PO45
A case of primary cardiac lymphoma with systemic involvement
T. Lofaro1*, A. Gatt2, A. Betts3, 1Guy’s and St. Thomas’ NHS Foundation Trust, Department of Haematology, London, United Kingdom, 2Mater Dei Hospital, Malta, Department of Haematology, Tal-Qroqq, Malta, 3Mater Dei Hospital, Malta, Department of Histopathology, Tal-Qroqq, Malta

A 61 year old gentleman presented reporting a 6 week history of progressive shortness of breath on exertion, atypical chest pain and weight loss. He was found to have a large pericardial effusion. Samples were sent for culture, acid-fast stain and cytology on multiple occasions, but did not contribute to a diagnosis. A CT scan at presentation did not show extracardiac pathology. Transoesophageal echocardiography showed a mass in the cardiac wall near the right atrioventricular junction, but endomyocardial biopsy failed to qualify the lesion, further delaying a diagnosis. A repeat CT scan several days after the original showed progression of disease with perpetuation of the pericardial thickening, increasing lymphadenopathy in the left axillary, mediastinal and paratracheal regions, as well as a new pleural effusion. A histological confirmation of diffuse large B cell lymphoma was finally obtained by open heart biopsy.

The patient was treated with 6 cycles of R-CHOP, 5 of which were delivered as an inpatient on our coronary care unit because of recurrent ventricular arrhythmias and repeated cardiac arrests. His symptoms eventually settled and he was discharged and remained in remission for 12 months.

PO46
Sustained remission after mTOR inhibitor in a case of refractory HD
H. Abdel Azim1 *, R. Abdel Tawab1, D. Abdel Monaim1, M. Abdel Maged1, 1Cairo Oncology Center, Department of Hemato-oncology, Giza, Egypt

A male patient 19 years old, HD nodular sclerosing (strongly positive for CD15 moderately positive for CD30 moderate number of small lymphocytes positive for CD20 and CD3) presented 3 years ago complaining of lower back pain and fever & itching. Medical history: rheumatic fever EBV positive ESR high BM biopsy free stage IVBS (liver & bone) LDH normal, ECOG PS III IPI 3. Treated with ABVD + Zometa → mixed Response → DHAP with GCSF support recycle Day 21 with concomitant Radiation to L2, 3 and 4, 250 cgy for 12 sessions. PET-CT done after the 4th DHAP showed: sternal uptake (SUV 3.6), and Rt cervical and Lt supraclavicular LN ( S UV = 2.3) followed by → Auto HSCT (The conditioning regimen used was CMV = CPM, Milerin,Vipsid. The total number of CD34 positive cells × 10h of the power 6/kg = 3.4. Over 2 days apheresis, GCSF over 7 days (from 6/6/09 to 12/6/09) the whole transplantation period passed fairly except for fever 9 days duration the total hospital stay was 29 days. Relapse 113 days later, so started EVA → after 3 cycles, PET-CT revealed DP (On 11th/Apr/2010 pt started Radiation to the soft tissue mass superior and lateral to the manubrium sterni (250 cGy/10 fractions) and to L3 (250 cGy/12 fractions → Genzam/ Navelbine × 2 cycles showed initial response → 2 more cycles → PET-CT → DP → Ifosfamide, Cisplatin, Vipsid → DP → SGN35 (Anti CD30) → intolerance → PLX3397 macrophage inhibitor which inhibit 3 targets FMS, Kit & FLT3-ITD allowing for down modulation of a number of cells → DP → everolimus (mTOR inhibitor) started on 25th Jul 2011 10 mg PO daily → 2 successive PET-CT assessment done there after and both of them revealed good therapeutic response with disease regression. The tolerance to the medication is adequate apart from GI skin toxicity and itching.

PO47
The introduction of immunohistochemistry for the diagnosis of lymphomas at the Pathology Department of the National Institute of Oncology, Cuba
J. Jiménez1 *, S. Franco2, S. Salazar2, M. Amigo2, E. Gracia3, A. Fuentes3, N. Guillén2, A. García2, S. Quintero2, R. Guarnaluce2, 1National Oncology Institute, Immunohistochemistry Section, Anatomic Pathology Department, Havana City, Cuba, 2National Oncology Institute, Department of Anatomic Pathology, Havana City, Cuba, 3National Oncology Institute, Medical Oncology, Havana City, Cuba

Introduction: Immunohistochemistry constitutes a useful and important tool in the differential diagnosis and classification of lymphomas according to the actual OMS Classification making possible a better treatment in these patients.

Objective: The purpose of this study is the application of immunohistochemistry at the pathology department for the immunophenotypic classification of lymphomas in our centre.

Material and Methods: We studied 537 cases diagnosed as lymphomas in the Pathology Department from 2007 to 2011 with antibodies using the polymer reagent.

