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CLINICAL SIGNIFICANCE OF SOLUBLE IL-2 RECEPTORS (S-IL-2R) IN HODGKIN'S DISEASE (HD)

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To better define the clinical significance of sIL-2R in HD, from 8/88 to 6/93 we have measured serum levels of sIL-2R (U/ml) by ELISA in 175 patients (pts) with HD before treatment. Patient characteristics were: M/F: 91/84; median age 28 yrs, range 16–69; stage I + II/ III + IV: 128/47; A/B symptoms: 95/80; nodal vs extranodal disease: 140/35; number of nodal involved sites ≤ 3 vs >3:113/62; bulky No/Yes: 132/43. Sixty-nine healthy subjects were used as controls. Increased levels of sIL-2R were detected in 149/175 (85%) pts and their values (X ± SE) were significantly higher than in controls (1960 ± 174 vs 479 ± 12; $P <$ .001). Levels of sIL-2R were significantly higher in patients with either stage III–IV vs I–II (3589 ± 553 vs 1362 ± 76; $P = .0003$); "B" symptoms vs "A" (2768 ± 344 vs 1279 ± 96; $P = .0001$); nodal vs extranodal ± nodal disease (1656 ± 110 vs 3177 ± 725 $P = .0004$) or more than 3 nodal sites vs > 3 (3157 ± 424 vs 1304 ± $P = .0001$). IL-2r were also evaluated at the end of treatment in 130 pts, 128 cases achieved CR and their sIL-2R values were significantly lower compared to those at diagnosis (650 ± 25 vs 1747 ± 142, $P = 0.0001$), whereas in the patient who progressed the value increased (1900 vs 2700). After a median follow-up of 40 months, in 11 of 18 patients who relapsed sIL-2R levels were evaluated at relapse and they were higher than those detected at CR (1791 ± 554 vs 654 ± 75). However, the difference was not statistically significant. These results indicate that increase in the levels of sIL-2R is related to disease extent and their determination can be useful in monitoring the outcome of Hodgkin's disease.

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EVALUATION OF 487 MAGNETIC RESONANCE IMAGING (MRI) EXAMINATIONS OF THE BONE MARROW (BM) IN VARIOUS MALIGNANCIES IN THE ADULT

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MRI is the only direct *in vivo* method of BM visualisation. We have used this technique in various malignant disorders and an overall evaluation is presented. The examinations, done on a 1.5 Tesla General Electric equipment included the spine, the pelvis and the femurs. All patients had a bone marrow cytology or histology examination. The major disorders were breast cancer 12%, chronic lymphoproliferative malignancies 25%, chronic myeloproliferative disorders 14%, plasma cell disorders 16%, aplasia 3% and various others.

The images are classified as diffuse, circumscribed and diffuse circumscribed. The results were as follows: sensitivity 95%, specificity 66%, and accuracy 93%. Positive predictive value was 96%, negative predictive value 57%.

MRI of the BM gives a high quality anatomical display with high contrast details. Duration of the examination is short. For most pathologies of a wide-spread nature, especially the chronic proliferative disorders, probably an upper femur examination is sufficient. Iron overload and myelofibrosis can cause a problem in evaluation of cellularity. In BM aplasia we consider MRI as mandatory for adequate staging, the anatomical substrate showing an excellent correlation with the clinic.

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RESULTS OF THE CYCLOPHOSPHAMIDE, ADRIAMYCINE, VINCRISTINE, PREDNISOLON (CHOP) ± BLEOMYCINE TREATMENT AND EVALUATION OF PROGNOSTIC FACTORS IN AGGRESSIVE LYMPHOMAS

