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Abstract 1: Rate Presentation of Hematologic Lymphomas in a 121V0 Female with Acquired Immunodeficiency Syndrome

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Background: Human immunodeficiency Virus (HIV) is a deadly virus that currently affects 36.6 million people worldwide, having killed more than 25 million people since the epidemic began.

Abstract 2: Impact of Initial Presentation and Risk Factors on the Outcome of Refractory/Relapsed Pediatric Hodgkin Lymphoma in a Developing Country

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Background: Pediatric Hodgkin Lymphoma (HL) usually characterized by a high cure rate. However, refractory/relapsed cases still remain a challenge to achieve a good outcome. Salvage chemotherapy remains the backbone for treatment of these cases in addition to autologous stem cell transplantation.

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Abstract 3: Objective to analyze the initial characteristic parameters of refractory/relapsed patients with HL in children and to assess their outcome using salvage treatment.

Background/Methods: retrospective study for patients with HL who were refractory or relapsed to first-line chemotherapy (Doxorubicin, Etoposide, Vincristine, Carboplatin) (ADEVC) and were salvaged by chemotherapy (Ifosfamide, Carboplatin, Etoposide) (ICE) with or without autologous stem cell transplantation (ASCT) in pediatric oncology department, National Cancer Institute, Cairo University, Egypt from 2009 to the first June 2015.

Results: thirty patients were retrospective analyzed. Age ranged from one to 18 years. Seventeen patients were females and 13 were males. The majority of cases were advanced-stage (II, IV) (17/30; 56.7%) while only 13 cases (43.3%) were in early-stage (I, III). The median relapse-free survival was 45.16 months by event-free survival (EFS) was 11 cases (36.7%). The median relapse-free survival was 45.16 months by event-free survival (EFS) was 11 cases (36.7%). High risk group was the highest percent (50%; 15 cases) followed by intermediate risk (30%; 9 cases) and the low risk category (20%; 6 cases). (20% 6 cases) (20% 6 cases) in complete remission after our second cycle of the first line while 22 cases (73.3%) were not. Median time to progression was 12.5 months. Sixteen cases were salvaged to first line while 14 cases went to CR. One developed relapse after a varying period of follow up. Eighteen cases (60%) achieved CR post salvage while 10 cases (33.3%) were still refractory and only two cases (6.7%) did post chemotherapy. Only 11 cases underwent auto ASCT. Early responders to first line did not develop early relapse (within the first year) while 89.5% of cases who were late responders developed early relapse (within 18 months). The 5-year overall survival of the whole group was 40.6% while 18 months event-free survival was 17.2%. The 15% high risk group was 27.7%, while the intermediate group was 34.7% (P = 0.001). Thus, the high risk patients who received radiotherapy was 100% versus 26.7% for those who did not (P = 0.01). Event-free survival was low among those with initially high prognostic parameters for without statistical significance.

Conclusion: Initial risk stratification and early response to first line significantly affect the outcome of refractory/relapsed patients with HL. Tailored intervention for high risk group and late responders is needed to achieve better outcome.

December 31th, 2015. We applied descriptive statistics, chi-square analysis and Kaplan-Meier survival curves.

Results: Mean age of patients was 8.2 years (68% under 9 years of age) and males (74%) represented the majority of patients. Single was as follows: EFS, 42.20%, EFS, 42.20%, and EFS, 42.20%. Fifty-eight percent of patients presented with B-symptoms. The most common histopathological diagnosis were nodular sclerosing (NS) and mixed cellularity (MC). Ninety-two percent of patients were treated with ADEVC (doxorubicin, etoposide, vincristine, and carboplatin), 8% with VADP (vincristine, doxorubicin, and prednisone) and all patients received maintenance therapy. Overall survival was 72.2 from 2009 to 2015.

Conclusion: There was predominance of male patients and those younger than 9 years. B-symptoms and advanced stage disease were higher than those reported in the US. The importance of risk-stratification program for first course needs of particular interest at the early diagnosis of pediatric cancer could be instrumental in identifying early stage disease and improving disease outcomes. The overall survival of Hodgkin Lymphoma (HL) at our institution is comparable to large international health care centers.

Abstract 4: Hypertension During Chemotherapy for Childhood Acute Lymphoblastic Leukemia: Incidence, Persistence, and Risk Factors

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Background: Although the treatment of acute lymphoblastic leukemia (ALL) has improved dramatically, with cure rates exceeding 90% in developed countries, the therapy is toxic and has potential to damage every organ, including the cardiovascular system.

Objectives: We sought to determine the incidence of hypertension throughout the first year