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OF ONCOLOGISTS, HEMATOLOGISTS
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LITHUANIAN UNIVERSITY
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ONLINE POSTER ABSTRACT BOOK

The content of the abstracts presented is the responsibility of their authors
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8th Kaunas / Lithuania International Hematology / Oncology Colloquium

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Results

The consumption of antibiotics was 1048, 1048 and 981 DDD/1000 bed days in hospital A and 2217, 1934 and 1918 DDD/1000 bed days in hospital B, accordingly in 2020, 2021 and 2022. The consumption of antibiotics was 10932, 10489 and 9721 DDD/1000 patients in hospital A and 13514, 14293 and 12026 DDD/1000 patients in hospital B, accordingly in 2020, 2021 and 2022. The consumption of antibiotic assigned to Reserve fund was 34, 59 and 35 DDD/1000 bed days in hospital A and 248, 189 and 139 DDD/1000 bed days in hospital B, accordingly in 2020, 2021 and 2022. The consumption of antibiotic assigned to Reserve fund was 353, 589 and 342 DDD/1000 patients in hospital A and 1555, 941 and 872 DDD/1000 patients in hospital B, accordingly in 2020, 2021 and 2022. In all study period, the increase of the consumption of piperacillin/tazobactam and vancomycin and decrease of the consumption of meropenem were observed.

Conclusions and Recommendations

The consumption of antibiotics, either in general or assigned to Reserve fund, was greater in Division B than in A in all study period. The yearly dynamics of consumption of antibiotics may have been influenced by the high number of complications caused by the COVID –19 disease and other seasonal viruses. The yearly decrease of consumption of antibiotics assigned to Reserve fund in both divisions might have been influenced by the implementation of Antimicrobial Reserve Fund management and the position of a physician clinical pharmacologist who had a positive impact on more rational prescription of antibiotics.

9. State of the Blood–Air Barrier in Pediatric Acute Leukemia patients: prognosis for pulmonary complications

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Background and Objectives

Acute leukemia (AL) is one of the most common types of cancer in children, and it requires close monitoring and management to ensure the best possible outcomes for patients.

Pulmonary complications can be a significant concern for children with AL, both during the acute phase of the disease and in survivors, which can influence the prognosis of the disease and the quality of life of patients. The blood-air barrier (BAB) is a structural and functional part of the lungs, which is composed of epithelial, interstitial, and endothelial components. Assessing markers of BAB damage can help clinicians monitor and manage potential respiratory complications in children with AL. The objective of the study is to assess the levels of damage markers of epithelial (IL-6), interstitial (TGF- β), and endothelial (VEGF-A) components of BAB and their prognostic significance in children with AL.

Material and Method

The study involved 51 children aged 6-18 years with AL and 15 healthy children for the control. AL patients were divided into 2 groups: 1st group –at the beginning (between 7th and 14th day) of chemotherapy (n = 24), 2nd group – children, who had completed chemotherapy and had a remission for at least two years during their plan visit to hematological department (n= 27). The presence of congenital or chronic diseases of the respiratory system before the debut of AL and diagnosed primary immunodeficiency were exclusion criteria. Diagnosis and treatment of AL were according to Berlin-Frankfurt-Münster protocols The level of IL-6 and TGF- β in exhaled breath condensate (EBC), VEGF-A in blood serum were investigated by ELISA. Statistical analysis was made by Statistica 8 and MedCalc 17.2.

