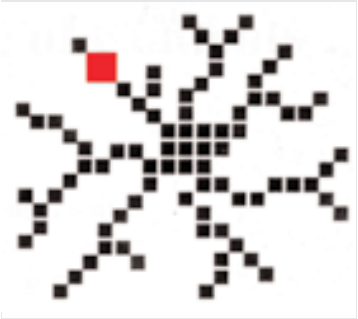

IX INTERNATIONAL
CONFERENCE
ON MALIGNANT
LYMPHOMA

Lugano, Switzerland
June 8-11, 2005

ABSTRACT # 074

CHLORAMBUCIL VERSUS OBSERVATION AFTER ANTI-HELICOBACTER THERAPY IN LOW-GRADE GASTRIC LYMPHOMA: RESULTS OF THE INTERNATIONAL LY03 TRIAL

B. Hancock 1, D. Linch1, J. Delchier2, W. Qian1, P. Smith1, A. Wotherspoon 1, C. Copie-Bergmann2, C. Traulle2, S. Cortellazzo3, A. Ferreri 3, A. Ambrosetti3, G. Pinotti3, F. Cavalli3, R. Souhami1, E. Zucca3
1Lymphoma Clinical Studies Group, UK National Cancer Research Institute, UK; 2Groupe d Etude des Lymphomes de l Adulte, (GELA), France; 3International Extranodal Lymphoma Study Group, (IELSG), Switzerland

Introduction: Low-grade gastric lymphoma (LGGL) is an uncommon tumour characterised by an indolent natural history and a tendency to remain localised for long periods. Chemotherapy is increasingly employed in the primary treatment of high-grade gastric lymphoma but its value in low-grade disease is unclear. No randomised trials of treatment in LGGL have been undertaken. The aetological relationship between gastric mucosa associated lymphoid tumours (MALT) lymphoma and H.pylori is intriguing. The LY03 was designed to establish whether treatment for H.pylori, or the subsequent addition of chlorambucil would cure gastric MALT lymphoma and prevent its recurrence.
Methods: Patients with non-resected, partially or completely resected LGGL, stage I were registered in LY03 and treated with antibiotics for H.pylori infection. Those with successful eradication of H.pylori and no evidence of progression of the lymphoma were randomised to chlorambucil or observation. The primary outcome was recurrence rate.
Results: 233 patients were registered internationally with median age of 64, male 49%, H.pylori infected 86%, ECOG PS 0–1 98%, and no resection 93%. 97% patients had H.pylori eradicated after antibiotics, of those with abnormal mucosa at registration, 63% achieved macroscopically normal gastric mucosa. 102 patients were randomised (52 chlorambucil, 50 observation). Baseline characteristics were well matched. With a median follow-up of 52 months, 5 patients were dead and 21 progressed. The recurrence rates at 3 years from randomisation were 21% for chlorambucil, and 37% for observation, P = 0.15. 5-year recurrence-free and overall survival (95% CI) were 67% (56%, 78%) and 91% (83%, 98%), respectively.
Conclusions: There is no good evidence that chemotherapy contributes to prevention of recurrence in LGGL base on these early results.

ANNALS OF ONCOLOGY
Volume 16, 2005
Supplement 5