hossam maghraby

شبكة المعلومات الجامعية

بسم الله الرحمن الرحيم

hossam maghraby

شبكة المعلومات الجامعية

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التوثيق الالكتروني والميكروفيلم

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جامعة عين شمس

التوثيق الإلكتروني والميكروفيلم

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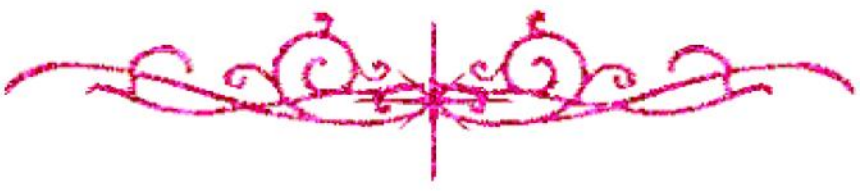

hossam maghraby

شبكة المعلومات الجامعية

بالرسالة صفحات لم ترد بالأصل

EVALUATION OF MULTIAGENT CHEMOTHERAPY AND RADIOTHERAPY IN ADVANCED STAGES HODGKIN'S DISEASE

THESIS

Submitted for partial fulfillment of M.D. degree in

RADIATION ONCOLOGY

By

Alaa Mohamed Mohamed Maria

M.B.B.Ch., M.Sc.

SUPERVISORS

Prof. Dr.
Layla A. S. Korashy
Prof. of Clinical Oncology and Nuclear Medicine
Faculty of Medicine
Tanta University

Prof. Dr.
Hanem A. Sakr
Prof. & Head of Clinical Oncology and Nuclear Medicine Department
Faculty of Medicine
Mansoura University

Prof. Dr.
Sameh S. Shamaa
Prof. & Head of Medical Oncology & Hematology Unit
Faculty of Medicine
Mansoura University

Prof. Dr.
Fawzy Z. Sherif
Assis. Prof. & head of Clinical Oncology and Nuclear Medicine Department
Faculty of Medicine
Tanta University

FACULTY OF MEDICINE

TANTA UNIVERSITY

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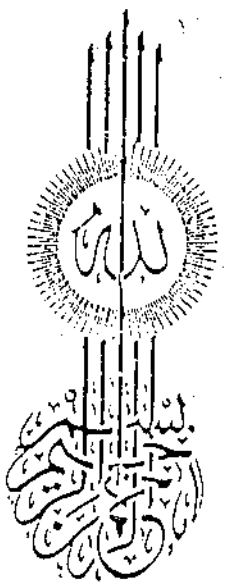

"قالوا سبحانك لا علم لنا الا ما علمتنا انك أنت العليم الحكيم."

صدق الله العظيم

سورة البقرة- آية ٣٢

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ABBREVIATIONS

ABMT	Autologous bone marrow transplantation
AML	Acute myeloid leukemia
β_2m	Beta 2 macroglobulin
BMT	Bone marrow transplantation
CD	Cluster of differentiation
cGy	Centigray
CMT	Combined modality treatment
CNS	Central nervous system
CR	Complete response
CS	Clinical staging
CT	Chemotherapy
CT scan	Computed tomography scan
CXR	Chest x-ray
ESR	Erythrocyte sedimentation rate
EM	Extended mantle
FDG	Fluorine-18-fluorodeoxyglucose
FFS	Failure free survival
Ga-67	Gallium-67
GI	Gastrointestinal
Gy	Gray
HD	Hodgkin's disease
HDC	High dose chemotherapy
HIV	Human immunodeficiency virus
H-RS	Hodgkin's/Reed Sternberg
IL	Interlukin
INF	Interferon
IV	Intravenous
LAG	Bipedal lymphangiography
LD	Lymphocyte depletion
LDH	Lactate dehydrogenase enzyme
L/H cell	Lymphocytic / histiocytic cell
LP	Lymphocyte predominance
MC	Mixed cellularity
MRI	Magnetic resonance imaging
MR	Minimal response
MV	Mega volt
NHL	Non Hodgkin lymphoma
NK	Natural killer cells
NLPHD	Nodular Lymphocyte predominant Hodgkin's disease
NS	Nodular sclerosis
OS	Overall survival
PET	Positrone emission tomography
PO	Orally
PR	Partial response
PS	Pathologic staging
RIT	Radiolabeled immunoglobulin therapy
RS cells	Reed Sternberg cells
RT	Radiation therapy
SSD	Source surface distance
SSN	Suprasternal notch
STNI	Subtotal nodal irradiation
Tc-99	Technetium-99
TGF-β	Transforming growth factor beta
TNI	Total nodal irradiation
TNF-α	Tumor necrosis factor alpha
WBCs	White blood cells
Y-90	Yttrium-90

INTRODUCTION AND AIM OF THE WORK

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Hodgkin's disease (HD) accounts for about 1% of new cancer cases annually in USA. In Egypt, the relative frequency of HD is 3.4% of all cancer patients with an annual incidence of 75 cases per year of mixed cellularity subtype commonly *(Sherif & Ibrahim, 1987)*. At the year 2001, according to hospital based registry in the Egyptian National Cancer Institute, the relative frequency of HD was 2.1%. The etiology of HD has not been determined and the epidemiological studies suggest that it is a heterogeneous condition comprising more than one disease entity *(Oudejans et al, 1997; Armstrong et al, 1998 and Dolcetti & Boiocchi, 1998)*.

The goal of most of the studies has become to avoid unnecessary invasive techniques. With better knowledge of the late effects and causes of death, there is now a consensus that management should be modulated according to the individual characteristics of the patient. The aim of further studies will be to progress in the identification of the various subsets of Hodgkin's disease (HD) and to introduce new therapeutic modalities as effective but less toxic than the present ones. This approach requires for each subset of patients a rigorous assessment of the long-term cost and benefit of the various therapeutic modalities used for treatment of HD *(Tubiana, 1996)*.

Most patients who present with HD today can be cured of their disease. Current treatments strive to maintain a high level of efficacy while reducing the chance of long-term side effects that limit the quality and length of survival *(Yuen & Horning, 1996)*.

The aim of our study is to evaluate the therapeutic effect of brief chemotherapy, Stanford-V, and adjuvant radiotherapy for bulky or advanced stage Hodgkin's disease.