

DELAYED DIAGNOSIS OF PAEDIATRIC INTRACRANIAL GERM CELL TUMOUR (IC-GCT)

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INTRODUCTION

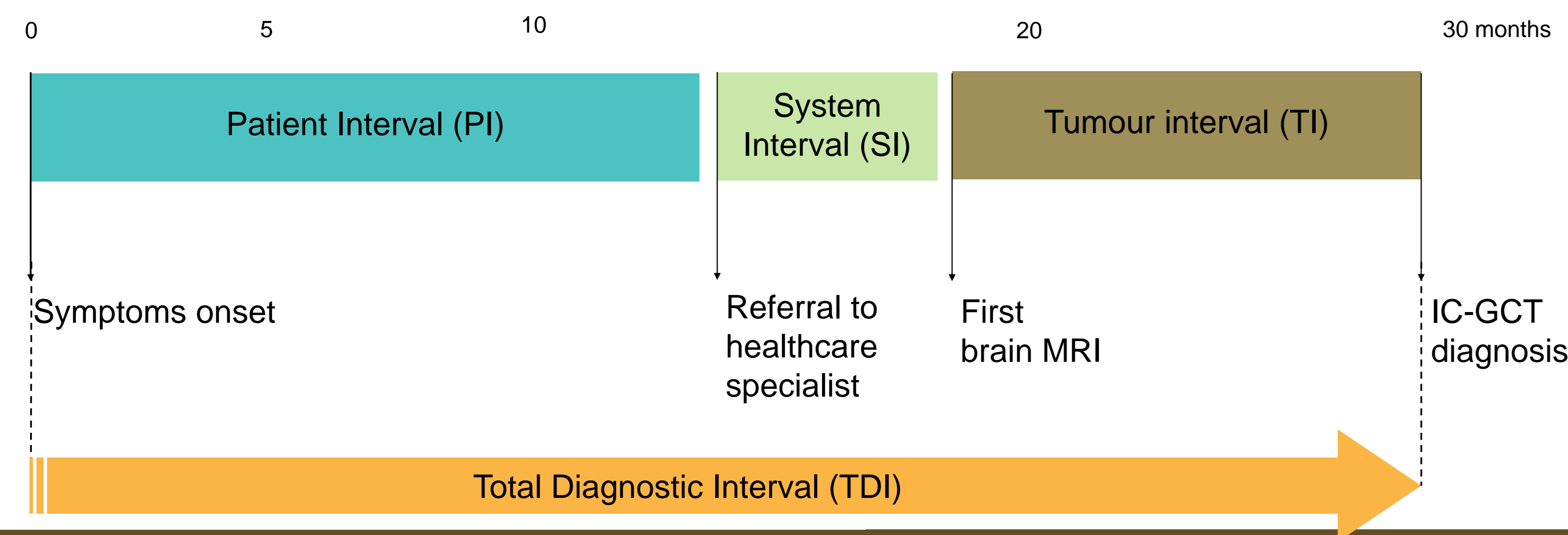
Delays in diagnosis of IC-GCTs in the paediatric age have been frequently reported, affecting outcomes and prognosis.

AIM

- Analyse clinical features of children with IC-GCTs treated at two European tertiary centres over the last 25 years.
- Retrospectively review time lag between symptoms onset, radiological findings and definitive diagnosis of IC-GCT.

