250 POSTER

EVALUATION OF INCIDENCE OF CISPLATIN (CDDP)—ANEMIA DEVELOPED IN THREE SUBSETS OF NEOPLASTIC PATIENTS (PTS)

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Studies regarding rHuEPO therapy of CDDP-anemia have been recently reported. We reviewed the incidence of this side-effect in pts receiving at least 3 cycles of CDDP-containing chemotherapy over the last 5 yrs. We identified 119 epithelial ovarian cancer pts (CDDP 90 mg/sqm + CTX 900 mg/sqm); 45 testicular cancer pts (CDDP 20 mg/sqm day 1–5, PEB or PVB regimens); 32 non small lung cancer pts (CDDP 120 mg/sqm + VP16 or IFO or MMC). All of pts had normal renal function and hemocytometric controls every 1 or 2 weeks. RBC transfusion were given at a mean Hb level of 7.5 g/dl (range 6.5–8.1). The results are given in the table below:

	Ovarian	Testicular	Lung
No. of pts	119	45	32
Average Hb baseline values	11.07	13.3	13.4
Average Hb nadir	9.07	11.02	9.08
% of pts with Hb < 9 gr/dl during CT	26%	4.40%	34.30%
Total % of transfused pts	4.20%	4.40%	9.3%
% of pts with Hb < 9 gr/dl who required RBC transfusion	16%	100%	17%
Average n. of RBC units transfused/pt	2	2	3

So, considering the current cost of rHuEPO, clinical studies are required to evaluate its cost-effectiveness and to select pts who can most benefit from rHuEPO in relation to the type of neoplasm, life expectancy and response to rHuEPO, with the final aim of optimizing the use of this hormone.

251 PUBLICATION

EXPRESSION OF INSULIN LIKE GROWTH FACTOR-I RECEPTOR AND TRANSFORMING GROWTH FACTOR-ALPHA IN MALIGNANT EFFUSION SMEARS

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The aim of this study was to investigate the expression of Insulin like Growth Factor-I receptor (IGF-Ir) and Transforming Growth Factor-alpha (TGF-α) in 42 effusion smears, using an immunocytochemical technique.

We have studied 18 peritoneal and 24 pleural effusion smears from patients with endometrial (5), ovarian (7), colorectal (3), liver (3), breast (14) and lung (10) carcinomas. Fifteen effusion smears from patients with benign diseases were used as control group.

IGF-Ir immunoreactivity was detected in 15/24 (62.5%) of peritoneal and 14/24 (58.3%) of pleural effusion smears. TGF-α immunoreactivity was observed in 12/18 (66.7%) of peritoneal and 10/18 of pleural effusion smears. Benign effusion smears were found to be negative for IGF-Ir and TGF-α immunoreactivity.

These results suggest that the expression of IGF-Ir and TGF-α in malignant effusion smears plays an important role for the prediction of biologically high malignant potential.

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IDARUBICIN, CYCLOPHOSPHAMIDE, VINCRISTINE AND METHYLPREDNISOLONE FOLLOWED BY G-CSF IN THE TREATMENT OF ADVANCED MULTIPLE MYELOMA

