Methods: We have treated 10 pts. with UM, less than 10 mm height, without evidence of metastases. Preliminary dosimetry was performed with BEBIG program. COMS plaques diameters was 14–22 mm (2 mm margin tumor). The dose was always referred to tumor apex. Average: dose was 88 Gy, dose rate 80 cGy/h. Surgical implant was made in the brachytherapy theater under general anesthesia. After to open yuxtacorneal conjuntiva, transilumination exploration and previous sutures was performed and definitive implant placed. In 9 cases was necessary to remove the rectus m. Minimal follow up: 6 months.

Results: Tolerance was good. Acute conjuntivitis was normal and controled with topical treatments.

Conclusion: Epiescleral I. 125 plaques is elective conservative treatment for UM. Brachytherapy is feasible. More follow up and number of pts. is necesary to know local control rate and late effects.

1176 PUBLICATION

RT-PCR detection of melanoma cells in peripheral blood stem cell harvests of patients with metastatic malignant melanoma

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The objective of this study was to develop a sensitive multimarker polymerase chain reaction assay to detect melanoma cells contaminating peripheral blood stem cell harvests (after G-CSF 2 × 5 μg/kg daily times; 4–5 days) of patients with progressive metastatic malignant melanoma. The melanocyte-specific transcripts of tyrosinase and Melan-A/MART-1 as well as the tumor-specific transcript of Mage-3 were used as molecular markers to detect neoplastic cells in eleven metastatic malignant melanoma patients to be treated with high-dose chemotherapy and autologons peripheral stem cell support (Table).

Table: Patient characteristics and results

Patient	Sex/Age (yr)	RT-PCR results: Tyr/MART-1/Mage-3	Metastatic Sites
A	f/27	−/−/−	ST, bone
B	m/26	−/−/−	cutaneous, lymph, pulm
C	m/55	−/−/−	ST, lymph
D	m/47	−/−/−	pulmonary (bulk)
E	m/45	−/−/−	pulm, lymph, liver
F	f/48	−/−/−	lymph, liver, SC
G	m/25	−/−/−	SC, pleural, lymph
H	f/39	−/−/−	lymph
I	m/38	+/−/+	lymph, liver, spleen
J	f/43	−/−/−	lymph, SC
K	m/35	−/−/−	lymph, liver

ST = soft tissue, SC = subcutaneous, lymph = lymphatic, pulm = pulmonary, Tyr = tyrosinase.

With a sensitivity of the nested tyrosinase reverse transcriptase-polymerase chain reaction (RT-PCR) method to detect one melanoma cell in 2 × 10^6 peripheral blood mononuclear cells, only one patient's stem cell harvest tested positive for tyrosinase and Mage-3 message. All harvests were negative for Melan-A/MART-1, which result may be due to a ten-fold and five-fold lower sensitivity of detection when compared to tyrosinase RT-PCR and Mage-3 RT-PCR, respectively. Our results suggest that melanoma cells usually are not mobilized into peripheral blood to a significant degree following G-CSF application

1177 PUBLICATION

Metastatic ocular melanoma – Experiences with chemoimmuno-/polychemotherapy

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Purpose: At the Dept. of Dermatology, University of Heidelberg, between 1991 and 1996 32 patients (pts.) (14 females, 18 males, median age 55 years) with ocular melanoma were seen. 30 pts. had uveal and 2 conjunctival melanoma. 8 of 32 pts. (25%) are free of disease for 34 months (mo.) median, 24 pts. progressed and most developed multilocular metastases e.g. in liver (87.5%), subcutaneous tissue (33.3%) and lymph nodes (20.8%). In 7 pts. liver metastasis represented the only site of metastatic disease.

