

Neuro-Oncology, Pediatric Cancer Center Barcelona, Hospital Sant Joan de Deu, Barcelona, Spain, ¹⁹Department of Pediatric Hematology and Oncology, 2nd Faculty of Medicine, Charles University in Prague and University Hospital Motol, Prague, Czech Republic, ²⁰Princess Máxima Center for Pediatric Oncology, Utrecht, Netherlands, ²¹Department of Pediatrics, Obstetrics and Gynecology, Division of Pediatric Hematology and Oncology, University Hospital Geneva, Geneva, Switzerland, ²²Institute of Diagnostic and Interventional Neuroradiology, University of Würzburg, Würzburg, Germany, ²³Department of Pathology, Amsterdam UMC, Amsterdam, Netherlands, ²⁴Department of Pathology and Molecular Medicine, 2nd Faculty of Medicine, Charles University in Prague and University Hospital Motol, Prague, Czech Republic

BACKGROUND: Diffuse pediatric-type high-grade gliomas (pedHGG), H3-wildtype and IDH-wildtype, encompass three main methylome-based subclasses: pedHGG-MYC/N, -RTK1A/B/C, and -RTK2A/B. Since their first description in 2017, tumors of pedHGG-RTK2A/B have not been further characterized and their clinical significance is unknown. **METHODS:** A not yet published cases series on pedHGG with a gliomatosis cerebri (GC) growth pattern showed an increased incidence of pedHGG-RTK2A/B (n=18/40). We assembled a cohort of 14 additional methylation-based pedHGG-RTK2A/B tumors and pooled them with the GC tumors providing centrally reviewed radiological, histological, and molecular characterization. **RESULTS:** Our cohort of 32 pedHGG-RTK2A/B tumors consisted of 25 RTK2A (78%) and seven RTK2B (22%) cases. The median age was 11.6 years (4-17) with an overall survival of 15.9 months (interquartile range 12.1-25.8). Of the additional unselected cases with available imaging (10 of 14), seven showed a GC phenotype at diagnosis or follow-up. In addition, pedHGG-RTK2B tumors exhibited bithalamic involvement (6/7, 86%). Histopathology confirmed a diffuse glial neoplasm in all cases with prominent angiocentric features in both subclasses. Most tumors (24/29, 83%) diffusely expressed EGFR, notably with a focal perivascular enhancement. Cells of pedHGG-RTK2A lacked Olig2 expression, whereas 43% (3/7) of pedHGG-RTK2B expressed Olig2. Loss of ATRX expression occurred in four pedHGG-RTK2B samples (57%). In sequencing analyses (RTK2A: n=18, RTK2B: n=5), *EGFR* alterations (n=15/23, 65%; predominantly point mutations) were commonly found in both subclasses. Mutations in *BCOR* (n=14/18, 78%), *SETD2* (n=7/18, 39%), and *TERT* promoter (n=6/18, 33%) occurred exclusively in pedHGG-RTK2A tumors, while pedHGG-RTK2B tumors were enriched for *TP53* mutations (4/5, 80%). **CONCLUSIONS:** In conclusion, genotype-phenotype correlations in a multicenter series of pedHGG-RTK2A/B tumors revealed a highly diffuse-infiltrating tumor frequently exhibiting a GC phenotype. The two subclasses share particular histomolecular features (*EGFR* alterations, angiocentric pattern), whereas they differ in specific characteristics (pedHGG-RTK2A: Olig2 negativity, *BCOR* and *SETD2* mutations; pedHGG-RTK2B: *ATRX* and *TP53* alterations).

ABSTRACT CITATION ID: NOAE064.300

HGG-16. PEDIATRIC-TYPE DIFFUSE HIGH-GRADE GLIOMA OF METHYLATION-BASED RTK2A AND RTK2B SUBCLASSES PRESENT DISTINCT RADIOLOGICAL AND HISTOMOLECULAR FEATURES

Arnault Tauziède-Espariat^{1,2}, Lea L. Friker³, Gunther Nussbaumer⁴, Métails Alice^{1,2}, Manila Antonelli⁵, Martin Benesch⁴, Brigitte Bison^{6,7}, Volodia Dangouloff-Ros^{8,9}, Maria Luisa Garrè¹⁰, Felice Giangaspero⁵, Yura Grabovska¹¹, Jacques Grill^{12,13}, David T.W. Jones^{14,15}, Chris Jones¹¹, Michael Karremann¹⁶, Christof M. Kramm¹⁷, Alan Mackay¹¹, Andrés Morales La Madrid¹⁸, Thomas Perwein⁴, Torsten Pietsch³, David Sumerauer¹⁹, Dannis van Vuurden²⁰, André O. von Bueren²¹, Monika Warmuth-Metz²², Pieter Wesseling^{20,23}, Josef Zamecnik²⁴, David Castel^{12,13}, Gerrit H. Gielen³, Pascale Varlet^{1,2}; ¹Department of Neuropathology, GHU-Paris Psychiatry and Neuroscience, Sainte-Anne Hospital, Paris, France, ²Inserm, UMR 1266, IMA-Brain, Institut de Psychiatrie et Neurosciences de Paris, Paris, France, ³Institute of Neuropathology, DGNN Brain Tumor Reference Center, University of Bonn Medical Center, Bonn, Germany, ⁴Division of Pediatric Hematology and Oncology, Department of Pediatrics and Adolescent Medicine, Medical University of Graz, Graz, Austria, ⁵Department of Radiological, Oncological and Anatomic-Pathological Sciences, Sapienza University, Rome, Italy, ⁶Diagnostic and Interventional Neuroradiology, Faculty of Medicine, University of Augsburg, Augsburg, Germany, ⁷Neuroradiological Reference Center for the pediatric brain tumor (HIT) studies of the German Society of Pediatric Oncology and Hematology, Faculty of Medicine, University Augsburg, Augsburg, Germany, ⁸Pediatric Radiology Department, Hôpital Necker Enfants Malades, AP-HP, Paris, France, ⁹Université Paris Cité, UMR 1163, Institut Imagine and INSERM U1299, Paris, France, ¹⁰Neuro-Oncology Unit, IRCSS Istituto Giannina Gaslini, Genua, Italy, ¹¹Division of Molecular Pathology, Institute of Cancer Research, London, United Kingdom, ¹²Department of Pediatric and Adolescent Oncology, Gustave Roussy Cancer Center, Paris-Saclay University, Villejuif, France, ¹³U981, Molecular Predictors and New Targets in Oncology, Team Genomics and Oncogenesis of Pediatric Brain Tumors, INSERM, Gustave Roussy, Université Paris-Saclay, Villejuif, France, ¹⁴Hopp Children's Cancer Center (KiTZ), Heidelberg, Germany, ¹⁵Division of Pediatric Glioma Research, German Cancer Research Center (DKFZ) and German Cancer Consortium (DKTK), Heidelberg, Germany, ¹⁶Department of Pediatric and Adolescent Medicine, University Medical Center Mannheim, Medical Faculty Mannheim, Heidelberg University, Mannheim, Germany, ¹⁷Division of Pediatric Hematology and Oncology, University Medical Center Göttingen, Göttingen, Germany, ¹⁸Pediatric