erability: G4 neutropenia, thrombocytopenia and sepsis were reported in 54%, 45% and 14% of the 97 delivered courses. Seven (17%) pts did not complete chemotherapy due to toxicity. MATILDE doses reduction after the first 19 enrolled patients was associated with a relevant tolerability improvement (lethal toxicity was reduced from 16% to 4.5%), without a negative impact on efficacy. Complete data on MiniMental Status Examination were available in 13 survivors (median age 49), neurological deterioration was not observed at a median follow-up of 26 months. Prognostic factors: The IELSG score was the sole predictor of response and survival; with a ORR after MATILDE of 100%, 74% and 50% ($p$= 0.01) and a 3-yr OS of 70±12%, 37±10% and 0% ($p$= 0.0002), respectively for pts with low, intermediate and high risk.

*Conclusions.* MATILDE regimen is a new active combination against PCNSL. Myelosuppression is the main dose-limiting toxicity. Meningeal disease can be controlled without intrathecal drug delivery. Therapeutic results are especially good in patients with low-intermediate risk according to the IELSG score, whose prognostic value was confirmed.

## P509

### PROGNOSTIC IMPORTANCE OF INTEGRATED POSITRON EMISSION TOMOGRAFY/COMPUTED TOMOGRAFY IN MALIGNANT LYMPHOMAS MANAGEMENT

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Positron emission tomography (PET) with 2-[fluorine-18]-fluoro-2- deoxy- d-glucose (FDG) plays an important role in the evaluation and management of malignant lymphomas (Hodgkin and non Hodgkin). New technology of integrated PET/CT (computed tomography) results in further improvments in staging accuracy. We have described the value of chemotherapeutic effects on malignant lymphomas by use of PET/CT as early as a few courses after the initiation of chemotherapy (CHT) and the therapeutic response at the end of treatment.

*Methods.* Five patients with emblematic non Hodgkin's and Hodgkin's lymphomas (3 non HL; 2 HL) were enrolled in this study; all they have an important tumor burden with nodal and/or extranodal involvement (bone, lung, gastric, perirenal localization). PET/CT was performed before therapy to determine baseline stage; then it was repeated just after the second course of treatment and at the end of chemotherapy. Image findings were verified by clinical follow up and by other imaging modalities, when necessary.

*Results.* Four patients (2 HL; 1 Burkitt L. ; 1 High grade non HL.) were pratically disease free yet after the secod course of CHT and mantained PET/CT negativity at the end of CHT. On the contrary, one patient (Malt L.; gastric and pulmonary localization) had evidence of disease after the second course and had only partial remission at the end of CHT (also with standardized uptake value SUV- cor for a semiquantitative analisis).

*Conclusion.* Even if the optimal timing of PET/CT has yet to be clarifed we can say that:

1) PET/CT has proven useful in accurate staging of lymphomas; due to the exact anatomic localization, equivocal or false positive PET findings are avoided.

2) Negative results at second course of CHT may play an important role as early predictor and exellent indicator of good prognosis (while PET/CT positivity, at the same time, seems be a strong predictor of poor prognosis or of only partial remission).

Our results need a wider case report and, in particular, a long term follow up in negative findings may be hopeful. PET/CT accuracy and predictivity might help the clinicians, not only for a precise report, but for more correct treatment planning (additional treatment, radiaton therapy or other).

## P510

### HCV-RELATED INDOLENT NON-HODGKIN LYMPHOMAS ARE RESPONSIVE TO ANTIVIRAL THERAPY

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*Backround.* An association between Hepatitis-C Virus (HCV) infection and Lymphomas has been demonstrated by several studies from Italy and other country. A possible pathogenic role of the viral infection on lymphoma development is supported by experimental results. The possibility of obtaining clinical and instrumental response of the hematological disease following antiviral treatment with Interferon ± Ribavirin has been shown in limited series and isolated cases.

*Objectives.* We report a monocentric experience on 7 patients affected by HCV-related indolent non-Hodgkin lymphomas treated with alpha-Interferon ± Ribavirin.

*Results.* 8 patients were treated: 2 of them affected by Small Lymphocytic Lymphoma/CLL, 3 by Lymphoplasmocytoid Lymphoma, 1 by Marginal Zone – Splenic Lymphoma, 1 by MALT-type Lymphoma, and 1 by B-cell indolent lymphoma unspecified. Median age was 57.5 years (range 33-77 years) with 3 males and 5 females. Treatment consisted of alpha 2-IFN at the dose of 3 MU x 3/week in 2 cases, Pegylated - IFN (Peg-IFN) alone at the dose of 80 mg/week in 2 cases and Peg-IFN associated to Ribavirin in 4 patients. Treatment duration ranged from 6 to 18 months. A virological response, evaluated by HCV-RNA negativization was observed in 6 patients while 1 patient could not be evaluated and discontinued treatment due to lymphoma progression. Clinically evident hepatitis with transaminase elevation was present before treatment in 5 patients. A hematological response was observed in 7 patients (4 CR and 3 PR). All patients who achieved a virological response had also a hematological response.

*Discussion.* Antiviral therapy can induce complete or partial hematological response in HCV-related indolent lymphomas of different histologic subtypes.