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ABSTRACT # 363

RITUXIMAB IMPROVES OUTCOME IN WESTERN PATIENTS WITH INTRAVASCULAR LARGE B-CELL LYMPHOMA (IVL)

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Background

The addition of rituximab to anthracycline-containing chemotherapy has significantly improved outcome in patients (pts) with diffuse large B-cell lymphomas. The impact of this monoclonal antibody in IVL, a rare variant of diffuse large B-cell lymphoma characterised by the growth of neoplastic cells into small blood vessels was recently explored in a large series of Japanese pts, while experience in IVL pts diagnosed in Western Countries is limited to a few case reports.

Methods

The impact of the addition of rituximab was evaluated in 28 pts affected by CD20+ IVL eligible for CHOP/CHOP-like regimen: 8 pts were treated with rituximab +chemotherapy (R-CT) and 20 with chemotherapy alone (CT).

Results

Median age was 67 yrs (range 39-86; 15 males). 75% of pts had an IPI \geq 3. B symptoms, PS \geq 3, increased LDH levels, and stage IV were respectively observed in 78%, 41%, 88%, and 71% of cases. Skin (44%), CNS (30%) and bone marrow (30%) were the most common sites. Laboratory tests revealed: anemia (78%), leucopenia (30%), thrombocytopenia (37%), and increased LDH (88%). No significant differences between R-CT and CT groups were observed. Overall, 18 (64%) pts achieved complete remission (CR), and 2 partial response with an early progression (PD), 6 (21%) experienced a PD, and 2, both in CT group, died of toxicity. Noteworthy CR was obtained in 100% of R-CT versus 50% of CT pts ($p=0.03$); the addition of rituximab was related to CRR. At a median f-up of 14 mo, all 8 R-CT pts are alive and relapse free; at a median f-up of 71 mo, only 7 CT pts are alive and disease-free. The 3-yr EFS was 35% in CT group and 100% for R-CT pts ($p<0.0001$); the 3-yr OS was 39% and 100%, respectively ($p<0.0001$).

Conclusions

The addition of rituximab to anthracycline-based chemotherapy significantly improves outcome in IVL pts diagnosed in Western Countries. A confirmatory international prospective trials is warranted.