1197 PUBLICATION

## Lenograstim (glycosylated rHuG-CSF) post high-dose chemotherapy and PBPC transplant in breast cancer and NHL patients

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**Purpose:** to evaluate hematopoietic recovery after high-dose CT (HDC) and peripheral blood progenitor cells transplant (PBPCT) followed by lenograstim support.

**Methods:** stage II to IV breast cancer or high-grade non-Hodgkin lymphoma (NHL). PBPC were collected after CT and lenograstim. HDC: HDM (Melphalan 140 mg/m$^2$ D1) or CTCb (cyclophosphamide 6000 mg/m$^2$, thiotepa 500 mg/m$^2$, carboplatin 800 mg/m$^2$ total dose over 4 days) in breast cancer, and superBEAM (BCNU 300 mg/m$^2$, ara-C 400 mg/m$^2$, etoposide 300 mg/m$^2$/d × 4, melphalan 140 mg/m$^2$) in NHL. It was followed by PBPCT and by lenograstim 263 $\mu$g/day until neutrophil (ANC) recovery.

**Results:** 18 pts median age 45.5 were included. Median number of CD34+ reinfused was 4.5 × 10$^6$/kg (range 1.6–18.6). Lenograstim was administered post-transplant during a median of 11 days. Median time to ANC recovery over 0.5 × 10$^9$/L was 10 days and median time to platelet recovery over 20 × 10$^9$/L was 11 days. No patient died during HDC or post-transplant period, no major toxicity was observed.

**Conclusion:** this pilot study confirms that the use of lenograstim post-high-dose chemotherapy and PBPC Transplant accelerates hematological recovery, compared to previous studies without G-CSF.

1198 PUBLICATION

## Induction chemotherapy with continuous infusion ifosfamide (IFX) and antracyclin in a high dose chemotherapy with peripheral blood stem cell (PBSC) support program in advanced soft tissue sarcomas (STS)

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**Purpose:** Toxicity and activity evaluation of combination of full-dose IFX and antracyclin with granulocyte colony-stimulating factor (G-CSF) support. Intensive chemotherapy with PBSC is provided for very good responders (CR + PR > 75%).

**Methods:** 16 untreated patients (pts) with high-grade advanced STS received IFX 12.5 g/mq/120-hour c.i. with mesna c.i., adriamycin (ADM) 75 mg/mq/72-hour c.i. 3 pts received epirubicin (EPI) 75 mg/mq in 3 gg. and G-CSF 5 g/kg/d on days 6 to 14. Cys were repeated every 4 weeks. RR evaluation was performed after 4 cys and very good responders were admitted to a second phase with high-dose etoposide, melphalan and carboplatin followed by PBSC. All pts were further evaluated for radiotherapy and/or surgery of residual local or metastatic disease.

**Results:** 16 pts received 56 cys (42 IFX-ADM and 14 IFX-EPI), 51 cys at full dose, 5 cys at 75%. Toxicity G 3–4 was: neutropenia 51.7% (febrile neutropenia 7.1%); thrombocytopenia 3.5%; anaemia 3.5%; mucositis 7.1%.

14 pts completed the induction treatment, ORR was 50% (7/14): CR 28.5% (4/14), PR 21.4% (3/14), PD 50% (7/14).

3 CR pts were admitted to high dose chemotherapy with PBSC support phase.

**Conclusion:** Induction chemotherapy with IFX-ADM (EPI) is feasible with moderate toxicity and high ORR. The study is on going.