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# THE ROLE OF INTERFERON ALFA 2b (IFN) AS MAINTENANCE THERAPY IN PATIENTS WITH LOW-GRADE MALIGNANT LYMPHOMA

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This report focuses in the therapeutic role of IFN in a prospective randomized trial evaluating the effectiveness of IFN as maintenance therapy in patients with LGML on complete remission (CR) after chemotherapy with two cycles of CEOP-Bleo (Cyclophosphamide, vincristine, epirubicin, prednisone and bleomycin) following for 6 cycles of CVP-Bleo (CEOP without epirubicine).

Fifty patients were randomly assigned to a regimen of IFN 5.0 MU three times a week for one year or nothing (control group).

The regimen including IFN has a greater effect in prolonging the duration of CR : 63 months versus 43 months in the control group ( $p < .001$ ). IFN also has a greater effect on survival, because patients who received IFN had a median survival of 83 months compared to 61 months on the control group ( $p < .01$ ). Toxicity was mild and no modifications on dose was recorded.

We felt that IFN used as maintenance therapy in patients with LGML is a effective antitumor agent with improvement in duration of CR and survival without excessive risks to the patient.

The use of IFN in patients with LGML has been proved to be effective and the present study confirms the early results.

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# PROMACE-MOPP IN ADVANCED AGGRESSIVE NON-HODGKIN'S LYMPHOMA

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PROMACE-MOPP (PM) is a modified second generation combination chemotherapy program (Longo et al JCO 9:25, 1991). We administered PM to 31 unselected and previously untreated patients (pts) with advanced intermediate and high grade non-Hodgkin's lymphoma. Median age was 54 (range 19 - 80). Stage: IV-10, III-7, II-12, IE-2. B symptoms-11. Complete response 21, partial response-8, inevaluable disease (resected gastric lymphoma)-2. Actuarial survival at five years was 54%. Actuarial survival for pts age <50 was 79% and >50 was 29% ( $p < .01$ ). Average relative dose intensity (ARDI) actually administered was 0.64. ARDI for pts age <50 was 0.69 and >50 was 0.59. Almost half of pts experienced grade III-IV leukopenia and 1 pt died of sepsis. PM can be safely given to an unselected pt population but reduced dose intensity in older pts may have limited its effectiveness in pts over 50.

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# PRIMARY NON-HODGKIN LYMPHOMA OF THE STOMACH.

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A group of 50 patients with primary gastric non-Hodgkin lymphoma, referred to the Radiotherapy Department of the Catharina Hospital between 1975 and 1990, was analysed retrospectively. The stage distribution was as follows: IE: 26; IIE: 17; IIIE: 3; IIIEs: 1; IV: 3. The histopathologic classification was as follows: high grade: 8, intermediate grade: 27, low grade: 5, unknown: 10. Twenty patients received surgery followed by radiotherapy, 17 patients surgery, radiotherapy and chemotherapy, 8 patients radiotherapy, 3 patients surgery, 1 patient radiotherapy and chemotherapy and 1 patient surgery followed by chemotherapy. Gastrointestinal complications grade 3 occurred in 4 patients, 2 patients had hematological toxicity grade 3 and 1 patient grade 4. A second malignancy was detected in 6 patients. Death occurred in 28 of 50 patients: progressive lymphoma in 16, intercurrent disease in 10 (cardiovascular: 4, second malignancy: 4, cachexia: 1, peritonitis: 1) and unknown in 2 patients. The 5 and 10-year overall survival (S) was respectively 61% and 34% (67% and 63% after censoring for death to intercurrent disease). Five and 10 year S (censored) per stage was: IE (n=26): 71% and 71%; IIE (n=17): 67% and 58%; IIIE(S) and IV (n=7): 57% and 57% and per grade of malignancy: high grade (n=8): 73% and 73%; intermediate grade (n=27): 61% and 61%; low grade (n=5): 100% and 100%; unknown grade (n=10): 63% and 47%. The 5 and 10 year relapse-free survival (RFS) was respectively 63% and 59%. Five and 10 year RFS per stage was: IE (n=26): 70% and 70%; IIE (n=17): 51% and 43%; IIIE(S) and IV (n=7): 75% and 75% and per grade of malignancy: high grade (n=8): 57% and 57%; intermediate grade (n=27): 62% and 62%; low grade (n=5): 75% and 75%; unknown grade (n=10): 71% and 48%. Patterns of local and distant failure were analysed in function of the different treatment groups and will be presented.

