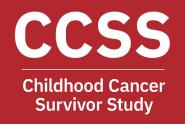
Prevalence and Predictors of Neurocognitive Impairment in Long-term Survivors of Childhood Hodgkin Lymphoma

A report from the Childhood Cancer Survivor Study

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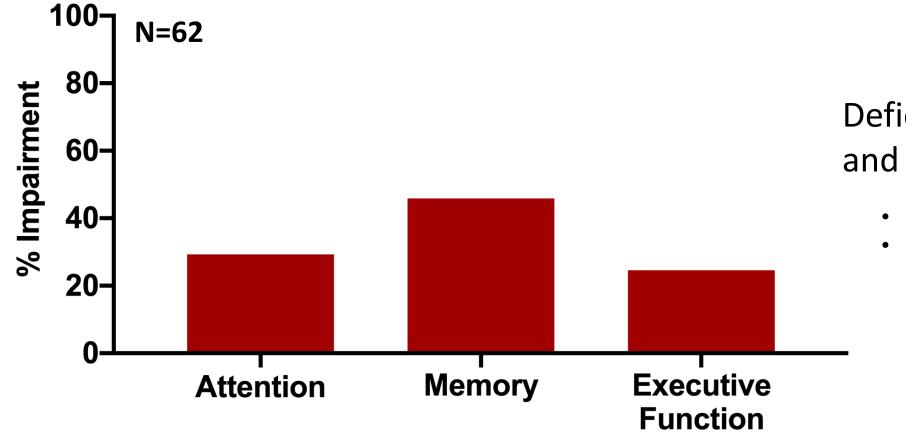


St. Jude Children's Research Hospital

Childhood Hodgkin Lymphoma

- Most common cancer diagnosed in adolescence
- High five-year survival rates (~97%)
- High-risk of cardiovascular, respiratory, neurologic, and endocrine late morbidity
- Risk for neurocognitive dysfunction not comprehensively described

- Do not receive direct neurotoxic therapies
- Pilot data suggest 29-45% impaired on attention, memory, executive function



Deficits associated with cardiac and pulmonary functioning

- Abnormal Diastolic Function 0.5 SD Worse
- Abnormal DLCO 1 SD Worse

Specific Aims

Aim 1: Describe the neurocognitive impairment in survivors of childhood Hodgkin lymphoma compared to sibling controls.

Aim 2: Among survivors, identify individual demographic and treatment factors, as well as chronic health conditions associated with neurocognitive impairment.

Participants

Eligibility Criteria:

- Childhood Cancer Survivor Study (CCSS) participant
- Hodgkin lymphoma diagnosis
- Age ≥18 at time of assessment

Exclusion Criteria:

 Genetic disorder predisposing for mental or physical impairment not related to disease/treatment (e.g. trisomy 21)

Outcomes

Neurocognitive Questionnaire (NCQ)

Developed and validated for use in cancer survivors

•Four domains:

- o **Task efficiency:** processing speed, attention, persistence
- Emotional regulation: control and expression of emotions
- Organization: organization of one's environment and plans
- Memory: immediate, short, and long-term memory

•Impairment:

• ≥ 90th percentile of community controls from St. Jude Lifetime Cohort

Treatment History (abstracted from the medical record)

- Chemotherapy
- Chest radiation
- Relapse/subsequent malignant neoplasm

Demographic/Lifestyle Factors (self-reported)

Age, sex, smoking status, & physical activity

Chronic Health Conditions (self-reported)

- CTCAE grades 1: mild, grade 2: moderate, grade 3: severe/disabling, grade 4: lifethreatening
- Cardiovascular, respiratory, endocrine, neurologic

