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ABSTRACT BOOK

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MC 70%, NS 20%, LD 4%, LP 2%, unknown 4%. Four toxic deaths were observed (septic shock, PCP, hepatic failure and pneumonia during neutropenia). An absolute neutrophil count <500 was noted in 60% of pts. Grade 3-4 anemia was observed in 38% of pts and severe thrombocytopenia in 22% of pts. Twenty-two per cent of pts had febrile neutropenia with 19 documented infections in 16 pts (4 varicella, 4 bacterial pneumonia, 3 bacterial sepsis, 2 PCP, 1 cerebral toxoplasmosis, 1 esophageal candidiasis, 1 HBV reactivation, 1 HCV reactivation, 1 prostatitis, 1 salmonellosis). CR was obtained in 47/71 pts (66%) and PR in 9/71 pts (13%). With a median follow up of 22 months, only 4 pts have relapsed. OS and TTF at 24 months are 69% and 59%, respectively. *Conclusions.* Our preliminary data demonstrate that VEBEP regimen in combination with HAART is feasible and active in pts with HD-HIV. This study was supported by ISS grants.

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18FDG-PET-NEGATIVE COMPLETE REMISSION PRIOR TO AUTOLOGOUS STEM CELL TRANSPLANTATION PREDICTS FOR SUPERIOR EVENT FREE SURVIVAL OF PATIENTS WITH RELAPSED OR REFRACTORY HODGKIN LYMPHOMA

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Background. In patients (pts) with Hodgkin lymphoma (HL) receiving first-line chemotherapy, interim restaging with 18F-FDG-PET scan (FDG-PET) after 1 or 2 cycles has been shown to predict event free survival (EFS) with high sensitivity and specificity overriding the clinical International Prognostic Score (IPS). The predictive value of FDG-PET in patients with relapsed or refractory HL undergoing high dose chemotherapy and autologous stem cell transplantation (ASCT) is less well established. *Aim.* We strived to determine the predictive value of FDG-PET in pts with HL planned to receive ASCT ± peri-transplant involved field radiotherapy (IFRT). *Methods*. A retrospective analysis was undertaken of 52 consecutive pts treated at three centres. Pts with primary refractory (n=25) or relapsed HL (n=27) underwent FDG-PET scanning after salvage chemotherapy and before ASCT. Remission status by FDG-PET post salvage, treatment details, including salvage type and peri-transplant IFRT, and clinical characteristics were recorded and EFS and overall survival (OS) post ASCT were evaluated. Survival analyses were performed using Kaplan-Meier estimates and cohorts were compared using the Log-rank (Mantel-Cox) and the Gehan-Breslow-Wilcoxon Test. The contingency of data between different groups was analysed using Fisher's exact test. *Results*. The median age of pts at the time of ASCT was 38 [18-61] years, 27/52 (52%) were male. The majority of pts received salvage chemotherapy with VIC (etoposide 100 mg/m^2 day (d)1-3, ifosfamide 5 g/m^2 d2, carboplatin AUC 5), n=24) or MADEC (methotrexate 400 mg/m^2 d1, cytosine arabinoside 75 mg/m^2 d1-5, dexamethasone 40 mg d1-4, etoposide 75 mg/m^2 d1-5, cyclophosphamide 750 mg/m^2 d2, n=13), other chemotherapy regimens used were BEACOPP, n=3, IGEV, n=3, FGIV, n=2, DHAC, n=2 or others, n=1 each. After salvage, 23/52 (44%) of pts were FDG-PET-negative and 29/52 (56%) were positive. With a median follow-up of 30 [4-115] months in surviving pts, the 6-year actuarial rates for EFS and OS for FDG-PET negative versus FDG-PET positive pts were 73% and 34% (p=0.03), and 95% and 64%, respectively (p=0.06). Overall, the addition of peri-transplant IFRT did not impact on EFS or OS. However, in 13 pts with post salvage FDG-PET-avid disease which was limited to an area entirely encompassed by IFRT, actuarial rates of 6-year EFS and OS were 51% and 66% which did not differ significantly from those obtained in FDG-PET-negative pts (p=0.47 and 0.39, respectively). Female gender was the only factor predictive for obtaining a complete FDG-PET-remission post salvage therapy (p=0.011). Female gender and duration of first remission of ≥12 months also independently predicted for superior EFS (p=0.017 and 0.039), respectively. Other characteristics including the presence of B-symptoms, extra-nodal disease prior to salvage, age ≥38 years, type of salvage or conditioning regimen used, or transplant centre did not influence EFS or OS. *Conclusions.* Our data show that FDG-PET-status after salvage chemotherapy for relapsed or refractory HL is a powerful predictor of EFS after ASCT demonstrating an excellent outcome for FDG-PET-negative pts. In pts with limited FDG-PET-avid disease following salvage chemotherapy, the addition of peri-transplant IFRT may reduce the poor prognostic impact of residual FDG-PET positivity in a subset of patients.

