

Patients and Methods: In our study were entered 54 advanced NHL patients who were on average 1.6 years post-recurrence with a history of chemotherapy treatment. Data were a cross-sectional analysis of self report and clinical data.

Results: Fighting spirit and being married were associated with less depression and less total mood disturbance. Anxious preoccupation and emotional control were related to higher depression, higher total mood disturbance, and higher avoidance scores. Those who scored highest on depression were those who were high in both anxious preoccupation and emotional control. The presence of social support was associated with better adjustment, but did not contribute to the relationship between coping style and emotional distress.

Conclusions: Results indicate that patients whose coping styles are characterized by emotional expressiveness and a realistic yet optimistic approach to their illness adjust better to a diagnosis of NHL than those who are preoccupied with their illness and who are controlled in their emotional expression.

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Heterogeneity of patients with aggressive non-Hodgkin's lymphomas in terms of quality of life impairment

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Grading of quality of life (QoL) impairment is worthwhile to provide adequate management of lymphoid malignancies. According to the model of grading of QoL impairment, patients with lymphoid malignancies experience no, mild (25% decrease from a population norm), moderate (25–50% decrease), severe (50–75% decrease) or critical (>75% decrease) QoL impairment. The goal of the research was to study heterogeneity of new patients with aggressive Non-Hodgkin's lymphomas in terms of their QoL.

Patients and methods: 114 new aggressive Non-Hodgkin's lymphoma patients were enrolled in this study (male/female – 58/56; stages IIB-IV). The SF-36 and MDASI were used for QoL and symptom assessment.

Results: The majority of patients experienced critical (39%) or severe (13%) QoL impairment. Moderate or mild QoL impairment was observed in 17 and 12% of patients, respectively. 20% of patients had no QoL impairment. The QoL indices differed significantly depending on the grade of QoL impairment ($p=0.002$): 0.52 vs 0.34 vs 0.21 vs 0.15 vs 0.03 in the groups with no, mild, moderate, severe and critical QoL impairment, respectively. The number and severity of symptoms differed depending on the grade of QoL impairment (Gamma correlations 0.6, $p=0.01$). In the group with no QoL impairment less than 50% of patients experienced symptoms; in the vast majority of patients they were mild. On the contrary, in the group with critical QoL impairment all the patients had fatigue; in 80% it was moderate or severe (97.6%). Pain, sleep disturbance, distress and sadness were experienced by the vast majority of patients; in half of them these symptoms were significant.

Conclusion: New patients with aggressive Non-Hodgkin's lymphoma are heterogeneous in terms of their QoL impairment. Identification of the grade of QoL impairment is the starting point in supportive care of aggressive Non-Hodgkin's lymphoma patients.

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Sexual disorders in patients treated for non-Hodgkin lymphoma

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The aim of this study was the development an anonymous questionnaire to study the sexual disorders and related problems of patients treated for non hodgkin lymphoma (NHL).

Patients and Method: We studied 22 (19 men – 3 women) NHL patients, age 32–64 years. The cultural level was average: 31% elementary school education, 33% high school education, 3% graduates. All were married. 87% had one or more children. At the time of the study all the NHL patients were disease free and had finished chemotherapy.

Results: In 34% of cases the sexual disturbances were present before the diagnosis. In 10% sexual disturbances worsened, in 34% they arose after chemotherapy. These disturbances were: absence of desire (sometimes 34%, often 8%, always 5%), diminution of desire (sometimes 57%, often 6%, always 4%). Before chemotherapy, 65% of the patients graded their sex life qualitatively good, 31% fair and 4% poor. After chemotherapy, these gradings were: 21% good, 39% fair and 11% poor. 13% were no longer sexually active following chemotherapy.

Conclusion: In the overall view of side effects of NHL treatment, sexual disturbances have a significant role, even though the patients describe an improvement in their affectionate relationship with their partner. Doctors must give greater attention to and discuss with the NHL patient their sexual problems with the realm of side effects in the planning of the treatment for NHL.

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The efficacy of high-dose therapy NHL BFM-90 in adults with anaplastic large cell lymphoma ALK-positive

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Anaplastic large cell lymphoma ALK-positive (ALCL) accounts for approximately 3% of all lymphomas in adults. It is characterized by the expression of surface antigen CD30, translocation t(2;5)(p23;q35) and the expression of ALK protein, the chimeric gene NPM-ALK product. The best results in treatment of ALCL in children have been achieved by the program NHL BFM-90: the complete response is 95–100% in I–II stage and 80–89% in III–IV stage, the overall survival is 100% and 79%, respectively. The therapy of choice of ALCL in adults is CHOP and CHOP-like courses. Five-year overall survival in adults is 30–68% (stages are not mentioned).

Aim: to evaluate the efficacy of therapy NHL BFM-90 of ALCL in adults.

Methods: the study includes 15 patients. The age of patients was 17–65 years. All the patients had III–IV stage of disease. There was high frequency of extranodal sites of disease (13 of 15 patients). All the patients received therapy NHL BFM-90 (branches K2 and K3 according to a stage of the disease), which was devised for ALCL in children.

Results: The complete response was achieved in 14 patients (93%). The follow-up is 22 months. One patient died of infectious complications during the first cycle of treatment. Two patients relapsed (14%). One of them died of progressive disease and other patient achieved the second remission after allogenic BMT.

Conclusions: The program NHL BFM-90 shows a high efficacy in treatment of ALCL in adults. The frequency of complete remissions in adults is similar to the results in pediatric oncology.