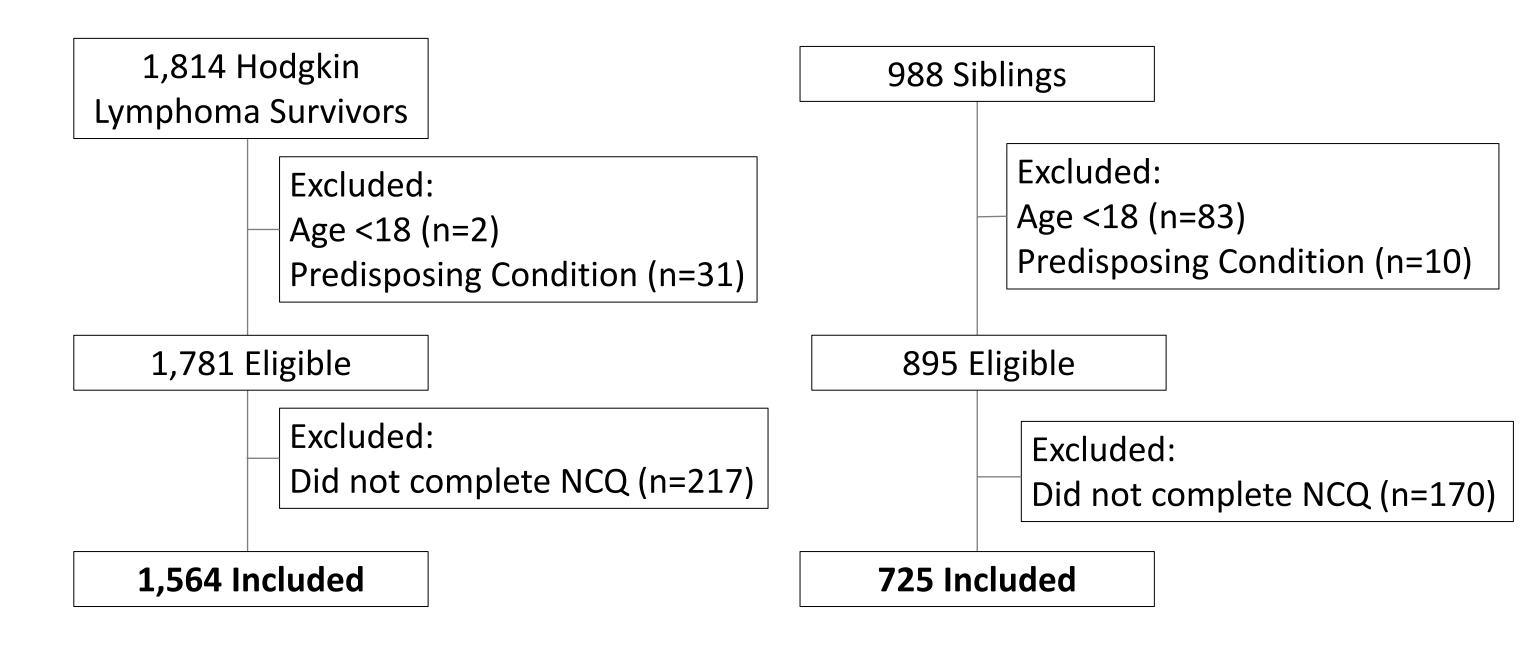
Statistical Analysis

• Generalize estimating equations estimated risk of impairment in survivors compared to siblings adjusted for age, sex, and race.

- Multivariable Poisson regression estimated the risk of impairment associated with:
 - Demographic, clinical, and treatment factors
 - Grade 2+ cardiovascular, endocrine, pulmonary, and neurologic conditions adjusting for age, sex, and race

• Structural equation models to examine if chronic health conditions mediate treatment effects.