Results

Among examined children, 84.31% had acute lymphoblastic leukemia and 15.69% had acute myeloid leukemia. Lung involvement was common and present in 86.27% of children with AL: acute bronchitis (23), wheezing (12), asthma (3), pneumonia (25), interstitial pneumonia (1), pleurisy (2), pneumothorax (3), pulmonary fibrosis (3), pulmonary leukostasis (1), respiratory failure (6). In 1st group, the level of IL-6 was 52.71 (48.28; 60.71) pg/ml, TGF- β 30.46 (22.90; 40.65) pg/ml, VEGF-A - 164.12 (150.18; 197.08) pg/ml, in 2nd group: IL-6 - 20.74 (18.34; 24.08) pg/ml, TGF- β – 18.55 (14.91; 22.14) pg/ml, VEGF-A – 169.11 (132.15; 198.66) pg/ml, in the control group: IL-6 - 8.12 (7.02; 9.45) pg/ml, TGF- β – 15.22 (13.88; 16.00) pg/ml, VEGF-A 130.65 (129.45; 132.15) pg/ml. The levels of IL-6 in the 1st and 2nd groups were significantly higher than the control group (p1-C=0.0000; p2-C=0.0000). The concentrations of TGF- β in both AL groups were increased compared with the control (p1-C= 0,000002; p2-C= 0,011302). The level of VEGF-A was higher in both AL groups than control (: p1-C=0,000041; p2-C= 0,001184). Children with AL during chemotherapy (1st group) had higher levels of IL-6 (p1-2=0.000007) and TGF- β (0.000013) in EBC than children in AL survivors (group 2). There were no significant differences in levels of VEGF-A between the 1st and 2nd groups (p= 0.623648). Results of the ROC analysis detected that level of IL-6 in EBC collected at the beginning of chemotherapy >47.64 pg/ml can predict acute pulmonary complications (AUC 0.952; sensitivity 85.71%; specificity 100%); >52.08 pg/ml can be prognostic for pneumonia during chemotherapy course (AUC 0.843; sensitivity 100%; specificity 78.57%); IL-6 level in EBC after the total course of chemotherapy protocols >25,19 pg/ml can predict pulmonary complications in long-term remission (AUC 0.891; sensitivity 80%; specificity 95.45%). Level of TGF- β >22,14 in EBC after a completed course of chemotherapy can be predictive for pulmonary complications in AL survivors (AUC 0.904; sensitivity 71.43 %; specificity 95%). Serum VEGF-A >196,28 pg/ml after a total course of chemotherapy can be prognostic for pulmonary complications in AL survivors (AUC 0.900; sensitivity 85.71%; specificity 95%).

Conclusions and Recommendations

Studied markers IL-6, TGF- β in EBC and serum VEGF-A are increased both during protocol treatment and in long-term remission, which proves BAB damage in children with AL. Levels of IL-6 and TGF- β in EBC and VEGF-A in serum can be predictive for lung complications in pediatric acute leukemia patients. Assessment of BAB damage markers can be useful for the management of children with AL to provide timely and effective care.

10. Factors Influencing the Manifestation of Late Endocrine Complications Following Radiotherapy of Central Nervous System Tumours in Children

Lina Navickaitė, Rosita Kiudeliënė

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Background and Objectives

Central nervous system (CNS) tumours are the second most common oncological disease in children. Although survival rates are improving and with the usage of modern therapies nowadays reach over 80 %, there is a growing debate about the late complications following these therapies and their consequences on survivors' quality of life. Complications such as endocrinopathies may accompany survivors of CNS tumours for the rest of their lives. Late complications caused by radiotherapy (RT) are particularly relevant and are responsible for a heavy burden of adverse effects in more than half of the paediatric cancer patients surviving for 5 years or longer. Therefore, the aim of this research is to evaluate factors that influence the manifestation of late endocrine complications following radiotherapy of central nervous system tumours in children.

Material and Methods

A retrospective study was conducted to analyse medical records of patients treated in Hospital of Lithuanian University of Health Sciences between years 2017 – 2022. 21 patients were included in the study. They fulfilled the following criteria: 1. Younger than 18 years old; 2. Diagnosed with CNS tumour; 3. Underwent radiotherapy; 4. Diagnosed with endocrine complications at least 3 months after the end of radiotherapy. The data collected for the study included: patients' sex, age at diagnosis, histological type and location of tumour, used treatment methods, radiotherapy's dose and end date, late endocrine complications and date of diagnosis. Statistical analysis was performed using "IBM SPSS Statistics 29.0" and "Microsoft Excel" programs. Statistically significant differences were estimated when the calculated significance level (p-value) was lower than 0,05.

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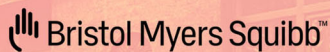


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