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EARLY FDG-PET SCAN CONFIRMS ITS PROGNOSTIC IMPACT ALSO IN LOCALIZED STAGE, ABVD TREATED HODGKIN LYMPHOMA PATIENTS

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Background. Hodgkin's lymphoma is one of the malignant diseases with the highest rate of cure particularly if diagnosed in early stage. Nevertheless a small proportion of patients with localized stage do not respond to therapy and become chemorefractory. We explored the predictive value on therapy outcome of an early evaluation of treatment response by 18F-fluorodeoxyglucose positron emission tomography (FDG-PET) scan performed after two corses of ABVD in patients with localized Hodgkin's disease. *Patients*. From 2002, 163 new localized stage Hodgkin's lymphoma patients were consecutively admitted to nine Italian hematological centers. Patients with stage I-IIA according to Ann Arbor stage were considered for the study. FDG-PET was mandatory at baseline, after two cycles and at the end of therapy. We evaluated the progression free survival of patients starting from the time of diagnosis to relapse or progression of disease or last follow-up. Patients were candidate to receive 3 or 4 course of ABVD followed by involved field radiotherapy at 30 Gy, except in the cases in which physician decided to omit radiotherapy. No treatment variation based only on PET-2 results was allowed. *Results.* The median age was 33 years (16-75), 85 patients were female and 78 male, 15 patients presented stage I and 148 stage II, bulky was reported in 45 patients. One-hundred and fourty-eight patients were treated with combined modality (CT+RT) and 15 patients were treated with chemotherapy alone (all with 6 cycles). One hundred and fourty-seven patients attained CR while 16 were chemoresistent: 9 showed disease progression during CT and 7 showed an early relapse. The FDG-PET performed after two cycles (PET2) was positive in 23 patients (14%): 12 (52%) progressed or relapsed and 11 remained in CR. By contrast 130/140 (93%) patients with a negative PET2 remained in CR. Thus the positive predictive value of a PET2 was 52% and the negative predictive value was 93%. The sensitivity and specificity of PET2 were 55% and 92%, respectively. Seventeen patients showed disease progression during therapy or within 12 months after having reached CR, 11/17 (65%) were PET2 positive. The FDG-PET performed at the end of therapy was positive in 15 patients. Six patients died due to the disease, four were PET2 positive and two were PET2 negative. In univariate analysis negative FDG-PET performed after two cycles (p=0.0000), absence of bulky disease at diagnosis (0.004) were statistically correlated with a better progression free survival. In multivariate analysis only PET2 was independently predictive of relapse/progression probability (p=0.000). With a median follow-up of 31 months (range 6-87) 154 patients are alive and 141 (92%) are free from progression. The 2-yr FFS probability for PET2 negative and for PET2 positive patients were 94% and 58% respectively. *Conclusions.* This prospective and multicentric study confirms that FDG-PET scan performed after two courses of conventional standard dose chemotherapy was able to predict treatment outcome in early stage Hodgkin disease. Due to the large number of false positive PET2 in localized lymphoma we suggest new evaluation methods in this subset of patients.

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PHASE II STUDY OF ORAL PANOBINOSTAT IN PATIENTS WITH RELAPSED/REFRACTORY HODGKIN LYMPHOMA AFTER HIGH-DOSE CHEMOTHERAPY WITH AUTOLOGOUS STEM CELL TRANSPLANT

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Background. Panobinostat (LBH589) is a pan-deacetylase inhibitor