Oral Session

[01–098] THE RISK FACTORS FOR BLEOMYCIN PULMONARY TOXICITY FOR HODGKIN LYMPHOMA AND GERM-CELL TUMOR: A SINGLE-CENTER ANALYSIS

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Background: Bleomycin is well known as key agent for Hodgkin lymphoma (HL) and Germ-cell tumors (GCT) but sometimes cause pulmonary toxicity (BPT). In this study, we revealed the incidence of BPT and analyzed to identify the risk factor for BPT retrospectively in a single cancer center hospital.

Methods: BPT was defined as follow: clinical denial of infection, the presence of bilateral infiltrates on chest X-ray and/or computed tomography and the discontinuation of bleomycin and treatment with steroids. Risk factor was identified by multivariate analysis.

Results: A total of 128 patients (63 treated with ABVD and 65 with BEP) were eligible for this study and 15.6% patients experienced BPT. The difference of incidence between ABVD and BEP was not statistically significant. No patient died due to BPT. Median dose of BLM was 180 mg (range 30-360 mg). The median time from first bleomycin administration to diagnosis with BPT was 96.5 days (range 36-295 days). The incidence at the day-100, 200, and-300, were 7.4%, 14.1%, and 16.9%, respectively. In multivariate analysis, Ccr < 80 ml/min before chemotherapy was identified as independent risk factor for BPT regardless of disease. On the other hand, CRP 0.5 <= for ABVD and BSA 1.5 m² <= and smoking history for BEP were identified as independent risk factors.

Conclusion: The incidence of BPT was comparable to previous papers from non-Japanese and these among the disease have no statistical difference. The patients with renal disorder, either ABVD or BEP, were more likely to suffer BPT, though the respective risk factors were also existed.

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