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Introduction: Data about HL in developing countries are scarce. In 2009, a HL prospective registry was launched in Brazil. **Methods:** The first analysis was presented with patients (pts) diagnosed from 2009 to 2014. Here we present an updated analysis with pts diagnosed until 2018 and a median follow-up of 5 years. **Results:** A total of 1357 pts with HIV negative classical HL were registered from January 2009 to December, 2018. 28 pts were excluded for various reasons, leaving 1329 pts for this analysis. Median age was 30 y/o (13-90). Females comprised 50%. The median time from onset of symptoms to diagnosis was 6 (0-60) months. 862 (65%) had advanced disease. Stage IVB was present in 28%, and a high-risk IPS score in 40%. Comparing pts included from 2009-2014 and 2015-2018, there was an increase in the use of PET for staging (11% vs 36%, p <.0001) and for end-of-treatment (40% vs 79%, p < .0001). ABVD was the first-line treatment in 94% of pts. 34 pts (2.6%) died during the first treatment. Radiotherapy (RT) was used in 72% of pts with limited, 59% with intermediate, and 28% with advanced disease. There was a reduction in the use of RT (44% vs 35%, p = .002) from 2009-2014 to 2015-2018. This reduction was higher in advanced disease (32% vs 24%, p = 0.01). The 5-year progression-free survival (PFS) and 5-year overall survival (OS) were 70% and 86%, respectively. The 5-year PFS in limited, intermediate, and advanced disease were 97%, 82%, and 62% (p < .0001), respectively. The 5-year OS for limited, intermediate and advanced disease were 100%, 94%, and 80% (p < .0001), respectively. The impact of socioeconomic status (SES) on outcomes was analyzed in pts treated with ABVD. The 5-year PFS in higher and lower SES were 75% and 60% (p < .0001). The 5-year OS in higher and lower SES were 90% and 77% (p < 0.0001). The fatality ratio during treatment was 5.0% and 1.1% for lower and higher SES (p < 0.0001). After adjustments for potential confounders, lower SES remained independently associated with poorer survival (HR 2.10 [1.52-2.90] for OS and HR 1.58 [1.26-1.99] for PFS). **Conclusions:** This analysis confirmed the predominance of advanced disease and high-risk profile pts. There was an increase in the use of PET and a reduction in RT in recent years. We confirmed that the outcomes are 10-15% lower inBrazil than reported in the literature. SES was an independent factor associated with shorter survival.

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TREATMENT PATTERNS AND OUTCOMES FOR HODGKIN'S LYMPHOMA (HL) PATIENTS (PTS) AGED 60 AND OLDER: A REPORT FROM THE BRAZILIAN PROSPECTIVE HODGKIN'S LYMPHOMA REGISTRY

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Introduction: Despite substantial progress in the treatment of HL, older pts remain an unmet treatment need. **Methods:** We sought to identify the treatment patterns and outcomes in HL pts ≥ 60 y/o included in the Brazilian HL registry. **Results:** A total of 141 pts with HIV negative classical HL aged ≥ 60, diagnosed from January 2009 to December 2018, were identified. Five pts were excluded, leaving 136 pts available for analysis. The median age was 66 years old (60-90), 49% were female, PS >1 in 21%, advanced stage in 72%, anemia in 38%, high-risk IPS score in 62% and nodular sclerosis (NS) in 49%. In comparison to younger pts, pts ≥ 60 y/o were more likely to have a highrisk IPS score (63% vs 38%, p < .0001), and histopathology other than NS (51% vs 23%, p < .0001). Also, older pts were more likely to have a lower socioeconomic status (SES, 47% vs 30%, p < .0001) and a lower educational level (25% vs 3%, p < .0001). Median follow-up was 45 months (0-144) for all pts and 64 months (14-144) for pts alive. ABVD was the first-line treatment in 96% of pts. Twenty-one pts (15%) died during the first treatment. In 18 (86%) of these pts, the cause of death was an infection or a complication of treatment. The 5-year PFS and 5-year OS were 55% and 59%. The 5-year PFS in localized and advanced disease were 72% and 47% (p = 0.013). The 5-year OS in localized and advanced disease were 81% and 51% (p = 0.013). Among 131 pts treated with ABVD, 5% presented cardiac toxicity, 11% lung toxicity and 12% severe infection. 65% of pts used bleomycin for > 2 cycles and 44% for > 4 cycles. In comparison with 2009-2014, there was a decrease in the use of bleomycin for > 2 cycles in 2015-2018 (88% x 45%, p < 0.0001). The impact of (SES) on outcomes was studied in pts treated with ABVD. The fatality ratio during treatment was 9% and 21% for higher and lower SES (p = 0.10). The 5year PFS for higher and lower SES were 71% and 46% (p = .005), and the 5year OS 72% and 55% (p = .027), respectively. After adjustments for potential confounders, lower SES remained independently associated with poorer survival (HR 2.22 [1.14-4.31] for OS and HR 2.84 [1.48-5.45] for PFS). **Conclusion:** Advanced stage and poor-risk pts predominated. Inferior outcomes are in part due to advanced disease at diagnosis and to an excess of deaths during treatment. SES is an independent factor for shorter survival. The use of bleomycin remains high, despite a substantial decrease in recent years.

