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ABSTRACT #670

PREVALENCE OF HEPATITIS C VIRUS AND GB-C VIRUS INFECTION AMONG PATIENTS WITH B-CELL NON-HODGKIN'S LYMPHOMA: A CASE-CONTROL STUDY OF THE INTERNATIONAL EXTRANODAL LYMPHOMA STUDY GROUP

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Background In regions with high prevalence of hepatitis C virus (HCV) the frequency of this infection is higher in patients with B-cell non-Hodgkin lymphoma (B-NHL). Patients with HCV infection frequently show co-infections with GBV-C (previously named hepatitis G virus) and some studies have suggested the presence of higher incidence of GBV-C infection in patients with B-NHL.

Aim Pilot study designed to test the feasibility of a future international prospective study for the evaluation of the association between HCV and/or GBV-C and B-NHL in different geographic areas.

Patients and methods 137 lymphoma cases and 125 non-lymphoma matched controls were enrolled in a pilot study case-control study conducted in Bellinzona (Southern Switzerland), Barcelona (Spain) and Southampton (England, UK) from July 2001 to March 2002.

Results In Switzerland (41 cases and 81 controls) the overall prevalence of HCV was 3.3% (4.9% in NHLs) and the overall prevalence of GBV-C was 24% (22% in NHLs). In Barcelona (46 cases and 44 controls) the prevalence of HCV was 10% (8.7 in NHLs) and the prevalence of GBV-C 20% (13% in NHLs). There was no statistically significant difference in the frequency of both infections between NHL patients and controls. The incidence of HCV decreased among patients with B-NHL in Bellinzona in the last decade, from 9.4%, (as reported in a previous study by Zucca et al. *Haematologica*, 2000) to 4.9%. In Southampton 50 NHL cases were analyzed, none of them resulted HCV-positive, therefore no control group was analysed and GBV-C analysis was not performed, too.

Conclusions Both in Southern Switzerland and in Barcelona seropositivity rates were significantly lower for HCV than for GBV-C. HCV incidence was significantly higher in Barcelona than in Switzerland, confirming the existence of marked geographic differences in the prevalence of HCV in NHL but we cannot provide any significant evidence for an association between HCV and/or GBV-C and B-cell NHL in the studied populations.

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