



VII. INTERNATIONAL  
CONFERENCE  
ON MALIGNANT  
LYMPHOMA

Lugano, Switzerland,  
June 2-5, 1999

ANNALS OF ONCOLOGY  
ABSTRACTS BOOK  
Volume 10, 1999  
Supplement 3

## ABSTRACT # 231

### THE INTERNATIONAL PROGNOSTIC INDEX (IPI) CORRELATES TO SURVIVAL IN PATIENTS WITH LOCALIZED PRIMARY GASTRIC DIFFUSE LARGE B- CELL LYMPHOMA (PGL)

S.Cortelazzo, A.Rossi, E.Roggero, E.Oldani, E.Zucca, C.Tondini, A.Ambrosetti, G.Pinotti, M.Bertini, M.Busetto, L.Gianni, A. Ferreri, G.Martinelli, L.Baldini, F.Cavalli and T.Barbui for the International Extranodal Lymphoma Study Group (IELSG)  
*Ematologia, Ospedali Riuniti, Bergamo; Istituto dei Tumori, Milano; Cattedra Ematologia, Università, Verona; Oncologia, Ospedale "Circolo Fondazione Macchi", Varese; Ematologia, Azienda Ospedaliera "S.Giovanni Battista", Torino; Radioterapia, Ospedale "Umberto I", Mestre; Oncologia, Ospedale "Infermi", Rimini; Fondazione Centro S. Raffaele del Monte Tabor, Milano; Istituto Europeo di Oncologia, Milano; Ematologia, Ospedale Maggiore, Milano; Italy; and Servizio Oncologico Cantonale, Ospedale "San Giovanni", Bellinzona, Switzerland.*

**Aim of the study:** To assess the value of IPI in predicting the outcome of a large and unselected series of patients with PGL.

**Patients and methods:** 421 consecutive newly diagnosed patients (median age 61 years, range 14-86 years) with localized PGL (stage I=207, II1=96, II2=67, IIE=51, according to Lugano staging system for GI lymphomas) referred from April 1972 to June 1998 to 9 Italian and 1 Swiss centers were reviewed. 416 patients were given single (surgery, SX=65 chemotherapy, CH=69; radiotherapy, RT=3) or combined (SX+CH=195, SX+RT=14, CH+RT=15, SX+CH+RT=55) front-line therapy.

**Results:** After a median follow-up of 60 months (range 1.1-300 months), 273 (65%) patients were in 1st CCR and OS and EFS at 5 years were 75% and 68% respectively. Cox multivariate analysis showed that IPI was the only variable associated with clinical outcome.

Risk factors	N° of pts	1st CCR (%)	at 5yrs OS	at 5yrs EFS
0-1	231	184 (80)	89%	82%
2	108	59 (55)	68%	59%
≥3	82	30 (37)	45%	39%

**Conclusion:** This study indicates that IPI is an effective predictive model also in this localized extranodal aggressive NHL .