0204

RITUXIMAB PLUS CLADRIBINE OR CLADRIBINE AND CYCLOPHOSPHAMIDE IN HEAVILY PRETREATED PATIENTS WITH INDOLENT LYMPHOPROLIFERATIVE DISORDERS

T.R. Robak,[1] P. Smolewski,[2] A. Szmigielska-Kaplon,[2] B. Cebula,[1] J.Z. Blonski,[1] K. Chojnowski[1]

[1]Medical University of Lodz, LODZ, Poland; [2]Med Univ of Lodz, LODZ, Poland

Background. Preclinical studies have shown synergistic or additive effects of rituximab combined with purine nucleoside analogs, fludarabine or cladribine (2-CdA). *Aim.*In this report we present the results of our study evaluating the feasibility, efficacy and toxicity of the combined regimens consisting of rituximab plus 2-CdA (RC regimen) or rituximab, 2-CdA and cyclophosphamide (RCC) in the treatment of patients with heavily pretreated indolent lymphoid malignancies. *Methods.* Between March 2001 and November 2005 54 adult patients with relapsed or refractory low grade non-Hodgkin lymphoma (LG-NHL) and B-cell chronic lymphocytic leukemia (CLL) were treated according to RC/RCC regimens. The RC protocol consisted of rituximab at a dose of 375 mg/m^2 i.v. on day 1 and 2-CdA given at a dose of 0.12 mg/kg/d on days 2 to 6. In RCC protocol rituximab was administered at a dose of 375 mg/m^2 on day 1, 2-CdA 0.12 mg/m^2 days 2 to 4 and cyclophosphamide at a dose 650 mg/m^2 i.v. on days 2 to 4. The cycles were repeated every 28 days or longer if severe myelosuppression occurred. Guidelines for response were those developed by the NCI- sponsored Working Group. *Results.* Fifty four patients, 32 patients with B-CLL and 22 with LG-NHL entered the study and all of them were eligible. Thirty three patients (61.1%) were recurrent after prior therapy and 21 (38.9%) had refractory disease. All patients received 3 or more cycles of chemotherapy before RC/RCC treatment. Thirty-one patients were treated with RC regimen and 23 with RCC regimen. The RC/RCC courses were repeated at 4 week intervals or longer if severe myelosuppression occurred. One hundred fifty six cycles of RC/RCC with median of 3 cycles per patient were administered (range 1-5 cycles). Six patients (11.1%), 2 with B-CLL and 4 with LG-NHL, achieved a complete response (CR). Thirty two patients (59.25%), including 23 with B-CLL and 9 with LG-NHL, had a partial response (PR). Overall response rate (OR) was 70.4% in the whole group, from 59.1% in LG-NHL to 78.1% in B-CLL patients. The median failure-free survival (FFS) of responders was 10.5 months. Hypersensitivity to RIT was the major toxicity of RC/RCC regimens, and occurred in 14 patients (25.9%), mostly during the first infusion of RIT. Severe neutropenia (grade III-IV) was seen in 5 patients (9.25%). Eight (14.8%) episodes of grade III-IV infections were observed. One patients died from severe pneumonia complicated with septic shock after second cycle of RCC regimen. Severe thrombocytopenia (grade III-IV) occurred in 4 patients (7.4%). *Conclusion.* RC and RCC regimens are highly effective and well tolerated modalities of treatment in heavily pre-treated patients with indolent lymphoproliferative disorders.

0205

A RETROSPECTIVE STUDY TO ASSESS RELATIVE DOSE INTENSITIES IN PATIENTS WITH LYMPHOMA IN CENTRAL EUROPEAN COUNTRIES

M. Trneny,[1] S. Fekete,[2] J. Walewski,[3] M. Ladicka,[4] G. Kreuzbauer,[5] T. Skacel[6]

[1]Charles University General Hospital, PRAGUE, Czech Republic; [2]Szent László Kórház, I. Belgyógyászat Ha, BUDAPEST, Hungary; [3]MSCM Cancer Centre, WARSAW, Poland; [4]National Cancer Institute, BRATISLAVA, Slovak Republic; [5]Amgen Head Office for Central & Eastern, VIENNA, Austria; [6]Amgen International, ZUG, Switzerland

