Autologous Stem Cell Transplantation and High-Dose Chemotherapy May Improve Survival

A study of 11 patients with lymphoma (five with Hodgkin’s disease; six with non-Hodgkin’s disease) suggests autologous progenitor cell transplantation may be feasible for relapsed AIDS-related lymphoma. Therapy included etoposide, methylprednisolone, cisplatin, and carboplatin (ESHAP) (n = 9) and granulocyte colony-stimulating factor (n = 10), followed by acquisition of peripheral blood progenitor cells. Conditioning prior to transplantation consisted of carmustine, etoposide, carboplatin, and melphalan for five patients; the other six patients had this regimen plus total body irradiation. Ten of the patients received highly active antiretroviral therapy. Good engraftment occurred in all patients. The median times to granulocyte and platelet recovery were 12 and 11 days, respectively. Complete remission occurred in seven patients (64%). No major opportunistic infections occurred. This study indicates the need for additional research to identify toxicity and efficacy of autologous stem cell transplantation in these patients.

Stanford V Regimen May Increase Survival for Patients With Newly Diagnosed Hodgkin’s Disease

Data from a European trial (France and Italy) of the Stanford V regimen (doxorubicin, vindesine, mechloretamine, vincristine, bleomycin, etoposide, and prednisone) involving 46 patients with AIDS who also had newly diagnosed Hodgkin’s disease demonstrated 78% (n = 39) complete remission, with 68% of the group remaining disease-free at two years. All patients received G-CSF 5 mcg/kg per day on days 3–13 and 17–26 of each cycle. Triple-drug antiretroviral therapy, including a protease inhibitor and prophylaxis against Pneumocystis carinii and candida, also were administered. Although these data suggest that the Stanford V regimen may be more efficacious than ABVD (adriamycin, bleomycin, vinorelbine, and dacarbazine), in prior trials with ABVD for Hodgkin’s disease, patients with AIDS did not receive highly active antiretroviral therapy. The Stanford V regimen is currently under evaluation as part of the AIDS Malignancy Consortium.