

the late treatment-related toxicities represent a major concern for HL survivors, we think that an overtreatment should be avoided especially in early stage HL patients. Therefore, in order to offer individually tailored treatment, prospective studies on PET/CT-guided treatment strategies are underway worldwide

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DISEASE CHARACTERISTICS AND TREATMENT APPROACH AS PREDICTIVE FACTORS IN HODGKIN'S DISEASE

O. Karanfilski, A. Stojanovic, T. Sotirova, S. Trpkovska-Terzieva, S. Trajkova, A. Latifi, D. Dukovski

University Clinic for Hematology, SKOPJE, Macedonia

Labeling Hodgkin's disease (HD) as one of the curable neoplastic diseases, motivates hematologists to define the basis on which this contemporary medical achievement is accomplished. Our study is a contributing attempt in this direction. At our Clinic we have been managing more than 500 HD patients over a 25-year period. We have studied the prognostic impact that disease onset manifestations, mostly included in the IPI scoring system, but alongside with and across different treatment approaches, and the impact that both have on the disease course and its outcome. Of a total of 473 HD evaluable patients, 119 were with clinical stages 1-2A, and were analyzed regardless of the disease mass (bulk). Evaluable advanced stage patients, with clinical stages 2B-4, also irrespective of tumor mass size, were 348 of them. Multivariate statistical analyses show that of the seven IPI parameters, only the scoring system backbone still retains its prognostic significance: Hb and Alb levels. Patient's gender, and a modified range for age and clinical stage of the disease, also remain important factors. Selective statistics reveal that this importance is valid mostly due to factor's impact on advanced stages of HD, whereas the prognosis of early stage HD patients does not seem to be affected by these parameters. The values for the chi-square tests are 45.9023 and 24.5866 for 3 degrees of freedom (gender, Hb, Alb) for the whole population and the advanced disease subset respectively, and the p-values are highly significant (0.00000 and 0.00002), when the analysis is performed on standard IPI values. Modified values achieve even higher significance and incorporate more parameters. Following our assessment that onset manifestations do not have statistical influence on the outcome of early stage disease patients, we extended the analysis to the post-diagnostic period. Analyzing different types of treatment engaged, as well as similar approaches, it is clearly evident that these patients benefit from treatment modalities containing the gold standard and the increasingly competitive newer chemotherapy regimen: ABVD and BEA-COPP. Interestingly enough, and possibly due to the low number of entries, combined modality treatment did not show significant advantage over chemotherapy alone in these early stage patients. On the other hand, advanced stage disease course could not be significantly altered by employing even more aggressive treatment approaches. Rough grouping of the originally and contemporarily treated subsets, show an evident difference of 25-40% in overall survival ($p < 0.001$). Both observations clearly imply that rapid diagnosis, diminishing the possibility of disease advancement, and utilization of contemporary and aggressive treatment options in the first instance, speculating that the appreciated effect is mostly attributable to the potential of doxorubicin and very possibly etoposide, are the milestones on which the successful story of HD management has been created and confirmed.

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HYPER-IGE (JOB'S) SYNDROME IN AN ADULT PATIENT PREVIOUSLY DIAGNOSED OF LYMPHOCYTE PREDOMINANT HODGKIN'S LYMPHOMA: IMPORTANCE OF DISTINGUISHING SYMPTOMATIC JOB'S SYNDROME FROM ACTIVE HODGKIN'S LYMPHOMA

J.J. Gil Fernandez, J. García-Suárez, Y. Martín, E. Magro, M. Callejas, M. Lopez-Rubio, M.A. Calero, T. Pascual, C. Burgaleta

Hospital Universitario Príncipe de Asturias, MADRID, Spain

Background. Hyper-Immunoglobulin E, IgE (HIES) or Job's syndrome is a rare primary immunodeficiency disorder characterized by clinical triad of recurrent staphylococcal abscesses, cyst-forming pneumonia and an elevated serum IgE level of > 2000 IU/ml. Most cases are sporadic; however, multiplex families displaying autosomal dominant (AD) and autosomal recessive (AR) inheritance have been described. The etiology of HIES is still unresolved. Therapy for HIES is directed at prevention and management of infections by using sustained systemic antibiotics and antifungals along with topical therapy for eczema and drainage of abscesses. Anti-staphylococcal antibiotic prophylaxis is useful. Interfer-

