

INTRODUCTION

- Approximately 8,000 new cases diagnosed each year worldwide
- More than 80% of global cases occur in low-and-middle-income countries (LMICs)
- Survival is reported to be 40% in LMICs and 79% (54-93%) in uppermiddle-income countries





Current treatment armamentarium

- <u>CHEMOTHERAPY</u>
- ✓ intravenous chemotherapy (IVC)
- ✓ intra-arterial chemotherapy (IAC)
- ✓ intravitreal chemotherapy (IvitC)
- ✓ intracameral chemotherapy (IcamC)
- Consolidation therapies (cryotherapy and TTT)
- Radiation-based therapies (Brachytherapy)
- Enucleation



























Adjuvant IVC after enucleation in patients with <u>HIGH-RISK features</u>

- Iris, CB infiltration
- Massive choroidal or scleral infiltration
- Invasion of the ON posterior to the lamina cribrosa

FU of the sound eye

EQS





























EOS 2023









LOCALIZED Vitreous seeds developing throughout globe salvage ttt





Vitreous seeding with tumor regression

Pre

















PRE

2 yrs post Brachy







Scenario 6

Group A TTT//CRYO











Spontaneous regression of RB

- This term suggests spontaneous shrinkage of a the tumor "mass"
- ✓ perhaps in response to some host defence mechanism
- ✓ tumor outgrowing its blood supply
- The term "retinoma" was previously proposed: translucent, grey, elevated mass extending into the vitreous from the retina, frequently associated with calcified foci and pigment-epithelium hyperplasia.
- Same mutations can cause either retinoma or retinoblastoma: retinoma when the mutations occur in relatively mature retinoblasts, and malignant retinoblastoma when the same mutations arise in immature retinoblasts.

Conclusion

- Management of retinoblastoma remains in constant evolution and can vary among different centers worldwide.
- Agreement on a consensus management algorithm is still lacking.
- Each case is unique and treatment regimens must be carefully customized for each child.







International classification of retinoblastoma (ICRB)

Group	Mnemonic	Features
A	Small tumor	Retinoblastoma ≤3 mm in basal diameter or thickness
в	Bigger tumor Beside the macula or optic nerve	Retinoblastoma >3 mm in basal diameter or thickness OR tumor location \leq 3 mm from foveola tumor location \leq 1.5 mm from optic disc tumor-associated subretinal fluid \leq 3 mm from tumor margin
С	Contiguous seeds	Retinoblastoma with subretinal seeds $\leq 3 \text{ mm}$ from tumor vitreous seeds $\leq 3 \text{ mm}$ from tumor subretinal and vitreous seeds $\leq 3 \text{ mm}$ from tumor
D	Diffuse seeds	Retinoblastoma with subretinal seeds >3 mm from tumor vitreous seeds >3 mm from tumor subretinal and vitreous seeds >3 mm from tumor
E	Extensive tumor	Retinoblastoma occupying >50% of the globe OR neovascular glaucoma opaque media from hemorrhage in subretinal space, vitreous, or anterior chamber invasion of postlaminar optic nerve, choroid (>2 mm), sclera, orbit, anterior chamber





Uni Group C IAC/ IVitC/ Brachytherapy

PRE

POST





