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Belgian Boy Becomes First Known Child Cured of Aggressive Brain Tumor

By bestfolkmedicine · 11/09/2026 · 6 min read



For decades, one childhood brain cancer has carried an especially devastating prognosis.

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Diffuse intrinsic pontine glioma, better known as **DIPG**, develops deep within the brainstem, where vital functions such as breathing, movement, heart rate, and swallowing are controlled. Because of its location and highly invasive nature, the tumor usually cannot be surgically removed.

Yet one Belgian boy has challenged nearly everything doctors expected from this disease.

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Lucas was only six years old when he was diagnosed with DIPG. His family was given the kind of news no parent is prepared to hear: the tumor was extremely aggressive and long-term survival was considered extraordinarily unlikely.

Seven years later, however, doctors reported something remarkable.

Lucas was alive, doing well—and imaging showed no detectable sign of the tumor.

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His case was described by physicians involved in his treatment as the **first known instance of a child being cured of DIPG**, offering researchers an extraordinary opportunity to understand why his tumor responded so differently from those of most other children.

What Is DIPG?

DIPG is an aggressive tumor that arises in the pons, a portion of the brainstem connecting the brain with the spinal cord.

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Today, many of these tumors are classified within a broader group called **diffuse midline glioma, H3 K27-altered**, based on distinctive molecular changes found inside the cancer cells.

Unlike some brain tumors that grow as a well-defined mass, DIPG cells spread diffusely through healthy brain tissue. This makes complete surgical removal essentially impossible.

Radiotherapy can temporarily shrink the tumor and relieve symptoms, but historically it has not provided a cure.

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The outlook remains extremely serious. Results from the large BIOMEDE clinical trial published in *Nature Medicine* in April 2026 found a median overall survival of roughly 11 months among children participating in the trial.

Lucas Was Only Six When Everything Changed

Lucas and his family traveled from Belgium to France after his diagnosis.

There, he was treated at **Gustave Roussy**, one of Europe's leading cancer centers, and became involved in the BIOMEDE research program.

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The project represented an important shift in how scientists approached DIPG.

Rather than treating every tumor as biologically identical, researchers analyzed tumor tissue for molecular characteristics and investigated whether particular targeted medicines might work better against specific abnormalities.

Lucas ultimately received **everolimus**, a medication that inhibits a cellular signaling pathway involving a protein called mTOR.

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Everolimus is already used in several medical settings, including certain cancers and tumors associated with specific genetic conditions.

But what happened in Lucas's case was far beyond the typical response.

His tumor progressively disappeared.

Years later, doctors could no longer detect it.

Why His Recovery Is So Extraordinary

Long-term survival with biologically confirmed DIPG is exceptionally uncommon.

The BIOMEDE trial enrolled hundreds of patients and compared targeted medicines including everolimus, dasatinib, and erlotinib alongside radiotherapy.

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Across the overall population, none of the three treatment strategies produced a statistically significant improvement in overall survival compared with the historical control group.

That is an important detail.

Lucas's recovery does **not** mean everolimus has suddenly been proven to cure DIPG.

Instead, scientists believe certain biological characteristics of an individual tumor may determine whether it is unusually sensitive to a treatment.

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The 2026 BIOMEDE analysis identified **four patients who remained alive six years or longer after diagnosis**, all of whom had received an mTOR inhibitor at some point. One patient achieved complete remission, while others still had residual abnormalities visible on MRI.

Researchers are now studying these exceptional responders for clues.

The Tumor May Hold the Answer

One of the most intriguing possibilities is that Lucas's cancer cells carried a combination of molecular abnormalities that made them unusually vulnerable to treatment.

Cancer is not one single disease.

Even tumors that receive the same diagnosis can behave very differently because their cells contain different genetic mutations, signaling pathways, immune environments, and metabolic characteristics.

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The BIOMEDE researchers found that tumors containing alterations or activation involving the **PI3K/AKT/mTOR pathway** appeared more likely to benefit from everolimus than tumors without those characteristics.

They also identified another important clue.

Mutations in a gene called **TP53** were strongly associated with poorer survival.

These findings illustrate why modern cancer research is increasingly moving toward **precision medicine**—choosing therapy based not only on where a tumor is located but also on its molecular biology.

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Why Researchers Are Studying Exceptional Survivors

In cancer research, patients who respond dramatically better than expected are sometimes called **exceptional responders**.

They can provide enormous scientific value.

Researchers can compare their tumors with those of patients who did not respond and ask questions such as:

Why did one child's tumor become vulnerable to treatment?

Which genes were active?

Which pathways were switched on or off?

Was the immune system interacting with the tumor differently?

Could another medicine reproduce the same vulnerability?

The answers could eventually help researchers identify children most likely to benefit from particular therapies.

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In the BIOMEDE analysis, scientists found that long-term survivors appeared to have distinct biological features, including differences in gene expression and in the tumor immune microenvironment.

A Major Step Toward Personalized Childhood Cancer Treatment

Lucas's story is therefore about much more than one remarkable recovery.

It illustrates how dramatically pediatric cancer research has changed.

Only a few decades ago, doctors often had limited biological information about DIPG tumors. Biopsies were avoided because obtaining tissue from the brainstem was considered risky.

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Advances in neurosurgery, imaging, genetics, and molecular analysis have changed that.

Researchers can now examine the tumor's genetic profile and investigate which cellular pathways are driving its growth.

The BIOMEDE program used this approach on an unprecedented scale, producing one of the largest biological datasets ever assembled for DIPG.

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That information may prove invaluable for future therapies.

Hope—Without False Promises

Stories such as Lucas's naturally create enormous hope.

But they also require careful interpretation.

There is currently no universally effective cure for DIPG, and everolimus should not be viewed as a proven cure based on one extraordinary response.

The 2026 BIOMEDE study itself states that DIPG remains incurable with current standard treatment and that the trial's three targeted therapies did not significantly improve overall survival across the entire patient population.

What the study did accomplish was arguably just as important for future research: it identified molecular markers that may help doctors predict prognosis and determine which tumors are more likely to respond to specific targeted therapies.

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That moves medicine closer to treating the biology of each child's tumor rather than relying on a one-size-fits-all approach.

What Lucas's Story Could Mean for the Future

One extraordinary patient cannot establish a new cancer treatment.

But sometimes one extraordinary patient can show researchers where to look next.

Lucas demonstrated that, under rare biological circumstances, a tumor once considered essentially impossible to eradicate can completely disappear.

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Researchers now want to understand precisely why.

If they can identify the molecular vulnerabilities responsible for his response—and reproduce them in other patients—his unusual recovery could help shape future generations of DIPG treatment.

That is why this story has attracted so much attention among pediatric cancer researchers.

It is not simply the story of a child who survived against overwhelming odds.

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It is a scientific clue.

And for families affected by one of the most difficult cancers in childhood medicine, that clue represents something that has historically been in very short supply:

real, evidence-based hope.

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