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with MM presenting with dialysis-requiring severe RF may improve their renal function and discontinue dialysis. Unfortunately, our results are inferior to the literature data according to which up to 50% of patients become independent of dialysis.

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1036P Inmunohistochemical (IHQ) classification of DLBCL into CGB and non-CGB subtypes to predict survival after chemoimmunotherapy at the Virgen de la Victoria University Hospital

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Background: It is known that diffuse large-B-cell lymphoma (DLBCL) is a clinically heterogeneous entity. The most important clinical predictor of survival is the International Prognostic Index, which does not provide information regarding the heterogeneous biology of tumors. Two major subtypes of DLBCL have been identified by gene expression profiling (GEP) and classified by cell of origin into germinal center B-cell–like (GCB) and activated B-cell–like (ABC). GEP has become a reliable method for predicting the outcome of patients with DLBCL treated with R-CHOP chemotherapy. However, that its not easily applicable in clinical practise. Several IHC algorithms have been developed to assign patients into GCB and non-GCB/ABC subtypes.

Methods: We retrospectively analyzed 142 patients diagnosed of de novo DLBCL from 1999 to 2017 at our Hospital treated with chemoimmunotherapy. DLBCL was classified using the Hans algorithm into GCB and non-GCB subtypes. The primary end point was progression-free survival (PFS) according to the Hans algorithm, that it was estimated by the Kaplan–Meier method.

Results: The percentage of GCB and non-GCB subtypes was 54% and 46%, respectively. After a median follow-up of 37 months, the median progression-free survival was 100 months in the global population. No significant differences were found in PFS, although there was a trend to favor CGB subtype (PFS at 24 months 70% in CGB group and 59% in non-CGB group, with a median of 60 months in non-CGG and not reached in CGB group, $p = 0.177$). Despite of being a retrospective study and the low median follow-up of patients, in CGB subtype there was a trend towards better overall survival (OS) (2-year OS: 72% vs. 68%), not statistically significant ($p = 0.661$).

Conclusions: In our study there is a lack of evidence supporting the use of the Hans algorithm for stratifying patients into distinct prognostic groups, probably due to the low median follow-up. Rather, GEP remains the preferred method for predicting prognosis. IHQ for subclassification of DLBCL is feasible and reproducible, but the harmonization of techniques and centralized consensus review is necessary.

Legal entity responsible for the study: Laura Galvez Carvajal.

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1037P Quality of life evaluation in acute leukemia patients receiving induction chemotherapy

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Background: Over the past decades, special attention has been paid to study of quality of life (QoL) indicators in hematological patients receiving chemotherapy (CT). Nowadays QoL is conceptually viewed as an important complement to traditional objective evaluation measures. Aim. To assess QoL in patients with acute leukemia (AL) depending on the presence of concomitant ischemic heart disease (IHD) during the induction CT.

Methods: Our study involved 83 patients with newly diagnosed AL, of which 19 were lymphoblastic, 64 – myeloid leukemia, aged 16-72, 43 (51.8%) men, 40 (48.2%) women, according to ECOG I-II. Patients received standard induction CT. According to concomitant IHD patients were divided into groups: I ($n = 47$) - AL without cardiological diseases; II ($n = 36$) - AL with concomitant IHD. Patients were evaluated using SF-36 questionnaire to calculate physical and mental health components before treatment and after 2 induction courses of CT reaching remission.

Results: The indicators of physical and mental QoL components in patients of both groups before CT were significantly lower compared with healthy respondents. After reaching the remission in patients of group I, all QoL parameters improved, with the exception of bodily pain and social functioning. The average physical status indicators in patients of groups I and II did not significantly change. At the same time, the psychological status of patients improved: in group I in 1.5 times (40.9 ± 2.25 vs 27.1 ± 2.77 before CT, $p < 0.05$), in group II - in 1.3 times (37.3 ± 2.82 vs 28.3 ± 2.37 before CT; $p < 0.05$). Minimum values of all scales after CT were characteristic for patients with concomitant IHD in group II. Differences between groups were not statistically significant in all scales, except for the index of physical activity (41.7 ± 1.36 vs 46.6 ± 2.02; $p < 0.05$). However, in comparison with the data of practically healthy respondents, QoL of patients with AL after CT remained significantly lower.

