

## OP11

### **National UK study of mortality after surgery for common pediatric CNS tumors**

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**Introduction:** We have recently presented early and late UK mortality for the most common paediatric CNS tumours. Unfortunately, compared to the literature and other national tumour registries, the UK outcomes are disappointing. Here we further explore this using a larger data set analysed by centre.

**Methods:** The National Registry of Childhood Tumours was used to identify all cases (1996-2010) under 15 in the UK with a new tissue diagnosis. Tumour types were analysed separately by age at diagnosis (0-2 and 3-14). Units were studied separately using funnel plots and also by grouping units by volume of cases: >200 cases (2 centres), 141-200 (9 centres), 81-140 (6 centres), 4-26 (9 centres).

**Results:** 2837 patients (pilocytic 1094, medulloblastoma 763, high grade glioma 366, ependymoma 348, sPNET 173, ATRT 93) were included in the study (out of 4480 with a tissue diagnosis - ie 63%) with over 900 patients in each of the 5 year cohorts and with 613 patients aged 0-2. Over the 15 years the number of specified cases per centre ranged from 4-372. Funnel plots showed all centres to be within the first standard deviation line. There was no obvious correlation between centre volume and outcome - although for medulloblastoma there was a U shaped curve with medium sized units having better 5y survival than large (>200 cases) or small centres (4-29 cases).

**Conclusions:** This preliminary analysis of the data fails to shed light on the poor results for paediatric CNS tumours in the UK.