Errata

Manchester Meeting

Y21 Why must therapy be one step behind the malignant process?
Lingham *et al.*

The authors of the above abstract should be as follows: M. K. Lingham, P. Robless, R. M. Mackie, A. T. Elliott and A. J. McKay

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66 INTENSIVE CHEMOTHERAPY FOR AL AMYLOIDOSIS

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Systemic AL amyloidosis is a malignant manifestation of monoclonal gammopathy. Prognosis is only 12-15 months and less when there is clinical cardiac involvement. Chemotherapy with melphalan benefits 20% of cases after one year, but many patients die before treatment is effective. We report encouraging preliminary results of more intensive chemotherapy regimes in 21 patients with AL amyloid.

The patients were aged 42-68 yr. Amyloid related cardiomyopathy was present in 12 patients, proteinuria in 18, hepatomegaly in 8, and neuropathy and renal failure in 2 cases each. Chemotherapy comprised the MRC myeloma regimes of VAD in 14 cases and ABCM in 5, and peripheral stem cell and allogeneic marrow transplants in one case each. Follow-up for 3-120 months included serial serum amyloid P component (SAP) scintigraphy.

Median survival of the group so far is 40 months. Six patients have died, after 3, 5, 24, 84 , 99 and 120 months respectively. Serial SAP scans have shown amyloid progression in only 2 patients, no change in 10 and regression in 6 others. The 2 patients who died during VAD therapy both had advanced cardiac disease. The patient who survived for 10 years had a cardiac transplant, prior to ABCM therapy. Both of the patients who underwent marrow transplant procedures tolerated the treatment well.

These data support the concept that there is a brief window of opportunity after diagnosis of AL amyloidosis when chemotherapy that rapidly suppresses the underlying plasma cell clone is most likely to confer clinical benefit. Cardiac transplantation may facilitate this approach in some cases.

The above abstract should have appeared in Clinical Science Volume 90, number 2, 1996.