796 POSTER

DISTANT RESULTS OF SURGICAL TREATMENT OF PRIMARY GI-TRACT NHL ADULTS

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GI-tract is most frequent extranodal lesion of NHL—14.5%. 30-years study (1985–1994) 488 pts with NHL of GI-tract was done. Lesion frequency of different part of GI-tract is: stomach (st.)—59%, small intestine (sm.int.)—26%, colon (col.)—7.5%. Simulations lesion of several parts GI-tract is registered only in 7.1%. Predominance B-cell high grade NHL is noted—78%; IE stage—17%, IIE—40%, IIIE-IV—43%. Initially limited spread in almost 1/2 of pts and tendency to regional spread (71%) led to well-grounded surgical treatment. Radical operations were made: st.—74%, sm.int.—23%, col.—52%. 5-year survival—78%, 77%, 66% of st., sm.int., col. (respect.). 10-year survival is almost the same: 63%, 76%, 65% (respect.). Analysis of relapse free survival (RFS) had shown that best results are registered with st.: medians RFS—86 mths in comparison to 25 mths in any part of intestine. 5-year RFS are—58.3%, 28.5%, 24.8% (st., sm.int., col. respect.). RFS is registered in 1/4 pts (24–29%). Adjuvant chemotherapy (Ad.chem.) till 1985 was used during 1.5 year (COP every 1.5 mths). We gained insignificant increase of RFS. Later Ad.chem. considered of 2–3 cycles (COP, CHOP, LVPP) with poor prognostic factors present. Preliminary results led us speak about increasing of 3-year RFS on 11%. Registered high frequency of serious complications (st.—25.8%, sm.int.—53.7%, col.—44%), low efficacy of chemotherapy—25.9% (CR—9.9%, PR—16.4%) proved operation to be rather effective treatment of IE-IIE stages GI-tract NHL. Results of Ad.chem. are being specified.

797 POSTER

SINGLE CENTRE RESULTS OF THERAPY INCLUDING AUTOGRAFTS IN PREVIOUSLY UNTREATED MYELOMA

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Autografting became part of our myeloma treatment strategy in September 1986. Since then until March 1994, 195 new untreated patients between the ages of 30 and 70 years received induction chemotherapy with either VAMP, C-VAMP or V-C-VAMP. The complete remission (CR) rate following induction was 18%. 144 (74%) of these patients went on to receive high dose (HD) treatment (Busulfan or Melphalan), of which 110 (56%) received high dose melphalan plus an autograft. Analysis is as of December 1994 with a median follow up of 41 months. Among the 110 patients, 89 received bone marrow while 21 patients were rescued with peripheral blood stem cells. The complete remission rate after HD in this group of patients was 74.5%. 21% achieved a partial remission and there were only 3 non-responders. There was 1 (0.9%) transplanted related death and therefore response could not be evaluated.

The actuarial overall survival of the above transplanted patients by the Kaplan Meier estimate was 52.7% at 6 years and 50% of the patients remained progression free at 29 months. Fifty-seven patients have progressed to date and 33 have died. All but one death are due to disease progression. Sixty-eight patients subsequently went on to maintenance Interferon. Analysis of the total series of 195 patients shows a complete remission rate of 54% (104/195) with 35% of the complete responders surviving at seven years. We thus conclude that cytoreductive treatment followed by high dose chemotherapy produces high remission rates which in turn results in improved survival. Interferon has been shown to be effective in maintaining remission and has been incorporated as maintenance treatment. This should therefore be first line treatment in young myeloma patients.

798 POSTER

PROGNOSTIC FACTORS IN MULTIPLE MYELOMA

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Follow up data of 204 Myeloma patients seen at the Royal Marsden were analysed for factors predicting the overall survival. All these patients were newly diagnosed and went on to receive VAMP/C-VAMP/V-C-VAMP, infusional cytoreductive treatment. 146 of these patients received some form of high dose treatment (Melphalan or Busulfan). A Cox regression analysis was carried out on clinical and laboratory factors just prior to treatment. Multivariate analysis revealed stage ($P = 0.0001$), Hb ($P = 0.03$), serum Calcium ($P = 0.01$) and performance status ($P = 0.01$) as independent prognostic factors. Beta2 microglobulin was however not included in this analysis as this was not done routinely in the initial patients (n = 51). When however we repeated the analysis after the elimination of these 51 patients, Beta2 microglobulin was the single most important prognostic variable ($P < 0.0001$). We then looked at the same prognostic variables in the 146 patients who received high dose treatment and found only Hb ($P = 0.03$) and serum Calcium ($P = 0.02$) emerging as independent prognostic variables. On repeating the analysis on those who had Beta2 microglobulin estimation, this was again the only variable which was independently significant ($P = 0.001$). This therefore illustrates the point that the prognostic value of different variables may be influenced by successful treatment. We conclude from the above data that pretreatment Beta2 microglobulin, serum calcium and haemoglobin affect the overall survival in myeloma patients in spite of aggressive treatment.

799 POSTER

VAMP/C-VAMP INFUSIONAL CHEMOTHERAPY AS INDUCTION TREATMENT FOR PREVIOUSLY UNTREATED MULTIPLE MYELOMA

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204 previously untreated Multiple Myeloma patients received a four day infusional chemotherapy schedule with Vincristine, Adriamycin, Methyl prednisolone with the addition of Cyclophosphamide and/or Verapamil as outpatient treatment as part of their induction therapy in the study period between April 1985 and March 1994. The aim of this treatment was to reduce tumor burden and marrow infiltration prior to high dose therapy. The objective of this analysis was to ascertain response to cytoreductive treatment prior to autografting and to see if addition of Cyclophosphamide and/or Verapamil influenced response. Among the 204 patients, 91 received C-VAMP chemotherapy, 75 received VAMP and 38 patients received Verapamil in addition to C-VAMP. The median number of courses to achieve maximum response in the whole group was 5 (range 1–11). The overall response to induction treatment was 71.0% (144/204) with 18.0% (37/204) achieving a complete response (CR). The response in the three subsets of patients is shown in the following table.

Induction treatment	No. patients	CR (%)	*P* value
VAMP	75	6 (7.9%)	
C-VAMP	91	22 (24%)	0.04
V-C-VAMP	38	9 (23%)	

Seventeen patients have died during induction with 4.0% (9/204) deaths as a result of induction treatment. We therefore conclude that a median of 5 courses of cytoreductive treatment is required for maximum response. The CR rate with just cytoreductive treatment is low and requires consolidation with high dose treatment and autografting. The addition of Cyclophosphamide to VAMP alone produces significantly better responses. The addition of Verapamil to the C-VAMP has not made any difference to outcome.

800 POSTER

CONTIGUOUS SPREAD IN LYMPHOGRANULOMATOSIS IN 297 PTS

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Purpose: The hypothesis is tested in 297 patients with Hodgkin's disease, that it does arise in one site and spreads in a predictable manner in the lymphatic system before hematogenous dissemination.

Materials and methods: 70 PS I, 66 PS II, 137 PS III. and 15 PS IV Hodgkin's disease patients. 188 A, 109 B. 236 presented cervical lymphomas: 80 left-, 92 right- and 64 bilateral-cervical. They were grouped according to the number of involved sites.

Results: A characteristical pattern was observed in 88%. The accuracy of the hypothesis is significant for the 236 patients with cervical lymphoma ($P = 0.01$; T-test).

Conclusion: HD spreads from the right cervical side via the upper mediastinum and hili to the upper abdominal nodes and the spleen whereas left cervical lymphoma leads to direct abdominal involvement bypassing