

T 280 GONADAL FUNCTION AFTER MACOP-B OR VACOP-B WITH OR WITHOUT DOSE INTENSIFICATION AND ABMT IN YOUNG PATIENTS WITH AGGRESSIVE NON-HODGKIN'S LYMPHOMA.
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In a retrospective study the effect on fertility of MACOP-B or VACOP-B with or without dose intensification and ABMT in first remission for patients with aggressive non-Hodgkin's lymphoma of age 40 years or less was evaluated by patient history and determination of hormonal function, including FSH, LH, estradiol and testosterone. Since 1986, 66 patients of age 40 years or less were treated with MACOP-B or VACOP-B for aggressive non-Hodgkin's lymphoma at our center. At the time of analysis, 34 of these patients were alive and free of relapse for at least one year after completion of therapy. 14 patients were female, 20 were male. Of these, 11 and 19, respectively, could be contacted and agreed for a follow up examination. The median age at initiation of therapy was 30 (range 16-40) years. The age distribution was identical for female and male patients. Of the 30 patients included in the study, 19 were treated with MACOP-B or VACOP-B alone and 11 received dose intensification and ABMT in first remission: 6 with cyclophosphamide, BCNU, and etoposide (CBV) and 5 with cyclophosphamide and total body irradiation (Cy/TBI). With a median time of 28 months (range 11 to 62 months) after completion of therapy, gonadal dysfunction was found in 1 of 11 female (who was 40 years old at initiation of therapy) and none of 19 male patients or altogether 3.3% of patients treated with chemotherapy alone. Of patients receiving dose intensification and ABMT in first remission, gonadal dysfunction was present in 2/6 (33%) treated with CBV and in 3/4 treated with Cy/TBI. Thus our data suggests that therapy of aggressive lymphomas with MACOP-B or VACOP-B has little impact on future fertility and that the fertility may be preserved in the majority of patients receiving dose intensification with CBV in first remission.


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