pneumonia, and in cases of intolerance, dapsone or pentamidine can be used as alternative treatment options.

**Methods** Retrospective review of patient notes and electronic patient records, for those patients who have completed treatment for Acute Lymphoblastic Leukaemia in the UKALL2008 protocol at the Royal Marsden Hospital.

**Results** 164 patients were commenced on co-trimoxazole, and one was commenced on dapsone. 22 (13.4%) of patients did not tolerate co-trimoxazole, with 20 cases of intolerance secondary to cytopenia.

Of the 22 patients who discontinued co-trimoxazole, 20 patients (87%) have documentation of G6PD status being investigated, all of whom were negative for G6PD deficiency.

The first 5 patients to require 2nd line therapy were commenced on pentamidine, with ‘cytopenia’ cited as the cause of co-trimoxazole intolerance for all of these patients. One patient was subsequently changed onto dapsone.

17 patients were commenced on dapsone as 2nd line therapy for PCP prophylaxis, with ‘cytopenia’ cited as the cause of co-trimoxazole intolerance in 15 patients.

5 of the 17 patients who were commenced on dapsone as 2nd line treatment, did not tolerate dapsone. Of these five patients, one had persistent neutropenia, two developed methaemoglobinemia, and two developed dapsone syndrome.

Only one of 165 patients was suspected of developing pneumocystis pneumonia, and retrospectively this patient was found to be non-compliant with co-trimoxazole.

**Conclusions** Current PCP prophylaxis treatments are effective, and for the majority of patients, co-trimoxazole is well tolerated.

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**LATE EFFECTS IN SURVIVORS OF INFANT LEUKEMIA IN SINGLE CENTER**

1S Ansari, 1A Shir Ali, 2S Zaie, 2P Vossough. 1Tehran University of Medical Sciences; 2Shahid Beheshti University of Medical Sciences, Tehran, Iran

**Background** Acute lymphoblastic leukemia (ALL) is the most common childhood malignancy, accounting for 30% of all cancers occurring in childhood. Long-term sequel of treatment are now being reported. Children who survive acute lymphoblastic leukemia are at risk for leukemia-related or treatment-related complications.

**Methods** In this study we evaluated 66 patients with ALL who have survived for more than 5 years after diagnosis. Long-term sequel of treatment, such as impaired intellectual and psychomotor functioning, neuroendocrine abnormalities, impaired reproductive capacity, cardio toxicity, and second malignant neoplasm’s, are being reported.

**Results** of the 66 patients, 43 cases were male and 23 female. Mean age was 14.5 ± 4.36 (range 10–25 years). 42 patients received chemotherapy alone, 24 patients who received chemotherapy and CNS radiation therapy. Short height 33/3%, over weight 50%, low bone density 53%, learning disabilities 6/1%, hyperthyroidism 1/5%, sexual development (pubertal delay) 7/6%, over weight are more common in children who get chemotherapy without radiotherapy.

31/8% of patients don’t have late effects. 30/3% had at least one late side effect. These results indicate that late sequelae are common in long term survivors of infant leukemia and are often related to CRT the most common problem are short stature and over weight.

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**EXCESSIVE MENSTRUAL BLEEDING IS A RISK FACTOR OF ANEMIA IN ADOLESCENT SCHOOLGIRLS**

1I Tarasova, V Chernov. Child Hematology and Oncology, Federal Research Center of Pediatric Hematology, Oncology, and Immunology named after Dmitry Rogachev, Moscow, Russia

**Background and Aims** Adolescents form a group at risk of iron deficiency development. An additional factor leading to depletion of iron stores in adolescent girls is blood loss during menstrual bleeding.

**Methods** A cross-sectional nonrandomized descriptive study was carried out in order to evaluate the incidence of dysfunctional uterine bleeding (DUB) in adolescent girls and detect the relationship between menstrual blood loss and anemia, in order to develop measures to improve the health status of adolescents. The study was carried out within the routine health examination of schoolchildren in Vologda. A total of 1340 girls aged 10–18 years (mean age 15.9 ± 1.64 years) were selected at random. The menstrual function was studied in 883 girls aged 11–18 years (mean age 15.4 ± 0.4 years) by the data of questionnaires and results of gynecological examinations.

**Results** The prevalence of anemia (Hb less than 120 g/l) in all examined girls of Vologda was 10.7% (n = 143), in adolescent girls with menarche - 10.5% (n = 93). The age of menarche varied from 10 to 16 years (mean age 12.5 ± 0.03 years). DUB were detected in 54 (6.2%) girls. Anemia was detected in 11 (20.4%) girls with DUB. Of the menstrual characteristics excessively heavy menstrual bleeding was the only risk factor for anemia (OR = 0.43, 95% CI = 0.22–0.87, p = 0.0348).

**Conclusions** Menstrual iron loss is the main risk factor for iron deficiency development, and hence, in order to detect the causes of anemia in females of reproductive age the complete anamnesis on the pattern of menstruation should be collected.