ABSTRACT # 3195

GASTRIC MALT LYMPHOMAS PROSPECTIVE LY03 RANDOMISED COOPERATIVE TRIAL: PRELIMINARY RESULTS OF THE MOLECULAR FOLLOW-UP

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The IELSG, the UKLG and the Groupe d’Etude des Lymphomes de l’Adulte (GELA) have conducted a trial to ascertain whether the addition of chlorambucil is of benefit after anti-
H. pylori antibacterial therapy: 55% of the first 189 patients had achieved a histologic complete remission (hCR) after antibiotics. In order to further assess the ability of treatments to eradicate the lymphoma clone we analysed the gastric biopsies by PCR targeted to the immunoglobulin heavy chain genes as a molecular marker for minimal residual disease assessment.

DNA extracted from paraffin-embedded tumour tissues was analysed using consensus FR3A and FR2A primers at diagnosis. DNA samples from gastric biopsies taken during follow-up were analysed for the presence of residual disease. Patient-specific oligonucleotides were designed to increase the specificity and sensitivity of the PCR assay.

Sixty-two cases were examined at diagnosis. Fifty-four (87%) cases were monoclonal by PCR. Forty-six out of the 62 (74%) achieved hCR. Follow-up material was available for molecular analysis in 34 cases. Thirteen had been randomised to chlorambucil, 11 to observation alone, and 10 had not been randomised. Fourteen (41%) patients failed to achieve molecular CR (mCR), as a whole. At a timepoint one year after hCR, 17 patients were in mCR and a further 3 achieved mCR by 2 years (mCR 59%). After a median follow-up of 2 years (6-57 months), 14 (41%) patients are in mCR at the last follow-up biopsy. In the group of randomised patients, there were 6/13 mCR (46%) and 9/11 (82%) in the chlorambucil and observation alone arms, respectively. Molecular relapse was detected in 1/6 (17%) with chlorambucil and in 4/9 (44%) in the observation group. Up to date, no correlation has been detected between histologic relapse rate and lack of mCR.

In conclusion, less than half of the patients with MALT lymphoma can achieve continuous molecular remission after antibiotic therapy. The addition of chlorambucil as maintenance does not currently significantly improve molecular response. The presence of molecular disease in the absence of histologic disease does not appear to be associated with histologic relapse. Given the indolent nature of MALT lymphomas, a longer follow-up is needed.

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