Lymphomas

Mycosis fungoides: Description of the technique and clinical results
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Introduction. Mycosis fungoides is a low-grade T-cell lymphoma, that involves skin and subcutaneous tissue. Total skin irradiation (TSI) is one of the most used treatments for this disease.

Objectives. Description of the TSI technique. Analysis of response and disease-free survival.

Material and methods. Patients (p.): 49 p. with diagnosis of mycosis fungoides, stages I-IV, with a mean age of 54 y., were treated with TSI in our department between 1982 and 2003.

Results. Treatment: we used low-energy 6 MeV electrons, administered through 6 fields (three alternating daily fields), reaching a total dose of 31–36 Gy and 26 Gy at epidermis and 4 mm deep, respectively. Dose per fraction was 1.5–2 Gy/d. An additional boost of 5–15 Gy, at 5 Gy/day, in underdosed areas (calota, perine and axilary regions) was used in all patients. A SSD of 3–6 m. was necessary to cover the entire skin surface. The build-up was compensated by using an acrylic plate (8 mm thick) in front of the patient. The daily positioning was achieved placing the patient on top of a template with a picture of footprints. Lead contact lens for crystalline lens shielding were used. The occupation time of the unit ranges between 15 and 20 min per patient.

Outcome. Nineteen p. (38.8%) had skin relapse. The 5 and 10-years skin relapse-free survival was 45%.

Conclusions. The daily positioning was reproducible with a relatively short unit occupation time. TSI treatment for mycosis fungoides get a good response rates of skin lesions. Our results are in accordance with other published series.

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Prognostic value of RS COX-2 and radiotherapy in Hodgkin lymphoma
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Introduction. Cycloxygenase-2 (COX-2) is an inflammation-associated enzyme involved in several malignancies. We recently described that COX-2 expression in RS cells constitutes an independent prognostic variable in early HL treated with ABVD. In the present study, we tested the hypothesis that radiotherapy could overcome the unfavorable prognosis associated to RS COX-2 expression in early HL.

Method. We included 242 HL patients from the Spanish Network of HL homogenously treated with ABVD with or without radiotherapy (143 early HL and 99 advanced HL). Univariate and multivariate analysis was done including most recognized clinical variables. Radiotherapy was administered to 95 (66%) patients with early HL (77% of COX-2+ and 64% of COX-2−) and 29 (30%) of cases with advanced HL (31% of COX-2+ and 29% of COX-2−).

Results. COX-2 staining on RS cells was as follows: 89 patients (37%) showed positive staining and 153 (63%) had no staining. The PFS at 5 years was 60% and 79% (p = .003) for COX-2+ and COX-2−, respectively. In the early HL patients, the expression of COX-2 defined a subgroup with significantly worse prognosis: 5y-PFS of 72% vs 86% in the COX-2− cases (0.017). When tested the role or radiotherapy in this early HL group we found that COX-2+ patients receiving RT had a 5y-PFS of 80% while those non receiving RT had 54% (p = 0.008) that was similar to the correspondent 5y-PFS of the COX-2− cases with or without RT: 90% and 1507-1367/$ – see front matter