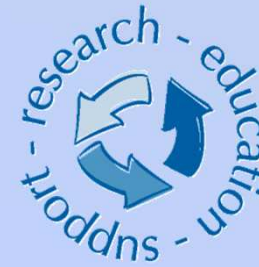


16th Annual Conference of the
National HIV Nurses Association (NHIVNA)



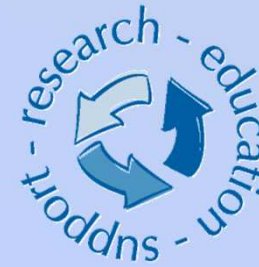
National HIV Nurses Association

Professor Mark Bower

Chelsea and Westminster Hospital, London

26-27 June 2014- City Hall, Cardiff

16th Annual Conference of the
National HIV Nurses Association (NHIVNA)



National HIV Nurses Association

Kate Shaw

Chelsea and Westminster Hospital, London

26-27 June 2014- City Hall, Cardiff

Hodgkin's Lymphoma + HIV

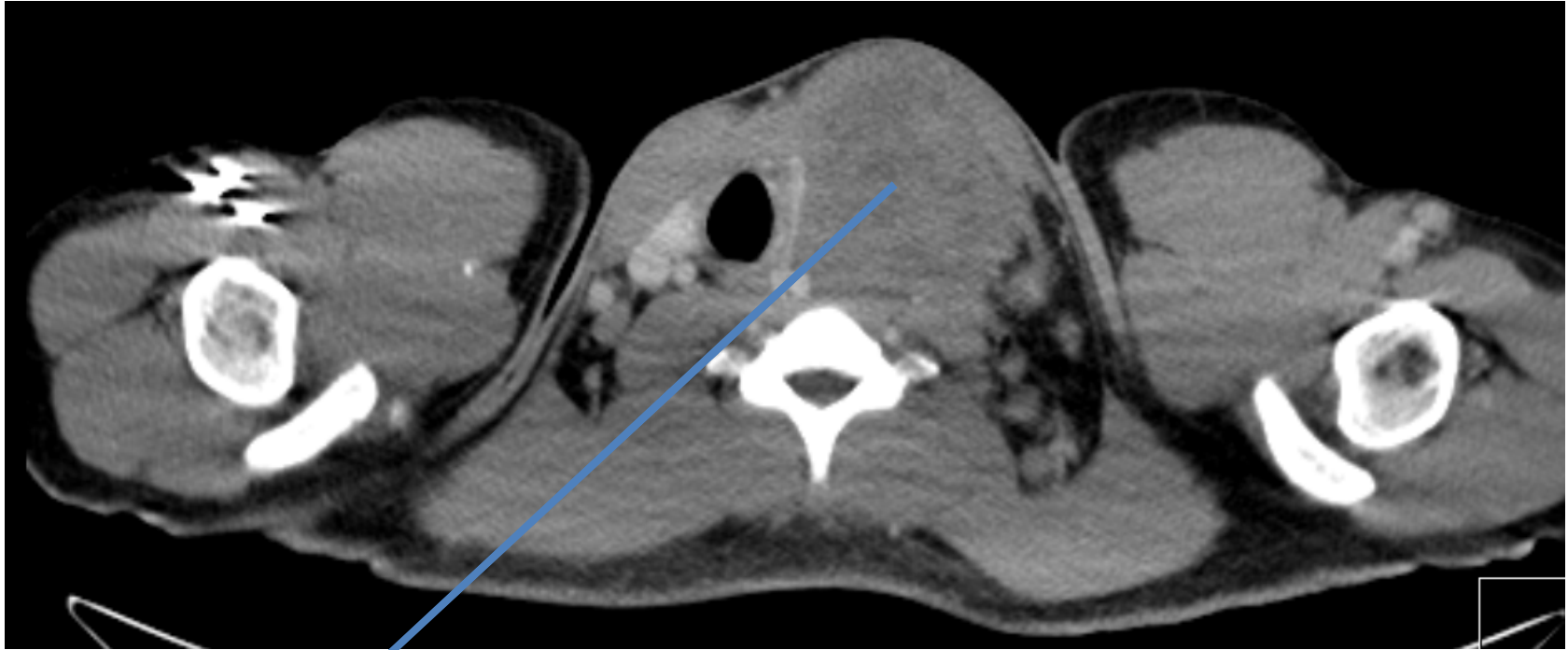


Background



- 21 year-old student. Diagnosed HIV+ve aged 13, perinatal infection. Started HAART 2008, excellent adherence
- Referred July 2013
- CD4 600, VL<40
- 4 month history of lump on left side of neck, no B symptoms, PS=0.
- Biopsy suggestive but not diagnostic of cHD
- Awaiting bone biopsy at Stanmore
- Initial investigations CT/PET & biopsy