Participants

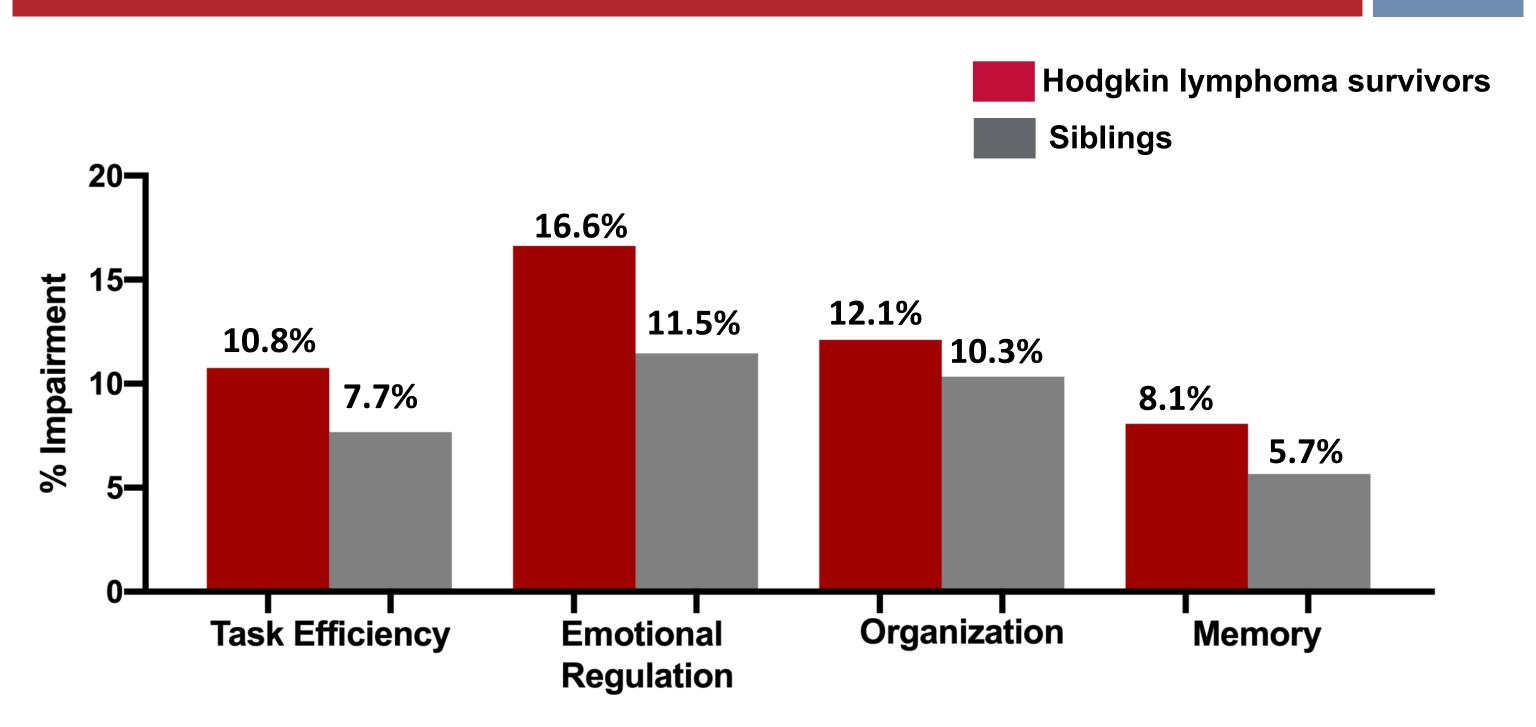


CCSS

Participant Characteristics

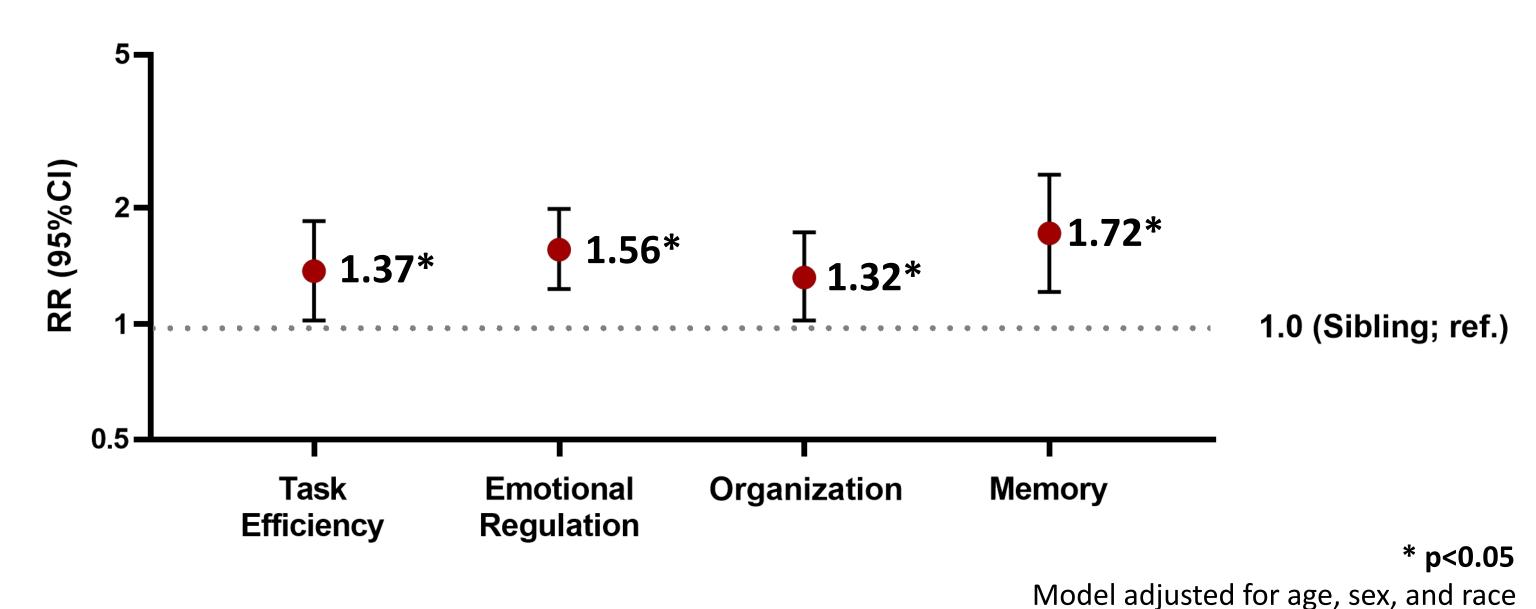
	Hodgkin Lymphoma Survivors	Siblings		
	Median (min, max)	Median (min, max)	P-value	
Age at follow-up	37 (21, 54)	32 (18, 58)	<0.001	
Age at diagnosis	14 (2, 20)	-		
Time since diagnosis	23 (15, 34)	-		
	N(%)	N(%)		
Male	717 (45.8)	317 (43.7)	0.343	
White	1439 (92.0)	666 (91.9)	0.904	
Smoking status				
Never	1070 (68.4)	500 (68.0)	0.942	
Former	310 (19.8)	125 (17.2)		
Current	184 (11.8)	100 (13.8)		
Meet CDC exercise criteria	983 (62.9)	495 (68.3)	0.009	

Neurocognitive Impairment



Risk of Neurocognitive Impairment in Survivors Compared with Siblings

CCSS



Risk Factors for Neurocognitive Impairment Among Survivors

Relative Risk of Impairment (95%CI)