ons, immunoglobulin supplementation, or low-dose cyclosporine A, have been reported to benefit selected patients, but they are not generally indicated. There has been described an increased risk of development of different types of lymphoma in these patient's population. The exact mechanism of this increased risk is not fully understood but some similarities to the pathogenetic model of AIDS-related lymphoma have been established. **Aims.** In the vast majority of cases the Job's syndrome has been diagnosed previously to the lymphoid neoplasia. A high index of suspicion for lymphoma should be given in patients with HIE syndrome who present with lymph node enlargement. We report an adult patient previously diagnosed of lymphocyte predominant Hodgkin's lymphoma successfully treated with immunochemotherapy who developed a symptomatic HIES mimicking active Hodgkin's lymphoma. **Case Report.** A 70 years-old male patient was diagnosed of a CD20-positive lymphocyte-predominant Hodgkin's lymphoma, Ann-Arbor stage II-A, non-bulky, supradiaphragmatic. He was treated according to its age and localized stage with 3 cycles of ABVD plus Rituximab (3 doses), achieving a complete remission (CR) confirmed by a negative TAC-PET study. In the follow-up, although radiological studies were normal, the patient developed symptoms and biological signs mimicking active Hodgkin's disease (malaise with generalized pruritus and a continuously elevation of reactants of acute phase: ESR > 15 mm; Reactive Protein C > 5 mg/l; fibrinogen > 400 mg/dL; blood eosinophilia $> 500/mm^3$). A complete searching of a systemic disorder and dermatologic and allergologic studies were all negative for a specific process. Because of maintained markedly increased IgE ($> 5,000$ U/ml) with chronic dermatitis, repeated respiratory infections and persistent pruritus, a Hyper-Immunoglobulin E, IgE (HIES) or Job's syndrome was suspected. At the time of this writing the patient has not started any treatment for HIES. **Conclusions.** In order to avoid unnecessary treatments of chemotherapy or radiotherapy in Hodgkin's lymphoma patients in continuous CR, HIES should be considered in the differential diagnosis of patients with persistent pruritus and markedly increased IgE.

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CHANGES IN CLINICOPATHOLOGICAL FEATURES IN HODGKIN-LYMPHOMA

A. Illes, L. Gergely, L. Varoczy, Zs. Simon, Zs. Miltenyi

University of Debrecen, DEBRECEN, Hungary

Background. Hodgkin-lymphoma (HL) is an uncommon malignant tumour of the lymphatic system. Nowadays more reports show changing of the disease's epidemiology. **Aims.** Examination the characteristics of our HL patients retrospectively. **Design and Methods.** We examined 439 HL patients, who were treated between 1980.01.01 and 2008.12.31. **Results.** In the first period (1980-89) were 177 patients, 1990-99 (second period) were 147 patients, and between 2000-08 (third period) were 115 patients. We observed a reduced male-to-female ratio (I. period: 1,42, II. period: 1,45, III. period: 1,04). The mean age was 40,1 years, 35,9 years, and 36,8 years (I. v. II. v. III. period). Comparing the distribution of HL cases diagnosed at 3 different time periods, we detected decreased frequency of the mixed cellularity subtype (43,5%, 58,5% v. 42,6% $p < 0.0098$), and an increased frequency of the nodular sclerosis subtype (24,85%, 27,2% vs. 34,78% $p < 0.1734$). We diagnosed more early stage patients (33,33%, 30,6% v. 59,12% $p < 0.0001$), than advanced stage (66,67%, 69,38% vs. 40% $p < 0.0001$). Five-years overall survival were 68,4%, 73,3%, and 91%. **Conclusions.** The comparison of HL cases from the same geographic area during different time period provides an opportunity to observe the changing of clinicopathological features of HL.

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AUDIT OF ABVD CHEMOTHERAPY FOR HODGKIN LYMPHOMA PATIENTS REGARDLESS OF THE ABSOLUTE NEUTROPHIL COUNT AND WITHOUT G-CSF; NO TREATMENT DELAYS AND OPTIMAL DOSE INTENSITY

R. Stewart, J. Allan, M. Drummond, R. Soutar

Beatson West of Scotland Cancer Centre, GLASGOW, UK

Background. Historically delivery of the standard Hodgkins lymphoma chemotherapy regimen "ABVD" has been supported with G-CSF and patients experiencing myelosuppression were given chemotherapy treatment delays which affected dose intensity. **Aims.** To review local practice, we investigated whether delivery of ABVD, administered regardless of the absolute neutrophil count, and without routine supportive G-CSF, caused patients to experience treatment delays due to either myelosuppression or sepsis. Dose intensity in the patient cohort was examined