

been significant prognostic factors for survival. 5-y RFS in pts who received RT was 51% and in pts treated with CT alone was 32% ($p=0.0767$). RT appeared to improve survival in pts who did not received full CT course, without CR and in pts with low and intermediate IPI risk categories.

Conclusions: In pts with advanced high grade NHL we obtained 45,7% 5yOS and 38,4% 5-y RFS. In patients irradiated post CT 5-y RFS was 51%. RT improves survival in selected pts categories.

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POSTER

Evolution of lymphocytopenia prognostic value in advanced Hodgkin's disease: a single-center experience.

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Background: Lymphocytopenia (lymphocyte count $<600/\text{mm}^3$ or $<8\%$ of WBC, or both) is one of seven factors combined into a prognostic score according to International Prognostic Factors Project. In attempt to separate a distinct group of patients with advanced Hodgkin's disease (HD) at very high risk of early progression, we retrospectively evaluated 1070 patients with stage III-IV and/or bulky and/or B-symptoms HD, referred to our Department between 1976 and 2000.

Methods: In order to analyze the incidence and significance of lymphocytopenia (LP) for clinical outcome the patients were divided into three subgroups according to one of three LP criteria: decrease of both absolute and relative counts (gr. 1, 32 patients); only relative LP (gr. 2, 43 patients); only absolute LP (gr. 3, 28 patients). All patients were treated with at least six courses of chemotherapy (COPP alone until 1988 in 597 patients; alternating or hybrid COPP/ABVD since 1989 in 474 patients) with or without radiotherapy. Clinical outcome in terms of freedom from progression (FFP) and overall survival (OS) were compared between the three groups. All patients were followed until death or at least for two years.

Results: The distribution of LP incidences was similar within the two historical series; the three groups accounted for 3%, 5% and 2% of total study population, respectively. There were at least 50% overlaps with other prognostic factors in each group, forming characteristic clusters: in gr. 1 - Hb < 10.5 g/dl was found in 50-70% of cases; in gr. 2 60-80% of patients were males with WBC $> 15.0/\text{mm}^3$; gr. 3 was presented by patients of age > 45 years (43%), males (43%), with Hb < 10.5 g/dl (50%). Still the treatment outcome during first decade was similar in all three groups (FFP at 2 years was 30%, 5 year OS was 50%) and during second decade the outcome in gr. 1 did not improved. Meantime the outcome in patients of gr. 2 and gr. 3 was clearly improved during the second decade (FFP at 2 years 78% vs 36% and 100% vs 33%, respectively; 5 year OS 83% vs 51% and 100% vs. 50%, respectively).

Conclusions: Combination of absolute and relative lymphocytopenia appears to be strong factor of adverse prognosis deserving further attention.

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POSTER

The role of hepatitis C virus (HCV) treatment in HCV-related B-cell non-Hodgkin's lymphoma (NHL)

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We have previously shown an epidemiological link between HCV infection and B-cell NHL in our geographical area. Indeed, some biological observations so far may indirectly suggest a link between virus and lymphomagenesis, such as the ability of lymphomatous cells to bind viral E2 envelope protein. Furthermore, recently, antiviral therapy against HCV revealed to be efficacious also against HCV-related splenic lymphoma with villous lymphocytes. In January 2001 we planned to test the effect of anti-HCV therapy on indolent low grade B-cell lymphoma (according to REAL classification) both at diagnosis and at relapse. Patients were requested to have well measurable nodal or extranodal disease, during the study no chemotherapy was allowed. Treatment consisted of pegylated alpha-interferon 50 microgram once a week and daily ribavirin 1 gr a day. Up to now, among the 5 patients entered the study. Three patients are evaluable. The first patient was enrolled in January 2001 while showing marginal zone nodal lymphoma that interested preauricular and mammary lymph nodes together with bone marrow localization (40%). She was born in 1959. Since 5 years before she was affected by chronic viral C hepatitis with minimal activity (bioptic diagnosis), genotype 2a/2c. She began the treatment while showing an HCV viral load of 17820000 E_q/ml. During treatment lymph nodes disappeared and after 6 months bone marrow localization showed a decrease of 50% (good partial response), at the same