Treatment Exposures	Task Efficiency	Emotional Regulation	Organization	Memory
Relapsed/Subsequent Malignancy (yes vs. no)	1.59 (1.13, 2.24)*	1.14 (0.86, 1.51)	1.38 (0.98, 1.95)	1.13 (0.75, 1.71)
Anthracycline (yes vs. no)	1.10 (0.71, 1.70)	0.56 (0.38, 0.82)*	0.69 (0.44, 1.08)	1.34 (0.75, 2.36)
Alkylating Agents (yes vs. no)	1.27 (0.83, 1.94)	1.30 (0.93, 1.81)	0.59 (0.39, 0.90)*	0.90 (0.53, 1.53)
Bleomycin (yes vs. no)	0.78 (0.51, 1.19)	0.96 (0.66, 1.40)	1.30 (0.86, 1.96)	1.03 (0.60, 1.75)
Corticosteroids (yes vs. no)	1.05 (0.69, 1.58)	1.03 (0.74, 1.42)	1.63 (1.06, 2.51)*	0.95 (0.56, 1.61)
Chest Radiation (yes vs. no)	1.02 (0.69, 1.49)	1.07 (0.79, 1.46)	0.96 (0.67, 1.36)	1.13 (0.73, 1.75)

^{*} p<0.05 Model mutually adjusted for the factors above in addition to age, sex, race, time since diagnosis, smoking status, and physical activity.

