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G45 CLINIC AND DERMOSCOPIC FEATURES OF HYPO/ AMELANOTIC MELANOMA

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Hypo/amelanotic melanomas (HAM) represent 2% to 8 % of all melanomas. Dermoscopy is a noninvasive technique that improves the early diagnosis of cutaneous melanoma. The aim of our study was to evaluate if dermoscopy is a useful technique for the diagnosis of HAM too. A total of 151 hypo/amelanotic skin lesions were included into the study. All lesions were divided into three groups: non melanocytic (HANM) 55 cases, melanocytic benign (HABM) 52 cases and 44 cases of HAM, subdivided into two groups of Breslow thickness; thin melanomas (TnM) ≤1 mm (29 cases) and thick melanomas (TkM) >1mm (15 cases). The most frequent and significant clinical features for TnM and TkM were asymmetry and ulceration (the latter only for TkM) compared with HABM. TnM differed significantly from HABM in the rate of irregular pigmentation, irregular brown globules, blue whitish veil and white scar-like areas (41% vs 11.%, 31% vs 10%, 10% vs 0% and 17% vs 2 %, respectively). TkM differed significantly from HABM in the incidence of irregular pigmentation, irregular black dots, gray blu areas, white scar-like areas, irregular brown globules, blue whitish veil and hypopigmentation (87% vs 11%, 73% vs 35%, 60% vs 25.%, 53% vs 2%, 47% vs 9.6%, 20% vs 0% and 13% vs 55%, respectively). In evaluating vascular patterns, we observed that linear irregular vessels were only present in TnM as compared with HABM (10% vs 0% respectively) and the combination of dotted and linear irregular vessels was only present in TnM and TkM as compared with HABM (14% and 27% vs 0%, respectively). Moreover. dermoscopic diagnosis of melanoma had a better sensitivity and specificity than clinical diagnosis (89% and 96% vs 65 % and 88%, respectively). Dermoscopy, thanks to criteria reflecting pigmentation (irregular pigmentation, brown globules and black dots) and to vascular patterns, is a useful technique not only for pigmented melanoma but also for hypo/amelanotic melanoma.

G46 TRANSMYOCARDIAL DELIVERY OF AUTO-LOGOUS BONE MARROW CELLS TO ACTIVATE ANGIOGENESIS IN PATIENTS WITH CHRONIC REFRACTORY MYOCARDIAL ISCHEMIA

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Recent studies in the animal model have demonstrated that bone marrow cells inoculated in ischemic hearths enhance angiogenesis and can generate de novo myocardium. The purpose of our study was to assess the feasibility and safety of direct intramyocardial inoculation of filtered whole autologous bone marrow (ABM) in six pts with chronic refractory myocardial ischemia non suitable for the conventional revascularization strategies.
Six pts (mean age 68 ± 10 years) with severe refractory angina were included. Catheter–based electro-mechanical mapping of the left ventricle (NOGA) was performed to guide intramyocardial ABM inoculations using the Myostar catheter (J&J Biosense). Eight to ten inoculations of 1 ml of ABM into the target ischemic area were performed. Myocardial perfusion was assessed at baseline and 1 month after the procedure with NH_3 positron emission tomography (PET). Procedural or 30 day adverse events were not observed. At each injection sites a mean of 27.8×10^6/ml of ABM nucleated cells (range 17.3 to 50.8×10^6/ml) were injected. The mean percentage value of $CD34^+$ cells and the CD 34- CD117+ CD45+/- CD4+/- subset in the mononuclear fraction were respectively 2.9 (range 1.96–4.33) and 0.21 (range 0.04–0.49). PET evaluation at 1 month was available in four patients and showed improvement of perfusion in the target area in two patients.
This preliminary intramyocardial catheter injection experience proved safe and feasible.

