of medulloblastoma showed rapid aggravation of symptom after convulsion. **DISCUSSION:** Nine cases showed convulsion among our 41 cases. Convulsion happened as initial symptom in 4 cases but it happened during treatment in 5 cases. Three cases among these 5 cases showed rapid aggravation of symptom after convulsion. So pre- and post-operative anti-epileptic treatment seems to be necessary.

COT-02

TREATMENT EXPERIENCE OF PAZOPANIB FOR A CASE OF VON-HIPPEL LINDAU DISEASE

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INTRODUCTION: von Hippel-Lindau (VHL) disease is an autosomal dominant genetic disorder associated with neoplastic lesions in multiple organs. Here, we report our experience with a patient with VHL disease presenting with complications of renal tumors, wherein pancreatic cystic lesions and renal neoplastic lesions were reduced in size with the administration of pazopanib at our department. **PATIENT:** The patient was a 26-year-old man who presented with hiccups and was diagnosed with medullary hemangioblastoma with a cyst that was resected. The other central nervous system lesions were located in the right optic nerve sheath, cervical and thoracic spinal cord, with multiple cystic type tumors in the pancreas, renal tumors, and epididymal tumors. Although the family history was unclear, the clinical diagnostic criteria for VHL disease were met, and mutations were found in the VHL gene analysis. Six months after the initiation of pazopanib therapy at a dose of 800 mg/day, there was no remarkable change in the hemangioblastoma on imaging; however, the pancreatic and renal lesions had shrunk. In addition, new lesions did not appear. Adverse events included diarrhea, graying of hair. **DISCUSSION:** Pazopanib is a multi-tyrosine kinase inhibitor that inhibits angiogenesis and inhibits tumor growth. In VHL disease, pancreatic and renal tumors influence the survival prognosis, and for hemangioblastoma, the lesions increase in number and size and the corresponding surgery affects the functional prognosis. Although there was a poor tumor-reduction effect on the hemangioblastoma, there was a supposed inhibitory effect on the appearance of new lesions and the enlargement of the existing lesions. **CONCLUSION:** Pazopanib administration resulted in the shrinkage or regression of pancreatic and renal lesions. In addition, it inhibited the increase in number and size of hemangioblastomas. Further, prolonging the surgical treatment interval may help maintain the patient's quality of life.

COT-03

EVALUATING FUNCTIONING AND DISABILITY OF A PATIENT WITH BRAIN TUMOR BY WHODAS

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BACKGROUND: The WHO Disability Assessment Schedule (WHODAS) is a practical assessment instrument which measures level of functioning in the following six domains of life. Here we report a case of brain tumor who was evaluated with the 36-item full version of WHODAS 2.0 (self-administered mode), and discuss usefulness of the WHODAS. **CASE PRESENTATION:** A 69-year-old man was referred to our hospital with cognitive problems because of which he needed assistance for his ADLs at home. He was diagnosed as having primary central nervous system lymphoma (PCNSL) following open brain biopsy, and was transferred to our hospital for chemotherapy at 23 days after the biopsy. He showed no sign of motor or sensory impairments, but initial evaluation revealed that he had troubles in judgment in his ADLs mainly because of marked memory deficits. Motor, cognitive and total FIM score was 65/91, 22/35, and 87/126, respectively and MMSE score was 24/30. After 48 days of chemotherapy (3 courses of initial DeVIC and following R-MPV regimens), he was temporally discharged home before readmission for another chemotherapy. According to him and his family, he was then basically independent in ADLs at home. We implemented WHODAS 2.0 to demonstrate minute ADL problems of this patient at home so that we might focus on rehabilitation for specific problems at home. Sub-scores of the WHODAS were 15/30 for Cognition, 10/25 for Mobility, 4/20 for Self-care, 14/25 for Getting along, 12/20 for Life activities, and 27/40 for participation. In fact, he felt difficulty in the areas of "activity and participation". **DISCUSSION:** The WHODAS is useful to identify various problems in their daily livings even though patients were independent in ADLs. Patients with brain tumors often repeat hospitalization for medical treatment. We have to be alert to not only objective but subjective changes in ADLs at home.

