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***CIP* REGIMEN AS CONSOLIDATION THERAPY AFTER *P-VABEC* IN AGGRESSIVE NHL OF THE ELDERLY.**

Caracciolo F., Petrini M., Papineschi F., Capochiani E., Benedetti E., Mori E., Casalino F., Grassi B.
UO Ematologia - Ospedale Santa Chiara - Università di Pisa -Italy

Previous studies *(Martelli et al. J. Clin. Oncol. 1993, Caracciolo et al. Leukemia & Lymphoma 1993, Hematol. Oncol. 1994)* have shown the efficacy and tolerability of a weekly multidrug protocol (P-VABEC) in elderly patients with NHL. This study preliminarly evaluates the results of a consolidation therapy with *Cisplatin, Idarubicin* and *Prednisolone* in unselected patients. ***Patients:*** at the time of this analysis (December 1995) we have enrolled in this study 62 consecutive patients affected by aggressive NHL (D, E, F, G, H of WF). The first 46 patients have been treated with P-VABEC only, while the other 16 patients have been treated with P-VABEC/CIP.

P-VABEC: Etoposide 100 mg/m2, Adriamicyn 30 mg/m2, Cyclophosphamide 350 mg/m2 days 1, 14, 28, 42; Vincristine 1.2 mg/m2, Bleomycin 5 mg/m2 days 7, 21, 35, 49; Prednisolone 50 mg/die os weeks 1->8. ***CIP***: Cisplatin 40 mg on day 1, Idarubicin 15 mg/m2 on day 8, Prednisolone 50 mg/die os days 1->15 - every 21 days for 3 times. ***Results:*** Induction therapy with P-VABEC: 87% of patients achieved complete remission, 13% had a partial response and 6% of patients were non responder. EFS at 36 months was 39% (P-VABEC) and 65% (P-VABEC/CIP), and OS at 43 months was 40 % and 75% respectively.The tolerability of the regimen has been good. All patients were treated on an outpatient basis, and in the majority of patients was not observed a significative haematological toxicity. These results, very preliminary, seem to show a therapeutical advantage of the therapy of consolidation with CIP. Particularly the incidence of early relapse seems reduced (P-VABEC: EFS 50% at 16 months; P-VABEC + CIP: median not reached). To confirm the data of this preliminary study is necessary an adequate follow-up period in a randomised study.

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MANUAL LEUKAPHERESIS IN LIFE THREATENING BLAST TRANSFORMATION

Gradimir Dimitrijević,G.Dimitrijević+,S.Rakić
Dept.for blood transfusion,Health Center+,
Novi Sad,Yugoslavia

A case presentation of a patient,diagnosed as Leucaemia myeloidea chr.,aged 54.,during the phase of blast transformation.Two of those periods are monitored;one in June,with 5 manual leukapheresis procedures(mlp) performed in 5 days,other in september,with 3 mlp performed in 3 days.We have done it manualy,using bottles. Four bottles for each session of mlp(two for each hand).In June the actual No of white blood cells(wbc) was $187x10^9/l$,at the begining,and deminished to $153x10^9/l$,after the second and third,ending with $121x10^9/l$ wbc.During the first round of mlp,the benefitial effect was registered.In september we started with wbc level of $106x10^9/l$,but no improvement was registered,even after the third one,so the patient died,despite our,and all the other therapy.The amount of wbc we withdrew per mlp was 500 ml. The benefitial effect was present,but not for a long period.Final result was not promissing.

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SECOND MALIGNANT NEOPLASMS AFTER HODGKIN'S DISEASE (HD): AN ANALYSIS OF 1531 PATIENTS (PTS) TREATED IN FLORENCE (1960-1991)

Magrini, S.M., Cellai, E., Alterini, R.∞, Rigacci, L.∞, Seniori, A.^, Masala, G.^,Papi, M.G., Spediacci, M.A., Rossi, F., Innocenti, F∞., Stefanacci, S.∞ Bellesi, G.P∞, Rossi Ferrini, P.L.∞, and Biti, G.P, Radiotherapy and (∞) Hematology Departments, University of Florence; (^) Epidemiology Unit, U.S.L 10, Florence,

Purpose: To define the risk of having a second malignant neoplasm (ST) in different subsets of HD patients, therefore possibly identifying clinico-therapeutic factors linked with an increased second tumor probability.
Methods and materials: Cumulative probability of having a ST has been calculated for the different clinical and therapeutic subgroups of a population of 1531 patients consecutively treated (1960-1991) for HD at the Florence Radiotherapy and Hematology Departments. Clinical stages (CS) at diagnosis were distributed as follows: CS I, 13%, CS II, 48%, CS III 30%, CS IV 9%. Initial treatment consisted of radiation alone (52%), combined modality treatment (21%), chemotherapy alone (27%). Incidence data in the different clinico-therapeutic subgroups of this series have been compared with multivariate analysis (Cox model). A comparison has been also made with the general population, deriving observed/expected ratios for the different tumor types. For selected tumor types, a "nested" case-control study is ongoing.
Results: An increased ST risk has been observed in patients older at HD diagnosis. The same trend was observed for second solid tumors (SST). However, the incidence of ST rises strikingly after very long follow up intervals, so that it is desirable to follow up indefinitely the cohorts of pts younger at HD diagnosis. Acute leukemia was more frequent in patients initially given chemotherapy, alone or associated with radiotherapy, while the relationships between SST occurrence and the treatment given are less evident.