G47 ACHIEVEMENT OF FULL DONOR CHIMERISM IN MYELOABLATIVE (MA) AND NON-MYELOABLATIVE (NM) ALLOGENEIC BONE MARROW TRANSPLANTATION (BMT)

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The achievement of full donor (FD) chimerism is of prognostic value in patients with malignancies after BMT. In this study, we retrospectively analysed chimerism status in a group of 56 patients affected by haematological malignancies (HM), 48 cases, and solid tumours (ST), 8 cases, undergoing either MA-BMT (36 cases) or NM-BMT (20 cases), with the aim to compare the kinetic of chimerism status assessed by PCR of VNTR and STR regions. Conditioning regimens mainly consisted of BUCY2 for MA-BMT and fludarabine-containing protocols for NM-BMT. Furthermore, no patient received donor lymphocytes in this study. Samples of bone marrow or peripheral blood were taken from the recipient and donor prior to transplantation in order to screen for an informative marker, and from the recipient on day +15 (26 MA-BMT and 16 NM-BMT), +30 (30 MA-BMT and 15 NM-BMT), +70 (20 MA-BMT and 12 NM-BMT), +90 (23 MA-BMT and 8 NM-BMT), +180 (20 MA-BMT and 11 NM-BMT) and +365 (15 MA-BMT and 8 NM-BMT). Twenty patients died (14 MA-BMT and 6 NM-BMT). Up to now, no significant difference was found in terms of FD, mixed chimerism (MC) and recipient/recipient (RR) between MA-BMT and NM-BMT at day +15, +30, +70, +180 and +365 days. At day +90, we detected 9, 16 and 6 cases with a FD (7/9 MA-BMT), MC (15/16 MA-BMT) and RR (1/6 MA-BMT) status, respectively ($p = 0.001$). With the limitation of the relatively low number of cases analysed, the results of this study showed no significant difference in terms of precocious achievement of a either a FD or a MC status between MA- and NM-BMT.

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G48 DIAGNOSTIC AND THERAPEUTIC PATHWAYS OF PATIENTS AFFECTED BY SOFT TISSUE SARCOMA OBSERVED IN A.S.O. SAN GIOVANNI BATTISTA DI TORINO

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Background: Soft tissue sarcomas (STS) are rare, their treatment is complex, and there is evidence that the availability of multidisciplinary expertise may improve the quality of care and final outcome. From 1999, guidelines on STS treatment were made available by the Region of Piedmont. In the San Giovanni Battista – Molinette Hospital (SGB) in Turin no multidisciplinary team for STS treatment is available so far.
Objective and methods: In order to describe the diagnostic and therapeutic pathways of STS affected patients (pts), a systematic review of clinical records of pts observed at SGB from 1996 to 2000 and reporting an STS-related code from the International Classification of Disease 9th revision has been carried out.
Results: At present 49 pts were retrospectively reviewed. Twenty-six (53%) were females. The median age was 58 years. Pre-surgical biopsy was performed in 18/49 (36.8%) pts. Preliminary oncological evaluation was performed in two out of 42 pts who underwent a surgical treatment. None underwent radiotherapeutic evaluation. The surgical resection was incomplete in 9 out of 24 pts whose surgical procedure was described. A well defined histotype was obtained in 40 pts, although for 9 the pathological report was an unspecific definition of "sarcoma" or "mesenchimal tumor". The grading was established in 14 cases. Chemio-hyperthermia was performed in 3 pts. Eight pts received an adiuvant radiotheraphy after surgery. Adiuvant therapy was given to 13 pts, mainly (10 cases) after surgery for relapsed diseases, and treatment for advanced disease was given to 4 pts.
Conclusions: Preliminary data indicate that in many cases the management of STS affected pts differs from guide-line indications. Grading was available only in 30% of cases. Pre-surgical oncologic evaluation was infrequent and radiotherapeutic evaluation was never requested. Adiuvant chemotherapy was rarely performed after primitive tumor surgery. The creation of a multidisciplinary team may increase the effectiveness of the treatment of rare tumors like STS, particularly in a setting like the SGB Hospital where many surgery units and many medical specialities are working.