CT scan



Large left neck mass displacing trachea

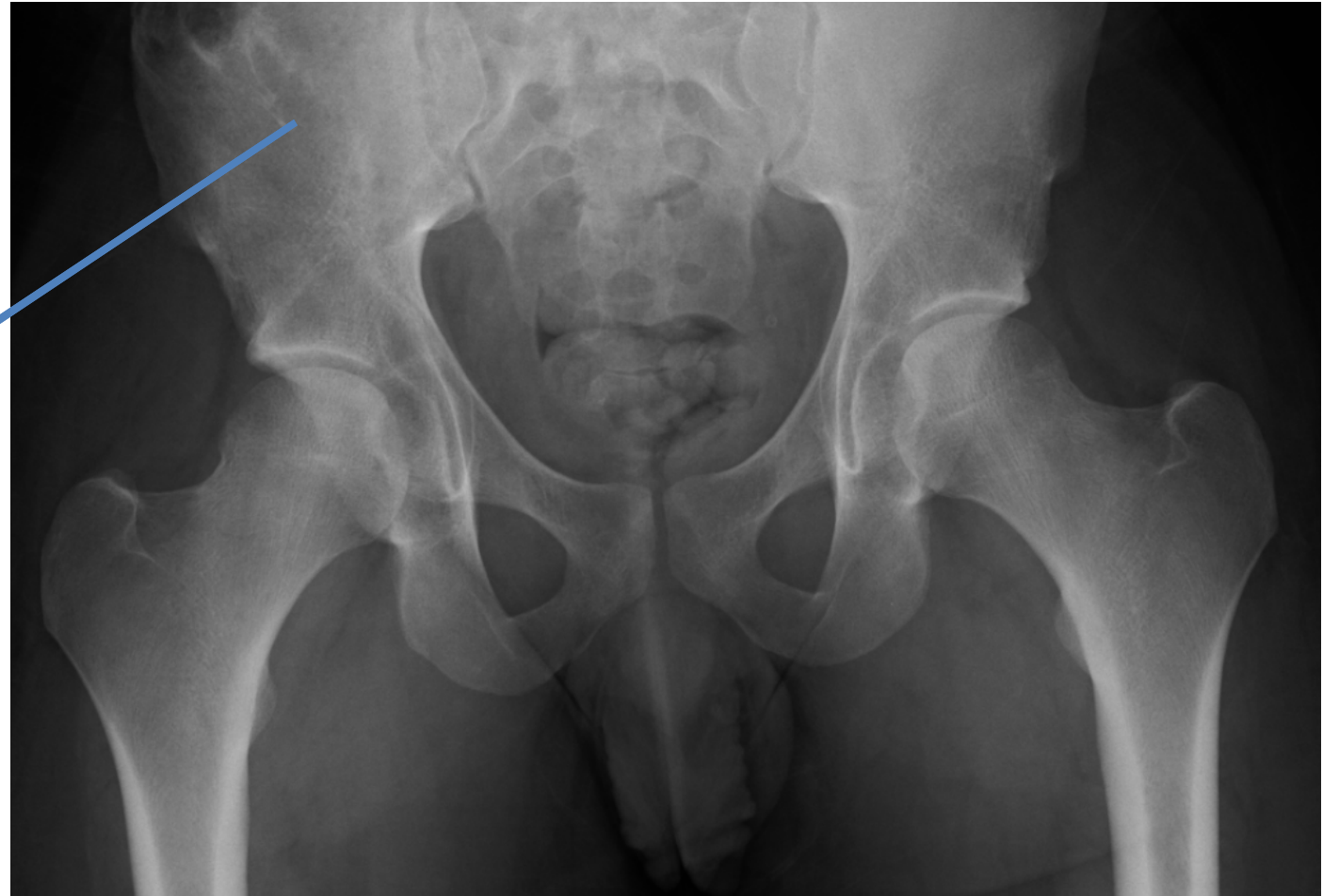
CT scan

Destructive
mass on
pelvic side
wall
eroding
iliac bone

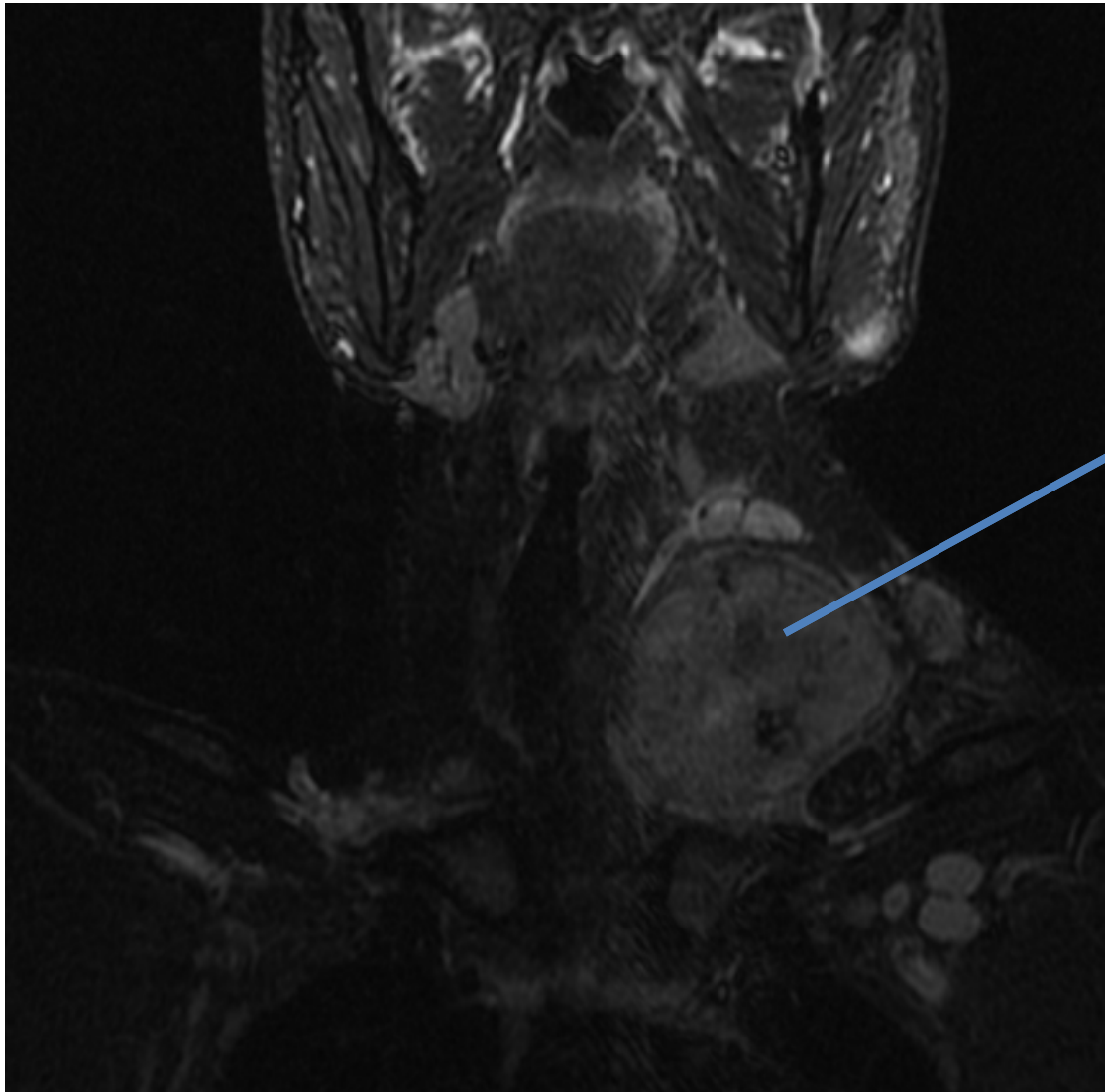


X-Ray

Destructive
mass on
pelvic side
wall
eroding
iliac bone

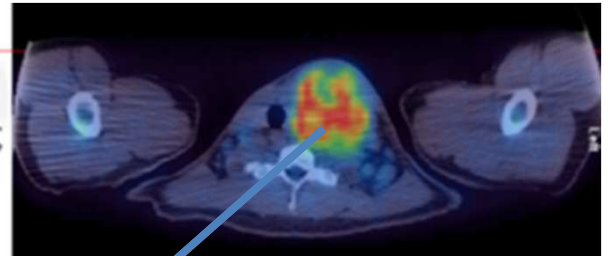
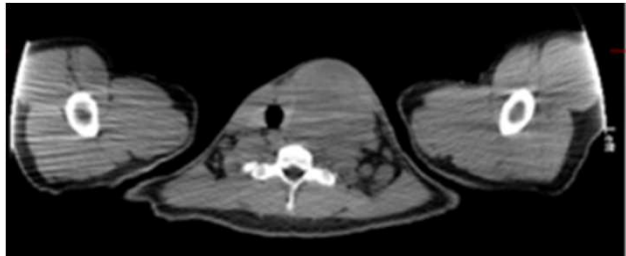


MRI scan

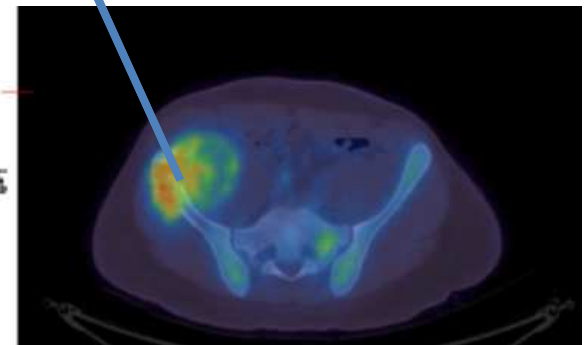
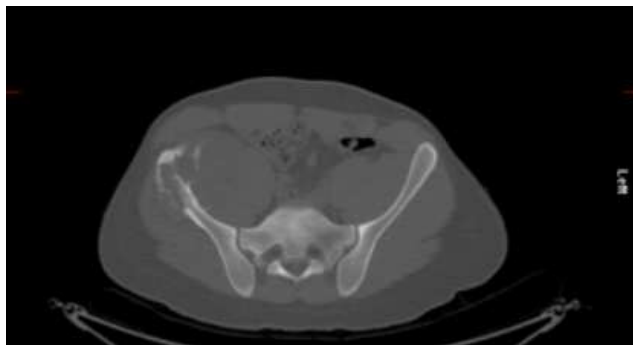


Left sided
neck mass

CT-PET



FDG-avid uptake



CT-PET



