

**TABLE 1.** Stage 4S neuroblastomas with *MYCN* amplification reported in the literature

	Case No.	Age	Primary	Histology	Surgery	Chemotherapy	Follow-up	Prognosis
Cohn et al. <sup>9</sup>	1	6 moths	Right adrenal gland	FH (undifferentiated, low MKI)	+	CY, DNR	2 months later, abdominal mass enlarged	Alive
Katzenstein et al. <sup>10</sup>	3	NP	NP	FH	+	IFO, CBDCA, VP-16	26~79 months	Alive
Shimada et al. <sup>11</sup>	1	Infant	NP	FH	NP	NP	NP	Alive
Chan et al. <sup>12</sup>	1	3 weeks	Right adrenal gland	FH	+	CBDCA, VP-16, CY, 13-cis	3 years	Alive
Katzenstein et al. <sup>10</sup>	1	3 months	Adrenal gland	FH	+	CY, DOX	13 months	Relapse and sepsis; dead
Our case	1	3 months	Left adrenal gland	FH	+	VCR, CY, CDDP, THP, 13-cis	64 months	Alive

Legend: 13-cis, 13-cis-retinoic acid; CBDCA, carboplatin; CDDP, cisplatin; CY, cyclophosphamide; DNR, daunomycin; DOX, doxorubicin; DTIC, dacarbazine; FH, favorable histology; IFO, ifosfamide; NP, not provided; THP, pirarubicin; VCR, vincristine.

VP-16, etoposide