approaches with an optimal angle of surgical action for the maximum possible radical removal of these tumors and, accordingly, obtaining successful postoperative results.

Methods. We describe experience of our center regarding the removal of pediatric deep-seated tumors.
Results. To optimize a surgical approach for resection of pediatric deep-seated brain tumors we have used intraoperative neuronavigation, ultrasound and neurophysiology monitoring. We found the use of these tools improved the safety of surgery and reduced the risk of surgical morbidity**.** Our center treated 91 pediatric patients with deep-seated brain tumors located at the ventricles, thalamus and sellar-chiasmatic region for the last 4 years.
Conclusions. Pertinent perioperative management including good control of brain edema was required for the safety and ease of surgical procedures, as well as for minimal complications. Appropriate surgical approach in conventional or modified method was determined on the basis of location and extent, size and preoperative implications of malignancy, and was utilized in combination with skull base surgery. Various directions of operative route within the limited operative site provide for a better identification of tumor as distinct from surrounding structures. “En bloc” removal was the first choice, and the combined use of compartmental and piecemeal removal was the most practical. Many tumors can be evacuated most effectively through the use of suction and bipolar cautery, whereas firm tumor tissue that clings to surrounding brain required compartmental incision by microscissors and cavitation ultrasound surgical aspirator (CUSA).

IMPLEMENTATION OF TARGET THERAPY IN RELAPSED CLASSIC HODGKIN LYMPHOMA: A SINGLE-CENTER EXPERIENCE

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Background: Classic Hodgkin lymphoma (cHL) accounts for approximately 5-6% of childhood malignancies and is one of the most curable cancers in children. While the disease can be cured with limited resources, relapsed or refractory (RR) cHL remains a challenge for up to 15% of patients. Fortunately, Brentuximab vedotin (BV) and anti-PD-1 blocking antibodies, such as nivolumab and pembrolizumab,

have proven to be highly effective treatments for cHL and have revolutionized disease management.

Objective: The primary objective of this study was to evaluate the efficacy of BV combined with bendamustine in pediatric patients with relapsed cHL.

Materials and Methods: Four patients with relapsed cHL (2 males and 2 females) were admitted to the National Children's Medical Center, Department of Pediatric Hematology and Oncology, during the years 2021-2025. The ages of the patients ranged from 3 years and 6 months to 11 years and 3 months. Open biopsy was performed in all patients to confirm the diagnosis morphologically. Immunohistochemistry demonstrated CD30 expression in all samples. The Ann Arbor staging system was used for initial disease staging, with all four patients classified in stages III and IV at diagnosis. The first-line chemotherapy regimen chosen was ABVE-PC, which included doxorubicin (25 mg/m² on days 1 & 2), bleomycin (5 units/m² on day 1, then 10 units/m² on day 8), vincristine (1.4 mg/m² on days 1 & 8), etoposide (125 mg/m² on days 1 to 3), cyclophosphamide (600 mg/m² on days 1 & 2), and prednisone (20 mg/m² on days 1 to 7), along with radiotherapy. Response to treatment was evaluated using positron emission tomography (PET) and computed tomography (CT). At the end of the treatment, complete metabolic remission (CMR) was documented in all four patients. Follow-up in the outpatient clinic was conducted using PET/CT. Relapse occurred at different timeframes, ranging from 10 to 26 months post-treatment. Upon confirmation of relapsed cHL, all patients received BV (1.8 mg/kg) on day 1 and bendamustine (90 mg/m²) on days 1 and 2 of a 21-day cycle.

Results: One patient received only 2 cycles of BV + bendamustine; the parents chose not to continue treatment, and the patient died due to disease progression 9 months after the last cycle. Two patients completed 4 cycles of BV + bendamustine, achieving CMR. Both underwent autologous stem cell transplantation (ASCT) and completed treatment; these patients have remained disease-free for 12 months. In the fourth case, the patient achieved CMR after 4 cycles of BV + bendamustine but was unable to collect an adequate number of CD34+ cells for ASCT. As a result, it was recommended to continue BV monotherapy for up to a total of 14 cycles to maintain and consolidate the CMR.

Discussion: In our cohort of four pediatric patients, all initially achieved CMR following first-line therapy with the ABVE-PC regimen, emphasizing the importance of this standard treatment approach. However, the relapse rates observed (ranging from 10 to 26 months post-initial therapy) are consistent with literature, which indicates that up to 15% of patients may experience relapsed or refractory disease. This underscores the critical need for effective second-line therapies.

Conclusion: Although the cost of each treatment cycle with targeted therapy is significantly higher than that of traditional salvage chemotherapy regimens, targeted

therapies offer enhanced efficacy and a more manageable toxicity profile. Our experience suggests that the implementation of targeted therapy for relapsed cHL is both feasible and beneficial in the pediatric population.

SURVIVAL ANALYSIS OF PEDIATRIC RENAL TUMORS: THE ROLE OF TUMOR BIOLOGY AND SURGICAL INTERVENTION

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Keywords: pediatric oncology, kidney tumors, survival analysis, Wilms tumor, nephroblastoma, prognostic factors

This study aimed to identify prognostic factors influencing survival outcomes in pediatric oncology patients treated at a tertiary-level hospital in Tashkent, Uzbekistan. A retrospective cohort of 108 children diagnosed with kidney tumors was analyzed using Cox proportional hazards regression. Eight cases (7.4%) were excluded due to missing data, leaving 100 patients for analysis. The cohort included 49 males (45%) and 59 females (55%), with a median age of 2.07 years (IQR: 0.95–4.01).

Tumor characteristics were predominantly primary tumors in 88 patients (88%), while progressive tumors were observed in 10 patients (10%) and non-primary tumors in 4 patients (4%). Local growth into neighboring organs was detected in 40 cases (40%), and metastasis to distant organs was observed in 28 cases (28%). Histological analysis revealed nephroblastoma (Wilms tumor) as the most common diagnosis, accounting for 95 cases (95%), followed by mesoblastic nephroma in 3 cases (3%) and adenocarcinoma in 1 case (%). Data on histology were unavailable for 1 case (1%).