RITUXIMAB PLUS CLADRIBINE OR CLADRIBINE AND CYCLOPHOSPHAMIDE IN HEAVILY PRETREATED PATIENTS WITH INDOLENT Lymphoproliferative DISORDERS

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Background. Preclinical studies have shown synergistic or additive effects of rituximab combined with purine nucleoside analogs, fludarabine or cladribine (2-CdA). Aim. In this report we present the results of our study evaluating the feasibility, efficacy and toxicity of the combined regimen consisting of rituximab plus 2-CdA (RC regimen) or rituximab, 2-CdA and cyclophosphamide (RCC) in the treatment of patients with heavily pretreated indolent lymphoid malignancies. Methods. Between March 2001 and November 2005 54 adult patients with relapsed or refractory low grade non-Hodgkin lymphoma (LG-NHL) and B-cell chronic lymphocytic leukemia (CLL) were treated according to RC/RCC regimen. The RC protocol consisted of rituximab at a dose of 375 mg/m2 i.v. on day 1 and 2-CdA given at a dose of 0.12 mg/kg/d on days 2 to 6. In RCC protocol rituximab was administered at a dose of 375 mg/m2 on day 1, 2-CdA 0.12 mg/m2 days 2 to 4 and 2-cyclophosphamide at a dose 650 mg/m2 i.v. on days 2 to 4. The cycles were repeated every 28 days or longer if severe myelosuppression occurred. Guidelines for response were those developed by the NCI-sponsored Working Group. Results. Fifty four patients, 32 patients with B-CLL and 22 with LG-NHL entered the study and all of them were eligible. Thirty three patients (61.1%) were recurrent after prior therapy and 21 (38.9%) had refractory disease. All patients received 3 or more cycles of chemotherapy before RC/RCC treatment. Thirty-one patients were treated with RC regimen and 23 with RCC regimen. The RC/RCC courses were repeated at 4 week intervals or longer if severe myelosuppression occurred. One hundred fifty six cycles of RC/RCC with median of 3 cycles per patient were administered (range 1-5 cycles). Six patients (11.1%), 2 with B-CLL and 4 with LG-NHL, achieved a complete response (CR). Thirty two patients (59.25%), including 25 with B-CLL and 9 with LG-NHL, had a partial response (PR). Overall response rate (OR) was 70.4% in the whole group, from 59.1% in LG-NHL to 78.1% in B-CLL patients. The median failure-free survival (FFS) of responders was 10.5 months. Hypersensitivity to RIT was the major toxicity of RC/RCC regimens, and occurred in 14 patients (25.9%), mostly during the first infusion of RIT. Severe neutropenia (grade III-IV) was seen in 5 patients (9.25%). Eight (14.8%) episodes of grade III-IV infections were observed. One patient died from severe pneumonia complicated with septic shock after second cycle of RCC regimen. Severe thrombocytopenia (grade III-IV) occurred in 4 patients (7.4%). Conclusion. RC and RCC regimens are highly effective and well tolerated modalities of treatment in heavily pre-treated patients with indolent lymphoproliferative disorders.

A RETROSPECTIVE STUDY TO ASSESS RELATIVE DOSE INTENSITIES IN PATIENTS WITH LYMPHOMA IN CENTRAL EUROPEAN COUNTRIES

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Background. Accurate staging in lymphoma patients (pts) has an important role in the treatment and allows minimization of toxic therapies, such as extended field radiation or overly aggressive chemotherapy. Particularly in HL a tailored therapy decrease the risk of secondary malignancies which exceeds 10% in several historical series in patients with early stage disease. Anatomic imaging modalities lack sensitivity and specificity because the definition of lymph node involvement is based on size criteria. During the last decade FDG-PET has been introduced for noninvasive staging of lymphoma. Methods. Herein we propose a prospective multicentric study with the aim to assess the impact of FDG-PET on the staging of pts with diagnosis of HL. A total of 186 consecutive pts coming from six Italian hematological Institutions underwent a FDG-PET scan in addition to conventional staging procedures, which include physical examination, laboratory data, bone marrow biopsy and imaging of the neck, thorax, abdomen and pelvis using CT scan. In general the adjunctive informations from PET did not influence the therapeutic options in use at a given centre at a particular time. Results. Pts characteristics were the following: 98 male and 88 female, 140 (75%) with diagnosis of nodular sclerosis classical HL, 28 (15%) mixed cellularity classical HL, 11 (6%) lymphocyte-rich classical HL, 2 (1%) lympho-

Table 1. RTDI at end of treatment.

<table>
<thead>
<tr>
<th>Patient group</th>
<th>N (%)</th>
<th>N (%)</th>
<th>N (%)</th>
<th>N (%)</th>
<th>N (%)</th>
<th>N (%)</th>
<th>Total patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>HL-AVBD</td>
<td>26 (52)</td>
<td>26 (52)</td>
<td>30 (60)</td>
<td>30 (60)</td>
<td>36 (72)</td>
<td>36 (72)</td>
<td>188</td>
</tr>
<tr>
<td>NHL-CHOP21±R</td>
<td>33 (17.55)</td>
<td>17 (9.04)</td>
<td>69 (36.70)</td>
<td>69 (36.70)</td>
<td>111 (59.0)</td>
<td>188</td>
<td></td>
</tr>
</tbody>
</table>

*Total number of patients with data available for this analysis.

COMPARISON BETWEEN 2-DEOXY-2-[18F]FLUORO-D-GLUCOSE POSITRON EMISSION AND COMPUTER TOPOGRAPHY FOR STAGING OF PATIENTS WITH HODGKIN LYMPHOMA


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Background. Accurate staging in lymphoma patients (pts) has an important role in the treatment and allows minimization of toxic therapies, such as extended field radiation or overly aggressive chemotherapy. Particularly in HL a tailored therapy decrease the risk of secondary malignancies which exceeds 10% in several historical series in patients with early stage disease. Anatomic imaging modalities lack sensitivity and specificity because the definition of lymph node involvement is based on size criteria. During the last decade FDG-PET has been introduced for noninvasive staging of lymphoma. Methods. Herein we propose a prospective multicentric study with the aim to assess the impact of FDG-PET on the staging of pts with diagnosis of HL. A total of 186 consecutive pts coming from six Italian hematological Institutions underwent a FDG-PET scan in addition to conventional staging procedures, which include physical examination, laboratory data, bone marrow biopsy and imaging of the neck, thorax, abdomen and pelvis using CT scan. In general the adjunctive informations from PET did not influence the therapeutic options in use at a given centre at a particular time. Results. Pts characteristics were the following: 98 male and 88 female, 140 (75%) with diagnosis of nodular sclerosis classical HL, 28 (15%) mixed cellularity classical HL, 11 (6%) lymphocyte-rich classical HL, 2 (1%) lympho-

haematologica/the hematology journal | 2006; 91(s1) | 77

11th Congress of the European Hematology Association