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VIVÊNCIA COM O CATETER CENTRAL DE INSERÇÃO PERIFÉRICA (PICC) EM PACIENTES ONCO-HEMATOLÓGICOS

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Objetivo: O presente estudo está classificado como qualiquantitativo, com objetivo de avaliar a quantidade de paciente hematológicos que utilizaram o dispositivo PICC, avaliar os principais motivos de retirada e suas complicações. **Métodos:** Estudo descritivo e retrospectivo, realizado no período de 2009 até 2021, no departamento de Hematologia do Hospital de Amor de Barretos-SP, com pacientes em tratamento de neoplasias hematológicas. Foram avaliados os seguintes dados: modelo implantado e motivo de retirada. **Resultados:** No período do estudo foram implantados 551 catéteres, com a média de implante anual de 46 implantes por ano. Foram utilizados catéteres da empresa BD®, de 3 modelos. O mais utilizado foi o Groshong com 65%, seguido por Power PICC com 33% e Power PICC Solo com 2%. 58% dos catéteres foram retirados por término de tratamento. 42% foram retirados por complicações. Destaca-se a perda dos cateteres por obstrução 1,3%, fratura do PICC 1,6%, mau posicionamento 5,8%, Trombose Venosa Profunda (TVP) com 8%, outros motivos com 9,3%, suspeita de infecção 10,76% e infecção confirmada 2,34%. **Discussão:** Foram elegíveis para o implante do PICC pacientes que necessitavam de elevado número ou frequência de infusões de quimioterapia, necessidade de múltiplas punções ou uso de quimioterápicos vesicantes. A escolha do modelo de catéter implantado era definida de acordo com as necessidades dos pacientes. Caso o paciente necessitasse de mais de 1 via, era optado pelo implante do PowerPICC por apresentar 2 vias, nos demais casos, era optado pelo PICC Groshong ou Solo, visto que ambos possuem somente 1 via para infusão. Toda avaliação pré implante referente ao modelo utilizado era realizada pelo enfermeiro habilitado e responsável pelo procedimento. Dentre as complicações observadas, obstrução pode ocorrer devido à precipitação de drogas dentro do lúmen, formando fibrinas ou falhas nos flushings e varia entre 2 à 44% (Jesus e Secoli, 2007) no setor verificamos incidência de 1,3%, menor que a literatura. Fratura do PICC pode ocorrer pela forma inadequada do manuseio do cateter ocasionada pela pressão na seringa durante o flushing; na literatura, encontramos incidência desta complicação variando de 9,5% (Mingorance et al. 2014) a 4% e 5% (Jesus e Secoli, 2007), enquanto no estudo apresentamos 1,6%. O mau posicionamento do cateter pode progredir para a veia jugular interna ou apresentar disritmia e varia entre 5 à 62% na literatura (Jesus e Secoli, 2007), no estudo a incidência foi de 5,8%. A TVP estava relacionada ao maior diâmetro do cateter inserido na veia e que varia de 4 a 38% (Jesus e Secoli, 2007), enquanto a média foi de 8%. A suspeita de infecção