all haematological departments and it allowed to standardise diagnostic criteria of these disease. Therefore, this increase can not be attributed to the diagnostics errors. The fast transformation of MDS in acute leukaemia (AL) (during 8–16 months) in patients from this regions was also suspected. Our findings are similar to Japanese experience after A-bomb explosions, where the appearance of AL from MDS has been shown as a feature of radiation leukaemia. The increase of MDS could be the first sign of the radiation leukemogenesis in Belarus, that was most heavy contaminated after Chernobyl explosion.

1343 POSTER

Alterations in functional activity of thyroid parafollicular cells in the course of chemoradiotherapy of children with Hodgkin's disease

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Patients and Methods: 18 patients with II–IV stade Hodgkin's disease, their age ranging from 6 to 15 years (Me – 11 years). Were administered multiagent chemotherapy (MAC) (3 courses of ChVPP plus 3 courses of B – DOPA) and radiotherapy (RT) on the involved areas. The level of calcitonine (C) in blood plasma (N – 6–30 pg/ml) was measered employing the radioimmunologic method (ELSA – hCT kit, Franse) prior to the treatment, before each MAC course, before RT on neck area and after the completion of it.

Results: Before commencing of the treatment, C content in all the children was within the normal range (mean 16.9 ± 2.2 pg/ml, ranging from 10.3 to 2.5 pg/ml). No significant differences in the hormone level were found in patients with local and advanced disease (stade II – 13.7–2.4 pg/ml, stage IV – 12.5 ± 2.5 pg/ml). Over the first courses of MAC the changes in the hormone concentration were of wave – like nature: a sharp decrease after ChVPP regimen and then a rise to the initial level after B – DOPA. The data suggest that cytostatic agents included in ChVPP regiment or at least one of them produce a toxic effect on parafollicular cells (PFC) of the thyroid gland (TG). By MAC completion this pattern vanished, and gradual reduction of C down to 7.8 ± 0.3 pg/ml was observed (in 2 times). In 48% of the patients the C level below normal.

The changes in C content in blood plasma at neck irradiation depended on the dose delivered. After radiotherapy at a dose of 20 Gy the C level remained within the normal range (8.5 ± 0.91 pg/ml) and corresponded to its level at the time of MAC completion. An increase in the dose to 30 and 40 Gy resulted in the fall of the C level down to 6.8 ± 0.9 pg/ml and 4.2 + 0.03 pg/ml respectively, which is 1.2- and 1.8-fold lower that the C level at MAC completion. A month later after RT completion, the C level continued to decrease and lowered to 3.4 ± 0.05 pg/ml.

Conclusion: Both MAC and RT reduce functional activity PFC of TG, the degree of its inhibition depending on the radiation dose delivered.

1344 POSTER

Tailored-treatment for early stage Hodgkin's disease

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Purpose: To study the value of risk-adapted treatment in non-laparotomized patients (pts) with stage I–II Hodgkin's disease (HD).

Methods: From 1989 to 1996, 84 pts with clinically-staged supradiaphragmatic HD (median age 30 y, range 16–79 y; M/F = 38/46; clinical stage I/II = 16/68; LP/NS/MC histology = 6/54/23) were treated according to prognostic factors at presentation. Fifty-seven pts with one or more of the following features were defined as unfavorable group (UF): age > 50, "B" symptoms, Bulky disease (≥10 cm), ≥4 involved sites, "E" lesion, ESR > 50, LD histology. They received 6 cycles of MOPP/ABV hybrid chemotherapy (M/A) followed by mantle field irradiation (49 pts) or chemotherapy alone (8 pts). Twenty-three pts with no adverse features were defined as favorable group (F), and were treated by subtotal nodal irradiation (14 pts) or 4 cycles of M/A combined with mantle irradiation (9 pts). Four patients had a very favorable presentation (VF) of stage I high cervical disease, and received mantle irradiation alone.

Results: All pts achieved complete response. With a median follow-up of 43 m (range 7 to 109 m) there have been 6 relapses, 1 in the F group and 5 in the UF group. 5-y failure-free survival was 89% (VF/F/UF = 100/98/86%), and 5-y cause-specific survival was 98%, as only one patient died of disease. There were no toxic deaths and one patient developed mesothelioma as second primary tumor.