Conclusions: The QoL evaluation in patients with AL with comorbid IHD during induction CT is an important component of the management of oncological patients, which allows individualizing the approach to each patient in the presence of this type of syntropy.

Legal entity responsible for the study: Ukrainian Medical Stomatological Academy.

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1038P PET-CT as a prognostic factor in patients with early stages in primary diagnosed Hodgkin lymphoma

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Background: Nowadays, there are different guidelines in diagnostics and PET-guided treatment of lymphomas. But questions about benefits and predictive role of PET-CT in pts with early-stage Hodgkin lymphoma (HL) still remain debatable. Here we report results of Ukrainian multicenter retrospective study about the role of PET-CT in early-stage HL pts.

Methods: 56 patients, with stages I-II, were registered in the study between August 2012 and Feb 2018 in 9 Ukrainian hematological centers. Metabolic PET-CT imaging was performed according to standard protocols. The threshold of positivity was set for a residual uptake higher than the liver background (Deauville score (DS) 4and 5). Patients were treated with ABVD or BEACOPPesc regimens based on risk group. The primary endpoint was event-free survival (EFS), defined as disease progression or death from HL.

Results: Median age of patients at diagnosis was 29 years (range 18-50), 16 (28,5%) male and 40 (71,5%) pts were female. Bulky disease (>10 cm in any dimension) were presented in 6/56 (10,7%) of pts, B symptoms - in 16/56 (28,5%) and extranodal disease had 4/56 (7%). Median follow-up was 24 months from diagnosis. Interim PET (PET2) was performed in 50 pts at 15.5 ± 3 days (range, 5-26) after 2xABVD or 2xBEACOPP esc cycles. Interim PET-CT was assessed as DS 1-2 in 34 patients (60,7%), DS 3 in 11 (19,6%), DS 4-5 in 5 pts (8,8%). In total, disease progression was documented in 5/56 (9%). Among them, 2/5 (40%) patient were PET2-positive (PET2+) and 3/5 (60%) PET2-negative (PET2-), ($p > 0.05$). There were no registered deaths from the refractory disease. We did not find any significant difference between EFS rate in pts with PET2+ vs PET2- (log-rank test, $p = 0.4$). 47 pts have proceeded for end-of-treatment PET-CT (PET3). Results showed 3/47 pts (6,3%) were PET3+ and PET3- were 44/47 (93,7%), ($p < 0,05$). EFS was compared and assessed depending on DS. Achieved rate of 3-year EFS in pts with PET3 DS 1-2, DS 3 and DS 4-5 were 94,4%, 50% and 0%, respectively ($p < 0.006$).

Conclusions: End of treatment PET-CT plays an important role in patients with early-stage HL and could be a beneficial prognostic factor. However, there is still need for prospective confirmation of interim PET-CT as a prognostic factor.

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1039P Assessment to predict survival and risk of progression in patients with newly multiple myeloma in different age groups

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Background: Treatment options and outcomes for multiple myeloma (MM) pts were greatly changed over the last 10 years. Treatment according to different age groups requires careful consideration of the balance between maximizing efficacy and acceptable tolerability.

Methods: 100 pts (median age: 63, range 34-80; m: 63, f: 37) were registered in NCI from Jan 2006 to Jan 2018. 19% (19/100) of patients received M2, MP, DAV therapy (group1), 46% (46/100) - thalidomide-based (group2) and 35% (35/100) -PI-based regimens (group3). In 28% patients t(4:14), del13, and del17p13] were assessed. The primary endpoint was EFS and OS.