

was 225/mm<sup>3</sup> (range 32-1008) and 27 pts had a detectable HIV viral load (median 3600 copies/mm<sup>3</sup> (range 60- 455000). Stage III and IV disease was present in 33/46 (72%) pts. Histologic subtypes were: MC 43%, NS 24%, LD 6%, not determined 26%. As far as toxicity, no toxic death was observed, while an absolute neutrophil count <500 was observed in 37 out of 46 pts (80%). Grade 4 anemia was observed in 20/46 pts (43%) and severe thrombocytopenia in 8/46 (17%) pts. Thirteen pts (28%) had febrile neutropenia with 3 documented bacterial sepsis. A grade 2-3 peripheral neuropathy was observed in 15/46 pts (33%). CR was obtained in 37/45 pts (82%) and PR in 4/45 pts (9%). Seven CR pts relapsed (19%). The actuarial overall survival and disease free survival at 2 years are 57% and 66%, respectively. Our preliminary data demonstrated that the abbreviated CT regimen, Stanford V, in combination with HAART is feasible and active in pts with HD-HIV. Supported by AIRC and ISS grants.

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POSTER

### Outcome of very late relapse of Hodgkin's disease (HD) at the National Cancer Institute of Milan

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**Purpose:** HD is a highly curable neoplasm, however very late relapse, occurring more than 10 years after achieving CR with first line therapy, is rare but not uncommon. We report the outcome of 13 pts relapsing more than 10 years after CR.

**Methods:** Among 523 pts enrolled at our institution in prospective studies and in CR after first line treatment 13 pts (2.5%) relapsed after a median of 179 months (range 123-216). Main pt characteristics at relapse were as follows: median age 40 years (range 29-66); males/females 9/4; stage I-II/III-IV 6/7; B symptoms 2. Treatment at relapse was: RT alone in 1, ABVD in 2, MOPP/ABVD in 8, MOPP in 1 and Vinorelbine+Prednisone in 1 case. Consolidation RT on nodal involved and not previously irradiated sites was delivered at the end of chemotherapy (CT) in 6 pts.

**Results:** Eleven pts (85%) achieved a 2nd CR, while 2 pts failed. Eight pts (64%) are alive and disease-free after a median of 84 months (range 26-180) from start of salvage CT, one pt relapsed subsequently and was salvaged by high-dose CT+PBSC reinfusion, for a total of 9 pts (69%) alive at 61 months (range 26-180). Two pts died in CR from HD: one for heart failure and one for metastatic gastric cancer. One pt, aged 66 years and in continuous CR, developed a myelodysplasia 26 months after the end of second line therapy.

**Conclusion:** This study confirms that the percentage of pts relapsing more than 10 years from the end of first line treatment is very low (2.5%). Taking into account the long event-free survival experienced by 61% of our pts, we suggest that conventional-dose salvage CT should be the treatment of choice in this favorable subset of HD pts with very late relapse.

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### Analysis of second cancers following Hodgkin's disease treatment

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**Introduction:** Cardiovascular complications and secondary cancers after Hodgkin's disease (HD), concern more than any other side-effect because of their direct impact on the survival. Both are linked to radiotherapy and limiting its role in the cure of HD is under investigation. But however the role of other factors has to be underlined such as smoking, alcohol, thyroid impairment, female hormonal status and occupational exposition or immunosuppression.

**Method:** We carried out a retrospective study of all second cancers in a cohort of HD treated in our institution and analysed factors favouring second cancers, assuming that in our centre we never performed staging laparotomy, but combined modality treatment.

**Results:** Among 920 patients treated since 1960 and with a median follow up of 11.5 years (min 2- max 38) 76 cases of second cancers were detected.

Most of them occurred in irradiated areas confirming the role of radiotherapy. But some were far from radiotherapy fields in urinary tract (kidney, bladder, ureter, gall bladder, colon and lymphomas) suggesting the role of

Cancer type	Number (%)
Non Hodgkin's lymphomas	13 (17.1)
Lung or throat cancers	10 (13.2)
Renal or urothelial carcinomas	6 (8)
Digestive carcinomas	7 (9.2)
Thyroid carcinoma	4 (5.2)
Breast cancer (among 338 females)	9 (12)
Skin carcinoma & melanoma	4 (5.2)
Sarcomas	4 (5.2)
Acute leukaemia	12 (15.8)
Undetermined origin	4 (5.2)
Miscellaneous (brain, ovary)	3 (4)

either chemotherapy or some other factors. The median time to second cancer is 141 months and the survival since its occurrence shows a 5-year overall survival of 25% indicating that this complication remains highly life threatening and deserves prevention by a more adapted treatment for initial HD.

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### Hodgkin's disease among patients older than 60

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**Introduction:** Old patients (pts) with Hodgkin's disease (HD) are usually excluded from trials and information for such pts are rare. Many publications stressed that HD of the elderly may be a different entity, which explains the poorer prognosis. Old patients have usually a lot of comorbidity, limiting curative chemotherapy.

**Method:** We analysed clinical characteristics of old pts with two limits to define the elderly: over 60 and over 70 years dispatched in three cohorts of <60, 60 to 70 and >70. Initial characteristics concerning sex, stage, mediastinum, pathology, biological data, treatment and results were reviewed.

**Results:** Among 912 pts with more than 3 years follow up, 128 were over 60, 70 between 60-70 and 58 over 70. Sex ratio was similar to that of the young (ns). Histology type 3 was significantly more frequent (50% vs 30%, P=0.0001) and mediastinum involvement was less frequent with a linear association with age (p value < 0.000001). Bulky disease, percentage of limited or extended stages, systemic symptoms, E-extension or compressive behaviour were in the same percentage than among young pts (ns in all comparisons). Treatment strategy was similar to that of the young HD with combined modality treatment for stages I & II and chemotherapy alone for extended stages, 10% of patients had radiotherapy alone. Analysis of response failed to show a difference between the young and the old in term of complete remission. For relapse, there is no difference between group 60-70 year and the young (19.4% vs 18%), but there are more relapses for the very old (38% vs 19.4%, p=0.0007) when compared to the younger groups. 5 year overall survival is not very good (40%, 60% and 90% according to age) the specific survival including only HD and treatment toxicity related deaths displays a better survival (63% vs 75% vs 89% respectively).

**Conclusion:** According to this study there is not major difference between young and old HD excepting histology and mediastinum involvement. The primary treatment response is roughly the same. However the higher rate of relapse and a worse cause specific survival may reflect the fact that these patients has not the necessary amount of chemotherapy and justify a specific and adapted regimen for these pts.

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### Prospective randomized trial in the treatment of early stage hodgkin's disease (ESHD) using involved field radiation therapy (IFRT) vs. subtotal nodal irradiation (STNI) after a short chemotherapy (CT) course

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**Purpose:** The aims of this prospective, monoinstitutional trial are to evaluate: a) whether or not short course CT (ABVD 4 cycles) plus RT improves the freedom from progression (FFP) and the overall survival (OS) rates in