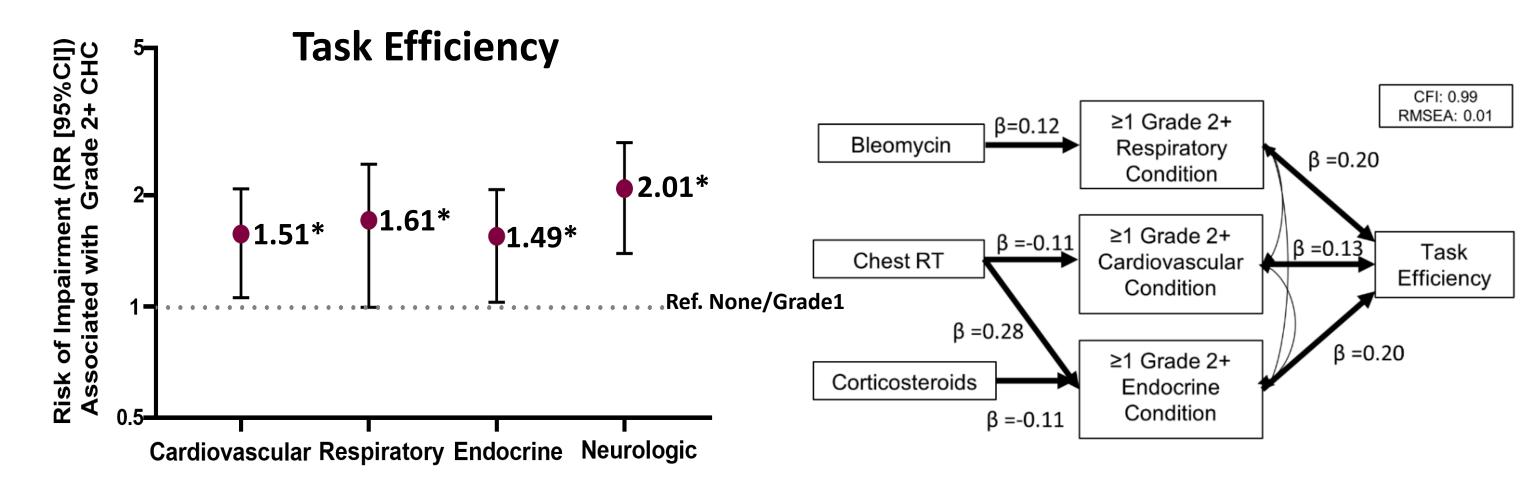
Risk Factors for Neurocognitive Impairment Among Survivors

Relative Risk of Impairment (95%CI)

Demographic/Lifestyle Exposures	Task Efficiency	Emotional Regulation	Organization	Memory
Female (vs. Male)	1.09 (0.81, 1.48)	1.40 (1.10, 1.79)*	0.84 (0.63, 1.12)	1.91 (1.31, 2.80)*
Non-White (vs. White)	1.70 (1.07, 2.68)*	1.40 (0.93, 2.10)	1.17 (0.71, 1.92)	1.40 (0.79, 2.48)
Former Smoker (vs. Never)	1.51 (1.06, 2.16)*	1.36 (1.03, 1.81)*	1.01 (0.70, 1.45)	1.87 (1.24, 2.81)*
Current Smoker (vs. Never)	1.63 (1.06, 2.50)*	1.90 (1.40, 2.58)*	1.07 (0.69, 1.66)	1.53 (0.90, 2.58)
Meet CDC Exercise Criteria (vs. No)	0.69 (0.51, 0.93)*	0.89 (0.71, 1.13)	0.59 (0.44, 0.78)*	0.86 (0.60, 1.23)

^{*} p<0.05

Model mutually adjusted for factors above in addition to age, time since diagnosis, and treatment exposures.

