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PLENARY SESSION

2. APL. Postremission therapy with As2O3 x 2 cycles (each 0.15 mg/kg/d x 5/wkly x 5) after CR/PR as first consolidation after ATRA 45 mg/m2/d x 7 + DAUNO 50 mg/m2 x 4d + AraC 200 mg/m2 civi x 7d. All patients received a second consolidation afterwards with ATRA x 7d + DAUNO x 3d. Patients in CR 1 y ATRA maintenance +/- MTX-6MP . N=518 adults and 64 children, Intergroup Study. M F up 29 mo. CR adults 89%, CR children 89%, 3 yEFS As2O3 77% vs 53% standard RX; 3 yOS As2O3 86% and 77% standard. Conclude 2 cycles of As2O3 improve significantly EFS and OS!!!.

LEUKEMIA, MYELODYSPLASIA AND TRANSPLANTATION (adult)

7001. Transplant Modality. Autologous < allogenic matched unrelated & mismatched unrelated < related. Cord blood similar to related in 5 y OS, 5 y PFS and 5 y Relapse but worst mortality. HR=1.7.

**7004. CML. Dasatinib 100 mg qd > other doses and schedules. N=662. CHR 90%; MCyR 59%, CCyR 42% and less side effects (keeping quite similar response rates).

**7005. CML. Dasatinib 100 mg qd in untreated CML. N=31. CHR 81%, MCyR 81%, CCyR 73%. At 6 mo CCyR 95%. On gonig. Not active in T315I.

*7006. CML. Bosutinib (SKI606) 600 mg qd demonstrated OR after Gleevec in Chronic phase CML across different mutation types...

*7007. CML. Nilotinib, 400 mg bid, in Gleevec resistant/intolerant CP-CML. N=316.. MCyR 52%, CCyR 34%; MDR>10 mo. Rare pleural efussion, pulmonary edema, need of CSFs or platelet transfusion. Not active in T315I.

**7008. CLL. Cr to Fludara/CPA/RITX. N=224. CR 72%+ 11% nPR + 12 PR. MTTP 80 mo for CR, 80 mo for nPR and 24 mo for PR. 5 y OS 90%, 81% and 37%. Appears to be the best fornt line therapy.

*7014. T-ALL. Low ERG and BAALC exprerssion identifies a subgroup of T-ALL with better 5 y RFS (81% vs 33%).

**7018. AML refractory/relapsed. Sorafenib. N=10. 6 had transient OR (all with FLT3-iTD mutation).
**7021. Elderly AML: Decitabine + Valproic acid. N=33. CR 24% + PR 27%. 2 mo mortality 15%. MST 12.6 mo, 2 y OS 25% (M F up 20 mo).

**7031. PV. TG101348 (inhibitor JAK2) inhibit CF from Polycythemia Vera stem cells and prevents JAK2 2V617F splenomegaly in mouse model.

*7037. T-cell NHL. Alemtuzumab, 30 mg tiwk + Pentostatin 4 mg/m2 wkly x 4 & altern wks x 6. Results: 10 CR + 2 PR (60%) (TPLL, ATL, PTCL, TALL, gdTLy, TLGL). CMV infections were frequent.

**7040. CML. Nilotinib, 600 mg bid, in blast crisis/Ph+ALL. N=120 BC & 41 Ph+ALL. CHR 21%, marrow OR 6% and return to chronic phase 8% in Blast crisis; and 24$CR in Ph+ALL. Significant clinical activity.

*7060. AML. CEO-701 (Lestaurtinib) inhibitor of FLT3 (32% of adult AML) demostrated in vitro 85% plasma inhibitory activity and 85% of these had a clinical response: 10/17 OR (5 CR + 3 CRp + 2 PR). Only 4/17 with chemo alone

without CEO-701 had response (2 CR + 2 PR). Prediction of activity identified...!

LYMPHOMA AND PLASMA CELL DISORDERS

*8000. NHL relapsed to BMT. MGCD 0103 (HDAC small molecule) po 110 mg tiw x 4. N=18/35 NHL, 7 evaluable: 5 had tumor reduction 21%-70%. Mucositis, fatigue, N&V. On going.

