success with RT only. One pt that refused further RT, died, with relapse, after radical surgical excision. The 2 pts with eyelid lesions were in DFS for more than 13 months. They were treated with RT. CH, as initial treatment after RT, has been done in one of our last pts that had lachrymal gland lymphoma because the MR after RT showed perhaps residual disease.

We conclude that surgery, if done, must always be followed by local RT. Local RT provides a good and almost permanent local control of the disease. Doses of 30–35 Gy controlled our low grade lymphomas with no late complications, when good shielding of the lens of the eye is possible. The prognosis for pts with small-cell lymphoma in the ocular adnexa seems difficult to predict, mainly for the orbit.

The role of adjuvant Ch with CVP or CHOP-like regimen, after local RT need to be investigated for pts with bad prognosis factors as retro-orbital lymphoma, bulky tumour and high grade malignancy histology.

810 PUBLICATION

DEXAMETHASONE, ETOPOSIDE, IFOSFAMIDE AND CISPLATIN AS SECOND-LINE CHEMOTHERAPY IN INTERMEDIATE OR HIGH GRADE NON-HODGKIN'S LYMPHOMA

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The combination of dexamethasone, etoposide (VP-16), ifosfamide and cisplatin (DVIP) was evaluated as a second line after adriamycin-containing combinations in intermediate or high grade non-Hodgkin's lymphoma (NHL). 39 patients (pts) (median age 68 years) entered the study. Objective responses were seen in 29 pts (74%) and included complete response (CR) in 14 (36%). Median duration of CR was 12 months (mos) and that of partial response was 3.5 mos. 13/25 (52%) pts who responded with CR to adriamycin-based combinations responded with CR to DVIP (vs 1/14 who failed to respond with CR). Durable remissions (24 ± 57+ mos) continue in 4 pts who responded with CR to front-line therapy. Main toxicity was myelosuppression. Median WBC nadir was 1100/mm^3 and median platelets nadir was 66,000/mm^3. There was no treatment-related mortality. We conclude that DVIP is an effective second line in histologically aggressive NHL, associated with acceptable toxicity, and has a curative potential in pts with relapsing disease.

811 PUBLICATION

SEQUENTIAL HIGH-DOSE THERAPY OF ADULT ACUTE LYMPHOBLASTIC LEUKEMIA

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We have developed a sequential treatment strategy for intensive post-remission management of adult ALL. Patients ⩾ 15 y in CR1 receive melphalan (200 mg/m^2) followed by peripheral blood stem cells mobilized with G-CSF (Neupogen, Amgen). On hematologic recovery, 2-year maintenance chemotherapy with daily 6-MP and weekly MTX is started. In case of relapse, an allograft is performed with etoposide (60 mg/kg) and TBI (1050 cGy) in CR2. 13 patients (6 M, 7 F; 32 y, 19–58) underwent PBSCT between 1/93 and 6/94. Toxicity of PBSCT was minimal with 2 d (0–5) of fever and 18 d (17–23) in hospital. Neutrophils reached 0.5 × 10^9/L on d 15 (12–27), and platelets 50 × 10^9/L on d 16 (12–77). 6-MP was started in 12 patients on day 32 (15–132). The median dose of 6-MP tolerated, averaged over the entire post-PBSCT follow-up period, was 45.4 mg/m^2/d. 10 patients (76.9%) are alive and well on chemotherapy in first CR at 18 mo (8–26). Of 3 patients relapsing at 4–7 mo, 2 are alive and well 7 and 8 mo after BMT from HLA-matched siblings in CR2. The third declined ABMT in CR2 and died of relapsed disease. We conclude that melphalan-PBSCT and maintenance chemotherapy have minimal toxicity and significant anti-leukemic activity in adult ALL, and patients relapsing after PBSCT can be salvaged by a second BMT with acceptable toxicity.

812 PUBLICATION

NON-HODGKIN'S LYMPHOMA OF INTERMEDIATE DEGREE. 13-YEAR FOLLOW-UP OF 89 PATIENTS TREATED WITH CHOP

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From January 1981 to January 1993, 89 patients with non-Hodgkin's lymphoma of intermediate degree were treated with 6 courses of CHOP chemotherapy. The median age of these patients was 57 years and male/female ratio was 1.53. 8 of the patients were large-cell follicular lymphomas, 33 diffuse small-cell, 25 diffuse mixed and 22 diffuse large-cell. The lymphatic areas most affected were: para-aortic 16%, left cervical 14%, right cervical 13% and mesenteric 11%. The number of lymphatic areas affected were: 1 (31%) 2 (29%) and 3 (16%). 24% of the patients were Stage I, 19% Stage II, 17% Stage III and 28% Stage IV. Bulky disease was present in 19% of the patients. The extra-nodal localizations most frequently affected were: Waldeyer ring 22%, followed by Spleen, Liver and Bone. Marrow with the percentage in each been 11%. 70% CR was achieved and 12% PR. More than 50% of the patients have had more than an 8-year follow-up and the disease-free survival rate at 13 years is 32%. A multivariant analysis, according to histological degree, primary localization and stage, will be presented.

813 PUBLICATION

TREATMENT OF PH+ CHRONIC MYELOGENOUS LEUKEMIA (CML) WITH INTERFERON ALFA 2B R(IFN)

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In 1988 and 1990 2 randomized IFN-based (Intron A, Schering Plough) pilot trials on CML were activated. The first trial (20 untreated pts, 18 evaluated, follow-up 56 months range 10–80) compared IFN versus IFN + cytoreductive chemotherapy to evaluate time to hematological/cytogenetic responses (HR, CR), event -free/overall survivals (EFS, OS); all pts received IFN for maintenance. Except for slight advantage in time to HR (P = NS) in low risk pts (compared to intermediate/high risk), no difference was observed between arms in CR/EFS/OS. Two low risks pts (1 from each arm) are currently BCR-ABL (−) (PCR) at 50/61 mos f-up. The second trial (23 untreated pts, 20 evaluated, f-up 44 mos range 7–59) compared 5 versus 3 days-a-week IFN maintenance after daily IFN until HR, to evaluate the impact on CR, EFS, OS. Four low risk pts (3 with IFN 5 days-a-week) remain BCR-ABL (−) at 22, 39, 45, 49 mos f-up (2 pts no current therapy). Six hematological relapses (3 in each arm) occurred in 2 intermediate, 4 high risk pts. Pts at low risk under IFN 5 days-a-week showed better CR and survived longer (median survival not achieved at 42 mos f-up), than intermediate/high risk pts. Side effects and toxicity did not limit therapy with IFN. According to these data, IFN at higher doses during induction/maintenance induces sustained HR and CR in low risk Ph+ CML pts. On this basis, in 1993 a new stratified multicentric (GATLA) trial (IFN at higher dose plus more intensive chemotherapy for induction/maintenance) was activated.

814 PUBLICATION

PERIPHERAL BLOOD TRANSPLANTS FOLLOWED BY MAINTENANCE INTERFERON IN MYELOMA

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Between November 1992 and November 1994, 73 myeloma patients were treated with high dose Melphalan (200 mg/m^2) followed by rescue with peripheral blood stem cells. All patients had received induction treatment with C-VAMP until maximum response. 24 patients were newly diagnosed while 49 patients had received some form of previous treatment. Response and engraftment details are shown in the table below.