Until now, invasive cervical cancer is not present in this series but we found *in situ* carcinoma in 9 women. Others malignancies include squamous cell carcinomas (6), various carcinomas (8), lymphoproliferative disorders (5) and seminoma (1).

Distribution of cases are presented according to histology and localization of tumor, age, sex, way of contamination, CDC group and year of diagnosis.

777 POSTER

PREVENTION OF INFECTION ON UPPER RESPIRATORY TRACT WITH IMMUNOGLOBULIN A NEBULIZATION THERAPY IN PATIENTS WITH IMMUNOPROLIFERATIVE MALIGNANCIES

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Infection of the upper respiratory tract (URT) is a major cause of morbidity and mortality in patients (pts) with immunoproliferative malignancies (IPM). Nebulizations with IgA were tested to evaluate its efficacy to prevent infections of the URT in pts with IPM. 27 pts (age 69 ys, Chronic Lymphocytic Leukemia 16, Myeloma 7, Lymphoma, Waldenstrom, Lymphoepitelioid Tymoma, 1 pt each) were randomized to receive IgA virus-inactivated (IGABULIN, IMMUNO) or placebo nebulizations every 12 hours during 3 months (either fall or winter). One pt was excluded. Four (2 URT) infections. In 13 IgA pts and 12 (7 URT) in 13 placebo pts (30% vs 92%, P = NS) were registered. A 18% and 83% infection occurred in the IgA and placebo arms in pts with at least one infection during the 3 months prior to the onset of study ($P < 0.036$). Three IgA and 8 placebo pts required antibiotics (P = NS). Performance status (PS) was >2 in 1 IgA and in 6 placebo pts (P = NS). PS > 2 was observed in 4/6 placebo pts and previous infection, and in 0/11 IgA pts ($P < 0.01$). The first infection occurred on days 21 and 12 from the onset of study for the IgA and placebo arms ($P < 0.028$). According to this study, IgA nebulization therapy could prevent URT infection (specially in pts with previous infections episodes) and could also delay the onset of URT infection in pts with immunoproliferative malignancies.

778 POSTER

PATIENTS WITH MULTIPLE MYELOMA (MM) REQUIRING LONG-TERM HEMODIALYSIS (HD): PRESENTING FEATURES, RESPONSE TO THERAPY AND SURVIVAL IN A SERIES OF 20 PATIENTS

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About 5% of patients with MM develop acute renal failure requiring dialysis. From Jan 1982 through Dec 1993, 20 patients (11 M, 9 F, median age 62 yr) with MM required long-term HD (>2 months) at our institution. The M-component type was IgG in 8 cases (3κ, 5λ), IgA in 8 cases (7κ, 1λ), free light chain in 3 cases (2κ, 1λ) and Ig-Mκ in one case. Among 17 patients evaluable for response to chemotherapy, the objective response rate was 47% (8/17). In only two patients could be discontinued. The total number of hospital admissions was 42. Mean hospitalization days per year was 19.3 ± 13.9 (SD). The subgroup of patients who survived less than one year spent a mean of 38.3 ± 21.4 (SD) days in hospital, while in the subgroup with a survival longer than one year mean hospitalization days was 9.6 ± 5.6 (SD) ($P < 0.001$). The median survival was 21.4 months and six patients survived for more than 3 years.

In summary, patients with MM and severe renal failure who survive the first two months on dialysis have an objective response rate to chemotherapy of about 50% and a median survival of almost two years, with 30% long-survivors with good quality of life.

