

P648 - Prospektive multizentrische Analyse des Gesundheitsstatus und der Lebensqualität von Patienten mit Immundefekten, die eine intravenöse Immunglobulin G (IgG)-Substitution in onkologischen Schwerpunktpraxen in Deutschland erhalten (LQ-IgG) / **Prospective multicenter analysis of health status and quality of life in patients with immunodeficiencies receiving intravenous immunoglobulin G (IgG) substitution in oncology group practices in Germany (LQ-IgG)**

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**Introduction:** Oncologic patients (pts) often develop secondary immunodeficiencies due to treatments that impair the immune system or due to the underlying disease itself. If immunodeficiencies are symptomatic, a substitution of immunoglobulin G (IgG) is indicated. In addition, pts who suffer from primary immunodeficiencies also receive IgG replacement. For both patient groups, the effects of an intravenous IgG replacement therapy on health status and quality of life before and during the substitution should be assessed.

**Methods:** All pts with primary or secondary immunodeficiencies who were about to receive an intravenous IgG substitution in an oncology group practice were interviewed prior to the first IgG infusion ( $t_0$ ) and in the course of the substitution ( $t_1 - t_6$ ). The interviews were repeated at intervals of 8 weeks, up to 6 times. In addition, medical treatment data and assessments of the treating oncologists were linked with interview data. Furthermore, a control group (cg) with a comparable distribution in terms of age and sex, not suffering from oncologic diseases was questioned one time. Pts and cg rated their own current health on a validated 100-point scale (EQ-5D), ranging from 1 ('worst imaginable') to 100 ('best imaginable'). Data were aggregated to  $t_0$ ,  $t_{1-3}$  and  $t_{4-6}$  and analysed statistically using SPSS.

**Results:** 106 pts, 54% male, with a median age of 65 years (21-85) were interviewed. 100 'healthy' persons in the cg, 55% male, had a comparable age of 66 years in median (18-87) ( $p=.659$ ). The median IgG concentration in serum was 500 mg/dl ( $t_0$ ), 731 mg/dl ( $t_{1-3}$ ) and 771 mg/dl ( $t_{4-6}$ ). The mean number of infections in an 8-weeks period decreased during the substitution as follows: 1.80 ( $t_0$ ), 0.93 ( $t_{1-3}$ ) and 0.67 ( $t_{4-6}$ ). In the cg 0.16 infections could be observed. The number of infections treated with antibiotics decreased accordingly: 1.28 ( $t_0$ ), 0.56 ( $t_{1-3}$ ), 0.31 ( $t_{4-6}$ ) and 0.08 (cg). EQ-5D results were as follows: 57 ( $t_0$ ), 64 ( $t_{1-3}$ ), 68 ( $t_{4-6}$ ) and 73 (cg). Oncologists reported in 94% that pts had benefited and that it would be useful to continue substitution (86%).

**Conclusions:** Pts receiving IgG substitution improve over time in terms of number and severity of infections. They also improve slightly regarding their health status and in different aspects of quality of life but it remains a gap between pts and cg, which means that pts, despite IgG substitution, are not able to reach a 'healthy standard'.