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https://haematologica.org/article/view/7868

DOI: 0

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risk factors) both for OS (91%; 74%; 56%, p<0.01) and EFS (77%; 58%; 41%, p<0.01). Furthermore, we observed that patients with eosinophilia, AEoC>0.5x10e6/L had significantly better OS in group with ALC/AMC<2 (82% *vs* 58%, p<0.01), as well as in low IPS group (97% *vs* 84%, p<0.05), but not in group with high IPS (75% *vs* 64%, p>0.05). Our study encourages the combination of ALC/AMC with IPS, thus providing an improved risk prediction in advanced HL patients. Moreover, present peripheral blood eosinophilia separates patients with better prognosis in poor prognostic group.

P015

LOWER SOCIOECONOMIC STATUS IS ASSOCIATED WITH SHORTER SURVIVAL IN HL PATIENTS - AN ANALYSIS FROM THE BRAZILIAN HODGKIN LYMPHOMA REGISTRY

I. Biasoli[1], N. Castro[2], M. Delamain[3], T. Silveira[4], J. Farley[5], B. Pinto Simões[6], C. Solza[7], M. Praxedes[8], O. Baiocchi[9], R. Gaiolla[10], F. Franceschi[11], C. Bonamin[12], C. Boquimpani[13], N. Clementino[14], G. Perini[15], K. Pagnano[3], G. Steffenello[16], J. Tabacof[17], G. de Freitas Colli[2], A. Soares[7], C. de Souza[3], C.S. Chiattone[4], R. Raggio[18], C. Milito[1], J.C. Morais[1], N. Spector[1]

[1]School of Medicine, Universidade Federal do Rio de Janeiro, Brasil; [2]Hospital de Cancer de Barretos, Brasil; [3]Hematology and Hemotherapy Center, University of Campinas, Brasil; [4]São Paulo Santa Casa Medical School, Brasil; [5]Liga Norte Rio Grandense Contra o Cancer, Brasil; [6]USP-Ribeirão Preto, Brasil; [7]Universidade do Estado do Rio de Janeiro, Barsil; [8]Universidade Federal Fluminense, Brasil; [9]Federal University of São Paulo, Brasil; [10]Universidade Estadual Paulista, Brasil; [11]Fundação Amaral Carvalho, Jaú, Brasil; [12]Universidade Federal do Paraná, Brasil; [13]HEMORIO, Rio de Janeiro, Brasil; [14]Universidade Federal de Minas Gerais, Brasil; [15]Hospital Albert Einstein, São Paulo, Brasil; [16]Universidade Federal de Santa Catarina, Brasil; [17]ESHO - Centro Paulistano de Oncologia, Brasil

Introduction. Socioeconomic status (SES) is a well-known determinant of outcomes in cancer. We have previously reported that Hodgkin's lymphoma (HL) patients (pts) with a lower SES had inferior survival in a different cohort from Rio de Janeiro. *Methods.* SES stratification was done using an asset/education-based household index widely used in publicity and political polls in Brazil. *Results.* 624 classical HL pts with diagnosis until December 31 2014, ≥13 y-old and HIV-, treated with ABVD, were analysed. The median follow-up was 35.6 months for all pts, 67% (390/578) were classified as higher SES and 33% (188/578) as lower SES. The 3-y PFS in higher and lower SES were 78% and 64% (p<0.0001), respectively. The 3-year OS in higher and lower SES were 94% and 82% (p<0.0001), respectively. Lower SES pts were more likely to be ≥60 years (16% *vs* 8%, p=0.003), to have a poor performance status (20% *vs* 10%, p=0.001) and high risk IPS (44% *vs* 31%, p=0.004), to present with advanced disease (71% *vs* 58%, p=0.003) and to have histopathology other than nodular sclerosis (31% *vs* 19%, p=0.002). Also, time to diagnosis >4 months was more frequent in lower SES pts (69% *vs* 53%, p=0.0001). After adjustments for potential confounders (age, PS, advanced disease, IPS, histopathology and time to diagnosis), lower SES remained associated with poorer survival (HR=3.15 [1.8-5.2] for OS and HR=1.67 [1.2-2.31] for PFS). Twenty-one patients died during treatment, accounting for a death rate of 7.5% and 1.3% for lower and higher SES (p=0.0001). Infections and treatment toxicity accounted for 81% of deaths during treatment. No differences were found according to the distance and travel time from residence to hospital, or to availability of someone to transport pts to hospital in an emergency. Independent factors associated with death during treatment were: age ≥60 year, poor PS, advanced disease, lower SES and low educational level. Deaths after the conclusion of treatment occurred in 48 patients, mostly due to progressive disease. However, follow-up is still short for analysis of long-term outcomes. *Conclusions.* SES is an independent factor associated with shorter survival in Brazil. Along with age, advanced disease, and poor PS, SES and educational level allow the identification of vulnerable patients who might benefit from a program of intensive medical and social supervision, or from management modifications to reduce serious infections and drug toxicity during treatment.