*8001. MM: LPAM + PRDN + THAL > LPAM + PRDN in >75 yo. N=232. OR 88% vs 39%; MPFS 24 mo vs 19 mo.

*8002. Refractory MM: Caelyx 30 mg/m2 + Bortezomib 1.3 mg/m2 d 1, 4 8 % 11 q 3 wk > Bortezomib. TTP 9.3 vs 6.5 mo; OR 48% vs 43%; MDR 10.2 mo vs 7 mo.

*8003. Waldenstrom/MM: Carfilzomib (PX 171, proteasome inhibitor peptide) 11-15 mg/m2 qd x 5 q 2 wk. Phase I: 4 PR + 6 NC in MM and demonstrated proteasome inhibition >80%.

8004. Indolent NHL: CPA + FLUDARA > CVP

**8005. FL NHL: CHOP+ RTX -> Ibritumomab tiuxetan (Zevalin). After CHOP-R CR 44% (N=44) & after IT CR 89%.

***8006. High risk IPI and age 18-60 yo NHL randomized to CHOP-RTX vs HD ChX (Blood 2002, Rambaldi; ASH 2005, Ladette) N=240 and searly stop after 136. HDChX better: CR 85% vs 59%; Molecular CR 80% vs 44%; 3 y RFS without molecular response similar 76% vs 67% and 3 y PFS with molecular response 32% vs 25%. MR is a determinant and HD ChX required in high risk group.

**8007. MM. TRAF-3 mutation leads to inactivation (NFkB pathway). No differences for BMT results but different response to Bortezomib (89% low and 40% normal). TRAF-3 mutation associated with t(4;14)(26%) and elevated Cyclin D1 (9%). Mechanism of Bortezomib?.

**8010. Front line NHL-B cell type: CHOP + Bortezomib. N=49 (GELA). OR: 40 CR 83% + 5 PR + 1 NC. M F up 1 y: OS 100%; EFS 83%. Severe neuropathy, recommend to avoid Vincas...

8011. DLBC-NHL: RITX maintenance after R-CHP or CHOP prolongs TTP but not OS…

8012. RITX after HD ChX-SCT in poor risk DLBCL: 4 yEFS 80% vs 71%. Prolongs remission status.

**LBA 8015. HD: 10 y results German HD BEACOPP > BEACOPP. N=1196 randomized. M F up 10 y: 10 y FFTF 82% vs 64/70%; 10 y OS 86% vs 75/80%; deaths due to HD 2.8% vs 11.5/8.1%; 2nd malignancies 6.8% vs 6.7/8.9%.

**8017. WM: Poor risk are FcgammaIIIA-158FF polymorphism, B2MG >3 mg/dL; serum IgM >6000 mg/dL. Rx: Thalidomide 200 mg hs po x 2 wk and then 400 mg hs po wk 2-5 and 13-16 + RITX 375 mg/wkly. N=20. OR 1 CR `15 PR `mR 2 (78%). No effect of B2NG, seurm IgM or Fc gamma IIIA polymorphism. M F up 42 mo. MTTP 38+ mo.

**8018. WM transformation to MDS/AML correlated with nucleoside analog treatment 10/173 (5.7%) (no nucleoside 0/153). Other Rx: CVP, CBCL, RITX, CHOP, Thalidomide, CPA, Alemtuzumab, etc).

***8020. B. Barlogie. Total therapy TT2 had MOS 8 y. Now results of TT3: Shorter induction with 2 cycles of Bortezomib + Thalidomide + DXMTS (VTD)/ PACE (CDDP+ADM+CPA+VP) prior to LPAM x 2; followed by 2 cyckes VTD/PACE consolidation

and then VTD maintenance q mo x 1 and TD x 2 y. N=303. Tandem transplants 84% (66% TT2); TR Mortality 4-5%; CR 59% (TT2 44%); 24 mo EFS 83% (TT2 75%); 24 mo OS 86% (TT2 85%). High risk gene array 24 mo EFS 62% (TT2 only 27%) and 24 mo OS 74% (TT2 only 43%). Prognostic factors LDH HR=3.7, gene array HR=3.3, age>65 yo HR=2.2. Toxicity was lesser tremor, constipation, syncope and TE.

