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869 abstracts were received by March 20, 2006, and were evaluated by the SIOP Scientific Committee. The accepted abstracts are printed here in order of:
—161 Oral Presentations (O.001–O.074; O.076–O.162 (Abstract O.075 was withdrawn))
—444 Poster presentations
—161 Publications: These will not be presented in full in this abstract book issue, but will be listed by title and authors.
In the online issue of the abstract book, the publications will be presented in full. The lectures given by symposia, workshop, ICCCPO and Joint Session guest speakers will also be presented in this online issue. Different from the past years, the Keynote lectures are not presented in the abstract issue. These are presented in the SIOP Education Book.
—Online issue can be found at http://www.interscience.wiley.com/jpages/1545-5009/suppmat.

ABSTRACT CONTENTS

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Objectives: Researchers have suggested an inverse association between breast-feeding and risk of childhood cancer. We investigated the association between exclusive breast-feeding and Pediatric Cancer (PC) in a large case–control study in Spain.
Methods: Maternal reports of breast-feeding were compared among 187 children six months or older who had PC and were identified through the Environment and Pediatric Cancer Group (MACAPE) and 187 age-familial matched controls identified by random in a personal interview case–control study. To control for any potential confounding between case and control subjects, we adjusted for maternal education, age gestational, type of delivery and family income throughout the remaining analyses.
Results: Children with PC were less likely to have breast-fed than control children. The association between breast-feeding and PC increased with exclusive breast-feeding duration. Breast-fed during 1 week OR = 0.97, 95% CI = 0.96–0.99, during 2 months OR = 0.82, 95% CI = 0.69–96; during 4 months OR = 0.74, 95% CI = 0.58–0.95; during 6 months OR = 0.60, 95% CI = 0.40–0.90.
Conclusion: Breast-feeding was inversely associated with pediatric cancer and should be encouraged among healthy mothers. The protection increases with the duration of the breast-feeding exclusive. Additional research on possible mechanisms of this association may be warranted.
Acknowledge: This study is granted by Scientific Foundation of the Spanish Association Against Cancer (AECC).

PE.003

EPIDEMIOLOGY OF CENTRAL NERVOUS SYSTEM (CNS) TUMORS IN CHILDREN. REPORT OF THE MEXICAN BRAIN TUMOR STUDY GROUP

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Earlier in México the incidence of pediatric CNS tumors could only be estimated due to registration difficulties. The two principal reasons were that patients were not always referred by neurosurgeons to specialized centers for treatment, or because they are not diagnosed. The first objective of the Mexican Brain Tumor Group established in 2000, was to improve the registration and to protocolize the manegement of patients with CNS tumors.
Objective: To report the epidemiology of pediatric CNS tumors in México.
Method: All the pediatric oncologists and neurosurgeons were invited to participate. An initial National meeting was organized to establish the objectives. Yearly meetings have taken place thereafter. We included 17 Hospitals specialized in the treatment of these patients. We registered all the new cases from January 1st 2000 to December 31 2004. We recorded age, sex, histology and location of the tumor, type of treatment and actual state.
Results: 955 patients were included: 129 in 2000, 201 in 2001, 209 in 2002, 184 in 2003 and 232 in 2004. Male: Female ratio was l.1:1. Mean age was 7.6 years. Thirty six percent were supratentorial, 46% infratentorial, 17% brain stem tumors and 1% in the spinal cord. Forty nine percent were astrocytomas (16% high grade and 33% low grade), 28% Medulloblastomas, 7% Ependymomas, 4% gerrminal tumors, 3% Neuroectodermic tumors and 9% other. Forty percent of the patients have stable disease, 16% have neurologic deterioration, 21% have died and 23% were lost to follow up.
Conclusions: Pediatric CNS tumors in Mexico are still being under registered. According to other countries incidence (15–20 cases/million/year) we should expect 500 new cases per year. Brain stem tumors are apparently more frequent in Mexican children. Further effort must be done to correctly diagnose and refer these patients.

PE.004

NEUROLOGIC SYMPTOMS IN DIFFERENT AGES IN CHILDHOOD BRAIN TUMOR

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To evaluate duration and prevalence of symptoms prior to diagnosis of brain tumor in children we studied 50 children (27 boys and 23 girls) less than 15 years old who were hospitalized in neurosurgery division with diagnosis of primary brain tumor from March 1995 to March 2005.The diagnosis had been confirmed by pathology in all patients. The patients were divided into 3 age groups: group ^{2} (under 5 years old), group Ï (5-9 years old) and group ø(10-15 years old). All demographic data and their first complaint, symptoms at admission time and interval between first complaint and time of diagnosis were reviewed. The most common symptom at admission time was headache (84%), followed by vomiting(64%),convulsion(22.4%),ocular problems(22%),ataxia(16%) and increased head circumference(10%) respectively.However in group ^{2} vomiting (62.5%), increased head circumference (62.5%), headache(37.5%) and convulsion(25%) were more common. Headache was present in all patients in second group followed by vomiting, convulsion, ocular problems and ataxia. In third group 89% of patients showed headache and then vomiting, ocular problems, ataxia and convulsion respectively. The first symptom in group ø was vomiting (42.9%), headache (28.6%), headache and vomiting together (14.3%) and convulsion (14.3%). However, headache and vomiting together (42.9%) and headache alone (37%) were the first most common symptom in group's Ï & ø respectively. The interval between first symptom and time of diagnosis was less than one month in 16 patients, 1–3 months in 23 patients and more than 3 months in 11 patients. The diagnosis of brain tumor was made with delay of more than one month in all patients in group ^{2}.
Conclusion: symptoms of primary brain tumor in young children are some different with those older and may be missed due to similarity to other common illnesses in this age group.

PE.005

EPSTEIN BARR VIRUS, P53 AND BCL-2 EXPRESSION IN PEDIATRIC LYMPHOMA: THEIR PROGNOSTIC VALUE IN A FOLLOW UP ANALYSIS

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Epstein Barr virus (EBV) is an ubiquitous herpes virus with a 95% world wide seroprevalence. Primary infection is usually asymptomatic in childhood, and it establishes a life-long latent infection in B cells. EBV is associated with a variety of human malignancies including Burkitt's lymphoma, post-transplant lymphoproliferative disease and Hodgkin's lymphoma (HL). There is evidence that lymphomagenesis also involves alteration in pathways responsible for controlling both cell cycle and apoptosis machinery; being p53 and bcl-2 the best studied ones. Our aim was to assess EBV, p53 and bcl-2 expression in pediatric lymphoma and to correlate it with patient's event free survival. 174 pediatric lymphoma cases (111 HL and 63 non Hodgkin lymphoma [NHL]) from 1990 to 2005 were selected from the archives of the Pathology Unit at Ricardo Gutierrez Children's Hospital on the basis of available formalin-fixed paraffin-embedded lymph node biopsies. EBERs in situ hibridization was performed for EBV evaluation, and in a subset of 131 cases p53, bcl-2 were determined by immunohistochemistry. EBER expression was detected in 77/174 (44.3%) lymphomas (27.4% NHL and 54% HL).Particularly, EBV was observed in 75/147 (51%) B-cell vs 2/21 (9.5%) T-cell lymphomas. P53 and bcl-2 showed positive staining in 108/131 (82.4%) and 57/131 (43.5%) cases, respectively. Kaplan Meier survival analysis showed that neither p53 nor bcl-2 expression correlated with event