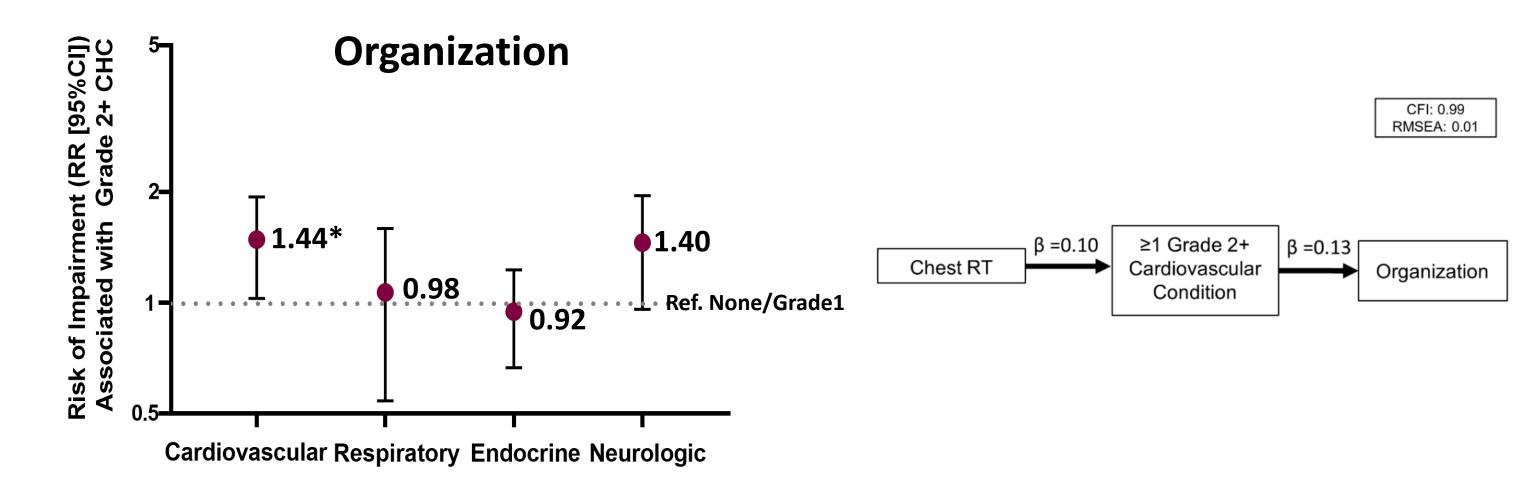


* P<0.05

Model mutually adjusted for chronic health condition groups, age, sex, and race

Organization: Impact of Chronic Health Conditions

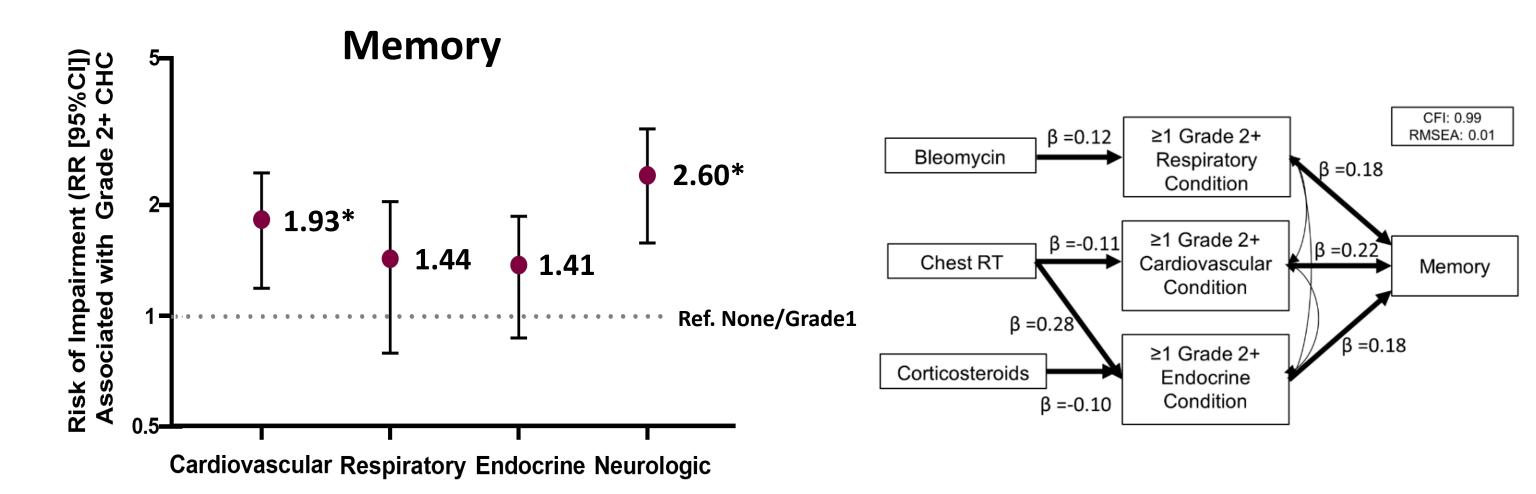
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* P<0.05

