

T2-weighted (T2w-) and diffusion weighted-magnetic resonance imaging (DW-MRI).

Results: Targeted MEK inhibition by refametinib induced a prolongation of animal life and strong reduction in tumor volume, as estimated by T2w-MRI, as early as 5 days upon therapy onset. Gemcitabine treatment did not induce dramatic changes both in survival or tumor volume. Changes in tissue composition were monitored with DW-MRI derived apparent diffusion coefficient (ADC) parameter. Refametinib treatment induced an increase in ADC values as early as 24h after therapy onset while ADC did not change in the gemcitabine treated group. In limited number of patients with stage IV PDAC that received first line chemotherapy, we observed similar concomitant changes in tumor volume and ADC.

Conclusions: ADC merits further evaluation as therapy response marker in PDAC.

Leukemia, Myelodysplasia, and Transplantation

ID 0047

Vorstellung des Konzepts einer Pflegeberatungsstelle für KMT-Patient/innen an der MHH

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Eine Stammzelltransplantation ist nicht nur mit Hoffnung und Heilung verbunden, sondern auch mit vielen Ängsten und Zweifeln. Deshalb ist es wichtig, dass eine lückenlose Aufklärung, Information und Beratung sowie eine kontinuierliche Begleitung dieser Patienten stattfindet. Seit März 2015 berät eine onkologisch fachweitergebildete Pflegekraft in der KMT-Ambulanz alle Patienten, die eine allogene Knochenmarktransplantation vor oder hinter sich haben. Die Patienten werden vor der Transplantation ärztlicherseits aufgeklärt. Arzthelferinnen übernehmen administrative Aufgaben auf Anweisung des Arztes. Nach der Transplantation finden engmaschige Kontrollen statt. Vor der Implementierung der Pflegeberatung in dieser Abteilung fehlten jedoch pflegerische Informations- und Beratungsgespräche, die die nachstehenden Probleme beseitigen oder mildern: „Schockmoment“ bei Erstkontakt mit der Station durch mangelnde Vorbereitung. Ressourcen, mögliche Risiken und Probleme wurden bislang nicht ermittelt. Viele Patienten sind durch die Fülle an verfügbarem Informationsmaterial verunsichert und können deren Qualität nicht beurteilen. Unsicherheiten nach der Entlassung (z.B. Medikamenteneinnahme; Verhaltensweisen im Alltag; keimfreie Ernährung; Körperpflege, Verhalten in Notfallsituationen). Sog. Drehtüreffekte aufgrund fehlender oder nicht ausreichender häuslicher Versorgung, unzureichender Information oder mangelnder Adhärenz. Schwere Folgeschäden, wenn Patienten „kleine Beschwerden“ wegen der großen Angst vor einem erneuten Krankenhausaufenthalt ignorieren. Bereits nach einem halben Jahr ist der Benefit für die Patienten und alle an der Versorgung Beteiligten beeindruckend.

ID 0067

Launch of an hematology e-learning tool

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Objectives: Medical education should combine theoretical sessions, practical exercises and individual elaborations of the learning matter. Hematology is complex and a lot of clinical experience is needed, especially with regard to diagnosis based on cytological results. For this purpose an hematology e-learning tool was launched in 2015.

Methods: Personal experiences in dealing with the online tool zytologie-seminar.de should be reported.

Results: 247 case histories which cover entire hematology are presented. The tool can be used as a reference at the microscope, for exam preparation and for lesson planning. The user can switch between an interactive development of case histories and a lecturer mode. For each case medical history, laboratory parameters and 40-60 high-quality pictures of blood, bone marrow and lymph nodes as well as MRI or CT imaging are available. A search function allows a targeted search for disease patterns and a convenient download of the corresponding images. Numerous renowned hematologists enriched the collection by their own case reports. A scientific advisory board and an English translation will be available in the future. Experienced consultants have been using the tool for years to conduct hematology trainings for medical students.

Conclusion: Zytologieseminar.de is a free software available to everyone who is interested in hematology and especially in cytology. It can be used as a lecturer, as a self-study tool or for reference purposes.

ID 0079

CLL – Patient registries confirm bendamustine-containing regimen (BR) as an effective first-line therapy

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Introduction: CLL is the most common leukemic disease in Central Europe. The median age of onset is between 70 and 75 years. The combination of bendamustine and rituximab has proven effective for the treatment of this disease in clinical trials and everyday use.

Methods: Since 2008, 61 hemato-oncological practices from 16 federal states within the project team of internal oncology (PIO) have been documenting disease histories of patients with chronic lymphocytic leukaemia in the registry ONCOReg. 782 patients received a bendamustine-containing therapy, 539 (68.9%) as first-line therapy, 126 (23.4%) of which bendamustine mono and 413 (76.6%) bendamustine/rituximab (BR).

Results: This analysis presents the results of the use of bendamustine/rituximab in the first-line treatment of CLL patients in clinical practice.

Patient characteristics:

Gender: 62% m / 38% f

Median age: 72 years

Without B-symptoms: 61%

ECOG 0/1/2: 24% / 58% / 17%

BINET A/B/C: 10% / 55% / 35%

Period from initial diagnosis until first therapy: 24,8 months

Comorbidities: 39% hypertension, 20% diabetes; 11% CHD; 6% AIHA;

3% ITP

Therapy:

A median of 6 (1-8) cycles were administered. The median total dose of bendamustine was

840 mg/m².

Response:

The objective remission rate is at 88%, 42% of which CR (haematologically tested) and 46% PR.

Survival:

The median follow up is 26,2 months.

The median progression-free survival is at 40,6 months.

The median overall survival has not been reached yet. The 3-year survival rate is at 80%.

Conclusion: The analysis of the registry reflects the treatment routine and reveals the treatment of mostly older comorbid patients.

The therapy with bendamustine in combination with rituximab proves to be highly effective and safe. The remission rates and PFS of ONCOReg are comparable to those of other patients registries (TLN) or to clinical studies such as CLL2M or CLL10. Recent studies in which older and comorbid (“not fit”) patients were treated with newer substances do not show better results with regard to CR and PFS than the combination BR.