Short Communication

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Clinical and sociodemographic Renal Medicine Malignancies

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Abstract

The National Cancer Database is a national level registry of deidentified patient clinical and sociodemographic data representing about 70% of cancer diagnoses and collected from about 1500 medical centers in the United States. We queried the database to identify all pediatric patients ≤18 years of age who received a primary diagnosis of CNS malignancy between 2004 and 2017. Patients were included for analysis if they received nonpalliative intent radiation therapy and were nonmetastatic at presentation. Additional clinical and sociodemographic data included tumor histology, radiation technique, year of diagnosis, age at diagnosis, race, ethnicity, insurance type, Charlson comorbidity index, distance from treatment facility, community type, and family income. Geographic region and type of treatment center (academic vs community) were unavailable as they are not coded for patients ≤18 years of age. Tumor histology was divided into low-grade glioma (LGG), high-grade glioma, ependymoma (EP), medulloblastoma (MB), primitive neuroectodermal tumor (PNET), craniopharyngioma (CPG), germ cell tumors (GCT), meningioma, atypical teratoid or rhabdoid tumor (ATRT), and other.

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Biography

Matthew Poppe, MD, a Huntsman Cancer Institute (HCI) physician and investigator, is a professor in the Department of Radiation Oncology at the University of Utah. He is a member of the multidisciplinary pediatric, sarcoma, and breast teams and is director of the residency program in Radiation Oncology.

As the primary radiation oncologist providing radiation for kids with cancer, he is actively engaged in Children's Oncology Group and conducts translational, clinical, and outcomes research. He works with the COG in the design of new pediatric clinical trials and is currently the radiation co-chair of AALL 1732, A Phase 3 Randomized Trial of Inotuzumab Ozogamicin for Newly Diagnosed High-Risk B-ALL; Risk-Adapted Post-Induction Therapy for High-Risk B-ALL, Mixed Phenotype Acute Leukemia, and Disseminated B-LLy.