



ABSTRACT # 343

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

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On behalf of the International Extranodal Lymphoma Study Group (IELSG). Gastric extranodal marginal zone lymphoma of MALT-type can regress after anti-*Helicobacter pylori* treatment. The IELSG, the Groupe d'Etude des Lymphomes de l'Adulte (GELA) and the United Kingdom Lymphoma Group (UKLG) have conducted a trial to ascertain whether the addition of chlorambucil is of benefit after anti-*H. pylori* therapy. At the last interim analysis, 105 patients out of 189 (55%) had achieved a complete histologic remission after antibiotics. Fifteen lymphoma histologic relapses were observed in the total group. To further assess the ability of treatments to eradicate the lymphoma clone we analysed the gastric biopsies from a subset of the patients by polymerase chain reaction (PCR) targeted to the immunoglobulin heavy chain genes, an established molecular marker for molecular residual disease assessment.

At diagnosis, DNA extracted from paraffin-embedded tumour tissues were first analysed using FR3A primers. Polyclonal cases were analysed with FR2A primer. DNA samples from gastric biopsies performed during the follow-up were analysed for the presence of residual disease. Moreover, patient-specific oligonucleotides were designed in some cases to increase the specificity and sensitivity of the PCR assay.

Fifty-seven cases were analysed at diagnosis. Forty-nine cases were monoclonal by PCR. Forty-six out of the 57 achieved histologic complete remission (hCR): 34 cases underwent molecular follow-up. Fourteen (41%) patients failed to achieve molecular complete remission (mCR). At one year after hCR, 17 patients were in mCR and a further 3 were in mCR by 2 years (mCR 59%). After a median follow-up of 2 years (6-57 months), 13 (38%) patients are still in mCR at the last follow-up biopsy. To date those with persistent molecular disease do not show a higher rate of histologic relapse. Persistent molecular disease in the absence of histologic disease could be due to the persistence of lymphoma-related terminal differentiated plasmacells. Detailed data will be presented.