## RETURN TO FLY AFTER ANAPLASTIC LARGE CELL LYMPHOMA: A CASE REPORT

RETOUR À LA MOUCHE APRÈS ANAPLASIQUE LYMPHOME À GRANDES CELLULES: UN RAPPORT DE CAS

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Background: Non-Hodgkin's Lymphomas are treated individually certification purposes. An assessment of incapacitation risk can be undertaken when full clinical details are known. Known prognostic factors at presentation such as age, stage, number of extranodal sites involved and performance status, related to mobility impairment, and full oncology report should be obtained. Medical certification is possible if remission is sustained for a minimum of one year after chemotherapy.

Case Report: A 53-year-old commercial pilot developed prolonged fever with dyspepsia. His initial work up included a CT scan, which showed abnormal retroperitoneal and left diaphragmatic lymphadenopathy. Intra-abdominal lymph node core biopsy and fine needle aspiration biopsy showed malignant round cell neoplasm--Anaplastic Large Cell Lymphoma-ALCL stage 2 was diagnosed. He was treated with chemotherapy (CHOP regimen x 6 cycles) last in 24 February 2016. Re-evaluation was done after 4th cycle. CT of whole abdomen showed resolution of retroperitoneal lymphadenopathy and left diaphragmatic lymph nodes, and he was followed up every 2-3 months. 18F-FDG PET with non-diagnostic CT studies performed on 31 January 2017 showed no hypermetabolic intra-abdominal lymph node, and uptake in bone marrow was unremarkable. The patient's condition improved, and returned to flying duties Class 1 OML

Discussion: Possible medical certification for Non-Hodgkin's Lymphoma needs a case-bycase discussion on the evaluation of incapacitation risk. Any central nervous system involvement would be permanently disqualifying.

Conclusion: The demonstration of cured disease with no distracting discomfort and a satisfactory low risk of sudden incapacitation should be the criteria used to confirm fitness to return to duties.

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