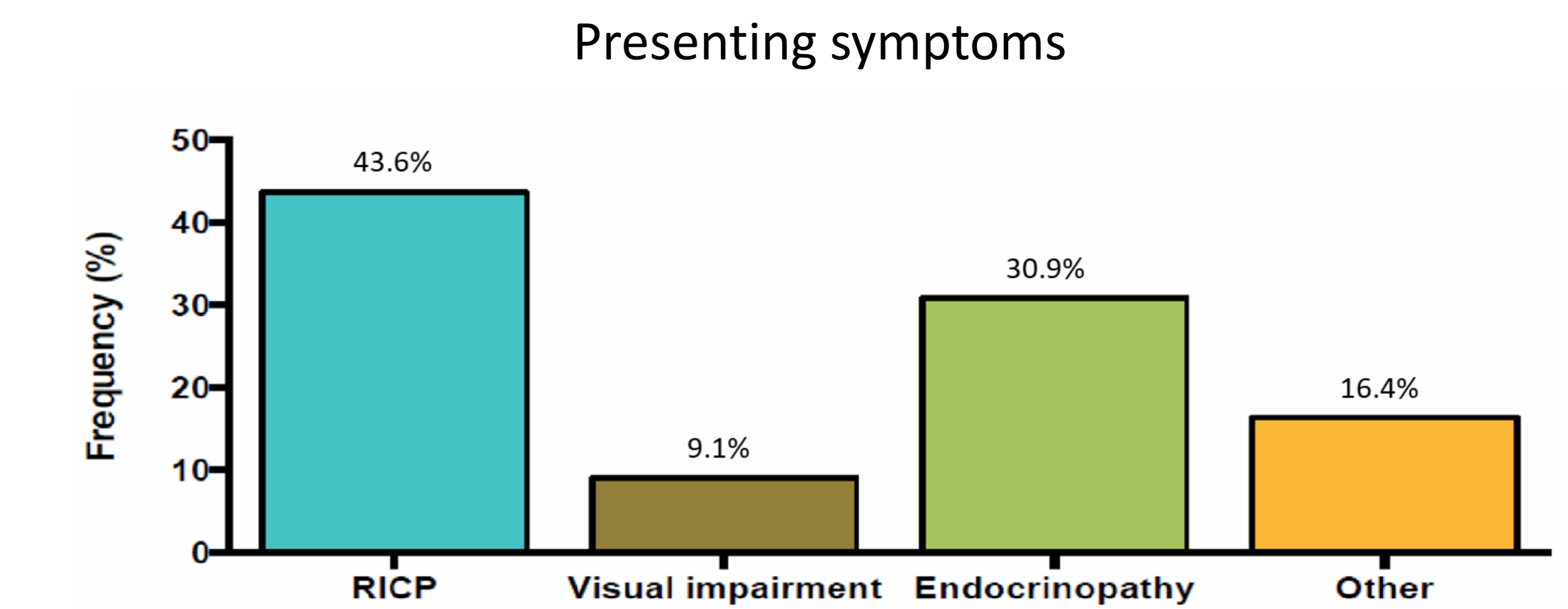
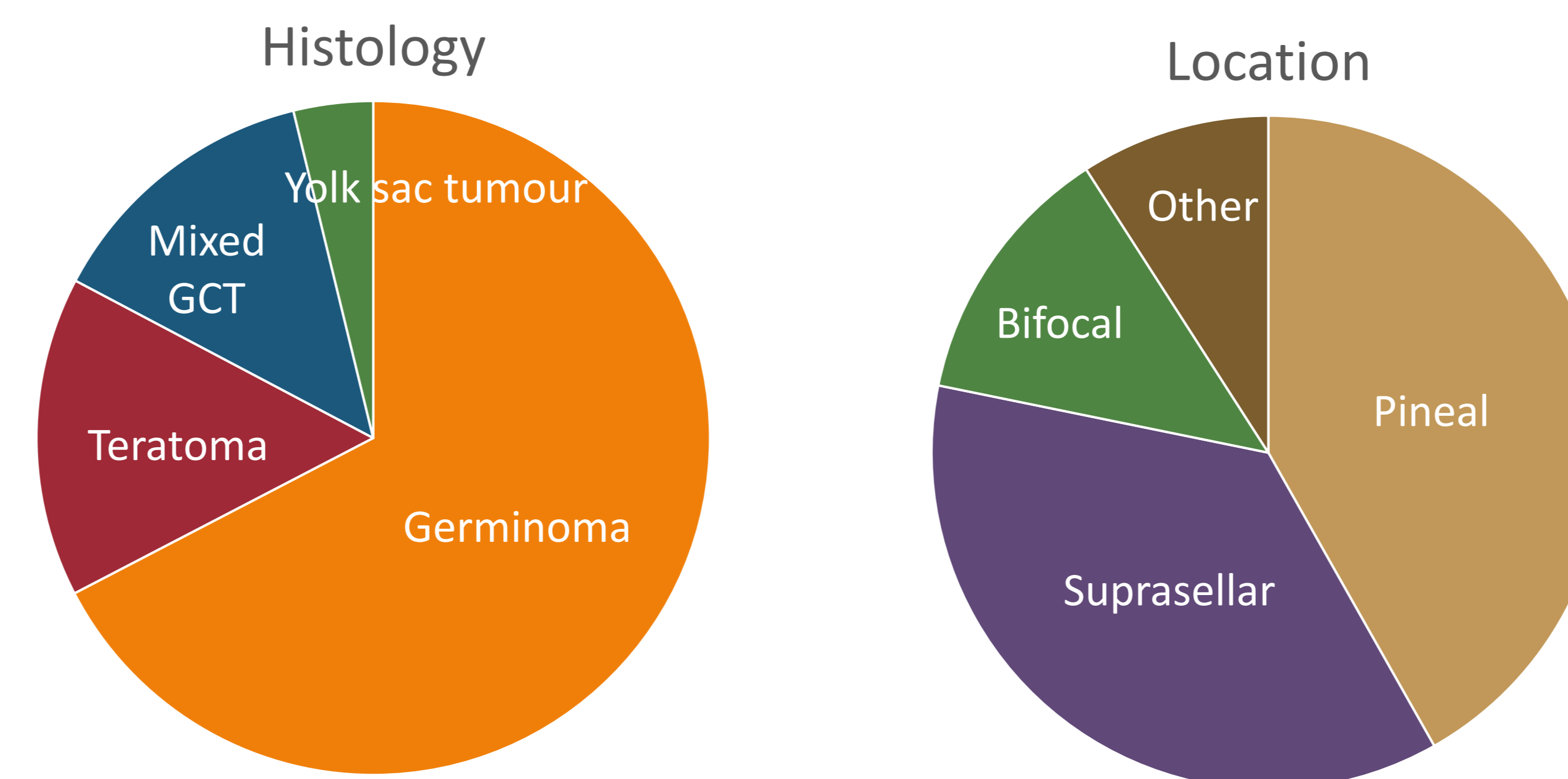
METHOD

