

further abstracts epidemiology

386 INCIDENCE OF LYMPHOMA IN CUBA BETWEEN 1988–2004. A POPULATION-BASED STUDY

E. Gracia¹, Y. Galan²

¹Experimental Chemotherapy, National Institute of Oncology and Radiobiology, Havana, Cuba, On Behalf of IELSG, ²National Cancer Registry, National Institute of Oncology and Radiobiology, Havana, Cuba

Introduction: Lymphomas have been reported among the main causes of cancer in Cuba. The incidence of both non-Hodgkin lymphoma (NHL) and Hodgkin lymphoma (HL) was increased in Cuba between 1976 and 1986. In this study we describe the behavior of these diseases during the last years.

Material and Methods: Age adjusted incidences rates to the world standard population (AWSR) of NHL and HL between 1988 and 2004 were assessed using data from the National Cancer Registry. Annual rate of change were estimated the by sex, age, and histology using Poisson regression. The ratio between province and Cuba AWSR were calculated as a risk indicator on geographic distribution.

Results: During the study time period 11 996 new cases of lymphoma were reported to the National Cancer Registry, 3763 HL and 8233 NHL. The mean annual incidence was 221 for HL and 484 for NHL. Most of the cases were male, around 60% for both, HL and NHL. Most of the cases were diagnosed in Havana City 22.2% of the HL and 25% of the NHL. Differences on incidence risk between provinces were observed. Median age for HL was 42 (± 21.5) years old and 60 (± 21.9) years old for NHL. The incidence trend for NHL, overall and by sex, was stable. Only Villa Clara province showed an increasing trend ($p=0.004$). While for HL a decreasing trend was observed through the whole country ($p=0.012$).

Conclusions: The estimated annual incidence of NHL, in Cuba, has been stable from 1988–2004. However, a decreasing incidence rates for HL has been observed. Further researches should be made to clarify the behavior of lymphoma and to evaluate mortality and survival in our country.

387 PRESENTATION OF 2375 CASES OF ONCOHAEMATOLOGIC PATHOLOGIES FROM TWO ONCOLOGIC CENTRES IN BUENOS AIRES, ARGENTINA: MARIE CURIE HOSPITAL AND HENRY MOORE INSTITUTE, 1997–2007.

M. Dragosky¹, S. Alcaraz¹, I. Annetta¹, L. Devoto¹, P. Luchetta¹, M. Marquez¹, E. Morgenfeld¹

¹Hematology, Oncology Hospital Marie Curie, Buenos Aires, Argentina

Introduction: Assessment of the characteristic of the oncohaematologic population from a public medical centre: M. Curie and a private Institute H. Moore, in Buenos Aires.

Material and methods: Population: mostly, residents of Buenos Aires and its surroundings. To a lesser extent, patients from the interior of the country or neighbouring countries.

Results: The pathologies observed were:

Non Hodgkin Lymphoma (NHL) 1260: 52.59%, Hodgkin Lymphoma (HL) 435: 18.31%, Leukemia 354:14.90%, Myeloma/plasmacytoma 195: 8.21%, Myeloproliferative 85: 3.58 %, Myelodysplasia 29: 1.22%, Waldenström 7 : 0.29%, Histiocytosis 5: 0.21%, Granulocytic sarcoma 4 : 0.17%, Dend.cell sarcoma: 1 (0.94%).

Distribution according to sex: males 1241 (52.25%), females 1134 (47.75%). According to age: 15 to 94 years, average: 56.44 years.

The most frequent pathology was NHL. The average age was 54.7 years. Subtypes: low grade (LG): 482 (38.25%), high grade (HG) 501 (39.76%), unclassified: 277 (21.98%). HIV positive: 3.33%. Progeny B 1163 (92.30%), progeny T 97 (7.7%). Extranodal 463 (36.74%). Most frequent LG subtypes: follicular 1 and 2: 136 cases (28.21%), lymphocytic: 42 (8.7%), HG most frequent DGCB: 110 (21.95%).

Hodgkin lymphoma: average age 34.3, subtypes: NS: 42.2%, MC: 35.1%, PL 4.1%, LD 2.2%. Unclassified 16.4%. HIV positive 1.6%.

Leukemia: acute 19.20%, chronic myeloid: 35.59 %, chronic lymphocytic 40.39%. HCL: 4.8%.

Myeloma/Plasmacytoma: Myeloma 88.71%, Plasmacytoma 11.28%. Myeloproliferative disorders: Polycythemia 43.42%, Thrombocythemia 41.28%, Primary Myelofibrosis 15.21%.

Conclusions: As we do not have a nationwide record of oncohaematologic pathologies, we have prepared this work containing information about the characteristics of these pathologies in our setting, as a way to contribute to the medical records.

388 NON-HODGKIN LYMPHOMA IN PERU BETWEEN 1965 AND 2002

C. Flores¹, L. Casanova¹, C. Samanez¹, J. Leon¹

¹Medical Oncology Department, Instituto Nacional de Enfermedades Neoplasicas, Lima, Peru

Background: Non-Hodgkin Lymphoma (NHL) is a malignant neoplasm of lymphoid system with marked the differences in presentation and prognosis. In addition, some clinical characteristics vary according to the country or region of the world. The objective was to determine the distribution of NHL according the year of diagnosis and clinical characteristics in our serie.

