

er toxicity associated with treatment compared to young patients. The fundamental cause of death remains being the disease. The age over 80 years and CCI $\geq$ 3 are associated with a worse prognosis. The management of patients over 80 years represents a major therapeutic challenge because of the high toxicity and low efficiency of current treatments. It is important to include these patients in clinical trials covering new drugs. The new drugs and new easy geriatric assessment tools, which detect frailty, should assist in the better management of these elderly patients. Our hospital intends to initiate a care protocol that covers the assessment using the CIRS-C and GAH scales.

### P135

#### AN UPDATE ON BETER, THE DUTCH NATIONWIDE SURVIVORSHIP CARE PROGRAMME FOR HODGKIN LYMPHOMA SURVIVORS

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**Background.** Survivors of Hodgkin lymphoma (HL) are at increased risk of various late adverse effects of treatment, leading to substantial excess morbidity and mortality. The Dutch BETER consortium (Better care after Hodgkin lymphoma: Evaluation of long-term Treatment Effects and screening Recommendations) aims at improving life expectancy and quality of life for HL survivors. **Methods.** The BETER consortium has developed: (1) evidence-based follow-up guidelines for HL survivors according to (inter)national standards; (2) a nationwide infrastructure for survivorship care clinics in which risk-based care is provided to  $\geq$ 5-year survivors of HL, who were treated after 1965 at ages 15-60 years. Moreover, the BETER consortium aims at improving knowledge about late adverse effects of HL treatment in patients as well as health care providers, e.g. through the website [www.beternahodgkin.nl](http://www.beternahodgkin.nl). **Results.** BETER-guidelines for second malignancies, cardiovascular disease, thyroid disease, osteoporosis and fertility, functional asplenia, neck muscle weakness and other problems (quality of life, weight, dental health, neurological problems, and pulmonary disease) are expected to be approved soon by the respective medical societies. Currently, 11 out of 23 centres participating in the BETER consortium have established a BETER Survivorship Care Clinic. Other centres are planning to start shortly. The proportion of HL survivors still under medical surveillance varied substantially across BETER clinics. For these patients follow-up care is adapted to the new screening guidelines. Among the HL survivors who were discharged from follow-up care, there was a large variation in attendance rate between BETER clinics, varying from 25% to 90%. Five to 35% of patients did not respond to the invitation and 5 to 40% did not wish to attend. Most common reasons to not attend were: undergoing screening or treatment for late effects elsewhere, not wanting to be reminded of HL, emotional burden and financial reasons. We will evaluate reasons for non-attendance in more detail in the near future. **Conclusions.** Clinical attendance rates of HL survivors who were previously discharged from follow-up, vary substantially between BETER clinics. Evaluation of reasons for non-attendance will be used to improve survivorship care.

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#### PROSPECTIVE EVALUATION OF PULMONARY TOXICITY IN FIRST LINE TREATMENT OF HODGKIN LYMPHOMA PATIENTS

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**Introduction.** Bleomycin (bleo) containing first-line therapy  $\pm$  irradiation may cause pulmonary toxicity in Hodgkin lymphoma (HL) patients.

**Patients and Methods.** Pulmonary function of newly diagnosed HL patients were assessed, by using St. George Respiratory Questionnaire (SGRQ), dynamic inhalation lung scintigraphy, diffusion capacity of the lung for carbon monoxide (DLCO) and spirometry before, during and after treatment, prospectively. Bleo hydrolase (BLMH) SNP A1450G genotype polymorphism was determined by TaqMan genotyping assay. **Results.** A total of 50 classical HL pts. data were available for analysis, treated between February 2012 and March 2016 in our Institution. 38 pts. received ABVD (median cumulative bleo dose: 120 mg/m<sup>2</sup>) chemotherapy, 18 pts. received bleo intramuscularly (im.) and 20 intravenously (iv.). As control group, 12 pts. were treated with brentuximab vedotin (BV)-AVD. Chest irradiation was involved in 11 pts.' treatment. Pulmonary complains measured by SGRQ slightly improved over treatment. Lung scintigraphy results of bleo-treated pts. significantly worsened over treatment. More interestingly, results of BV-treated pts. not only significantly worsened over treatment, but was significantly inferior to bleo treated patients. By excluding smoker pts., difference became not significant, but still inferior to bleo treated pts. DLCO much less explicitly confirmed these results. Spirometry parameters improved over treatment in both groups, with no significant differences. Chest irradiation did not significantly worsen pulmonary function. Pts. receiving iv. bleo had significantly worse results measured with lung scintigraphy at the end of treatment and during treatment with DLCO, than those receiving im.. BLMH SNP A1450G didn't distinguished in this short run of bleo treated pts. **Discussion.** Pulmonary function test results of bleo treated pts. worsened over treatment as previously reported, however we found these results only with lung scintigraphy. DLCO was much less supportive. Moreover, only one patient was found with acute bleo induced lung injury in contrast with the literature (20-46%). Surprisingly, BV-AVD, which is considered non-pulmonary toxic, produced inferior results to bleo treated pts.. We have to compliment, that these results were only seen with lung scintigraphy, which has no literature, and data lacks of confirmation with gold-standard DLCO. Nevertheless, lung scintigraphy is supposed to measure earlier epithelial damage.

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#### HODGKIN LYMPHOMA AND PREGNANCY - DILEMMAS OF HOW TO TREAT?

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**Introduction.** The incidence of malignant neoplasms in women at reproductive age has increased dramatically over the past decade and is still rising. Hodgkin's lymphoma (HL) is one of the most frequent hematological malignancies in young women. When diagnosed HL during pregnancy, it represents a major clinical dilemma and there is a lack of established standards defining its optimal treatment during gestation. The coincidence of HL and pregnancy poses an unusual challenge for the mother and the medical team. **Materials.** 102 patients with Hodgkin lymphoma (HL) were treated at the MSCMCC Warsaw between 01/1986 and 12/2015. Age: range (mean): 16-39 (29). Most patients