*LBA 8025. MM: Lenalidomide 25 mg/d po d 1-21 q 4 wk + HD DXMTS 40 mg qd x 4 d, d 1, 9 & 17 q 6 wk < Lenalidomide + Low dose DXMTS 40 mg d 1, 8, 15 & 22. N=445. 1 y OS 96% vs 86%.

*8026. CTCL: ONTAK 18 mg/kg/d vs placebo. N=144. OR 49% vs 15%; PFS 971d vs 124d.

*8027. Romidepsin (FK.228, HDAC inhibitor) 14 mg/m2 d 1, 8 & 15 q 4 wk. N=27. (3 CR + 7 PR).

**8029. Lymphomatoid granulomatosis (EBV+ + B calls + reactive T cells). Tyreatment with IFN alfa high dose CVR 60% > 5 y in early stage & EPOCH + RITX CR 66% in advanced stage > 4 y. Historical results MOS aproximately 1 y.

*8030. Mantle cell lymphoma. Lenalidomide 20-25 mg + RITX: OR 5/6 (3 CR). Patiwents had 1-4 previous lines of therapy including tHalidomide + RITX!.

**8031. DLBCL: CHOP + Bortezomib. N=40. CR 68%; 2 y PFS 72%. In high-intermediate & high risk IPI 2 y PFS 74%.

**8033. FL: Bexxar front line therapy. M F up 8 y. OR 95%, CR 75%. 10 y OS 86%, 8 y PFS 50%. MPFS for CR 9.2 y. (High risk IPI 8 y PFS 35%). No MDS /AML found. Bench mark results!.

*8034. Mantle cell LY: Bendamustine 90 mg/m2 d 1 & 2 + RITX 375 mg/m2 wkly x 4. OR 90%, CR 60%, MPFS >30 mo.

**8035. Untreated BL: Dose adjusted EPOCH + RITX x 6. CR 100%, EFS 93.3%, MF up 29 mo, PFS 100%. Toxicity grade IV in 47% WBC and 22% plataelet. Maintained efficacy.

*8039. Mantle cell ly. CD23- showed 4yEFS 21.6%, 4yOS 55.4%; CD23+ (14/54) showed more indolent course with 4yEFS 54.6% and 4yOS 75.7%.

*8049. MM: Bortezomib 1.3 mg/m2 wd 1, 4, 15 & 22 + LPAM 6 mg/mg/m2 x 5 + PRDNS 60 mg/m2 x 5d + Thal 50 mg d 1-35 q 7 wks x 6 cycles. Refractory and relapsed disease. VGPR 43%, PR 67%. 1 y PFS 61% and 1 y OS 84%.

**8050. Systemic amyloidosis. Bortezomib 1.6 mg/m2 wkly x 4 q 6. N=15 previously treated patients. CR 2 + PR 3 + NC>6mo 4. Toxicity grade 3-4 12% (fatigue, diarrhea, nausea, fever, dizziness, neuropathy)

***8055. NHL refractory/relapsed. Everolimus (RAD-001) 10 mg po qd x 28 d. N=12 previously treated median lines 3. Results: 5 PR + 1 CR in aggressive NHL; 5 PR in uncommon types (HD, TCL, Mavroglobulim¡nemia). Nodata on indolent NHL but results indicate high activity in a broad range of NHL.

**8062. MCL: HyperCVAD (CPA 300 mg/m2 in 3 h q 12 h x 6, d 1-3 + ADM 50 mg/m2 civi d 1-2 + VCR 2 mg d 3 + DXMTS 40 mg po d 1-4)q 3 h+ RITX 375 mg/m2 d 1 + Velcade 1.3 mg/m2 d 1 & 4; repeated q 3 wk x 6 + GCSF. N=15. 12/13 evaluable in CR (92%). Excellent.