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Seventeen multiple myeloma (2, S.IIA, 1, S.IIB; and 14, S.IIIA) and 1 loco-regional advanced extramedullary myeloma patients were treated with ICOMP chemotherapy (Idarubicin, I 10 mg/m^2 day 1; Cyclophosphamide, CTX 1.2 g/m^2 days 1 and 3; Vincristine, O 1.2 mg/m^2 day 1 and methylprednisolone, MP 250 mg days 1 and 3, 125 mg days 2 and 4). All drugs were given IV. G-CSF (5 μg/kg) was administered SC from day 5 to recovery from neutropenia. All patients, but one, had received prior chemotherapy (median 3 types combinations, range 1–7). Nine had relapsing and 9 resistant disease to previous treatment. Five patients discontinued therapy, 1 after the 1st cycle because of herpes zoster, 3 because of disease progression (1 after the 2nd, 1 after the 3rd and 1 after the 5th cycle). The last developed a non-therapy related myocardial infarction 5 days after the 3rd cycle. Nine PR, 4 SD and 1 PD were observed in the 13 patients who completed at least 6 cycles. In the first 6 cycles, 18/18, 16/17, 14/16, 12/14, 12/14 and 11/13 patients respectively received between 75% and 100% of the planned I dose and 18/18, 16/17, 14/16, 14/14, 13/14 and 12/13 patients 75%–100% of the projected CTX dose. A WBC <1000/cmm was documented in 10/18 (median 3.5 days, range 2–11), 9/17 (4, 2–15), 8/16 (3, 2–6), 7/14 (3, 1–5), 7/14 (3, 1–5) and 5/13 (3, 2–6) from the 1st to the 6th cycle and a platelet count <100,000/cmm in 7/18 (9, 5–28), 9/17 (8, 1–31), 7/16 (10, 3–28), 7/14 (6, 2–28), 8/14 (7, 2–34), 5/13 (2, 1–20). Our results indicate that the therapeutic regimen adopted is reasonably well tolerated as well as active against advanced MM.

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TOLERABILITY OF HIGH-DOSE CYCLOPHOSPHAMIDE AND CARBOPLATINUM FOLLOWED BY GM-CSF INFUSION

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Eighteen patients (5 MM, 4 HD, 9 NHL) in first or later partial or complete remission after receiving one (13) or more (5) conventional chemotherapies were treated sequentially with high-dose cyclophosphamide (CTX, 7 g/m^2) and carboplatinum (CBDCA, 800 mg/m^2) followed by GM-CSF (5 μg/kg). Two patients discontinued GM-CSF after CBDCA. The first, who interrupted after 2 days because of suspected, but unconfirmed, allergy to GM-CSF, did not receive any other cytokine to accelerate haematological recovery. The second was shifted to G-CSF after withdrawal of GM-CSF on the 5th day due to hypotension and dyspnea. Despite this the symptoms reappeared three times while the patient was off treatment. All 18 patients developed leukopaenia (WBC < 1000/cmm) after CTX, WBC were < 500/cmm in 17 patients. Median duration was 9 and 7 days respectively (range 3–19 and 3–16 days). The platelet count was <50 × 10^3/cmm in 11/18, at times as low as <25 × 10^3/cmm in 6 patients. The median duration of piastrinopaenia was 8.5 days (range 1–40). Eight patients received platelet support. Following high-dose CBDCA, leukopaenia was documented in 6 patients whose WBC further decreased to a count <500/cmm. A platelet count <25 × 10^3/cmm (median 10 days, range 2–27 days) was recorded in 16/18 patients. All, but one of these patients required platelet support. Fever, infections, nausea and vomiting were more frequent after CTX than CBDCA. No major side effects were documented during GM-CSF administration. As CTX and CBDCA provoke different types of toxicity, they are ideally suited for sequential use in association with GM-CSF.

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INTERLEUKIN 3 (IL3) IN THE TREATMENT OF THROMBOCYTOPENIA AFTER STANDARD DOSE OF CHEMOTHERAPY

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Neutropenia and/or Thrombocytopenia are the most important toxicities in several chemotherapy regimens, which result in dose- or interval modifications, which may cause a dose intensity reduction. IL3 is a glycoprotein with an *in vitro* and *in vivo* broad spectrum of activity on hematopoiesis with either prompt neutrophil and platelet counts recovery and prevention of significant periods of neutropenia and prevention of thrombocytopenia. This action is based on ability of IL3 to stimulate the differentiation and proliferation of pluripotent precursor cells in bone marrow. With this background, we treated 14 patients (8 females and 6 males, who all gave their informed consent for this pilot study) with thrombocytopenia after standard dose of chemotherapy. Eleven pts were evaluated for response (2 pts too early, 1 pt dropout of the study after only one administration). The sites of diseases were: breast 5 pts, stomach 3 pts, lung 1 pt, LNH 1 pt, mesothelioma 1 pt, neuroblastoma