Myeloma and other monoclonal gammopathies II

0239
FLUORODEOXYGLUCOSE POSITRON EMISSION TOMOGRAPHY IN MULTIPLE MYELOMA, SOLITARY PLASMA CYTOMA AND MONOCLONAL GAMMAPATHY OF UNKNOWN SIGNIFICANCE
Z.A. Adam
University Hospital, BRNO, Czech Republic

The aim of our study was to evaluate the role of fluorine-18 fluorodeoxyglucose positron emission tomography (FDG-PET) in plasma cell malignancies. A total of 49 patients were enrolled including 13 patients with newly diagnosed multiple myeloma (MM) and negative bone radiographs, four patients with solitary plasma cytoma, 26 patients with MM in remission but with suspected relapse, and six patients with monoclonal gammopathy of unknown significance (MGUS) with suspected progression to MM or with suspected other malignancy. FDG-PET results were verified by conventional imaging methods, including plain radiographs, magnetic resonance imaging (MRI) and computer tomography (CT). Focally increased FDG uptake was observed in three (23%) of 11 newly diagnosed myeloma patients with negative bone radiographs. The findings were all confirmed by CT or MRI. FDG-PET was negative in two patients with newly diagnosed MM, negative bone radiographs, and without focal infiltration on MRI but with anemia, high monoclonal immunoglobulin and high bone marrow infiltration by plasmocytes. In all other cases FDG-PET negativity in asymptomatic patients was associated with favorable prognosis; these patients are without progression after the median follow-up of 14 months. Focally increased tracer uptake was found in five of 26 patients with MM in remission. In four cases it was due to MM relapse, in one case due to ovarian carcinoma. Only in one patient FDG-PET failed to recognize extramedullary progression. Of the 20 patients who had negative FDG-PET scans, only one relapsed 12 months after FDG-PET examination; the remaining 19 patients are without progression with the median follow-up of 15 months. FDG-PET was positive in two of six patients with MGUS. In one case a thyroid carcinoma was later detected, in the other an intestinal tumor was found. We conclude that FDG PET might contribute to initial staging of MM patients with negative bone radiographs and is useful for the follow-up of patients in remission especially in non-secretory MM and in patients with large plasmacytoma (>5 cm) after radiochemotherapy.

0240
TREATMENT WITH BENDAMUSTINE, THALIDAMIDE AND PREDNISOLONE IN ADVANCED MYELOMA PATIENTS: RESULTS OF A PHASE I CLINICAL TRIAL.
*University of Leipzig, LEIPZIG, Germany; Arztpraxis, LEIPZIG, Germany; Krankenhaus Dresden-Friedrichstadt, DRESDEN, Germany; Gemeinschaftspraxis, LEIPZIG, Germany; Heinrich-Braun-Krankenhaus, Zwickau, Germany

Thalidomide is an active single agent in advanced relapsed or refractory multiple myeloma (MM). Combination of low dose thalidomide and prednisolone might be a way to maintain efficacy of the drug without dose limiting toxicity (DLT). The treatment consists of a fixed dose of bendamustine (60 mg/m²) day 1, 8, and 15 and prednisolone (100 mg) day 1, 8, 15, and 22. At the same time, thalidomide was given in patients cohorts with escalating doses, starting with 50 mg to a maximum of 200 mg daily. 8 patients (4 after conventional chemotherapy and 4 after ABSC) were enrolled at each dose level. Cycles were repeated every 28 days for a minimum of 2 and a maximum of 10 cycles until a maximal response was achieved, a DLT or a disease progression were observed. 23 patients (8 in the first dose level with 50 mg thalidomide, 6 in the second dose level with 100 mg and 7 patients in the third dose level with 200 mg) are enrolled until now. The number of prior treatment regimens was 2 or more in all patients. 6 patients were refractory for the last treatment. Median age was 67 years (range: 40-78). All patients completed 2 cycles of BPT-treatment and were hence evaluable. Response was assessed using EBM criteria modified (PCR). 3 patients had complete response (CR), 4 had partial response (PR), and very good partial remission (VGPR). 21 of 23 patients responded after at least 2 cycles of chemotherapy with 3 CR, 5 VGPR, 11 PR and 2 MR. 2 patients had stable disease. With a median follow up of twelve months, EFS and OS at twelve months were 47% and 87%, respectively. Most common site...