- Neck bilateral / left SCF /left axilla / mediastinum
- Right hemipelvis eroding into iliac bone

Final diagnosis



- Stage 4A Classical HD
- Plan for chemotherapy
- 6 cycles/6 months treatment

Preparation for chemotherapy



- Andrology – 1st sample and repeat sample azoospermic
- Lung function
- Echocardiogram
- OI prophylaxis
- Irradiated blood products
- Vascular access

Preparation for chemotherapy 2



- Decision about withdrawing from degree course
- Stop summer job
- Run out of money
- Handle relationship with Mum
- Decide on treatment centre
- Start treatment *after* friend's wedding

Finances and Support



- Teenage and young Adult MDT, Find Your Sense of Tumour



- Grants for children and young people with cancer



- Grants, written information from Macmillan and other lymphoma charities

How do I want to do this ?



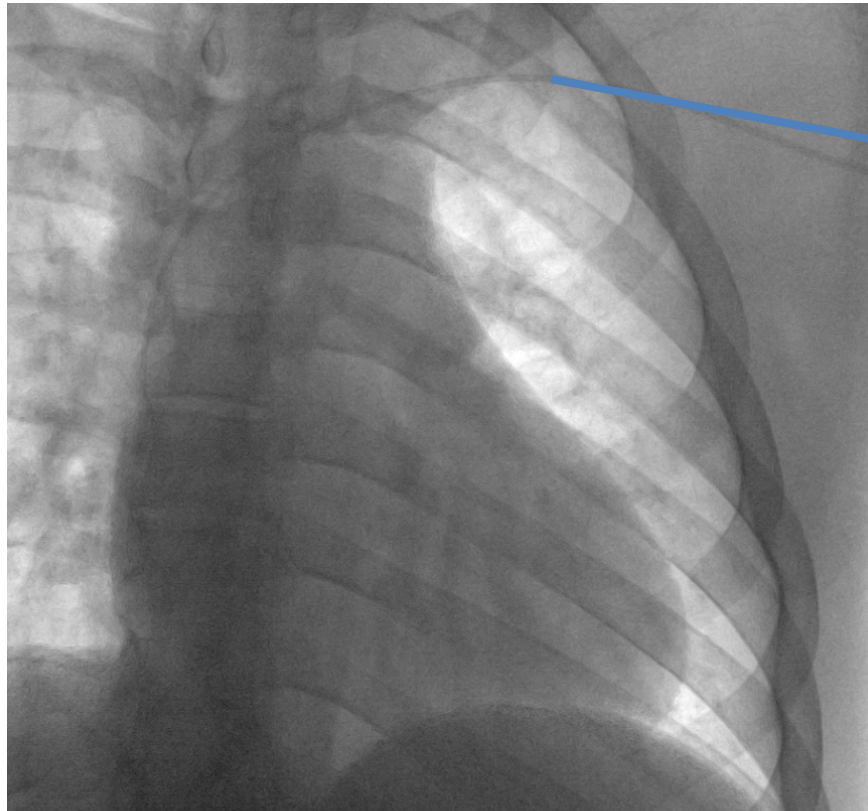
- TYA Brightlight study
- Support from psychology services ?
- Maintaining close contact with referring HIV team
- Support from friends ?
- What can I do or take to improve my chances ?