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# ETHNIC RELATED PATTERN OF NON-HODGKIN'S LYMPHOMA IN NORTHERN ISRAEL. 20 YEAR EXPERIENCE IN A SINGLE INSTITUTION.

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745 previously untreated patients with non-Hodgkin's lymphoma from northern Israel were referred during the years 1971-90. 427 pts-58% were Ashkenazic Jews (AJ), 181-25% non-Ashkenazic Jews (NAJ) and 123-17% pts were Arabs (A). The mean ages were 60, 47 and 37 for AJ, NAJ and A respectively ( $P=0.001$ ). The m:f ratio for AJ was 1:1, for NAJ 1.3 and for A 1.7 (AJ vs A  $p < 0.02$ ). There was an ethnic related pattern of the histologic subtypes. Burkitt's lymphoma occurred almost exclusively in A and NAJ pts. AJ had more favorable histologies as compared to NAJ and A. But, the 5-Y actuarial survival figures for AJ, NAJ and A were similar. The ethnic related pattern of NHL in northern Israel will be further discussed.

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# INTERFERON ALPHA 2b (IFN) IMPROVES DURATION OF COMPLETE REMISSION (CR) AND SURVIVAL AS MAINTENANCE THERAPY IN PATIENTS WITH DIFFUSE LARGE CELL LYMPHOMA (DLCL)

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IFN has been found to be effective as an antitumour agent in patients with low-grade malignant lymphoma. Its effectiveness in those with DLCL has been tested inadequately. In a prospective randomized study we evaluate the effectiveness of IFN as maintenance therapy in patients with DLCL on pathologically documented CR after conventional chemotherapy. Sixty-eight consecutive patients were enrolled in the study. Maintenance therapy was a random either nothing or IFN 5.0 MU three times a week for one year. The median duration of CR in the patients treated with IFN has not been reached. After 5 years 67% of patients remain in first CR compared to the control group which had a median CR of 39 months ( $p < .001$ ). Toxicity was mild. Maintenance therapy with IFN has been beneficial in patients with DLCL with improvement in duration of CR and survival without excessive toxicity of most common third generation regimen chemotherapy.

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# TARGETING EXPERIMENTAL THERAPY FOR YOUNGER PATIENTS WITH FOLLICULAR LYMPHOMA.

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On behalf of the Scotland and Newcastle Lymphoma Group (SNLG)

From the SNLG database we identified 268 patients under 60 with follicular lymphoma who presented between 1980 & 1990. We performed a Cox multivariate analysis on clinical, haematological and pathological data at presentation. A prognostic index was calculated as:-  $0.036 \times \text{Age} + 0.4 \times (\text{Stage} - 1) + 0.03 \times (\text{White Cell Count}/10^9) + 0.7$  if B symptoms were present. The patients were then divided into good (score <2.3), intermediate and poor (score > 3.4) prognostic groups.

	SURVIVAL		% IN GROUP			
	median	5 Yr	10 Yr	St IV	B Symp	>40
(1) Group (25%)	>123m	86%	69%	1%	0%	48%
(2) Group (50%)	123m	80%	56%	44%	9%	75%
(3) Group (25%)	54m	44%	18%	85%	71%	95%

Group 3 has a significantly worse survival ( $p < 0.001$ ). The 2 most important factors were stage and presence of B Symptoms. Most of the worst group were also over 40 years old, but age itself did not necessarily confer a poor prognosis. Using this simple index we can identify at presentation younger patients with follicular lymphoma who have a particularly poor survival, and should thus be considered for more intensive or experimental therapy.