Methods and Results: 21 pts. with metastatic disease either received chemoimmunotherapy with Dacarbazine (DTIC) and Interferon α (IFN) or polychemotherapy consisting of DTIC, Cisplatin and Vindesine (DVP). DTIC/IFN was given to 13 pts.. No complete or partial responses (CR, PR) could be obtained. Stable disease (SD) lasting 3.5 mo. was achieved in 4 pts. Median survival of first line treated pts. was 9 mo. and of pretreated pts. 6 mo.. DVP was given to 13 pts., neither CR, PR or SD could be achieved. Median survival of first line treated pts. was 6 mo. and of pretreated pts. 4 mo..

Conclusion: These results once more demonstrate that therapeutic concepts that can achieve response rates of up to 53% in metastatic *cutaneous* melanoma are of little benefit in metastatic *ocular* melanoma.

1178 PUBLICATION

Oral etoposide in patients (pts) with Kaposi's sarcoma (KS)

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Purpose: Etoposide (E) has been used in the treatment of a wide variety of neoplasms, including KS. The best therapeutic approach is still unclear. We herein report the preliminary results of a phase II trial of oral E in generalized and progressive Kaposi's Mediterranean sarcoma (4 pts) and KS developed under immunosupressive therapy (4 pts).

Methods: Between September 1993 to March 1996, 8 patients (pts) with biopsy confirmed progressive KS were accrued. All pts were HIV (−). Median age was 43 yrs (range 31–67). Five pts had received prior treatment; with RT (3), RT and chemotherapy (1) or chemotherapy (1). 3 pts had renal transplantation and 1 pt had pemphigus vulgaris. All pts had stage II disease. Oral E was given at the dose of 50 mg bid for 10 days every 21 days. All pts completed at least 2 cycles, 6 pts received more than 4 cycles (range 2–9). During E treatment pts with renal transplantation had been using azathioprine and prednisone.

Results: In three pts with renal transplantation, grade III neutropenia were developed. No other grade III and IV toxicities were detected. Of the 8 pts, 1 pt required dose reduction of 25% and 2 pts delay of at least 1 week due to hematological toxicity (in pts with renal transplantation). 7 pts achieved a complete response (87%) which continue for 3, 8+, 8+, 11+, 14+, 18+, 29+ months, respectively. After completing chemotherapy all these 7 pts are still alive. In 1 pt with previous chemotherapy and renal transplantation minimal regression was detected. This pt died 4 months after completion of chemotherapy because of a cardiac reason.

Conclusion: In pts under immunosupressive therapy, main toxicity is hematologic. It may be concluded that oral E is effective for use in pts with generalized and progressive Kaposi's Mediterranean sarcoma or KS developed under immunosupressive therapy.

Lymphomas

1179 ORAL

Clinical activity of the monoclonal antibody (MAB) IDEC-C2B8 in patients (pts) with relapsed low-grade or follicular NHL (R-LG/F NHL)

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Purpose: We conducted a single-agent, multicenter, clinical trial (PIII) in a total of 166 pts with R-LG/F NHL (IWF classes A, B, C, D), treated with IDEC-C2B8 at 375 mg/m^2 weekly for 4 infusions to establish safety and efficacy of the MAB.

Pt characteristics: Gender – 61 F/105 M, median age – 57 years, median time since diagnosis – 4.1 years, stage at diagnosis – 78% III/IV, prior chemotherapy – median 2 relapses.

Results: Adverse events (AEs) were primarily related to 1st infusion and usually consisted of fever, chills, nausea, and headache. Only 34 pts had grade 3, and five pts had grade 4 treatment-related AEs (usually transient and reversible). There were no treatment-related deaths. Incidence of HACA was <1% and not associated with AEs. In the 166 pts, the overall response rate (ORR) was 48% (6% CR and 42% PR). Evaluable pts (151/166) had an ORR of 50% (6% CR and 44% PR). Responses (CT scans) were confirmed (blinded audit) by an independent panel of lymphoma experts (LEXCOR panel) using established response criteria. Median time to progression for responders has not been reached (9+ mo median follow-up). The ORR in