

The 142 bp fragment present in both samples was digested by the Bcl I enzyme. The results are shown in Figure 1.

The presence of a Bcl I restriction site on the amplified product confirms the diagnosis of a healthy fetus. The diagnosis was yet further confirmed by the standard procedure on DNA extracted from CVS.

In our opinion our approach is a rapid and efficient method of DNA extraction from CVS which can give a prenatal diagnosis in few hours, having used a small amount of template.

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Hemophilia, prenatal diagnosis, chorionic villus biopsy

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## Burkitt's lymphomas in adults: retrospective analysis of 30 cases treated with two different schemes

Sir,

Burkitt's lymphoma represents only 5 to 10% of non Hodgkin's lymphomas (NHL) in adults and most clinical trials on this disease have been carried out in children.<sup>1</sup>

Using CHOP-MTX, Bernstein *et al.*<sup>2</sup> reported good results in localized Burkitt's lymphoma, but not in advanced disease. Magrath *et al.*<sup>3</sup> developed a new regimen CODOXM-IVAC and they reported good results also in advanced disease.

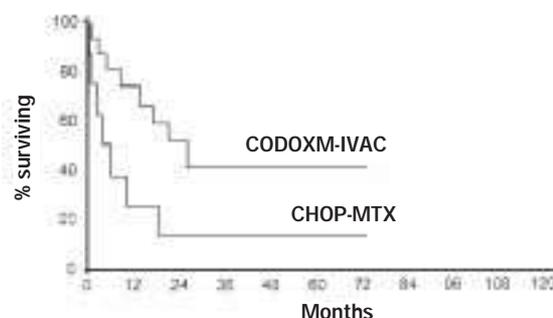
The aim of our retrospective study was to compare the results and toxicity observed in 30 adult patients with Burkitt's disease or L3-ALL treated in our Institution using CHOP-MTX (14 patients) from 1986 to 1991 and CODOX-IVAC (16 patients) from 1992 to 1996.

None of the patients had received previous treatment; patients with AIDS or human immunodeficiency virus or secondary lymphomas were excluded. The clinical characteristics, toxicity and response rate of patients in the two groups are reported in Table 1.

Six patients with localized disease were treated with

**Table 1. Clinical characteristics, toxicity and remission rate according to therapeutic scheme used.**

	CHOP-M	CODOXM-IVAC	P
Age			
< 45	10	11	
> 46	4	5	n.s.
Sex			
male	9	9	
female	5	7	n.s.
LDH level			
< 500	6	8	
> 500	8	8	n.s.
Stage			
Localized	6	0	
Advanced	8	16	p=0.003
B.M.			
Neg	11	10	
Pos	3	6	
L3.ALL	2	4	
CNS			
Neg	12	13	
Pos			
Infections 3+4	3	12	p=0.02
C.R.			
localized disease	6 (100%)	-	
advanced disease	2 (25%)	16 (81%)	



**Figure 1. Overall survival of 16 patients with advanced stage treated with CODOXM-IVAC and of 8 patients with advanced stage treated with CHOP-MTX (p=0.03).**

CHOP-MTX, all achieved a CR and none relapsed; more aggressive treatment does not seem to be appropriate. Patients with advanced stage disease treated with the CODOXM-IVAC regimen had a better CR rate, and a significantly better OS than those treated with CHOP-MTX (41% vs 13% p=0.03) (Figure 1), but they suffered from more severe toxicity, a finding also reported by other authors.<sup>3-6,10</sup>

Seven patients received autologous stem cell transplantation as consolidation in first remission. Three are alive and well and four have died. One patient

developed an acute myeloid leukemia 7 months after ABMT; one patient died of toxicity in CR after ABMT and two relapsed, one at 11 and one at 15 months. It must be stressed that the utility of consolidation therapy with autologous transplantation after such an aggressive regimen is uncertain and it was not recommended by the proposing clinician,<sup>8</sup> but Sweetenhan *et al.*<sup>7</sup> reported better results for patients receiving high dose chemotherapy and autologous stem cell transplantation.

Two of six patients with L3-ALL received an allo-transplant in first complete remission and both are alive and well; the other 4 patients fared poorly confirming the utility of BMT as consolidation treatment as suggested by other studies.<sup>7,10</sup>

Our results are slightly worse than those reported by other authors<sup>3-6</sup> but our patients are all adults and the outcome of ALL and of Burkitt's lymphomas are quite different in children and in adults.

Our study suggests that it is advisable to adopt pediatric regimens in adult groups of patients with Burkitt's disease, but that even so, the results may be less satisfactory.

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