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AGE AND LDH ARE INDEPENDENT PROGNOSTIC FACTORS ALSO IN HIV-RELATED NON-HODGKIN'S LYMPHOMA (HIV-NHL): A MONOINSTITUTIONAL STUDY OF 96 PATIENTS (PTS).

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In patients with HIV-NHL several prognostic factors have already been identified to correlate with survival: low CD4 count, prior history of AIDS and poor performance status (PS). The role of other prognostic factors, such as age, LDH, stage and multiple extranodal sites, that have been identified in intermediate-high grade NHL of the general population is presently unclear in HIV setting. We have investigated HIV-related and standard prognostic factors in 96 pts with HIV-NHL diagnosed and treated with combination chemotherapy (CT) at our Institute between September 1987 and December 1993. Clinical findings and laboratory data were evaluated by univariate and multivariate analyses to investigate prognostic factors potentially influencing survival. Eighty-three pts were males, 13 females, median age was 32 years (range 23-79), intravenous drug users were 48 (50%), in accordance to the overall epidemiology in Italy. Prior AIDS was diagnosed in 25% of pts, median CD4 count was 116/mm³ (range 1-2429) at the diagnosis of HIV-NHL. All pts had intermediate or high grade HIV-NHL according to the WF, 73% of pts had stages III-IV, multiple extranodal sites were detected in 53% pts, PS > 2 in 48% and increased LDH values in 54% pts. Eighty-seven per cent of pts were included in prospective studies with combination CT: CR occurred in 48% pts, while overall median survival was 7 months. Among the classical and the HIV-related prognostic factors, the following had statistically significant influence on survival: PS ≥ 2, elevated LDH level, age > 40 years and CD4 cell count < 1000/mm³, active opportunistic infections at diagnosis of NHL and B symptoms. Multivariate analyses revealed that only age, serum LDH level, and CD4 cell count were independent predictors of shortened survival. The increased hazard for patients with age > 40 years (95% Confidence Interval [CI] 1.2 - 2.3), for patients with increased LDH it was 1.8 (95% CI 1.01 - 3.1) and for patients with CD4 cell < 100/mm³ it was 1.7 (95% CI 1.01 - 2.9).

In conclusion this study shows that in addition to a HIV-related prognostic factor, i.e. CD4 count < 100/mm³, also standard prognostic factors, such as age and LDH, are independent unfavourable prognostic factors and should be included in the design of future clinical trials of HIV-NHL.

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