

3 chemotherapy regimen (range 2–6). 11 of 12 evaluable patients have responded (2 complete response, 4 very good partial response, 5 partial response) corresponding to an overall response rate of 91.6%. Myelosuppression was the major toxicity, however only 3 episodes of inpatient admission for neutropenic sepsis were seen with a total of 62 completed courses. We conclude that Bendamustine as monotherapy or in combination with Rituximab is a highly active regimen in the treatment of low grade lymphoproliferative disorders.

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Chemotherapy with short-term hyperglycemia in the treatment of refractory non-Hodgkin's lymphomas

Z. Olimova*, S. Navruzov, D. Pulatov, D. Abdurakhmanov, K. Tuydjanova. National Research Center of Oncology, Medical Oncology Department, Tashkent, Uzbekistan

Background: the aim of this study was to improve survival of patients with refractory non-Hodgkin's lymphomas. It is stated that under hyperglycemia antitumor effect of chemotherapeutic agents is considerably increased.

Patients and methods: One hundred thirty five eligible patients with refractory, follicular low-grade Non-Hodgkin's Lymphomas were treated using chemotherapy with short-term hyperglycemia. Patients were divided in two groups. First group – 75 patients received 6 course CHOEP+hyperglycemia, second group – 60 patients received 6 course of CHOEP regimen. Hyperglycemia is carried out by injections of 20% solution of glucose in quantity 1200 ml. Chemotherapeutic agents dissolved and entered into each bottle of glucose (400 ml), infusion of glucose is spent at the rate of 140–170 drops to a minute. Insulin is not entered into glucose solution.

Results: Best documented response in first group (75 patients) assessable patients were 22 of 75 (29.3%) complete remission, 33 of 75 (44%) partial remission, and 14 of 75 (18.6%) disease progressions. Six patients died of probable treatment-related causes. With a median follow-up of 58, the 5-year overall survival is 30%. Ten of 30 patients (33.3%) are currently alive and well. In second group (60 patients) were 12 of 60 (20%) complete remission, 20 of 60 (33.3%) partial remission, and 18 of 60 (30%) disease progressions. Ten patients died of probable-treatment related causes. With a median follow-up of 43, the 5-year overall survival is 21%. 6 of patients are currently alive and well.

Conclusions: regimen CHOEP+hyperglycemia are more effective, than the regimen CHOEP. Short-term hyperglycemia does not strengthen side-effects of anticancer agents.

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Clinical pattern of primary central nervous system lymphoma in a developing country

G. Narayanan^{1*}, K. Rajasekharan¹, K. Nair¹, N. Sreejith¹, K. Ratheesan². ¹Regional Cancer Centre, Department of Medical Oncology, Trivandrum, India, ²Regional Cancer Centre, Department of Radiation Oncology, Trivandrum, India

Primary CNS lymphoma is a rare entity. We wish to present our experience with this rare tumor.

Aim: To study the pattern of presentation and treatment results of Primary CNS Lymphoma from a single institute in a developing country.

Material & Methods: Thirty patients with a diagnosis of Primary CNS lymphoma were treated at Regional Cancer Centre, Trivandrum, India during the period 2000–2007. The case records of these patients were studied in detail with respect to their presentation, treatment and survival.

Results: Of the 30 patients, there were 18 males and 12 females. Their age ranged from 26 years to 76 yrs with

a median age of 50 years. The main presentation was with features of raised intracranial tension and hemiparesis. The symptoms were present for a median period of 3 months. The pathologic subtype was predominantly Diffuse large B cell NHL in 26 patients and Burkitt in 3 cases and diffuse small cell in 1. The main sites of involvement were frontal lobe, parietal lobe, frontoparietal temporal lobe, cerebellum and thalamus. Sixteen patients had undergone decompression. Fifteen patients received chemotherapy, of which 9 received single agent High dose Methotrexate, 5 patients received De Angeles protocol. Radiotherapy was given in 23 patients and the dose ranged from 45–55 Gy. At 2 years 10 patients were alive disease free and the longest survival was 100 months.

Conclusions: Primary CNS lymphoma a rare tumor is mostly diffuse large B cell subtype and requires multimodality treatment for disease free survival.

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Efficacy of new short-term high intensive protocol BL-M-04 for adult patients with Burkitt lymphoma

E. Baryakh^{1*}, S. Kravchenko¹, E. Zvonkov¹, A. Kremenetskaya¹, T. Obuhova¹, J. Popova¹, G. Klyasova¹, I. Kaplanskaya¹, A. Vorob¹. ¹Hematology Scientific Center Russian Academy of Medical Science, Hematology and Intensive Care Department, Moscow, Russia

Burkitt lymphoma (BL) is the most aggressive B-cell lymphoid neoplasm, whose growth fraction approximates 100%, with specific chromosomal abnormalities (t(8;14)(q24;q32), rarely – t(2;8)(p12;q32), t(8;22)(q24;q11)). BL is one of the most chemosensitive lymphoid neoplasm. High intensive short-term alternating multiagent chemotherapy regimens are most effective in patients with BL. The major goal of our protocol was greater efficacy due to its intensification and shorter treatment duration. 44 previously untreated patients with BL were eligible for our study (they had specific translocations involving chromosome 8. 30 males and 14 females, mean age 29 years (15–62) participated in the study between August 2003 and December 2009. The treatment was based on high intensive protocol BL-M-04. Stage I, II, III, IV, B-acute lymphoblastic leukemia (L3) were diagnosed in 3, 5, 14, 6 and 16 patients respectively. The new treatment protocol is based on the modified NHL-BFM protocol for high risk patients with a reduced dose of methotrexate from 5 g/m² to 1.5 g/m². We decided to treat patients with BL in 4 courses of chemotherapy (2 induction and 2 consolidation) irrespective of the initial tumor mass. As BL is most sensitive to high dose methotrexate and cytarabine, we used these drugs in the induction phase to achieve to maximize the cytoreductive effect. Courses A and C were used to achieve remission. Doxorubicin was added to course A, and methotrexate to course C. Consolidation courses were similar to induction courses. Hence, we used A and C courses (without course B), intensified with course B drugs, the interval between the courses being 21 days. 40 patients (91%) achieved a complete remission (CR). 38 are alive in the first CR during 36 months (median 2–72 months). Six patients died: 2 patients died due to early relapse, 3 – chemotherapy related complication, 1 – progression. The 5-year disease-free survival was 95% with an overall survival of 86%.

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Emotional adjustment and outcome in advanced non Hodgkin lymphoma patients

P. Heras*, A. Hatzopoulos, M. Mihas, M. Hera, M. Mantzioros. Hellenic Medical Society for the Study of Psychosomatic Problems, Athens, Greece

The aim of this study was to examine the relationship between coping style and emotional adjustment in advanced non hodgkin lymphoma (NHL) patients.