**CONCLUSIONS:** Screening and follow-up of newborns for SCD is feasible in a developing country in Africa. Extra effort in tracking is necessary to ensure that infants with disease are found early and referred for medical management.

## PROSPECTIVE FOLLOW-UP OF PATIENTS WITH EWING SARCOMA WITHIN THE LATE EFFECTS SURVEILLANCE SYSTEM

**Submitted by Marios Paulides**
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**INTRODUCTION:** It is known that antineoplastic treatment may induce early and late organ toxicities depending on treatment modalities and intensity.
**OBJECTIVE:** The aim of this study was to determine the cumulative incidence of sequelae within our cohort of patients treated within the EICESS-92 (European Intergroup Cooperative Ewing's Sarcoma Study, 1992) treatment trial.
**METHODS:** Since 1998, the Late Effects Surveillance System (LESS) of the German Society for Pediatric Oncology and Hematology has prospectively registered late effects in patients of all ages with relapse-free bone and soft tissue sarcoma in Austria, Germany, and Switzerland. The follow-up is conducted locally in accordance with LESS guidelines. Data are reported to the LESS center for collation and analysis.
**RESULTS:** There were 67 patients available for analysis (42 male, 25 female) with a median age at diagnosis of 13 years and a median follow-up of 3.5 years. Registration had to be terminated for 17 patients as a result of relapse. In total, 43.3% (29 of 67) of the patients were reported to have at least 1 sequelae of treatment. Sixteen patients suffered toxicity in 1 organ system, 9 patients developed toxicity in 2 organ systems, and there were 3 organ systems affected in 4 patients. Nephrotoxicity was reported in 10.4% (7 of 67), cardiotoxicity in 8.9% (6 of 67), peripheral polyneuropathy in 5.9% (4 of 67), and other toxicities in 34.3% (23 of 67) of the patients.
**CONCLUSIONS:** Sequelae of treatment for Ewing sarcoma within this cohort of the EICESS-92 study were not more frequent than reported previously. Patients are at risk for the development of several toxicities after treatment for Ewing sarcoma, and they should receive adequate medical follow-up.

## HEMATOPOIETIC STEM CELL TRANSPLANTATION FOR THE TREATMENT OF THALASSEMIA: THE GREEK EXPERIENCE

**Submitted by Ioulia Peristeri**
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**INTRODUCTION:** Although prevention remains the cornerstone for the management of thalassemia, hematopoietic stem cell transplantation (HSCT) is the only curative approach.
**OBJECTIVE:** Our goal was to assess our experience with HSCTs for the treatment of patients with thalassemia.
**METHODS:** From 1994 to 2006, 96 HSCTs have been performed in 84 thalassemic children from Greece, 3 with sickle cell/thalassemia and 1 with sickle cell disease. According to Pesaro classification, of these 84 children, 20 were in class I, 35 were in class II, and 29 were in class III. Donors were 84 histocompatible siblings and 4 unrelated volunteers. The graft was of bone marrow in 85, cord blood in 3, bone marrow and cord blood in 4, and peripheral blood stem cells in 4. The conditioning regimen consisted of busulfan, cyclophosphamide, and antilymphocyte globulin.
**RESULTS:** All except 1 patient received engraftments. Ten patients rejected the graft. Eight received another transplant from the same donor, 7 of which were successful. Four patients died; causes of death were graft-versus-host disease (GVHD) (2), disseminated toxoplasmosis (1), and brain hemorrhage (1). At a median follow-up time of 6.5 years, 84 of 88 children survived, 81 were cured and free from transfusions, and 3 remained transfusion-dependent. Severe acute GVHD developed in 18 children, and chronic GVHD developed in 8 patients. The overall survival rate, event-free survival rate, rejection rate, and transplant-related mortality rate were 95%, 94%, 11%, and 5%, respectively. Event-free survival was 100% for class I, 95% for class II, and 87% for class III. Eleven children had mixed chimera (residual recipient hematopoiesis) with normal levels of hemoglobin.
**CONCLUSIONS:** HSCT is a highly effective treatment for thalassemic patients who have a fully matched donor (related or unrelated). Younger age at transplant secures excellent results with reduced morbidity and mortality rates.

## TWO-DECADE EXPERIENCE AND LONG-TERM SURVIVAL IN PEDIATRIC NON-HODGKIN'S LYMPHOMA

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