Background. Maintaining chemotherapy dose intensity is important for the successful treatment of cancer patients. However, neutropenia and its complications are major dose-limiting factors. Data on chemotherapy-related reductions in dose intensities for lymphoma patients from Central European (CE) countries remain sparse. *Aim.*To assess the relative dose intensities in patients with Hodgkin lymphoma (HL) and non-Hodgkin lymphoma (NHL) in CE countries. *Methods.* Chemotherapy treatment data from 1995 to 2004 were retrospectively collected from 484 patients undergoing chemotherapy treatment for lymphoma from 24 centres in 4 CE countries: Czech Republic (26%), Hungary (13%), Poland (44%) and Slovakia (17%). For this sub-analysis, 310 patients who received either doxorubicin, vinblastine, bleomycin and dacarbazine (ABVD) treatment for HL (117 patients) or cyclophosphamide, doxorubicin, vincristine and prednisone ± rituximab every 21 days (CHOP21±R) for NHL (193 patients) were considered. *Results.* Of 116 HL patients with full data records (median age 29 years), 112 (96%) had *classical* disease and 4 (3%) had lymphocyte-predominant HL; for 189 NHL patients with full records (median age 56 years), 179 (95%) were B-cell and 10 (5%) were T-cell. AVBD was administered to 100% of the 117 HL patients selected for this study and CHOP21±R was administered to the 193 NHL patients, of which 39 patients (20%) also received rituximab. Dose delays ≥7 days were observed in 271 out of 1583 cycles (17%; HL: 110 of 648-17%; NHL: 161 of 935 - 17%). Overall, 221 patients (72% of 306 considered for this analysis) experienced at least one dose delay during their treatment. This corresponds to 95 of 117 HL-AVBD patients and 126 of 189 NHL-CHOP21±R patients (i.e. 81% and 67% respectively). One hundred and forty-three patients (47% of 305 patients) experienced a dose reduction of ≥15% in at least one cycle, of which 90 patients (30% of 305) received ≥15% reduction in their overall dose. Dose reduction of ≥ 15% in any cycle occurred in 61 HL-AVBD patients (52% of 117) and in 82 NHL-CHOP21±R patients (44% of 188), with 51 HL-AVBD and 39 NHL-CHOP21±R patients receiving ≥15% reduction in their overall dose (44% and 21% respectively). The relative total dose intensity (RTDI, see Table 1) at the end of treatment was as follows: 55.6% of HL-AVBD patients received ≥ 85% RTDI and 39.3% received ≥90% RTDI; 73.4% of NHL-CHOP21±R patients received ≥85% RTDI and 59% received ≥90% RTDI. G-CSF was administered in 71 of 765 cycles of AVBD (9.3%) chemotherapy and in 73 of 1124 cycles of NHL-CHOP21±R (6.5%). There were 48 unplanned hospitalisations in 30 patients (5 HD-AVBD and 25 NHL-CHOP21±R); 21 hospitalisations were neutropenia-related. *Summary/Conclusions.* The reduction of RTDI, and its associated problems, in lymphoma patients receiving chemotherapy is a major concern. The data observed in CE countries are similar to US centres (Lyman *et al.* JCO 2004; 22: 4302-4311). Further analysis of these data will enable a better understanding of the implications of reduced RTDI in lymphoma and help to identify those patients who require preventative treatment.

Table 1. RTDI at end of treatment.

	<75%		≤75<85%≥		≥85<95%		≥95%		≥90%		
Patient group	*N*	*(%)*	*N*	*(%)*	*N*	*(%)*	*N*	*(%)*	*N*	*(%)*	*Total patients**
HL-AVBD	32	(27.35)	20	(17.09)	38	(32.48)	27	(23.08)	46	(39.3)	117
NHL-CHOP21	33	(17.55)	17	(9.04)	69	(36.70)	69	(36.70)	111	(59.0)	188

*Total number of patients with data available for this analysis.

0206

COMPARISON BETWEEN 2-DEOXY-2-[18F]FLUORO-D-GLUCOSE POSITRON EMISSION AND COMPUTER TOMOGRAPHY FOR STAGING OF PATIENTS WITH HODGKINS LYMPHOMA

L. Rigacci,[1] F. Merli,[2] A. Castagnoli,[1] A. Versari,[2] L. Nassi,[1] T. Chisesi,[2] A. Gallamini,[2] A. Biggi,[2] U. Vitolo,[2] R. Sancetta,[2] P. Pregno,[2] F. Salvi,[2] A.M. Scattolin,[2] A. Levis,[2] A. Bosi[1]

[1]Azienda Ospedaliera Universitaria, FLORENCE, Italy; [2]Intergruppo Italiano Linfomi, REGGIO EMILIA, Italy

Backgroud. Accurate staging in lymphoma patients (pts) has an important role in the treatment and allows minimization of toxic therapies, such as extended field radiation or overly aggressive chemotherapy. Particularly in HL a tailored therapy decrease the risk of secondary malignancies which exceeds 10% in several historical series in patients with early stage disease. Anatomic imaging modalities lack sensitivity and specificity because the definition of lymph node involvement is based on size criteria. During the last decade FDG-PET has been introduced for noninvasive staging of lymphoma. *Methods.* Herein we propose a prospective multicentric study with the aim to assess the impact of FDG-PET on the staging of pts with diagnosis of HL. A total of 186 consecutive pts coming from six Italian hematological Institutions underwent a FDG-PET scan in addition to conventional staging procedures, which include physical examination, laboratory data, bone marrow biopsy and imaging of the neck, thorax, abdomen and pelvis using CT scan. In general the adjunctive informations from PET did not influence the therapuetic options in use at a given centre at a particular time. *Results.* Pts characteristics were the following: 98 male and 88 female, 140 (75%) with diagnosis of nodular sclerosis classical HL, 28 (15%) mixed cellularity classical HL, 11 (6%) lymphocyte-rich classical HL, 2 (1%) lympho-