Purpose or Objective: To report the outcome of localized gastric lymphoma treated with radiation therapy.

Material and Methods: This study included 27 patients (14 men, 13 women; median age 67 years, range 37 – 83 years) with localized gastric lymphoma and who received radiation therapy between January 2005 and December 2014 at our institution. Patients with a follow-up period < 6 months were excluded. Twenty-three patients were mucosa-associated lymphoid tissue (MALT) lymphoma, and 4 patients were diffuse large B-cell lymphoma (DLBCL). The stage was classified by Lugano international conference classification. All patients with MALT lymphoma were Stage Ⅰ. In DLBCL, 2 patients were Stage Ⅰ, and 2 patients were Stage Ⅱ. The median radiation dose in MALT lymphoma was 30Gy (range, 7.5-30), and in DLBCL was 40.5Gy (range, 30 –40.5). All MALT lymphoma patients with Helicobacter pylori-positive were received eradication therapy before radiation therapy. All patients with DLBCL were treated with chemotherapy followed by radiation therapy. Acute and late adverse events were evaluated in accordance with Common terminology criteria for adverse events, version 4.0. The local recurrence rate was calculated using Kaplan-Meier analysis.

Results: The median follow-up period was 58 months (range, 6.0-120.0). Local recurrence occurred in only 2 patients with MALT lymphoma. No distant recurrence was observed. Local recurrence rate in MALT lymphoma was 91% at 1 year, 91% at 3 years. In acute adverse events, 5 patients had grade 3 white blood cell decreased, 1 patient had grade 4 white blood cell decreased and platelet count decreased, and 1 patient had grade 3 anorexia. One patient with MALT lymphoma could not achieve the planned radiation therapy because of grade 4 white blood cell decreased and platelet count decreased. There was no grade 3 or greater late adverse events. One patient with MALT lymphoma suffered from gastric cancer, and underwent endoscopic excision. No patients died of gastric lymphoma. One patient died of lung cancer.

Conclusion: Radiation therapy for localized gastric lymphoma was safe and effective. Our result was similar to previous reports.

Purpose or Objective: Radiation therapy (RT) is an important component of therapy for patients with Hodgkin (HL) and non Hodgkin lymphomas (NHL). In our retrospective analyze we showed the role of radiotherapy in treatment of lymphomas and its influence on disease free (DFS) and overall survival (OS) of patients.

Material and Methods: From 2000 to 2010, we treated 347 patients (pts) with lymphomas (Hodgkin - 286 and non Hodgkin - 61). There were 24 pts with stage I, 186 with stage II, 40 with stage III and 36 pts with stage IV of Hodgkin lymphoma. Among group of pts with non Hodgkin lymphoma there were 20 pts with stage I, 17 with stage II, 7 with stage III and 17 pts with stage IV. Sixty-nine percent of pts had favorable HL and 81% of pts nodular sclerosis as histological type. Sixty-four percent of pts with NHL had aggressive disease. Three dimensional conformal radiotherapy has been planned by computed tomography (CT) alone or by 18-FDG positron emission tomography/CT (18-FDG PET/CT). Mostly, patients received chemotherapy (95%) before RT. However, 67% of pts with NHL did not receive rituximab. Whole group of our pts have been irradiated by involved field radiotherapy (IFRT). Most of patients received 36Gy (1.8-2Gy daily) (71%) and 29% more than 36Gy, in both groups.

Results: Median follow-up time was 8 years. Among patients with HL, 33 pts (12%) had relapse and 11 pts (18%) with NHL. Relapses occur most often outside of irradiated volume in both groups of pts. Twenty five percent with HL patients had toxicity, most commonly pulmonary and 7% pts with NHL. During the median time of 13.5 years the incidence of a secondary malignancies (SM) was 3% in pts with HL and 2% with NHL. In group who had HL 91% of these pts lived and 74% in group with NHL. Ten-years DFS was 89% (HL) and 74% (NHL) and 10-years OS was 91% (HL) and 82% (NHL).

Conclusion: Radiotherapy had an important place in the treatment of our patients with HL, as well as in a group of NHL with acceptable toxicity and incidence of secondary malignancies.

Purpose or Objective: To assess the incidence of second cancer in a mono-institutional cohort of long-time surviving Primary Mediastinal B Cell Lymphoma (PMBCL) patients treated with combined radio-chemo-immunotherapy.

Material and Methods: Between 1991 and December 2006, 107 consecutive untreated patients (pts) with PMBCL were treated at our Departments. Ninety-two/107 pts were evaluable for the second cancer incidence. All patients were treated with standard Methotrexate, Adriamycin, Cyclophosphamide, Vinristine, Prednisone and Bleomycin (MACOP-B) ± Rituximab; all patients underwent mediastinal radiotherapy (RT) at a dose of 30-36 Gy.

Results: At the end of combined treatment, the overall response rate (ORR) including CR+CRu+PR was 91.3% while 7.6% patients showed progressive disease. Nine/84 (9.7%) patients relapsed within 10 months (range 3-10 months) from the end of therapy. After a median follow-up of 142 months (1-212 months), the actuarial 15-year OS and PFS were 82% and 84%, respectively. We recorded secondary malignancies in 3/80 long-surviving patients (3.75%) with cumulative incidence of thyroid and Acute Myeloid leukemia of 3.47 at 15 years and with a 20-year second cancer-free survival of 82%. We observed 2 papillary thyroid cancers with a Standardized Incidence Ratio of 7.97 and with an Absolute Excess Risk of 17. 84. Moreover, we observed 1 Acute Myeloid Leukemia (AML) versus 0.015 expected cases with a SIR of 66.53 and with an AER of 10.05. No breast cancer occurred.

Conclusion: Combined modality treatment of chemotherapy, with/without Rituximab and mediastinal RT was related to a