Methods: In this retrospective study, 6249 clinical records of patients with NHL, diagnosed at INEN between 1965 and 2002, were reviewed. We present the distribution of the patients for year of diagnosis, age group, primary site and clinical stage.

Results: The distribution by year of diagnosis was 1970–79: 730 (12%), 1980–89: 1511 (24%) and 1990–2000: 2834 (45%) patients respectively. The median age was 54 years (range: 14–99) and 51% were female. The presentation at diagnosis by age group were 15–39: 1548 (25%) patients, 40–39: 2202 (36%), 60–69: 1255 (20%) and ≥ 70 : 1192 (19%). The disease was primary nodal in 4070 (65%), extra nodal 1961 (31%) and 218 (4%) had undetermined primary. The clinical stage (CS) were CS I-II 2591 (46%) and SC III-IV 3036 (54%) patients respectively. The most frequent primary nodal sites were cervical (30%), Waldeyer ring (18%), retroperitoneal (10%) and disseminate (10%) and the primary extra nodal sites were stomach (25%), small bowel (19%) and nasal (13%). 76% of patients with primary retroperitoneal, 58% inguinal, 57% cervical, 44% small bowel, 31% stomach, 28% Waldeyer ring, and 17% nasal had SC III-IV at diagnosis. 5171 (84%) patients received treatment, 53% chemotherapy (CT), 16% radiotherapy (RT) and 22% CT + RT.

Conclusions: The presentation of NHL was similar to other series, although with higher frequency of primary extra nodal disease. The distribution per year of diagnosis showed an increasing tendency. In our series most of the patients were diagnosed between 45 and 74 years. Furthermore, patients with extra nodal disease were frequently diagnosed in early stages.

389 THE IMPACT OF TOBACCO SMOKING AND ALCOHOL DRINKING ON SURVIVAL OF PATIENTS WITH NON-HODGKIN LYMPHOMA

J. Polesel¹, M. Spina², R. Talamini¹, D. Serraino¹, S. Franceschi³, U. Tirelli²

¹Unit of Epidemiology and Biostatistics, Centro di Riferimento Oncologico, IRCCS, Aviano, Italy, ²Medical Oncology Division A, Centro di Riferimento Oncologico, IRCCS, Aviano, Italy, ³IARC, International Agency for Research on Cancer, Lyon, France

Background: Tobacco smoking and alcohol consumption have been related to the risk of non-Hodgkin lymphoma (NHL), but their impact on survival is still unknown.

Materials and Methods: To investigate this topic we selected 268 patients with histologically confirmed NHL (cases), diagnosed and treated at the National Cancer Institute (Aviano, Italy) between 1983 and 2002. These individuals were also enrolled in case-control studies conducted at the same Institute over the same period. For all patients, clinical and epidemiological data, including histological subtype, major prognostic factors, smoking and drinking habits, were available. Survival analysis was performed using Kaplan-Meier methods. Hazard ratio (HR) was estimated by Cox proportional hazard model.

Results: Compared to never smokers, patients who smoked ≥ 20 cigarettes/day had higher risks of death (HR=1.70) and lower 5-year survivals (60% and 46%). Likewise, patients who drank ≥ 4 drinks/day showed 1.7-fold higher probability of death compared to drinkers of < 2 drinks/day (5-year survival: 47% and 67%). When combining exposure to alcohol and tobacco, no excess of death emerged in light drinkers (< 4 drinks/day), irrespective of their smoking habits, but higher risks of death emerged among heavy drinkers.

Conclusions: Our findings strongly encourage physicians to advice NHL patients to stop smoking and diminish alcohol consumption to obtain improvements in the course of NHL.

Table. Risk of death in 268 non-Hodgkin lymphoma patients by smoking and drinking habits

	Death N	5-year probability survival %	(95% CI)	HR (95% CI) ^a
Tobacco smoking (cigs/day)				
Never	56	60	(50-69)	1 ^b
1-19	54	62	(51-71)	1.22 (0.80-1.86)
≥20	48	46	(33-57)	1.70 (1.06-2.73)
X ² trend				p=0.03
Alcohol drinking (dnks/day)				
<2	34	67	(56-77)	1 ^b
2-3	33	63	(51-73)	1.10 (0.66-1.83)
≥4	91	47	(37-56)	1.69 (1.04-2.76)
X ² trend				p=0.02
Alcohol/Tobacco consumption				
<4 dnks/day and Never smokers	40	61	(50-71)	1 ^b
<4 dnks/day and Ever smokers	27	71	(59-81)	1.10 (0.65-1.85)
≥4 dnks/day and Never smokers	16	56	(33-74)	1.23 (0.67-2.28)
≥4 dnks/day and Ever smokers	75	45	(35-55)	1.99 (1.17-3.40)

CI=confidence interval; ^aAdjusted for sex, age, B-symptoms, and International Prognostic Index (IPI). ^bReference category.