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Cancer-related cognitive impairment in patients with newly diagnosed aggressive lymphoma compared to healthy controls: An exploratory study

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INTRODUCTION

Cancer related cognitive impairment is a distressing and disabling symptom commonly reported by patients. While persistent changes in cognitive function are reported among lymphoma survivors, there is a paucity of data.

This study aims to: describe self-reported cognitive function and neuropsychological performance in a lymphoma population and compare with healthy controls.

METHOD

Secondary analysis of data from a feasibility study of 30 patients with newly diagnosed aggressive lymphoma¹ and 72 healthy controls²

RESULTS

Patients and healthy controls were well matched on key demographic variables (Table 1)

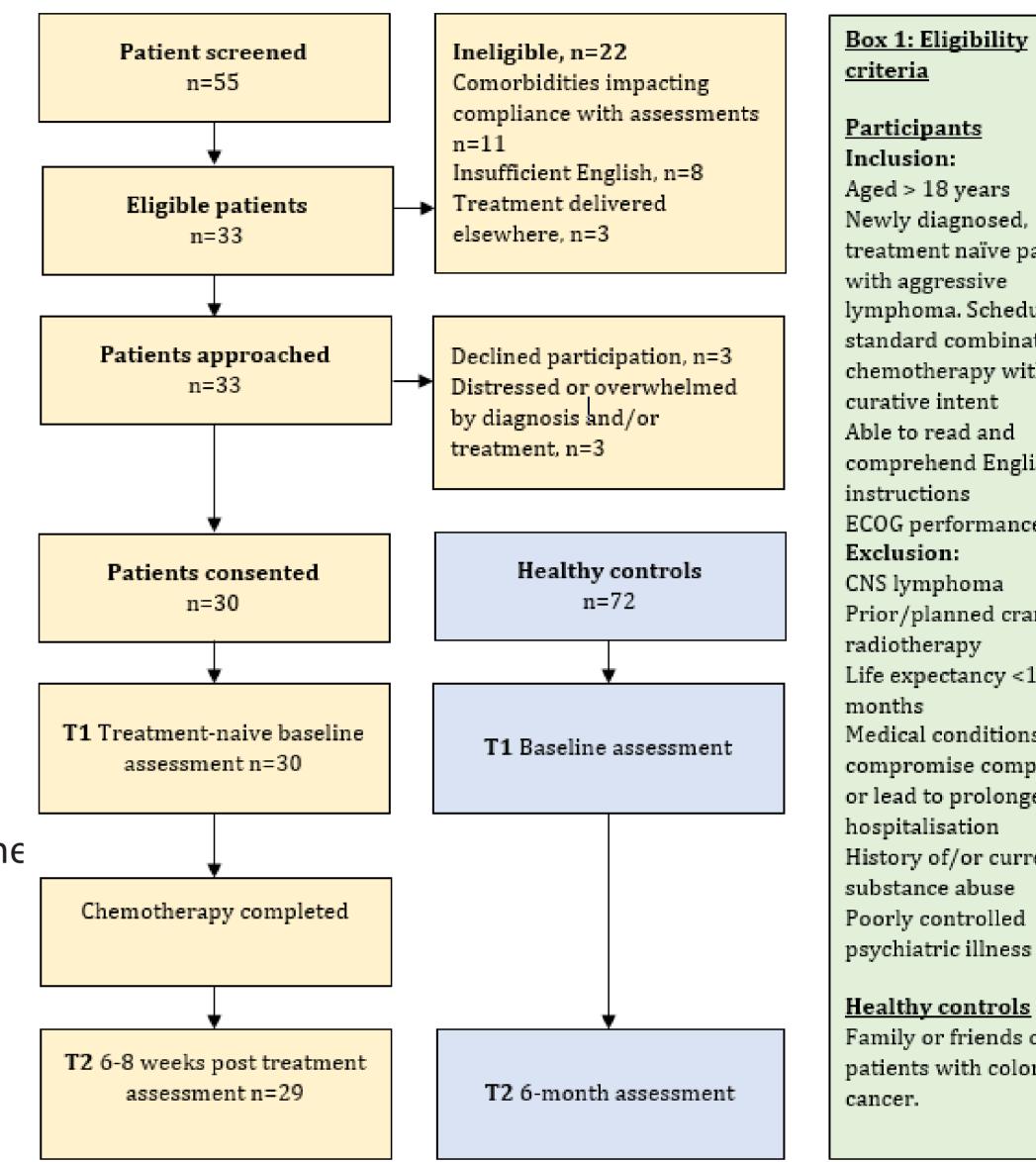
CONCLUSION

There is need for larger scale longitudinal studies to inform the development of targeted interventions to address cognitive impairment and the optimal time in the disease trajectory to deliver them.

SIGNIFICANCE OF RESEARCH

In many people newly diagnosed with aggressive lymphoma, cognitive impairment precede chemotherapy and remain evident after chemotherapy.

Table 1: Differences in self-reported cognitive function and neuropsychological performance in patients (n=30) and healthy controls (n=72) at baseline and follow-up



Box 1: Eligibility

Newly diagnosed, treatment naïve patients with aggressive lymphoma. Scheduled for standard combination chemotherapy with curative intent Able to read and comprehend English ECOG performance <2 CNS lymphoma

Prior/planned cranial Life expectancy <12 Medical conditions that compromise compliance or lead to prolonged hospitalisation History of/or current substance abuse Poorly controlled

Healthy controls Family or friends of patients with colorectal

Box 2: Study assessments

Demographics PROMS: FACT-Cog

Neuropsychological testing: Trail Making Test Part A & B, HVLT-R and WAIS-R

Measure/(sub)scale	Between-groups comparisons			
	Baseline		Follow-up	
	Diff (95% CI)	Cohen's d	Diff (95% CI)	Cohen's d
FACT-Cognitive Function				
PCI	1.9 (-2.6, 6.4)	0.18	-2.6 (-7.1, 2.0)	0.25
Impact of PCI on QOL	-3.9 (-5.1, -2.8)***	1.44	-3.5 (-4.7 <i>,</i> -2.3) ***	1.27
PCA	0.8 (-1.6, 3.2)	0.14	-1.9 (-4.4, 0.5)	0.35
Trail Making Test (executive functioning)				
A score	-10.0 (-14.2, -5.8) ***	1.03	-10.2 (-14.4, -6.0) ***	1.06
B score	-10.2 (-15.1, -5.3) ***	0.90	-11.6 (-16.7, -6.7) ***	1.03
Hopkins Verbal Learning Test (verbal				
learning and memory)				
Total Recall	-8.4 (-12.7, -4.1) ***	0.85	-6.4 (-10.7, -2.1) ***	0.65
Delayed Recall	-11.6 (-16.3, -7.0) ***	1.09	-9.7 (-14.3, -5.0) ***	0.91
Retention	-8.2 (-12.6, -3.9) **	0.82	-8.0 (-12.4, -3.6) ***	0.80
Digit Span (attention/working memory)				
Total	-4.4 (-8.4, -0.4) *	0.47	-6.0 (-10.0, -2.0) ***	0.65



^{2.} Vardy JL et al . *J Clin Oncol* 2015;33(34):4085-92.

