VHe 12

LOW DOSE ETOPOSIDE (VP 16-213)/ DEXAMETHASONE AS SALVAGE THERAPY IN PRETREATED LYMPHOMA

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Response rates in malignant lymphoma after failure of first-line therapy are generally poor. We have examined the combination of Etoposide (VP 16) and Dexamethasone (DEX) in 18 patients with advanced lymphoma and poor performance status who had relapsed or progressed with prior chemotherapy (mean Karnofsky 65%, median age 58 years). 10 pts. had Hodgkin's disease (HD) and 8 had non-Hodgkin's lymphoma (NHL). The treatment schedule was as follows: VP 16, 120 mg/m^2/d on days 1 to 4 orally, DEX, 3 mg/m^2/d orally on days 1 to 4 and DEX 1 mg/m^2 orally on days 5 to 14. Therapy was repeated every 2 - 3 weeks according to toxicity.
Results: One NHL patient (cc-cb, stage III B) had complete remission after 10 cycles of VP16/DEX. 5/10 HD pts. and 4/8 NHL pts. had partial remission (overall remission rate 56%). The main toxicity was hematologic with a WBC count $<$2000/mm^3 in 12/60 cycles and a platelet count $<$50000/mm^3 in 7/60 cycles. 10/18 pts. had nausea, 1 patient had diarrhea and vomiting. All pts. had hair loss.
Comment: VP 16/DEX is a well tolerated regimen that produced effective palliation in both HD and NHL pts. The drugs have different mechanisms of action and do not share complementary toxicity. VP 16/DEX might be of advantage in pts. with refractory lymphoma and poor performance status, even on an outpatient basis.

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VHe 13

TREATMENT OF CHRONIC LYMPHOCYTIC LEUKAEMIA AND LYMPHOPLASMOCYTOID LYMPHOMA WITH 1,2,4-TRIGLYCIDYLURAZOL

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1,2,4-Triglycidylurazol (TGU) is a triepoxide compound. In a phase I trial of the EORTC it was mainly administered to patients (pats.) with solid tumours (S.W. Hansen, F. Bach, H.H. Hansen, S. Kaplan, F. Cavalli, Eur. J. Cancer Clin.Oncol. 21,301,1985).A clinical phase II study with TGU was started January 1985. Seven pats. entered the study so far.Six of them had chronic lymphocytic leukaemia and one lymphoplasmocytoid immunocytoma.There were 3 male and 4 female pats. at mean age of 64 (55-74) years. TGU was given as pushed i.v. injection at single doses of 600 - 800 mg/m^2. Four pats. received 1 course, two pats. 2 courses, and one pat. 3 courses of TGU. The toxic effects of TGU were evaluated according to the WHO-standards. The therapeutic efficacy of the drug was estimated at time of the nadir of leukocyte count.All pats. tolerated TGU when sufficient antiemetic means were provided. One patient experienced reversible thrombophlebitis. The haematologic toxicity of the 11 courses of TGU was moderate.All courses of TGU induced distinct diminution of leukocytes in peripheral blood. The total count of leukocytes ranged from 31.3 to 426.8 G/l with 75-90% lymphocytic cells prior to therapy. The leukocyte nadir occured between 10 and 75 days after injection of TGU. An improvement of the proportion of the granulocytic cells to lymphocytic cells was remarkable. TGU delayed relapses of the disease up to 150 days.In comparison to prior chemotherapy this effect allowed a prolongation of therapy free intervals.

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VHe 14

CNS COMPLICATIONS OF MALIGNANT LYMPHOMA

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Due to a more aggressive therapy and to prolonged survival periods of patients with malignant lymphoma (ML), meningeal or parenchymal CNS involvement as well as other neurological complications induced by the tumor or therapy have gained increasingly in importance. As there are only few reports in the literature on the type and incidence of secondary CNS involvement, we reviewed hospital charts of 305 patients suffering from ML (HD=125, NHL=180). In nearly 10% of the patients, during the course of their disease cranial or spinal CT was carried out, and in 1.6%, myelography. In 7 HD-patients (=4%) and 11 NHL-patients (=6.1%) intracranial or intraspinal involvement could be proved (HD: intracranial involvement=2.4%, spinal-epidural involvement=1.6%; NHL: intracranial involvement=5%, spinal-epidural involvement=1.1%). In 3% of the patients an intracranial haemorrhage was detected. Intercurrent herpes zoster infections occurred in 10% of HD and 8% of NHL cases. Neurological paraneoplastic syndromes were found in 2.9%, and cytostatics-induced neuropathies, in 14.3% of the cases. In 5% of the patients, neurological disturbances could be traced back to direct lymphomatous infiltration.
In our own material, HD most commonly involved the parenchyma of the brain whereas NHL most often was leptomeningeal or ependymal. In NHL, neurological complications tend to occur only a few months after the onset of the disease while in HD they frequently take some years to occur (1 to 24 years). Except for 2 cases, CNS complications regularly occurred in an advanced tumor stage with consequently should be regarded as a risk factor besides bone marrow involvement. Due to the generalization of ML, the prognosis is bad. All the patients died within 19 months, most of them even within a few months'period.

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VHe 15

HODGKIN-INVOLEMENT OF BRAIN AND SPINAL CORD, TREATMENT RESULTS

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We report about the retrospectively analysed records of 428 patients with Hodgkin's disease treated at the Radiologic Department of the University of Münster from 1960 until 1984.

Among these patients 11 cerebral (2,6 %), 27 spinal (6,3 %) and 4 cerebral combined with spinal (0,9 %) clinically/histologically proven manifestations were found.
Three quarters of these patients were younger than 40 years of age. The proportion men to women was 1 : 1. Most frequently the cerebral meninges, the spinal epidural wall and the vertebrae have been involved.
Treatment:
29 patients have been treated either with radiation therapy alone or in comination with operation and chemotherapy.
The reference dose in radiation therapy was 45 Gy to the brain and 36 Gy to the spinal cord. There was no evidence of radiation myelopathy. Every third patient with cerebral involvement of Hodgkin's disease developed recurrence of the disease later on. The average survival time was 6 months. Every fourth patient with spinal involvement of Hodgkin's disease also developed a recurrence. Here the average survival time was 4 years. The 5-year survival rate was 8 % with cerebral involvement and 31 % with spinal involvement.

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