Results: Characteristics of 6 enrolled Eypatients were: M/F: 3/3; median age: 56 yrs (range 54–73); 4/6 patients received two cycles of MTX-HD, 2/6 only one cycle because of hepatic and renal toxicity. Three out of six patients received TMZ at the dose of 50 mg/mq/die and 3/6 at the dose of 60 mg/mq/die. All patients completed RT-CT without interruptions. Only one patient presented grade-2 treatment related acute haematological toxicity. Median follow-up was 11.5 months (range 5–30). No patient experienced MTD.
Conclusion: RTCT with concomitant TMZ at a dose of 60 mg/mq/die is well tolerated; further dose escalation is ongoing to define MTD before prospective phase II study.

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High frequency and prognostic importance of autoimmune hemolytic anemia in splenic marginal zone lymphoma

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Background: Splenic marginal zone lymphoma is a rare disease, accounting for 1% of all lymphomas. The main disease features are splenomegaly, lymphocytosis and cytopenias. Autoimmune phenomena have been reported to be present in 9 to 20% of the patients. SMZL generally has an indolent clinical course with a 5-year survival rate of 65–72%.
Methods: Between May, 2000 and May, 2009, 23 patients were diagnosed with SMZL at our department. One of these patients has SMZL and hairy cell leukemia derived from two different neoplastic clones.
Results: Based on the prognostic model developed by Intergruppo Italiano Linfomi 26% (6/23) of our patients had good, 39% (9/23) had intermediate and 35% (8/23) had a poor prognosis. The presence of two out of three prognostic factors (anemia, elevated LDH, low serum albumin) assignes the patient into the high risk category. All patients had a serum albumin level within the healthy reference range. We have observed the presence of autoimmune hemolytic anemia (AIHA) according to immunhematological features in 10 out of 23 patients (43%). Six out of 10 cases were complicated by clinically important AIHA, and four of them died 5–28 months after the diagnosis. The median follow-up time of those 15 patients (65%) who are still alive is longer than 54 months (8–118). Only one patient had autoimmune thrombocytopenia.
Conclusions: In SMZL patients with clinically important hemolysis, the outcome seems to be especially poor. Direct antiglobulin test (DAT) positivity itself, without clinically important hemolysis does not influence outcome, these patients became DAT negative following splenectomy. For patients with SMZL with or without AIHA, splenectomy is of utmost importance. The prognostic effect of rituximab remains to be evaluated.

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Significant reduction of second breast cancer risk in patients treated with involved nodes radiation therapy for early stage Hodgkin's lymphoma

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Aim: To evaluate the impact of Involved Nodes Radiation Therapy (INRT) in comparison with Involved Fields Radiation Therapy (IFRT), and of low-dose INRT in comparison with standard-dose INRT, on individualized breast cancer (BC) risk in patients enrolled by our Institution in the EORTC-GELA-IIL H10 trial for stage I–II supra-diaphragmatic Hodgkin's Lymphoma (HL).
Materials and Methods: Ten HL female patients under 30 yrs old (with mediastinal involvement) were treated with INRT 30 Gy. Two additive RT plans were then constructed for comparison: IFRT 30 Gy and INRT 20 Gy. IFRT volumes were defined according to standard guidelines, while INRT volumes according to H10 trial guidelines. Breast-specific differential Dose Volume Histograms (DVHs) were generated, estimating mean bilateral breast dose and volumes receiving 5 (V5), 10 (V10), 15 (V15) and 20 Gy (V20). DVHs data were then incorporated into a cell initiation/inactivation/proliferation risk-model in order to estimate Excess Relative Risk (ERR) of radiation-induced BC at 20 years.
Results: Compared with IFRT30, INRT30 and INRT20 reduced mean breast dose by 57 and 71%; a similar reduction was shown for V5 (61 and 68%), V10 (60 and 81%), V15 (59 and 81%) and V20 (71 and 80%). When comparing mean ERR associated to IFRT30 (considered as reference) with INRT30 and then with INRT20, a reduction by 55% and by 69% was respectively estimated.
Discussion: Radiation-induced breast cancer is a major issue when treating young patients with combined modality treatment for HL. Our data show an important reduction of breast volumes receiving low, intermediate and high doses when INRT is employed; this reduction translates very well in a significant reduction of BC induction probability. A further reduction is possible when doses as low as 20 Gy are employed. Mini-radiotherapy approach after chemotherapy has to be prospectively validated, but preliminary findings suggest a minimal increase of BC risk.

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Bendamustine in relapsed or refractory indolent lymphoproliferative disorders: A single centre experience

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Bendamustine, an alkylating agent with a unique mode of action has shown considerable activity in lymphoid malignancies, both as monotherapy and in combination with Rituximab. We treated 16 patients with relapsed/refractory indolent lymphoproliferative disorders (6 follicular lymphoma, 6 chronic lymphatic leukaemia, 2 small lymphocytic leukaemia, 2 mantle cell lymphoma) with Bendamustine monotherapy and in combination with Rituximab on a compassionate use programme from December 2008 to January 2010. The median age of patients was 70 years (range 53–87) and had previously received a median of