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THE PROGNOSTIC RELEVANCE OF THE SUBSTAGES OF PATHOLOGICAL STAGE III HODGKIN'S DISEASE (HD) AND ITS CLINICO-THERAPEUTIC IMPLICATIONS

Magrini, S.M., Cellai, E., Alterini, R.∞, Rigacci, L.∞, Papi, M.G., Spediacci, M.A., Rossi, F., Stefanacci, S.∞, Innocenti, F.∞, Bellesi, G.P∞. Rossi Ferrini, P.L.∞, and Biti, G.P, Radiotherapy and (∞) Hematology Departments, University of Florence.

Owing to the good results obtained nowadays with the treatment of HD, a large number of long term survivors may be studied to better define "high risk" and "low risk" cases, to tailor treatment at presentation according to the available prognostic factors. Large series coming from single Institutions include patients (pts) treated according to a more homogeneous clinical behaviour, and the resulting data analysis is therefore more accurate. The Radiotherapy (RT) and Hematology (HE) Departments of the University of Florence (UF) worked togheter in the management of HD during the last 20 years and decided to pool togheter their clinical material for analysis. This report analyzes the effect of the different prognostic factors and of the therapeutic options adopted at presentation on survival (actuarial uncorrected, corrected and relapse free) and on the incidence of jatrogenic damage, for the stage III cases staged with laparotomy and splenectomy (pathologic stage, PS). In particular, the prognostic impact of the anatomic substaging (III1 and III2 substages) of these patients will be analyzed. Between 1970 and 1991, 1261 pts have been treated at the UF. Of them, 219 have been staged as PS III cases. The main clinico-therapeutic features of this subgroup are as follow: Gender: M 138, F 81; Age: <50 yrs = 184; >50 yrs= 35; Clin. Stage: I = 10; II = 97; III = 112; Path. Stage:III1= 126; III2= 93
Systemic symptoms: A = 154; B = 65; Histology: LP = 22; NS = 83; MC = 101; DL = 8; No subtype = 5; Treatment at presentation: III1 pts: RT=67; RT+CHT=26; CHT=26; III2 pts: RT: 24; RT+CHT=38; CHT=31.
Among the 219 cases treated we observed 100 relapses; 49 patients deceased because of Hodgkin's disease, 51 have been salvaged with second line treatment.

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TWENTY YEARS' EXPERIENCE WITH HODGKIN'S DISEASE (HD) AT THE UNIVERSITY OF FLORENCE: THE REMAINING CHALLENGE AFTER A "SUCCESS STORY"

Magrini, S.M., Cellai, E., Alterini, R.∞, Rigacci, L.∞, Papi, M.G., Spediacci, M.A., Rossi, F., Stefanacci, S.∞, Innocenti, F∞., Bellesi, G.P∞. Rossi Ferrini, P.L.∞, and Biti, G.P, Radiotherapy and (∞) Hematology Departments, University of Florence.

Purpose: During the last twenty to thirty years remarkable gains in survival of HD patients (pts) have been achieved. The two main goals actually pursued by all the major Centers are a reduction of the toxicity of the treatment for the majority of the pts with better prognosis and the adoption of a more aggressive clinical behaviour in the minority with an "high risk" of relapse and/or death. We therefore reanalyzed the series of the Radiotherapy (RT) and Hematology (HE) Departments of the Florence University (UF), that have worked togheter in the management of HD in the last two decades, aiming at a better definition of the prognostic value of the different clinicopathologic factors and to evaluate treatment results in the different subsets of pts.
Materials and methods: From 1960 to 1991, 1531 pts have beeen treated with radical aim. Half of them have been submitted to staging laparotomy with splenectomy. The main features of the series are as follows: Clinical Stage (CS) I, 13%; II, 48%, III, 30%, IV, 9%; General symptoms: A,68%, B,32%; Histology: LP,12%; NS,43%, MC,40%, LD,5%; Treatment at presentation: RT alone, 52%; Chemotherapy alone, 27%; Combined modality, 21%.
Differences in survival rates among the different subsets of patients or according to the treatment given have been analyzed with uni- and multivariate analysis (Cox model); the same was done for the incidence of the main types of jatrogenic damage.
Results: Actuarial 10-year disease specific survival for the whole series ranged 86% (CS I pts) to 43% (CS IV pts). A detailed analysis of survival and toxicity results in the different subsets of pts will be presented.

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SECOND-LINE TREATMENT OF HODGKIN'S DISEASE WITH ABVD COMBINATION CHEMOTHERAPY

Molnár Zs., Schneider T., Várady E. and Fleischmann T.
Department of Hematology, National Institute of Oncology, Budapest, Hungary.

From January 1978. to December 1990, 75 patients received secondary ABVD treatment. Male-female ratio was 41:34. The median age was 37 years. Most of the patients had advanced disease (III/A:11; III/B:19; IV/A:4; IV/B:22). The following histologic subtypes were diagnosed: LP:9, NS:13, MC:32, LDH17, UC:4. 8 patients refused to continue treatment, they are excluded from the data analysis. CR was achieved in 14, PR in 23 patients. The ABVD was ineffective in 30 patients. The mean duration of remission was 100,6 months (m) in CR and 12,4 m in PR. Two patients relapsed from CR, 22 from PR. 43 patients died during the observation time. Two patients committed suicide, one patient died because of secondary AML. In 40 cases the cause of death was the progression of HD. Most frequent side effects were nausea, vomiting (WHO 2-3) myelosupression (WHO 1-2) and alopecia.