ABSTRACT # 0785

THERAPEUTIC MANAGEMENT, PROGNOSTIC FACTORS AND CLINICAL OUTCOME OF 416 PATIENTS WITH PRIMARY EXTRANODAL HEAD AND NECK NON-HODGKIN’S LYMPHOMA (IELSG 23)


Background: Head and Neck (HN) is the second most common site of localised extranodal presentation of non-Hodgkin’s lymphoma and it is at high risk of CNS recurrence.

Aims: To evaluate the clinical outcome, prognostic factors and the rate of CNS recurrence in patients with HN lymphoma.

Methods: From December 1990 to June 2004, 416 patients (median age 60, range 18-85) were referred to 11 international centers. The most common sites were Waldeyer’s ring (65%), parotid and salivary glands (12%) and nose and paranasal sinuses (8%). The prevailing histology subgroups were DLBCL (74%) and MALT (10%). Adverse prognostic features included: stage II (65%), elevated LDH (15%), elevated beta 2microglobulin (14%), bulky disease (10%), No of extranodal sites>1 (9%), B symptoms (8%), ECOG-PS>1 (6%), and stage modified IPI (MIPI)>1 (48%). Two hundred fifteen patients were treated with chemotherapy (n=160), surgery (n=15), or radiotherapy (n=40) alone, while 157 received CHOP or CHOP like regimens + IFRT. Only 34/348 (10%) patients received CNS prophylaxis (Methotrexate 12 mg i.t.; median cycles 3, range 1-6).

Results: 356 patients (87%) achieved a complete remission, 22 a partial remission and 31 were resistant to therapy. Acute toxicity (G2-3) mostly consisting in xerostomia was 6.5% and treatment-related mortality 0.5%, respectively. Among 356 responders, 91 (26%) eventually relapsed, 40% in the same site, 54% in other sites and 6% in both. Only 1/234 patients (0.4%), who did not receive prophylaxis, relapsed in CNS. After a median follow-up of 41 months (range 6-220), 5-year estimate of OS, EFS, DFS was 72%, 54% and 69%, respectively. EFS at 5 years varied according to the site of presentation (66% in oral cavity vs 30% in thyroid) and the histology (60% in DLBCL vs 40% in MALT). Combined treatment was superior to single therapy (5-yr EFS, 64% vs 45%; P=0.0000). By Cox multivariate analysis, a risk factor>1 according to MIPI predicted a poor EFS.

Conclusions: The present study showed that the site of disease, histology, MIPI and a combined treatment influence the outcome of patients with primary HN lymphoma. Moreover, in the present series a very low rate of CNS recurrence occurred in high risk patients, who did not receive adequate prophylaxis, suggesting that CNS prophylaxis could not be mandatory in HN patients. This should be confirmed by prospective studies of clinical outcome.