

C061**EARLY INTERIM FDG-PET DURING INTENSIFIED BEACOPP THERAPY FOR ADVANCED-STAGE HODGKIN DISEASE SHOWS A LOWER POSITIVE PREDICTIVE VALUE THAN DURING ABVD**

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Background. FDG-PET performed early during standard ABVD chemotherapy for Hodgkin's disease (HD) is a powerful prognostic tool (Hutchings: Blood 2006, Gallamini: Haematologica 2006). So far, few data have been published on the role of early FDG-PET in HD patients treated with BEACOPP. **Aims.** 44 advanced-stage HD patients admitted to 8 Italian hematological institutions were considered in a retrospective study to examine the predictive role on treatment outcome of early interim FDG-PET in HD patients treated with BEACOPP (4 escalated + 4 baseline cycles). **Patients.** The mean age was 34.6 years (18-60); advanced disease (stages IIB-IVB) was present in 41, and stage IIA with adverse prognostic factor (>3 nodal sites involved, sub-diaphragmatic presentation, bulky disease, ESR >40) in 2 patients. Bulky disease and extra nodal sites were recorded in 20 and 18 patients, respectively. **Methods.** All patients were staged at baseline, after 2 BEACOPP courses, at the end of treatment by FDG-PET scan (PET-0, PET-2, PET-8, respectively). The mean interval between the end of the second BEACOPP course and PET-2 was 13 days. The threshold for positive PET scan was an FDG-uptake higher than the background. At the end of chemotherapy in 19/20 patients with bulky disease consolidation radiotherapy was given. Two patients switched to ABVD therapy due to toxicity. No treatment change depending on PET-2 result was allowed, except in case of overt progression. **Results.** the mean follow-up was 48 months (17-89). 39/42 patients attained CR (93%), while 3 were chemoresistant and showed disease progression during therapy. Six patients relapsed, 7 to 30.6 months after CR. The Positive Predictive Value (PPV) and Negative Predictive Value (NPV) for treatment failure were 30% and 83%, respectively. The sensitivity, specificity of PET-2 were 44% and 91%, respectively. The 3-y Failure-Free Survival probability for PET-2 negative and for PET-2 positive patients were 86% and 70%, respectively. **Conclusions.** With the caution due to the relatively small number of patients, the results show lower sensitivity and PPV during BEACOPP compared to ABVD regimen; by contrast, specificity and NPV are similar. Moreover these data point toward inadequacy of traditional criteria for interim-PET interpretation during BEACOPP treatment.

C062**INTENSIFIED ABVD FOR NEWLY DIAGNOSED PATIENTS WITH ADVANCED-STAGE CLASSICAL HODGKIN'S LYMPHOMA**

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C063**BEACOPP IS SUPERIOR TO ABVD IN PATIENTS WITH ADVANCED HODGKIN LYMPHOMA AND HIGH TUMOR BURDEN**

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Purpose. A comparative evaluation of curative potential of ABVD and BEACOPP based on initial tumor burden. **Experimental Design.** Less than a complete remission at the end of treatment and relapse occurring within 12 months thereafter were assumed to be clinical expressions of chemoresistance. The tumor burden was calculated from the measurements of all the lesions documented by staging computed tomography and normalized to body surface area to give the relative tumor burden (rTB). Using logistic regression analysis, the relationship between initial rTB, chemoresistance and chemotherapy regimen administered was studied in 222 patients enrolled in two similar randomized trials in that compared BEACOPP with ABVD (HD2000 and IIL/GITIL trial). **Results.** The median rTB volumes were 157.9 ccm/sqm in the 115 patients treated with ABVD vs. 154.6 ccm/sqm in the 107 treated with BEACOPP and the distribution of the volumes was identical in the two groups. The rTB was confirmed as the best predictor of early treatment failures (22 less than complete responses plus 21 early relapses). For the same rTB the risk of chemoresistance to BEACOPP was about half that of chemoresistance to ABVD or, for a given risk of chemoresistance, BEACOPP cured patients with a rTB 89.1 ccm/sqm greater than did ABVD (i.e., more than 50% of the median tumor load of advanced-stage patients). **Conclusions.** In patients with advanced HL, BEACOPP has proven a higher ability compared to ABVD to overcome the potential chemoresistance related to the initial tumor mass.

P064**ADVANCED HODGKIN'S LYMPHOMA: RESULTS IN 216 PATIENTS TREATED WITH ABVD IN BRAZIL**

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The outcome of Hodgkin's lymphoma (HL) has markedly improved over the past few decades, making HL one of the human cancers with greater chances of cure. However, data about treatment outcomes in developing countries are scarce. From 1996 to 2005, 370 consecutive patients with HL were treated in three public institutions in Rio de Janeiro. A total of 216 patients who presented with advanced stage (IIB-IV) were selected for the present analysis. Patients with advanced disease were treated with ABVD (doxorubicin, bleomycin, vinblastine and dacarbazine), complemented or not by radiation therapy at the physician's discretion. The median follow-up of survivors was 6.3 years (1-11.8). Fifteen patients died during front-line treatment. The complete remission rate was 80%. The 5-year progression-free survival (PFS) and the 5-year overall survival (OS) were 69% and 83%, respectively. The 5-year PFS in low-risk and high-risk patients were 81% and 62% (P=0.003), respectively. The 5-year OS in low-risk and high-risk International Prognostic Score patients were 89% and 78% (P=0.02), respectively. Complete remission rates and survival probabilities were equivalent to those achieved with the ABVD regimen at large medical centers worldwide, and they can be considered excellent for a malignant disease. This series of 216 patients mirrors the reality of treatment of advanced-stage HL in the public setting in Brazil, without the interference of selection criteria. Since Brazil