COT-04

FAMILY SUPPORT FOR PATIENTS WITH PRIMARY MALIGNANT BRAIN TUMORS BY PATIENT SUPPORT GROUP IN NATIONAL CANCER CENTER

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BACKGROUND: A family support group for patients with primary malignant brain tumors in our hospital is called "Brain Tumor Family Table." We conduct regular meetings, such as 30 minutes of medical lectures and 60 minutes of healthcare discussions, between participants and medical staff which is supervised by a nurse. To provide more effective family support, we report our activities. **METHOD:** A total of 96 family members participated in 11 meetings from July 2015 to March 2019 and answered anonymous questionnaires about their participation. This survey evaluated their motivation for participation and the level of satisfaction toward the lectures and discussions by three-level scores and free description. **RESULT:** Regarding the reason of their participation, 28.1% of the participants answered, "I want to talk to someone who is in the same condition." We found that 83.3% of them were satisfied with the lectures, and 89.6% of them were satisfied with the discussions and conversations. The reasons for their satisfaction were: "I was happy to hear the story of other patients" (19.0%), "I feel positive toward patient care" (19.0%), and "I realized I was not alone" (17.2%). Moreover, 92.7% answered "I would like to participate in the next meeting." Among them, 26.1% answered "I want to talk again," 14.2% answered "I feel stable," and 14.2% answered "I can get information." There were other opinions, like "Sharing feelings is important" and "I would like to help others next time," as well. **DISCUSSION:** Malignant brain tumors are orphan cancers, and patients and their families lack the information about the disease and the chance to share their experiences. Hence, participants were quite satisfied with this meeting. We will improve our facilitating skills as an organizing body so that participants can share their experiences and feelings to reduce their loneliness and finally feel positive toward patient care.

COT-05

A CASE OF NEPALESE IN JAPAN SUSPECTED OF NEUROCYSTICERCOSIS

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INTRODUCTION: Cystosis is the most common parasitic disease of the central nervous system. Especially in developing countries, it is one of the differential diagnosis of diseases that cause seizures. We report a case of a foreigner suspected of having neurocysticercosis. **CASE:** A 36-year-old Nepalese visiting Japan for 2 years. Two days ago, she lost consciousness for a few seconds and was transferred to our hospital complaint of convulsions for about 1 minute. Head Computed Tomography (CT) revealed a mass lesion with a ring enhancement effect of about 10 mm in the right frontal lobe, with edema around it. Magnetic Resonance Imaging (MRI) shows T1WI low signal, T2WI high signal, and diffusion-weighted image with a light high signal. The ring-shaped enhancement effect was exhibited. Whole body CT showed no obvious lesions and blood tumor markers were negative. Various infections were negative, and cerebrospinal fluid cytology and culture were negative. **POSTOPERATIVE COURSE:** From the surgical findings, brain abscesses such as cerebral tuberculoma were suspected, but various tests were negative. As a pathological result, the tumor had a capsule, and the inside showed necrotic tissue and fibrous granulation tissue reaction. There were no insects, and no obvious cells were identified by special staining. From the origin area, symptoms, and pathological findings, neurocysticercosis was most suspected. **CONCLUSION:** We experienced a case of suspected neurocysticercosis that was difficult to diagnose from images and pathological findings. In neurocysticercosis, when the worm body dies, contrast-enhanced MRI shows a ring-like enhancement effect, and it is accompanied by surrounding edema, which may require differentiation from brain tumors.

COT-06

HBV REACTIVATION DURING AND AFTER THE TREATMENT OF MALIGNANT GLIOMA WITH TEMOZOLOMIDE

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BACKGROUND: It has been reported that temozolomide treatment for malignant glioma can lead to the reactivation of Hepatitis B virus (HBV)