were evaluated and compared with the theoretical energy requirements.

**Results** Mean caloric intake on the first day was 59% (SD±46.4) and on the second day was 64.3% (SD±47.4) of daily requirements. 72(57.1%) patients received ≥80% of required daily calories, without a significant difference with patients who received <80% of daily calories, (p=0.3).

The overall mortality rate was 28.5%. Patients who received <80% of daily caloric needs were 4 times more likely to have a fatal outcome, compared to those who received ≥80% of daily caloric needs (OR=4.0 95% CI (1.2–12.7) p=0.01).

Daily caloric intake of ≥80% resulted a protective factor against death in the Cox proportional-hazard regression model (β= -1.1, p=0.02).

**Conclusions** We have to increase the number of patients who receive ≥80% of daily caloric requirements and provide appropriate nutritional support during the first days of admission. Mortality rate remains high, due to the large number of patients receiving <80% of needed calories.

**1466** MEDICAL RADIATION EXPOSURE IN CHILDREN DIAGNOSED WITH ACUTE LYMPHOBLASTIC LEUKAEMIA FROM 1995–2010: A SINGLE INSTITUTION STUDY

doi:10.1136/archdischild-2012-302724.1466

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**Objective** This retrospective study examines a cohort of children diagnosed with acute lymphoblastic leukemia, examining exposure to medical radiation pre-conception, pre-natal or in early childhood. Exposure is documented through family interview. The study encompasses children diagnosed with A.L.L. and treated at the Children’s Hospital of Pittsburgh over a fifteen year period.

**Background** Early exposure to medical radiation is one of the identified risks for childhood leukemias but documentation is difficult and mostly lacking in the United States experience. The author of this study developed a questionnaire that examines radiation exposures in either parent of the child later diagnosed.

**Methods** Each family who was consented to be interviewed completed a five page questionnaire at clinic visit, through phone or mail. Whenever possible both parents were interviewed.

**Results** To date the author has been able to interview about 70% of children diagnosed from 2005–2010 however the interview rate for the period 1990–2005 is approximately at 5%. Among the families interviewed at least one exposure was commonly documented.

**Conclusions** Exposure to medical radiation for a child later diagnosed with A.L.L. may at occur at several critical junctures. Chest or sinus x-rays or CT of a parent pre-conception, particularly repeated scans have the possibility of DNA damage. Early childhood exposure through the diagnostic process (ruling out infection or trauma) may well contribute to this “perfect storm” in the still elusive causes of childhood A.L.L.

**1465** CLINICAL CHARACTERISTICS AND TREATMENT RESULTS OF NEUROBLASTOMA PATIENTS

doi:10.1136/archdischild-2012-302724.1465

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**Objective** and method: The survival of the patients with neuroblastoma has improved in last few decades. But still it depends on various clinical and biological factors. To assess the clinical features and trends in survival, the data for 56 newly diagnosed patients between September 1996 and August 2011 from a single center were retrospectively analyzed.

**Results** Histopathologic subtypes were neuroblastoma (NBL) in 52 patients and ganglioneuroblastoma in 4 patients. The median age was 2.5 years and Male/Female ratio was 1.2/1. Primary tumor sites were abdomen, thorax, and neck with the frequency of 77.4%, 19% and 3.6% respectively. There were 21, 22, 9, 31 patients with stage 1, 2, 3, 4, 4S disease and their 5-year survival rates were 100%, 74%, 33%, 6.9%, and 59%, respectively. In multivariate analysis, stage 4 disease (P<0.001), abdominal primary tumor site (P<0.001), NBL subtype in histopathology (P=0.001), and responsiveness to chemotherapy (P=0.001) were the determinants of poor prognosis.

**Conclusions** The survival rates in children with local disease are comparable with the results of developed countries; however, the results in children with advanced disease are still not satisfactory. To improve the outcome, especially in children with advanced disease, more effective chemotherapy regimens and molecular therapies should be investigated. Sharing the knowledge and capacity building to improve the treatment results in NBL are also critical for developing countries.

**1467** PEDIATRIC ONCOLOGY PATIENTS PRESENTING WITH SPINAL CORD COMPRESSION

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Spinal cord disease in children with known or suspected malignancy is an oncological emergency because it commonly implies malignant spinal cord compression. The records of 17 children with cancer presenting with spinal cord compression, encountered over...
Children's Haematology/Oncology Unit, Royal Belfast Hospital for Sick Children, Belfast, UK

Patients: 21%.

Deranged-11 patients (79%), Normal-3 patients (43%).

LFT

KU/L.

years-3 patients (21%).

collected from medical notes of all children diagnosed with Hepato-

tom and treatment was also important for neurologic recovery.

1VK Sundarajan, 2A McCarthy.

consequently influence the risk for some cancers. The aims of the

the survivin gene promoter can modulate survivin expression and
cancer. It has been shown that single nucleotide polymorphisms in

tumours has been detected as well (p = 0.000), but without correla-
tion with the genotypes. Our findings suggest that both survivin

cytoplasmic survivin expression between lower and higher grades

risk of WT compared to GG individuals (OR 0.26, 95% CI 0.07–0.96; 2

Individuals with CC and CG genotypes had significantly decreased

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