6034 POSTER

Whole abdomino-pelvic radiotherapy (WART) with curative intent in the management of patients with stage I–II mesenteric follicular lymphoma (FL)

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Background: Involved-field radiotherapy provides long-term disease-free survival in ~40% of patients with stage I-II FL, but many clinicians are hesitant to recommend this therapy for patients with mesenteric involvement due to concerns over potential acute and late toxicity. We therefore report our experience using WART with curative intent in patients with FL involving mesenteric lymph nodes.
Methods: Eligible patients had stage I-II, grade 1−2 (or low-grade) FL involving the mesentery. WART was delivered in 1.5 Gy fractions to the whole abdomen/pelvis to 24 Gy, with shielding designed to limit kidney and liver doses to 15 & 18 Gy, respectively. Technique then generally changed to an inverted-Y or para-aortic strip to 30 Gy. Some patients received a further boost to 36 Gy for larger nodal masses.
Results: 20 eligible patients were identified from 1995–2006. Median age was 61 years (range 43−76). All but 4 patients received chemotherapy prior to WART, the most common regimen being cyclophosphamide, vincristine & prednisone.
At a median follow-up of 47 months (range 3–134), 4 patients had progressed (at 3, 4, 16 and 33 months), 3 of which occurred both within and outside the radiation field. The majority of patients (12 of 16) who had initial chemotherapy had a partial response prior to commencing WART. 16 patients achieved a complete response (CR) after WART. All 12 patients who had restaging PET after WART achieved a CR, 11 of whom remain progression-free. 5-year actuarial freedom from progression was 76% (±11%). 5-year actuarial overall survival was 89% (±8%).
All patients completed WART, which was generally well tolerated acutely, with lethargy and mild/moderate diarrhoea and nausea being the most common acute toxicities. 2 patients required treatment breaks due to acute gastro-intestinal (GI) toxicity. 4 patients had grade 3 haematologic toxicity, while no patients had grade 4 or higher toxicity. 1 patient who is disease-free at 10 months has ongoing intermittent GI symptoms (grade 2 nausea, grade 1 vomiting & diarrhoea) despite normal investigations. There are no reports of late renal toxicity or myelodysplastic syndrome.
Conclusions: WART can be safely and effectively delivered. Results of treatment are consistent with those reported for FL involving non-mesenteric sites. It may be curative in some patients with stage I-II FL involving the mesentery.

6035 POSTER

Small bowel lymphomas – a five year retrospective study from the developing world

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Introduction: We have evaluated 197 GI lymphomas from 2001 and 2006 and specifically looked at the small bowel lymphomas.
Aims and Methods: the inpatient and outpatient records of 33 small bowel lymphomas were included and analysis was done in various aspects such as clinical presentation, mode of treatment, diagnosis, their relapse and remission rate.
Results: There were 30[90%] males and 3[9%] females. 88% were within 60 years of age with a mean age of 38 yrs, 50% percentage fall within in 2nd and 4th decade. 96% were B cell lymphoma and 1 (3%) was T cell lymphoma. Among B cell lymphoma 66% were diffuse large cell, 9% were Burkitt's, 18% were MALT and 3% were T cell lymphomas. 27 (81%) patients underwent laprotomy for the diagnosis as they primarily presented with bowel symptoms and in the rest the diagnosis was made by either colonoscopy ileal biopsy or trucut biopsy of the exophytic mass. 4 (12%) had peritonitis at presentation, 2 (6%) had enterocutaneous fistulae. 60% of them had abdominal mass and pain. Only 3 (9%) had anemia at presentation and 2 (6%) had renal transplantation. All of them had small bowel resection except two who had right hemi colectomy. 10 (30%) were lost to follow up. Among 23 patients 3 (9%) died in the postoperative period due to sepsis and DIC, 2 (6%) died of neutropenia due to chemo, the rest had received chemotherapy. Primary chemo used is CHOP as first line. 5 (15%) had relapsed at 62 months follow up. 3 (60%) recurrences were seen in MALT group. High LDH at the time of follow up is a strong predictor of recurrence. The site of recurrence was seen in intestine, nodal, and liver. At the median follow up of 3−5 years (range 1−5), 15 (65%) are alive and well.
Conclusion: Small intestinal lymphoma is not unusual in developing countries, males are the majority, 2nd and 4th decade has more common incidence. LDH is not high at the time of initial diagnosis but raised at the time of recurrence. MALT lymphoma has more incidence of recurrence and the overall prognosis is good.

6036 POSTER

Low dose thalidomide as maintenance in multiple myeloma

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Background: Autologous hematopoietic stem cell transplantation (ASCT) following chemotherapy improves survival and decrease relapse rate in patients with multiple myeloma. However, patients not eligible for ASCT relapse earlier demanding search for new treatment modalities.
Aim: was to evaluate the effect of low dose thalidomide as a maintenance treatment in patient with first complete remission not candidate for autologous bone marrow transplantation, and its effect on disease free survival.
Patients: the study was carried out on 102 patients randomized in two groups, group I (44 patients) and group II (48 patients). Group I received 50 mg thalidomide daily, and group II did not receive any maintenance treatment.
Results: the follow up period was 40 months, median age for group I was 62 years and 64 years for group II. Males to females ratio was 3:1 for both groups. Regarding types of myeloma; IgG kappa myloma represent 70% in group I and 75% in group II, IgG lambda 20% and 19% in group I and II respectively. Out of 44 patients in group I, only 12 patients relapsed during follow up period, 9 of them died, while 40 patients relapsed from group II, 26 of them died with a significant difference between both groups (P?0.01).
Conclusion: from the present study we concluded that maintenance with low dose thalidomide may show beneficial results over those without maintenance treatment in preventing relapse. However, further studies must be done to compare low dose thalidomide and ABMT following CR.

Lung Cancer

Oral presentations (Tue, 25 Sep, 09.00−11.00) **Lung cancer (1)**

6500 ORAL

Randomized phase II trial using concomitant chemoradiation plus induction (I) or consolidation (C) chemotherapy (CT) for unresectable stage III non-small cell lung cancer (NSCLC) patients (pts). Mature results of the SLCG 0008 study

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Background: Neither the optimal sequence of treatment nor the best combination CT is yet well-defined in pts receiving concomitant therapy.
Methods: Patients with unresectable stage III NSCLC with IK > 70 and weight loss <5% were initially randomized to sequential treatment (arm A), concurrent CT/TRT followed by consolidation (C) CT (arm B) or induction (I) CT followed by CT/TRT (arm C). Based on RTOG 9410 results, arm A was closed and the study continues with two concomitant arms (B, C). All pts receive 2 cycles of Docetaxel (D) 40 mg/m^2 d1, 8 plus Gemcitabine (G) 1200 mg/m^2 d1, 8 as I or C therapy. Concomitant treatment includes D 20 mg/m^2 and carboplatin (Cb) AUC 2 weekly plus 60 Gy TRT.
Results: From May 2001 to June 2006, 151 pts were included (A: 19, B: 66, C: 66). Due to the early closing of arm A, only data of evaluable