Results: The B-cell lymphomas were the predominant immunophenotypic type in the study (Lymphomas B: 425 cases, 79.14%; Lymphomas T: 58 cases, 10.80%). The Diffuse Large B Cell Lymphoma was the most frequent histologic type (201 cases, 37.43%). The Chronic Lymphocytic Leukaemia/Small Lymphocytic Lymphoma group (47 cases, 24.47%) was one of the major types of Diffuse Small B Cell Lymphomas. The B-cell Lymphomas CD20-positive were the majority of Lymphomas B (410 cases, 76.35%). Head and Neck location was the predominant extranodal site (68 cases, 29.43%).
Conclusion: The study showed the most frequent histologic types of lymphomas according to the OMS Classification and the utility of the immunohistochemistry for the diagnosis.

PR49
Stressful life events and psychopathology in the pathogenesis of non-Hodgkin’s lymphoma (NHL)
P. Heras1 *, I. Skliris2, M. Hera2, A. Spiliopoulou2.
1Hellenic Medical Society for the study of Psychosomatic Problems, Department of Internal Medicine, Athens, Greece, 2Society for the study of Psychosomatic Problems, Department of Internal Medicine, Athens, Greece

Purpose: The possible contribution of constitutional and psychological factor in the etiology of NHL, life events, neuroticism and psychopathology (anxiety and depressive symptomatology), were investigated in a group of 22 patients, in comparison of 22 controls.

Patients and Methods: The life events questionnaire of Holmes and Rahe, the Eysenck’s personality questionnaire, the Spielberger’s state trait anxiety inventory and the Zung’s depression scale were used as the main psychometric instruments.

Results: NHL patients had significantly higher scores than controls in the life events (p < 0.02), neuroticism (p < 0.0002), state (p < 0.001), and trait anxiety (p < 0.001) and depressive symptomatology (p < 0.001).

Conclusions: The results indicate that stressful life events and psychopathology may be involved in the pathogenesis of NHL.

PR50
Quality of life (QoL) in patients with non-Hodgkin’s lymphoma (NHL) after psychosocial rehabilitation
P. Heras1 *, I. Skliris1, A. Spiliopoulou1, A. Hatzopoulos1.
1Hellenic Medical Society of Psychosomatic Problems, Department of Hellenic Medical Society of Psychosomatic Problems, Athens, Greece

The purpose of the study was to assess QoL in NHL patients undergoing the program of psychosocial rehabilitation.

Methods: 21 NHL patients after treatment participated in the program of social, psychological, juridical support for NHL patients and their relatives. Patients completed SF-36 questionnaire at baseline and in three months after the program start.

Results: Before the program SF-36 QoL parameters related with psychological functioning were worse than the ones related with physical well-being. In 3 months after the program start the improvement of all QoL variables was observed with significant increase of general health (change from 28.2 to 41.2; p = 0.020). Significant improvements in role functioning (from 59.5 to 35.6; p = 0.05) were identified. Other QoL parameters had a marked tendency to improvement.

Conclusions: QoL assessment is a sensitive method of evaluation of the effectiveness of rehabilitation programs of NHL patients. The program of psychosocial rehabilitation of NHL patients and their relatives appeared to be effective. Improvement of different QoL parameters during the program was revealed.

PR51
Sleep disturbances and depression in patients with non-Hodgkin’s lymphoma (NHL)
P. Heras1 *, I. Skliris1, M. Mantzioros1, A. Spiliopoulou1, V. Heras1. 1Hellenic Medical Society of Psychosomatic Problems, Department of Hellenic Medical Society of Psychosomatic Problems, Athens, Greece

Aim of this study is to estimate the degree of sleep disturbances, as well the possible contributing factors in patients with NHL.

Patients and Method: 21 patients participated in our study. 10 were female and 11 male with mean age of 45 (range:28–72). These patients underwent a clinical psychiatric interview according to the diagnostic criteria of ICD-10. The degree of sleep disturbances during the month prior to patients’ evaluation was assessed through the Athens Insomnia Scale (AIS) and psychopathology was assessed through the Montgomery Åsberg Depression Rating Scale (MADRS).

Results: There was a strong correlation between the score of the AIS and that of the MADRS for all 21 patients (r: 0.40, p < 0.01). 13 of our patients complained of insomnia. These patients scored higher on the MADRS than the ones without sleep difficulties (z:−3.032, p=0.002).

Conclusion: The results of our study suggest that sleep disturbance (insomnia) in patients with NHL is a probable indicator of depression. Furthermore, these data suggest that insomnia in these patients is one of the factors mediating the association between depression and impairment in their functioning.

PR52
The value of dual point interim FDG-PET/CT assessment in a patient with advanced Hodgkin’s lymphoma (HL) with bulky masses treated with ABVD chemotherapy
J. Zaucha1 *, B. Malkowski2, A. Gallamini3. 1Medical University of Gdansk, Department of Propedeutic Oncology, Gdynia, Poland, 2Collegium Medicum of N. Copernicus University, Department of PET and Molecular Diagnostics, Bydgoszcz, Poland, 3Ospedaliera S. Croce e Carle, Department of Hematology and BMT Unit Az, Cuneo, Italy

FDG PET/CT has an established role for early therapy response in HL. However interpretation of interim PET/CT scans in patients with bulky masses (BM) remains unsatisfactory. This might be the result of unspecific