

Hodgkin's lymphoma (HL) in the second stage of clinical Ann Arbor (CS), histopathological type of NS (nodular sclerosis) and in the second trimester of pregnancy. B symptoms- 51%, tumor mass -41%, MMR>1/3 -38%. Methods of treatment: I trimester :therapeutic abortion or radiotherapy (IF) upper cervical or axillary lymph nodes or miscarriage (7-8 Hbd), III trimester : method "watch and wait" and delivery 37-39 Hbd or chemotherapy scheme EVA (1-2 cycles before delivery) (Etoposide 100mg/m² days 1-3, Vinblastine 6 mg/m² day 1, Doxorubicin 50mg/m² day 1 repeated every 28 days) before delivery. II trimester method "watch and wait" or radiotherapy (IF) total dose between 20-44 Gy before delivery and chemotherapy LOPP, MOPP, MOPP/ABV after delivery or radiotherapy (IF) total dose 30-35 Gy and chemotherapy scheme EVA (2 cycles) before delivery or chemotherapy scheme EVA (3-4 cycles) before delivery and radiotherapy (IF) total dose 30-40 Gy after delivery. *In vivo* dosimetry before delivery during radiotherapy by irregular fields Thermoluminescent dosimetry HARSHAW 100 or Thomson and Nielsen t.MOSFET TN -RD 51 and individually blocks of the abdomen and fetus were used. The dose of the fetus was estimated individually in all. Total dose 0 cGy -19.19 cGy. **Results.** Out of 102 treated women now live 94 (92%). Most of the living patients in complete remission. In 2 patients after childbirth was made a full panel of diagnostic tests. They remain in partial remission and continued treatment regimen ABVD. Cause of death in 8 patients: relapse or primary refractory disease. Was born 90 children. Parturition and postpartum correct. All bearings were subjected to histopathological examination. There was no cell lymphoma in the tested material. There were no developmental or genetic defects in children. Children are under constant medical care. Physical and mental development correct. One infant developed acute respiratory distress syndrome and died 6 days after delivery. Age surviving children 6 months - 29 years.

P138

SECOND CANCER RISKS IN PATIENTS WITH SUPRADIAPHRAGMATIC HODGKIN LYMPHOMA

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Background. Second cancer s (SC) developing in Hodgkin Lymphoma (HL) patients after treatment significantly affect survival. The studies defining relative risc (RR) of SC in the cohort s of HL patients treated with similar radiotherapy (RT) target volumes and total tumor doses (TTD) are rare. **Purpose.** The aim was to evaluate RR of SC in HL patients treated with RT alone or chemoradiotherapy (CRT) when irradiation was limited to the lymphatic areas above diaphragm and the spleen. **Methods.** The study included 1789 initial HL pts, stages I, II, IV (supradiaphragmatic, age 13-69 (87% under 40). Women 1177 (66%), men 612 (34%). The treatment period was between 1968 and 1998. Patients were given either RT alone limited to the lymphatic areas above diaphragm and the spleen, TTD 40 Gy (363 pts, 20.3%) or 6 cycles of chemotherapy COPP+similar RT (1426 pts, 79.7%). The incidence of SC was compared with the data from Cancer Register of Russian Federation. **Results.** Follow-up was 6 mnths - 36 years (median 18 years). The overall follow-up for the cohort was 18949 patients/years (men 5917, women 13032). SC developed in 80 (4.5%) patients: after RT in 27 (7.4%) of 363 pts, after CRT in 53 (3.7%) of 1426 patients. One tumor occurred in 74 pts, two tumors, two tumors successively in 5 patients and three tumors in 1 patient. The total number of tumors was 87, including 85 (97.7%) solid tumors, 2(2.3%) hemoblastoses. The time of SC occurrence was 1-31 years (median 18). SC RR: overall for the cohort - 2.85 (95% confidence interval (95% CI) 1.85-2.98); in women - 3.02 (95% CI 1.9-3.12); in men - 2.46 (95% CI 1.23-2.91). After RT alone: in women - 3.22 (95% CI 2.11-4.75); in men - 2.51 (95% CI 0.9-4.63). After CRT: in women - 2.9 (95% CI 1.48-3.02); in men - 2.4 (95% CI 1.04-2.96). The prevailing tumors were mammal, thyroid, gastric. The RR of mammal cancer was 4.01 (95% CI 2.46-5.98); gastric cancer: in women - 7.95 (95% CI 3.2-14.4), in men - 4.03 (95% CI 1.0-9.0); thyroid cancer: in women - 7.8 (95% CI 3.47-13.9), in men -

