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624.HODGKIN LYMPHOMAS AND T/NK CELL LYMPHOMAS: CLINICAL AND EPIDEMIOLOGICAL

Outcomes of Newly Diagnosed Hodgkin Lymphoma Patients in 4 Academic Centers in Paraguay. the Impact to Access to PET-CT Scanning in Survival

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Background: Hodgkin's lymphoma (HL) is a highly curable lymphoproliferative neoplasm. Assessment of HL at baseline (pre-therapy), intermediate (iPET) and end-of-therapy (EOT) by positron emission tomography/computed tomography (PET/CT) is considered a "gold standard" procedure and has become the main tool for clinical decision making in the management of HL. However, inequity in access to diagnostic medical technology in Paraguay has not allowed clinicians to manage these patients as recommended by international guidelines. We describe here the clinical characteristics, access to PET/CT study and outcomes of patients with HL treated in Paraguay.
Methods: We conducted a retrospective cohort study of patients aged ≥17 years with newly diagnosed HL in 4 academic centers in Paraguay between 2015 and 2022, with follow-up until July 2023. Medical records were manually reviewed and data were abstracted in a standardized form. A historical analysis was performed to evaluate the utilization of PET/CT in all stages of HL treatment (baseline, intermediate and EOT). Survival probabilities were estimated using the Kaplan-Meier method.
Results: A total of 145 patients were identified; 101 had sufficient data for analysis (Table 1). Patients were young, with a median age of 29 years (16-79) and a slight male vs. female predominance (56.4% vs. 43.6%). Nodular sclerosis (76.6%) and mixed cellularity (20.2%) were the most frequent HL subtypes. More than half of the patients (58%) had ECOG 0, 50% advanced stage and 55.9% B symptoms. The majority of patients (97%) received an ABVD regimen as induction therapy. Sixty-nine percent of patients did not undergo PET/CT at baseline, most of them (97%) due to lack of insurance coverage, 16.5% underwent iPET and 58.4% underwent PET/CT at EOT. With a median follow-up of 44 months, overall survival (OS) at 4 years was 77% and progression-free survival (PFS) was 46%. In a subgroup analysis to investigate the short 4-year PFS observed in our cohort, the PFS of patients who underwent PET/CT at EOT versus those who did not was 84 versus 36, respectively (Figure 1).
Conclusions: To our knowledge, this is the first study to characterize the clinical characteristics and outcomes of patients with HL in Paraguay. It is striking to see that lack of access to PET/CT had a significant impact on PFS in our patient population. HL is a highly curable disease affecting young people, therefore, minimizing late side effects in this patient population (e.g., secondary comorbidities and malignancies) remains a high priority. The authors' conclusion is to raise awareness of the importance of improving access to diagnostic tools such as PET/CT to provide optimal care for our patients, especially those who do not have access to PET/CT.

Disclosures No relevant conflicts of interest to declare.

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Characteristics	Overall (N=101), (%)
Sex	
Females	44 (43.6)
Males	57 (56.4)
HL subytpe	
N-Miss	7
MCHL	19 (20.2)
NSHL	72 (76.6)
Predominio linfocitico	3 (3.2)
Age at diagnosis	
N	101
Median	29.
Range	16- 79
PET at diagnosis	
N-Miss	7
No	65 (69.1)
Yes	29 (30.9)
Reasons for not having PET	
N-Miss	34
0.Lack of acces	65 (97.0)
1.Others	2 (3.0)
ECOG	
N-Miss	12
0	52 (58.4)
1	30 (33.7)
2	7 (7.9)
HIV	
N-Miss	9
1.SI	1 (1)
2.NO	91(99)
CIRS	
N-Miss	7
0.Absence of comorbidity	77 (81.9)
1.Low comorbidity	15 (16.0)
3.High comorbidity	2 (2.1)
Ann Arbor	
I-II	54(53.4)
III-IV	47(46.6)
B symptoms	
N-Miss	8
0.SI	52 (55.9)
1.NO	41 (44.1)
Esquema	
N-Miss	3
0. ABVD	98 (97)
Interim PET	
N-Miss	10
No	76 (83.5)
Yes	15 (16.5)

Table 1

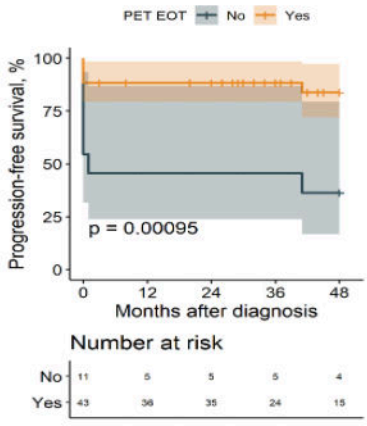

Fig.1

Figure 1

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