of initiation of high dose MP. Results: Twenty (40%) patients responded to treatment. By day +100, 17 (35%) patients were alive and without evidence of VOD, all were among responders to therapy. There were no serious adverse effects of treatment. Causes of death were: VOD in 11, relapse in 10, MOF in 7, pneumonitis in 1, bleeding in 1, infection in 1, and one sudden death at home. We conclude that MP is safe and effective treatment of VOD. Our response and survival data compare favorably with other available reported alternative therapies for VOD; however, these results need to be confirmed by a randomized controlled trial.

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RISK ASSESSMENT AND OUTCOME OF CHRONIC GRAFT-VERSUS-HOST DISEASE AFTER ALLOGENEIC BLOOD PROGENITOR CELL TRANSPLANTATION IN PEDIATRIC PATIENTS


We evaluated the incidence, risk factors for cGvHD and clinical outcome in 80 pediatric patients (16 male and 44 female) (median age 13 years; range 1 to 18) who underwent allogeneic PBPC transplantation. All patients were grafted from an HLA-identical sibling after myeloablative conditioning (TBI-based 52; non-TBI 28). GvHD prophylaxis used were CsA and CsA +/- prednisone in 28. The median number of CD34+ cells infused was 5.8 x 10^6/Kg (range; 1.4-12.8). The median follow-up was 24 months (range; 3-94). Twenty-eight patients had cGvHD. The cumulative incidence of cGvHD at 24 months was 54.2 ± 10%. Factors that were found significant on univariate analysis were diagnosis (p = 0.03) and GvHD prophylaxis used (p = 0.04). A trend to higher risk of cGvHD was found with higher numbers of CD34+ and CD3+ cells infused. On multivariate analysis, only the GvHD prophylaxis used other than CsA plus short MTX was associated with a significant risk of cGvHD (HR 3.94; 95% CI: 1.41-10.91, p = 0.009). The cumulative incidence of cGvHD for patients receiving MTX was 40.9 ± 12% whereas for patients who did not received MTX was 76.5 ± 18% (HR 2.39; 95% CI: 1.05-7.49; p = 0.03).

The probability of relapse was 36±6% for all patients, being of 12.5±8% for patients with cGvHD and 47.9±8% for patients without cGvHD. There was no difference in the probability of TRM between patients with or without cGvHD (30±7% vs 14±6%; p = 0.1). The probability of DFS was better for patients with cGvHD (69.9±10% vs 37.9±7%; HR 3.59, 95% CI: 1.47-5.56; p = 0.001). In conclusion, our data suggest that the incidence of cGvHD after allogeneic PBPC transplantation in children is higher than reported using bone marrow and that the usually considered risk factors for cGvHD in bone marrow were not found associated with an increased risk of cGvHD being the GvHD prophylaxis used the most relevant predictor of cGvHD. Patients with cGvHD had a lower risk of relapse and a better survival.

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INHALED CYCLOSPORINE: A SAFE AND EFFECTIVE AEROSOL THERAPY FOR CHRONIC GRAFT-VERSUS-HOST DISEASE INVOLVING LUNG


Bronchiolitis obliterans organizing pneumonia (BOOP) and bronchiolitis obliterans (BO) are restrictive, inflammatory pro-

B & M T