ABSTRACT #297

A PHASE II STUDY TO INVESTIGATE THE PREVALENCE OF INFECTIOUS AGENTS IN OCULAR ADNEXAE MARGINAL ZONE LYMPHOMA (OAMZL) AND THE EFFICACY OF ANTIBIOTIC THERAPY (IELSG#27 TRIAL)

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Background: OAMZL is associated with Chlamydophila psittaci (Cp) infection. Cp eradication with doxycycline (DOX) is followed by lymphoma regression in 50% of patients (pts). Related studies were retrospective, with a single prospective trial mostly including pts with relapsed disease. This is the first prospective phase II trial addressing Cp prevalence and DOX activity in pts with newly diagnosed limited-stage OAMZL (NCT01010295).

Aims: To define the prevalence of chlamydiae infections, to evaluate bacterial eradication and anti-lymphoma activity of DOX in OAMZL.

Methods: The IELSG #27 trial had two parts: A) therapeutic part and B) molecular part. Pts with stage-IEA OAMZL and measurable disease were enrolled in part A, and received DOX 100 mg bid for 21 days. Pts with other lymphomas, benign lesions or MZL not eligible for part A entered the part B and were treated following local practice. Chlamydiae infections were evaluated on diagnostic biopsies by three PCR (TETR, OmpA, hsp60). The same PCRs were used on conjunctival swabs and peripheral blood mononuclear cells (PBMC) collected before and after (at 3 & 12 months) DOX to monitor bacterial eradication.

Results: From 2006 to 2010, 54 pts were enrolled. Prevalence data are available for 44 cases: Cp was detected in biopsies of 32 (86%) of 37 assessed OAMZL and in 4 of 7 non-MZL. All cases were negative for the other Chlamydiae. Twenty-eight of the 34 OAMZL pts enrolled in part A were assessable for Cp eradication (positive PCR on pre-DOX swabs in 8, PBMC in one or both in 19). All pts completed DOX treatment. Thirteen pts (46%) achieved Cp eradication (negative PCR in post-DOX samples); Cp was detected again at one year of f-up in two of them. Lymphoma response was complete in 6 pts and partial in 15 (ORR= 62%, 95%CI: 46-78%), 12 had SD and one PD. At a median f-up of 24 months (range 3-51), 15 responders are relapse-free, while 6 responders and 6 no-responders experienced PD, with 2-year PFS of 54±10%. A trend to a higher response rate (82% vs. 53%; p=0.12) and PFS (2-yr: 74% vs. 52%; p=0.18) in eradicated pts was observed.

Conclusions: Cp infection is common in OAMZL at diagnosis. First-line DOX was associated with lymphoma regression in 62% of pts. However, DOX failed to eradicate Cp infection in half of pts, with a negative impact on outcome. Studies aimed to improve antibiotic efficacy are warranted.