# Chemotherapy Induced Cognitive and Executive Impairment in Hematological Malignancies

#### Thesis

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#### List of Abbreviations

Abb.	Full term
5-FU	5-fluorouracil
	Acute lymphoblastic leukemia
	Acute myelogenous leukemia
	Absolute neutrophil counts
	Acute promyelocytic leukemia
	All-trans retinoic acid
	Bone marrow transplantation
	Cancer And Leukemia Group B
	Complete blood count
	Chemotherapy induced cognitive impairment
	Chemotherapy induced nausea and vomiting
	Chemotherapy induced peripheral neuropathy
	Chronic lymphocytic leukemia
	Chronic myelocytic leukemia
	Central nervous system
	Complete remission
	Cerebrospinal fluid
	Computed tomography
	Chemotherapy
DIC	Disseminated intravascular coagulation
	Epstein-Barr virus
	Eastern Cooperative Oncology Group
	Eryth ropoiet in
	Erythrocyte sedimentation rate
	Food and Drug Administration
	Fluorodeoxyglucose-positron emission
	tomography
FISH	Fluorescence in situ hybridization
	Gastrointestinal

#### List of Abbreviations (cont...)

Abb.	Full term
<i>HBV</i>	Hepatitis B virus
HCT	Hematopoietic stem cell transplantation
<i>HCV</i>	Hepatitis C virus
HIV	Human immunodeficiency virus
<i>HL</i>	Hodgkin's Lymphoma
<i>HLA</i>	Human leukocyte antigen
<i>IL</i>	Interleukin
<i>LBCL</i>	Large B cell lymphoma
<i>LDH</i>	Lactate dehydrogenase enzyme
<i>MCHL</i>	Mixed-cellularity Hodgkin's lymphoma
<i>MDS</i>	Myelodysplastic syndrome
<i>MM</i>	Multiple myeloma
<i>MRD</i>	Minimal residual disease
<i>MRI</i>	Magnetic resonance imaging
<i>MUGA</i>	Multiple gated acquisition
<i>MZL</i>	Marginal zone lymphoma
<i>NCCN</i>	National Comprehensive Cancer Network
<i>NHL</i>	Non-Hodgkin's Lymphoma
<i>NHL</i>	Non-Hodgkin's lymphoma
NLPHL	Nodular lymphocyte predominant Hodgkin's
	disease
<i>NSHL</i>	Non sclerosing Hodgkin's lymphoma
<i>OS</i>	Overall survival
<i>PCR</i>	Polymerase chain reaction
<i>PET</i>	Positron Emission Tomography
Ph	Philadelphia
<i>RT-PCR</i>	Reverse transcriptase polymerase chain
	reaction

## List of Abbreviations (cont...)

Abb.	Full term
S1P	Sphingosine-1-phosphate
<i>SLE</i>	Systemic lupus erythematosus
<i>SLL</i>	Small lymphocytic lymphoma
<i>SWOG</i>	Southwest Oncology Group
THRLBCL	T-cell histiocyte-rich large B-cell lymphoma
TKIs	Tyrosine kinase inhibitors
<i>TNF</i>	Tumor necrosis factor
<i>TTF</i>	Time to treatment failure
<i>WBC</i>	White blood cell count
<i>WHO</i>	World Health Organization

#### Introduction

In 2015, an estimated 162, 000 new cases of hematological malignancies were diagnosed (approximately 10% of all cancer diagnoses) and over 1.8 million haematological cancer survivors live in the United States (*Howlader et al.*, 2014).

Improved diagnosis and treatment have markedly increased survival for many patients with haematological malignancies. Based on the most recent literature, current 5-year survival rates are as follows: all leukaemia 60.3%, Hodgkin lymphoma (HL) 87.7% and non-HL (NHL) 71.4% (Howlader et al., 2014).

Nearly all leukaemias and 69% of NHL are treated with chemotherapeutic agents (*Rossi et al., 2015*).

Treatment-related side effects, including cognitive impairment, can decrease treatment compliance and ultimately impact quality of life; however, a deep understanding of the etiology of these cognitive problems as a consequence of disease and/or treatment in hematological malignancies is still in its infancy (Wefel et al., 2004).

Chemotherapy-induced cognitive impairment (CICI) is a collection of problems in memory, attention, concentration and executive functions that is associated with chemotherapy treatments in cancer patients. These problems can range from

subtle to severe and last for months or years after treatment (Bradley et al., 2005).

CRCI affects an estimated 10 million cancer survivors in the United States. Based on data from all types of cancers, up to 30% of survivors experience cognitive impairment prior to therapy, 80% during therapy, and up to 35% may live with CRCI up to 20 years after treatment (Koppelmans et al., 2012).

Decreased cognitive function is associated with poorer quality of life, inability to achieve work and educational goals, inability to drive or read, and decreased social connectedness (Reid-Arndt et al., 2010).

To date, the CICI literature is dominated by breast cancer and other solid tumours. Haematological malignancies are usually systemic, and often treated with chemotherapeutic agents that have been implicated in CICI in solid tumours. The growing literature in this area suggests that cognition is an important predictor of survival in patients with haematological malignancies and therefore, understanding factors that lead to CICI in haematological malignancies warrants attention (Dubruille et al., 2015).

Research on cognitive function in most types of haematological malignancies is limited. However, studies of cognitive function in paediatric acute lymphoblastic leukaemia (ALL), indicate that cognitive impairment can persist for years after completion of treatment. Clearly, a subset of hematological malignancy survivors experience CICI (Elisabeth et al., 2009).

A study done 2005 on Acute Myeloid Leukemia (AML) and Myelodysplastic syndrome (MDS) patients had revealed Decline on motor function, psychomotor speed, memory, executive function post chemotherapy (Meyers et al., 2005).

Another study done at 2012 on Hodgkin lymphoma patients revealed worse than controls on attention, memory, executive function, processing speed post chemotherapy (*Krull et al.*, 2012).