routine GaSPECT restaging. Sixty-three patients with HD or aggressive NHL presenting mediastinal involvment (58% with bulky disease) were studied with both GaSPECT and computerized tomography (CT) following combined chemotherapy/radiation treatment. After treatment, 3/6 (50%) patients who were GaSPECT+/CT- relapsed, as compared with only 1/15 (6%) patients in the GaSPECT-/CT- subset. Among the 42 patients who were CT+, 2 of the 7 (28%) who were also GaSPECT+ relapsed, as compared with none of the 35 who were GaSPECT. The 6-year actuarial relapse-free survival rates were: 71% and 100% in the GaSPECT+/CT+ and GaSPECT-/CT+ subsets respectively (p=0.003) and 48% and 93% in the GaSPECT+/CT- and GaSPECT-/CT- subsets respectively(p=0.017). GaSPECT restaging is very valuable for initiation of appropriate second-line therapy for patients with residual active mediastinal disease and should be made widely available.

CO045

ADVANTAGES OF POSITRON EMISSION TOMOGRAPHY WITH RESPECT TO COMPUTED TOMOGRAPHY IN THE FOLLOW UP OF LYMPHOMA PATIENTS WITH ABDOMINAL PRESENTATION

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For abdominal lymphoma patients, fluoridine-18-fluorodeoxyglucose positron emission tomography (PET) provides unique information on the presence of residual active disease. We provide an update on the largest reported cohort of patients whose management followed tomography (CT) restaging. Fifty-nine patients with HD or aggressive NHL presenting abdominal involvement (35% with bulky disease) were studied with both PET and CT following combined chemotherapy-radiation treatment. After treatment 3/3 (100%) patients who were PET+/CT- relapsed, as compared with 0/7 patients in the PET-/CT- subset. Among the 49 patients who were CT+, 6 of the 10 (60%) who were PET+ relapsed, as compared with only 2 of the 39 (5%) who were PET–. The actuarial relapse-free survival rates were 0% and 100% in the PET+/CT- and PET-/CT- subset, respectively. In the PET-/CT+ subset, relapse-free survival was 94% at 5 years. In conclusion PET restaging is very valuable for the identification of patients who would need appropriate second-line therapy because of the presence of residual active abdominal disease and should be made widely available in combination with CT.

CO046

PRIMARY CENTRAL NERVOUS SYSTEM LYMPHOMAS: TREATMENT WITH HIGH-DOSE METHOTREXATE AND CYTARABINE FOLLOWED BY RADIOTHERAPY

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The prognosis of primary central nervous system lymphomas (PCNSL) is poor and their optimal treatment still controversial, although the use of drugs crossing the brain-blood barrier is likely to improve the outcome. This phase II study evaluated the efficacy and tolerability of a chemotherapeutic regimen consisting of high-dose methotrexate (MTX) and cytarabine (ARA-C) followed by radiotherapy (RT) in immunocompetent patients with PCNSL. We treated 28 unselected HIV-negative patients affected by PCNSL, aged 34 to 73 years (median 57). Histological diagnosis (in all cases of diffuse large cell B lymphoma) was made by stereotactic biopsy in 18 patients and by surgery in 10. Order neurological performance status was 3-4 in 44% of patients. The following cycles of chemotherapy (CT) were given every 3 weeks: MTX 1g/m^2 iv over 24 hours (d1) with leucovorin rescue followed by ARA-C 2g/m^2 iv every 12 hours for 4 doses (d2-3). In the 14 patients aged less than 60 the doses of MTX and ARA-C were escalated to 2 g/m^2 and 3 g/m^2 respectively. After CT, whole brain irradiation (mainly 30 Gy, plus 10 Gy boost in case of solitary lesion) was given. In patients not achieving CR or near-CR (nCR, i.e. response > 90%) after the 1st cycle, 3 cycles of CT were planned (2 cycles in the CR or nCR patients). Median follow-up is 29 months. Four patients, all aged over 60, were given only 1 cycle of CT due to toxic death (2) or severe infectious complications (2), 15 received 2 cycles, 9 received 3 cycles. Of the 28 patients, 27 are evaluable for response. CR or nCR was achieved in 20/27 (74%), including the 2 patients who died of toxicity, who were in CR and nCR at autopsy. So far 11 patients relapsed, 3 in sites other than the CNS (breast, liver, skin). Overall, 15 patients are alive. Hematological toxicity (grade 4 neutropenia and thrombocytopenia) was of short duration (median 5 and 3 days, respectively). Neutropenic fever occurred in about 40% of cycles, lasting mainly 2-3 days. In conclusion: this intensive CT regimen obtained a high rate of CR or nCR and appeared feasible in a group of unselected patients (including about 1/3 of cases >65 years). The occurrence of frequent relapses suggests that consolidation or maintenance with different drugs is indicated.

CO047

ARE NON-HODGKIN'S LYMPHOMAS ASSOCIATED WITH HCV INFECTION A DISTINCTIVE ENTITY? A RETROSPECTIVE ANALYSIS OF 151 PATIENTS WITH LONG TERM FOLLOW-UP

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It has been suggested that infection by hepatitis C virus (HCV) could have a pathogenetic role in some forms of immunoproliferative disorders. This seems to be particularly true in specific geographic areas, such as some Caraibic and Mediterranean countries or Japan, were the presence of HCV is almost endemic. We and others have previously shown that HCV infection is demonstrable in about one fifth of patients affected by non-Hodgkin's lymphomas (NHL) in Southern Italy. Thus, we evaluated the clinico-pathologic features of 151 consecutive patients with HCV+NHL (as determined by serological and/or molecular methods), observed at our Institution between 1992 and 2000, who accounted for 23.3% of all NHL (# 648) we diagnosed during the same period. Median follow-up was 58 months. HCV+