

Background

It is estimated that cancer survivors are more than 16 million in USA and 12 million in Europe and a rapid growth is predicted. Up today we still need more information to set up an evidence based follow-up and preventive strategy for lymphoma survivors.

Objective

- evaluate the incidence of long term sequelae of treatments of classical Hodgkin lymphoma (cHL) and Diffuse large B-cell lymphoma (DLBCL);
- ii) find out the evidence for early detection and monitoring; iii) find out the evidence for tertiary prevention and education on healthy lifestyles.

The research work was carried out by a multidisciplinary team of 16 FIL Researchers under the methodological supervision of the Istituto di Ricerche Farmacologiche Mario Negri (Milan).

Materials & Methods

Six different systematic reviews were planned. Selection process and data extraction were conducted according to the Preferred Reporting Items for Systematic reviews and Meta-analyses (PRISMA) guidelines.

MEDLINE (via PubMed), the Cochrane Library, and EMBASE were systematically searched from January 1990 to December 2020, with no language or publication type restrictions. Search terms included extensive controlled vocabulary (MeSH and Emtree) and free-text keywords, combining the conditions, interventions and outcomes of interest.

The systematic reviews focused on 6 topics: cardiotoxicity, secondary cancers, endocrine-metabolic sequelae, fertility and neurological/ cognitive toxicities, healthy lifestyles. The following questions were analyzed: i) incidence of the long-term toxicity; ii) comparison with recent therapies (e.i. modern radiation therapy); iii) best monitoring.

Long-term cHL and Diffuse large B-cell lymphoma (DLBCL) survivorstreated at ≥ 18 years old were selected as the patient population.

Results

170 full text papers were included in the final analysis for the 6 systematic reviews. They concerned: cardiotoxicity (n=22), secondary cancers (n=21), endocrine-metabolic sequelae (n=9), fertility (n=46), neurologic and cognitive toxicity (n=62), healthy lifestyles (n=10).

The optimal monitoring was found out for: i) early left ventricular ejection fraction dysfunction, coronary artery disease, valvular heart disease; ii) secondary acute myeloid leukemias/myelodysplastic syndromes and solid tumors; iii) metabolic syndrome, thyroid, gonadal, and mineral bone disorders; iv) fatigue, cognitive impairment, anxiety and depression. Fertility preservation and correction of unhealthy lifestyles were also examined.

Conclusion

The final documents could be a reasonable bridge from evidence to decision in order to improve the clinical practice and customize the general follow-up approach of cHL and DLBCL survivors. Copy and paste your text content here, adjusting the font size to fit.

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