- Presenting symptoms were collected
- Diagnostic intervals were classified as below and compared to recurrence and survival rates :

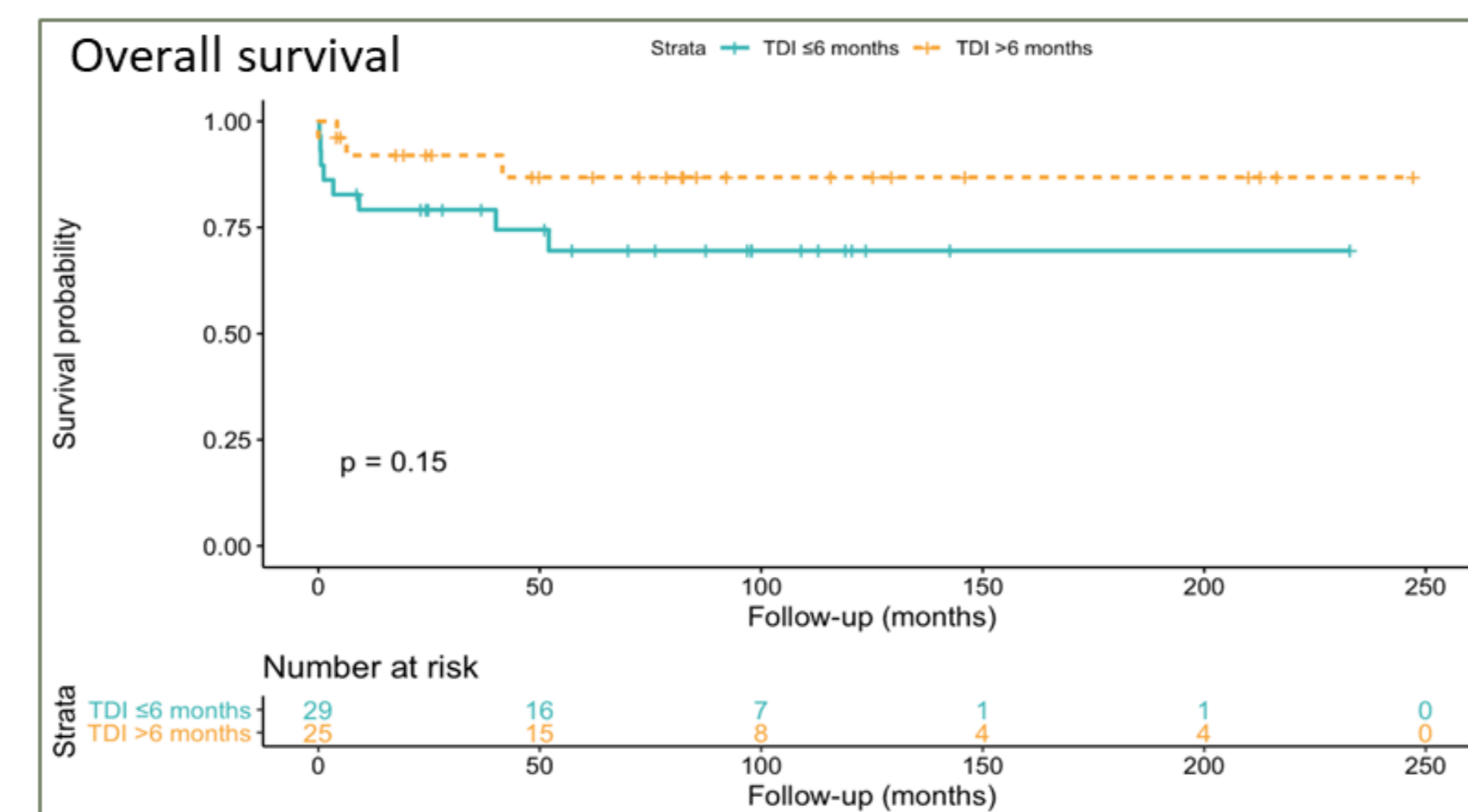


RESULTS

- 55 patients, 67.3% males
- Median age: 12 years (range 1–17.9)
- Median follow-up from diagnosis: 78.9 months (range 0.5-249.9)
- 10.9% metastatic at diagnosis.
- TDI: range 0-58.5 months.**
- Diagnostic delay (TDI > 6months) in 47.3% of patients, significantly associated with endocrine symptoms at diagnosis ($p < 0.001$).

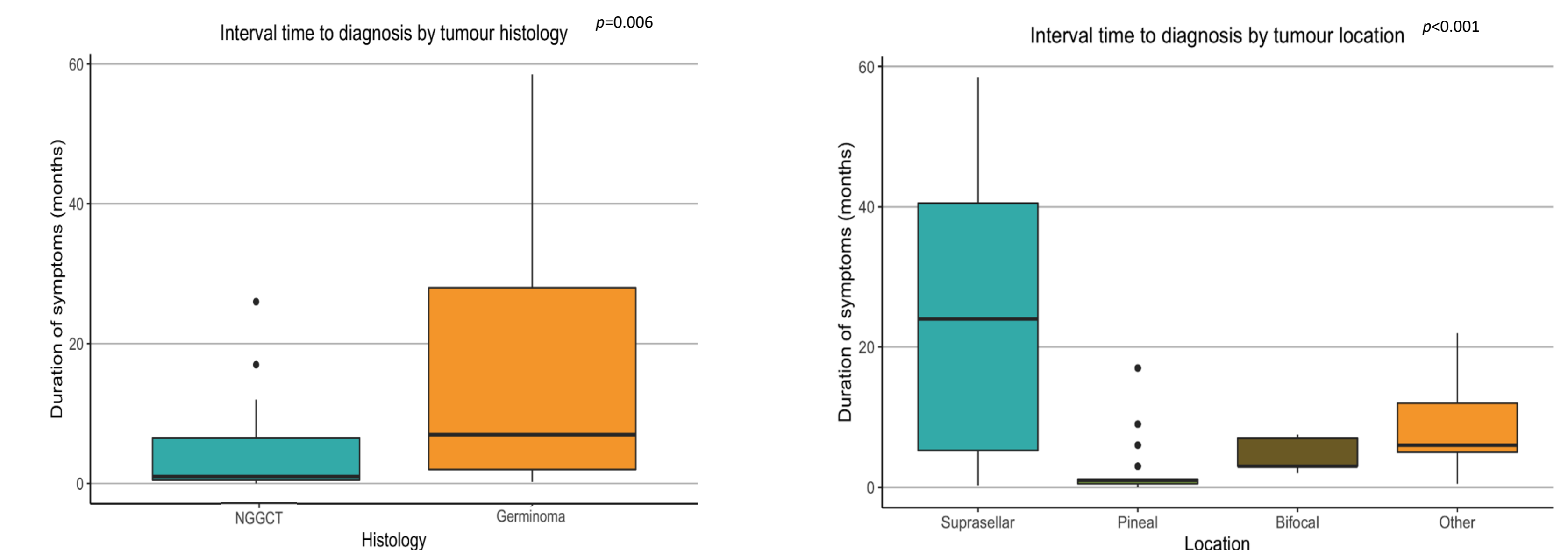


All pineal GCTs manifested with Raised Intracranial Pressure (RICP), all suprasellar GCTs with endocrinopathies. By the time of tumour diagnosis, 50.9% of the patients had developed endocrine dysfunctions.



Overall survival (OS) rate: 80%. No statistical difference in OS between patients with and without diagnostic delay.

- The longest PI (median 18 months, range 8-26.5) in pts aged >11 years, in whom suprasellar germinoma occurred more frequently (75%, $p = 0.052$).
- SI did not differ significantly among age groups and presence/absence of endocrinopathies.
- The longest TI (median 27 months, range 0.25–58.5) in cases with thicken pituitary stalk (8/55, 14.5%)



NGGCTs and pineal GCTs had the shortest TDI.

CONCLUSIONS

- Approximately half of our patients displayed a TDI > 6months, mostly when endocrine deficiencies were presenting symptoms.
- We did not find significant negative impact of delayed diagnosis on overall survival.

REFERENCES

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- Hayden J, et al.: Arch Dis Child. 2020 Mar;105(3):247-252.