

at the end of treatment. We have noted also 38 patients (15%) of 254 patients, with decreasing hemoglobin level during treatment higher than 1 g/dl.

Results: No impact on outcome of treatment was observed in the group of patients with low level of Hgb before irradiation. Increase of locoregional failure of postoperative radiotherapy was noted in group of patients with Hgb level at the end of irradiation below 13 g/dl ($p = 0,004$) and also in group of patients with decreasing of Hgb level during treatment ($p = 0,038$).

Conclusions: Low Hgb levels at the end of postoperative irradiation and decreasing during irradiation were associated with a statistically significant increase in locoregional failure of patients with advanced carcinoma of larynx.

46.

STEREOTACTIC MAMMOTOME BREAST BIOPSY – ANALYSIS OF RESULTS

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The purpose of work is to assess stereotactic mammotome biopsy technology in diagnostics of nonpalpable breast lesions. In the period from April to December 2000 mammotome biopsy procedure was performed on 395 female patients at the I Oncological Surgery department the Great Poland Cancer Center in Poznań. In all patients, diagnosed lesions were non-palpable and categorised as BI-RADS III, IV, V. Patients were aged between 16 and 78 (average 52.6 years). They divided into three groups depending on radiological characteristics of the examined lesions - separate analyses were carried out for patients with microcalcifications suspicious tumours and radial scar. Diagnostic examination was performed on an ambulatory basis. Procedure was carried out on a Fischer mammotome table using the Mammothome Biopsy System. The Cancers were detected in 17 % cases. All patients with diagnosed cancer underwent further surgical procedure. In 83 % patients in whom benign lesions were found mammography screening was recommended at 6 month intervals. The Stereotactic Mammothome Breast Biopsy System is a sensitive, minimally invasive diagnostic technology characterised by: very high diagnostic precision, minimal traumatization of

surrounding tissues, excellent cosmetic effect, economical procedure.

47.

ALLOGENEIC BONE MARROW TRANSPLANTATION IN CHILDREN WITH ACUTE LYMPHOBLASTIC LEUKEMIA IN FIRST AND SECOND COMPLETE REMISSION CONDITIONED WITH FRACTIONATED TOTAL BODY IRRADIATION AND ETOPOSIDE OR CYCLOPHOSPHAMIDE

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Patients and methods: From 1993 to 2001 thirty two children underwent bone marrow transplantation (BMT) for ALL (12 in I CR and 20 in II CR after early BM or BM/organ relapse). Except 2 syngeneic all other were HLA-identical siblings transplants. All patients (pts) were conditioned with FTBI 2 x 1,5 Gy for 4 days (total dose 12 Gy) with lung shielding (9 Gy) and CY 60 mg/kg *i.v* for 2 days (total dose 120 mg/kg) ($n=1$ in I CR and $n = 11$ in II CR) or VP 60 mg/kg *i.v* ($n = 11$ in I CR and $n = 9$ in II CR). Pts in I CR have been given $1,1-4,9 \times 10^8$ MNC/kg (med. $2,7 \times 10^8$ /kg), while pts in II CR $1,9-4,0 \times 10^8$ MNC/kg (med. $2,7 \times 10^8$ /kg). For GvHD prevention CsA 3 mg/kg/d *i.v* was administered alone in 22 pts ($n = 9$ in I CR and $n = 13$ in II CR) or in combination with "short" MTX +/- PRED in 8 pts ($n = 3$ in I CR and $n = 5$ in II CR). Two pts transplanted with syngeneic BM received no GvHD prevention. Regimen related toxicity (RRT) was graded according to the system developed by Bearman *et al.* (1988).

Results: Only mild or moderate expression of RRT was observed (GI toxicity I⁰ - 80%, II⁰ - 4%; stomatitis I⁰ - 40%, II⁰ - 20%; hepatic toxicity I⁰ - 28%; renal, bladder and cardiac toxicity I⁰ - 4%) and no transplant related deaths occurred (TRM = 0%). Among 12 pts transplanted in I CR only one child relapsed 4 months from BMT, while remaining 11 pts are alive in CCR with a median follow-up of 33 months (range 6 to 66 months) and 92% probability of 5-year EFS. Of 20 children transplanted in II CR 6 relapsed 1-14 months from BMT (median 6,5 months). Fourteen of