

P321 - Prospektive Längsschnittstudie zur Epidemiologie von sekundären Immundefekten bei Patienten mit indolenten Non-Hodgkin Lymphomen - mehr und schwerere Infektionen bei Patienten im Vergleich zu einer altersadaptierten gesunden Kontrollgruppe / **Prospective longitudinal study on the epidemiology of secondary immunodeficiencies in patients with indolent Non-Hodgkin lymphomas - more and severe infections in patients in comparison to an age-matched healthy control group**

Feiten S.¹, Chakupurakal G.², Friesenhahn V.¹, Heymanns J.², Kleboth K.¹, Thomalla J.², van Roye C.², Weide R.²

¹Institut für Versorgungsforschung in der Onkologie, Koblenz, Germany, ²Praxisklinik für Hämatologie und Onkologie, Koblenz, Germany

Introduction: Immunodeficiencies are caused by displacement effects in the blood-forming and lymphatic tissues and iatrogenically by treatment of the underlying disease with drugs that impair the immune system. In order to reliably detect the rate of infections, it is not sufficient to analyze secondary data because it would only detect infections treated with prescription drugs. However, data on the prevalence of infections in general and on the consequences of infections are not available and therefore should be assessed.

Methods: Patients (pts) of an oncology group practice suffering from an indolent Non-Hodgkin lymphoma (NHL) were interviewed by telephone at 4-week intervals for one year. In addition, medical treatment data were linked with the interview data and analyzed together. Furthermore, a control group (cg) with a comparable distribution in terms of age and sex, not suffering from other diseases with well-known effects on the immune system (e.g. diabetes mellitus, HIV infection / AIDS, cirrhosis of the liver) was questioned. Data were analysed statistically using SPSS.

Results: 544 eligible pts were identified, 237 (response rate: 44%) agreed to participate in the interviews. Responding pts, 64% male, had a median age of 69 years (44-87). Non-responders, 56% male, were significantly older, with a median age of 73 years (33-94) ($p=.023$). 159 healthy persons in the cg, 64% male, had a median age of 69 years (25-91) and were comparable to the responders. 8 time points, each covering a 4 week interval, have been analysed so far. One or more infections occurred in 32% of the pts and in 22% of the cg. A statistically significant difference ($p<.001$) in the mean number of infections could be observed between pts (0.36) and cg (0.23). 51% of the pts and 43% in the cg paid a visit to a doctor due to their infection(s). 28% of the pts needed antibiotics compared to 22% in the cg. 5% of the pts had to be hospitalized with a median duration of 10 days (1-35). In the cg 2% had to be hospitalized with a median duration of 2.5 days (1-17).

Conclusions: Analyses of pts suffering from indolent NHL in comparison to an age-matched cg show higher rates and more severe courses of infections in the patient group. An extended observation period of 12 months and a detailed analysis of subgroups concerning cytoreductive treatment data will be presented.