time viral load disappeared. The second patient, enrolled in August 2001, showed a nodal relapse after one and half year of a previous marginal zone mucosa associated lymphoma of the palatum. The relapse concerned numerous retroperitoneal nodes with a maximum diameter of 2,5 cm and bone marrow. The patient was affected by chronic active viral C hepatitis from 1993 with about a 3-time increase of transaminases. After 6 month of treatment viral load was decreased of about 3 logs, marrow involvement disappeared such as retroperitoneal involvement (complete remission). The patient experienced grade III toxicity for platelet and white blood cells, which improved with reduction of dosage. The third patient partially evaluable is a woman 72 years old, affected by chronic viral C hepatitis (genotype 2a; ALT and AST in normal range) that showed in December 2002 the third relapse of follicular cutaneous lymphoma so she also underwent PEG-Intron and ribavirin. Now is under treatment with a decrease of cutaneous lesions. This experience proves that efficacious antiviral treatment in HCV related indolent lymphoma might modify the course of the lymphoma.

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POSTER

Dexamethasone, etoposide, ifosfamide, and cisplatin (DVIP) as salvage therapy in low-grade Non Hodgkin's lymphoma (NHL), following prior anthracycline containing therapy

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Introduction: The combination of dexamethasone, etoposide, ifosfamide, and cisplatin (DVIP) was shown to be active in histologically aggressive NHL following prior therapy that included doxorubicin (Haim et al. Cancer 80:1989, 1997). We, therefore, evaluated DVIP as a salvage chemotherapy following prior anthracycline containing therapy in patients with low-grade NHL.

Patients and Methods: Original DVIP consisted of dexamethasone 20mg x 2, days 1-4, etoposide 75mg/m², days 1-4, ifosfamide 1200mg/m², days 1-4, and cisplatin 20mg/m², days 1-4. All drugs were given IV, and cycles were repeated every 3 weeks. Initial drug doses were reduced according to standard criteria and ranged between 10%-100%, median 60%. Between May 1990 and June 2002, 44 patients (23 males and 21 females, age: 29-84, median age 61 years), with histologically confirmed low-grade NHL were treated with DVIP at our center. The most common histological subtype was follicular small cleaved (Working Formulation), (20 patients, 45%). Prior therapy included two or more combinations in 32 patients (73%), WHO performance status was grade 2 or more in 27 patients (61%), serum LDH was elevated in 18 patients (41%). Eighteen (41%) had B symptoms and 8 patients (18%) had bulky disease.

Results: All patients were evaluable for toxicity, and 42 were evaluable for response. Partial response (PR) was achieved in 14 patients (33%), and complete response (CR) in 13 patients (31%) (overall response rate 64%). Complete response rate was higher among patients who had achieved CR with prior therapy compared to those who had not achieved CR (11/26, 42% vs. 2/18, 11%). Median survival time was 12 months for the entire group and 114 months for complete responders.

The main toxicity of DVIP was myelosuppression. Grade 4 leukopenia was noted in 9 patients (20%), grade 4 thrombocytopenia was in 3 patients (7%), and grade 4 anemia was in 3 patients (7%). Neutropenic fever that required IV antibiotics developed in 8 patients (18%) and in 8/186 cycles (4%). Red blood cell transfusion was required in 7 patients (16%) in 11 cycles (6%). Due to myelosuppression further dose reductions were required in most patients. Non-hematological toxicity was moderate. There were no drug related deaths.

Conclusions: DVIP is active regimen in low-grade NHL following prior anthracycline-containing chemotherapy, and might induce durable remissions.

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POSTER

Analyses of percentage CD23 cell membrane molecule expressed in ratio to the immunoglobulines concentration in B-CLL.

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Background: B-CLL is a malignancy characterized by accumulation of terminally differentiated B cells. However, with increasing number of peripheral lymphocyte number (PBL) and advance stage of disease, usually