

**Track 3: Supportive & palliative care
Cognitive impairment & delirium management**

P043

COGNITIVE DECLINE AND FUNCTIONAL STATUS IN ELDERLY CANCER SURVIVORS FROM NON HODGKIN LYMPHOMA

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Introduction:

Cancer and oncological treatments have been shown to cause brain changes and to impair cognitive function in cancer survivors. Most studies have been conducted among breast cancer patients while less is known about hematological patients.

Objectives: Aim of the present study is to investigate functional autonomy and cognitive status of elderly cancer patients, long term survivors from Non Hodgkin lymphoma and to compare them with a group of age matched non cancer controls.

Methods: This is a multicentric observational study. Long term outpatient survivors from Non Hodgkin Lymphoma aged 65 or more (N: 52) and a corresponding group of non cancer controls (N: 51) have been enrolled since October 1st 2016 at Fondazione IRCCS Istituto Nazionale dei Tumori of Milano and Fondazione Policlinico Agostino Gemelli. Enrollement will be completed by the end of June 2017.

All study subjects have been assessed with a battery of neuropsychological tests aimed at evaluating memory, praxis, attention, general intelligence, language and executive functions. Functional status has been assessed using ADL, IADL and Karnofsky Performance Status scales.

Data are presented using descriptive statistics and compared using T-test for unpaired samples with unequal variance for continuous variables and Chi squared test for categorical variables.

Results: Survivors scored lower in IADLs (6.9±2.5 vs 7.8±0.9) while no difference was observed in ADLs. As for cognition, survivors showed poorer performances in all tests for executive functions (mean Stroop Time 23.4" Vs 15.6"; Trail Making Test A mean time 34.3" Vs 36.9", part B mean time 84.1" Vs 71.1", part B-A 48.7 Vs 36.0) as well as in attention and visuospatial tasks (Multiple Features Target Cancellations mean time 48.3" Vs 39.2"). No significant difference was observed in verbal learning and immediate recall.

Conclusion: Similarly to previous evidences collected in other groups of cancer survivors, we observed poorer cognitive performances in lymphoma survivors compared to non cancer controls with a frontal subcortical profile and a relative sparing of episodic memory. The impairment in IADLs is remarkable because it can be of critical importance for functional autonomy in elderly patients.

Disclosure of Interest: None Declared

Keywords: cognitive impairment, functional autonomy, lymphoma, survivorship