beyond 95% CI. 19 (21.8%) of 87 tumors occurred within irradiation fields. **Conclusions.** In our study the RR of SC in HL patients was 2.85, which is lower than reported by other authors. This probably could be explained by the fact that the study included HL patients in whom irradiation was limited to supradiaphragmatic areas and spleen.

P139

PROGNOSTIC VALUE OF CLINICAL, TREATMENT AND SOCIO-DEMOGRAPHIC RESULTS OF PSYCHOLOGICAL DISTRESS AMONG HODGKIN LYMPHOMA SURVIVORS IN HUNGARY

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Objectives. Due to risk and response adapted treatment strategies, more than 80% of newly diagnosed classical Hodgkin lymphoma (HL) patients can be cured, and are expected to be long-term survivors. A remarkable number of HL survivors suffer from treatment related long-term side effects, such as secondary malignancy, organ failure, persistent fatigue and psychological distress. **Purpose.** The aim of this study was to evaluate the frequency of psychological distress and it's risk factors among HL survivors in Hungary. **Patients and Methods.** 163 (88 female and 73 male) adult HL survivors were identified between 1st January 2012 and 31st March 2015 in our outpatient centre. The patients were asked and agreed to complete standardized, self-administered questionnaires: Hospital Anxiety and Depression scale (HADS14), General Health Questionnaire (GHQ12), Perceived Stress Scale (PSS4) and socio-demographic questions. Disease and treatment data were based on the hospital records. **Results.** The mean age at the time of diagnosis was 32.16±12.97 years, at the completion of the survey was 44.84±14.51 years. A total of 25% had caseness scores with HADS14. Anxiety caseness scores were high in female patients (p=0.003), and were strongly associated with lack of employment (p=0.011) and treatment related long-term side effects (p=0.001). Depression caseness scores were increased among female patients (p=0.020), and were related to baseline comorbidities (p<0.001), lack of employment (p<0.001), higher ECOG scores at the time of diagnosis (p=0.036) and treatment related long-term side effects (p<0.001). 14.11% of HL survivors had abnormal levels of distress with GHQ12, which were significantly associated with baseline comorbidities (p=0.041), lack of employment (p<0.001), higher ECOG score at diagnosis (p=0.020) and treatment related long-term side effects (p=0.001). The PSS4 scale results were found significantly lower among employees (p<0.001), and in subjects without comorbidities (p=0.008) and with bulk tumor (p=0.026). There was a tight correlation between the questionnaires and the time of survey completion. **Conclusions.** Related to the literature and our own results, the majority of cured HL patients survive without distress at caseness level. Based on our experience HL survivors should be closely followed up by clinicians. If mental health disorder is suspected further psychologic or psychiatric treatment is strongly recommended.

P140

HODGKIN LYMPHOMA IN ELDERLY PATIENTS - A SINGLE CENTER EXPERIENCE

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Background. Classical Hodgkin lymphoma occurs in 20% of patients aged over 60 years. Survival rates for elderly patients with Hodgkin Lymphoma (eHL) are disproportionately inferior compared with younger patients. In eHL poor outcome is related with biologically more aggressive disease, treatment toxicity and comorbidities. Although ABVD is regarded as standard of care for most eHL patients, adjusted treatment strategies are lacking for this particular population and innovative approaches are awaited. **Aims.** Characterize an elderly population