

growth. Besides hyposthesia of the left arm and shoulder, she had no other symptoms. The laboratory studies were normal and the biopsy of the mass revealed an eosinophilic granuloma, CD1a and S100 +. The CT scan of the thorax showed a mass in the anterior mediastinum and the bone scan revealed involvement of the sternum. It was considered as a Single System LCH and the pt began therapy with prednisone. After 6 weeks, the CT showed progression. It was decided to submit the pt to Chemotherapy (ChT) according the protocol of the Histiocyte Society (HS) LCH2 study. She completed 6 cycles with partial response and resolution of the symptoms. At this time, she had leukocytosis and eosinophilia. The bone marrow biopsy was normal and it was decided to complement treatment with local Radiotherapy. At the end of RT the blood count was normal and since she had no HLA-matched donor she was kept with no other treatment. Two months later, she initiated a lumbar pain and B symptoms. The CT showed multiple lumbar adenopathies, where biopsies were performed. The biopsies were inconclusive. Progression of LCH was assumed and salvage ChT according the protocol of the HS was initiated. After 2 cycles the pain persisted with increased intensity. A PET scan revealed multiple bone, nodal and splenic lesions and ALTC was diagnosed on a bone marrow biopsy. She began ChT with ICE plus alemtuzumab. Once again the symptoms resolved, but persistent pancytopenia lead to suspension of treatment after 4 cycles, despite dose reduction. The pt died 5 months later with progressive disease. This case is other example of the association of LCH and another lymphoid neoplasia and illustrates how important it is to repeat biopsies whenever disease progression is suspected.

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Education and psychosocial adaptation of multiple myeloma patients

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Introduction: The essence of multiple myeloma (mm) patient's education is in providing specific knowledge about disease and treatment, and in giving psychosocial support. Informed and educated patients are able to save self-esteem, to establish good relationship with social environment and to achieve better social participation. The aim of this study was to investigate the impact of the education on mm patient's self-image and the impact of the education on mm patient-social environment relationship.

Patients and methods: 64 (38 women and 26 men, age 32-75 yrs) mm patients entered the study experimental group (E, n=32) and control group (K, n=32), all matched regarding age and educational level. The patients of E group differed in regard to their previous education; this group underwent the Greek Educational Programme "Learning to live with multiple myeloma" over 3 months. Both groups answered questionnaire specifically designed to assess self-image of mm patients and relationship with social environment.

Results: The education significantly improved self-image in E group when compared to K group (P 0.02).

Conclusions: The education has important contribution in establishing selfmanagement approach in which patients assume responsibility for their behavior, for changing their environment, and for planning their future. For successful multiple myeloma patients' psychosocial adaptation and social participation, it is necessary that the whole society provides more resources for psychosocial support.

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Assessment of receptor activator of nuclear factor kappa B ligand (RANKL) and osteoprotegerin (OPG) in lymphoma patients

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Background: Receptor activator of nuclear factor B ligand (RANKL), also Known as, is a type two transmembrane protein that belongs to the TNF superfamily. Recent studies showed expression of RANKL in Hodgkin's Lymphoma and follicular non Hodgkin's Lymphoma and an antiapoptotic role for this factor has been postulated. The aim of this study was to assess the RANKL and Osteoprotegerin (OPG) in patients with lymphoma, and its role in relation to prognostic factors.

Subjects and methods: The study was carried out on the following group of patients: 15 patients with Hodgkin disease, 30 patients with Non-Hodgkin lymphoma, 15 healthy subjects matching age and sex as patients group. RANKL and OPG in serum by ELISA was measured in all patients and control groups.

Results: RANKL was higher among Hodgkin group compared to control group with highly significant difference inbetween both groups as regard RANKL (p<0.01), Hepatosplenic infiltration was more common among patients with Hodgkin disease and high RANKL. Positive correlation between RANKL and adverse prognostic parameters (LDH, advanced stage, number of extranodal site, ESR). Positive correlation was found between ESR, ALP, GGT, stage of Hodgkin and RANKL. As regard patients with Non-Hodgkin lymphoma we found that: RANKL was higher among non-Hodgkin group compared to control group (p<0.05). No significant correlation between RANKL and grade (low, intermediate and high). OPG results were insignificantly different among the studied groups.

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High dose methotrexate followed by temozolomide plus concomitant radiation therapy in patients with newly diagnosed primary central nervous system Lymphoma: Preliminary results of a phase I dose escalation study

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Background: A phase I trial was designed to determine the maximum tolerated dose (MTD) of concurrent Temozolomide (TMZ) to radiotherapy (RT) after high dose of Metotrexate (MTX-HD) in newly diagnosed of Primary Central Nervous System Lymphoma (PCNSL). Materials: Patient eligibility criteria were age >18 yrs, pathologically proven PCNSL and informed consent form. After MTX-HD schedule, patients received radiotherapy concomitantly to escalating dosages of TMZ (50-60-75 mg/mq/die for 5 days/week). Radiotherapy treatment was conformed on two different clinical target volume (CTV) delivered in sequence: CTV2 comprised whole brain plus leptomeninges until C2; (30 Gy-2 Gy/die) while CTV1 was the initial site of disease plus residual mass if present. The dose to CTV1 was prescribed according to response obtained by MTX-HD (6Gy if complete, 10Gy if partial, 16Gy if progression disease). Dose-limiting toxicity (DLT) was any grade >4 acute hematological toxicity (RTOG score) or any grade >3 acute hepatic toxicity. The MTD would be exceeded if 2 of 6 patients in a cohort experienced DLT.