779 POSTER

BULKY HODGKIN'S DISEASE (HD): INTERIM RESULTS OF THE GOELAMS RANDOMIZED H90-M PROTOCOL

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From 2/90 to 6/93, 77 adult patients (pts) with bulky HD clinical stages (CS) I–III (nodes >10 cm, mediastinal tumor/thoracic width ratio ≥ 0.45, simultaneous lumbo-aortic and pelvic involvement) and CS IV received a 8-drug CT (cyclophosphamide, CPM; epirubicin, EPR; vincristine, VCR; vinblastin, VBL; VP16; methotrexate, MTX; bleomycin, BLM; methylprednisolone, MP) delivered on 12 weeks (wk) with the same cumulated dose. Y arm (n = 36), 1 course each 4wk (mg/m^2): CPM 650 + EPR 40 D1 + D2, VCR 1.3 D1, VBL 6 D5, VP16 150 D3 + D4, MTX 30 DS, BLM 10 D1 + D5, MP 100 D1–D5; Z arm (n = 41) 1 course each 3 wk: (mg/m^2) D1 + D5, CPM 500 + EPR 30 + VP16 110 + MTX 22.5 + BLM 7.5 + MP 180; D1 VCR 1, D5 VBL 4.5. Y arm required hospitalization while Z arm was delivered on an outpatient basis. CT-responding pts received (sub)total nodal RT (40 Gy). Pts characteristics: M 52, F 25; age ≤ 40 54, >40 23; CS I 2, II 16, III 16, IV 43; A 24, B 53; histology: LP 1, NS 44, MC 20, LD 5, UN 7. CR rate is 78%; numbers of CR after CT, after RT, and relapses are similar (Y arm 24, 30, and 7; Z arm 23, 37, and 9).

780 POSTER

SUBDIAPHRAGMATIC HODGKIN'S DISEASE (HD): ANALYSIS OF 56 CASES

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Introduction: HD limited to sites below the diaphragm is a rare clinical presentation: little information is available especially about long term complications.

Material: We report 56 patients (39 men, 17 women) with a median age of 52 years, treated from 1976 to 1990 in the two Cancer Centers and Haematology Departments of Nancy (39) and Strasbourg (17). Clinical stages are: 12 IA, 2 IB, 14 IIA and 28 IIB. Histologic subtypes were: lymphocyte predominance: 11 (20%), nodular sclerosing: 9 (16%), mixed cellularity: 28 (50%), lymphocyte depletion: 4 (7); not specified: 4 (7%).

Treatment: 21 patients underwent laparotomy with splenectomy (S), 16 received exclusive irradiation (6 after S); 40 received firstly chemotherapy (CT), with a mean of 4 cycles (18 only MOPP, 18 MOPP and ABVD, and 4 other schemes). All these 40 patients also received subsequently a subdiaphragmatic irradiation by 25 MV photons, with doses ranging from 36 to 44 Gy.

Results: 35 patients had complete remission (63%) and one was lost. 20 patients died: 7 of HD (among the 9 with relapse), 7 of second cancer (leukaemia: 2, lymphoma: 2, lung cancer: 3), 3 of intercurrent disease, 2 of unknown cause and one of complications.

14 patients had acute toxicity, especially related CT. Among the long-term complications we noted: 4 gastric ulcers, 1 oesophageal stenosis, 2 bowel occlusions, 2 bowel perforations, 3 arterial ischemic syndromes, 3 severe osteoporosis, 5 extensive zonas.

781 POSTER

INFECTION DURING SEVERE NEUTROPENIA IN 182 PATIENTS WITH ACUTE MYELOID LEUKEMIA (AML)—MORBIDITY AND MORTALITY

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Infections still remain the major cause of morbidity and mortality in neutropenic patients with leukemia. Especially fungal infections are critical during neutopenia. 487 febrile phases were evaluated retrospectively during 377 neutropenic episodes (leukocytes < 0.5×10^9/l) of 182 AML-patients treated in our institution from 1982–1993. We observed 16 neutropenic phases without fever. In 156 episodes (32%) the origin remained unknown (FUO), but 331 (68%) were clinically or microbiologically identified infections mostly gram-positive bacterial (37%), followed by fungal (31%) and gram-negative bacterial infections (21%). Sepsis (220) and pneumonia (86) represented the major type of infections. 70% of pneumonia were caused by fungi. Urinary tract infections (27), tonsillitis (17), oesophagitis (16) and abscesses (13) turned out to be the other main infection sites. 48 patients died during neutropenia. The leading cause of death was fungal sepsis or pneumonia in 73% (29). 38% (11) of lethal fungal infections were discovered at autopsy; in 9 of these 11 patients mixed infections were observed—frequently a combination of fungal and gram-negative infection. To conclude all patients with pneumonia in neutropenia should be treated early with high dosage antimycotic therapy; in addition a mixed infection should be considered.