P016

THE IMPACT OF OUTCOME OF INTERIM PET/CT ON ADVANCED HODGKIN LYMPHOMA TREATED WITH EACOPP-14

E. Medvedovskaya[1], A. Leontjeva[1], E. Demina[1], J. Ryabukhina[1], G. Tumyan[1], N. Kokosadze[1], O. Trofimova[1], V. Larionova[1], M. Dolgushin[1], A. Odzharova[1], O. Mukhortova[2], I. Aslanidis[2], D. Osmanov[1]

[1]N.N. Blokhin Russian Cancer Research Center, Moscow, Russia; [2]A.N. Bakoulev Scientific Center for Cardiovascular Surgery, Moscow, Russia

Introduction. To assess the role of interim positron emission tomography/computed tomography (PET/CT) and compare its with PET\CT results after the end of treatment the patients (pts) with advanced stages classical Hodgkin lymphoma (cHL). *Methods.* 114 newly diagnosed cHL pts received 6 cycles EACOPP every 14 days (doxorubicin 50 mg\m², cyclophosphamide, etoposide, procarbazine, vincristine, prednisone). Consolidation radiotherapy was given to 78 (68%) pts. Interim PET/CT (iPET) imaging after 2 cycles was done in 54 (48%) pts. *Results.* With a median follow-up 35 months, 3-year progression-free survival (3-PFS) were 85%, overall survival - 92%. In 33 pts (61%) the iPET was negative - Deauville score 1-2 (DS 1-2). The residual uptake was higher than the mediastinal blood pool (MBP) uptake but below the liver uptake (DS 3) in 17 pts (31%) and 4 pts (8%) were PET-positive (DS 4-5). omplete metabolic response (CMR) after 2 cycles predicted higher 3-PFS compared PETpos (100% *vs* 75%; p=0,0035 - Figure 1).
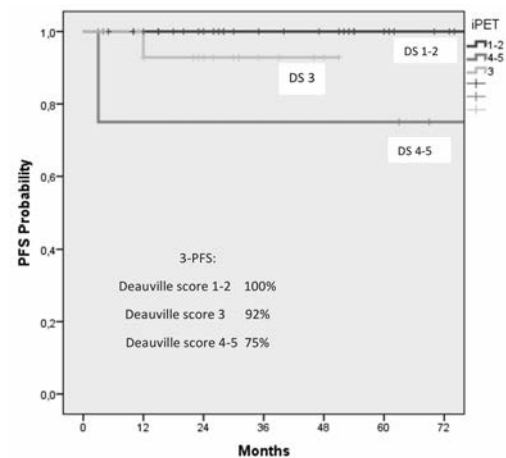
Figure 1. 3-PFS in patients with advanced stage cHL according results of iPET.

Patients with residual metabolic activity had equally good outcomes (100% *vs* 92%; p=0,1). Of the 60 pts who not done iPET, 24 (40%) were performed PET\CT after the end of 6 EACOPP-14. There is not difference of outcome between 19 pts with CMR after the end of chemotherapy and 36 pts with CR\uCR according chest\abdominal\pelvic CT with contrast of diagnostic quality (3-PFS 78% *vs* 91%; p<0,1). *Conclusions.* The intensive EACOPP-14 program showed good and early response for pts with advanced stage cHL. Predictive value of metabolic response after 2 cycles was higher than PET-negativity after the end of chemotherapy.

P017

ADVANCED HODGKIN LYMPHOMA - A RISK STRATIFICATION OF ABVD TREATED FEMALES IN GENERATIVE AGE

B. Andjelic[1,2], L.J. Jakovic[1], D. Antic[1,2], M. Todorovic[1,2], J. Bila[1,2], V. Djurasinovic[1], A. Sretenovic[1], V. Vukovic[1], J. Jelicic[1], M. Smiljanic[1], B. Mihaljevic[1,2]

[1]Clinic for Hematology, Clinical Center of Serbia, Belgade, Serbia; [2]Faculty of Medicine, University of Belgrade, Belgrade, Serbia

Background. Recent trials demonstrated that treatment results of