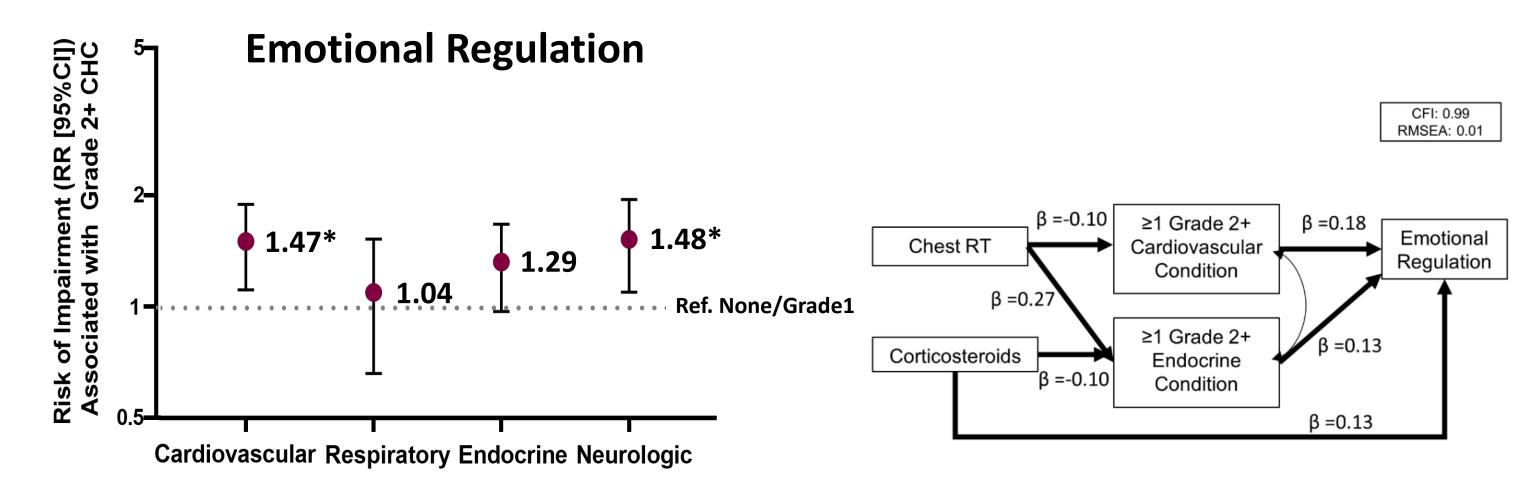
Model mutually adjusted for chronic health condition groups, age, sex, and race

Memory: Impact of Chronic Health Conditions



* P<0.05

Model mutually adjusted for chronic health condition groups, age, sex, and race



* P<0.05

Model mutually adjusted for chronic health condition groups, age, sex, and race

Summary & Future Directions

• Long-term survivors of childhood Hodgkin lymphoma are at increased risk for neurocognitive impairment compared to sibling controls.

 Potentially modifiable factors, such as smoking and physical activity, as well as chronic health conditions were associated with neurocognitive impairment.

• Prevention or improvement of such factors may mitigate or prevent neurocognitive impairment.

Acknowledgements

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Kevin R. Krull

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All the Childhood Cancer Survivor Study Participants

 The Childhood Cancer Survivor Study is an NCI-funded resource to promote and facilitate research among long-term survivors of cancer diagnosed during childhood and adolescence.

 Investigators interested in potential uses of this resource are encouraged to visit:

www.stjude.org/ccss