What's involved day-to-day



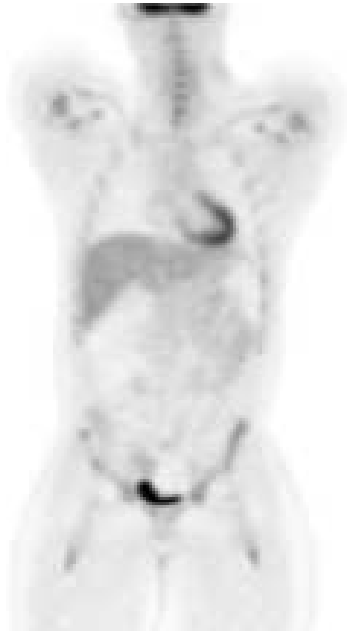
- Vascular access becomes problematic, insertion of PICC line
- Weekly clinic visits and GCSF injections
- Fatigue, immunosuppression
- Flagellate dermatitis

PICC Line

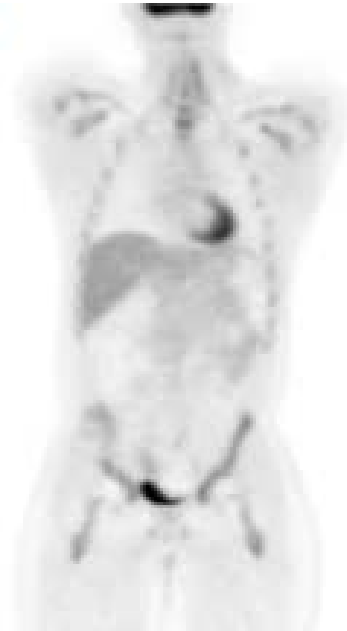


PICC line

PET 2



65



63



61



PET6



122



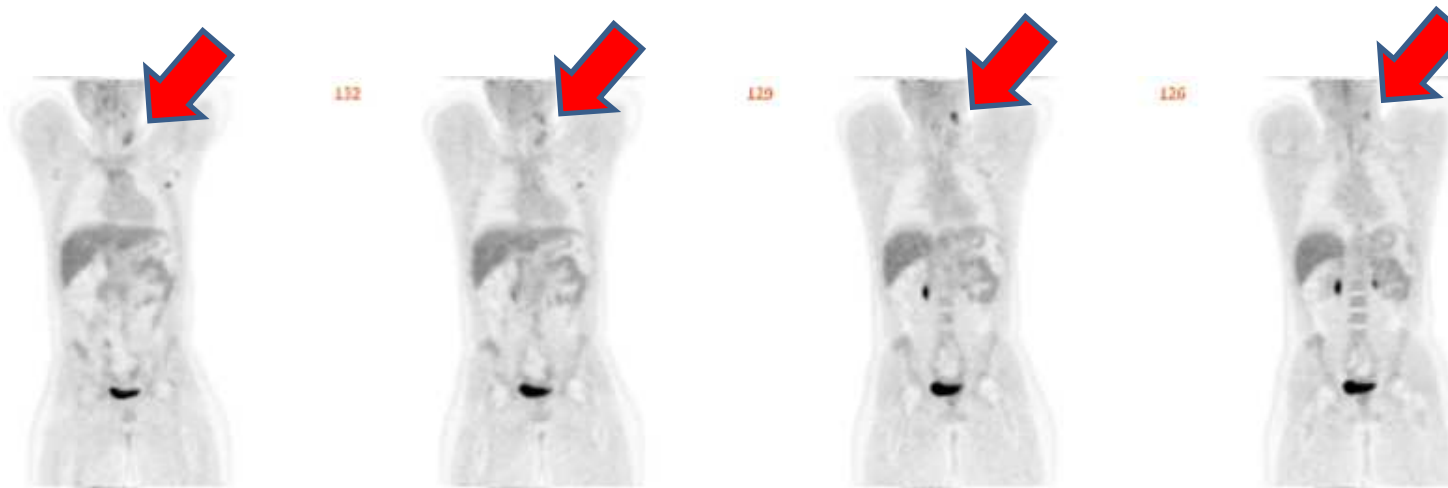
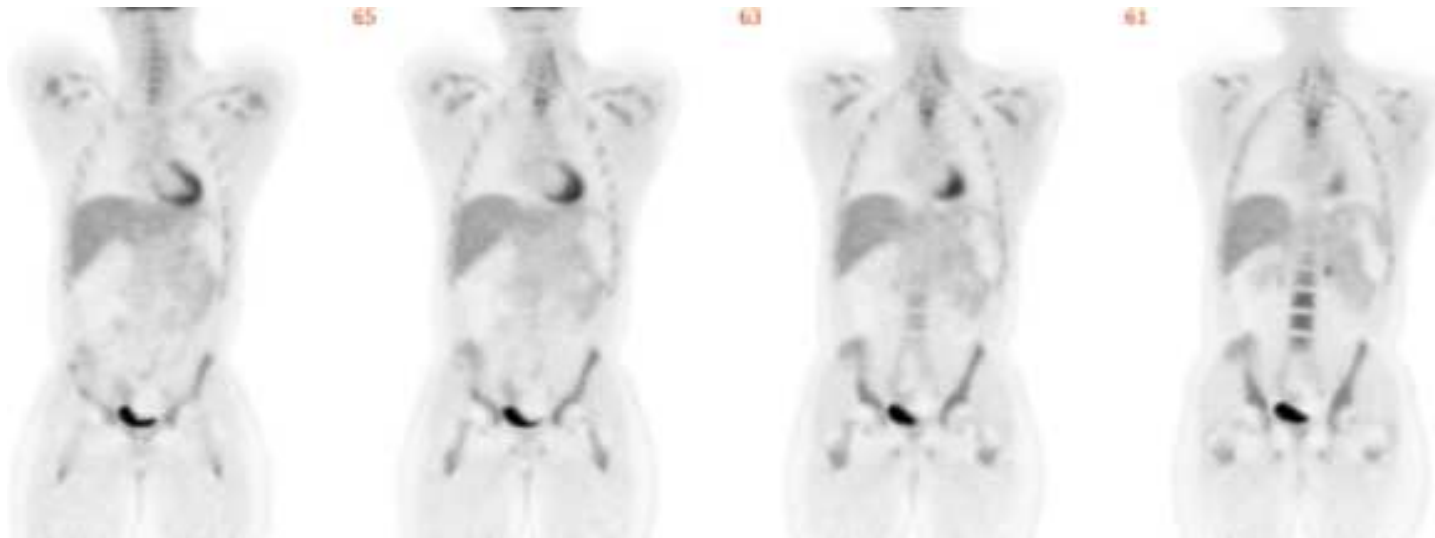
129



126



PET 2



PET 6

End of treatment CT-PET



- PET 6 shows FDG uptake bilateral neck, axillary, iliac bone
- Does this represent progression since PET2 while on treatment, or relapse post 6 cycles, is this important ?

How do we proceed now ?



- Consultation to receive results of PET, organise core biopsy for same day
- Preference for no discussion until results known
- Any other explanation for PET hotspots ?
- Core biopsy inconclusive
- Excision biopsy arranged, clashes with work

Treatment options



- DHAPx2-3
- Referral to level III haematology centre
- Peripheral stem cell harvest
- Autologous peripheral stem cell transplant
- Role of delta 32 allograft??

Questions we are left...



- Can we give a prognosis ?(not asked by the patient or his Mum)
- Late effects of treatment ?
- Immune restoration following chemotherapy ?
- “Survivorship” and the legacy of the disease and treatment