Poster Session

P1–027 CYTOMEGALOVIRUS ANTIGENEMIA IN THE PATIENTS OF LYMPHOID MALIGNANCIES

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Background: Cytomegalovirus (CMV) is an important cause of morbidity and death among immunocompromised patients. CMV infection in allogeneic hematopoietic stem cell transplant (allo-HSCT) recipients was many reported and the significance of pre-emptive therapy depending on CMV antigenemia (CMV-Ag) or CMV DNAemia was established. On the other hands, among the non-allo-HSCT patients of hematological malignancies, the significance of CMV-Ag was little investigated.

Patients and methods: The consecutive 498 patients of lymphoid malignancies hospitalized in Hitachi General Hospital from January 2008 to October 2012 were analyzed. CMV-Ag test was performed and categorized three groups (CMV pp65 positive cells less than 10/50000 cells : Low CMV-Ag, 10-99/50000 cells : Intermediate CMV-Ag, more than 100/50000 cells : High CMV-Ag). The timings and frequencies of CMV-Ag tests were determined according to the decisions of clinical hematologist in each patients.

Result: CMV-Ag was determined 16.7% (83/498) of NHL patients. Seventy two patients were received any treatment of CMV. Intravenous immunoglobulin, ganciclovir, valganciclovir, and foscarnet were used as CMV treatment. The median survival from the time CMV-Ag detected (survival from CMV-Ag detection) was significant short in high CMV-Ag groups compared with low CMV-Ag group (270 days versus 66 days, respectively. p = 0.026). In multivariate analysis, age (HR = 1.08), high initial CMV-Ag (HR = 1.70), and the duration of lymphopenia (HR = 1.003) were statistically significant.

Discussion: In our retrospective analysis, CMV-Ag may influence the survival of ML patients. Further large study is necessary to confirm CMV-Ag is an independent risk factor and to determine the optimal management of CMV-Ag and in non-HSCT patients of lymphoid malignancies.