relapses may be related to "under-staging" because lap-staged pts have superior FFR.

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MULTICENTRE RETROSPECTIVE REVIEW OF PRIMARY CUTANEOUS LYMPHOMA EXCLUDING MYCOSIS FUNGOIDES

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Seventy patients from five centres were identified as having primary cutaneous lymphoma (excluding mycosis fungoides and Sézary syndrome). All histology was reviewed and graded according to the Working Formulation (WF) or updated Kiel classification. Full staging was performed to exclude extracutaneous disease at presentation. The median age was 58 (91–25); male:female ratio 1.7:1; 46 patients presented with solitary lesions (9 with satellite lesions), in 10 patients the distribution was generalised. There were 11 low grade lymphomas (WF A-C)—9 B-cell, 2 T-cell and 59 high grade tumours (WF E-H, LCA,)—33 B-cell, 10 T-cell, 16 immunohistochemistries were non-evaluable. The complete response (CR) rate to first treatment was 80% (56/70) and the CR rate for solitary lesions treated with radiotherapy was 92% (23/25). The lymphoma specific progression free survival was 75% at 1 year, 51% at 5 years with a median of 107 months. Median follow up was 47 months. Twenty-five patients (36%) had at least one cutaneous relapse and 8 (11%) developed an extracutaneous relapse. The risk factors for relapse were >5 lesions ($P < 0.025$) and in solitary lesions the presence of satellites ($P < 0.005$). Overall survival at 5 years was 79% and lymphoma specific survival was 84%: 3 patients died of unrelated causes in remission, 4 died with skin lymphoma but no extracutaneous disease, 6 died from disseminated lymphoma. All patients dying from lymphoma had high grade histology. Prognostic factors for poor disease specific survival were age > 60 ($P < 0.005$) and >5 lesions ($P < 0.005$). Conversely patients with solitary lesions had a better survival ($P < 0.005$). In conclusion primary cutaneous lymphoma has a high survival rate despite frequent cutaneous relapses.

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TOTAL THERAPY OF ACUTE MYELOID LEUKAEMIA

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Our *total therapy* programme for AML comprises chemotherapy followed by BMT in CR1. From 4/90 to 12/94, 54 pts (13–53 y, med 33.5) received BF12 induction: high-dose ARA-C and VP-16 with idarubicin or mitoxantrone followed by two consolidation cycles. 42 pts attained CR (78%). 32 underwent BMT in CR1; one is awaiting BMT. Of the nine not transplanted in CR1 (early relapse, n = 7; refusal, n = 1; death in CR, n = 1), one was transplanted in rel1 and five in CR2.

Subgroup	No.	Cont. CR	Relapse	Toxic deaths	Total deaths	Total alive
Whole group	54				25	29 (54%)
Overall CR	42	23	12	7	13	29 (69%)
ABMT in CR1	19	14	3	2	5	14 (71%)
Allo in CR1	12	7	1	4	5	7 (58%)
Twin in CR1	1	1	-	-	-	1
No BMT in CR1	10	1	8	1	3	7 (70%)

With 54% survival at 3–59 months (median 31) after diagnosis, we believe that this *total therapy* programme represents state-of-the-art management of AML.

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ALTERNATING VCMP/VBAP AT STANDARD DOSES (SD) VS. VCMP/VBAP AT INTERMEDIATE DOSES (ID) AS INITIAL TREATMENT OF MULTIPLE MYELOMA (MM)

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In a previous PETHEMA study we have shown that VCMP/VBAP increases response rate in MM when compared with melphalan/prednisone. The aim of the present study was to ascertain whether treatment with VCMP/VBAP (ID) with a moderate increase in the cyclophosphamide (C) and adriamycin (A) doses could be superior to VCMP/VBAP at SD.

From Jan 1, 1990 through May 31, 1994, 449 pts with symptomatic MM entered the study. All patients were randomized to receive: (A) alternating courses of VCMP (vincristine 1 mg iv on day 1, cyclophosphamide 500 mg/m^2 iv on day 1, melphalan 9 mg/m^2 p.o. on days 1–4 and prednisone 60 mg/m^2 on days 1–4) and VBAP (vincristine 1 mg iv; BCNU and adriamycin iv, 30 mg/m^2 each on day 1; and prednisone 60 mg/m^2 on days 1–4, or (B) the same VCMP/VBAP increasing the cyclo from 500 to 1200 mg/m^2 and adria from 30 to 50 mg/m^2. The objective response rate among the already evaluable pts for response was 40.2% with SD vs 50.5% with ID ($P = 0.068$) with no impact on survival (31 vs 30 mos).

In summary, these results show a trend towards a higher response rate to VCMP/VBAP at higher doses of cyclo and adria, with no significant impact on survival.

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EFFECT OF CLODRONATE ON PROGRESSION OF SKELETAL DISEASE IN MULTIPLE MYELOMATOSIS

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We have examined the effect of clodronate on skeletal morbidity in myeloma in a double-blind placebo controlled trial. 615 patients were randomised at diagnosis to receive either clodronate 1600 mg daily by mouth (n = 304) or an identical placebo (n = 305) in addition to chemotherapy.

There was no difference in the initial symptomatic response between the clodronate and placebo-treated patients. In contrast, at relapse, the proportion of patients with poor performance status was significantly lower in those receiving clodronate (RR 0.52, 95CI 0.32–0.83). Fewer patients experienced a marked increase in back pain (RR 0.48, 95CI 0.13–0.89) and a similar trend was observed for rib pain (RR 0.34, 95CI 0.10–1.21). Fewer patients experienced new vertebral fractures after the first year in the clodronate wing (RR 0.72, 95CI 0.51–1.01) with fracture rates of 33 and 54 new fractures/100 patient years respectively ($P < 0.003$).

We conclude that long-term oral clodronate modifies the progression of skeletal disease and provides a useful adjunct to clinical management.

776 POSTER

AIDS-RELATED MALIGNANCIES: ANALYSIS OF 168 CASES REGISTERED IN ALSACE

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In 1989, the regional reference center for HIV infection in Strasbourg decided to set up a prospective study of the incidence of all malignancies occurring in HIV-infected individuals followed up at the three major hospitals of the Alsace region.

As of March 15, 1995, 168 HIV-associated malignancies have been recorded in 165 patients through anonymous notification to the reference center.

Sex-ratio is 9.3 (149 men, 16 women) and mean age 35.8 (22–61). Kaposi Sarcoma is the most frequent neoplasia (100 cases, 59%) occurring mainly in male (96 cases) among which 83 (86%) are homo- or bisexuals. 65% of Kaposi's sarcoma are the first AIDS-defining event. Non-Hodgkin lymphomas (39) are essentially of high grade of malignancy and of B type and are the first AIDS-defining event in 19 cases (49%).