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In this study, we presented the results of the CHOP ± bleomycine treatment and evaluation of prognostic factors in 93 patients with aggressive lymphoma. Mean age was 43 (15–82) years; male/female ratio was 55/38. Primary extranodal lymphoma, most frequently gastric and intestinal, was found in 19 (20%) patients. Distributions of patients according to the clinical stages were: 15% in stage I, 44% in stage II, 24% in stage III and 17% in stage IV. Performance status (PS) (ECOG) of the patients were: 15% in PS 0, 53% in PS 1, 21% in PS 2 and 11% in PS 3. Serum LDH levels were elevated in 41 patients (49.4%). Seven patients with primary extranodal lymphoma received adjuvant chemotherapy following surgery. Excluding these patients, the overall response rate was 83% (69% complete remission (CR)). Three-year-disease-free and overall survivals were 67% and 57%, respectively. Ninety percent or over dose intensity was achieved in 50% of the patients. Treatment toxicities were within acceptable limits with 10% of patients having grade 3–4 hematologic toxicity. Age, PS, stage, number of the extranodal involvement sites (NEIS), B symptoms and LDH were examined as prognostic factors. PS (0–1 vs 2–4) and stage were found to be significant in complete remission rate ($P = 0.025$ and $P = 0.040$, respectively). LDH, stage, NEIS (≤ 1 vs >1)and PS were determined to be significant factors for overall survival in univariate analysis ($P = 0.0345$, $P = 0.0005$, $P = 0.0030$, and $P = 0.0027$, respectively). Multivariate analysis yielded PS and NEIS as independent factors ($P = 0.019$ and $P = 0.018$, respectively). Only NEIS was found to be the independent factor in our patients younger than 60 ($P = 0.009$) in contrast to the international prognostic index. A modified age adjusted index including stage, LDH, PS and NEIS was found to be an important factor for both complete remission rate ($P = 0.017$) and overall survival ($P < 0.00001$) in this study.

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RADIOTHERAPY IN THE MANAGEMENT OF CUTANEOUS EPIDEMIC KAPOSI'S SARCOMA

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Patients treated for AIDS-associated skin Kaposi's sarcoma from October 1992 to June 1994, by localized irradiation using 100 Kv x-ray energy were reviewed. Given dose was 800 cGy/1 fr for small (less than 1.5 cms) lesions and non-edematous lesions and 3000 cGy/10 fr for the rest. All fields were treated daily. Twenty-two patients received treatment to 251 lesions. Median age was 38 years old (2859). According to Mitsuyasu's staging, 2 pts were stage I, 8 pts were stage II, 1 pts stage III, and 11 pts stage IV. One hundred and ninety lesions were localized in the face, 28 in lower extremities, 24 in superior extremities, and 9 in the thorax. Palliation of pain was the main justification for treatment in all feet lesions, while cosmesis was the rational for the facial lesions. 84% of lesions had some degree of associated edema, and 1% were ulcerated. CR with or without residual pigmentation was achieved in 95.2%, while 4.4% had a PR, and 0.4% NR. Pain was completely relieved in all patients. The overall tolerance was acceptable. Radiotherapy is useful and recommended as a palliative treatment to relieve pain, cosmetic and physical discomfort for those patients with AIDS related Kaposis's sarcoma. Long term control with doses ranging from 800 cGy/1 fr to 3000 cGy/10 fr tailored to the individual patient's needs.

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PRIMARY NON-HODGKIN'S LYMPHOMA OF THE BONE (PLB): MANAGEMENT OF 21 CASES

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A retrospective series of 21 pts with PLB treated between 1980 and 1994 is presented. Median age was 55 ys (34–84). Eight were male and 13 female. Almost all pts had pain as initial symptom, while pathologic fracture was observed in 5 cases. Most common site was toraco-lumbar spine (14 cases). Twelve cases had stage I–II disease and 9 had stage IV (multiple bony sites without systemic parenchymal nor bone marrow involvement). Two pts had systemic symptoms (stage IV). Bulky lesions were observed in 25% of pts with limited disease (LD) and in 56% of pts with advanced disease (AD). Adjacent soft tissue involvement was observed in 72% of cases. The commonest histology was diffuse large cell lymphoma (13 cases).

Three pts with LD are not assessable for response and survival because they died during therapy (not iatrogenic causes). Seven out of 9 evaluable pts with LD were treated with adriamycin (ADM)-containing CT plus RT to involved bony and locoregional nodal sites with a mean dose of 43 Gy (36–45 Gy), while 2 were treated with CT alone (one pt received ADM and one did not). All of them achieved CR. Only the pt that did not receive ADM relapsed but is yet alive after 69 mo. Seven pts with LD are alive and disease free after median follow-up of 43 mo. Remaining pt died in free of disease at 20 mo of myocardial infarction. Median survival of evaluable pts is 34+ mo.