Conclusion: Prognostic-factor tailored treatment is an effective and well-tolerated therapy for early clinically- staged HD.

1345 POSTER

Relative dose intensity (RDI) related to international prognostic index (IPI) in chemosensitive elderly patients with aggressive non-hodgkin lymphoma (NHL). No benefits on disease-free survival (DFS) in high-risk patients

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Purpose: RDI and IPI are prognostic factors in elderly patients (pts) survival with aggressive NHL. To determinate the influence of RDI, we analyzed the risk of relapse, stratified on each group IPI, in chemosensitive pts treated with conventional CHOP.

Patients: Within a 14 years period, 261 elderly pts with NHL were treated with CHOP. Of this group, we analyze 165 pts with complete response (63%). Histology was intermediate-grade or immunoblastic, according WF. The median age was 67 years (R: 60–84), 97 (59%) female, elevated LDH level in 33 (20%), Ann Arbor stage I–II: 100 (61%) and III–IV: 65 (39%), performance status: 0–1 in 138 (84%) and >1 in 27 (16%). IPI subgroups low-risk (LR) 72 (44%), intermediate-low (IR) 61 (37%), and intermediate-high/high (HR) 32 (19%).

Results: The median RDI, according to Hryniuk method, achieved was 0.82, and the total-dose delivery was 94% planned chemotherapy. The median RDI were LR: 0.81; IR: 0.80; HR: 0.78, without significant difference. With median follow-up 41 months, relapsed occurred in 55 pts. The median DFS was 71 months (CI95%: 36–105), the 4-years PFS rates were in LR: 78%, IR: 50%, and HR: 20%, with significant differences (p = 0.001). When the results of the study were stratified in 2 groups: a) below median RDI, and b) over median RDI. We found that 4-years DFS in LR pts (67% vs. 80%, p = 0.04), and in IR pts (38% vs. 63%, p = 0.001), both with significant differences. In HR pts (22% vs. 22%) no significant differences.

Conclusions: This data shows, in elderly pts with NHL treated with CHOP, a DFS benefit in LR and IR pts who received RDI over median (>0.82). In HR pts, the RDI showed no impact in decreasing the risk of relapse. We suggest that, in these high-risk pts, the indication of full doses is controversial and should be evaluated.

1346 POSTER

Primary adult Western-type intestinal lymphoma (PAWIL) in immunocompetent patients: Prognostic factors, patterns of relapse and therapeutic outcome

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Purpose: To analyze prognostic factors, patterns of relapse and impact on survival and toxicity of surgical radicality in immunocompetent pts with PAWIL, focusing on diffuse large-cell subtype (DLCL).

Patients and Methods: 42 HIV– pts with PAWIL ('86–'98) were reviewed. Pts with Burkitt's (n = 2), indolent (n = 4), mantle-cell (n = 4), and peripheral T-cell (n = 1) lymphomas were excluded. Study group consisted of 31 pts with DLCL (20 M; 11 F): 21 had limited disease (stage I–II; LD) and 10 had advanced disease (stage IV; AD). Median age was 61 ys; 13 pts had ECOG-PS >2; 11 had B-symptoms; 11 had bulky disease; 19 had LDH ratio >1. Risk was low (IPI < 2) in 13 cases, intermediate (2–3) in 11 and high (4–5) in 7. Extranodal site was small bowel in 16 cases, colon-rectum in 11, both in 4. Pts with LD were treated with surgical resection followed by anthracycline-containing chemotherapy (CHT). Surgical resection was complete in 9 cases. Four pts with stage II2X did not complete the planned treatment because of fatal surgical complications. Pts with AD were treated with CHT alone.

Results: There were no cases of bleeding or perforation during CHT. Thirteen pts with LD achieved a CR; 4 had PD. Six pts with AD achieved a CR; 4 pts had PD. Four responders (2 with LD) relapsed. Sites of failure were abdomen (n = 9), central nervous system (CNS, n = 2) and skin (n = 1). Fourteen pts are alive (13 NED) with a median follow-up of 67 months (5-yr OS: 43%). Ten pts died of NHL and 7 of other cause (3 NED). Five-yr