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

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

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

<table>
<thead>
<tr>
<th>Interval</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Referral to healthcare specialist</td>
<td>Symptoms onset</td>
</tr>
<tr>
<td>First brain MRI</td>
<td>Tumour interval (TI)</td>
</tr>
<tr>
<td>IC-GCT diagnosis</td>
<td>System Interval (SI)</td>
</tr>
<tr>
<td>Total Diagnostic Interval (TDI)</td>
<td></td>
</tr>
</tbody>
</table>

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 thickened pituitary stalk (8/55, 14.5%) p<0.001

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